

LAW

AMENDMENTS TO THE LAW ON HEALTH INSURANCE

Pursuant to the 1992 Constitution of the Socialist Republic of Vietnam

The National Assembly promulgates the Law on amendments to some articles of the Law on Health insurance No. 25/2008/QH12.

Article 1.

Amendments to some articles of the Law on Insurance:

1. Clause 1, Clause 7 and Clause 8 of Article 2 are amended as follows:

“1. Health insurance is a form of compulsory insurance which is implemented by the State to look after the health of the insured according to this Law for non-profit purposes.”

“7. Households that apply for health insurance (hereinafter referred to as households) include all of the persons whose names are included in the family registers or temporary residence books.

“8. *Basic medical services package covered by the health insurance fund*”.

2. Clause 2 and Clause 3 of Article 3 are amended as follows:

“2. Health insurance rates shall be determined according to the percentage of the wages as the basis for paying for the compulsory health insurance in accordance with the Law on Health insurance (hereinafter referred to as monthly salaries), retirement pensions, allowances or base salaries.”

“3. Benefit levels depend on the seriousness of sickness, groups of the insured within the scope of the benefits and the period of time that the insured pay health insurance.”

3. Clause 3 and Clause 10 of Article 6 are amended as follows:

“3. Promulgating the regulations on technical professions, medical examination and treatment procedures and guidance on medical treatment; transfer between inferior and superior hospitals related to medical examination and treatment covered by health insurance;”

“10. Promulgating the basic medical services package covered by the health insurance fund.”

4. Clauses 7a, 7b and 7c are supplemented to the Article 7 as follow:

Article 7a. Responsibilities of the Ministry of Labor, War Invalids and Social Affairs

1. To provide instructions on the determination and administration of the insured under the management of the Ministry of Labor, War Invalids and Social Affairs that are prescribed in the points d, e, g, h, i and k in the clause 3 and clause 4 Article 12 of this Law.

2. To inspect the implementation of regulations of the law on the responsibilities of the employers and employees to apply for health insurance that are prescribes in Clause 1 Article 12

of this Law and the insured under the management of the Ministry of Labor, War Invalids and Social Affairs that are prescribed in the points d, e, g, h, i and k in the clause 3 and clause 4 Article 12 of this Law.

Article 7b. Responsibilities of the Ministry of Education and Training

1. To provide instructions on the determination and administration of the insured under the management of the Ministry of Education and Training that are prescribed in the point n in the clause 3 and point b clause 4 Article 12 of this Law.
2. To inspect the implementation of regulations of the law on the responsibilities of the insured under the management of the Ministry of Education and Training that are prescribed in the point n in the clause 3 and point b in the clause 4 Article 12 of this Law.
3. To take charge and cooperate with the Ministry of Health, relevant Ministries and regulatory authorities in providing instructions on the establishment and completion of the school medical system to provide the primary healthcare for children and students.

Article 7c. Responsibilities of the Ministry of National Defense and the Ministry of Public Security

1. To administer and provide instructions on the determination, administration and compilation of the health insurance list of the insured under the management of the Ministry of National Defense and the Ministry of Public Security that are prescribed in the point a in the clause 1, point a and point Decree in the Clause 3 and point b in the clause 4 Article 12 of this Law.
2. To make a list of the insured that request for the issuance of the health insurance cards prescribed in the point 1 Clause 3 Article 12 of this Law and send that list to the health insurance organizations.
3. To inspect the implementation of regulations of the law on the responsibilities of the insured under the management of the Ministry of Education and Training to purchase health insurance that are prescribed in the point a Clause 1, point a and point n in the clause 3, and point b in the clause 4 Article 12 of this Law.
4. To cooperate with the Ministry of Health, relevant Ministries, regulatory authorities in instructing the medical facilities of the Ministry of National Defense and the Ministry of Public Security to sign a contract for medical services covered by health insurance with the health insurance organizations to provide the insured with medical examination and treatment."
5. Clause 2 and Clause 3 of Article 8 are amended as follows:
"2. The People's Committees of central-affiliated cities and provinces (hereinafter referred to as provinces) shall provide instructions on mechanism and manpower to perform role of the State in management of the local health insurance, administer and use the budget as prescribed in the Clause 3 Article 35 of this Law, in addition to the fulfillment of the responsibilities prescribed in the Clause 1 of this Article.
3. The People's Committees of communes, wards and towns (hereinafter referred to as the People's Committees of communes) shall make a list of the local household insured persons that are prescribed in the Clauses 2, 3, 4 and 5 in the Article 12 of this Law except for the insured prescribed in point a, i and n Clause 3 and point b Clause 4 Article 12 of this Law in addition to the performance of their duties prescribed in Clause 1 this Article; the People's Committee of

communes shall make a list of children and request for the issuance of health insurance cards as well as birth certificates to such children.

6. Article 12 is amended as follows:

“Article 12. Persons eligible for health insurance

1. The group whose insurance are paid by the employers and employees, including:

a) Employees on indefinite or at least full three-month contracts; salaried business managers; officials and civil servants (hereinafter referred to as employees).

b) Part-time officers in communes, wards and towns under the regulations of the law.

2. The group of the insured whose insurance is paid by the social insurance organizations, including:

b) Persons receiving monthly retirement pensions and compensation for loss of capacity for work

b) Persons receiving monthly social insurance pensions due to occupational accidents or diseases or diseases needing long-term treatment; beneficiaries at the age of 80 or above;

c) Officers in communes, wards and towns who have left employment and been receiving monthly social insurance benefits.

d) Persons receiving unemployment benefits.

3. The group of the insured whose insurance is paid by the State budget, including:

a) Commissioned officers, professional soldiers, non-commissioned soldiers on active duty; commissioned police officers and non-commissioned police officers; police students, non-commissioned police officers or soldiers on fixed term contracts; ciphers whose salaries are the same as the salaries as the servicemen; cipher students whose benefits are the same as the benefits of students in military or police academies.

c) Officers in communes, wards and towns who have left employment and been receiving monthly pensions funded by the State budget.

c) Persons no longer receiving compensation for loss of capacity for work and being receiving monthly pensions funded by the State budget;

d) Persons performing meritorious services in the wars, war veterans;

dd) Incumbent deputies of the National Assembly or the People’s Councils at all levels;

e) Children under the age of 6;

g) Persons receiving monthly social protection pensions;

h) Poor household members, ethnics living in regions facing socio-economic difficulties, persons living in regions facing extreme socio-economic difficulties; persons living in island communes or districts.

i) Relatives of persons performing meritorious services in the wars such as biology parents, husbands, wives or children of revolutionary martyrs; persons rearing revolutionary martyrs;

k) Relatives of persons performing meritorious services in the wars, except for the insured prescribed at point i this Clause;

- k) Relatives of the insured prescribed in point a clause 3 this Article;
 - m) Persons who have donated body parts under the regulations of the law;
 - n) Foreigners studying in Vietnam that are granted scholarships funded by the Vietnam State budget.
4. The group of the insured whose insurance are supported by the State budget, including:
- a) Members of households living above the poverty line;
 - b) Students.
5. Group of the household insured including household members except for the ones prescribed in Clauses 1, 2, 3 and 4 this Article.
6. The government shall prescribed the insured different from the ones prescribed in Clauses 3, 4 and 5 this Article; regulate the issuance of the health insurance cards to the insured under the management of the Ministry of National Defense and the Ministry of Public Security and the insured prescribed in point 1 Clause 3 this Article; regulate the medical insurance procedures, scope of benefits, benefit levels , medical examination and treatment covered by health insurance, management and use of the budget used for medical examination and treatment covered by health insurance, health insurance inspection, payment for health insurance of the insured prescribed in point a Clause 3 this Article.
7. Article 13 is amended as follows:

“Article 13. Health insurance rates and responsibilities to pay health insurance premiums

1. Health insurance rates and responsibilities to pay health insurance are prescribed as follows:
- a) The monthly premiums of the insured prescribed in point a Clause 1 Article 12 of this Law must not exceed 6% of the monthly salaries, two thirds of which is paid by the employers and the remaining one third is paid by the employees. During the time the employees are entitled to maternity leave due to maternity benefits under the regulations of law on health insurance, the maximum premiums equal to 6% of their monthly salaries before the maternity leave shall be paid by the health insurance organizations.
 - b) The monthly premiums of the insured prescribed in point b Clause 1 Article 12 of this Law must not exceed 6% of the base salaries, two thirds of which is paid by the employers and the remaining one third is paid by the employees;
 - c) The monthly premiums of the insured prescribed in point a Clause 2 Article 12 of this Law must not exceed 6% of the retirement pensions, compensation for loss of capacity for work and such premiums shall be paid by the health insurance organizations;
 - d) The monthly premiums of the insured prescribed in point b and point c Clause 2 Article 12 of this Law must not exceed 6% of the base salaries and such premiums shall be paid by the health insurance organizations;
 - dd) The monthly premiums of the insured prescribed in point d Clause 2 Article 12 of this Law must not exceed 6% of the unemployment benefits and such premiums shall be paid by the health insurance organizations;
 - e) The monthly premiums of the insured prescribed in point a Clause 3 Article 12 of this Law must not exceed 6% of the monthly salaries with regard to the salaried persons and of the base

salaries with regard to persons receiving welfare and such premiums shall be paid by the State budget;

g) The monthly premiums of the insured prescribed in points b, c, d, dd, e, g, h, I, k, l, and m Clause 3 Article 12 of this Law must not exceed 6% of the base salaries and such premiums shall be paid by the State budget;

h) The monthly premiums of the insured prescribed in point n Clause 3 Article 12 of this Law must not exceed 6% of the base salaries and such premiums shall be paid by the scholarship providers;

i) The monthly premiums of the insured prescribed in Clause 4 Article 12 of this Law must not exceed 6% of the base salaries and such premiums shall be paid by the insured, part of them shall be paid by the State budget;

k) The monthly premiums of the insured prescribed in Clause 5 Article 12 of this Law must not exceed 6% of the base salaries and such premiums shall be paid by households;

2. In case an individual concurrently prescribed as more than one policy-holder in Article 12 of this Law, his or her premium shall be paid due to the first prescribed policy-holder according to the order of the policy-holders prescribed in Article 12 of this Law.

In case an insured person prescribed in point a Clause 1 Article 12 of this Law concludes one or more than one indefinite or at least full 3 month labor contract, his or her premium shall be paid according to the labor contract of which the salary is the highest.

In case an individual prescribed in point b clause 1 Article 12 of this Law is concurrently prescribed as different policy holder in Article 12 of this Law, his or her premium shall be paid by the social insurance organization, the State budget and the People's Committees of the commune respectively.

3. All of the members of the households as prescribed in Clause 4 Article 12 of this Law must purchase health insurance. The premiums shall decrease from the second member of a household, in particular:

a) The premiums of the first ones must not exceed 6% of the base salary;

b) The premiums of the second, third, fourth ones shall be equal to 70%, 60%, 50% of the premiums of the first ones respectively;

c) The premiums of fifth ones and the followings shall be equal to 40% of the premiums of the first ones;

4. The government regulates the specific insurance rates and financial support rates prescribed in this Article”.

8. Clause 4 and Clause 5 in Article 14 are amended as follows:

“4. With regard to other insured, their premiums shall be paid according to their base salaries.

5. The premiums shall be paid according to the monthly salaries that must not exceed 20 times base salaries.”

9. Article 15 is amended as follows:

“ **Article 15. Payment methods for health insurance**

1. The employers shall pay monthly health insurance premiums for the employees and transfer the health insurance premiums deducted from the employees' salaries to the health insurance fund concurrently.
2. With regard to the agricultural, forestry, fishery and salt-making enterprises which do not pay monthly salaries, the employers shall pay quarterly or biannual health insurance premiums for the employees and transfer the health insurance premiums deducted from the employees' salaries to the health insurance fund concurrently.
3. The health insurance organizations shall pay monthly health insurance premiums in accordance with points c, d and dd Clause 1 Article 13 of this Law to the health insurance fund.
4. The scholarship providers shall pay the quarterly health insurance premiums in accordance with point h Clause 1 Article 13 of this Law to the health insurance fund.
5. The State budget shall transfer the quarterly health insurance premiums and support prescribed in point e and point g Clause 1 Article 13 of this Law to the health insurance fund.
6. The representatives of the households, organizations and individuals shall periodically send the quarterly, biannual or annual payments subject to their responsibilities to the health insurance fund.

10. Clause 3 and Clause 5 in Article 16 are amended as follows:

“3. The effective dates of the health insurance cards are prescribed as follows:

- a) The health insurance cards of the insured prescribed in Clauses 1, 2 and 3 Article 12 of this Law who purchase health insurance for the first time shall be effective from the payment for health insurance;
- b) The second health insurance cards and the following ones of the insured who continuously purchase health insurance shall be effective from the expiry of the previous ones.
- c) The insurance cards of the insured, prescribed in Clause 4 and Clause 5 Article 12 of this Law who purchase health insurance from the effective date of this Law or discontinuously purchase the health insurance for at least 3 months in the financial year, shall be effective after 30 days from the payment for the health insurance.
- d) The insurance cards of the children under age 6 shall be effective until they are full 72 months old. The insurance cards of full-72-month-old child children before their school year begins shall be effective until September 30 in such year.

“5. The health insurance organizations shall provide the sample health insurance cards after the Ministry of Health reach a consensus.

11. Article 17 is amended as follows:

“ Article 17. Issuance of health insurance cards

1. An application for the issuance of health insurance cards includes:

- a) A written request for the provision of health insurance of the applicant with regard to the first-time applicant.
- b) A list of the insured prescribed in Clause 1 Article 12 of this Law which is compiled by the employer.

A list of the household insured prescribed in clauses 2, 3, 4 and 5 Article 12 which is compiled by the People's Committee of such commune except for the insured prescribed in point a, 1 and Decree Clause 3 and point b Clause 4 Article 12 of this Law.

A list of the insured under the management of The Ministry of Education and Training and the Ministry of Labor, War Invalids and Social Affairs which are prescribed in point n Clause 3 and point b Clause 4 of this Law, which is compiled by the education and vocational training centres.

A list of the insured under the management of the Ministry of National Defense and the Ministry of Public Security which are prescribed in point a Clause 1, point a and point n Clause 3, point b Clause 4 Article 12 of this Law, which is compiled by the Ministry of National Defense and the Ministry of Public Security.

2. The insured or their organizations and agencies shall be given the insurance cards by the health insurance organizations within 10 working days from the receipt of the complete applications.

3. The health insurance organizations shall provide the sample health insurance cards which is prescribed in Clause 1 this Article after the Ministry of Health reach a consensus.

12. Clause 3 and Clause 4 in Article 18 are amended as follows:

The insured shall be re-issued with the health insurance cards by the health insurance organizations within 7 working days from the receipt of the written requests for the re-issuance of such cards. During the processing time for the issuance of the health insurance cards, the insured are eligible to receive the health insurance benefits.

4. The fees for the re-issuance of the health insurance cards shall be paid by the insured. The fees for the issuance of the health insurance cards are prescribed by the Minister of Finance. In case of any error occurring due to the health insurance organizations or the agencies making the lists, the insured are not required to pay the fees for the re-issuance of the health insurance cards.

13. Point c Clause 1 in Article 20 is amended as follows:

“c) An individual is concurrently issued with more than one health insurance cards.

14. Point b Clause 1 in Article 21 is annulled; point c Clause 1 and Clause 2 in Article 21 are amended as follows:

“b) Costs of the transfer of the patients from district hospitals to superior hospitals with regard to the insured prescribed in points a, d, e, g, h and i Clause 3 Article 12 of this Law in case of medical emergency or inpatients needing such transfer.

2. The Minister of Health shall take charge and cooperate with the relevant Ministries and regulatory authorities in providing the list, proportion and payment conditions for the medicines, chemicals, medical equipments and services within the scope of benefits of the insured.

15. Article 22 is amended as follows:

“ Article 22. Benefit levels of health insurance

1. The benefit levels of the insured receiving medical examination and treatment in accordance with the regulations in Articles 26, 27 and 28 of this Law whose medical examination and treatment expenditures are covered by the health insurance fund shall be:

a) Total medical examination and treatment expenditures with regard to the insured prescribed in points a, d, e, g, h and i Clause 3 Article 12 of this Law. The costs of the non-covered medical services of the insured prescribed in point a Clause 3 Article 12 of this Law shall be paid by the health insurance budget used for medical examination and treatment of these insured persons; if this budget is insufficient, the State budget shall be in charge.

b) Total medical examination and treatment expenditures with regard to any medical examination and treatment at commune hospitals whose cost is lower than the cost prescribed by the Government.

c) Total medical examination and treatment expenditures with regard to the at least 5-year-insured whose medical examination and treatment expenditures exceed the total amount of the base salaries in 6 months, except for the insured who go to the hospitals different from the registered hospitals;

d) 95% of the medial examination and treatment expenditures with regard to the insured prescribed in point a Clause 2, point k Clause 3 and point a Clause 4 Article 12 of this Law;

dd) 80 % of the medial examination and treatment expenditures with regard to other insured persons;

2. In case an insured person belongs to different groups of the insured, (s)he shall be provided with the highest health insurance benefits.

3. In case any card holder goes to a hospital different from the registered hospital except for the insured prescribed in Clause 1 this Article, his or her costs shall be covered by the health insurance fund according to the benefit levels prescribed in Clause 1 this Article as follows:

a) 40% of the inpatient treatment expenditures at the central hospitals.

b) 60% of the inpatient treatment expenditures at the provincial hospitals from the effective date of this Law to December 31, 2020; total inpatient treatment costs from January 01, 2021 at all hospitals in Vietnam.

c) 70% of the medical examination and treatment expenditures at the district hospitals from the effective date of this Law to December 31, 2015; total medical examination and treatment expenditures from January 01, 2016.

4. The insured applying for medical examination and treatment at commune medical facilities, clinics or district hospitals can receive medical examination and treatment at any commune medial facility, clinic or district hospital in the same province according to the benefit levels prescribed in Clause 1 this Article from January 01, 2016.

5. The insured who are poor household members or ethnics living in regions facing socio-economic difficulties, regions facing extreme socio-economic difficulties; the insured living in island communes or islands districts who go to the hospitals different from the registered hospital shall be paid for their medical examination and treatment expenditures at the commune hospitals, their inpatient treatment costs at the provincial and central hospital by the health insurance fund according to the benefit levels prescribed in Clause 1 this Article.

6. The inpatient treatment expenditures of the insured who go to any provincial hospital in Vietnam different from their registered hospitals shall be paid by the health insurance fund from January 01, 2021.

7. The Government shall prescribe the specific benefit levels of the medical examination and treatment at bordering areas; medical services and other kinds of medical examination and treatment which is not prescribed in Clause 1 this Article.

16. Clause 10 and Clause 12 in Article 21 is annulled; Clause 7 and Clause 9 in Article 23 are amended as follows:

“7. Treatment of squint, myopia and eye refraction defect except for the children under age 6.”

“9. Medical examination, treatment and functional rehabilitation in case of disasters.”

17. Article 24 is amended as follows:

”Article 24. Medical facilities covered by health insurance

Medical facilities covered by health insurance (hereinafter referred to as covered medical facilities) are the medical facilities that have signed medical examination and treatment contracts with the health insurance organizations.”

18. Clause 2 and Clause 4 of Article 25 are amended as follows:

a) The insured and requirements for the scope of the service provision; estimated quantity of cards and the framework of the groups of the insured with regard to the first registered medical facilities.”

4. The Ministry of Health shall take charge and cooperate with the Ministry of Finance in providing the form for the contract for medical services covered by health insurance.”

19. Point a, Clause 1 of Article 30 is amended as follows:

“a) Rate-based payment is a payment of fixed charges for covered services of an insurance policy registered at a medical facility over a certain period of time.

20. Clause 2 and Clause 5 in Article 31 are amended as follows:

“2. The medical examination and treatment expenditures covered by health insurance of the health insurance card holders shall be directly paid by the health insurance organizations when:

a) The insured getting medical examination and treatment at the medical facilities without health insurance policies

b) The insured getting medical examination and treatment in breach of Article 28 of this Law;

c) Other special cases shall be prescribed by the Minister of Health.”

“5. The Minister of Health shall take charge and cooperate with the Minister of Finance in regulating the consistent medical service fees covered by health insurance at the same-level hospitals in Vietnam.”

21. Article 32 is amended as follows:

” Article 32. Advance and payment of costs of medical examination and treatment covered by health insurance

1. The covered medical facilities shall receive a quarterly advance from the health insurance organizations as follows:

a) The medical facilities shall receive an advance payment of 80% of the expenditures on medical examination and treatment covered by health insurance according to the financial settlements of the previous quarter of such medical facilities within 5 working days from the receipt of such financial settlements.

b) Any medical facility that signs the first contract for medical services covered by health insurance and has registered the provision of medical services covered by health insurance shall receive an advance payment of 80% of its budget according to the announcement issued by the health insurance organizations at the beginning of the term; if a medical facility does not register the provision of covered medical services, the health insurance organizations shall pay an advance of 80% of its quarterly budget according to the expenditures on medical examination and treatment after one month from the execution of the contract.

c) If the covered medical facilities in province are advanced the amounts which outweighs the quarterly budget, the health insurance organizations of such province shall send a report to the Vietnam social insurance to make up such difference.

2. The payment between the medical facilities and the health insurance organizations shall be agreed as follows:

a) Within the first 15 days of every month, the covered medical facilities shall send a written request for the payment for the medical examination and treatment expenditures covered by health insurance in the previous month to the health insurance organizations; within the first 15 days of every quarter, the covered medical facilities shall submit the financial statements on the medical examination and treatment expenditures in the previous quarter to the health insurance organizations.

b) Within 30 days from the receipt of the previous quarter financial statements of the covered medical facilities, the health insurance organizations shall notify the medical facilities of the verification result and the verified medical examination and treatment expenditures covered by health insurance including the factual medical examination and treatment expenditures within their scope of benefits and benefit levels

c) Within 10 days from the notification of the verified medical examination and treatment expenditures covered by health insurance, the health insurance organizations must completely pay for the medical facilities;

d) The yearly verification of financial statements of the health insurance fund and handling of the remaining amounts (if any) of the provinces must be conducted before January 10 in the following year.

3. Within 40 days from the receipt of the complete request application for the payment of any insured person who undergoes medical examination and treatment according to the regulations in Clause 2 Article 31 of this Law, the health insurance organizations must directly pay this insured person the medical examination and treatment expenditures.”

22. Clause 1 and Clause 3 in Article 34 are amended as follows:

“1. The health insurance fund shall be managed centrally, consistently, publicly and transparently. There must be division of authority among the units in the health insurance system.

The Vietnam management board of social insurance shall administer the health insurance fund and provide consultancy on the health insurance policies under the regulations of the Law on social insurance .

“3. The Government shall send an annual report on the administration and use of the health insurance fund.

23. Article 35 is amended as follows

“ Article 35. Allocation and use of health insurance fund:

1. The health insurance fund shall be allocated and used as follows:

a) 90% of the health insurance premiums shall be used for medical examination and treatment;
b) 10% of the health insurance premiums shall be contributed to the reserve fund and administrative expense for the health insurance fund, at least 5% of which is contributed to the reserve fund.

2. The temporary spare amount of the health insurance fund is used in investment according to the prescribed methods in the Law on social insurance. The Vietnam management board of social insurance shall give decision and take responsibility for the investment methods and mechanism based on the request of the Vietnam Social insurance to the Government.

3. In case the receipts of health insurance of any province exceeds the medical examination and treatment spending of such province in a same year, the remaining budget after the verification of its financial statements shall be allocated as follows:

a) From the effective date of this Law to the end of December 31, 2020, 80% of such remaining budget shall be allocated to the reserve fund, 20% of it shall be allocated to such local authority in order to be used based on this following order of priority:

The fund for the provision of healthcare services for the poverty shall be supported; the health insurance rates of some insured groups shall be supported conformable with the socio-economic conditions of such province; medical officials shall be equipped with suitable medical equipment; districts hospitals shall be equipped with means of transportation to transport patients.

Within 1 month, from the verification of the financial statements of the Vietnam Social insurance, 20% of such remaining budget shall be allocated to such local authority by the Vietnam Social insurance.

Within 12 months, from the verification of the financial statements of the Vietnam Social insurance, such remaining budget shall be allocated to the reserve fund.

b) The remaining budget shall be included in the reserve fund from January 01, 2021.

4. In case the receipts of health insurance of any province is less than the medical examination and treatment expenditures of such province in a same year, the Vietnam social insurance shall use the reserve fund to make up such difference after the financial statements are verified.

5. The Government shall specifically regulate Clause 1 this Article."

24. Clause 2 of Article 36 is amended as follows:

“2. To pay the household health insurance at any health insurance agency in Vietnam; to choose any covered medical provider in accordance with Clause 1 Article 26 of this Law.”

25. Clause 2 and Clause 10 in Article 41 are amended as follows:

“2. To facilitate the household insured prescribed in Clause 5 Article 12 of this Law to pay their health insurance in any health insurance agency. To give instructions on the health insurance applications, procedures, registries and to provide the insured with the health insurance benefits quickly, simply and conveniently. To review and confirm the list of the insured to avoid the provision of several medical insurance cards for any insured person prescribed in Article 12 of this Law, except for the insured under the management of the Ministry of National Defense and the Ministry of Public Security.

“10. To store the health insurance applications and data under the regulations of the law; to specify the time for the registration of health insurance to ensure the benefits for the insured; to apply the information technology in the management of the health insurance and create the national database of health insurance.”

26. Clauses 2, 7, 8 Article 43 are amended as follows:

“2. To provide medical records and documents and pay the medical examination and treatment expenditures of the insured at the request of the health insurance organizations and competent authorities; to provide the medical records and documents of the insured with regard to the applications for the direct payment, within 05 working days from the receipt of the request of the health insurance organizations.

“7. To provide the declaration forms for the medical examination and treatment expenditures covered by health insurance and take responsibility for the validity and accuracy of this form.

8. To provide the insured with declaration forms for the medial examination and treatment costs when required.

27. Clause 3 of Article 45 is amended as follows:

“3. To take part in the supervision of the implementation of the regulations of the law on health insurance, to expedite the payment for health insurance of the employees by the employers and take part in the handling of payers who fail to discharge their duties to pay health insurance.

28. Article 49 is amended as follows:

“Article 49. Handling of violations

1. Any person who violates the regulations of this Law or relevant law regulations on health insurance shall be disciplined, penalized for administrative violations or liable to criminal prosecution according to nature and severity of the violations. In case of any damage, compensation must be offered under the regulations of the law.

2. Any organization and association that violates the regulations of this Law or relevant law regulations on health insurance shall be penalized for administrative violations. In case of any damage, a compensation must be offered under the regulations of the law.

3. The employers in charge of paying health insurance that fail to discharge their duties shall be penalized as follows:

a) The employers must pay the unpaid premiums and the interest as twice as the inter-bank interest rate calculated according to the unpaid premiums and time; if they do not follow the regulations, the State Treasuries shall deduct the money from the deposit account of the employers to transfer the unpaid premiums and their interest to the account of the health insurance fund according to the request of other competent persons, banks or credit institutions.

b) The employers must pay all the expenditures for the employees within their scope of benefits, benefit levels that the employees pay during the time they are not provided with the health insurance cards.

Article 2.

1. This Law takes effect from January 01, 2015.

2. The Government regulates the specific articles and clauses in this Law.

This Law is adopted by the eighth National Assembly of the Socialist Republic of Vietnam in the 7th Conference on June 13, 2014.

NATIONAL ASSEMBLY PRESIDENT

Nguyen Sinh Hung

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