



Lao People's Democratic Republic

Peace Independence Democracy Unity Prosperity

President of the Lao PDR

No. 149/Pr

Vientiane Capital, Date 25 January 2019

Presidential Decree

of the President of the Lao People's Democratic Republic

on the Promulgation of the Law on Health Insurance

- Pursuant to the Constitution of the Lao People's Democratic Republic (amended version year 2015) Chapter VI, Article 67, Item 1;
- Pursuant to the Resolution of the National Assembly Session, No. 114/NA, dated 13 December 2018 on the adoption of the Law on Health Insurance;
- Pursuant to the Letter of Proposal from the National Assembly Standing Committee No. 06/SC, dated 11 January 2019.

The President

of the Lao People's Democratic Republic Issues a Decree as follows:

Article 1. To promulgate the Law on Health Insurance

Article 2. This Presidential Decree shall become effective from the date of the signature onward.

President of the Lao PDR

[Signature and seal]

Bounnhang VOLACHITH



Lao People's Democratic Republic

Peace Independence Democracy Unity Prosperity

National Assembly

No. 60/NA
Vientiane Capital, Date 13 Dec 2018

Law

on Health Insurance

Part I

General Provisions

Article 1. Objectives

This Law determines the principles, regulations and measures regarding the management, monitoring and control of health insurance activity for systematic, quality, effective and efficient implementation aiming to ensure that Lao citizen are covered by health insurance and shall access universally to equitable health care services and enable to link with the regional and international cooperation and contribute to the protection and development of the nation.

Article 2. Health Insurance

Health Insurance is a security mean to ensure that all Lao citizens have fair access to equitable health care services notably the consultation and diagnostic services, medical treatment, physical rehabilitation including health promotion and prevention through the contribution payment to National Health Insurance Fund.

Article 3. Interpretation of Terms

The terms used in this Law shall have the following meanings:

1. **Health Insurance Member** means a person who pays contribution to health insurance scheme as defined in this law, such as members of the National Social Security, self- employed people, poor people;
2. **Self-employed Person** means a person working for oneself in different sectors such as agriculture, industry, trade and services;

3. **Risk Pooling** means the sharing of risk and medical cost among members in order to ensure that all Lao citizen can have access to health care services;
4. **Contribution** means the money that the government, members of the National Social Security Fund (NSSF), Non NSSF member Lao citizen who pay contribution to the National Health Insurance Fund;
5. **Health Facilities** means health centers, district or community hospitals, provincial hospitals, regional hospitals, central hospitals, specialized hospitals/centers and other health facilities specified by the Ministry of Health;
6. **Member of National Social Security Fund** means person who is eligible for health care services under pay National Social Security Fund as stipulated in the Law on Social Security;
7. **Vertical Program** means the program belong to concerned department of Ministry of Health such as Leprosis control, HIV AIDs control, Tuberculosis control, Malaria control...
8. **Poor people** means Lao citizen whose name is in the poverty list. as stipulated in the regulation regarding poverty alleviation criteria and development qualification;
9. **Specified drugs** mean the drugs used for complicated diseases, chronic diseases such as cancer, rheumatism, vasoconstriction, which need prescription from specialized Doctor'
10. **Rehabilitation** means the counseling, exercising or restoring the functional ability of both physical organ and mental health in order to enhance the livelihood, movement and functional independently of patients;
11. **Essential drug list** means the necessary medicines which used in prevention, treatment and health care services of the population and are intended to be available at all times and at all level of health care facilities;
12. **Leprosy** means a chronic infectious disease caused by mycobacterium leprae;
13. **Premium rate** means the amount of money shall be paid to National Health Insurance scheme as stipulated in the regulation;
14. **Health care beneficiaries** mean insured members, spouse and children of insured member including person who are entitled for social security benefits.

Article 4. State policy on Health Insurance

The State shall prioritize and promote Health Insurance by providing appropriately budget, human resources, and tools to implement activities on health insurance and apply the policy regarding the guarantee and exemption of income tax for health insurance.

The State shall pay attention to the dissemination on health insurance information through various measures in order to build awareness and encourage Lao citizen to enrol to health insurance scheme aiming to ensure access to health care services as stipulated in this law and other related laws;

The State shall encourage and mobilize individuals, entities including both domestic and international organizations to provide financial contribution and technical support to

the development of health insurance to ensure the growth and sustainability of the scheme.

Article 5. Basic Principles on Health Insurance

Health Insurance implementation shall practice as following basic principles:

- (1) Be in line with Policy, Direction, Constitution, Laws, Strategies and Social Economic Development plans of the health sector;
- (2) Ensure the management of health insurance be practiced centrally, equally, fair, transparency, timely and accountable manner;
- (3) Ensure equitable and universal access to health services for health insurance members;
- (4) Pay contribution to National Health Insurance;
- (5) Ensure fund raising, risk pooling, mutual assistance and sustainability;
- (6) Ensure financial balance and quality improvement of health facilities including physicians, nurses;
- (7) Be in line with International conventions and treaties that Lao PDR is bound with;

Article 6. Rights and Obligations of Lao citizen towards Health Insurance

All Lao citizens regardless of sex, age, ethnicity, race, religion and social-economic status shall have the right to enroll to health insurance scheme, receive health care services and be obligatory for paying contribution to national health insurance scheme;

Article 7. Scope of Application

This Law shall apply to individuals, legal entities including state and private organization both domestic and international bodies who deal with health insurance activities and reside in the Lao People Democratic Republic.

Article 8. International Cooperation

The State shall promotes the cooperation with foreign countries both regional and international communities on health insurance through building technical competency, exchanging of experiences, Information, sciences, technology and mobilizing fund to health insurance development following the conventions and treaties that Lao PDR is bound with

Part II

Schemes, Targets, Benefits and Quality Assurance of

Health Insurance

Chapter 1

Schemes, targets of Health Insurance and membership terms

Article 9 Health Insurance schemes

Health Insurance has following schemes:

1. Health insurance scheme for informal sector;
2. Health insurance within Social Security system;
3. Health insurance scheme within insurance system

Article 10. Health Insurance Scheme for Informal Sector

Health insurance for informal sector is the guarantees to ensure that Lao citizen who are not covered by National Social Security Fund have access to health care services through contribution payment to National Health Insurance Scheme.

The poor shall be exempted from the contribution payment to National Health insurance and medical and non-medical services shall also be provided to the poor as stipulated in article 20 and 21 of this law.

Article 11. Health Insurance within the Social Security System

Health insurance within the Social Security system is the guarantee for providing health insurance fund to ensure accessibility to health care services for the beneficiaries defined in the Social Security Act.

Article 12. Health insurance within Insurance Scheme

Health insurance within insurance scheme is the guarantee for insured members of the scheme to receive health care services through the health benefits provision in accordance to the law on insurance.

Article 13. Targets of Health insurance

Health insurance has the following targets:

1. Lao citizens who are not Social Security Member
2. Insured member who are not entitled for National Social Security fund
3. Beneficiaries of National Social Security Fund;
4. People who buy health insurance including self-employed /informal sector

Article 14. Terms of Membership Enrollment

The health insurance membership enrollment has following terms:

1. Being health insurance target as specified in article 13 of this law;
2. Having family book or identity card or other official certification;
For members of National Social Security Fund shall have valid social security card or civil servant card

Article 15. Membership Registration

The registration for health insurance membership is the process of recording information of Lao citizen, members of the National Social Security Fund into Health Insurance Scheme.

The National Social Security Authority must provide information of its members to the National Health Insurance Bureau.

The membership registration for Lao citizen who is not covered by NSSF shall be done through National Health Insurance Bureau in collaboration with the Home Affairs sector, local authorities and concerned stakeholders.

Article 16. Health Insurance Membership Card

Health Insurance membership card is a document certifying health insurance membership issuing by health insurance and to be used at health facility at different level during the utilization of health care services as stipulated in this law.

Health insurance membership card composes of membership information such as eligible number, name, surname, date of birth and other necessary information of the member.

The concerned health insurance bureau shall issue health insurance membership card to non-NSSF Lao citizens within 30 days upon receiving accurate and complete registered documents.

The members of National Social Security shall be referred to NSSF membership or civil servant membership as health insurance membership card.

Article 17. Displacement or Relocation of Health Insurance Member

1. In case of permanent displacement or relocation, the member of health insurance must inform health insurance bureau in their new location within 30 days upon the displacement.
2. In case of temporary displacement or relocation, the member shall inform health insurance bureau in their new location within 15 days upon temporary relocation.

Article 18. Termination of HI Membership

HI membership will be terminated upon the member's death

Chapter 2

Health Insurance Benefits

Article 19. Benefits to Health Insurance members

Health Insurance members are eligible to following benefits:

1. Medical benefits;
2. Non-medical benefits.

Article 20. Medical Benefits

Medical benefits refer to health care services that health insurance members shall receive such as consultation and diagnostic services, medical treatment and physical rehabilitation, promotion and prevention according to the level of health care services as stipulated in article 25 of this law.

In general condition Health Insurance member shall use OPD consultation at his/her main contracted hospital only. If exceeding its treatment capacity, the patient shall be referred to the next upper level of services.

In case of severity and emergency or necessity for hospitalization, Health Insurance member can use the service at any level of health facilities.

Due to medical necessity certified by the highest level of services, the member of health insurance, including NSSF member who is authorized to work abroad less than 3 months shall be able to seek care abroad;

The payment for health seeking abroad shall be made firstly by health insurance member then the bill and document from the related facility shall be submitted to District National Health Insurance Bureau in his/her respected area for reimbursement within 10 official days in accordance to the rate internally used by category of services specified by the National Health Insurance (NHI).

Article 21. Non-Medical Benefits

Non-medical benefits refer to the expenditures for food allowance, round trip transportation for the poor and the referral fee for intensive care patient to higher care level facility including the allowance for physician, nurse and driver or the fee for transfer death body to their family as stipulated in the regulation, .

Article 22. Health Care Services Exclusion by NHI

Health care services exclusion by NHI is as follows:

1. Health care services that are already covered by the third party or vertical program such as treatment for Leprosy, HIV/AIDS, Tuberculosis, Malaria and other health care services which are under someone responsibility or vertical program.
2. Other services including Esthetic/cosmetic services, VIP room services, annual medical check-up and other health care services which are personal demand.
3. Obtaining of health care abroad which is not in line with Article 20 of this Law.

The exclusion of health care services under National health Insurance plan shall be determined periodically by Ministry of Health.

Chapter 3

Quality assurance and contracting for health care services

Article 23. Quality assurance

The National Health Insurance Bureau shall collaborate with related parties to ensure that health facilities provide health care services in line with health care policies and treatment guidelines to health insurance members through regular technical monitoring and control.

Article 24. The contracting for Health care services

The contracting for health care services is an agreement between the National Health Insurance Management Committee and Health Facilities, ensuring that HI members have access to health care services as stipulated in the Law on Health Care.

Article 25. Terms of Contract for Health Care Services

The terms of contract for health care services are as follows:

1. The terms related to health facilities
 - 1.1. List of health care services covered and uncovered by health facilities
 - 1.2. List and tariff of drug and medical supplies;
 - 1.3. List and tariff of health care services;
 - 1.4. Level of health care services;
 - 1.5. Quality assurance of health care services;
 - 1.6. Privacy and security of health insurance membership data
2. The terms related to health insurance
 - 2.1. Reporting of health facilities;
 - 2.2. Provider payment;
 - 2.3. Claim process.

Article 26. List of health care services covered and not covered by health facilities

List of health care services covered by health facilities is the list of health care services which is paid by health insurance scheme at different level of facilities;

List of health care services not covered by health facilities is the list of health care services which is not paid by health insurance scheme at different level of facilities;

List of health care services covered and not covered by health facilities shall be stipulated in specific regulation;

Article 27. List and Tariff of Drugs and Medical Supplies

List and tariff of drugs and medical supplies is the list and price of drugs and medical supplies which is defined by Ministry of Health prior proposing to National Health Insurance Committee for approval.

The list and tariff of drugs and medical supplies shall be in line with essential drug list, specific drug list and medical supplies to be used at the health facilities as specified in specific list.

Article 28. List and Tariff of Services

List of services is the list of health care services established by the Ministry of Health

The tariff of services is the fee that health facility charged for health care services such as consultation and diagnostic services, medical therapeutic and physical rehabilitation including health promotion and prevention.

National Health Insurance Bureau in collaboration with other stakeholders shall review list and tariff of services periodically through the consultation with health facilities prior submitting to Ministry of Health for consideration.

Article 29. Level of Health Care Services

Level of health care services is classified as following:

1. Primary health care services are services provided at health center;
2. Secondary care services are services provided at district/community hospital;
3. High level health care services are services provided at provincial and regional hospital;
4. Advanced health care services are highest services provided at central hospital and specialized center.

Article 30. Assurance of Health Care Service Provision

The assurance of health care services is a trust and guaranty that health facility is accountable to provide health care services to the health insurance members with fairness, equity, quality and consistency to the medical sciences principle as stipulated in the Law on Health Care.

The health care facilities shall manage the provision of health care services according to the and follow the list and tariff of drug and medical supplies, list and tariff of services

The Health Insurance Bureau in collaboration with stakeholders shall control the list and tariff of drugs and medical supplies as well as the service fee of the health facilities in order to manage and verify the utilization and provision of services as per standard treatment guidelines.

Article 31. Privacy and Confidence of Data on HI members

The data collected on utilization of services of insured members shall be kept in privacy and confidence manner such as diseases, specific mark...

The National Health Insurance Bureau and health care facilities including authorized staff from NHIB at different level shall keep data collected in privacy and confidence in order to prevent unauthorized access to those data.

Article 32. Reporting of Health Care Facilities

Reporting of health facilities is the reporting on the number of utilization, service charge and other related to the delivery of health care services.

Health facilities shall submit the report on health care services to the respective health insurance bureau regularly before the fifteen of the subsequent month in order to claim for reimbursement of health care costs.

Forms, procedures and methods for report submission are specified in specific regulation.

Article 33. The Payment to Health Care Facilities

The payment to health facilities is the payment used for providing health care services to health insurance members.

Upon receiving the report on the provision of health care services as specified in article 32 of this law, National Health Insurance Bureau at respective level shall transfer money to health care facilities under their responsibilities within ten official days.

Article 34 . Appeal Process

Appeal process is the demand or the claim process of health insurance members or health care facilities to the National Health Insurance Bureau or to the Health Insurance Management Committee at their respective level for consideration.

The health insurance members or health care facilities who are not satisfied or need information on health insurance have the right to appeal or submit the claim to the National Health Insurance Bureau or respective Health Insurance Management Committee for redressing consideration in accordance with their scope of responsibility.

Part III

National Health Insurance Fund and National Health Insurance Management

Chapter 1

National Health Insurance Fund .

Article 35. National Health Insurance Fund

The National Health Insurance Fund is the government authorized fund to ensure universal access to basic and essential health care services for the entire population and the health insurance members.

The abbreviation of National Health Insurance fund is `NHI.`

Article 36. Sources of Income of the National Health Insurance Fund

The income of the National Health insurance fund is from the following sources:

1. Contribution from the government;
2. Contribution from members of the National Social Security Fund;
3. Contribution from non-NSSF member Lao citizen;
4. Other legitimate sources of revenue.

Article 37. Contribution from the Government

The contribution from the government is the fund that the government contributes to the National Health Insurance Fund based on the annual contribution plan approved by the National Assembly.

Article 38. Contribution from the Members of the National Social Security Fund

The contribution from NSSF members is the yearly sharing of contribution from NSSF to health insurance benefit prior transferring to National Health Insurance Bureau with the rate of 1.25% and follows the co-payment at the facility during the utilization of health care services as defined in specific regulation.

Article 39. Contribution from Lao Citizens Uncovered by the National Social Security Fund

The contribution from Lao citizens who are not members of NSSF is the contribution of non NSSF members pay in advance to National Health Insurance Fund as per contribution rate or pay during care seeking at the facilities as stipulated in the guidelines

The Health Insurance Management Committee at the central level shall establish the contribution payment policy in order to ensure the growth and sustainability of the health insurance.

Article 40. Other Legitimate Sources of Fund

The other lawful sources of fund is the fund from other sources such as grant from individual, entities including both domestic and international organizations, the share of tobacco control fund, other related fund, interest from investment or revenue from health insurance activities.

Article 41. The Adjustment of National Health Insurance Contribution

The adjustment of the National Health Insurance contribution is the review of the contribution rate periodically based on the social economic growth and the finding of health care services costing in order to ensure the progress and sustainability of the National Health Insurance Scheme.

Article 42. Expenditure of National Health Insurance

The expenditure of the National Health Insurance is the utilization of NHI revenue sources, as stipulated in Article 36 of this law, to the health insurance activities through the breakdown of expenditure types as per budget lines concerning a quarterly and yearly budget plan of the National Health Insurance Scheme.

The expenditure of the National Health Insurance is composed of the expenditure on medical services, non-medical services and administration.

The income from the investment shall be used for common administrative expenditure in accordance to the relevant law and the annual government budget shall be planned in case that the income from the investment is insufficient.

The use of income from national health insurance investment shall be defined in a specific regulation.

Article 43. Accounting and Fiscal year

The National Health Insurance Scheme has its accounting system and budget line approved by the Ministry of Finance in order to manage the income and expenditure of the scheme.

The entire income-expenditure of the National Health Insurance Scheme shall be practiced centrally and uniformly through the national treasury, including national treasury at provincial and capital level for the contribution of the government and members of National Social Security for Public Sector. Whereas, the contribution from the members of National Social Security for Enterprise Sector, voluntary scheme, contribution from non- NSSF Lao citizen and other authorized income are allowed to deposit in the bank situated in the Lao PDR.

Fiscal year and reporting system of the National Health Insurance Scheme shall be applied according to the Law on State Budget.

The management of NHI Scheme

Article 44. Fund Management Authorities

The Fund Management Authority is the National Health Insurance Fund Management Committee, playing the role as a non-standing organization which composes of:

1. The Management Committee at the Central level
2. The Management Committee at the provincial level
3. The Management Committee at district level

The National Health Insurance Bureau at their respective level play the role as its secretariat.

Article 45. National Health Insurance Fund Management Committee

The Health Insurance Fund Management Committee at the central level was appointed by the Prime Minister with a five-year term, having the role as logistic arms to the Government in monitoring and inspection of the implementation of activity of the National Health Insurance Fund by having the National Health Insurance Bureau as a Secretariat.

The Provincial Health Insurance Fund Management Committee was appointed by the Provincial Governor, the Capital City Mayor with a 05-year term, having the role as logistic arms to the Provincial Administrative Authority, the Health Insurance Fund Management Committee at the central level in order to monitor, inspect the implementation of activity of the National Health Insurance Fund at one's own level and at district level by having the Provincial Health Insurance Bureau as a Secretariat.

The District Health Insurance Fund Management Committee was appointed by the District Chief, Head of Municipality, City Mayor with a 05-year term, having the role as logistic arms to the District Administrative Authority, the Health Insurance Fund Management Committee at Provincial level in order to monitor, inspect the implementation of activity of the National Health Insurance Fund within its scope of responsibility by having the District Health Insurance Office as a Secretariat.

Article 46. The Health Insurance Fund Management Committee at Central Level

The Health Insurance Fund Management Committee at the central level comprises of:

1. The Minister of Health as Chairman;
2. The Deputy Minister of Finance as Vice Chairman;
3. The Deputy Minister of Labour and Social Welfare as Vice Chairman;
4. The Vice President of the Lao Federation of Trade Union as Vice Chairman;
5. The Deputy Minister of Health as Vice President and Standing Member;

6. The Vice President of the Lao National Chamber of Commerce and Industry as Member;
7. The Director Generals of Technical Departments concerned of each party as Members;
8. The Director of the National Health Insurance Bureau as Member.

Article 47. Rights and Duties of the Health Insurance Fund Management Committee at Central Level

The Health Insurance Fund Management Committee at the central level shall have the rights and duties based on their scope of responsibilities as follows:

1. To study, elaborate and improve the National Health Insurance strategic plans, plans, programs, projects and activities for submission to the Ministry of Health and the Government for consideration;
2. To publicize, disseminate National Health Insurance policies, strategic plans, laws, plans and programs;
3. To materialize and implement the National Health Insurance strategic plans, plans, programs, projects and activities;
4. To study and consider the approval of list and price of medicine and medical products used in health care service;
5. To study, consider, solve the request or submission of Health Insurance related document by Health Insurance members;
6. To encourage, monitor and inspect the performance of activities of the National Health Insurance Fund at the central level in according to the regulations;
7. To study, consider health service contracts, sources of revenue and expenditure of the National Health Insurance Fund;
8. To study and propose the adjustment of National Health Insurance Fund contribution rates to the Ministry of Health;
9. To summarize and report the implementation of the Health Insurance activity to the higher authority on a regular basis;
10. To exercise such other rights and to perform such other duties as specified in the laws or as assigned by higher authority.

Article 48. Health Insurance Fund Management Committee at Provincial Level

The Health Insurance Fund Management Committee at Provincial Level comprises of:

1. Vice-Provincial Governor, Vice-Mayor of Capital City as Chairman;
2. Director of Provincial, Capital City Health Division as Vice Chairman and Standing Member;
3. Deputy Director of Provincial, Capital City Finance Division as Vice Chairman;

4. Deputy Director of Provincial, Capital City Labour and Social Welfare Division as Vice Chairman;
5. Vice President of the Provincial, Capital City Trade Union as Member;
6. The Administrative Team of the Lao National Chamber of Commerce and Industry at provincial, capital city level as Member;
7. Director of central hospital, regional or provincial hospital as Member;
8. Technical Sectors concerned of each party as Member;
9. Director of Provincial, Capital City Health Insurance Bureau as Member.

Article 49. Rights and Duties of the Health Insurance Fund Management Committee at Provincial Level

1. To materialize and implement the strategic plans, programs, projects and activities related to the National Health Insurance Fund;
2. To publicize, disseminate the policies, strategic plans, laws, plans and programs related to the activity of the National Health Insurance Fund;
3. To encourage, monitor and control the performance of activity of the National Health Insurance Fund at provincial level in accordance with the regulations;
4. To study, consider contract on health services, sources of revenue and expenditures related to service charges and administration cost being allocated;
5. To study, consider solving the health insurance request or document submission of the Health Insurance members;
6. To summarize, report regularly to higher authority the implementation of Health Insurance activity;
7. To exercise such other rights and to perform such other duties as specified in the law or as assigned by the higher authority.

Article 50. The Health Insurance Fund Management Committee at District Level

The Health Insurance Fund Management Committee at District Level comprises of:

1. Deputy District Governor, Head of Municipality, Vice City Mayor as Chairman;
2. Head of Health Office at district, municipality, city level as Vice chairman;
3. Deputy Head of Finance Office at district, municipality, city level as Vice chairman;
4. Deputy Head of Labour and Social Welfare Office at district, municipality, city level as Vice Chairman;
5. Vice President of Trade Union at district, municipality, city level as member;
6. Directors of community hospitals as members;
7. Technical units of each sector as members;
8. Head of Health Insurance Office at district, municipality, city as member.

Article 51. Rights and duties of the Health Insurance Fund Management Committee at

District Level

The Health Insurance Fund Management Committee at District Level shall have the rights and duties based on its scope of responsibilities as follows:

1. To implement the strategic plans, programs, projects and activities related to the National Health Insurance Fund;
2. To disseminate policies, strategic plans, laws, plans and programs related to the National Health Insurance Fund;
3. To encourage, monitor and inspect the activity performance of the National Health Insurance Fund at district level, in accordance with the regulations;
4. To study, consider health service contract, sources of revenue and service charges and administration cost being allocated;
5. To study, consider solving the health insurance request or document submission of the Health Insurance member;
6. To study, report the implementation of the Health Insurance activities to higher authority on a regular basis;
7. To Exercise such other rights and perform such other duties a stipulated in the laws or as assigned by higher authority.

Article 52. Meetings of the National Health Insurance Fund Management Committees

The meeting of the National Health Insurance Fund Management Committee comprises of the ordinary and extraordinary sessions.

The ordinary session at the central level will be organized twice a year, at the provincial and district levels be organized four times a year through a decision and call of and under the chairmanship of the Chairman of the Health Insurance Fund Management Committee at each level in order to consider and agree on important issues related to the activity of the National Health Insurance Fund.

The extraordinary session can be held at any times to consider necessary, important and urgent issues through the call of and under the chairmanship of the Chairman of the Health Insurance Fund Management Committee at each level or as requested by the Head of relevant Health Insurance Bureau.

The meeting of the Health Insurance Fund Management Committee at each level shall be held only when at least two third of its members is present and the meeting resolution shall be effective only through the majority vote by half of its participated members.

In case of equal votes, the vote of the Chairman shall be decisive.

Article 53. Health Insurance Bureau

The Health Insurance Bureau are constituted of the National Health Insurance Bureau, Provincial and District Health Insurance Bureau.

The National Health Insurance Bureau is an organization within the organizational structure of the Ministry of Health, having the role as logistic arms to the Ministry of Health and

the National Health Insurance Management Committee at central level.

The Provincial Health Insurance Bureau is an organization within the organizational structure of the Provincial/Capital City Health Division, having the role as logistic arms to the Provincial/Capital City Health Division, the Provincial Health Insurance Management Committee and the National Health Insurance Bureau.

The District Health Insurance Bureau is an organization within the organizational structure of the District/Municipality/City Health Office, having the role as logistic arms to the District/Municipality/City Health Office, the District Health Insurance Management Committee and the Provincial Health Insurance Bureau.

The organizational structure, rights and duties of the Health Insurance Bureau are provided in a separate regulation.

Part IV Prohibitions

Article 54. General Prohibitions

Following behaviors of individuals, legal entities and organizations are prohibited:

1. Create obstacles, barriers or indifference towards the implementation of duties of Health Insurance staff;
2. Give or receive, or be a middle man for giving or receiving bribe to Health Insurance staff;
3. Publicize and disseminate or provide distorted and harmful information on Health Insurance;
4. Discriminate, underestimate and groundlessly blame individuals, legal entities or organizations dealing with Health Insurance activity;
5. Having other behaviors that violate the law.

Article 55. Prohibitions for Health Insurance Staff and concerned Public Servants

Following behaviours of Health Insurance staff and concerned public servants are prohibited:

1. Abuse of the rights, duties and position; hinder, delay, and ask for bribe for own personal interest, interest of their families or friends, thus causing detriment to the interest of the State, collective or other individuals;
2. Perform duties with negligence, carelessness, lack of responsibility or ethics, thus causing harm to the State, individuals, legal entities or organizations;
3. Ask or claim for fees, service charges or use of professional income illegally;
4. Disclose personal information of Health Insurance members or official secrets, secrets of individuals, legal entities or organizations without authorization;
5. Issue incorrect or fake Health Insurance documents;

6. Having other behaviours that violate the Law;

Article 56. Prohibitions for Health Insurance members

Following behaviour of HI members are prohibited:

1. Declare untrue information on Health Insurance;
2. Create obstacles, barriers or do not cooperate with the implementation of duties of health insurance staff;
3. Let other persons use his/her health insurance membership card;
4. Have other behaviours that violates the Law;

Part V

Dispute Resolution

Article 57. Dispute Resolution forms

Dispute resolution concerning the Health Insurance activity can be carried out in any of the following forms:

1. Compromise or mediation;
2. Settlement through administration channel;
3. Settlement through the economic dispute resolution authority;
4. Court sentence;
5. Settlement through international channel.

Article 58. Compromise or Mediation

In case of any disputes related to Health Insurance activity, the conflicting parties may settle such dispute through a discussion, negotiation, compromise or mediation.

Article 59. Settlement through Administrative Channel

In case of disputes related to Health Insurance, the conflicting parties can make a request to the Health Insurance Management Authority to consider settling the dispute in accordance with the Laws. Such authority must solve the request within twenty days. The conflicting parties must be informed in written if the request cannot be solved within that timeline.

In case of disputes related to health care services between Health Insurance members, health facilities and National Health Insurance Bureau, the request should be made to the Health Insurance Management Authority for consideration. The authority must solve the

request within thirty days. The conflicting parties must be informed in written if the request cannot be solved within that timeline.

Article 60. Settlement through the Economic Dispute Resolution Authority

In case of any dispute related to Health Insurance activity, where the conflicting parties cannot reach the agreement, the request should be made to the Economic Dispute Resolution Authority for consideration in according to the Laws.

Article 61. Court Sentence

In case of any disputes related to Health Insurance activity, either conflicting party may lodge a claim to the People’s court for sentence in accordance with the Laws.

Article 62. Settlement through International Channel

In case of any disputes in international form related to Health Insurance, the conflicting parties can request to domestic, foreign dispute resolution authority for consideration and solution or to follow the international conventions and treaties that Lao PDR is bound with.

Part VI

Management and Inspection of Health Insurance Activity

Chapter 1

Management of Health Insurance Activity

Article 63. Health Insurance Management Authority

The Government is in charge of managing the Health Insurance activity in a centralized and uniformed manner throughout the country by assigning direct responsibility and ownership to the Ministry of Health to take initiative to collaborate with line ministries, other authorities and local administrative authorities.

The Health Insurance Management Authority is comprised of:

1. Ministry of Health;
2. Department of Health of provinces, capital city;
3. Health offices of districts, municipalities and cities.

Article 64. Rights and Duties of the Ministry of Health

With regards to the management of the Health Insurance activity, the Ministry of Health has following rights and duties:

1. To study the formulation of policies, strategic plans and Laws related to Health Insurance activity for submission to the Government for consideration;
2. To materialize Health Insurance policies, strategic plans and Laws into plans, programs, projects, and regulations for the implementation;
3. To publicize, disseminate Health Insurance policies, strategic plans, Laws, plans, programs and projects to the public;
4. To set up, manage, use, extend and develop Health Insurance database to cover the whole country;
5. To review the Health Insurance contribution rate periodically and submit to the Government for consideration;
6. To study, review, determine price of medicine and medical products periodically in order to submit to the Health Insurance Management Committee at the central level for consideration and approval;
7. To supervise, monitor and inspect the implementation of Health Insurance activity countrywide within its own vertical lines;
8. To build, train, refresh, upgrade, manage and use Health Insurance personnel;
9. To propose the nomination or improvement of the Health Insurance Management Committee at central level for the Prime Minister's consideration;
10. To study and propose the nomination, removal or dismissal of National Health Insurance Bureau for the consideration of the Prime Minister;
11. To receive and consider requests regarding Health Insurance activity from individuals, legal entities or organizations;
12. To liaise and cooperate with foreign countries, regional and international communities with regards to Health Insurance activity;
13. To summarize and report regularly to the Government the implementation of Health Insurance activity;
14. To exercise such other rights and perform such other duties as specified in the Laws.

Article 65. Rights and Duties of Department of Health at Provincial and Capital City Level

The Department of Health of provinces and Vientiane Capital have the following rights and duties in regards to the Health Insurance management within their scope of responsibility:

1. To implement the policies, strategic plans, Laws, plans, programs, projects related to Health Insurance activity;
2. To publicize, disseminate and educate policies, strategic plans, Laws, plans, programs and projects related Health Insurance activity;
3. To supervise, monitor, inspect and evaluate the implementation of Health Insurance activity at district level;
4. To request to the Ministry of Health for refreshment training, upgrade Health Insurance personnel;

5. To manage and use of Health Insurance personnel;
6. To implement decisions, orders, instructions, and notifications from higher authority regarding Health Insurance activity and issue decisions, orders, instructions, and notifications regarding Health Insurance activity;
7. To manage and register Health Insurance members;
8. To propose the appointment or improvement of the Health Insurance Management Committee at Provincial Level for the consideration of Provincial Governor and Capital City Mayor;
9. To study and propose the appointment, removal or dismissal of Director of Provincial Health Insurance Bureau for the consideration of the Provincial Governor and the Capital City Mayor;
10. To receive and consider requests regarding Health Insurance activity from individuals, legal entities or organizations;
11. To collaborate with other concerned sectors and parties for the management, monitoring, inspection and promotion of Health Insurance activity;
12. To Liaise and cooperate with other sectors within the country and abroad in regards to Health Insurance activity as being authorized or assigned;
13. To summarize and report regularly to the Ministry of Health and Provincial Administrative Authority the implementation of Health Insurance activity;
14. To exercise such other rights and perform such other duties as specified in the Laws and as assigned by higher authority.

Article 66. Rights and Duties of Health Offices of Districts, Municipalities and Cities

In the management of Health Insurance tasks, the Health Offices of districts, municipalities and cities shall have following rights and duties within the scope of their responsibility as follows:

1. To implement Health Insurance policies, strategic plans, Laws, plans, programs, projects;
2. To disseminate Health Insurance policies, strategic plans, Laws, plans, programs and projects;
3. To manage and register Health Insurance members;
4. To monitor, inspect and evaluate the implementation of Health Insurance tasks;
5. To propose the nomination or improvement of the NHI Management Committee at district level for the consideration of District Governor, Municipality Head, City Mayor;

6. To study and propose the nomination, rotation or dismissal of the Head of Health Insurance Bureau at district level for the consideration of the District Governor, Municipality Head, and City Mayor;

7. To receive and consider requests regarding Health Insurance activity from individuals, legal entities or organizations;

8. To request to the Division of Health at provincial and capital city level for refreshment training, upgrade, manage and use Health Insurance human resources;

9. To manage and use of Health Insurance personnel;

10. To collaborate with other offices and relevant parties on Health Insurance activity;

11. To summarize and report regularly to the Department of Health at provincial/capital city level and District Administrative Authority on the implementation of Health Insurance activity;

12. To exercise such other rights and perform such other duties as specified in the Laws and as assigned by the next upper level.

Article 67. Rights and Duties of Other Sectors and Local Administrative Authority

In the performance of the Health Insurance tasks, other sectors and local administrative authority at each level shall have the rights and duties to collaborate with the health sector as follows:

1. The Labour and Social Welfare Sector shall have the duties to provide the information, the contribution paid by the members of National Health Insurance Organization to the National Health Insurance Fund, participate in reviewing and determining price of medicine and medical products;
2. The Security Sector shall have the right to provide the information, the information of alien citizens and the contribution paid by the members of National Health Insurance Organization to the National Health Insurance Fund;
3. The Financial Sector shall have the right to divide budget to the National Health Insurance Fund in accordance with the NA approved budget plan of each fiscal year, and participate in reviewing and determining price of medicine and medical products;
4. The Industry and Commerce Sector shall have the rights to participate in reviewing and determining the price of medicine and medical products;
5. The Agriculture and Forestry Sector shall have the right to provide the information on the account of the poor as stipulated in the regulations on poverty free standard and development standard in each period;
6. The Home Affairs Sector shall have the right to provide the information related to the statistics of Lao citizen;
7. The Foreign Affairs Sector shall have the right to provide the statistical data of foreign residents living in the Lao PDR;

8. Other sectors and local administrative authority, the Lao Front for National Construction, the Lao Veteran Federation and the mass organization at each level shall have the right and duties to mobilize, re-educate the Lao multi-ethnic people and coordinate, cooperate with the public health sector to implement the National Health Insurance tasks.

Chapter 2

Health Insurance Inspection

Article 68. Organization in Charge of Health Insurance Inspection

The organization in charge of Health Insurance Inspection comprises of:

1. The internal inspection organization, which is the same organization as the Health Insurance Management Authority as stipulated in Article 63 of this Law;
2. The external inspection organization which includes the National Assembly, the Provincial People's Assembly, the State Audit Authority, the Government Inspection Authority, the State Inspection Organization at each level, the Lao Front for National Construction, the Lao veteran Federation, the mass organization, the mass media and the population.

Article 69. Contents of Health Insurance Inspection

Health Insurance inspection focuses on following main content:

1. The implementation of Laws and regulations related to Health Insurance tasks;
2. The performance of duty of official-public servants involve in Health Insurance tasks;
3. The elaboration and implementation of Health Insurance programs;
4. The service delivery of health facilities.

Article 70. Inspection Forms

In the Health Insurance inspection, there are three forms as follow:

1. Inspection done through a regular system, which is the inspection conducted in according to the plan on a regular basis and have certain time frame;
2. Inspection through an advance notice, which is the inspection conducted out of plan when necessary by informing the inspection target in advance;

3. Immediate inspection which is the inspection done in urgent form without informing the inspection target in advance;

The inspection of the Health Insurance tasks must strictly comply with the law.

Part VII

Policies towards Persons with Outstanding Performance and Measures against Violators

Article 71. Policies towards people with outstanding performance

Individuals, legal entities or organizations with outstanding working record in the implementation of this Law will receive rewards or other policies according to the laws and regulations.

Article 72. Measures against violators

Individuals, legal entities or organizations violating this Law such as the violation of Health Insurance Prohibitions will be subject to re-education measures, disciplinary sanctions, fines, and compensate for civil loss or criminal punishment.

Article 73. Re-education measures

Individuals, legal entities or organizations violating this Law such as any violation of prohibition with less-serious nature and is a first-time violation, shall be subject to a warning and re-education.

Article 74. Disciplinary Measures

Official-civil servant who violate this Law, which is not considered as criminal offense such as any violation of Health Insurance prohibitions, which is not considered as a criminal offense but fail to sincerely report about one's own action, shall be subject to disciplinary sanctions as specified in the Law on Public servant:

Article 75. Penalty Measures

Individuals, legal entities or organizations violating this Law, such as any violation of Health Insurance prohibitions, which is not considered as criminal offense and a warning has been given, will be subject to fines upon the case.

Fine tariff for each case was specified in a separate regulation.

Article 76. Civil Measures

Individuals, legal entities or organizations violating this Law thus causing harms to other people shall compensate for the loss which one's cause.

Article 77. Criminal Measures

Individuals, legal entities violating this Law which is considered as a criminal offense shall be subject to a punishment in accordance with the law, depending on the severity of the case.

Part VIII

Final Provisions

Article 78. Implementation

The Government of the Lao People's Democratic Republic is entrusted to implement this law.

Article 80. Effectiveness

This law shall enter into force from the date the Presidential Decree on the Promulgation of the Law was issued by the President of the Lao People's Democratic Republic and after fifteen days of its publication in an Official Gazette.

All regulations and provisions that are in contradiction to this Law are abolished.

President of the National Assembly

[Signature and seal]

Pany YATHORTU