

**NATIONAL HEALTH SECURITY ACT
B.E. 2545 (A.D. 2002)**

NATIONAL HEALTH SECURITY OFFICE

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**BHUMIBOL ADULYADEJ, REX
Given on the 11th Day of November B.E. 2545
The 57th Year of the Present Reign**

By the Royal Command of HIS MAJESTY KING BHUMIBOL ADULYADEJ, it is hereby proclaimed that:

Whereas it is expedient to have a law on national health security;

This Act contains certain provisions in relation to the restriction of rights and liberties of a person so permitted by virtue of Section 29, in conjunction with Section 35 and Section 48 of the Constitution of the Kingdom of Thailand.

It is enacted by, and with the advice and consent of, the Assembly of the People's Representatives, as follows:

Section 1 This Act is called the "National Health Security Act, B.E. 2545."

Section 2 This Act shall come into force from the day following the date of its promulgation in the Government Gazette.

Section 3 In this Act:
"Health service" means medical and public health services directly provided to a person for the purposes of health promotion, disease prevention, diagnosis, medical treatment and rehabilitation

that are necessary for health and livelihood, including Thai traditional and alternative medicine, pursuant to the Law on the Practice of the Art of Healing.

“Service facility” means health facilities of the public sector, the private sector and the Thai Red Cross Society, facilities in service of the art of healing, and other health facilities as additionally prescribed by the Board.

“Service unit” means service facilities registered under this Act.

“Network of service units” means a gathering of service units registered as a network of service units under this Act.

“Fee” means the money paid by a beneficiary to a service unit for health service provided.

“Public health service expense” means any expenses incurred from the provision of health services as follows:

- (1) health promotion and disease prevention;
- (2) diagnosis;
- (3) antenatal care;
- (4) medical treatment and service;
- (5) medicine, medical supplies, artificial organs and medical equipment;
- (6) birth delivery;
- (7) room and board;
- (8) neonatal care;
- (9) ambulance service or transportation of a patient;
- (10) transportation of a disabled person;
- (11) physical and psychological rehabilitation; and
- (12) other expenses necessary for the provision of health service as prescribed by the Board.

“Fund” means the National Health Security Fund.

“Board” means the National Health Security Board.

“Quality and Standard Control Board” means the Health Service Quality and Standard Control Board.

“Secretary-General” means the Secretary-General of the

National Health Security Office.

“Office” means the National Health Security Office or its branch offices, as the case may be.

“Competent official” means the person appointed on the advice of the Board or the Quality and Standard Control Board, as the case may be, for the execution of this Act.

“Minister” means the Minister in charge of the execution of this Act.

Section 4 The Minister of Public Health shall have charge and control of the execution of this Act and shall be empowered to appoint competent officials and issue Ministerial Regulations and Notifications for the execution of this Act.

Such Ministerial Regulations and Notifications shall come into force upon their promulgation in the Government Gazette.

Chapter 1

The Right to Health Service

Section 5 Every person shall enjoy the right to a standard and efficient health service as provided in this Act.

The Board may determine that, at each visit, beneficiaries of the health service shall contribute a fee at the specified rate, except for the indigents or other persons whose contribution is exempted by the Board.

The type and scope of health service entitled to a person shall be as prescribed by the Board.

Section 6 Any person intending to exercise the right pursuant to Section 5 shall apply for registration at the Office or the agency as specified by the Office for the purpose of selecting a service unit for regular visitation.

Registration for a choice of service unit or application for a change of the service unit shall be in accordance with the rules, procedures and conditions as prescribed by the Board, with due regard given to the convenience and need of the person.

In the case where a person is entitled to select a service unit according to the welfare rule or the right as provided by the law, rule, regulation, notification, and resolution of the Council of Ministers, or other orders, the exercise of the right to health service at a service unit shall comply with the welfare rule or the right applicable to such person.

Section 7 A registered person shall exercise the right to health service at the service unit of their own choosing or a primary care unit within the relevant network of service units or another service unit thereto he or she is referred by their service unit or the relevant network of service units, except in the case of justifiable cause, accident or emergency illness whereby the registered person shall have the right to access another service facility, as prescribed by the Board, taking into

consideration the convenience and necessity of the person. In such case, the service facility shall be entitled to reimbursement of the expense from the Fund pursuant to the rules, procedures and conditions as prescribed by the Board.

Section 8 A person entitled to the right under Section 5 who has not registered pursuant to Section 6 may access any service unit for the first service. In such case, the service unit providing service to the person shall arrange for the registration of a service unit of person's choice in accordance with Section 6 and notify the Office within thirty days from the date of service, and shall be entitled to reimbursement of the expense from the Fund pursuant to the rules, procedures and conditions as prescribed by the Board.

Section 9 The scope of the right to health service of the following persons shall be in accordance with the laws, rules, regulations, notifications, resolutions of the Council of Ministers, or any order provided for government agencies, local government organizations, state enterprises or other state agencies. The exercise of such right shall comply with this Act:

- (1) government officials or employees of government agencies;
- (2) officials or employees of local government organizations;
- (3) officials or employees of state enterprises or persons performing duties for other state agencies, or any other person entitled to medical treatment borne by the state budget; and
- (4) parents, spouse, children or any other person entitled to medical benefits based on the right of the persons under (1), (2) or (3).

In this regard, the Board shall have the duty to ensure that such person has access to health service as mutually agreed with government agencies, local government organizations, state enterprises or other state agencies, as the case may be.

Determination as to when a person of any category or agency under Paragraph One may exercise the right to health service according

to this Act shall be according to the Royal Decree.

In the case where the Royal Decree under Paragraph Three comes into force, the government agencies, local government organizations, state enterprises or other state agencies, as the case may be, shall allocate the budget for medical expenses of the persons so provided by the Royal Decree to the Fund in accordance with the rules, procedures, and period mutually agreed with the Board.

Section 10 The scope of the right to health service of the persons eligible under the Social Security Law shall be in accordance with such Law. The extension of health service under this Act to the persons eligible under the Social Security Law shall be in conformity with the agreement between the Board and the Social Security Board.

The Board shall ensure the availability of health service for the persons eligible under the Social Security Law and, upon agreement with the Social Security Board, the Board shall propose to the Government to enact a Royal Decree which specifies the beginning period of health service to be provided to such eligible persons by the service units under this Act.

When the Royal Decree under Paragraph Two comes into force, the Office of Social Security shall transfer the budget for health service from the Social Security Fund to the Fund in the sum mutually agreed upon by the Board and the Social Security Board.

Section 11 In the case where any employee, who is entitled to health service under the Workmen's Compensation Law, exercises the right to public health service at a service unit pursuant to this Act, such service unit shall notify the Office. Thereafter, the Office shall be entitled to the reimbursement of the service expense from the Workmen's Compensation Fund, in the sum not exceeding the rate as specified in the Workmen's Compensation Law, to the Fund for further remittance to the service unit.

In the case where a beneficiary of the health service under this Act is the employee of an employer who is not obliged to contribute to

the Workmen's Compensation Fund, the Office shall have the right to file a request for compensation on behalf of the employee in accordance with the Workmen's Compensation Law for the purpose of payment for health service expense, in the sum not exceeding the rate as specified in the Workmen's Compensation Law, to the Fund for further remittance to the service unit.

Disbursement of the health service expense under this Section shall be considered as compensation for medical expense according to the Workmen's Compensation law.

Section 12 Whenever a person injured by a motor vehicle under the Law on Protection of Motor Vehicle Accident Victims exercises the right to health service at a service unit in accordance with this Act, such service unit shall notify the Office. Thereafter, the Office shall be entitled to the reimbursement of the service expense from the Victim Compensation Fund, in the sum not exceeding the amount the Victim Compensation Fund is liable to pay as provided by the Law on Protection of Motor Vehicle Accident Victims, to the Fund for further remittance to the service unit.

In the event that the vehicle insurance company or the Road Accident Victims Protection Company, Limited, is liable to pay the compensation to a victim of motor vehicle accident who has been provided with health service pursuant to Paragraph One, the Office shall have the power to order said company to pay the service expense, not exceeding the entitlement benefit under the terms of the insurance policy, to the Fund for further remittance to the service unit.

Disbursement of the health service expense under this Section shall be considered as compensation for medical expense according to the Law on Protection of Motor Vehicle Accident Victims.

Chapter 2 The National Health Security Board

Section 13 There shall be a board called the "National Health Security Board" consisting of:

- (1) Minister of Public Health as the Chairperson;
- (2) Permanent Secretaries of Defense; Finance; Commerce; Interior; Labor and Social Welfare; Public Health; and Education; and Director of the Bureau of the Budget;
- (3) one representative of the municipalities, one representative of the Provincial Administration Organizations, one representative of the sub-district Administration Organizations, and one representative of other forms of local government organization as elected by the administrators of each category of local government organizations;
- (4) five representatives of the non-profit, non-governmental organizations elected and drawn from nominated representatives of the following fields:
 - (A) children or youth;
 - (B) women;
 - (C) elderly;
 - (D) disabled persons or mental health patients;
 - (E) HIV infected persons or patients with other chronic diseases;
 - (F) laborers;
 - (G) populous communities;
 - (H) farmers; and
 - (I) ethnic minorities.
- (5) five representatives of public health professionals, each from the Medical Council of Thailand, the Thailand Nursing and Midwifery Council, the Pharmacy Council of Thailand, the Dental Council, and the Private Hospital Association;
- (6) seven experts appointed by the Council of Ministers, each from the fields of health insurance, medicine, public health, Thai traditional medicine, alternative medicine, finance, law, and social science;

The non-governmental organizations under (4) must have operated for a period of no less than one year and registered with the Office within fifteen days from the date proclaimed for the selection of the Board members. In the case of an organization working in a variety of fields, it shall register for the selection under one field.

The rules and procedures for the selection of Board members under (3) and (4) shall be as prescribed by the Ministerial Notification.

The members under (1), (2), (3), (4) and (5) shall recruit and select qualified persons and present their names to the Council of Ministers for appointment as the members under (6).

The rules and procedures for recruiting and selecting qualified members in Paragraph Four shall be as prescribed by the Ministerial Notification.

The Secretary-General shall be the Secretary of the Board.

Section 14 A member under Section 13 shall not hold the position of Board member in Section 48 simultaneously.

Section 15 A member under Section 13 Paragraph One (3), (4), (5), and (6) shall hold office for a term of four years and may be re-selected or re-appointed, but shall not hold office for more than two consecutive terms.

Upon expiration of the term as provided in Paragraph One, if a new member has not been selected pursuant to Section 13 Paragraph One (3), (4), and (5), or appointed pursuant to Section 13 Paragraph One (6), the member vacating office shall continue to perform duties until the newly selected or appointed member takes office, but this period shall not exceed ninety days from the date of expiration of his or her term.

In the case where a member in Paragraph One vacates office before the expiration of their term, a new member of the same category shall be selected or appointed within thirty days of the date of the position becoming vacant, and the newly selected or appointed member shall hold office for the remaining term of the person he or she replaces.

In the case where the remaining term of the member who vacates office is less than ninety days, a new member may not be selected or appointed to fill the vacancy. In such case, the Board shall consist of the existing members.

Section 16 In addition to vacating office upon expiration of the term pursuant to Section 15 Paragraph One, a member under Section 13 Paragraph One (3), (4), (5) and (6) shall vacate office upon:

- (1) death;
- (2) resignation;
- (3) becoming bankrupt;
- (4) becoming incompetent or quasi-incompetent;
- (5) being sentenced to imprisonment by a final judgment, except in case of an offence committed with negligence or misdemeanor; and
- (6) being removed from office by the Council of Ministers on grounds of negligence of duty, misconduct or inefficiency.

Section 17 At a meeting of the Board, the presence of no less than one half of the total number of members is required to constitute a quorum.

The Chairperson shall preside over the meeting. If the Chairperson is absent or unable to perform the duty, the members being present shall elect among themselves one member to preside over the meeting.

A decision at the meeting shall be reached by a majority of votes. Each member shall have one vote. In case of an equality of votes, the presiding member shall have an additional vote as a casting vote.

At the meeting, if the issue being considered is in the interest of any member, such member shall have the duty to notify the Board and have the right to clarify facts or express opinions related to the issue but shall have no right to join the meeting or vote.

Procedures of the meeting, performance of the duties of the Board, and notification of the interest by a member shall be pursuant to the rules as prescribed by the Board.

Section 18 The Board shall have the power and duties as follows:

(1) establish the standard of health service to be provided by service units and networks of service units, and prescribe measures for effective implementation of the national health security scheme;

(2) advise the Minister in regards to the appointment of competent officials and the issuance of Ministerial Regulations and Notifications for the execution of this Act;

(3) prescribe types and scope of health service essential for health and livelihood, and rates of service fee pursuant to Section 5;

(4) prescribe rules for implementation and management of the Fund;

(5) prescribe rules, procedures and conditions for the removal of the Secretary-General as provided in Section 31 and specify qualifications or prohibitions of the Secretary-General as provided in Section 32;

(6) issue regulations in regards to the receipt of money, payment, maintenance of the Fund and benefit-making pursuant to Section 40;

(7) prescribe rules, procedures and conditions for payment of preliminary aid in the case where a beneficiary is damaged by the medical treatment where no wrongdoer is identified; or where the wrongdoer is identified but the beneficiary has not received compensation within a reasonable period of time as provided in Section 41;

(8) support and coordinate with local government organizations for the implementation and management of the health security system at the local level according to their readiness, appropriateness and need in order to establish the national health security for the population in such area as provided in Section 47;

(9) support and prescribe rules for community organization councils, non-governmental organizations, and the not-for-profit private sector to operate and manage the Fund at the local level according to their readiness, appropriateness and need by promoting the participatory processes in the establishment of the national health security for the

population in such area as provided in Section 47;

(10) prescribe rules for the receipt of opinions from service providers and beneficiaries for the purpose of improving the quality and standard of health service;

(11) prescribe rules for administrative punishment by means of a fine and revocation of registration;

(12) produce an annual report on performance and obstacles encountered in the operation of the Board, including all types of account and finance for presentation to the Council of Ministers, the House of Representatives, and the Senate within six months following the end date of the fiscal year;

(13) hold an annual meeting for the Board to receive general opinions from service providers and beneficiaries; and

(14) perform other duties as required by this Act or other laws to be the powers and duties of the Board or as entrusted by the Council of Ministers.

Section 19 The Board shall have the following power and duties to oversee and ensure that the Office functions in accordance with the objectives set forth:

(1) formulate an administrative policy and approve the operational plan of the Office:

(2) approve the financial plan of the Office;

(3) oversee the operation and general administration, including the issuance of rules, regulations, notifications or provisions in relation to general administration, personnel management, budgeting, finance and properties, monitoring and evaluation, and other affairs of the Office.

Section 20 The Board shall have the power to appoint a sub-committee to perform the duties pursuant to this Act or as entrusted by the Board through application *mutatis mutandis* of Section 17 to the

meeting, procedures of the meeting, and performance of duties of the sub-committee and its members.

Section 21 The Board shall appoint an audit sub-committee with the powers and duties to review the financial management and the operation of the Office to ensure that they are carried out in compliance with related laws, rules and practices, and in an effective, efficient, transparent and accountable manner, as required in the rules prescribed by the Board.

Members of the sub-committee under Paragraph One shall be considered as position holders and prohibited from undertaking a business of conflict between personal interest and public interest pursuant to the Organic Law on the National Counter Corruption.

Section 22 In performing the duties under this Act, the Board or a sub-committee, as the case may be, shall have the power to request a state agency or order any relevant person to submit a written statement of facts, give a verbal statement, or furnish documents and evidence to support its consideration.

Section 23 The Board and the sub-committee shall be provided with meeting allowance, travel allowance, and other expenses in the performance of duties as prescribed by the Minister.

Chapter 3 The National Health Security Office

Section 24 There shall be a “National Health Security Office” as a state agency with the status of a juristic person under the supervision of the Minister.

The affairs of the Office shall not be subject to the Law on Labor Protection, the Law on Labor Relations, the Law on Social Security, and the Law on Workmen’s Compensation. Officials and employees of the Office shall be entitled to remuneration and benefits of no less than the amount as prescribed by the Law on Labor Protection, the Law on Labor Relations, the Law on Social Security, and the Law on Workmen’s Compensation.

Section 25 The National Health Security Office shall be located in Bangkok or in a nearby province.

The Board shall have the power to establish, merge, or abolish branch offices upon promulgation in the Government Gazette.

In establishing a branch office, consideration shall be given to the necessity and worthiness of the operation and expenses. The Board shall have the power to entrust any state or private agency to perform the duties of a branch office and be provided with the expenses of operation, according to the rules prescribed by the Board.

Section 26 The Office shall have the power and duties as follows:

- (1) be responsible for the administrative affairs of the Board, the Quality and Standard Control Board, the sub-committees of the Boards, and the Investigation Committee;
- (2) collect, gather and analyze information in regard to the implementation of public health service;
- (3) create records of beneficiaries, service units, and networks of service units;

(4) manage the Fund in accordance with the rules as prescribed by the Board;

(5) disburse health service expenses, as prescribed by the Board, to service units and networks of service units pursuant to Section 46;

(6) examine documents and evidence of any claims for reimbursement of public health service expenses as submitted by service units;

(7) arrange for people to have regular service units and to change regular service units, and publicize information concerning service units;

(8) supervise service units, and networks of service units to ensure that the health service complies with the standard as prescribed by the Board and to facilitate the lodging of complaints;

(9) hold ownership, possessory right, and various property rights;

(10) establish rights and enter into any transaction and contract or any agreement on property;

(11) charge fees or service fees in the operation of the Office;

(12) entrust other organizations or other persons to undertake the affairs under the authority of the Office;

(13) produce an annual report on performance and obstacles encountered in the operation of the Board and the Quality and Standard Control Board for dissemination to the public; and

(14) perform other duties as provided by this Act or other laws to be the authority of the Office, or so entrusted by the Board or the Quality and Standard Control Board.

Section 27 the properties of the Office shall not be liable to attachment and sale in execution of a decree.

Section 28 All immovable properties acquired by the Office by means of donation, purchase or exchange with the income of the Office

shall be owned by the Office.

The Office shall have the power to administer, supervise, maintain, use, and seek benefits from the properties of the Office.

Section 29 The Board shall submit a request for annual appropriation to the Council of Ministers for the administration of the Office.

Section 30 The Office shall keep and allocate the budget of the Office in accordance with the rules as prescribed by the Board.

The Office shall design its accounting in accordance with the international standard and the format and rules as prescribed by the Board, and shall arrange for an internal audit of its finance, accounting, and procurement. Results of the audit shall be reported to the Board at a minimum of one time per year.

Section 31 There shall be the Secretary-General of the Office responsible for the administration of the Office in compliance with the laws, rules, regulations, requirements, policies, resolutions, and notifications of the Board and acting as the superior of all officials and employees of the Office.

The Board shall select, appoint and remove the Secretary-General.

In employing and appointing the Secretary-General, the Board shall appoint a Selection Committee consisting of five members with suitable qualifications who adhere to the criteria pursuant to Section 32 (1), (3), (4), (5), (6), (9), (10), (11), and (12).

The Selection Committee shall have the duty to select a person who possesses knowledge, expertise and experience appropriate for the position of the Secretary-General, has suitable qualifications, adheres to the criteria pursuant to Section 32 (1), (3), (4), (5), (6), (9), (10), (11), and (12), must not be a member of the Board, and must not be over 60 years of age on the date of application, for nomination to the Board for

consideration to enter into an employment contract therewith and be appointed the Secretary-General. The Selection Committee may select and nominate more than one appropriate person.

Members of the Selection Committee shall not be nominated for the position of the Secretary-General.

Members of the Selection Committee shall meet and elect among themselves one member to be Chairperson and one member to be Secretary of the Selection Committee.

The Office shall serve as the administrative unit for the recruitment and selection of the Secretary-General.

Section 32 The Secretary-General shall have suitable qualifications and adhere to the criteria as described hereunder:

- (1) being of Thai nationality;
- (2) being able to work full time for the Office;
- (3) not being of unsound mind or mental infirmity;
- (4) not being or having been bankrupt;
- (5) not having been imprisoned by a final judgment, except in case of an offence committed with negligence or an offence of misdemeanor;
- (6) not having been sentenced by a final judgment or order of a court to have his or her assets vested in the State on the ground of unusual wealth or unusual increase of assets;
- (7) not being an executive member or an official of another state enterprise or profit-seeking enterprise.
- (8) not being a government official, an official, or an employee holding a permanent position or receiving salary from the central government, the provincial government, the local government or another state agency;
- (9) not being a political official, a member of the House of Representatives, a senator, a member of a local council, or being a local administrator.
- (10) not being an executive member or an advisor of a political

party or a staff of a political party;

(11) not having been dismissed or discharged or removed from a state agency, a state enterprise, or a public company limited on the ground of malfeasance;

(12) not being or not having been, within one year before the date of appointment, a Board member or an administrator or an authorized person or a person having interest in a juristic person, which is a contract party, a partner or a person having interest in the affairs of the Office; and

(13) other qualifications and prohibitions as prescribed by the Board.

Section 33 The Secretary-General shall vacate office upon:

- (1) death;
- (2) resignation;
- (3) being disqualified or failing to fulfill the criteria pursuant to Section 32;
- (4) being sentenced to imprisonment by a final judgment, except in case of an offence committed with negligence or an offence of misdemeanor;
- (5) having been absent from three consecutive meetings of the Board without a reasonable cause;
- (6) being removed from office on the ground of negligence of duty, misconduct or inefficiency; and
- (7) being terminated of the employment contract.

Section 34 The Secretary-General shall hold office for a term of four years and may be re-appointed, but shall not hold office for more than two consecutive terms.

In the event that the position of the Secretary-General becomes vacant and the new Secretary-General has not been appointed, or that the Secretary-General is unable to perform duties temporarily, the Board shall appoint one official of the Office to act in place of the

Secretary-General.

The official acting in place of the Secretary-General shall have the power and duties of the Secretary-General.

Section 35 The Secretary-General shall be a state official holding a senior-level position and as the position holder, shall be prohibited from undertaking a business of conflict between personal interest and public interest pursuant to the Organic Law on the National Counter Corruption.

Section 36 The Secretary-General shall have the power and duties as follows:

(1) recruit, appoint, promote, demote, reduce salary or wage, impose disciplinary punishment, or dismiss officials and employees of the Office, in accordance with the rules as prescribed by the Board, and, in case of officials or employees performing duties in the Audit Office, hear the opinions of the audit sub-committee in support of the consideration; and

(2) issue rules or notifications in relation to the operation of the Office and not contrary to the rules, regulations, notifications, requirements, policies, or resolutions of the Board.

The Secretary-General shall represent the Office in respect of external affairs and, for such purpose, may authorize any official of the Office to perform specific duties in his or her place, pursuant to the rules as prescribed by the Board.

Section 37 There shall be an Audit Office under the Office to act as the secretariat office directly responsible to the audit sub-committee, and to report to the Secretary-General according to the rules prescribed by the Board.

Chapter 4 The National Health Security Fund

Section 38 There shall be established a fund in the National Health Security Office called the “National Health Security Fund” with the objective to support and promote the provision of health service by service units.

With a view to enabling persons to widely and efficiently access health service, the Fund shall be spent in a manner that takes into consideration the development of health service in the areas where service units are inadequate or where service units are not properly decentralized.

Section 39 The Fund shall consist of:

- (1) money allocated from the annual appropriation;
- (2) money from local government organizations as allowed by law;
- (3) income from the provision of health service under this Act;
- (4) administrative fines under this Act;
- (5) money or properties donated or given to the fund;
- (6) interest or benefit accrued from money or properties of the Fund;
- (7) any other money or property obtained from the implementation of the Fund; and
- (8) other contributions as specified by law.

The money and properties of the Fund shall not be remitted to the Ministry of Finance as a national income pursuant to the Law on Treasury Balance and the Law on Budgetary Procedure.

In submitting a request for the budget under (1), the Board shall prepare an application to the Council of Ministers, taking into account the report on the opinions of the Quality and Standard Control Board, including financial accounting and property list of the Office at the time of application.

Section 40 The receipt of money, payment, and custody of the Fund, including benefit-seeking from the Fund, shall be in accordance with the rules as prescribed by the Board.

Section 41 The Board shall earmark no more than one percent of the budget to be allocated to service units for financial assistance in the case where a beneficiary is damaged by the medical treatment provided by a service unit where no wrongdoer is identified, or where the wrongdoer is identified but the beneficiary has not received compensation within a reasonable period of time, according to the rules, procedures and conditions as prescribed by the Board.

Section 42 In the event where a beneficiary is damaged by the medical treatment provided by a service unit, where the wrongdoer is identified but the beneficiary has not received compensation within a reasonable period of time pursuant to Section 41, the Office shall be entitled to take recourse with the wrongdoer following its payment of preliminary aid to the beneficiary.

Section 43 Within three months from the end of the fiscal year, pursuant to the Law on Budgetary Procedure, the Board shall submit to the Council of Ministers, for acknowledgment, the balance sheet and report on income and expenditures of the Fund in the preceding year, as certified by the Office of Auditor-General.

The Minister shall present such balance sheet and report on income and expenditures to the Prime Minister for further submission to the House of Representatives and the Senate for acknowledgment, and arrange for its publication in the Government Gazette.

Chapter 5 Service Unit and Public Health Service Standard

Section 44 The Office shall arrange for the registration of service units and networks of service units and publicize information thereof to the public to enable the people to register for regular service units of their choice pursuant to Section 6.

The registration of service units and networks of service units, including the publicity under Paragraph One, shall be in conformity with the rules, procedures and conditions as provided by the Board.

Section 45 A service unit shall have the following duties:

(1) provide health service of quality and standard, including the use of vaccines, medicines, medical supplies, and medical equipment, in a manner of equality that respects personal rights, human dignity and religious beliefs;

(2) provide accurate health service information to individual beneficiaries upon their requests and based on the notification specifying the rights of patients and beneficiaries, in respect to diagnosis, procedures, alternatives, and result of treatment including possible side-effects, in order to enable the beneficiaries to make an informed decision whether to utilize its service or to be referred;

(3) provide relatives or intimates of the beneficiaries with sufficient information concerning names of physicians, health personnel, or persons responsible for continuous care, physically and socially, prior to the discharge of the beneficiaries from the service unit or the network of service units;

(4) strictly maintain confidentiality of the beneficiaries in relation to the performance of duties under (1) and (2), except for the disclosure to state officials legally performing the duties; and

(5) establish a system of health service data in order to facilitate the inspection of quality and service as well as the requests for health service expenses;

The service unit shall provide health service to the beneficiaries and establish a system of health service data in compliance with the rules as prescribed by the Board and the Quality and Standard Control Board.

Section 46 The service units and the networks of service units pursuant to Section 44, and the service units thereto beneficiaries are referred, shall be entitled to receive the health service expenses from the Fund according to the rules, procedures and conditions as prescribed by the Board.

The rules for the determination of health service expense under Paragraph One shall take into account the opinions as prescribed under Section 18 (13) and the following conditions:

- (1) be based on the cost estimates for the treatment of diseases and other ailments as suggested by the Quality and Standard Control Board in Section 50 (4);
- (2) cover salaries and personnel remuneration of the service units;
- (3) consider the differences in missions of the service units; and
- (4) consider the diversity of beneficiaries and sizes of the areas under responsibility of the service units;

Section 47 With a view to establishing the national health security for people in the local areas by promoting the participatory process in accordance with their readiness, appropriateness and need, the Board shall support and coordinate with local government organizations and prescribe rules entrusting such organizations to implement and manage the national health security system at the local level with the expenses provided by the Fund.

Chapter 6 The Quality and Standard Control Board

Section 48 There shall be a board called the “Quality and Standard Control Board” consisting of:

- (1) the Director-General of the Department of Medical Services, the Secretary-General of the Food and Drug Administration, the President of the Hospital Development and Accreditation Institute, and the Director of the Bureau of Sanatorium and Art of Healing;
- (2) one representative each of the Medical Council of Thailand, the Thailand Nursing and Midwifery Council, the Dental Council, the Pharmacy Council of Thailand, and the Lawyers Council of Thailand;
- (3) one representative of the private hospitals which are members of the Private Hospital Association;
- (4) one representative of the Municipalities, one representative of the Provincial Administration Organizations, one representative of the Tambon Administration Organizations, and one representative of other forms of local government organization as elected by the administrators of each category of local government organization;
- (5) one representative each of professional nurses and midwives, dentists, and pharmacists;
- (6) representatives of the Royal Colleges of medical specialties including obstetrics and gynecology, surgery, internal medicine, and pediatrics;
- (7) three representatives, elected among themselves, from a group of representatives, each of whom has been elected from the areas of applied Thai traditional medicine, physical therapy, medical technology, radiological technology, occupational therapy, cardio-thoracic technology, and communicative disorders;
- (8) five representatives of non-profit, non-governmental organizations, elected among themselves, from a group of representatives, each of whom has been elected from the following fields:

- (A) children or youth;
- (B) women;
- (C) elderly;
- (D) disabled persons or mental health patients;
- (E) HIV infected persons or patients with other chronic diseases;
- (F) laborers;
- (G) populous communities;
- (H) farmers; and
- (I) ethnic minorities.

(9) six qualified persons appointed by the Council of Ministers, among whom shall include one expert each in the fields of family medicine, psychiatry, and Thai traditional medicine;

The non-governmental organizations under (8) must have operated for a period of no less than one year and have registered with the Office within fifteen days from the date proclaimed for the selection of Board members. Where an organization works in a variety of fields, it shall register for selection under one field.

The rules and procedures for the selection of Board members under (3), (4), (5), (6), (7) and (8) shall be as prescribed by the Ministerial Notification.

The members under (1), (2), (3), (4), (5), (6), (7) and (8) shall recruit and select qualified persons and present their names to the Council of Ministers for appointment as the members under (9).

The rules and procedures for recruiting and selecting qualified members in Paragraph Four shall be as prescribed by the Ministerial Notification.

The members under Paragraph One shall convene a meeting and elect among themselves one member to be the Chairperson of the Quality and Standard Control Board.

The Secretary-General shall be the Secretary of the Quality and Standard Control Board.

Section 49 Section 14, Section 15, Section 16, and Section 17 shall apply *mutatis mutandis* to the holding of position, the term of office, the vacation of office, and the meeting of the Quality and Standard Control Board.

Section 50 The Quality and Standard Control Board shall have the power and duties as follows:

(1) control the quality and standard of service units and networks of service units pursuant to Section 45;

(2) ensure the quality and standard of health service provided by service units in case such service is greater than the health service under Section 5;

(3) prescribe measures for controlling and promoting the quality and standard of service units and networks of service units;

(4) recommend the cost estimate rates of all diseases to the Board for the purpose of prescribing health service expenses for service units according to Section 46;

(5) prescribe rules, procedures, and conditions for filing complaints by the persons whose rights are violated by the service; procedures for considering such complaints; rules and procedures for providing assistance to the persons whose rights are violated by the service; and appoint a complaint unit where a complainant can conveniently submit complaints free from the complainee's interference;

(6) report results of the inspection and the control of quality and standard of service units and networks of service units to the Board, and notify such results to the service units and their superior agencies for the purpose of improvement of the quality and standard and the monitoring and evaluation thereof;

(7) enhance public participation in the inspection and the control of service units and networks of service units;

(8) provide financial assistance to the beneficiaries who are damaged by the medical treatment provided by service units where no wrongdoer is identified, or where the wrongdoer is identified but

the beneficiaries have not received compensation within a reasonable period of time, according to the rules, procedures and conditions as prescribed by the Board;

(9) support development of an information dissemination system for use by the public in its decision making related to health service;

(10) perform other duties as prescribed by this Act or other laws to be within the authority of the Quality and Standard Control Board, or so entrusted by the Board.

Section 51 The Quality and Standard Control Board shall have the power to appoint a sub-committee to consider or perform duties as entrusted by the Quality and Standard Control Board through application *mutatis mutandis* of Section 17 to the meeting, procedures of the meeting, and performance of the duties of the sub-committee on Quality and Standard Control.

Section 52 The Quality and Standard Control Board and the sub-committee shall have the power to request a state agency or order any relevant person to submit a written statement of facts, give a verbal statement, or furnish documents and evidence to support the deliberation.

Section 53 The Quality and Standard Control Board and the sub-committee shall be provided with a meeting allowance, travel allowance, and other expenses in the performance of duties as prescribed by the Minister.

Chapter 7 Competent Officials

Section 54 In performing the duties under this Act, a competent official shall have the power to enter the premises of service units and networks of service units during official hours in order to inspect, inquire into facts, examine properties or documents, take photographs, copy or bring relevant documents for review, or take any other action deemed reasonable to obtain the facts for the execution of this Act.

In the proceeding under Paragraph One, if a wrongful act is detected, the competent official shall have the power to impound or seize documents, properties, or materials for use as evidence in the consideration for further proceeding.

Operational procedures of the competent official shall be in accordance with the regulations as prescribed by the Board or the Quality and Standard Control Board, as the case may be.

Section 55 In performing the duties, a competent official shall present his or her identification card to the relevant persons.

The identification card of the competent official shall be in accordance with the format specified by the Minister in the Government Gazette.

The relevant persons shall, to a reasonable extent, facilitate the competent official in the performance of his or her duties.

Section 56 In performing the duties under this Act, the competent official shall be regarded as a competent official pursuant to the Criminal Code.

Chapter 8 Standard Control of the Service Units

Section 57 In the case where the findings of the inspection by the Office reveal that a service unit fails to comply with the health service standard as required, it shall report to the Quality and Standard Control Board for the purpose of appointing an Investigation Committee to consider the matter thereof.

The Investigation Committee under Paragraph One shall consist of members in the number deemed appropriate, including representatives of state agencies working in the fields of medicine, public health and law, representatives of non-governmental organizations or other qualified persons with no interest in the matter to be considered, and shall have the duty to conduct investigation and provide opinions to the Quality and Standard Control Board.

The Quality and Standard Control Board may appoint several Investigation Committees in advance for the purpose of prompt investigation.

An investigation shall be completed within thirty days and, if not completed, shall be extended to no more than thirty days. In the event where the investigation has not been completed within the extended period, the Committee shall report to the Quality and Standard Control Board for consideration to order another extension insofar as necessary.

In performing the duties under this Act, the Investigation Committee shall be regarded as a competent official pursuant to the Criminal Code and shall have the power to request the service unit, the network of service units, the complainant, or any relevant person to submit a written statement of facts, give a verbal statement or furnish documents or evidence to support its deliberation.

Upon completion of the investigation, the Investigation Committee shall submit such matter together with its opinions to the Quality and Standard Control Board for further consideration.

The Quality and Standard Control Board shall consider whether

or not to issue an order pursuant to Section 58 or Section 59, as the case may be, within thirty days from the date of receipt of such matter from the Investigation Committee.

Section 58 In the case where the result of the investigation indicates that a service unit fails to comply with the prescribed standard, the Quality and Standard Control Board shall;

(1) in case of an unintentional act, issue a warning to comply with the standard;

(2) in case of an intentional act of wrongdoing, issue an order for such service unit to pay an administrative fine in the sum not exceeding one hundred thousand Baht for each count and apply the provisions pursuant to the Law on Administrative Procedure; and in the absence of an official to enforce the order, the Secretary-General shall have the power to file a case with the Administrative Court requesting its order for the fine payment; if the Administrative Court considers the order for payment of the fine to be lawful, the Court shall have the power to render a judgment of execution by impounding or seizing properties for sale by auction to pay the fine; and

(3) notify relevant agencies to investigate and decide upon the allegation or incrimination against the health professional who may be responsible for the commission of the wrongful act by the service unit, and to proceed with disciplinary procedures if the offender is a state official.

Section 59 Any beneficiary, who has not been facilitated by a service unit in a reasonable manner or according to his or her right to public health service as provided by this Act, or has been requested by a service unit for an inapplicable service fee or a fee excessive of the rate so specified by the Board, or has not received compensation within a reasonable period for the damage arisen from the medical treatment by a service unit, shall be entitled to file a request with the Office for conduct of investigation thereon. In this regard, the provisions

of Section 57 shall apply *mutatis mutandis*.

If the result of investigation indicates that the service unit has not committed any wrongdoing, the Secretary-General shall notify the complainant of such result within fifteen days from the date of issuance of the result.

If the result of investigation indicates that the service unit has committed the wrongdoing cited, the Quality and Standard Control Board shall have the power to:

(1) issue a letter of warning to the service unit to treat the complainant appropriately and properly in accordance with his or her rights and benefits, in case of the complaint being related to failure to facilitate or observe the right of the complainant;

(2) issue a letter ordering the service unit to refund the surplus fee or the inapplicable fee to the complainant with the interest of fifteen percent per year beginning from the date of service fee collection until the date of refund, and apply the provisions of Section 58 (2) *mutatis mutandis* in case of failure to comply with the order.

Section 60 Where the wrongful act committed by the service unit as stipulated in Section 58 or Section 59 is of a serious nature or repeatedly committed, the Secretary-General shall report to the Quality and Standard Control Board for consideration of the following proceedings:

- (1) revoke the registration of such service unit;
- (2) notify the Minister in charge of the execution of the Law on Sanatorium to proceed pursuant to such Law;
- (3) notify the governing Minister to undertake the disciplinary procedures with the administrator of such service unit if it is a service facility of the State;
- (4) notify relevant agencies for the purpose of investigating and deciding upon the allegation or incrimination against the health professional who is responsible for the commission of the wrongful act by the service unit, and proceeding with disciplinary procedures if the

offender is a state official.

Section 61 Upon receipt of the order of the Quality and Standard Control Board pursuant to this Chapter, the complainant or the service unit shall have the right to appeal against such order with the Board within thirty days from the date of receiving or acknowledging the order, as the case may be.

The decision of the Board shall be final.

The rules and procedures for submitting the appeal and the procedures for considering and deciding thereon under Paragraph One shall be as provided by the Board.

Section 62 Upon adjudication by the Board of the appeal against the order pursuant to Section 61, irrespective of result, the Secretary-General shall report the result of the proceedings or the decision to the Quality and Standard Control Board for acknowledgment.

Chapter 9 Penalties

Section 63 Any person failing to comply with the order of the Board, the Quality and Standard Control Board, the sub-committees of the Boards, the Investigation Committee, or the Competent Official pursuant to Section 22, Section 52, Section 54 or Section 57 shall be liable to imprisonment for a term not exceeding six months or a fine not exceeding ten thousand Baht, or both.

Section 64 Any person obstructing or failing to facilitate a competent official in the performance of their duties pursuant to

Section 55 Paragraph Three shall be liable to imprisonment for a term not exceeding six months or a fine not exceeding ten thousand Baht, or both.

Transitory Provisions

Section 65 At the initial period, Section 6, Section 7, Section 8, Section 11, and Section 12 shall not apply, unless the preparation for providing health service according to such provisions has been undertaken.

Upon completion of the preparation under Paragraph One, the Minister shall determine and publish the commencing date of health service in the Government Gazette within one hundred and eighty days from the effective date of this Act.

Concerning the disbursement of health service expenses pursuant to Section 46 to the service units under the Ministry of Health, the Office shall disburse to the Ministry of Public Health for a period of three years from the commencing date of health service under Paragraph Two.

Section 66 The Royal Decrees as provided in Section 9 and Section 10 shall be enacted within one year from the date this Act comes into force. In the case of the inability to complete the enactment of the Royal Decrees within the specified period, an extension of one year at each time shall be permitted, and the Office, or the Office and the Office of Social Security, as the case may be, shall report the reason for incompleteness to the Council of Ministers for acknowledgment and shall distribute such report to the public.

Section 67 Within one hundred and eighty days from the effective date of this Act, the Ministry of Public Health shall select and appoint members of the Board pursuant to Section 13 (3), (4), (5) and (6), including the recruitment and selection of the Secretary-General,

for the purpose of establishing the National Health Security Board in accordance with this Act.

Where there exists no such Board pursuant to Paragraph One, there shall be a committee consisting of the Minister as the Chairperson and the members including the Permanent Secretary for Defense, the Permanent Secretary for Finance, the Permanent Secretary for Commerce, the Permanent Secretary for Interior, the Permanent Secretary for Labor and Social Welfare, the Permanent Secretary for University Affairs, the Director of the Bureau of Budget, and five qualified persons, appointed by the Council of Ministers, four of whom shall represent the consumers.

The Minister shall appoint one Deputy Permanent Secretary for Public Health to temporarily act as the Secretary-General until the Secretary-General appointed according to this Act takes office.

The person appointed to be the Secretary-General under Paragraph Three shall be the Secretary of the Board under Paragraph Two. The Minister shall appoint two government officials of the Ministry of Public Health to be Assistant Secretaries.

Section 68 Within one hundred and eighty days from the effective date of this Act, the Ministry of Public Health shall select and appoint the Quality and Standard Control Board pursuant to Section 48 (2), (3), (4), (5), (6), (7), (8), and (9).

Where there exists no such Board pursuant to Paragraph One, there shall be a committee whose members shall consist of the Director-General of the Department of Medical Services, the Secretary-General of the Food and Drug Administration, the President of the Hospital Development and Accreditation Institute, the Director of the Bureau of Sanatorium and Art of Healing, the Secretary-General of the Dental Council, the Secretary-General of the Medical Council, the Secretary-General of the Nursing and Midwifery Council, the Secretary-General of the Pharmacy Council, and the President of the Lawyers Council, and seven qualified persons, appointed by the Council of Ministers, among whom shall be three representatives of non-governmental organizations

working in the field of consumer protection and four experts in the areas of medicine and public health.

The members under Paragraph Two shall convene a meeting to elect among themselves one member to act as Chairperson who thereafter shall appoint one Assistant Secretary under Section 67 to be the Secretary and appoint two government officials of the Ministry of Public Health to be Assistant Secretaries.

Section 69 The affairs, properties, rights, obligations and liabilities, including the budget of the Ministry of Public Health in respect of health security under this Act, the revolving fund, and the health insurance cards shall be transferred to the Office on the date this Act comes into force.

Section 70 Any government official or employee of any government agency wishing to become an official or employee of the Office shall express his or her intention in writing to the superior and be subject to selection or assessment in accordance with the rules as prescribed by the Board.

Any government official who becomes an official of the Office under Paragraph One shall be considered to have resigned from government service due to termination or dissolution of position pursuant to the Law on Gratuity and Pension for Government Officials or the Law on Government Pension Fund, as the case may be.

Any government employee who becomes an employee of the Office under Paragraph One shall be considered to have resigned from government service due to dissolution of position or termination of employment at no fault, and shall be entitled to the gratuity pursuant to the Regulation of the Ministry of Finance Regarding the Gratuity of Employees.

For the purpose of calculating benefit according to the rules of the Office, any government official or employee who has become an official or employee of the Office as provided in this Section may

request that his or her preceding period of service or work be counted consecutively with the working period as an official or employee, as the case may be, of the Office, provided that he or she must express an intention to waive the right to gratuity or pension.

The intention to waive the right to gratuity or pension under Paragraph Four shall be undertaken within thirty days from the date of transfer to the Office. In case of a government official, the procedure shall be in compliance with the Law on Gratuity and Pension for Government Officials or the Law on Government Pension Fund, as the case may be. In case of a government employee, he or she shall submit a signed statement through the employer to the Ministry of Finance for acknowledgement.

Countersigned by
Pol.Lt.Col. Thaksin Shinawatra
Prime Minister

Remarks

The reasons for the promulgation of this Act are as follows:

Section 52 of the Constitution of the Kingdom of Thailand provides that the Thai people shall enjoy an equal right to standard health service and the indigents shall have the right to free medical treatment from health centers of the State; health service by the State shall be provided thoroughly and efficiently; and participation by local government organizations and the private sector shall be promoted insofar as it is possible;

Section 82 of the Constitution of the Kingdom of Thailand provides that the State shall thoroughly provide and promote high standards and an efficient health service;

On the basis of these provisions, it is of necessity to organize the health service system to provide standard medical treatment. There shall be a governing body, together with the participation of the state and the public sectors, to ensure the availability of an efficient medical treatment system throughout the country and ensure the right of every Thai citizen to access standard health service;

There exist at present several systems of assistance in medical treatment resulting in duplicate disbursements of expenses;

It is therefore expedient to enact this Act so as to integrate such assistance systems for the purpose of reducing the overall health expenses and rendering the overall health system more efficient.