



**REPUBLIC OF KENYA**

**THIRTEENTH PARLIAMENT**

**NATIONAL ASSEMBLY**

**THE HANSARD**

**11<sup>th</sup> February 2026**

**Vol. V No. 3**

## THE HANSARD

Wednesday, 11<sup>th</sup> February 2026

The House met at 2.30 p.m.

*[The Speaker (Hon. Moses Wetang'ula) in the Chair]*

### PRAYERS

#### QUORUM

**Hon. Speaker:** Sergeant-at-Arms, ring the Quorum Bell.

*(The Quorum Bell was rung)*

Hon. Members, we now have a quorum to transact business. Clerk-at-the-Table, let us proceed.

### PAPERS

**Hon. Speaker:** Hon. Pukose, I am told you are holding brief for the Leader of the Majority Party.

**Hon. (Dr) Robert Pukose** (Endebess, UDA): Hon. Speaker, I beg to lay the following Papers on the Table:

Reports of the Auditor-General on and Financial Statements of the National Government Constituencies Development Fund (NG-CDF) for the year ended 30<sup>th</sup> June 2025 and the certificates therein in respect of the following constituencies—

- |                       |                        |
|-----------------------|------------------------|
| (a) Alego Usonga;     | (z) Lugari;            |
| (b) Bahati;           | (aa) Magarini;         |
| (c) Baringo North;    | (bb) Mandera East;     |
| (d) Bomachoge Borabu; | (cc) Mandera South;    |
| (e) Bondo;            | (dd) Mathira;          |
| (f) Bumula;           | (ee) Matungu;          |
| (g) Bura;             | (ff) Mwea;             |
| (h) Butere;           | (gg) Nakuru Town East; |
| (i) Eldama Ravine;    | (hh) Nakuru Town West; |
| (j) Galole;           | (ii) Narok North;      |
| (k) Ganze;            | (jj) Navakholo;        |
| (l) Gem;              | (kk) Nyando;           |
| (m) Hamisi;           | (ll) Nyaribari Masaba; |
| (n) Ikolomani;        | (mm) Nyeri Town;       |
| (o) Isiolo North;     | (nn) Ol Jorok;         |
| (p) Kajiado West;     | (oo) Othaya;           |
| (q) Kandara;          | (pp) Rarieda;          |
| (r) Kigumo;           | (qq) Saboti;           |
| (s) Kilgoris;         | (rr) Samburu East;     |

- |                    |                        |
|--------------------|------------------------|
| (t) Kilifi North;  | (ss) Samburu West      |
| (u) Kimilili;      | (tt) Subukia;          |
| (v) Kinangop       | (uu) Suna East;        |
| (w) Kisumu West;   | (vv) Tongaren;         |
| (x) Kitui Central; | (ww) Turkana East; and |
| (y) Likuyani;      | (xx) Turkana West.     |

Thank you, Hon. Speaker.

**Hon. Speaker:** Next is the Chairperson of the Departmental Committee on Finance and National Planning, but I have been informed that he is running late. We shall revisit that Order.

Hon. Members, before we go to the next Order, allow me to recognise, in the Public Gallery, students of Masinga Boys High School from Masinga Constituency, Machakos County. Hon. Mwalyo has asked me to give him a minute to welcome his students.

*(Hon. Joshua Mwalyo waved to the Public Gallery)*

You are out of order. You do not have to wave at the Public Gallery.

**Hon. Joshua Mwalyo** (Masinga, Independent): Thank you, Hon. Speaker, for giving me this opportunity to welcome the students of Masinga Boys High School. It is one of the best schools in my constituency, sending many students to university. I want to welcome you to the Chamber of Parliament so that you can watch the debate and learn what Members do in the House. I am sure you will enjoy the few minutes you spend sitting there as you watch and listen to Members of Parliament debate. You are most welcome.

**Hon. Speaker:** Thank you.

Next Order.

## PROCEDURAL MOTIONS

### LIMITATION OF DEBATE ON SESSIONAL PAPERS

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): Hon. Speaker, I beg to move the following Procedural Motion:

THAT, pursuant to the provisions of Standing Order 97(1), this House orders that each speech in a debate on any Sessional Paper shall be limited as follows: A maximum of two and a half hours, with not more than twenty (20) minutes for the Mover in moving and five (5) minutes for any other Member speaking, including the Leader of the Majority Party and the Leader of the Minority Party and the Chairperson of the relevant Committee (if the Sessional Paper is not moved by the Chairperson of the relevant Committee), and that ten (10) minutes before the expiry of the time, the Mover shall be called upon to reply; and further that priority in speaking shall be accorded to the Leader of the Majority Party and the Leader of the Minority Party, in that order.

I beg to move. This being a simple Procedural Motion, I request Hon. Kasiwai to second.

**Hon. Speaker:** Hon. Kasiwai.

**Hon. Rael Kasiwai** (West Pokot, KUP): I second.

**Hon. Speaker:** You seem to have been ambushed.

*(Question proposed)*

**Hon. Speaker:** Do I put the question?

**Hon. Members:** Yes.

*(Question put and agreed to)*

**Hon. Speaker:** Next Order.

LIMITATION OF DEBATE ON REPORTS OF CONSTITUTIONAL  
COMMISSIONS AND INDEPENDENT OFFICES

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): Hon. Speaker, I beg to move the following Procedural Motion:

THAT, pursuant to the provisions of Standing Order 97(1), this House orders that each speech in debate on Reports of Constitutional Commissions and Independent Offices be limited as follows: A maximum of four hours with not more than 30 minutes for the Mover in moving and 10 minutes in replying, a maximum of 30 minutes for the Chairperson of the relevant Committee, and a maximum of 10 minutes for any other Member speaking, except the Leader of the Majority Party and the Leader of the Minority Party who shall be limited to a maximum of 15 minutes each; and that priority be accorded to the Chairperson of the relevant Committee, the Leader of the Majority Party and the Leader of the Minority Party, in that order.

I move and request the Member for Kirinyaga County, Hon. Njeri Maina, to second.

**Hon. Njeri Maina** (Kirinyaga County): Hon. Speaker, I second.

*(Question proposed)*

**Hon. Speaker:** Should I put the question?

**Hon. Members:** Yes.

**Hon. Speaker:** Thank you.

*(Question put and agreed to)*

**Hon. Speaker:** Next Order. Leader of the Majority Party.

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): Hon. Speaker, we pity you and your deputy. You have to read the whole text when proposing a question and reread it when putting the question. Maybe Commonwealth Parliaments should look into a new way of simply referring to what was proposed, rather than having the Speaker read through it.

**Hon. Speaker:** Yes. Unfortunately, that is what is done in the entire Commonwealth jurisdiction.

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): That is why I said maybe the entire Commonwealth needs to relook into some of these things. I do not know if the Member for Kipipiri is here. Yesterday, I heard her say that the Leader of the Majority Party asks the

Speaker not to allow her to speak whenever she wants in the House. There is no such thing in the Commonwealth.

**Hon. Speaker:** Is she in the House?

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): She is not in the House, but we should advise her.

**Hon. Speaker:** Whoever has access to her should tell her that that is not only malicious but also fallacious and defamatory. The Speaker cannot be directed by anybody except in debates on constitutional matters and other matters like Private Members' Bills, where you may want specific colleagues whom you have discussed with to support your cause. Then, you pass your list to the Speaker, not on your own but through your Whips, indicating that "This is my priority support team." Otherwise, no Member directs the Speaker. Any Member of my team who sits after me would be out of order if they ever entertained that.

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): Hon. Speaker, I hope she is well guided. It is not only malicious but, as you said, it is also fallacious and defamatory to the person of the Speaker and the institution of Parliament.

Hon. Speaker, you must understand. Some of these people are not.... Hon. Njeri Maina, with whom she, to some extent, subscribes to the same ideologies, is in the House and has proposed a Bill that is lined up today as Order No. 16. That is what legislators should do. That is how you work, not going to pontificate on things at funerals. I could clearly tell that she was speaking at a funeral because I could see the clergy behind her.

She complained that the County Women Representative and the Member of Kinangop are doing many electrification projects in Kinangop and Kipipiri without involving her. What is the problem with another elected Member, such as a County Women Representative, doing what you ought to be doing if you fail in your job as a Member of Parliament? If any Member of Parliament from Kirinyaga slackens in their job, Hon. Njeri Maina can step in as the Women's Representative. A neighbouring constituency Member of Parliament may do the same.

Hon. Speaker, she was not just fallaciously malicious to the person of the Speaker and the Leader of the Majority Party, but she was also disparaging this House because you do not work under anybody's directions. Neither do I have time to come and guide you on who to speak. When I want to speak, I also request you, and you offer me a chance. I have at times sought to intervene, and you have denied me a chance. That is how it is. During this new Session, let us be as diligent as Hon. Njeri Maina and all these Hon. Members here today. This is the third sitting, yet this particular Member has not even shown up. How do you speak at a funeral and not in the House?

Allow me to get back to business.

**Hon. Speaker:** Hon. Members and Leader of the Majority Party, you pass laws here. I encourage you not only to read the laws you pass but also to know them. I was recently embarrassed at a funeral. An Hon. Member stood and very viciously attacked a university council for conducting interviews to recruit a Vice-Chancellor. You passed a law here that requires the Public Service Commission to recruit university Vice-Chancellors. When you say such things, you embarrass not only yourself but also the institution of Parliament. Try to remember what a law says when you pass it.

Proceed, Leader of the Majority Party.

LIMITATION OF DEBATE ON ANNUAL  
ESTIMATES AND COMMITTEE OF SUPPLY

**Hon. Kimani Ichung’wah** (Kikuyu, UDA): Hon. Speaker, I beg to move the following Procedural Motion:

THAT, pursuant to the provisions of Standing Order 97(1), this House orders that each speech in a debate on the Report of the Budget and Appropriations Committee on Budget Estimates contemplated under Standing Orders 239 and 240 be limited as follows—

- (a) **General Supply Debate:** A maximum of three sitting days with 30 minutes for the Mover in moving and 15 minutes in replying; a maximum of 15 minutes for each of the Chairpersons of the Departmental Committees and a maximum of 10 minutes for any other Member speaking, except the Leader of the Majority Party and the Leader of the Minority Party who shall be limited to a maximum of 15 minutes each; and that priority in speaking be accorded to the Leader of the Majority Party, the Leader of the Minority Party and the respective Chairpersons of the Departmental Committees in the order that they appear in the Second Schedule to the Standing Orders; and,
- (b) **Committee of Supply:** A maximum of six sitting days for the consideration of the proposed allocations to the respective Votes/Programmes in the order specified in the Schedule submitted by the Budget and Appropriations Committee.

Hon. Speaker, it is important to note that during Committee of Supply, Chairpersons of Departmental Committees are given 15 minutes each. However, you hardly find any of these chairpersons in the House during the Committee of Supply. The Chairperson of the Constitutional Implementation and Oversight Committee (CIOOC) is saying that he is present today. We want him to be present at the Committee of Supply and speak for 15 minutes on the Votes being supplied. Often, chairpersons of the departmental committees are not in the House. We shall take note of that during the Budget Policy Statement (BPS) and after. Any Chairperson of a departmental committee who is not present does not deserve to be the chairperson of that committee. This is because budget-making is the most important business of the House. If you are not here to budget for your committee and the state departments you are overseeing, what will you be overseeing?

Therefore, I encourage chairpersons to ask their vice-chairpersons to represent them in the Committee of Supply if they are unavailable due to other commitments.

Thank you, Hon. Speaker. I beg to move and request Hon. Harrison Kombe to second.

**Hon. Speaker:** *Mwalimu.*

**Hon. Harrison Kombe** (Magarini, ODM): Thank you, Hon. Speaker. I do second.

**Hon. Speaker:** Say, “I beg to second.”

**Hon. Harrison Kombe** (Magarini, ODM): Hon. Speaker, I beg to second.

**Hon. Speaker:** Well done.

*(Hon. Kangogo Bowen raised his hand)*

**Hon. Speaker:** You are out of order. Once a Motion has been moved and seconded, the only logical follow-up is proposing the question. There is nothing out of order.

*(Question proposed)*

Yes, Hon. (Dr) Makali.

**Hon. (Dr) Makali Mulu** (Kitui Central, WDM): Hon. Speaker, I support this Procedural Motion. I also wish to pick up where the Leader of the Majority Party left off. As you have mentioned, it is embarrassing to see Members discussing a law passed by this House, and they seem not to know the details. I have also seen Members complaining about a lack of budgetary allocation, yet they are the ones who make the Budget. I encourage Members to be in the House when we are making the Budget. It is very frustrating to see someone saying that they have to visit some offices for budgets. I have been a Member of the Budget and Appropriations Committee for some time, and it is important for Members to participate in the budget-making process. This is our constitutional role. We should not be complaining about a lack of budget.

Thank you, Hon. Speaker.

**Hon. Speaker:** Hon. Bowen.

**Hon. Kangogo Bowen** (Marakwet West, UDA): Hon. Speaker, I support the Procedural Motion. However, I wish to speak on behalf of the chairpersons of committees, especially on the Budget Estimates. I wish the Chairperson of the Budget and Appropriations Committee were here. The procedure is that whenever there is an amendment to the departmental budgets, the Chairperson proposes it and it is seconded by the Chairperson of the relevant Committee. Unfortunately, we have seen a trend in which the Chairperson of the Budget and Appropriations Committee brings amendments, and the Committee is unaware of them.

*(Hon. Kimani Ichung'wah spoke off the record)*

**Hon. Kangogo Bowen** (Marakwet West, UDA): Hon. Ichung'wah is informing me that that was the behaviour of the former Chairperson of the Budget and Appropriations Committee and not the current Chairperson. We hope that Hon. Atandi will follow the procedures and traditions of this House.

Thank you.

**Hon. Speaker:** Mover to reply.

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): Thank you, Hon. Speaker. Those sentiments are well taken as they supplement what I had said. I appreciate Hon. (Dr) Makali Mulu for always sitting through the entire budget-making process. He has been a Member of the Budget and Appropriations Committee for a long time and is therefore experienced in these matters. I wish all our chairpersons and vice-chairpersons could heed that call.

Hon. Members, as Hon. (Dr) Makali Mulu says, we are the budget-making house. Do not go complaining out there, yet you are the ones who make the Budget. Since Hon. Samuel Atandi became the Chairperson of the Budget and Appropriations Committee, we have not seen any uncalled amendments without consultation with the Chairpersons of the departmental

committees. I commend the Budget and Appropriations Committee and its Chairperson, Hon. Atandi, for the good work. Continue working in consultation with the chairpersons of departmental committees. At one point, as Hon. Kangogo Bowen has said, I had to intervene because the then Chairperson had a myriad of amendments to many of the Votes under his docket without his knowledge or the Committee's consideration. This has not happened under Hon. Atandi.

I beg to reply.

*(Question put and agreed to)*

Order Members, before I call the next Order, allow me to acknowledge, in the Speaker's Gallery, Nairobi River Comprehensive School from Embakasi West, Nairobi County. On my behalf and on behalf of the House, I welcome the students and those accompanying them to the House of Parliament. Students in the Gallery, when your school is mentioned, you stand up. Thank you, you may take your seats.

LIMITATION OF DEBATE ON  
CONSIDERATION OF SENATE AMENDMENTS

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): Hon. Speaker, I beg to move:

THAT, pursuant to the provisions of Standing Order 97(1), this House orders that each speech in the general debate contemplated under Standing Order 146 (Consideration of Senate amendments to Bills originating in the National Assembly) be limited as follows: A maximum of one hour and thirty minutes, with not more than fifteen minutes (15) for the Mover in moving, fifteen minutes (15) for the Chairperson of the relevant Departmental Committee, and five (5) minutes for any other Member speaking, including the Leader of the Majority Party and the Leader of the Minority Party (if the Bill is not party-sponsored), and that five (5) minutes before the expiry of the time, the Mover shall be called upon to reply; and further that priority in speaking shall be accorded to the Leader of the Majority Party, the Leader of the Minority Party and the Chairperson of the relevant Departmental Committee, in that order.

Hon. Speaker, I beg to move and request the Member for Meru County, Hon. Kailemia, to second.

**Hon. Speaker:** Hon. Kailemia.

**Hon. Elizabeth Kailemia** (Meru County, UDA): Thank you very much, Hon. Speaker. I second.

*(Hon. Agnes Mantaine walked into the Chamber)*

Order, Hon. Pareyio. Take your seat.

*(Question proposed)*

**Hon. Members:** Put the question.

**Hon. Speaker:** We put the question?



*(Question put and agreed to)*

Next Order.

CONSIDERATION OF BUSINESS RECEIVED  
DURING RECESS PERIODS

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): Hon. Speaker, on this one, you will need water. It is a long one.

I beg to move the following Procedural Motion:

THAT, notwithstanding the provisions of Standing Orders 41 and 42 relating to conveying of Messages from the Senate and from the President or the National Executive, Standing Orders 120, 122 and 126 relating to Publication, Procedure upon Publication and First Reading of Bills and Standing Order 210(2) relating to Tabling of Statutory Instruments, this House orders that during the short and long recesses of the Fifth Session—

- (a) upon receipt of any Message from the Senate, or upon receipt of any name of a person nominated for appointment to a State or public office from the President or any other office in the National Executive, the Speaker shall forthwith refer such Message to the relevant Committee for consideration, without having to recall the House, and report such fact to the House on resumption.
- (b) upon receipt of any Message relating to the Senate's Amendments to a Bill originating in the National Assembly, the Speaker shall forthwith refer the Schedule of the Senate Amendments to the relevant Committee for consideration pursuant to the provisions of Standing Order 145 (Senate amendments to Bills originating in the National Assembly) and report such fact to the House on resumption.
- (c) should a Bill be published during the said period, or a published Bill become due for First Reading, the Speaker shall, upon lapse of at least three days following the publication of the Bill and following a determination that such Bill is of priority, forthwith refer such Bill to the relevant Committee for consideration pursuant to the provisions of Standing Order 127 (Committal of Bills to Committees and public participation) and cause the Bill to be read a First Time upon its next Sitting and the Second Reading may be taken forthwith, or on such other day as the House Business Committee may determine;
- (d) should any statutory instrument be transmitted for tabling before the House during the period, the Speaker shall, following a determination that the statutory instrument is of priority, forthwith refer the statutory instrument to the relevant Committee for consideration and cause the statutory instrument to be tabled in the House upon its next Sitting in accordance with the provisions of Section 11 of the Statutory Instruments Act (Cap. 2A); and,
- (e) should any Paper be transmitted for tabling before the House, the Speaker shall, following a determination that the Paper is of

priority, forthwith refer the Paper to the relevant Committee for consideration and cause the Paper to be tabled in the House upon its next Sitting.

Hon. Speaker, that is why I said you get prepared. It is a long one. However, it is very important because it ensures that there is a continuation of work even when we are on recess, like the long recess that we have just concluded. Should there have been any Papers that came in or Bills that matured within that time, then we would not have to wait until we resume after the recess. We are doing the same for this Session to make sure that we are within our procedures in consideration of such Bills.

Allow me to request the Vice-Chairman of the Budget and Appropriations Committee, because he is consulting loudly behind me, to now second.

**Hon. Speaker:** Vice-Chairman of the Budget and Appropriations Committee or the Departmental Committee on Finance and National Planning.

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): The Vice-Chairman of the Budget and Appropriations Committee.

**Hon. Speaker:** Hon. Pukose? Vice-Chairman, go ahead.

**Hon. (Dr) Robert Pukose** (Endebess, UDA): Thank you, Hon. Speaker. I just wanted to let the Leader of the Majority Party know that I was consulting with my neighbour Hon. Kakai Bisau, Member for Kiminini.

**Hon. Speaker:** There are no preambles to seconding a Motion. Just second the Motion.

**Hon. (Dr) Robert Pukose** (Endebess, UDA): I know. I stand to second.

**Hon. Speaker:** Thank you.

*(Question put and agreed to)*

Next Order.

#### LIMITATION OF DEBATE ON LEGISLATIVE PROPOSALS TO AMEND THE CONSTITUTION

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): Hon. Speaker, I beg to move the following Procedural Motion:

THAT, pursuant to the provisions of Standing Order 97(1), this House orders that each speech in the general debate contemplated under Standing Order 114(7A) (b) (Consideration of a Legislative Proposal to amend the Constitution) be limited as follows: A maximum of 20 minutes for the Mover in moving and 10 minutes in replying, 15 minutes for the Leader of the Majority Party and the Leader of the Minority Party (if the Proposal is not party-sponsored), Member(s) with similar or related proposals and the Chairperson of the relevant Departmental Committee, and 10 minutes for any other Member speaking; and further that priority in speaking shall be accorded to the Leader of the Majority Party, the Leader of the Minority Party and the Chairperson of the relevant Departmental Committee, in that order.

I beg to move and request the Member for Embakasi East, Hon. Babu Owino, to second.

*(Laughter)*

**Hon. Speaker:** Hon. Babu Owino, when you are called upon to second, you do not laugh boisterously in the House. You just stand up and second. Go on record in *The Hansard*.

**Hon. Babu Owino** (Embakasi East, ODM): I second.

**Hon. Speaker:** I beg to second.

**Hon. Babu Owino** (Embakasi East, ODM): Hon. Speaker, why should I beg to second? I beg to second.

*(Laughter)*

**Hon. Speaker:** Hon. Babu Owino, you normally make technical appearances in the House. You must be losing touch with procedure.

*(Laughter)*

You are not begging the Speaker. You are begging the House for the opportunity and privilege to second.

*(Question proposed)*

Do I put the question? Hon. Mukunji.

**Hon. Gitonga Mukunji** (Manyatta, UDA): Thank you, Hon. Speaker. I want to bring to the attention of the House that while we do give priority to the Leader of the Majority Party and the Leader of the Minority Party as per the guidance of the Constitution, we also need to consider the post-election coalition formations, which have really reduced the aura of debate in the House. We are aware that a new realignment has been formed by the Minority and Majority sides to form the Broad-Based Government. Article 97 of the Constitution clearly outlines the membership of the National Assembly. However, I call to your attention the new realignments in the House to ensure improved quality of debate.

**Hon. Speaker:** Hon. KJ.

**Hon. John Kiarie** (Dagoretti South, UDA): Hon. Speaker, it is important for the Member to understand that this House is guided by rules, key among them the Standing Orders. It would also be informative for the Member to know that, as we approach the end of this Session, there shall be an opportunity for him to contribute ideas on what needs to be changed in our Standing Orders, so that they may apply in subsequent Sessions.

However, his contribution is a debate that should be held at a bodaboda shed in Embu town. It is not a conversation that should be brought to the Floor of the House. This is a House that understands its rules and procedures as provided not only by the Standing Orders but also by the Constitution of this country.

Hon. Speaker, I urge you to find the Member's contribution out of order.

**Hon. Speaker:** Hon. Murugara.

**Hon. George Murugara** (Tharaka, UDA): Thank you, Hon. Speaker. When we began this Session, you made rulings on who constitutes the Majority and Minority sides. Those rulings abide to date. Other statements about a coalition that was formed after you made your rulings are alien to this House because such a coalition has not been introduced in the House in any way so that it is recognised. If other coalitions have been made out there by the Executive or by any Member in any forum, they are alien to this House. Therefore, the House remains as you ruled. We have both the Minority Party and the Majority Party.

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): Point of information, Hon. Speaker.

**Hon. Speaker:** Hon. Murugara, do you want to be informed?

**Hon. George Murugara** (Tharaka, UDA): Yes, no problem. The Leader of the Majority Party may inform me if I have left anything out.

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): Hon. Speaker, Hon. (Sir) George Murugara is an accomplished legal mind in this country like you, a Senior Counsel. The next lot of senior counsels is the likes of Hon. (Sir) George. From the time he worked with Hamilton Harrison and Matthews Law Firm, he has always been a very good legal mind. I want to remind him that the Constitution of Kenya 2010 did not envisage a situation where we would have a government party and an opposition party. My younger brother—Member for Manyatta, Hon. Mukunji—is suffering from hangovers from the old Constitution. This is what happens to you when you follow a former District Officer who operated under the old Constitution. You become confused in between because the Leader of the Minority Party is not the leader of the opposition.

If you want to become the leader of the opposition, you must have an agenda to push for Kenyans. You cannot be the one shouting out there, throwing words of hatred and insulting other leaders. Hon. Mukunji is a young man, and he is learning well. However, I hope he can learn from the likes of Hon. Tom Joseph Francis Kajwang' or Hon. (Sir) George Murugara, but not from the former District Officer.

Thank you, Hon. Speaker.

*(Laughter)*

**Hon. Speaker:** Enough of that comic relief. Order, Hon. Members. I now call upon the Mover to reply.

**Hon. Kimani Ichung'wah** (Kikuyu, UDA): Hon. Speaker, Hon. Mukunji has told me *nisikanyage shingo*. I am advising him to learn from good legal minds like Hon. Tom Joseph Kajwang' and Hon. (Sir) George.

I beg to reply.

*(Hon. Mary Emaase, Hon. (Dr) James Nyikal  
and other Members were upstanding)*

**Hon. Speaker:** Order, Members. Hon. Mary Emaase, take the nearest seat. Members on your feet, take your seats. Dr Nyikal, take your seat.

*(Question put and agreed to)*

**Hon. Speaker:** Let us go back to Order No. 5 and give an opportunity to the Chairman of the Departmental Committee on Finance and National Planning to lay a Paper. Hold on, Chairman. They have to call out the Order first.

## PAPER

**Hon. Speaker:** Chairman of the Departmental Committee on Finance and National Planning, you may now proceed.

**Hon. Kuria Kimani** (Molo, UDA): Hon. Speaker, I beg to lay the following Paper on the Table:

Report of the Departmental Committee on Finance and National Planning on its consideration for approval hearing of one Mr Naphtaly Kipchirchir Rono, the nominee for appointment to the position of Director-General of the Financial Reporting Centre.

**Hon. Speaker:** Let us go back to Order No. 6.

### NOTICE OF MOTION

**Hon. Speaker:** Chairman of the Departmental Committee on Finance and National Planning.

*(Hon. Gathoni Wamuchomba and  
Hon. Kuria Kimani consulted loudly)*

Chairman of the Departmental Committee on Finance and National Planning, you seem to be bamboozled and bewildered by the presence of Hon. Wamuchomba. Proceed, under Order No. 6 to give your Notice of Motion.

**Hon. Kuria Kimani** (Molo, UDA): Thank you, Hon. Speaker.

**Hon. Speaker:** Hon. Kimani, there is a movie titled *In Praise of Older Women*. Given the age difference between you and Hon. Wamuchomba, you should watch it.

*(Laughter)*

**Hon. Kuria Kimani** (Molo, UDA): Hon. Speaker, for the record....

**Hon. Speaker:** I said 'older,' not 'old.'

**Hon. Kuria Kimani** (Molo, UDA): Hon. Speaker, for the record, I am happy to see my elder sister. She held a very good two-term meeting. Because we are in the same two-term group, I am excited because she is doing a very good job on the ground. I am not excited about what you seem to allude to.

### APPROVAL OF NOMINEE FOR APPOINTMENT AS DIRECTOR-GENERAL OF THE FINANCIAL REPORTING CENTRE

**Hon. Kuria Kimani** (Molo, UDA): Hon. Speaker, I beg to give notice of the following Motion:

THAT, taking into consideration the findings of the Departmental Committee on Finance and National Planning in its Report on the approval hearing of a nominee for appointment as a Director General of the Financial Reporting Centre, laid on the table of the House this afternoon, Wednesday, 11<sup>th</sup> February 2026; and, pursuant to the provisions of Section 25 of the Proceeds of Crime and Anti-Money Laundering Act (POCAMLA) (Cap. 59A), Sections 3 and 8 of the Public Appointments (Parliamentary Approval) Act (Cap. 7F), this House approves the appointment of Mr Naphtaly Kipchirchir Rono as Director General of the Financial Reporting Centre.

Thank you.

**Hon. Speaker:** Thank you. Clerk-at-the-Table, let us go to Order No.14.

**BILL**  
*First Reading*

THE BOOKS AND NEWSPAPERS (AMENDMENT) BILL  
(National Assembly Bill No.47 of 2025)

*(The Bill was read a First Time and  
referred to the relevant Committee)*

**MOTION**

APPROVAL OF THE CALENDAR OF  
THE HOUSE FOR THE FIFTH SESSION

**Hon. Kimani Ichung’wah** (Kikuyu, UDA): Hon. Speaker, I beg to move the following Motion:

THAT, pursuant to the provisions of Standing Order 28, this House approves the Calendar of the National Assembly (Regular Sessions) for the Fifth Session (2026) as contained in the Schedule to the Order Paper.

**SCHEDULE**

CALENDAR OF THE NATIONAL ASSEMBLY  
FOR 2026 (REGULAR SESSIONS)

<b>TUESDAY, 10<sup>TH</sup> FEBRUARY 2026 – THURSDAY, 3<sup>RD</sup> DECEMBER 2026</b>	
<b>PERIOD</b>	<b>DAYS</b>
<b>FIRST PART</b>	
<b>A. Sitting Days:</b> Tuesday, 10 <sup>th</sup> February – Thursday, 12 <sup>th</sup> March 2026	Tuesdays (afternoon), Wednesdays (morning and afternoon) and Thursdays (afternoon)
<b>B. Short Recess:</b> Friday, 13 <sup>th</sup> March – Monday, 30 <sup>th</sup> March 2026	
<b>C. Sitting Days:</b> Tuesday, 31 <sup>st</sup> March – Thursday, 30 <sup>th</sup> April 2026	Tuesdays (afternoon), Wednesdays (morning and afternoon) and Thursdays (afternoon)
<b>D. Long Recess:</b> Friday, 1 <sup>st</sup> May – Monday, 25 <sup>th</sup> May 2026	
<i>Annual Prayer Breakfast on Thursday, 28<sup>th</sup> May 2026</i>	
<b>SECOND PART</b>	
<b>E. Sitting Days:</b> Tuesday, 26 <sup>th</sup> May – Thursday, 25 <sup>th</sup> June 2026	Tuesdays (afternoon), Wednesdays (morning and afternoon) and Thursdays (afternoon)
<b>F. Short Recess:</b> Friday, 26 <sup>th</sup> June – Monday, 20 <sup>th</sup> July 2026	

<b>G. Sitting Days:</b> Tuesday, 21 <sup>st</sup> July – Thursday, 20 <sup>th</sup> August 2026	Tuesdays (afternoon), Wednesdays (morning and afternoon) and Thursdays (afternoon)
<b>H. Long Recess:</b> Friday, 21 <sup>st</sup> August – Monday, 21 <sup>st</sup> September 2026	
<b>THIRD PART</b>	
<b>I. Sitting Days:</b> Tuesday, 22 <sup>st</sup> September – Thursday, 15 <sup>th</sup> October 2026	Tuesdays (afternoon), Wednesdays (morning and afternoon) and Thursdays (afternoon)
<b>J. Short Recess:</b> Friday, 16 <sup>th</sup> October – Monday, 2 <sup>nd</sup> November 2026	
<b>K. Sitting Days:</b> Tuesday, 3 <sup>rd</sup> November – Thursday, 3 <sup>rd</sup> December 2026	Tuesdays (afternoon), Wednesdays (morning and afternoon) and Thursdays (afternoon)
<b>L. Long Recess:</b> Friday, 4 <sup>th</sup> December 2026 – Monday, 25 <sup>th</sup> January 2027	
<b>Annual suspension of Committee Sittings from 14<sup>th</sup> December 2026 to 18<sup>th</sup> January 2027</b>	

*Disclaimer: The House may, however, resolve to hold sittings on other days outside this published Calendar.*

The House Business Committee has proposed a total of 116 Sittings for this Session between yesterday, 10th February, when we resumed and 3rd December 2026. This excludes any special sitting or extra sitting that the House may resolve to sit due to any special business or priority business that may come in between. We need to extend our sittings or call for special sittings during the short or long recesses.

As Members may also be aware, this First Part of the Session is mostly guided by the submission of the Budget Policy Statement (BPS) and the Medium-Term Debt Management Strategy Paper, which will be tabled before this House by 15th February, which is this Sunday. Therefore, we expect them to be tabled before the close of business tomorrow, and then considered and adopted by the House within the next 14 days. Therefore, by around the first week of March or the end of this month, we shall have finalised the BPS and Medium-Term Debt Management Strategy Paper. Therefore, the Budget and Appropriations Committee, all our departmental committees, and the Public Debt and Privatisation Committee will be very busy in the next two weeks.

Therefore, I call upon Members to please avail themselves during committee sittings so that we can expedite BPS business and the Medium-Term Debt Management Strategy before the lapse of 14 days, as these are statutory timelines. Additionally, we expect the Division of Revenue Bill to be introduced in the National Assembly for consideration, hopefully, by 10<sup>th</sup> March.

The Second Part of the Session is again guided by the Budget timelines for conducting public participation or hearings by the Budget and Appropriations Committee on the Annual Budget Estimates. This should be undertaken before the Committee tables its Report for approval by the House. By mid-June, we should have completed public participation, and the Committee should have tabled its report. We shall then come for the pronouncement of the budget highlights and the revenue-raising measures by the Cabinet Secretary for the National Treasury and Economic Planning. Thereafter, the Budget and Appropriations Committee's

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Report on the annual estimates shall be approved, and the Appropriations Bill shall be introduced and approved. In that period, we shall also consider the Finance Bill, the Appropriations Bill, and any supplementary Appropriations Bills that may come before 30<sup>th</sup> June 2026, which is the end of the current financial year.

This calendar also takes into consideration the religious holidays that may fall in between. For example, Good Friday falls on 3<sup>rd</sup> April and Easter Monday on 6<sup>th</sup> April, and therefore will not be affected by this calendar. Similarly, Eid al-Fitr is expected to take place probably on Friday, 20<sup>th</sup> March or Saturday, 21<sup>st</sup> March, depending on the sighting of the moon. As these are non-parliamentary sitting days, this calendar will not be affected.

Finally, in the House Business Committee, we considered the annual National Prayer Breakfast. We agreed last year under your leadership that the annual National Prayer Breakfast will be held on the last Thursday of May. That last Thursday falls on 28<sup>th</sup> May, and we had to cut short our long recess in May by a week to resume the week before. This is because on 28<sup>th</sup> May, we are all expected to join together in prayer during the annual National Prayer Breakfast.

Let me note that under your instructions, I led the Kenyan delegation to the National Prayer Breakfast in the United States of America (USA) last week. We were with the Whip of the Majority Party, Hon. Osoro, Sen. Veronica Maina, Sen. Maanzo, Member for Kathiani, and the Deputy Leader of the Minority Party, Hon. Mbui. Hon. Kalonzo Musyoka, the former Vice President, also joined us at the National Prayer Breakfast. Some people are spreading rumours in *Taifa Leo* that we were going to meet certain people. The National Prayer Breakfast is not a place to meet people. Other than the *tête-à-tête* you will have at the table where you sit, there were no other side meetings, except those we all attended as the Kenyan delegation, which I led. It was not led by anybody else. Let that be clear. It was led by the Leader of the Majority Party. Those who were sponsoring stories in *Taifa Leo* claiming we were going to meet someone in the Trump administration should know that the delegation met no one.

Finally, the calendar has taken into consideration our school calendar for both primary and secondary school holidays; that is, for learners under Competency Based Education (CBE) and for those in other systems, such as the American system and the British curriculum. The calendar has taken this into consideration to ensure that those of you with children under CBE will have time during the recess to spend with your children, and those of you with children in the other systems will also have time at least in two of the recess periods to spend time with your children and your families.

With those many remarks, I beg to move. I ask the Member by the name Adams Kipsanai to second this Motion for the calendar of the National Assembly. This is a good time for

Hon. Adams to second.

**Hon. Speaker:** Hon. Kipsanai.

**Hon. Adams Korir** (Keiyo North, UDA): Hon. Speaker, I beg to second.

**Hon. Speaker:** Thank you.

*(Several Members stood in their places)*

Hon. Njeri, take your seat. Order, the Member on his feet. Take your seat. Thank you.

*(Question proposed)*



**Hon. Members:** Put the question.

*(Question put and agreed to)*

**Hon. Speaker:** Next Order.

**BILL**  
*Second Reading*

THE HEALTH (AMENDMENT) BILL  
(National Assembly Bill No. 56 of 2024)

**Hon. Speaker:** Hon. Njeri Maina, that is your Bill. Are you ready to move it?

**Hon. Njeri Maina** (Kirinyaga County, UDA): Yes, Hon. Speaker. Thank you. The Leader of the Majority Party was trying to distract me. I was telling him that he was mentioning me so positively so many times, and that he might send different signals about my political affiliation.

*(Laughter)*

Hon. Speaker, I beg to move the Health (Amendment) Bill 2024. In a nutshell, this Bill seeks to criminalise...

**Hon. Speaker:** Hon. Njeri, I know you are a first-term member, but when you move your Bill, you just read it as it is first: "I beg to move that the Health (Amendment) Bill (National Assembly Bill No. 56 of 2024) be now read a Second Time". Then you start your discourse.

**Hon. Njeri Maina** (Kirinyaga County, UDA): Hon. KJ misled me. Thank you for that guidance, Hon. Speaker.

**Hon. Speaker:** Hon. KJ, you are supposed to mentor, not to mislead new Members.

*(Laughter)*

Go on, Hon. Njeri.

**Hon. Njeri Maina** (Kirinyaga County, UDA): Hon. Speaker, I beg to move that the Health (Amendment) Bill (National Assembly Bill No. 56 of 2024) be now read a Second Time.

I will never forgive Hon. KJ.

In a nutshell, the Health Amendment Bill seeks to make it illegal to detain dead bodies in hospitals or mortuary facilities. It also seeks to make it illegal to demand any prepayment prior to the provision of emergency treatment. We have had a rich discourse with the Committee on Health regarding this Bill. Initially, it was proposed that this be criminalised in both public and private facilities. Unfortunately, we reached consensus that these amendments apply only to public facilities. I put this on this Floor so that Members can take it up. This is insufficient. It does not cater to the urgent need to ensure that all Kenyans are treated equally, and that their rights to dignity and access to healthcare are protected, as per the Constitution.

Before I delve into the issues, allow me to appreciate the selfless input of the Budget and Appropriations Committee, the Committee on Health and Parliament's legal department, who, despite my incessant probing and numerous intellectual exchanges, never tired until we

reached a consensus, which is before this Floor. This Bill is personal to me, to Members of Parliament, and to Kenyans. I recognise that several Members here have attended health-related fund drives for families who perhaps have limited financial capacities, because we are not equal in this life.

While Kenya now takes pride in having enacted Universal Health Coverage (UHC), a momentous journey towards achieving access to healthcare for all, the lived experience of many Kenyans reflects otherwise. This Bill proposes targeted amendments to the Health Act (Cap 241) to address two urgent issues affecting Kenyans. The first is the demand for prepayment before emergency medical treatment is provided. Others are the detention or hostage taking of dead bodies by hospitals and mortuaries as collateral for unpaid medical bills.

*[The Speaker (Hon. Moses Wetang'ula) left the Chair]*

*[The Deputy Speaker (Hon. Gladys Boss) in the Chair]*

Hon Deputy Speaker, this Bill gives teeth to the constitutional right to emergency care under Article 43(2) of the Constitution and safeguards the right to dignity under Article 28. The law, as it is, is lacking. The courts, the High Court in particular, have made various decisions and pronouncements about the issue of detaining dead bodies as collateral. The rationale behind it being that dead bodies, no matter how long they are detained in facilities, will never accrue any objective in a manner that they cannot be sold for profit. Still, the hospitals and mortuaries continue to detain the bodies of Kenyans who have passed on and perhaps come from financially incapacitated families to ensure that they have drained them emotionally so that they can pay the bill.

This House must protect the right to emergency treatment. This expands the scope of emergency care to cover treatment at the scene, during transport and through to the hospital. It also creates an offence for demanding pre-payment, with any person found liable fined Ksh3,000,000. These amendments further create an offence for detaining dead bodies, where any public officer in a healthcare facility who has either facilitated or authorised the detention of a dead body shall be fined to the tune of Ksh2,000,000. It further imposes a duty on all public sector health care providers to ensure that medical costs do not impede the provision of emergency treatment. As I have said, this is a lived experience. KNH issued a public notice regarding 262 unclaimed bodies in the last year. In June 2025, a further 124 unclaimed bodies were subjected to a similar notice. Many of these remain unclaimed precisely because families cannot afford the bills due to the harsh realities of economic life in Kenya.

To give life to this Bill and the amendments therein, I want to reiterate that this is not mere rhetoric or politics. It is for the sake of many Kenyans who are still unable to cater for the medical bills of their loved ones once they are deceased. The Matter Hospital in 2025 detained the body of a Kenyan by the name Caroline Tito, a widow, mother of two college-age sons, for over two months for the failure to pay Ksh3.3 million. From a human perspective, I want to pose a question to this House: Did the two college-age sons have the capacity, even if they had wanted to, to clear the medical bill so that they could lay their mother to rest?

*[The Deputy Speaker  
(Hon. Gladys Boss) left the Chair]*

*[The Temporary Speaker  
(Hon. David Ochieng') in the Chair]*

Hon. Temporary Speaker, the other, further human experience and a human face of this Bill is the Kenyatta Memorial Funeral Home. This is a matter I personally litigated, offering my *pro bono* services to Kenyans who cannot afford legal services. This matter of the body herein was a promising young youth by the name Kelvin. He was a medical student who got straight A's from school. He was sponsored by the community, graduated and then came to Nairobi to seek employment opportunities. Unfortunately, he did not find any employment opportunities related to the course he had studied. Like any other hardworking youth in Kenya, he started a bodaboda business. While going home on one unfortunate night, he was hit on the Thika Superhighway by a public transport vehicle and admitted under emergency care at the Kenyatta University Teaching Referral Hospital (KUTRH). Unfortunately, he accrued a bill of Ksh1.2 million. His mother was unable to raise it. Kelvin had a wife and a young son. When I litigated this matter, it gave me perspective, and I want Members to put themselves in the shoes of Kelvin's mother, who was a squatter. She did not have any property she could sell to get the body of her only son, who was a straight-A student who had come to Nairobi to seek an opportunity, who unfortunately passed on.

His mother called me every day for six months as I litigated in court. It broke my heart because I did not know what to tell her. Some days, we would go to court, and there would be the bureaucracy of the judicial system. Every day, she hoped to find closure by laying Kelvin to rest. Kelvin deserved his right to dignity and to be accorded a funeral as per the African customs and traditions. Unfortunately, he could not because Kenyatta Memorial Funeral Home withheld his body for close to a year, emotionally draining his family. His mother had to do numerous harambees, and you know the economic situation in the village. They could not manage to raise Ksh1.2 million. It might be pocket change for some people, but even Ksh500 in the village is a lot of money. Ultimately, this matter was concluded. The Magistrates Court in Ruiru ruled that a dead body, even if it is detained for 10 years, will never be property that can be sold to recover the unpaid medical bills. In the High Court Ruling of 2015 concerning Pumwani Maternity Hospital, Maimuna Omwaya was unable to pay a mere Ksh6,000 that was required for her discharge. She was detained at the facility with her new-born for nearly a month. Every day, the bill kept accruing.

The courts have been clear. They have pronounced themselves. It is upon this House to pass these amendments; to legislate; to give judicial legitimacy to the decisions by our courts of law. From a human perspective and because we are Africans, we know that it is customary for us to bury the dead. To lay them to rest so that we can find closure and move on with our day-to-day lives. There are families that are denied that by hospital facilities, just merely because they are financially incapable. It is not a case of not wanting to. I do not think anyone would want to leave their kin, someone that they loved. This is someone they shared and spent time with in this life, rotting away in a mortuary facility instead of being buried as per our customs.

We are reminded again of emergency services. We say we have the SHA that is supposed to cater for all Kenyans, but is that the reality? I will tell you the reality, like Kenyans say '*vitu kwa ground*'. A young man in Kirinyaga County was playing football at a field near Kutus. He collapsed and was rushed to a nearby county medical facility. Unfortunately, he could not be admitted because he had apparently not paid for SHA to access emergency

services. We must ensure that medics who deny emergency services to Kenyans, and who prioritise financial gain while a Kenyan is losing their life, are culpable and held so by the law and fined as per these amendments.

Hon. Temporary Speaker, we remember the baby who had a fork *jembe* in his head, who went to Kenyatta National Hospital. The mother could not afford to raise Ksh20,000 to treat that child. Unfortunately, due to the delay in attaining the dire emergency services, that baby succumbed while waiting for treatment on the bench of a facility that should have ensured that he is alive today and going to school like other children and even given hope to his parents to see him grow and perhaps be like one of us here in the future.

Jurisdictions across the world have ratified, through legislation, the provisions that I am pushing via this Bill. The UK and Canada have legislation that prioritises emergency care and ensures that everyone, regardless of their financial means, can access it. Honestly, the money must come after the human life has been saved. Someone asked me a very pertinent question: how will the hospitals recover their money? My answer was simple: civil litigation. A medical bill is a debt. In general practise, if someone owes you money, you make an application to the court. The matter is heard and determined. If they had any assets after their liabilities were paid off, they would be treated as a debt to be paid by the estate of that person, but in reality, these families have no assets. It is not a case of 'they will not' or 'they cannot'. They have no capacity to pay. And even if, as I have insisted, the body was detained for 10 or 20 years, it can never be sold for even Ksh1, so it is a humane perspective. We have also recommended that there be a mechanism or policy to identify needy families or cases, so that persons who are actually able to pay for these services do not take advantage of them.

The Supreme Court of India, in *Katara v. Union of India* (1989), established that no hospital may refuse emergency treatment to save a life, regardless of the patient's ability to pay. I know we have medics in the House, and I know that they take a note, just like lawyers take an oath, to defend justice when it calls for it. I implore this House to pass these amendments to further develop this Bill and ensure that even private facilities are equally culpable. They should not be left out because human life is more important than financial gain.

Article 43 of the Constitution of Kenya provides that every person has a right to the highest attainable standard of health, including the right to health care services. These amendments will protect, safeguard and actualise the implementation of that right. Section 137 of the Penal Code makes it an offence to unlawfully hinder the burial of a dead body. But if dead bodies are detained in mortuary facilities, and poor Kenyans have no power to access them, it is obvious that they are not able to perform the funeral rites.

The High Court in Kenya, in *Mutua versus Mater Hospital*, has already declared that detention is unconstitutional and unlawful. It has created a binding precedent which this Bill reinforces. It is therefore our duty as Members of Parliament to ensure that we pass this legislation, improve it, develop it, and enrich it at that stage so that we can protect Kenyans. This Bill will restore dignity in death. This Bill will give the Judiciary precedent and legislative backing. This Bill will align with the global health standards. It is bipartisan. It is human. It does not know which side is the majority or the minority. It does not know Wamunyoro. It does not know any political affiliations. It is a Bill for Kenyans. Let us take it as such when we debate and enrich it.

I had requested many Members to stay behind so they could contribute to this. I will not belabour, and I can tell they are convinced by the way they are shaking their heads. Even the Leader of the Majority Party is convinced.

Hon. Temporary Speaker, I beg to move and now request the immediate former Chairperson of the Departmental Committee on Health, Hon. (Dr) Robert Pukose, to second. Thank you.

**The Temporary Speaker** (Hon. David Ochieng’): Thank you so much. I do not think anybody would have moved that Bill as well as you have. You have done it the right way. If we were in a court of law, I am sure the judge would have tilted your way almost immediately. Hon. (Dr) Pukose, take your seat for a minute. For the convenience of the House, I would like us to go back to Order No. 5 and allow the Leader of the Majority Party to table several Papers, and then we will come back to this immediately.

*(Debate on the Bill adjourned)*

Leader of the Majority Party, go ahead and lay the Papers.

### PAPERS

**Hon. Kimani Ichung’wah** (Kikuyu, UDA): Hon. Temporary Speaker, I beg to lay the following Papers on the Table:

The 2026 Budget Policy Statement, together with the following accompanying documents—

- (a) The Medium-Term Debt Management Strategy, 2026;
- (b) The Draft Division of Revenue Bill, 2026;
- (c) The Draft County Allocation of Revenue Bill, 2026
- (d) The County Governments Additional Allocations Bill, 2026; and
- (e) Programmes Outputs, Performance Indicators and Targets for the FY 2026/27 and Medium Term.

I can confirm to the Member for Kirinyaga County that indeed the Bill she has just moved is good, and I am convinced.

*(Debate on the Bill resumed)*

**The Temporary Speaker** (Hon. David Ochieng’): The Papers are laid. We go back to Order No. 16. Hon. (Dr) Pukose, this is your chance to second.

**Hon. (Dr) Robert Pukose** (Endebess, UDA): Thank you, Hon. Temporary Speaker. I stand to second this very important Bill by the Member for Kirinyaga County, Hon. Njeri. This Bill is good. It came to us in the Departmental Committee on Health, and we had a look at it. It also came before the Budget and Appropriations Committee and we approved it.

It is an important Bill because it speaks to the challenges that many Kenyans face. Under the Kenya Kwanza Administration, we passed the four Universal Health Coverage Bills. Among them, it created the Emergency, Chronic and Critical Illness Fund. Under this Fund, there is a provision for emergency services. Therefore, whether it is a government facility, a public facility, a faith-based organisation, or a private hospital, there is no reason why you cannot offer emergency services, because they are well taken care of.

This Bill is therefore to reinforce that important aspect. The Bill provides that failure to attend to a patient in an emergency will attract a fine of Ksh2 million. This actualises the Kenya Kwanza initiative to create the Emergency, Chronic and Critical Illness Fund. In our

Constitution, every Kenyan is entitled to the highest attainable standard of health. You are entitled to emergency medical treatment.

Secondly, many people, especially many Members of Parliament present today, will attest that there are cases where bodies are detained in hospitals. Once someone has lost a loved one, these individuals are mourning and facing other serious challenges. Some even organise fundraisers to retrieve the body. Yet you still find institutions insisting that the bill must be passed.

This has been abused for a long time. When you look at the Bill, it is limited to public facilities. However, Members are free to bring amendments to include private facilities, because there is no reason to continue detaining a body. As Hon. Njeri puts it, even if you stay with that body, you cannot sell it to anyone or make money from it. It is only humane that you release that body so that the relatives can give their loved one a decent burial and organise to pay you your money.

To me, this is a very good Bill. We can begin with public institutions, where you are even receiving money from the Exchequer, from the taxes paid by Kenyans. More often, this Parliament appropriates money to those public institutions. Even now, with the Primary Health Care Fund, the Social Health Authority Fund, the Social Health Insurance Fund, and the Emergency, Chronic and Critical Illness Fund, many of the expenses have been catered for. In other arrangements, you are even covering the last respects for that body. Therefore, this is a very important Bill that will address issues affecting our society. We expect that hospitals will now do the right thing and that this House will pass this Bill so that it becomes law very soon and can be actualised.

With those few remarks, I second.

*(Question proposed)*

**The Temporary Speaker** (Hon. David Ochieng’): The first bite of the cherry will be the Chairperson of the Departmental Committee on Health, Hon. (Dr) Nyikal.

**Hon. (Dr) James Nyikal** (Seme, ODM): Thank you, Hon. Temporary Speaker, for allowing me to contribute to this Bill. This is an extremely important Bill. This is not the first time we have had a proposal of this nature in this House. This is the third time, but this one has proceeded relatively differently. It went through the Committee, which gave it full support. I know other Members have tried this before. Hon. Oluoch was actually the first to propose the same Bill. At the time, given the country's financial arrangements, it was felt that this would cause significant hardship, particularly in the private sector, and therefore the Committee did not support it. This time, however, the Committee looked at it, and we support the Bill.

The object of this Bill is simple, access to emergency treatment whether you have money or not, at that critical point when you can lose your life, or recover but with very severe disabilities or injuries, so that you do not recover with infirmities, or in situations where quick treatment will resolve your illness quickly, which otherwise would take longer and become more expensive. That is, by definition, what an emergency is. It is therefore important that this service is not subject to the immediate availability of funds or payment.

The other issue is the detention of bodies to enforce payment. Obviously, many people have suffered through this. There has been public outcry. Bodies have been detained, and families have suffered. This is something we must address. This Bill, in its current form, refers to public health facilities, which is acceptable. However, if you look at it, it is somewhat

discriminatory. The Committee looked at the Bill and proposed several amendments which will apply to private health facilities. There will be other amendments we will consider, but in principle, we support it.

The underlying issue in this whole debate is health financing. Bodies are held because people running health facilities, particularly private hospitals, need to recover their expenses. As people often say, it is the medical practitioners and facilities that people see. What people do not realise is that, behind all that, in an emergency medical situation, they use medical devices, medical products, oxygen, and intravenous fluids. What the country does not see is that manufacturers who provide these things do not give them out for free. They insist on being paid. That is where the problem is.

In reality, health should not be a business. There is a very simple principle. If one is sick and goes to a hospital but is denied treatment, the whole world agrees that the people who deny the person treatment must be punished. If that is the situation, how can that be a business where one is entitled to treatment whether they can pay or not? Take the example of a hungry person. If a person walks into a restaurant or hotel, says they are hungry, famished, and suffering, and eats, but then says they do not have money to pay, the whole world would agree that they should be punished. They will reason that if the person did not have money, they should not have gone to the hotel. That basic difference is very important, so that, socially, psychologically, and emotionally, the whole world agrees that health services should not be a business. But the reality in the world in which we live is that it is.

As I said, people who manufacture health products need to be paid, and people who work need to be paid. In our circumstances today, we are making efforts. The reason the Committee had earlier rejected the same Bills and now accepts them is that we are putting in place provisions that, if they work, should make it possible for payments to be made. We have put in place the Social Health Insurance Fund, the Emergency, Chronic and Critical Illness Fund, and the Primary Healthcare Fund. Hon. Temporary Speaker, we have a framework that can make this possible. But I must say that this is something we must work very hard on. The Social Health Authority (SHA), for example, must work. I know it is starting to work a bit, but there are still many issues we need to look into. We will bring a report here that will indicate what we can do to improve it. The Emergency, Chronic and Critical Illness Fund has not been fully funded. We need about Ksh150 billion. I think the last amount given was about Ksh10 billion. If that is what is going to pay for emergencies, it is inadequate and will not work.

We will have to look at the budget process so that, when we pass this Bill, the budget also reflects that, as a country, we want to provide funds for critical and emergency care. I will call upon Members here to support the Committee's proposal for higher funding for the health sector, as the Emergency, Chronic and Critical Illness Fund is not under the insurance. It is funded by the National Treasury.

With those remarks, we support this, Bill. The Committee will make appropriate amendments to it. I remind ourselves that healthcare, to a large extent, is not a business. But if it is a business, we put in place a financing framework that makes it possible for all to access, so that even the business people in it do not lose their funds. If they do, they will not provide the services we need. The public sector alone cannot provide all the services that the country needs. So, our system must take into account both the private and public sectors in financing to make this a realistic Bill that is not seen as punitive, while also recognising the people who put their resources and time into providing health care for Kenyans.

Thank you, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon. David Ochieng’): Thank you very much. Members, I know this Bill has generated a lot of interest. We have three hours on it. I request your patience. Do not pressure me. Only one person must speak at a time. As I give the Member for Molo Constituency a chance to contribute, I request you not to come here to pressure me. I am going to follow the list the way it is. It is three hours with only 11 requests, so everyone will have a chance to speak.

Go ahead, Member for Molo.

**Hon. Kuria Kimani** (Molo, UDA): Thank you very much, Hon. Temporary Speaker, for giving me this opportunity to contribute to this very good Bill drafted by the formidable lawyer, the Member for Kirinyaga County, Hon. Njeri Maina.

The Bill seeks to amend the Public Health Act (Cap. 242) so that it aligns with Article 43 of our Constitution, which gives the right to health and Article 28 of our Constitution, which gives the right to human dignity. The Bill seeks to do two major things. First, it seeks to make it mandatory for doctors and health institutions to provide emergency care to any patient who presents at the hospital, regardless of whether they have money. This is a big call since we are putting this into law to restore humanity in health professionals, whether they are doctors or nurses. The Hon. Member demonstrated cases of people who have been denied medical care, and there are many of them, who die waiting for medical attention, yet it is an emergency.

When we were in school, nurses and doctors that we knew in our villages were very humane and passionate. It seems that nowadays humanity has gone out of the window, and that is why we find doctors denying medical attention to people until they die on the benches of hospitals.

Hon. Temporary Speaker, it is also important to note that this Bill does not remove the need to pay for services offered by hospitals. It only criminalises the detention of living and dead people in hospitals. I intervened a week ago for one of my constituents whose body had been detained in the hospital for more than five months. It is illogical for hospitals to detain people and bodies because they end up spending more money on a body or on a particular patient. It will make sense to release them to go home so that the hospitals do not continue to incur other expenses. Now that hospitals no longer do that, it has necessitated the enactment of this law.

I would also like to speak to the cost of medication, especially for private hospitals. Although the Bill seeks to criminalise this only in public hospitals, I wish the Departmental Committee on Health would propose amendments that apply to private hospitals as well. I interacted with one of my friends over the weekend, and he told me about a hospital in Nakuru that charges a deposit of Ksh80,000 for a hospital bed. Even five-star hotels in this country charge Ksh30,000 per night. So, why would a hospital ask for a Ksh80,000 deposit for just a hospital bed? All a patient needs is a small bed, tea in the morning, lunch, and dinner. Most of them do not even feed well because they are sick. Charging Ksh80,000 for a hospital bed, even in private hospitals, should be examined and made illegal.

The other charges are by private hospitals. Private hospitals play a very critical role in supplementing what is done in public hospitals. It is a good thing that we have businesses and entrepreneurs who have invested in these hospitals as a business. That complements the work of public hospitals, but they should not charge such exorbitant fees. The cost of just removing a tooth in some hospitals is over Ksh10,000. *Kutoa meno tu*. Even if it is a business, private hospital charges are very exorbitant. The Ministry of Health needs to develop regulations on how much should be charged for each service. Just as the SHA standardises consultation fees



and all medication, there should be regulations that standardise how much even private hospitals charge. As much as we appreciate how they supplement the work of public hospitals, some charges are too exorbitant.

With that, I beg to support this Bill by the Hon. Member. I congratulate Hon. Njeri for doing such a good job.

**The Temporary Speaker** (Hon. David Ochieng’): Is Hon. Ruweida Obo in? Hon. John Gitonga of Manyatta is the next in line.

**Hon. Gitonga Mukunji** (Manyatta, UDA): Thank you. First, I will congratulate my colleague, Hon. Njeri Maina. I also congratulate the House on prioritising Private Members' Bills so that Members can improve their lives in this House.

I also rise to support the Bill. I believe it aligns very well with the spirit of our Constitution, as set out in Article 43(3) on social security. Health is a very critical issue in this nation. Many Hon. Members here today will agree with me that everybody has a case of a detained body in their constituency or county. It is mostly happening in our public hospitals.

Last week in my constituency, I was dealing with a case of a body that had stayed in the hospital for four months. The family has taken close to 20 trips requesting waivers from a hospital in Kikuyu. We have written letters, but the family has even stopped mourning. People had contributed all they could, but the body continues being detained because the hospital bill is high.

This Bill speaks to the humanity of this House. This Bill speaks to the conscience of our nation, Kenya. What remains of somebody who loses a loved one is to get closure and continue with their lives. Detaining a body is the worst type of torture for a family that has lost a loved one. I would not wish any person in this nation to experience a detained body.

To prove that, even for those who die outside the country, we have seen harambees when families are unable to raise funds to bring the bodies of their loved ones back to our nation for burial. This speaks to our culture and religion. Our Muslim brothers have it in their religion that they are supposed to bury their loved ones within a day. We have seen it many times, including with Hon. Members. When a family is unable to bury their loved one because the body has been detained, it means they feel lost, even in terms of their religion.

Tying this to our social security is among the amendments we are going to propose. We will tie it to insurance agencies and companies that provide health insurance in this nation so that hospitals can access insurance when families lose loved ones and are unable to raise funds. Hospitals can file an insurance claim instead of going the civil case way, as Hon. Njeri Maina proposed.

I also propose another very important amendment to give timelines so that it does not mean that families negate payment for everybody in hospitals, knowing very well there is a law to “release the body immediately”. We need to put a timeline of maybe a week or two to ensure that there is some effort from families to have the body of their loved one buried.

I cannot finish my contribution without saying that this House must look at the health sector of this nation critically. Without a doubt, we have passed laws here, including the ones that established SHA and SHIF. However, we need to agree that our nation’s health sector is ailing. This House cannot underscore the myriad of challenges.

We have equipment in our public hospitals that is not working. Many of our Levels 5 and 4 hospitals are not in operation. They are deathbeds of many of our loved ones. We have seen the equipment programme that the former regime started. Many are not working today. It means that what we want to pass, saying that bodies should not be detained, will continue if

we do not work to put health first in this House. Article 43 is very clear about Kenyans' right to healthcare. One of the purposes of this House is to push and ensure that our Constitution is well obeyed. If it is county governments, we must ensure this happens by calling our brothers in the upper house, the Senate, to compel the healthcare systems in counties to work, so that we do not continue facing the challenges we are facing.

Last year, we raised some issues with the Ministry of Health here. Some of them involved equipment that was supposed to change the diagnosis and treatment of cancer in this nation. It is the CyberKnife equipment in the Kenyatta University Teaching, Referral and Research Hospital, launched in 2023. It has never operated simply because we do not have a technician to use such equipment. It speaks to a lack of seriousness when we invest in serious equipment and use public money. I call upon this House to work this year to ensure that we pass laws that compel our healthcare to work. SHA is also not very clear. We need to pass laws to ensure that it works for the people. How come I make monthly contributions to SHA, since the government pays me every month, yet a hustler or a matatu tout is required to make a two-year contribution? It is neither right nor fair. Those are the things that are ailing our nation. I want to call upon this House to reconsider that law and ensure that it works for the nation.

**The Temporary Speaker** (Hon. David Ochieng'): I would like to read the list out for you, so that you do not raise your hands. The next person in line is Hon. Charles Ngusya, followed by Hon. Gitonga Murugara. It is that simple.

**Hon. Charles Nguna** (Mwingi West, WDM): Thank you, Hon. Temporary Speaker, for giving me this opportunity to contribute to this critical Bill sponsored by Hon. Njeri. Congratulations, the lady from Kirinyaga County, who has come up with a very good Bill.

This Bill is killing two birds with one stone. One, it will illegalise the retention of dead bodies. It will also streamline the treatment of emergency cases in our hospitals.

I note with concern that Kenya has ratified international treaties that compel the State to respect, protect and fulfil the right to health enshrined in our Constitution. That is why this Bill is so important. It will align our laws with international standards and also live up to the spirit of the Constitution of Kenya, 2010.

I recall last year when I tried to sort out a mess in my constituency, of a body that was retained in hospital for two years. The family had accumulated a mortuary bill of around Ksh2 million. It took my intervention for the family to get that body. Those are some of the things we want to completely sort out. We need to do away with such cases so that we can treat the deceased and their families with the dignity and respect they deserve.

It worries me a lot when hospitals take more than a day to attend to emergency cases.

*(Hon. Joseph Makilap gestured  
at the Temporary Speaker)*

**The Temporary Speaker** (Hon. David Ochieng'): Order. There is a first-term Member from Baringo who keeps interrupting and pointing at the Speaker. It is unparliamentary.

Go ahead.

**Hon. Charles Nguna** (Mwingi West, WDM): Thank you, Hon. Temporary Speaker, for that intervention. Hon. Gathoni Wamuchomba and Hon. Babu Owino were interfering with the proceedings of the House.

Sometimes, hospitals take a day to attend to emergency cases. It is high time we defined what an emergency case is. A hospital should not take more than 10 minutes before attending

to an emergency case. A person with a broken leg ends up staying in the hospital for more than six hours without being attended to. They are required to pay Ksh2,000 to have their file opened before they are attended to. Such patients should go directly to the doctor and be attended to without hesitation, without being compelled to pay their bills first.

This Bill is very important for us as a country. It is unfortunate that we have commercialised our health sector. We should not prioritise payment. We should instead prioritise saving lives and preventing people from going through difficult times. It is important that we treat this Bill seriously. We should ensure proper implementation, so that we can restore dignity to our patients, align our laws with the international treaties to which we are signatories, and live in the spirit of our Constitution of Kenya, 2010.

With those few remarks, I fully support and congratulate the Member for bringing such a beautiful Bill to the House.

**The Temporary Speaker** (Hon. David Ochieng'): Hon. Murugara, followed by Hon. Babu Owino.

**Hon. George Murugara** (Tharaka, UDA): Thank you very much, Hon. Temporary Speaker. Allow me also to support this Bill unreservedly. It is a very important Bill, especially as regards our health sector in the country, which, to some extent, has challenges that must be overcome from time to time. It is important that we thank Hon. Njeri Maina, the Member for Kirinyaga County, for coming up with the Bill. She is an astute young lawyer who performed very well when I served with her in the Departmental Committee on Justice and Legal Affairs. With the whole expanse of her legal career ahead of her, she will do well. We wish you the very best as we continue serving this country.

Matters of health are constitutional rights. In fact, they are part of the basic human rights in the country. If anybody has any doubts, look at Article 43 of the Constitution. Therefore, health being a constitutional right, we, as a House of Parliament must do our best to ensure that we have the best legislation governing matters of health. Upon the passage of this Bill, it will go to the Senate. We must implore the Senate to move with speed and pass this Bill, so that it is assented to. We will also plead with the President of the Republic of Kenya to assent to this Bill, so that we can realise the fruits of what we are legislating today.

We know very well that health is a devolved function. The national Government only deals with policy. Our hospitals are run by the county governments. There is not much to write home about when it comes to what the county governments do, especially in the health sector. We have said from time to time that we were possibly wrong to devolve the health function. It should have remained under the purview of the national Government, so that the county governments deal only with mundane issues that do not affect the general livelihoods of Kenyans, like gambling control. Be that as it may, we must implore the governors to ensure that our hospitals are functioning well and that Kenyans can reap the fruits of our health sector and laws, such as the one we are promulgating today.

It is important to note that medicine and law are the oldest proper professions in this country. Others are not really professions but trades. You will all recall that when it came to the practices of law and medicine, there were no payments. Doctors and lawyers of yore offered their services *pro bono*. However, greed has crept into both professions today. Even as we admonish the medical practice, lawyers cannot escape unscathed. So, what are we supposed to do? We are supposed to ensure that, when it comes to medicine, a doctor saves lives first and does not prioritise profit or monetary gain. Why should a critically injured person be detained as their relatives look for money to pay a deposit so that they can be admitted into the hospital?

Sincerely, I do not think this is for this season, age or time. We should now move towards universal healthcare, where you walk into a hospital, you are treated first, and then money comes second. Therefore, the issue of deposits should actually be legislated against, so that you do not have to pay any deposit when you present yourself at a hospital on an emergency basis.

The second issue we are legislating on today concerns dead bodies. A hospital worth its salt declines to release a body purely because it is owed medical fees. The questions posed by Members of Parliament are: What is the benefit of holding it? What do you reap from it? What are you going to do with it? You will do absolutely nothing with it. It is purely to subject relatives to more agony and distress, as they must look for money to pay the bills before laying their loved one to rest. This cannot be justified in any way. Hospitals must be admonished for even attempting to retain security so that a person will return to claim the body and security. Some hospitals tell you to leave your identification card. How can anyone retain it, given that it is your only form of identification, especially in rural areas like Tharaka, where there are no passports or other forms of identification? Others tell people to give them a title deed. How do you use a title deed, unless it is accompanied by a legal instrument known as a charge or mortgage? You cannot sell that property or do anything with it.

Sometimes, you are even told to bring a logbook so that it can be held as security as you look for money to reclaim the body. Unfortunately, for a logbook to have any effect, it must be accompanied by a charge or mortgage. Without that, those documents are of no practical value. I laud the ingenuity of Kenyans because, for an identification card, someone simply goes to a police station, reports it lost, and then obtains a new one within a month. So, the hospital has wasted its energy, resources and time holding an identification card that is of no value. I have been told that many hospitals hold such identification cards, which are useless. The same applies to title deeds and logbooks, which you can replace.

As we said, let us go back to the old days. The nursing profession, which is part of medical practice, traces its roots to Florence Nightingale. She volunteered with a battalion of nurses to go into battlefields where armies were fighting. She moved in without caring which side the injured person came from, seeking only to save lives. She was not paid by anyone. She did not ask for deposits. She was there to render pro bono services so that lives on the battlefield could be saved. Those were emergencies. We do not go to war often, but we have road accidents, fire accidents and many other emergencies. No hospital or medical practitioner should ask for a deposit before attending to an emergency case.

With those remarks, I laud Hon. Njeri for bringing this Bill. I urge Hon. Members to support it. The Senate needs to fast-track it. We urge the President to assent to it as soon as it is presented to him, so that Kenyans can continue to reap the fruits of universal healthcare for every citizen.

Thank you very much, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon. David Ochieng'): I had already given out to the Member speaking next.

**Hon. Babu Owino** (Embakasi East, ODM): Thank you very much, Hon. Temporary Speaker. I rise to support the Bill by Hon. Jane Njeri, which is well thought out. It preserves the dignity of Kenyans not only inherently but also the inalienable dignity of every Kenyan to access health services, as enshrined in the Constitution under Article 43(1)(a), which states that every person has the right to access healthcare services. In addition, Article 43(2) of the Constitution breathes further life into this by providing that every person has the right to emergency medical treatment. From time to time, we go against the spirit of the Constitution

in attempts to make money. We know very well that greed blurs vision. When there is too much greed, and we only look for money, there is no vision. We know of the Hippocratic Oath, taken by doctors, named after the Greek physician Hippocrates, the father of medicine. It is clear that the Oath states that you do no harm, treat patients to the best of your ability and owe a duty of care to the patients who come to medical facilities.

Further, there is the Nightingale Pledge taken by nurses, which was created in 1893 in honour of Florence Nightingale. It also emphasises doing no harm and practising nursing faithfully, just as doctors should practise medicine ethically. Therefore, if somebody walks into a hospital seeking treatment, the first thing every Kenyan citizen should receive is the right to a healthy life. You know the role of health in economic development. A sick nation....

**The Temporary Speaker** (Hon. David Ochieng’): Hon. Babu, it seems that those who turn people away are neither doctors nor nurses, but hospital administrators. Where do you place them?

**Hon. Babu Owino** (Embakasi East, ODM): I am coming to that, Hon. Temporary Speaker. Most of the people who own these hospitals are doctors. Therefore, they fall within the same bracket. When administrators give such instructions, they often do so at the direction of their bosses. Most Chief Executive Officers (CEOs) of public hospitals are also doctors. Even at Mama Lucy Kibaki Hospital, medics push patients away. I have seen this from time to time. I also understand their frustrations. They are not paid well and on time. However, the most important thing is to preserve life.

To divert slightly, General Patton from the United States of America (USA) once said that:

When you fight for your country, you do not need to die for it. As you fight for your country, you let the other bastard die for his country, because if you win and die, how will you enjoy the spoils of war?

This brings me back to the role of health in economic development. A sick child cannot go to school. A sick nation cannot be productive. That clearly tells you that the most important thing is to ensure healthcare is affordable. If it is not affordable, it should be free. If it is not free, it should be affordable. If you walk into Mama Lucy Kibaki Hospital and you do not have Ksh500 for a chest X-ray, it means you will die.

At the same time, if you lack Ksh2,500 for a high-level X-ray again, you do not get medication. This means that we are losing thousands of Kenyan citizens who deserve to grow this nation. The worst comes in when you have been admitted, sold everything, whether you are from the village, the slums, or even from a well-off family, you spend all your earthly belongings in the hospital, and eventually you lose your patient. Thereafter, the rubber meets the road. You have lost the patient; you have lost everything, and then you are told that you cannot take a dead body from the hospital to bury, and at that point, you are mourning. Somebody has passed on, and the hospital insists that it has to detain the body.

In a High Court case of Mary Nyaigero versus Karen Hospital in 2016, the late Justice Majanja, may his soul rest in peace, in his own wisdom, stated clearly that there is no property in a dead body. You cannot sell a dead body. There is no economic value in a dead body. Therefore, detaining a dead body further adds grief to the families. For those staying in Nairobi, Hon. KJ will tell you that transporting a dead body from Nairobi—first clearing hospital bills when you do not even have the money and making arrangements to hire a car or a matatu to take the body to the village for burial—is like burying two people at the same time. Economically, you are buried, and at the same time, you are burying a loved one. So,

*Mheshimiwa Njeri*, this Bill deserves the support of all Members of Parliament because, in our own constituencies, people are suffering. We need to pass the Bill to curb this unethical and immoral behaviour and preserve the dignity of Kenyans.

God bless you.

**The Temporary Speaker** (Hon. David Ochieng’): I will have Hon. Basil, Hon. Mayaka, Hon. Sabina Chege and Hon. John Waweru in that order.

**Hon. Robert Basil** (Yatta, WDM): Thank you, Hon. Temporary Speaker, and the crafter of the Bill, Hon. Njeri, Member for Kirinyaga County, who brought this very important Bill. I agree with most of the contributors to the Bill. This is a very important Bill. Just as Hon. Babu said, there is no economic value in a dead body. When you detain a dead body, you hurt an already bereaved family mourning their beloved one. So, this is a timely Bill. I want to make reference to one of the families in my Constituency who had a body that was detained at Kenyatta University Teaching, Referral and Research Hospital for about three months. When I spoke to the CEO, she was rude. She did not seem to have empathy for the family. In fact, I wrote so many letters seeking medical waivers to that particular hospital. I even asked them whether they were operating as a public or private hospital. It was so annoying that a family that had already depleted their resources and could not even bury their loved one, was struggling to have their body released by Kenyatta University Teaching, Referral and Research Hospital.

When I saw this Bill, I decided not to leave until I was given the chance to contribute because it really affected me to see a situation where a hospital did not seem to sympathise as well as empathise with a family that had already lost their loved one. I do not think there is any family that would deliberately say they do not want to pay medical bills for their patients or even for their loved ones. It is a situation that puts people in a circumstance where, economically, they are crippled and unable to raise anything. Some of them go an extra mile to sell all their assets. They hold numerous harambees, which yield nothing. In this particular case, we did all we could, but we could not raise Ksh4,000,000. That is why it is important we criminalise a situation where a hospital detains the body of a Kenyan or a patient who has already gone to another planet.

I have a couple of other salient points which justify my support for this Bill. I categorically state that the Bill, in addition to its alignment with Article 43 of the Constitution, particularly 43(1) to (3) on the right to health, aligns with Sustainable Development Goal No. 3, which addresses good health and well-being.

I also emphasise that the Bill deters or mitigates harambees and fundraisers that are done to support medical-related costs. The Bill also strengthens patient rights because, when patients have already used what they can and are denied health services, that is, in principle, denying them the right to health. This particular Bill protects that particular right. The Bill also supports healthcare workers by tightening legal duties and clarifying roles and responsibilities. At the same time, it protects healthcare workers from abuse and unreasonable liabilities arising in the medical field or medical-related services. Importantly, in order not to make hospitals inoperational, I would recommend that we also put emphasis on appropriating adequate resources to support the operation and administrative costs of all health facilities, particularly public health hospitals. This is going to ensure that hospitals have no excuse at all to detain bodies, as well as deny patients’ right to health.

So, I urge Members, just as Hon. Babu has said, it is important for all Members to support this particular Bill and ensure that we promote health services, particularly to the poor, who are the majority in this particular country.

With those few remarks, I support.

**The Temporary Speaker** (Hon. David Ochieng’): Let us have Hon. Mayaka, Hon. Sabina, then Hon. Waweru.

**Hon. Irene Mayaka** (Nominated, ODM): Thank you, Hon. Temporary Speaker, for the opportunity to also add my voice to this very important amendment to the Health Bill of 2024.

I thank Hon. Njeri Maina, the County Member of Parliament for Kirinyaga, for coming up with this very important Bill and doing so in a very interesting manner. I watched Hon. Njeri speak and wondered if she was addressing a Panel of Judges because it was very high-level, and she looked extremely elegant while at it. So, Hon. Njeri, I am proud of you; congratulations. This is an amendment that seeks to restore dignity to human life because it touches on a very important aspect—patients who go in for emergency services—since we all know that at that particular emergency level, it sometimes determines whether or not someone lives. The fact that someone has to wait for a financial transaction to take place before receiving medical attention has led to the loss of many lives.

There is the issue of detained dead bodies. As has already been alluded to, a dead body has no value. You cannot take it and sell it. Even if one wanted to harvest organs, organs are harvested before life is completely lost. Therefore, these dead bodies have no value. However, the fact that we are criminalising this practice is even more important. If you look at the legislation in countries such as South Africa, the United States of America, and India, the laws are very specific in criminalising offences committed by any person in charge of a public health facility. I particularly like the use of the term “a person in charge” because the buck stops with the leadership of that facility. He or she must ensure that the people working there are not undermining the law, knowing that he or she will be the one charged. This is, therefore, a very important aspect. It also strengthens Section 137 of the Penal Code, which addresses the refusal to release dead bodies.

Hon. Temporary Speaker, the aspect of alternative payment plans is also very important, as Hon. Mukunji has alluded to. This will ensure that people do not take advantage of this law, whose main aim is to restore dignity. However, payment arrangements must be in place for those who cannot afford to pay immediately, as medical facilities must still operate. This is an important balance to avoid anyone who is trying to take advantage.

Hon. Temporary Speaker, we have seen many cases in this country where families have been unable to retrieve the bodies of their loved ones for as long as 20 years. This is unfair. They do not get closure and the opportunity to give their loved ones a dignified burial because they could not raise the medical bills. This Bill therefore helps families because, in African society, giving a loved one a befitting farewell is an important part of life, death, and continuity, and it brings comfort to those who remain alive.

Another issue, Hon. Temporary Speaker, concerns mothers with new-born babies. You find a mother detained in a hospital for a long time because she is unable to pay medical bills for her child. This makes no financial sense because the longer she is detained, the higher the bills will be. You are adding a burden to someone who already cannot pay. It would be better to release such a person and arrange proper payment so they can continue their lives outside the hospital. You can imagine what this does to a new-born child, even though they cannot

speak or defend themselves, being confined to a hospital bed instead of going home. The mother, too, who has no medical complications, but is in the facility because she cannot pay the fees. I, therefore, reiterate the importance of this Bill, especially in relation to public health facilities and the criminalisation of offenders. These are two very important aspects of this amendment.

With those few remarks, I wish to register my support. Thank you.

**The Temporary Speaker** (Hon. David Ochieng’): Hon. Sabina Chege.

**Hon. Sabina Chege** (Nominated, JP): Thank you, Hon. Temporary Speaker. Before I contribute, I congratulate my sister, Hon. Njeri, famously known as Gacheri Gaito, the Woman Representative for Kirinyaga County, for this well-thought-out amendment.

**The Temporary Speaker** (Hon. David Ochieng’): What does that mean?

**Hon. Sabina Chege** (Nominated, JP): Gacheri Gaito means our small Njeri. This is to show the people of Kirinyaga and those who speak the language that I also speak the same language, and I admire her leadership. She is courageous despite her small stature and is among the smartest women representatives in our region and in Kenya. Congratulations, Hon. Njeri, for thinking about how we can sort out these issues. I always say we have solutions in this House. Sometimes, we look for solutions elsewhere. Sometimes we complain to people about what the Government is not doing or ought to do, yet we have solutions here.

I am happy she said that it does not belong to any political divide; it belongs to every Kenyan. Hon. Temporary Speaker, Members of this House receive calls almost every day, every weekend, from constituents asking for help. I have written countless letters to hospitals, pleading with CEOs and management to release dead bodies. It is unfortunate that, despite a Constitution that is very clear on the right to life under Article 26, human dignity under Article 28, the right to health under Article 43, and emergency medical treatment, the commercialisation of healthcare in Kenya is real. Despite landmark High Court rulings, it persists.

Hon. Temporary Speaker, last year, I moved a Motion proposing that civil servants and Government officials attend public health facilities so that we can interact with our constituents and see first-hand how people are turned away. We would also return the money we receive from the Ex-Chequer through our insurance contributions back to public facilities. This is not a small amount of money. The challenge we face today is that we have more private facilities than public ones. Kenyan citizens fund these private facilities, while the Exchequer funds public facilities, yet service delivery in public hospitals still has a long way to go.

Facilities like Kenyatta National Hospital have the best doctors. They have performed surgeries that have not been done in any other facility in Kenya. Yet we still find that there are not enough doctors, and patients are waiting long to be attended to. In emergency sections, Kenyans are still turned away. What do we mean when we talk about emergencies? These are not planned situations. There may be a fire or an accident, and the person is rushed to the nearest health facility. To ask such a person to produce Ksh200,000 or Ksh100,000, where do the hospitals expect them to get it from? Hon. Njeri mentioned my friend, the late Betty Bayo, who went to a facility and had to wait from 3.00 a.m. to 6.00 a.m. for people to wake up and raise money for a deposit while she was bleeding. Sadly, we lost Betty Bayo, a very famous musician. But this is only one of the many cases highlighted. Many people lose their lives because they are turned away.

I believe it is important that any health facility, even before this Bill is passed, should first save lives in emergency cases. They can refer the patients to another facility if they do not



have money. They should not turn somebody away because that is inhuman. We need to turn the health sector from a focus on commercialisation to one of saving lives and taking care of human beings.

In 2024, KNH detained 246 bodies of infants. I put myself in the shoes of a mother who walks in waiting to go home with a baby, but the baby passes on, or a mother with a small, sick baby who takes the baby to the hospital, but the baby passes on. Such a mother has lost an infant, and the body is detained because the hospital wants money from that mother. How inhuman can that be? As we have said, a dead body has no value. As my colleagues have said, a way should be found to see whether a family can afford it or not, or they should be given dates and times when they can pay.

When a family member or a relative takes a patient to the hospital, and the patient passes on, it is already painful. A few religions want to bury their kin immediately, but they are unable to because the body is detained. It is not just that they want to run away from pain, but rather, it is because they do not have money. When I was the Chairperson of the Departmental Committee on Health, we visited Moi Teaching and Referral Hospital. It had a very good social support system. By the time one walks into the hospital and is admitted, the social worker should be able to tell whether the family can afford to pay.

We are talking about dead bodies being detained, but even patients who get well, or a mother who delivers, are detained in a hospital where they share a bed or sleep on the floor because the hospital wants them to pay. No one would want to stay in a hospital even for an extra day after being discharged. So, as we amend the Bill, we need to look at the law again and see how social departments in hospitals can be able to determine if a patient can pay by the time they are released from a hospital. If a person dies, the hospital should be able to know that the family is in need and that they cannot be pushed further. They should be left to go and first bury their kin and thereafter, commit themselves to how they would pay. In an emergency, once life is lost, it is. But if one's life is saved, they have a chance to recover, return to work, take a loan or organise a harambee, and pay the bills. We pass laws, but their implementation is another thing. If there is a High Court ruling on the same, why do we still have bodies detained in hospitals? We need to have a way to compel hospitals to release bodies so that their kin can bury them and, thereafter, have a clear path on how they would settle the bill.

Let me speak about SHA because it has an emergency component. SHA covers emergencies only at Level 6 hospitals. Emergencies happen, and people are taken to the nearest medical facility. We may therefore need to relook at that. I know Members of the Departmental Committee on Health are here. We need to look at the level of emergency care that is given so that when one is rushed to the nearest dispensary, they are taken care of. It can be at Levels 1, 2 or 3.

Hon. Temporary Speaker, add me a minute because I want to say something on emergency handling, because it is important. If someone gets into an accident on Thika Superhighway today, where do they get an ambulance?

**The Temporary Speaker** (Hon. David Ochieng'): A minute more.

**Hon. Sabina Chege** (Nominated, JP): We should have a short code like the \*254# for the Nyota Fund. If there is an emergency on any highway, we should ensure victims can access emergency care and get an ambulance. Many Kenyans die because of how they are handled when they have accidents. People come with *pangas* in an effort to try to cut the cars as they try to pull people out of the wrecked cars. People do not die because of accidents but because of how they are handled. Once we have an emergency number, we also need to have

professionally trained people so that if an accident occurs, it is not the business of the people who come to steal phones to try pull them from the vehicles and in the process, their legs are cut and left in the vehicle. If there is an emergency number, an ambulance and well-trained personnel can rush to the scene, treat accident victims, and transport them to the nearest facility.

I congratulate Hon. Njeri Maina. I support the amendment. Thank you very much.

**The Temporary Speaker** (Hon. David Ochieng’): Hon. KJ.

**Hon. John Kiarie** (Dagoretti South, UDA): Hon. Temporary Speaker, I must thank you and also wish you a happy new year and great leadership in this new Session as you always do by guiding this Parliament with your very great leadership skills. I also take this opportunity to congratulate and thank the Kirinyaga County Member of Parliament for coming up with this very crucial Bill that is extremely timely at a time when the country is considering its healthcare and healthcare legislation. I want to thank Hon. Njeri Maina, who is my in-laws’ County Member of Parliament. I thank her for such amazing legislative work in the House. This is what Hon. Njeri was elected to do in this House.

This amendment seeks to amend the Health Act (Cap. 241) of the Laws of Kenya to provide access to emergency treatment and healthcare services prior to payment of prospective medical costs by users. Why this becomes an important piece of legislation is because we know that we are losing countless lives when Kenyans are not able to access emergency healthcare or healthcare at whatever level because of the requirements for payment ahead of medical care.

This becomes a critical concern for us who are in legislation and especially at this time when we are careful on what we are doing in the space of medical services, up to and including the new legislation that this House passed, that enabled the new regime of management of healthcare in this country; up to and including the changes that we are making as a House regarding how health is covered even in its payment and insurance. This is a journey the 13th Parliament has walked. What Hon. Njeri Maina brings to the House is not only timely but also critical and useful, not only to the people of Kirinyaga whom she represents, but also to Kenya. I must also congratulate her for ably moving the Bill. We can see that her training as a legal professional brings value to this House.

My attention is drawn to her recommendation on the amendment to Section 2 of Cap. 241 where, in part, she seeks to amend the Section by deleting the definition of emergency treatment and substituting it therefore with the following new definition, that emergency medical treatment means the necessary initial or immediate medical care that is administered to a critically ill or injured person to avert or prevent death, disability, unnecessary morbidity, or worsening of a medical situation.

The case of Ms Betty Bayo, a well-known musician, has been brought up in debate this afternoon. This is where legislation becomes a matter of life and death. If the amendments that Hon. Njeri Maina is pushing today had been passed, chances are we would still have this great and celebrated daughter of Kenya alive. I fully support Hon. Njeri Maina’s proposal to amend Section 2 of the Health Act. There is a perennial problem in our healthcare system in Kenya, where Kenyans are exposed to a situation of double jeopardy. When a family has lost a loved one, in addition to the loss, they again have to contend with bargaining and dealing with medical care providers to get the body of their loved one to inter it or conduct the final rites.

In these amendments, Hon. Njeri Maina is proposing that we make it an offence for public healthcare facilities to detain the body of a deceased person as a means of enforcing the settlement of outstanding medical bills. If this were the only amendment she was proposing, I would have fully supported the Bill. However, even the additional amendments she is

proposing are useful. In essence, we have seen situations where families in their state of mourning are faced with the double jeopardy of having to deal with financial offices in hospitals and the tragedy of it, as has been revealed with the enforcement of the new SHA Regulations and laws that this House has passed.

We have seen the most amazing – not in a spectacular way, but in a saddening way – offences in medical service-providing institutions. Throughout the SHA journey we have walked so far, we are realising that there are institutions that pretend to be offering medical services that, in their staff, have more accountants than medical practitioners. There is an institution that has employed 50 financial officers, whereas it has only three or four medical doctors and a handful of nurses. This means that this is not even a medical institution but a financial one. As such, we end up with the problems we are seeing, where money is given more value than human life or even the feelings of families mourning.

There is a proposal here that we should resolve the problem of patients or their relatives having to pay medical fees prior to admission and treatment. This is critical. The emergency unit of any hospital should live up to just that word – emergency. Before the admission of any patient, any processing that should happen should be of the medical vitals that are undertaken for the patient to be admitted. However, today, in most of our medical institutions, we realise that instead of us having to go for the patient's vitals, we are seeking their ability to pay medical bills that cannot even be accounted for, because this patient has not even received any medical assistance. So, how are you able to weigh what it shall cost for this patient to be treated?

Finally, there is another proposal from Hon. Njeri Maina that seeks to improve how we handle the release of bodies, which, in itself, is a critical issue that speaks to our traditions and our being as a people. It must be said at this point that medical institutions today have borrowed so heavily from financial institutions that they have even borrowed out of our nature as Africans. The Africans had traditional doctors. They had a way of caring for their sick, and they were so careful about what they gave patients. It was not a payment but an agreement that was made to appreciate the practitioner. However, today, a hospital is not any different from a bank. We must ensure a proper place in the process of this Bill to ensure it covers both the public and private sectors.

Hon. Temporary Speaker, allow me a minute to also thank Members of Parliament up to and including the NG-CDF in Dagoretti South Constituency...

*(The microphone went off)*

**The Temporary Speaker** (Hon. David Ochieng'): Add the Member a minute for him to wind up.

**Hon. John Kiarie** (Dagoretti South, UDA): Thank you, Hon. Temporary Speaker. I was seeking this minute to thank Members of Parliament who were able to pass laws that gave life to a new regime for the management and payment of health services. Also, to thank Constituency Development Committees up to and including the Dagoretti South NG-CDF committee for on-boarding very needy and most indigent constituents who deserve coverage under the SHA arrangement. In Dagoretti South, the committee onboarded almost 1,190 constituents, who are now under the committee's cover. I understand that these are the most indigent and needy. Hon. Njeri, this is a good piece of legislation. We shall support you.

Thank you very much, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon. David Ochieng’): Thank you. Hon. Beatrice Adagala, thank you for your patience. You will be followed by Hon. Nebart Muriuki.

**Hon. Adagala Beatrice** (Vihiga County, ANC): Thank you, Hon. Temporary Speaker, for giving me this opportunity to also speak on this Health (Amendment) Bill by Hon. Jane Njeri Maina, the Member for Kirinyaga County.

This is a very important Bill for us, given that it touches on sensitive issues, including medical care and the care accorded to the people who live in this country. In fact, it is very sad to notice that when someone goes to the hospital for an emergency, they cannot be admitted because they have to pay an admission fee or bring in so many other things and complications, yet it is an emergency. Somebody has been brought in, maybe an accident victim, but they are not admitted because they have to pay the admission fee. Every Kenyan has a right to medical attention. It beats logic to deny such a basic need that should be accorded to any Kenyan who is sick or who goes to the hospital to seek medical redress.

I thank Hon. Jane Maina for what she has done. She has given a whole explanation. She has done her research thoroughly to ensure that neither the patient nor the hospital will complain. One day, we experienced an accident in Mbale, and we rushed the victim to the hospital. I was shocked when we arrived. We kept running up and down because there was no way the victim was going to be admitted. This is because the hospital wanted a deposit for him to be admitted. We rushed to another private hospital nearby, but we were also denied admission. They wanted us to pay an admission fee. We looked for money left, right and centre and by the time the patient was admitted, he had bled so much. Unfortunately, the patient passed away. This made the family sell part of their land to pay the bill. This is making families have it rough in this country. Families have to sell their properties, such as houses and land. In fact, in my county, a family of 10 may have 0.01 acres. It becomes terrible if part of it is sold to meet a hospital bill. It makes Kenyans live like squatters in their own country.

Hon. Maina has given us this amendment Bill here, and I want to support it with all my strength. Kenyans must get proper treatment. They should not be subjected to torture as if we were in a backward country that cannot handle medical cases properly. When someone is rushed to a hospital, for heaven’s sake, they are supposed to be admitted. I do not know why private hospitals put caveats that they cannot admit people. Kenyans need to be admitted. The issue of bills can come later.

Members of Parliament are suffering. There are several dead bodies in mortuaries, like at the KNH. Some are from my Vihiga County. There is one with a Ksh2.5 million bill that needs to be paid yet the person is dead and the family cannot afford it. Where do you want these people to get the money to pay if you detain such a body? This Bill will cure the problems we are experiencing. Research has been done properly to ensure that people in private hospitals will not suffer, and Kenyans will not suffer.

Kenya is registered under the World Health Organisation. Why should Kenya behave independent of other countries like the United States, India and Canada? They may be advanced States, but Kenya is heading there. We need to amend this Bill and see if SHA can pay some of these bills. It is not easy when a family loses a beloved one. A family that has lost a person and has a Ksh5 million bill has a big problem paying it. The dead also need to be given a dignified send-off. It beats logic when you keep a dead body in the mortuary for over six years, five months, or even a year. It is very shameful. It shows that, as a country, we do not care.

I am talking from experience. We have had bodies in the mortuary for six years in Vihiga. They are of cases here and there. It becomes difficult. It gives families sleepless nights.

They cannot have peace when their kin are held in the mortuary, yet they are mourning at home. It becomes embarrassing and unheard of in this century. We are more than 60 years after Independence. It is not the best thing to happen to our people. Like all of us, our people need proper care. We are entitled to hospitals.

I watched a lady on television this morning. She went to a private hospital for a tooth extraction, something very simple that can be extracted and somebody goes home. It is not something to make somebody admitted. The wrong medication was administered, and the lady was mishandled. She has moved from hospital to hospital. Many operations have been done, just for a tooth extraction.

I think medical treatment is terrible in this country. It has to be looked into to save lives. For real, you cannot lose somebody just because of a tooth extraction. It is embarrassing. It makes the medics seem as though they are unqualified yet they are qualified. The quacks are using other private entities. The body in charge must crack the whip. The Departmental Committee on Health must sanction notorious private hospitals, so that we can see whether they can be done away with. They may be offering assistance, but they are also causing a lot of damage and chaos to our people. On that note, this Bill is timely. It is a win-win situation. The people and the hospitals will win. I, therefore, support the Amendment Bill.

**The Temporary Speaker** (Hon. David Ochieng’): Member for Mbeere South.

**Hon. (Eng.) Nebart Muriuki** (Mbeere South, Independent): Thank you, Hon. Temporary Speaker, for allowing me to contribute to this very important Health (Amendment) Bill. I thank the Member for Kirinyaga County for bringing this very timely Bill. When I read through it, I wondered why it never came earlier because it addresses what most affects our constituents. Our constituents are being affected by emergency medical treatments and burials. That is where the major problem is. That is what we face every day as Members of Parliament.

An emergency is an unexpected, unforeseen event that can happen to anyone. When people go to the hospital and are not attended to, it means emergency medical services are not available there. I want to thank the Member for bringing out the right definition of emergency medical treatment. It refers to the necessary initial or immediate medical care that is administered. If the definition in the Bill is adopted, I request that the words ‘immediate medical care’ be bolded or underlined to draw attention to that aspect, as that is exactly what is lacking.

Almost every hospital has an emergency department. However, do patients receive immediate medical care upon arrival? When the hospital asks the patient or the person who brought the patient to make a deposit first, it means immediate medical care is not being provided. That is what happens in almost all hospitals. I was in Aga Khan Hospital last week. When the doctor was attending to me, he told me that there was an emergency and left. I actually thanked him because he left me to attend to another emergency case. That is what we mean by immediate medical care. It is care that requires immediate attention.

So many lives in this country have been lost because of a lack of immediate medical care. A person who is unable to breathe comes to the hospital and is not given oxygen or first aid, yet the hospital first asks for payment. Last week, I was called by one of my constituents at midnight. They were at Nairobi Hospital with an emergency. The patient could not be admitted because they could not pay the deposit. The son was trying to raise the deposit by calling people at midnight, so that the patient could be admitted.

This Bill is very important. What I am putting across as my contribution is that, as we criminalise the denial of emergency services, we should also criminalise delayed attendance to emergency services. The main thing that affects us is delayed attendance to emergency services. Some of the people who are taken in as emergency patients are brought by well-wishers. If you are driving on the road and get into an accident, who will attend to you? It will be a well-wisher. When you are taken to the hospital when you are unconscious, and the hospital demands a deposit first, who will pay the deposit when the person who is unconscious and requires immediate medical attention is the one who is supposed to pay? The well-wisher cannot pay. He does not even know you; he is just trying to save a life.

This Bill should have come much earlier. A lot of people have lost their lives. The poor in our community are required to pay these deposits first, yet we are all aware that they cannot afford them and, therefore, cannot access medical services. Life has no price. If life were to be given a price, it would be so high that none of us living today would afford to pay for it. Because of a priceless tag on life, we should treat saving a life differently. Everybody should be concerned and ready to save a life at whatever level. For this Bill to be applicable, we should have emergency services at all levels of our hospitals, from level I through level III to the highest level. What I am trying to communicate here is that, when it comes to emergency services, we do not have a choice. We have to go to the nearest medical facility. That facility must address our situation until we are stable, unless we require ICU services, which may not be available at all levels of medical facilities.

All health facilities should be regulated insofar as emergency medical care is concerned. Today, if you take an injured patient to level I and II hospitals, you will discover that they lack simple, essential things like gloves to attend to a patient. One will be forced to go out and buy them from the local chemist. Things like painkiller injections that help patients experience less pain as they are attended to are not available. That is why I am proposing that we should make regulations that will make it mandatory for every health facility to have what is needed to attend to emergency services. Emergency services fees should be regulated because patients will not have a choice when they need them. They should be regulated so that patients can be stabilised during emergencies, allowing them to make their own choices about where they want to be attended to thereafter and who should attend to them. So, this Bill needs to have room for the regulation of health facilities that can provide emergency services.

On dead people, it becomes really shocking when a dead body is detained in a hospital. When that happens, it is the people who are alive that are actually tortured and not the dead person. It was said here that there is no price for a dead body, even if you detain it. If we were to be inhuman, we would just say: “*Kaa na hiyo mwili.*” Stay with the dead body because it has no value. So, when we criminalise it, we will be saving the relatives of the dead person from agony.

On my way here today, a burial in my constituency was postponed because the bereaved could not get the dead body from a medical facility for lack of payment of the medical bill. I have run out of time. I support the Bill. We should all support it so that our people can stop suffering. They should get emergency services as required, and should God call any of them home, the relatives should put them to rest at the right time.

Thank you.

**The Temporary Speaker** (Hon. David Ochieng’): Thank you. Let us have the Member for Narok North, then the Member for Kipipiri.

**Hon. Agnes Mantaine** (Narok North, JP): Thank you, Hon. Temporary Speaker, for giving me this opportunity to support the Health Amendment Bill, 2024. Before I contribute, I want to thank the Member for Kirinyaga, Hon. Njeri Maina, for this articulate amendment Bill that is before us. It has come at the right time. The amendment Bill addresses issues of the detention of bodies and emergencies. If you want to see these two issues, just visit one of the referral hospitals. When you visit a referral hospital, the first thing you will see are patients who have come to seek medical attention as an emergency. If you look at them, you will see everyone crying in their own corner, with no one attending to them because there are no services. To provide health services, facilities must be stocked with drugs, equipment, and health personnel. These three issues are lacking in our referral hospitals. That is unfortunate.

Health in Kenya is a devolved function. This is a function that was devolved when people were not ready. Health is so critical that it needs a lot of attention. What we are seeing is so different from what we thought we would get. Referral hospitals, facilities and county governments are not ready to do what we wanted them to do.

On dead bodies, in most of the referral hospitals and health facilities in our constituencies, people are looking for money to pay bills, but the facilities do not care about the situation of their dead patients. If one cannot pay the medical bills, they will be forced to leave the dead body, and they will not take it to where they wanted. These are issues that we come across. Last week, I had such an issue in my constituency. A family was not ready to bury their relative because they did not have money. The facility where the body was preserved kept charging every day additional money. At the end of the day, relatives have to pay the hospital or mortuary facility before they retrieve their loved one's body. We had to fundraise to remove the body from where it was to another facility to give the relatives time to prepare for the burial. When you consider the torture that was involved, it compelled me to intervene and assist the relatives so that they could bury their loved ones in the manner they desired and give them a dignified send-off in a way that would bring them comfort and peace.

When you look at emergency cases, people die in referral hospitals, and nobody seems to care about what is happening. It is time for us to examine what is taking place in health facilities. When we talk about SHA, it is also time to address the fact that there are hospitals that do not respect it. When you take a relative or a patient to facilities such as Kijabe, they insist on payment before admitting the patient. It is time we scrutinise what is happening in these facilities.

I support the amendment and urge other Members to support it because it has come at the right time. Thank you.

**The Temporary Speaker** (Hon. David Ochieng'): Member for Kipipiri.

**Hon. Wanjiku Muhia** (Kipipiri, UDA): Thank you, Hon. Temporary Speaker. I rise to support my younger sister, *gacheri gaitu*, for bringing this very good Bill, and it has come at the right time. I agree with all the Members who have spoken before me on the emotional distress experienced by grieving families, the legal implications, particularly following the High Court pronouncements on this matter, and the ethical concerns arising from denying the dead their dignity. I will not repeat what has already been said, as I agree with my colleagues.

However, I would like this House to consider this Bill from another perspective. Perhaps this Bill is calling upon us as a nation to reflect on how to make healthcare affordable. Not merely affordable in general terms, because we all know healthcare can be expensive, but specifically in relation to emergency cases. I am convinced that the practices we are witnessing are the result of systemic issues, particularly inadequate healthcare funding. It is time for us,

as a country, to examine healthcare holistically and consider adequate funding for national referral hospitals and county hospitals.

This Bill also calls for better insurance coverage. As we discuss government hospitals, we should broaden the conversation to include general insurance. Even where a patient has private insurance, delays in confirmation or lapses in payment have resulted in patients dying at emergency entrances. If SHA is a government initiative, then it is time we closely review and possibly adjust it to ensure access, particularly for emergency cases and matters relating to death.

As I take this opportunity to thank all Members and friends who supported me when I lost my father last month, I would like to share an experience. In the case of dialysis, SHA may cover only two sessions, yet a patient may require three or four sessions per week. This means that if a patient attends only two sessions, the family must look for additional funds, yet dialysis may be prescribed for twelve sessions or more. I found this deeply distressing. While dealing with my own loss, I was also assisting constituents who could not afford treatment. Fundraisers are happening daily, and I am certain that almost all Members participate in them. Therefore, as we address ethical, legal and emotional concerns, I invite this House, particularly the Departmental Committee on Health, to consider how we can improve insurance coverage, especially SHA for the general public, and encourage private insurers to enhance their packages to cover emergencies.

Dr Nyikal or Dr Pukose said – I was just in the compound but not in the Chamber – that perhaps we made a mistake in devolving healthcare. Many Members share that concern because most of the challenges we face originate at the county level. However, since healthcare has already been devolved and reversing that decision would be difficult under the Constitution, we should address these matters through the Senate and at the county level. As we strengthen Kenyatta National Hospital and other national referral hospitals, counties must also improve their primary county hospitals. Ultimately, the issue is funding. As we speak of free education, we must also speak of free or, more precisely, affordable healthcare.

With those remarks, I conclude by thanking Members for their support and for acknowledging my presence in the House, following the Leader of the Majority Party's allegations that I am not in the House. Even when I was Chair, I was among the Members who arrived early to support the business of this House. I also wish to tell him that issues concerning women should be handled by women.

Thank you.

**The Temporary Speaker** (Hon. David Ochieng'): Member for Githunguri, followed by the Member for Baringo North.

**Hon. Gathoni Wamuchomba** (Githunguri, UDA): Thank you, Hon. Temporary Speaker. I rise to support this important Bill introduced by my younger sister, Hon. Njeri, the Member for Kirinyaga. When I heard that she had brought this amendment, I was very pleased. She knows that I had earlier lobbied her to support my Geriatric Bill, which addresses matters relating to maternal healthcare.

I stepped out earlier, but returned because I wanted to register my contribution on this issue.

**The Temporary Speaker** (Hon. David Ochieng'): What is geriatric?

**Hon. Gathoni Wamuchomba** (Githunguri, UDA): Geriatrics refers to matters relating to birth and childbirth. I have been very vocal on maternal healthcare, and it pains me to see hospital facilities refusing to admit a mother in labour, knowing that babies cannot wait. Babies



cannot wait while families search for a deposit for a hospital bed. They cannot wait for a doctor to be called or for security to be provided in the form of a logbook, title deed or any other collateral.

The number of distress calls I have received from mothers abandoned at hospital receptions, both public and private, is alarming. Thousands of children, and by children I mean infants with rights, have been detained in facilities simply because payment has not been made. I continue to ask: When you detain a three-day-old infant in a hospital, what is the intention? Is it to sell the baby and recover the money? When you retain a dead body, what is the intention? Do you expect to sell the body to recover the bill? We must be realistic and practical. This must stop. Hon. Njeri, I wish this Bill could be adopted as a Government or Committee Bill, by whoever. We can move this Bill through the corridors of this House and ensure it becomes law before the term of this Parliament ends. It is unfortunate that this Bill was published in 2024, and we are now in 2026. This means we do not give priority to serious issues. Hon. Njeri, I am even worried because I am a senior Member.

**The Temporary Speaker** (Hon. David Ochieng’): Order, Hon. Member. This address is directed to Hon. Temporary Speaker.

**Hon. Gathoni Wamuchomba** (Githunguri, UDA): Sorry, Hon. Temporary Speaker. Being a Private Member's Bill, I am worried because this House might get excited to talk about it and support it overwhelmingly, like before. However, as it goes through subsequent procedures, such as Committee of the whole House and the Senate, it might not see the light of day. Therefore, I am appealing to Members of the Departmental Committee on Health, the Budget and Appropriations Committee and those in leadership to help us adopt this Bill, either as a Committee or a Government Bill, so that we can pass it unanimously. I have a lot of interest in it.

Last weekend, I attended two fundraisers in my constituency, in Mutuya and Gathanje villages. Shockingly, the issue raised in one of the fundraisers was a pending bill of Ksh580,000. The body is still detained at Kenyatta University Teaching, Referral and Research Hospital. Interestingly, when I interrogated the Bill, I was shocked to learn that these hospitals add their own costs to the services they render to patients. A simple injection that costs Ksh350 in Ruiru was billed Ksh1,385. Most of these parents are unable to interrogate the bills. Just because an injection was administered in a ward, it is inflated from Ksh385 to Ksh1,300. Sometimes people die, and their bodies are detained in hospitals, accruing bills every day. Do dead bodies pay rent? Do we pay for services rendered or accommodation in hospital compounds? Why should you ask a patient to deposit Ksh80,000 for a bed? Even a bed in a four-star hotel does not cost us Ksh80,000.

This is a very serious Bill that we should ensure passes as soon as possible. Hon. Njeri has done her part. We support her, irrespective of political positions, because this is not her Bill, but a Bill for Kenyans. I support it.

Thank you.

**The Temporary Speaker** (Hon. David Ochieng’): Is it Hon. Muthende or Hon. Wa Muthende? This is your chance.

**Hon. Leo Wa Muthende** (Mbeere North, UDA): Thank you, Hon. Temporary Speaker. To the many Members who sometimes call me Njeri, that is a name for a lady. I am Hon. Njeru. I am called that sometimes, especially by Members from other parts of Kenya.

I rise to support the Hon. Member. This is a very good Bill. I have listened to the Members’ contributions. We agree that healthcare needs to be re-examined. We focus so much

on the curative aspect of healthcare that we ignore the preventive aspect. Therefore, our healthcare is really expensive. We fund healthcare, but the money is used to cure the sick. This is the curative part, which is quite expensive. The Government has now introduced a preventive healthcare model by engaging Community Health Promoters, but the benefits may take much longer to materialise.

This Bill is timely. We need to stop this. Some Members say dead bodies have no value. However, they have a value to the bereaved. They may hold no value to the hospital, but we have to respect the dead and have compassion for the bereaved families. It is really bad to deny relatives a chance to continue mourning and get closure through the burial process. Instead of allowing families to continue mourning and find closure through a burial process, which is our custom, you withhold the bodies. This is truly not right. We must consider what compels these hospitals to hold on to deceased bodies. While I will not defend these hospitals, it is important to understand their motivations. What drives them to take such actions? How can we assist in ensuring that, as some Members have proposed, we develop a system of guaranteed instalment payments that would prevent these hospitals from resorting to such measures?

Additionally, as Members, we need to encourage our constituents to register for SHA. I heard a Member remark that civil servants are paid monthly while hustlers receive a one-off payment. This is misleading. The President launched the Lipa SHA Pole Pole initiative for hustlers. We continue to provide wrong information to the public. We lack a robust social healthcare scheme, which has contributed to the challenges that have led to this Bill. As Members, let us encourage our people to register for SHA. In fact, I have just responded to a distress call, and my first question is always: Have you paid for SHA? I would very much prefer to assist individuals in covering their SHA payments rather than dealing with hefty hospital bills later on.

Regarding doctors' charges, I recognise that this is an emotive subject. Unfortunately, as doctors gain experience and improve their skills, they tend to charge more. It becomes a matter of a willing buyer, a willing seller, or a willing healthcare provider and service recipient. We must be careful when discussing doctors' charges, as we could stifle innovation and improvement in healthcare. Some doctors invest in medical conferences to stay up to date and provide the best possible care; hence, they may charge differently from those who have not pursued further education since graduation. I would like to express my gratitude to the Kenya Medical Practitioners and Dentists Council (KMPDC) for promoting Continuing Professional Development (CPD) points and Continuous Medical Education (CME) opportunities for doctors.

I urge this House to seriously consider increasing healthcare funding. While we acknowledge that healthcare is devolved, we need to ensure adequate funding so that, even as we discuss waiving bills, we have a recourse for these institutions. Hospitals may agree to waive bills, yet patients continue to seek emergency services, only to face shortages of essential supplies, such as gloves, leaving doctors unable to perform without the tools of their trade. We must explore a comprehensive approach to protect patients, uphold the dignity of deceased bodies, and support our healthcare institutions.

I support this Bill and would like to encourage us all, since many Members have contributed to this discussion. We all desire the best for our healthcare system. The Government is putting measures in place to improve the referral system. Just the other day, a patient with a tumour and his family approached me, and I advised them that the best course of action is to visit their local dispensary and follow the referral system. When patients adhere

to the referral process, SHA covers their bills. However, some patients go directly to the referral institutions, leading to situations in which they tell you that SHA is paying a certain amount, but they still have to cover the additional costs themselves. Our role is to educate the public so that SHA can succeed. This is in our collective interest, as we carry so many burdens. As a new Member of this House, I can only imagine the challenges you have faced thus far. There are two Members of Parliament here who have served in this House for two or three terms. If you are shouldering all these Bills that I have encountered in just the few months after I got elected, I agree that we need to support SHA so that some of these issues can be addressed.

I support this Bill. It is timely. I congratulate the Member. I hope that by the time the term of the House lapses, we will have passed this Bill. I support.

**The Temporary Speaker** (Hon. David Ochieng’): Member for Kericho, followed by Hon. Jayne Kihara.

**Hon. Beatrice Kemei** (Kericho County, UDA): Thank you, Hon. Temporary Speaker, for giving me this opportunity. At the outset, I support this important Bill. My colleague and friend Hon. Njeri Maina, thank you for bringing this important amendment. Before I talk about the Bill, let me thank the Member who has just spoken. He has mentioned that he is new in the House, but he has added value. The issue of paying for our constituents' health bills is felt by all, regardless of how long you have served in the House. This Bill is important, but it has delayed considering that it dates back to 2024. We appreciate the process of the SHA transitioning from the National Health Insurance Fund (NHIF), and it addressed quite a few issues. I am happy that this Bill addresses pre-payment before emergency medical treatment is provided. Many people lose their lives, among them, those involved in accidents, and mothers who go to deliver but are not attended to because they are waiting for the bill to be paid up front. Sadly, the same lives we are supposed to save are lost.

You also realise that any patients affected come from humble backgrounds and have only a piece of land, especially in Kericho, where I come from. Additionally, the title deed for the same piece of land is usually not in their names; it goes back to four generations.

*(Hon. Patrick Osero walked out of the Chamber)*

**The Temporary Speaker** (Hon. David Ochieng’): Who is this now? Hon. Osero, is that you?

**Hon. Beatrice Kemei** (Kericho County, UDA): Thank you, Hon. Temporary Speaker. In other words, it may take days to admit a patient, and in cases where emergencies or surgeries are required, it can take hours because they have not paid anything. This is where we lose lives, and some go to the extent of being disabled since they were not saved early enough.

Article 26 of the Constitution talks about the right to life. If every citizen of this country has the right to life, lives must be saved. This Bill seeks to sort that out. It is also important to note that this Bill seeks to restore dignity even in death. I am saying this since it addresses the issue of dead bodies being detained in hospitals. This has affected me especially when we are asked to go fundraising.

Last year, I attended a fundraiser in Kapsoit Ward. Members of the community had held fundraisers for several months but were unable to raise Ksh6 million. Consequently, this mum was detained in hospital for several days. I had to go around the ministries, asking Cabinet Secretaries and Principal Secretaries for help. It is very frustrating and shameful. It is affecting families. It also takes a lot of time and resources, knowing that in my community, we respect

the dead. If the dead stay for four months or so without being buried, the immediate family members do not go to work. They stay around until the dead is buried. It is an issue that has affected many. Therefore, depositing of title deeds will only influence to some extent.

Another frustrating issue is that the mortuary fee is not paid by SHA. The bills accrue day in and day out. This not only affects the family members but the community alike. Nobody feels free until the dead are buried. Hence, in this case, I appreciate the amendments to this Bill so that the dead are buried honourably. Time is also of the essence. Hospitals need their rights reserved as well. With healthcare services being devolved, our counties must step up to provide medical services and equip Intensive Care Units (ICUs), which is a major issue. Equipment as well as drugs should be provided to Level 4, 5 and 6 hospitals where necessary. Otherwise, we are losing lives. Mothers have also lost their babies due to the inability to pay deposits for an emergency caesarean section. You cannot tell our people to go to public hospitals instead of private hospitals because they cannot afford it. All they are concerned about is saving their loved ones. This has caused a lot of issues and chaos within us. It has also led to the separation of families. A mother may feel that the child's father is not doing enough. Yet in the real sense, he is not able.

So, I support this bill, and it should move as fast as possible. Hon. Njeri, as much as it is a Private Bill, you can push for it to be adopted in this House. I appeal to the Members to support it too because it will save all of us.

With that, I truly support.

**The Temporary Speaker** (Hon. David Ochieng'): Member for Naivasha.

**Hon. Jayne Kihara** (Naivasha, UDA): Thank you, Hon. Temporary Speaker, for giving me this chance to support this amendment Bill by Hon. Njeri Maina, and congratulate her. Hon. Njeri relates to the people on the ground, so she knows the problems that the country is facing.

At the outset, we must agree that our health sector has collapsed, from doctors to equipping of hospitals. We may pass this Bill, but as long as hospitals are not equipped and doctors are on the streets demonstrating because they have not been paid, we must first and foremost think about where the rain started beating us.

I have heard Members talking about the SHA. I still believe SHA is not working yet people have to deposit Ksh6,000 a year. Hon. Wa Muthende told us that the President said you can pay *pole pole*, but this is what we used to call roadside declarations, because the Government works with gazettelement or policy papers, not on the street.

Detaining dead bodies is the worst thing you can do to a family. There was a body that was detained at Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) for seven months from my constituency from a very poor family, so that they could pay Ksh9 million. They raised funds, not once or twice, but it was never enough. Eventually, I wrote to the CEO that I am not a family member, but they should bury that body. I did not have the consent of the family, but it was so painful. Eventually, the body was released when they realised there was no more money coming.

There was also another case. The family had held three harambees, but the money was still not enough, and the hospital held their title. I wrote to M.P. Shah, and thank God they released the title. If it is not flowing, somebody has to step in to get things working. We must agree that we have a problem. Members of Parliament are all doing those harambees, and we have been doing them for the longest. Therefore, if there are people who should support Hon. Njeri's Bill, it should be Members of Parliament.

It is so painful when a patient has been discharged, but they cannot leave the hospital because of an unpaid bill, yet the bill keeps accruing. These are the things we say. If the health sector is not properly administered, Members of Parliament and families will suffer.

I remember when Hon. Sabina Chege was the Chairperson of the Departmental Committee on Health. I used to call her all the time to get bills waived. KNH is a referral hospital, and patients are sent there without their families knowing because they require specialised treatment. They are then sent to Kenyatta and die there. It is then a burden for the family to get that body out of KNH. We have also had many cases where patients are treated and require medicine, but they have to buy them outside the hospital because there are none available there. One has to get services like X-rays outside. That is what I am saying. This sector needs to be reviewed and overhauled.

We have cases where a patient is referred to KNH but there is no ambulance. If it is available, it has no petrol. We have all sorts of problems in the medical sector. In emergencies, there is sometimes nothing the doctors can do because there is no medical equipment. A patient comes in and needs this or that item, but the doctors do not have it. That is why I am saying we need to overhaul the health sector, pay doctors well, and equip hospitals. This will ensure that an emergency is treated as an emergency. We have had mothers delivering at the casualty sections; not once, not twice. We have had mothers lose their babies, but they cannot take them home because there are bills to be paid. This is double punishment for families. Here you are, you cannot pay that money, yet your patient is dead. I have a harambee for such a case tomorrow. There is a body held by a hospital.

Hospitals also have a problem. You call the doctor and request that they give you a waiver, but they tell you, “Mheshimiwa, what do we do? We have to run this institution. There is no money.” During these very hard economic times, when families do not even have food to eat, unfortunately a disease knocks on their door. It becomes an emergency. We are living in a very sad state of health affairs.

I, therefore, join all of us in supporting this Bill. I pray that it sees the light of day. The Government needs to rethink the health sector. It needs to pay doctors well, equip hospitals, and do what it has to do.

Thank you.

**The Temporary Speaker** (Hon. David Ochieng’): Member for Ugunja, followed by Member for Funyula.

**Hon. Moses Omondi** (Ugunja, ODM): Thank you, Hon. Temporary Speaker, for allowing me to also add my voice on the Health (Amendment) Bill.

I start by thanking Hon. Njeri Maina, Member for Kirinyaga County, for bringing such a wonderful Bill. It is timely and, as Members, we need to support it. The amendment focuses on two critical areas: emergency treatment at hospitals and the retention of bodies in morgues. From the Members who have spoken, it is clear that retaining bodies is traumatising to the families of the bereaved and does not add value to the hospital or the economy of the country. Making such amendments will go a long way in helping us, the elected leaders, to manage ourselves. You realise that when such events confront these families, they reach out to us for economic support. For a family to have one of their own in a mortuary means they are very much incapacitated financially. Therefore, we have no reason whatsoever to continue punishing them in such a manner.

Second, I want to air my views on emergency treatment or services. If you go to most of these hospitals, you will notice a section clearly indicated ‘Emergency Wing’ or ‘Emergency

Entrance'. To make this practical, it is only prudent to put it into action. There are cases of accident victims being rushed to the hospital, but they are not attended to simply because they are unable to pay for services at that point. An emergency is an emergency. It finds you unprepared. Punishing a patient by failing to attend to them simply because they are unable to pay at that time is very unfortunate. I think this Bill will go a long way toward ensuring we receive medical attention, because everyone has the right to life.

This Bill by my sister, Hon Njeri, is timely, if you ask me. We shall support it. We also ask Members of this honourable House to come in handy and give it the full support it deserves.

Thank you, Hon. Temporary Speaker. I beg to support.

**The Temporary Speaker** (Hon. David Ochieng'): Member for Funyula.

**Hon. (Dr) Ojiambo Oundo** (Funyula, ODM): Thank you, Hon. Temporary Speaker, for giving me an opportunity to contribute to the Health (Amendment) Bill 2024 by our colleague, Hon. Jane Njeri Maina.

Issues of medical cover, health and the rest have remained, and will always remain, very emotive and, at times, emotionally draining. On the face of it, and on matters of principle, this amendment Bill is timely, called for, and could, if well thought out and implemented, probably solve some of the most harrowing experiences many families go through. While seated here, I have just received a case regarding a fellow named Devero, who has been detained at St. Mary's Hospital, Lang'ata, since early January due to a bill now standing at about Ksh300,000. The family raised about Ksh200,000, but, unfortunately, as he was being admitted, he had not yet paid for SHA. He has been detained, and as a result of that, he has contracted other illnesses, compounding the problem that is already compounded.

Unfortunately, this Bill might just be peppering the underlying issues in the health sector in this country. First, hospitals detain bodies as a lien, but many of the lawyers have said that a dead body is of no value. They do so because they have already spent money to treat the patient, but unfortunately, the treatment offered does not meet the desires of Almighty God, who thereafter calls the person. Therefore, we need to look at it from this other side.

Second, hospitals refuse to admit patients in emergency cases because treating them would cost them money. Without any deposit or payment method, it brings up this issue. That is why the Bill is well-intentioned, but the elephant lies elsewhere.

When SHA was rammed down our throats here, it was touted as the panacea, the all-time solution to all problems in the medical sector. We were told there is an Emergency Medical Fund, and that if you are faced with an emergency, the Emergency Medical Fund will step in and get you treated. We were told there is Universal Health Care for those indigent who cannot afford it. That, the country called Kenya, the Government of Kenya, will pay for them so that they get medical insurance cover. Little did we know that it was all a pack of lies! Indeed, that is why it has forced the young lady to bring a Bill here, knowing very well that it poses a challenge to implementation. It is probably out of that fear that she has restricted this Bill to public sector players. You and I know very well that the public hospitals you see dotting this country are just hospitals by name. They are mere shells. When you have an emergency, I can assure you that you are unlikely to receive treatment at the local county government hospitals. They do not have the facilities or the personnel. The personnel there are so demotivated, and they really have no business saving lives.

What is going to happen? An emergency patient will rush to the hospital. Who will we find? We will not even find a clinical officer. We will probably get a public health officer who has been left in the corridors to take records, or a records officer. Essentially, we might want

to bill it as the best Bill, but, as my colleagues have said, we must address the underlying issues. The only fundamental issue we can address here is ensuring that every Kenyan, regardless of their walk of life, has adequate medical cover to underwrite medical bills. Without this, I can assure you, we are going to make these hospitals in the rural areas even worse to the extent that even when you are dying, you opt to die in your house. You would rather not go to a hospital where death is confirmed and is expected to happen.

There is a joke, but I do not want to mention names today, as it is a day of long nights. There is a joke somewhere that you would rather not take me to a certain hospital because if you take me there, I will die. Indeed, many people have died out of negligence, out of nothing. So, the infrastructure required to meet the definition of emergency medical treatment, as prescribed by our colleague, is not there. This country, both at the national level and the county level, has no intention at all, or no desire, to make sure that we deal with that matter.

The term ‘immediate’ means the necessary initial medical care that is administered to a critically ill or injured person to avert or prevent death, disability, unnecessary morbidity, or worsening of a medical situation. If you have a heart attack at home, you need an ambulance with oxygen to take you to the hospital. I do not know how many ambulances there are in Siaya County. I know in Busia County they are very countable. I do not know how many there are. They may not even have oxygen tanks in those ambulances. So, even by the time you are being taken to that emergency facility, you are already dead.

Even basic treatment for, say, a snake bite, which is an emergency case, is problematic. If you are bitten by an extremely poisonous snake, by the time you travel from, say, Bumbe to the nearest health facility at Sio Port, which is 20 or 30 minutes away and only has a semblance of a doctor, if there is no emergency response at the village, you are likely to die. Community health volunteers in this country have gone for many months without payment of their dues. They are demoralised, demotivated, and no longer have the desire to work for the benefit of the people. As we pursue this Bill, it is important that, as a country, we spend less time on political rhetoric and focus on solving the problems of this country.

Why can't we use the money we are wasting in these endless movements in the country doing useless things to pay for indigents so that everybody gets a medical insurance cover and can go to any hospital of their choice and get treated in the event of emergencies? There cannot be anything more important than a medical cover. We thought that through devolution we would solve the problem, but we probably devolved more problems than solutions. I support the Bill in principle, but I want to assure you that the long-term objective of the Bill will never be achieved until we sort out the fundamental issues bedevilling the health sector in this country.

Thank you for the effort, and I wish you well.

**The Temporary Speaker** (Hon. David Ochieng'): Next is the Member for Central Imenti, followed by the Member for Teso South.

**Hon. Moses Kirima** (Central Imenti, UDA): Thank you, Hon. Temporary Speaker, for giving me this opportunity to support the Health (Amendment) Bill, 2024. I thank Hon. Njeri for this Bill and for having that human feeling that something in society has been going wrong, especially when it comes to the retention of bodies in mortuaries. It is very tormenting to the families of the deceased.

We cannot forget that in the health sector, no one would wish to go to a hospital where they are ignored because they have not paid the initial fees before admission. A number of us, especially those who are in this House, have been called at late hours. We have been involved

in cases where a patient has been admitted to the hospital and treatment has been denied because no deposit was paid. We have notorious hospitals, especially in the Meru region, owned by churches and private individuals. In those hospitals, even if you have a serious accident or a snake bite, as my colleague said here, and you are taken there and admitted, you must first pay a deposit of hundreds of thousands of shillings. When you do not have the money, your patient cannot be admitted, and you have to go around calling for help from friends, politicians, and people of goodwill.

We have a problem in which most health facilities and institutions that offer medicines and related services are owned by individuals and operated as businesses. I do not know how this Bill will bind them. It can bind public hospitals and health centres, but not private hospitals. Generally, private hospitals are created for business purposes. If you look at it keenly, you will see that the interests of those who operate those hospitals are not a calling. Providing health facilities is not a calling for them. It is just for the purpose of making profits. That is why they insist on having deposits before treating somebody.

This is a wonderful Bill, especially when it comes to the issue of failing to provide the initial treatment or care required to save lives. A sick person being taken to the hospital is unconscious most of the time, and may be the only person with access to the money to make the initial deposit at the said institution. How is that person going to raise money to be treated or saved, to operate the account and pay a hospital? I call upon the Mover of the Bill to see to it. It should come in the form of an amendment at the right time. We should separate private institutions from public institutions. It is very necessary.

It is a different thing when it comes to detaining bodies. I have been in practice as a lawyer for more than 25 years. I know very well that the courts declared there is no value in a dead body. It does not add property value when our people compete to bury a body, nor does that body become property at any given moment. Sometimes you wonder what value it adds to a hospital detaining a body in the mortuary to pay treatment costs incurred. Why not use collateral that acts as a shock absorber or something that retains value? It may be a title deed or a logbook without complications, provided that it is paid to the family of the deceased. Then, the collateral can be redeemed later when the required amount is paid in the hospital. It brings complications to people who operate or litigate cases of hospital negligence.

Sometimes a hospital becomes negligent and treats somebody badly. It may operate on somebody out of a doctor's negligence. We were told of a doctor who operated on a lady for a caesarean birth. He remembered that he had left friends in a bar. He left the patient on the operating table and went to finish the Tusker he was taking. He found the lady and the child dead by the time he came back to the theatre. The patient was detained in the hospital because the hospital wanted to be paid their fees yet the hospital was negligent. There are many intricate issues that the Health (Amendment) Bill is meant to address, especially regarding the retention of bodies. It calls for much to be considered if a hospital was negligent and caused the death of a patient yet the hospital retained the body until payment is made.

At the end of the day, unless the hospital is taken to court and forced to compensate the family through a legal process, it will be a beneficiary of the crime it has committed. The hospital had a negligent doctor in whose hands a patient died in. Being paid for a crime it has committed is improper. You know how long it takes to compensate an admitted patient in court corridors, taking into account that witnesses will be other doctors.



I support the Bill to the extent and principle that there is no value in a dead body. Our people are to be informed that even if a body is kept in a hospital, there is no value, even if the hospital refuses to release it. I support the Bill.

**The Temporary Speaker** (Hon. David Ochieng'): Before you sit down, I have heard this a lot, and we are coming to the end of this discussion. I have heard it since I sat here: That there is no value in a dead body. Why are we struggling to get them buried? It is because there is cultural value.

**Hon. Moses Kirima** (Central Imenti, UDA): Hon. Temporary Speaker, it is the law as declared by the High Court and the Court of Appeal. It is only the Supreme Court which I have not heard declaring the same.

**The Temporary Speaker** (Hon. David Ochieng'): Order. I have not finished. I am asking why we are struggling to get these bodies buried. As Africans, we culturally believe that we should bury our dead, right? I have not heard anybody talk about it. The families are struggling to bury their dead so that they can have cultural closure. Most doctors miss that fact. Holding on to the body does not add value. We have to insist that the bereaved want to bury their dead in a decent manner, culturally. Last weekend, I saw a family in Nyeri burying a log because one of their own disappeared in Afghanistan and could not be traced. There is cultural value in conducting a burial as Africans. That is what is missing in almost all the 40 submissions that I have listened to.

Hon. Kirima, have you finished your contribution?

**Hon. Moses Kirima** (Central Imenti, UDA): No, Hon. Temporary Speaker. I have not finished. You have approached the matter from a cultural point of view. Let me put it in legal terms. What does the word 'value' mean? Value is assigned in either material or monetary terms, but on this one, it is a moral obligation to say that you buried a body. It is of neither material nor monetary value. You will find that families are struggling to bury the body so that they can claim the inheritance. They will say that since they buried their father, they are entitled to a better share of or the entire inheritance. That should not be the case at all.

**The Temporary Speaker** (Hon. David Ochieng'): People do not bury their dead because they want to get an inheritance. Certainly not. People go out of their way to borrow millions of shillings because they want to respect their dead. It is as simple as that.

Hon. Mary Emaase, you will have four minutes.

*(Hon. Mary Emaase spoke off the record)*

Let me just finish. I will add you one more minute. After that, the Member for Kirinyaga County will reply. During her reply, she may give a minute or two to Hon. Nyakundi and Hon. Ikiara, who have been here all afternoon but only put in her card four minutes ago.

Hon. Emaase, go ahead.

**Hon. Mary Emaase** (Teso South, UDA): Thank you, Hon. Temporary Speaker, for giving me this opportunity. At the outset, I congratulate my sister, Hon. Njeri Maina, for this very well-thought-out Bill before us. The Bill seeks to give legislative 'teeth' to the Constitution with respect to the right to emergency health care under Article 43(2) and to safeguard the dignity of the dead under Article 28. I want to echo what other leaders have already said, that everyone has a right to emergency medical care regardless of their financial status. Any delayed medical attention or care to any Kenyan can lead to severe medical

conditions. I have seen women die while giving birth due to delayed medical attention. Some children may survive, but with mental conditions. Therefore, that begs the question.

Sometimes I wonder what happened to the ethical and medical obligations of medical practitioners. Health care providers are bound by ethical principles to provide emergency care to all patients, regardless of their financial status. So, the requirement to pay a deposit should never deter or bar them from attending to any patient who goes to those hospitals. Delayed medical attention has far-reaching and severe public health implications. For example, if it were an infectious disease like COVID-19 that we experienced in 2020/2021, immediate attention would have prevented severe spread. It may even reduce the cost and improve the effectiveness of treatment, as opposed to situations where it is delayed. So, timely treatment and attention cannot be gainsaid.

Third, we know that it is the Government's responsibility to ensure access to healthcare for all Kenyans. I applaud the Government for introducing the SHA programme. We had a meeting the other day where we were briefed on how it is being improved. However, we must emphasise the need to resource and improve hospitals so we can provide quality healthcare to all our people.

As I conclude, we are talking about detaining bodies. Hon. Njeri should have also included the detention of patients. I have dealt with their cases in my constituency. We need to find a way forward because this is inhuman, and it puts families through a lot of trauma. Therefore, alternative means of settling these bills need to be found. This is what the Bill has not addressed.

We must also look at the other side of the coin, which is the hospital, and consider the nature and culture of Kenyans. People may decide to take their relatives or children to the hospital and then refuse to pay bills simply because the law prohibits detention. What does the Bill say about how such bills should be recovered? The Bill should also probably assign responsibility to the Cabinet Secretary for Health or to SHA to accommodate such bills once it is ascertained that a family is vulnerable and cannot afford. No kin can willingly leave the body of a loved one in a hospital and refuse to pay if they have the money. That part of the conversation also needs to be addressed in the Bill.

Thank you, Hon. Temporary Speaker.

**The Temporary Speaker** (Hon. David Ochieng'): Hon. Jane Njeri Maina, this is your time to reply.

**Hon. Njeri Maina** (Kirinyaga County, UDA): Thank you, Hon. Temporary Speaker. I thank the many Members who have contributed to this Bill, enriching the debate and giving a human face to their constituents' lived experiences.

**The Temporary Speaker** (Hon. David Ochieng'): Will you donate your minutes to Hon. Nyakundi and Hon. Ikiara?

**Hon. Njeri Maina** (Kirinyaga County, UDA): Yes.

**The Temporary Speaker** (Hon. David Ochieng'): That is what you should do first before you reply.

**Hon. Njeri Maina** (Kirinyaga County, UDA): Hon. Temporary Speaker, I will donate one-and-a-half minutes to each of them, but I will try to be brief so that they can contribute.

**The Temporary Speaker** (Hon. David Ochieng'): They will contribute first, and then you will reply.

**Hon. Njeri Maina** (Kirinyaga County, UDA): Okay.

**The Temporary Speaker** (Hon. David Ochieng’): You may take your seat. We will first hear from Hon. Ikiara, followed by Hon. Nyakundi.

**Hon. Dorothy Muthoni** (Nominated, UDA): Thank you, Hon. Temporary Speaker. I laud my young sister Hon. Njeri for bringing the Health (Amendment) Bill (National Assembly Bill No. 56 of 2024).

At the outset, this Bill is long overdue. The citizens of this country overwhelmingly voted for the Constitution of Kenya, 2010, which guarantees the right to the highest attainable standard of health. We look forward to achieving that. More importantly, this right includes emergency treatment, which means something that happens abruptly and without prior knowledge. This should be accorded to our citizens without hesitation.

Burying of bodies is African. And in the African context, dead bodies are regarded as sacred. Every family wants to bury their loved one. This is why, with all due respect, I distance myself from the notion that dead bodies are not valuable. We are Africans and we know the attachment we have with those who have left us. To avert more torture and torment, we must all look for a way of ensuring that the hospitals release the dead bodies to their families for closure.

Thank you, Hon. Temporary Speaker. I support my sister Hon. Njeri Maina. Congratulations.

**The Temporary Speaker** (Hon. David Ochieng’): Hon. Nyakundi.

**Hon. Japheth Nyakundi** (Kitutu Chache North, UDA): Thank you. Let me first take this opportunity to thank Hon. Njeri Maina for bringing this Amendment Bill of 2024. It is one of the most important Bills that I have seen in this House. Indeed, it is long overdue. We know a lot has been done in the health sector in terms of SHA. There has been employment of Community Health Providers (CHPs) and Universal Health Care workers, which is a good thing. Still, most of these hospitals do not handle the emergency cases that arise every day. Most of them ask for money before treating a patient.

Just two weeks ago, a friend of mine was taken to KUTRH in critical condition. He was asked for money that his wife could not afford. A friend showed up after about two or three hours to help pay the deposit so that he could be attended to.

On the matter of bodies, I support this 100 percent because in most hospitals, a family may have already undergone a lot of financial strain treating the patient, sometimes to the tune of Ksh3,000,000, Ksh4,000,000 or Ksh5,000,000 and then, when they now have a deceased family member to bury, they are told to clear the bill before they can do so. Most families who are unable to pay are vulnerable families.

I support this Bill with all my heart because I believe this will bring dignity to the dead and dignity to Kenyans who are suffering in various hospitals.

**The Temporary Speaker** (Hon. David Ochieng’): Hon. Maina.

**Hon. Njeri Maina** (Kirinyaga County, UDA): Thank you, Hon. Temporary Speaker. I rise to thank the many Members who have contributed to this Bill, enriching it and giving it a human face by reflecting their constituents’ lived experiences. I have noted and do recognise that, indeed, medical services are not provided for free. It is, therefore, imperative that we also urge the Ministry of Health, once the National Assembly and the Senate have passed this Bill and it has been assented to, to develop a framework to ensure that it addresses and engages stakeholders regarding its implementation. I also note and appreciate that we all agree as Members that denying families the right to lay their kin to rest is unethical, inhumane and a practice that is repugnant to the letter and spirit of the Constitution.

Hon. Temporary Speaker, as you have said and guided this House, perhaps dead bodies may not have monetary value, but they have emotional value that cannot be quantified in monetary terms. I have also noted the concern about medics working under supervision and perhaps on contracts. That is why this Bill provides that the persons in charge of the medical facilities will be directly and vicariously liable if they perpetrate any acts contrary to this Bill.

I have also noted the concerns raised by Hon. (Dr) Oundo, who stated that we are not addressing the integral issues bedevilling health facilities in Kenya. While I acknowledge the many challenges facing the health sector, these amendments will provide relief to families with limited financial capacity. It is worth noting that in African culture, it is important to lay our kin to rest. Failure to support existing judicial precedents through legislation weaponises culture, faith and the natural human need to bury our dead. It is therefore imperative that these amendments be fast-tracked and that we do not succumb to the bureaucracy that delays such dire and necessary amendments for the Kenyan people.

I further note that this Bill was initiated in 2024, and two years later, it is only now coming for Second Reading. I, therefore, urge the House leadership to treat this as a top priority. In conclusion, pursuant to Standing Order 53(3), I beg that the putting of the question on the Second Reading of the Bill be deferred. I hereby reply.

Thank you.

**The Temporary Speaker** (Hon. David Ochieng’): Thank you. Well said and congratulations. As requested, the decision on the Second Reading of this Bill will be deferred until the next sitting when we are quorate.

*(Putting the question deferred)*

Next Order.

THE TEACHERS SERVICE COMMISSION (AMENDMENT) BILL  
(National Assembly Bill No. 27 of 2024)

**The Temporary Speaker** (Hon. David Ochieng’): Is Hon. Haro in the House? We stand it down and go to the next Order.

*(Bill deferred)*

THE INDUSTRIAL TRAINING (AMENDMENT) BILL  
(National Assembly Bill No. 50 of 2024)

**The Temporary Speaker** (Hon. David Ochieng’): Hon. Joshua Oron, I hope you are ready to move Second Reading.

**Hon. Joshua Oron** (Kisumu Central, ODM): Thank you, Hon. Temporary Speaker. I beg to move that the Industrial Training (Amendment) Bill (National Assembly Bill No. 50 of 2024) be now read a Second Time.

Hon. Temporary Speaker, this Bill was first published in November 2024 and first read on 20<sup>th</sup> April 2025. This Bill has taken a long time to reach this stage. I am grateful for the people who have made it reach here. It was advertised for public participation on 9<sup>th</sup> May 2025 and attracted submissions from several stakeholders, whose comments informed the

amendments before us today. I thank the National Industrial Training Authority through the State Department of Labour and Skills Development, the Kenya National Qualifications Authority, the National Gender and Equality Commission, the Kenya Law Reform Commission, the Office of the Attorney-General, and the United Disabled Persons of Kenya (UDPK).

The main objective of this legislative proposal is to amend specific provisions of the Industrial Training Act to recognise prior learning, acknowledging skills and experience gained through informal and non-formal learning. It seeks to amend Section 2 of the Industrial Training Act, the principal Act, and to define prior learning as knowledge, skills or competence acquired through informal, non-formal, or experiential training or education outside the traditional academic environment.

The legislative proposal seeks to amend Section 3(a) of the principal Act by establishing a system and structure to assess and certify a person who has acquired skills through informal and non-formal experiential learning. In each and every constituency in every part of Kenya, we have various people who have acquired various skills in different sectors. Kisumu Centre, one of the largest, is where people who dropped out of school have acquired skills through observation of the work they do and through training. We can also mention the jua kali sector, electrical, mechanical, plumbing and masonry.

All these sectors have people who are experts in their own right, but they do not have certificates to show that they have acquired learning. One of the reasons I am introducing the Bill is to ensure we treat people equally. Some people left school early for several reasons and will not get jobs as a result because they do not have a certificate to show they have acquired those skills. There are also persons living with disabilities who acquired skills in particular fields but will not be employed and will not upgrade to higher learning because they have not acquired a qualification.

The Bill, therefore, seeks to increase equality, especially for members of society who dropped out of school, so that their chances of employment can increase. The Bill increases the opportunity for such people who have toiled throughout their life from the time they left school to be able to have an opportunity for employment.

The Bill is supported by many Kenyans because it aligns with the Bottom-up Economic Transformation Agenda (BETA) of the Kenyan Kwanza Government, and because there are people down there who have acquired skills in various sectors that I mentioned. Even in the food and beverage industry, there are skilled men and women in cooking, but they cannot be employed in any hotel because they lack the required qualifications. We have carpenters in overalls to show for what they have done. They do not have qualifications.

This Bill, therefore, seeks to formalise those skills, especially allowing such people not to return to school but to be assessed in the environment where they work. That is why this Bill is seeking to amend certain provisions in the Act so that there is a formalisation process for those people who have acquired those skills to be given specific grade certificates to enable them go into formal employment, upgrade their training and qualification and be equal to other people who have been to school. Across the country, most jobs in our homes and businesses are done by such people. Most of the plumbers we employ do not have certificates, yet they do the work without going into a formal classroom or technical institution. The masons we employ temporarily are those who have been trained on the job and know how to handle all the measurements for building bricks or blocks. The majority of the people who repair our vehicles, and the mechanics who do the wiring, have learned their skills on the job.

The most important thing about this Bill is that it recognises that skill. That person can compete with the rest of the world once certified to show that they have the skills to do the work. They can compete with the rest of us and the rest of the world that have gone to technical institutions. This Bill is an equaliser for many people who have not been to school and for those who dropped out for many reasons, including the backgrounds from which they come. So, this Bill will give many Kenyans a second chance to acquire a qualification, formalise their skills, upgrade to higher education, and get into formal employment. This is because we are also a certificate society, where potential employers will ask you where you reached. By bringing this Bill and engraving it into the law, it allows those people who have acquired those skills, certificates, and qualifications to be formally recognised.

This Bill also seeks to amend Section 5 of the principal Act to include the establishment of a system and processes for the recognition and assessment of prior learning as one of the functions of the National Industrial Training Board. It recognises that people in formal, informal, and non-formal learning sectors gain psychomotor skills, knowledge, and expertise through practice, and that they should be recognised for their acquired skills.

This Bill provides an avenue through which a person who acquires knowledge and skills through learning methods outside their academic environment can apply for recognition.

The beauty of this Bill is that it allows the person applying to continue working in the environment where they work, be assessed with the tools they use daily, and be certified in the environment where they are very comfortable working. For example, the Bill provides for a mechanic working in a jua kali setup to be assessed on the engine he or she repairs for daily living. It allows a mason who is building to be assessed while doing the work for which he or she is paid.

This cuts off the time they would spend in the classroom. It cuts off the time they would spend travelling, yet they may not even have the resources to pay the fees for that training and certification, or the transport to attend institutions where they would be formally assessed. This Bill removes inequality in education. It brings people who have been disadvantaged over the years to a certain level.

In conclusion, this Bill is almost already in practice, only that it is not yet in law. This will make industrial training easier and more accessible for Technical and Vocational Education and Training (TVET) institutions. It will make it easier for institutions offering technical courses to assess those who already have skills in their work environment.

Thank you, Hon. Temporary Speaker. I beg to move and request Hon. Moses Omondi, Member for Ugunja, to second.

**The Temporary Speaker** (Hon. David Ochieng'): Hon. Moses Omondi.

**Hon. Moses Omondi** (Ugunja, ODM): Thank you. I beg to second.

**Hon. Joseph Lekuton** (Laisamis, UDM): On a point of order.

**The Temporary Speaker** (Hon. David Ochieng'): Hon. Lekuton, approach the Chair.

*(Question proposed)*

Hon. Lekuton, do you want to contribute or do you want to raise a matter on this issue?

## QUORUM

**Hon. Joseph Lekuton** (Laisamis, UDM): Thank you, Hon. Temporary Speaker. I rise on Standing Order 35 to notify the House and the Temporary Speaker that we do not have a quorum.

**The Temporary Speaker** (Hon. David Ochieng’): Hon. Members, having ascertained that we lack quorum, I order that the Quorum Bell be rung for five minutes.

*(The Quorum Bell was rung)*

You can stop the Quorum Bell.

## COMMUNICATION FROM THE CHAIR

## INVITATION TO THE SPEAKER’S KAMKUNJI

**The Temporary Speaker** (Hon. David Ochieng’): Before we move to closure, I wish to remind Members that at the retreat in Naivasha in late January, it was agreed that the Cabinet Secretary for Interior and National Administration shall appear before the House, in the Speaker’s *Kamkunji*, to brief Members on the state of national security. To this end, and in line with the Speaker’s Communication of 10<sup>th</sup> February 2026, the Speaker invites all Members of the National Assembly to the *Kamkunji* tomorrow, Thursday, 12<sup>th</sup> February 2026, in the National Assembly Chamber, Main Parliament Buildings, at 10.00 a.m. Members are invited to keep time.

## ADJOURNMENT

**The Temporary Speaker** (Hon. David Ochieng’): Hon. Members, the time being 7.38 p.m., the House stands adjourned until tomorrow, Thursday, 12<sup>th</sup> February 2026 at 2.30 p.m.

*(The House rose at 7.38 p.m.)*

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