



Lao People's Democratic Republic
Peace Independence Democracy Unity Prosperity

Government

No...../ GO
Vientiane Capital, date

Decree
On National Health Insurance Fund

- Pursuant to Law on Government of the Lao PDR No. 02/NA, dated 06 May 2003;
- Pursuant to Law on Health Care No. 09/NA, dated 9 November 2005;
- Pursuant to Law on Labour No. 06/NA, dated 27 December 2006;
- Pursuant to the letter of proposal No. 660/MOH, dated 3 May 2012, of Ministry of Health.

Government issued Decree:

Chapter I
General Provisions

Article 1. Objective

This Decree defines principles, regulations and measures concerning the management and utilization of the national health insurance scheme in an appropriate manner and in consistent with the rules of law to ensure the access to health care services of insured individuals, including all ethnic groups thoroughly and equitably. The Decree is aiming to promote healthy for all and improve labor force in order to contribute to the protection and development of the nation.

Article 2. National Health Insurance

National Health Insurance, abbreviated to NHI, is an organization with broaden social manner which is composed of Community Based Health Insurance, Health Insurance for State Authority for Social Security, Health Insurance for Social Security Organization and Health Equity Fund for the poor, and other related health care financing in order to pay for health care service provided to its members under the guidance of National Health Insurance Fund Management Committee

Article 3. Interpretation of Terms

The terms used in this Decree shall be interpreted as follows:

1. Health insurance refers to one of policies in the social security system that has been prescribed by Lao government as to guarantee its members can access to health care service through regular prepaid system for health care.
2. Self-employed people refer to free entrepreneurs without monthly wage such as: farmer, merchandise, teacher, scientist, attorney, engineer, doctor, nurse, accounting consultant, lawyer, accounting expert and the likes.
3. Risk pooling in health care expenditure refers to building up of solidarity fund by paying contribution in advance in order to assist each other in sharing of health care expenditure when someone falling sick such as puberty helps the older, the healthy help the sick and the higher income help the lower income or no income.
4. Health Equity Fund refers to social assistant fund which is allocated to pay as health insurance for persons who have low income that could not enroll themselves to any kinds of health insurance fund as stipulated in Article 45 and 50 of Law on Health Care, in order to use into health care services provided to the poor .
5. Premium refers to the contribution rate that people or insurance members have to pay regularly in advance to health insurance scheme. .
6. Contribution refers to money that members, this included the budget of public and private sectors, pays in advance regularly into health insurance fund as to guarantee receiving health care benefits in the time of sickness based on salary or wage for person who has fixed salary and income for self employed people.
7. Health care facility refers to national hospital, specialized care centers, regional hospital, provincial hospital, district hospital, health center, drug kit and other health care facilities stipulated by the Ministry of Health.

Article 4. General Principles of National Health Insurance Fund

National Health Insurance Fund carries on principles as follows:

1. Contributing to the development of the National Health Insurance Fund is the obligation of all people in the society;
2. To ensure risk pooling for health care expenditure of insured members;
3. To ensure solidarity and equity for health care service accessibility;
4. To ensure the right, transparency and auditable manner concerning the transaction of the National Health Insurance Fund .

Article 5. State Policy for National Health Insurance Fund

The state pays attention to the budget contribution appropriately into fund, and has warranty policy and revenue tax exemptions of such fund.

The state shall provide necessary staff as to manage develop and extend thoroughly the National Health Insurance Scheme

The state shall encourage and promote all internal and external economic sectors toward contributing into NHI development in order to strengthen and enlarge the scheme.

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Article 6. Scope of application

This Decree shall use for individual and juristic entities as members of health insurance for civil servant, enterprise, community based health insurance and health equity fund .

Chapter II

Revenue Sources of the National Health Insurance Fund

Article 7. Revenue Sources of the National Health Insurance Fund

The revenue sources of the National Health Insurance Fund shall receive from:

1. Contribution of individuals, juristic entities, and local and international organizations;
2. State budget;
3. Health insurance fund from State Authority for Social Security (SASS) for civil servant ;
4. Health insurance fund from Social Security Organization (SSO) for enterprise employee ;
5. Community Based Health insurance (CBHI) for informal sector ;
6. Health Equity Fund (HEF) for the poor;
7. Other related fund;
8. Interest from saving account of the National Health Insurance Fund.

Article 8. Management of Income Sources of the National Health Insurance

The income sources of the national health insurance as stipulated in Article 7 of this decree shall be managed through its fund management body with the task related to membership enrollment, contribution collection and money transferring to national health insurance fund as monthly basis in accordance to the defined regulation.

Article 9. Health Insurance Fund for Civil Servants

The health insurance scheme for civil servants as mentioned in Article 48 of Law on Health Care is a sub-fund of the State Authority for Social Security where the income is from the percentage of premium based on salary of all government officials including retired people, veterans, disable person or invalidity under the government institution, Lao Front for National Construction and mass organizations in order to use for cover the cost of health care services provided at health care facilities, as stipulated in specific regulation.

Article 10. Health Insurance Scheme for Enterprise Employee

The health insurance scheme for state and private enterprise employee (SSO) as defined in the Article 48 of Law on Health Care is a sub-fund of the social security organization for public and private enterprise sectors where the source of revenue is from the percentage of premium based on salary of workers and related other members in order to use for health care service as stipulated in concerned regulation.

Article 11. Community Based Health Insurance

The community based health insurance as defined in the Article 46 of Law on Health Care, is obtained its income resource from the contribution of self-employed including Monk,

Novice, clergyman, student at the share of 50% of premium rate and government shares the rest 50% in order to use for health care services as stipulated in the concerned regulation.

Article 12. Health Equity Fund

The Health Equity Fund is a social assistant scheme for the poor whose income is lower than the standard of poverty eradication of the Lao PDR which are unable to enroll in any kind of health insurance. This fund is used to cover the health care service cost for the poor as stipulated in relevant regulation.

This scheme shall receive 100% of revenue sources from state contribution, individuals, juristic entities, community, and local and international organizations.

Article 13. Other Related Funds

The other related funds refers to the specific target fund or other related fund supporting national health insurance task which is permitted by the government to establish and implement , particularly cigarette control fund etc.

Chapter III Benefits of National Health Insurance

Article 14. Benefits of National Health Insurance to the Members

The members of national health insurance fund shall gain medical benefits in accordance to regulation such as: health promotion, prevention, treatment and physical rehabilitation services as stipulated in specific regulation. National health insurance shall be in charge of health care service expenditure.

Article 15. Requirement for Obtaining Medical Benefits

The person who is entitled to gain medical benefits must compose of the requirements as follows:

1. Enrollment as a member of national health insurance in accordance to the schemes defined in the Law on Health Care;
2. Paying full contributions to the Health Insurance Scheme they belong to on regular basis
3. Properly hold the health insurance card or clear identification documents. .

Article 16. Membership Registration

The membership registration must be done at the registration unit of the Health Insurance Scheme they belong to prior sending to consolidate at the national health insurance bureau and the members of the national health insurance shall receive health insurance card as defined in specific regulation,

Article 17. Payment of Contribution into National Health Insurance Fund

The member of national health insurance shall pay contribution through health insurance scheme that she/he belongs to.

Article 18. Health Insurance Card

The health insurance card is a document certified the privilege of national health insurance member which is issued by the National Health Insurance Fund Office.

The members of national health insurance shall declare their membership card or certified documents when using health care services at the health care facility through the counter in charge of eligible checking.

Chapter IV

The management of National Health Insurance

Article 19. National Health Insurance Organization

The National Health Insurance Organization composes of:

1. National health Insurance Management Committee at central level;
2. National Health Insurance Management Committee at provincial, capital level;
3. National Health Insurance Management Committee at district, municipality level.

These committees are non-standing organizations.

Article 20. The National Health Insurance Management Committee at Central level called in abbreviation “ CMC”, designated by the Prime Minister in according to the proposal of the Minister to the Ministry of Health comprising of:

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| 1. Minister to the Ministry of Health, | Chairman; |
| 2. Deputy Minister to the Ministry of Labour and Social Welfare, | Vice Chairman; |
| 3. Deputy Minister to the Ministry of Finance, | Vice Chairman; |
| 4. Socio-Cultural Affairs Committee, National Assembly, | Member; |
| 5. Director General, Department of Curative, Ministry of Health, | Member; |
| 6. Director General, Department of Policy, Ministry of Finance, | Member; |
| 7. Director General, Department of Social Security, Ministry of Labour and Social Welfare | Member; |
| 8. Chief of Cabinet, Lao Trade Union, | Member; |
| 9. Executive Directors, National Chamber of Commerce and Industry, | Member; |
| 10. Director General, Department of Finance, Ministry of Health, | Member. |

The Management Committee of National Health Insurance has 5 year terms.

The Central Management Committee of the National Health Insurance is authorized to request to the Prime Minister for appointing the Director of National Health Insurance at central level and define its institution and personnel structure.

Article 21. Right and Duties of the Management Committee of National Health Insurance

The National Health Insurance Management Committee has rights and duties as follows:

1. To consider and approve the development plan, short term, medium term and long term budget of National Health Insurance ;
2. To consider and approve the rule and regulation of national health insurance;
3. To consider and approve the contribution rate, health care cost, and administrative cost in each period.
4. To define and approve the health care facilities and provider payment mechanism;
5. To supervise, monitor, control and evaluate the implementation of the tasks related to national health insurance ;
6. To nominate the Internal Auditor, Medical Council of the national health insurance and other sectors deem to be necessary;
7. To strengthen the relationship and cooperation with international organizations and countries in order to mobilize financial support and health insurance experience as authorized by the government .
8. To summarize and report on the implementation of the national health insurance activities to the government on a regular basis;
9. To conduct other rights and duties as assigned by the government.

Article 22. Meeting of National Health Insurance Management Committee

The meeting of the National Health Insurance Management Committee shall be held at least four times a year. The meeting shall be allowed to hold only when more than half of the committee members can participate. In case of necessary and urgent case, an extraordinary session can be opened. .

The meeting of the National Health Insurance Fund Management Committee shall be convened by Chairman of National Health Insurance Management Committee (NHC) in the case of Chairman is occupied; the Vice Chairman can convene such meeting. .

The resolution of the Meeting of the National Health Insurance Fund Management Committee shall become effective only when it is adopted by a majority vote. In case of equal vote, the Chairman’s vote shall be decisive.

Article 23. National Health Insurance Management Committee at provincial, capital level “IPMC”

PMC is composed of: representative from related sectors as follows:

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| 1. Provincial Deputy Governor/ Vientiane Capital Deputy Governor, | Chairman |
| 2. Director General, Provincial/ Vientiane Capital Department of Health, | Vice Chair |
| 3. Director General, Provincial/ Vientiane Capital Department of Finance | Vice Chair |
| 4. Head of Department of Labour and Social welfare | Vice Chair |
| 5. Head office of Regional people’s Assembly | Member |
| 6. Director of provincial Hospital | Member |
| 7. Director of Provincial/Vientiane Capital Trade Union | Member |
| 8. Executive Directors of Provincial/Vientiane Capital Chamber of Commerce and Industry, | Member |

PMC consists of one chairman and three vice chairmen which were nominated or dismissed by provincial/Vientiane Capital Governor based on proposal of “NHICMC”. PMC is designated by position as stipulated in this Article. In the case of initial designated person has been dispatched and taking over new duty, new designated person can be replaced automatically.

National health insurance management committee at central, provincial/capital level has privilege and duty for nominating the Heads of NHI office and defining its institution and personnel structure at their related level

Article 24. Right and Duties of PMC

- To consider health insurance development plan in range of its responsibility in order to propose to CMC for approval;
- To propose the nomination and dismissal of Chairman, Vice Chairman and members of “DMC ” to Provincial/Vientiane Capital Governor;
- To consider and propose to government to allocate annual budget from the government to subsidy health insurance premium for self employed families and individual including monks, novices, students and poor families within their respective province/Vientiane Capital.;
- To manage income and expenditure of National Health Insurance at their respective level complying with regulations and corresponding to specific objective.
- To transfer money regularly to central level in accordance to the proportion defined in this decree;
- To study and consider the issues proposed by DMC and partnership hospitals
- To consider and propose the adjustment of regulations and capitation rate paid to contracted hospitals to the CMC for adoption;
- To promote, supervise, monitor, control the implementation of national health insurance fund at their respective districts ;
- To participate as testimony in the trilateral agreement between National health insurance, partnership hospitals and insured person;
- To report the progress of national health insurance schemes in their respective area to provincial governor and national health insurance bureau on monthly basis;
- To conduct ordinary session meeting quarterly .In case of necessary, the extraordinary session can be held;
- To conduct national meeting once a year to review the implementation of national health insurance activities over a year and define roadmap for the year to come;
- To coordinate and cooperate with all relevant sectors to improve and develop the national health insurance and better quality of health care services provided by partnership hospital;
- To convey the activities related to national health insurance into monthly meeting agenda of party member committee and provincial/VT Capital authorities;
- To mobilize the assistance from local and international organizations and juristic entities in accordance to the rules of law;

- To exercise other rights and duties as being assigned by provincial / Vientiane Capital Governor.

Article 25. Management Committee of national health insurance at district level “DMC”:

DMC consists of representatives from different sectors as follows:

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| 1. District Vice Governor | Chairman; |
| 2. Head of District Health Office | Vice chairman; |
| 3. Head of Labour and Social welfare Office | Vice Chairman; |
| 4. Head of District Finance Office | Member; |
| 5. Director of district hospital | Member; |
| 6. Head of District Office of Lao Front for National Construction | Member; |
| 7. Head of District Trade Union..... | Member; |
| 8. Head of Village Cluster | Member. |

DMC composes of one chairman and two vice chairmen which nominated and dismissed by district governor based on the proposal from PHC. “DMC” is designated by a position as stipulated in this Article. In the case of a former designator is dispatched to take over new position, new designator shall replace automatically.

The National Health Insurance Management Committee at district level shall be in charge of nominating Head of National Health Insurance office in their respective level including the designation of institutional and personnel organization.

Article 26. Rights and duties of “DMC”

- Study on development plan of national health insurance in their respective areas before submitting to “PMC” for consideration and approval;
- Propose the nomination and dismissal of the President, Vice President and Committee member of “DMC” to Provincial Governor
- Study and submit the proposal to PMC for allocating fund from annual budget to support insured members who are self employed families and individuals including monks, novices, students and poor families in such district as defined in this Decree.
- Consider and resolve problems and conflicts related to health insurance activities and make a proposal to superior level and involved authorities;
- Study and make a proposal to the provincial management committee to adjust regulation and capitation rate paid to contracted hospitals;
- Ensure that the National Health Insurance Fund is managed and used effectively in line with specific objectives and guidelines. The DMC shall be in charge of transfer a part of fund as well to their superior level regularly as defined in specific regulation.
- Encourage and integrate the extension of HI membership coverage with the standard of village construction and development.
- Integrate the function of health insurance in the monthly meetings agenda of Party committees and district authorities.
- Be authorized as representative of National Health Insurance in signing a tripartite agreement
- Report on the progress of NHI development under their responsibilities to provincial governor and NHI provincial management committee on a monthly basis.

- Hold ordinary meeting every 3 months and extraordinary session can be opened in case of necessary;
- Hold annual meeting to review the implementation of National Health Insurance over the year and to determine future plan.
- Pay the capitation to contracted hospitals on a due time and suspend the capitation payment in case of failure to comply with the contract signed by contracted providers.
- Conduct awareness campaign for membership expansion in order to cover all population in their respective district;
- Coordinate with other stakeholders to improve and develop National Health Insurance.
- Mobilize assistance from local and international organizations and individuals in accordance to rule of law;
- Execute other rights and duties as assigned by district authorities.

Chapter X

Administrative Authority for National Health Insurance

Article 27. Administrative Authority for National Health Insurance

The Administrative Authority for National Health Insurance Funds consists of:

1. Central National Health Insurance Bureau
2. Provincial and Vientiane Capital National Health Insurance Bureau
3. District and Municipality National Health Insurance Bureau

Article 28. Central National Health Insurance Bureau

The Central National Health Insurance Bureau “NHIB is under the Ministry of Health and equivalent to the Department. This bureau plays the role as secretariat to support the Central Management Committee for National Health Insurance to manage and implement the functions or activities of National Health Insurance.

The Board Director of The National Health Insurance Bureau at central level is composed of Director, Vice Directors and a number of staff as appropriate;

The National Health Insurance Office at local level also has its own organization and functions as determined in this Article.

Article 29. Rights and Duties of the National Health Insurance Bureau at central level

The Central bureau of National Health insurance has the following rights and duties:

1. Be a secretariat of the National Health Insurance Management Committee at central level to set up the short term, mid- term and long term plan
2. Be in charge of financial management ;
3. Consider and propose to the Central National Health Insurance Management Committee to approve on the increasing contribution and the provider’s payment mechanism;

4. Conduct registration, collect contribution and make financial report on monthly, quarterly and yearly basis; settle
5. Consider and resolve the issues related to national health insurance activities;
6. Consolidate and report on the progress of NHI implementation to the NHI Management Committee on a regular basis;
7. Execute other rights and duties as assigned by the Central Management Committee of NHI;

The National Health Insurance office at local level shall also follow the rights and duties as specified in this article.

Chapter XI

Financial Management and Utilization of National Health Insurance Fund

Article 30: Financial Management of National Health Insurance

National health insurance is a financial independent entity which is allowed to have its own account through banking system, managed centrally and followed up at national treasury. The Management of financial system and account of such fund has to perform concurrently with financial procedure and state accounting under the guidance of NHI Management Committee.

Article 31: Utilization of National Health Insurance Fund

National Health Insurance Fund shall be used within target as following:

1. Health care services including promotion, prevention, treatment and rehabilitation.
2. Carrying out of other activities for the interest of NHI
3. Administrative cost not to exceed 10%.

Article 32: Provider Payment

The payment of NHI to health care facilities shall be followed the payment mechanism as determined in the agreement between NHI Bureau and health care provider.

Chapter VII

Prohibitions

Article 33: Prohibitions for Officials

Following behaviors of officials are prohibited:

1. Abusing of authority and position for his /her own benefit and that of affiliates.
2. Falsifying documents;

3. Concealing information;
4. Receiving bribes.

Article 34: Prohibitions for Concern Organizations

Following behaviors of concern organizations are prohibited:

1. Interfering or impeding the officials in the implementation of NHI
2. Falsifying documents;
3. Concealing information;

Article 35: Prohibitions for Health Care Providers

Following behaviors of health care providers are prohibited:

1. Abusing of authority and position for his /her own benefit and that of affiliates.
2. Falsifying documents;
3. Concealing information;
4. Discriminating patients;

Article 36: Prohibitions for the members of national health insurance

Following behaviors of insured members are prohibited:

1. Lending of health insurance card to others instead;
2. Falsifying documents related to health care service;
3. Giving bribes for officials

Chapter XIII

Conflict Resolution

Article 37: Authority in charge of Conflict Resolution

Authority in charge of conflict resolution consists of:

1. Health care providers;
2. Medical council;
3. National Health Insurance Office at all level;
4. Management Committee of National Health Insurance at all level.

Article 38: conflicts related to health insurance

Conflicts related to health insurance are:

1. Conflict related to the rights and duties of health insurance tasks for each target group.
2. Conflict related to health care service
3. Conflict derived from financial and health care service

Article 39: Methods of conflict resolution

Conflict resolution shall be implemented in compliance with following methods:

1. By discussion or compromise;

2. Administrative resolution by health care providers, Medical Council, National Health Insurance Bureau and the Management Committee of National health Insurance;
3. Through the court process.

Article 40: Application Procedures

The member of national health insurance who found that he/she did not receive health care services as stipulated in the procedure has the right to submit the proposal to the conflict resolution authority at the respective level within 10 days upon the conflict occurred.

Chapter IX

Monitoring and Inspection

Article 41: Inspection Authority

Inspection Authority is comprised of:

1. Internal inspection authority refers to the Department of Inspection of Ministry of Health, provincial/VT capital Health Department, District/Municipal health office
2. External inspection authority refers to State Inspection Authority, Ministry of Labor and Social Welfare, Ministry of Finance and other relevant sectors.

Article 42: Theme and inspection forms

Themes of inspection are:

1. Management and utilization of the National Health Insurance Fund according to the defined targets
2. Transparency of the utilization of National Health Insurance Fund
3. Efficiency of utilizing funding sources
4. Conflict resolution among providers and consumers (patients), proposal of national health insurance members, organization related to health care, general individual and other relevant organizations.

Forms of Inspection are:

1. Regular Inspection as planned;
2. Additional Inspection with prior notice
3. Emergency inspection

In such inspection, the documents and the site of intervention shall be verified clearly and completely in accordance to the rule of law.

Article 43: Report

The National Health Insurance Bureau at each level shall submit the report related to the implementation of the National Health Insurance Scheme to the National Health Insurance Management Committee and related sectors on a monthly, quarterly, semester and annually basis.

Chapter X

Official Stamp

Article 44: Official Stamp

National Health Insurance Management Committee and the Bureau of National Health Insurance of each level has its own stamp to use in official operation.

Article 45: Logo

National Health Insurance has its own symbol which is stipulated and designed by the Central Management Committee of National Health Insurance.

Chapter XI

Final Provision

Article 46: Implementation

The Management Committee of National Health Insurance, Ministry of Labor and Social Welfare, Ministry of Finance, all related sectors shall take the responsibilities to strictly implement and develop this decree.

All ministries, ministerial equivalent organizations, local authorities and all concerned parties shall acknowledge and strictly implement this decree.

Article 47: Effectiveness

This Decree shall be effective from the date of its signature onwards. Any provisions regulations, rule which are in contradiction with this Decree are hereby repealed.

Government of Lao PDR
Prime Minister

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