

Dear Sirs and Mams

After making remarkable successes with regards to different health population and Nutrition indicators, Bangladesh has started its journey towards Universal Health Coverage to consolidate the achievements and to ensure the accessibility to quality health care by all citizen of the country and to protect them from financial catastrophes. As part of the journey it has developed the Health Care Financing Strategy (2012-2032) which among other things has identified the financing challenges against the backdrop of increasing health care cost and suggested the some interventions (like health protection scheme for the poor, social health insurance scheme etc) for increasing resources to health, for its efficient and equitable use and more importantly for financial protection.

Since these interventions are related to the introduction of new financing mechanism, and thus will require a legal basis, MOHFW has drafted a social Health Protection Act to provide a legal framework to its UHC targets. This draft law has taken into account the country context, overall health care delivery goals, Health Financing Strategy and some elements of international experience. Health Economics Unit intends that the Draft should be finalized through intense discussions, consultations and debate and best possible inputs from relevant quarters.

For this purpose the draft has been posted in the web site and grateful please sent your valuable comment, opinion, suggestions to the following email addresses:

hafiz301165@yahoo.com

khansuleman36@yahoo.com

aurlup@hotmail.com

Draft of National Health Protection Act, 2014
Act No. ----of 2014

Whereas article 15 (a) of the Constitution of the People's Republic of Bangladesh, envisages that it is fundamental responsibility of the State to attain a steady improvement in the standard of living of the people, by providing the basic necessities of life, including food, clothing, shelter, education and medical care;

And WHEREAS it is necessary to attain sustainable, equitable, effective and efficient health care financing to ensure equal access to quality health services to the whole population of Bangladesh;

And WHEREAS it is important to make provision for sustainable health financing option that entails to strengthen financial risk protection, and extend health services and population coverage, with the aim to achieve universal health coverage;

It is hereby enacted as follows:-

Chapter I
Preliminary

1. **Short Title, application and commencement.**-(1) This Act may be cited as the National Health Protection Act, 2014.

(2) This Act shall not apply to the following:-

- (a) defense personnel (Army, Navy, Air Force, Coast Guard),
whether in service or retired;
- (b) members of the Border Guard of Bangladesh;

- (c) members of the Bangladesh Police;
- (d) family members of the persons specified in clauses (a), (b), and (c) above;
- (e) nonresident Bangladeshi; and
- (f) person not citizen of Bangladesh.

(3) The Government may time to time revise the list specified in sub-section (2) by notification in the official gazette.

(4) Sections 1 and 2 of this Act shall come into force immediately and other sections shall come into force on such date as the Government may, by notification in the official gazette, specify, and for this purpose, the Government may specify different date or dates for different areas or for a particular class of people of a particular area.

2. **Act to override other laws.-** Notwithstanding anything to the contrary contained in any other law for the time being in force, the provisions of this Act shall prevail.

3. **Interpretations.-**Unless there is anything inconsistent with the subject or context, in this Act-

- (a) “Authority” means the National Health Protection Authority established under section 5;
- (b) “Benefit package” means the services to be provided to a cardholder/beneficiary which shall include the list of excluded services as specified in the schedule;
- (c) “Beneficiary” means any dependent of a cardholder as specified in section 42 (4);

- (d) “Board” means the Executive Board constituted under section 10;
- (e) “Cardholder” means a person to whom a health card is issued under sections 43 or 45;
- (f) “Chairman” means the Chairman of the Council;
- (g) “Contribution” means cardholder’s contribution under section 29;
- (h) “Council” means Council of Governors constituted under section 8;
- (i) “Criminal Procedure Code” means the Code of Criminal Procedure, 1898;
- (j) “Doctor” means a medical physician recognized under the বাংলাদেশ মেডিকেল ও ডেন্টাল কাউন্সিল আইন, ২০১০;
- (k) “Executive Chairman” means the Executive Chairman of the Executive Board;
- (l) “Fund” means the National Health Protection Fund constituted under section 24;
- (m) “Health Card” means the health card issued under sections 43 or 45;
- (n) “Member” means a Member of the Executive Board;

(o) “Service provider” means and includes-

- i. a health care institution, which is duly licensed and devoted primarily to the maintenance and operation of facilities for health promotion, prevention, diagnosis, treatment, and care of individuals suffering from illness, disease, injury, disability, or deformity, or in need of obstetrical or other medical and nursing care. It shall also be construed as any institution, building, or place where there are installed beds, cribs, or bassinets for twenty four hour use or longer by patients in the treatment of diseases, injuries, deformities, or abnormal physical and mental states, maternity cases or sanitarial care; or infirmaries, nurseries, dispensaries, and such other similar names by which they may be designated; or
- ii. a health care professional, who is a doctor registered by the Bangladesh Medical and Dental Council, nurse, midwife, dentist, or other health care professional or practitioner duly licensed to practice in Bangladesh; or
- iii. a upazila health complex, district hospital or a medical college”; or
- iv. any other health care organization duly recognized by the Authority.

(p) “Schedule” means a schedule of this Act.

4. **General Objectives of the Act.-** The general objectives of the Act are to-

- (a) provide all citizens of Bangladesh standard, affordable, equitable and quality health services;
- (b) ensure mechanism for access to such health services;
- (c) fix up standards of health services to be so provided and to ensure mechanism for maintaining such standards.

Chapter II

National Health Protection Authority

5. **Establishment of the Authority.-** (1) For carrying out the purposes of this Act, there is hereby established an Authority to be known as the National Health Protection Authority.

(2) The Authority shall be a body corporate having perpetual succession and a common seal, with power to acquire, hold and disposed of property, both movable and immovable and other forms of property and, the Authority may by the said name sue or be sued.

6. **General Directions.-** (1) Subject to the other provisions of this Act, the general directions and administration of the affairs of the Authority

shall vest in the Executive Board which may, subject to sub-section (2), exercise all powers and do all acts and things as may be exercised or done by the Authority.

(2) The Executive Board in discharging its functions shall act in accordance with the policy guidelines and general instructions given by the Council of Governors of the Authority from time to time.

7. Head Office etc.-(1) The Head Office of the Authority shall be located at Dhaka.

(2) The Authority may establish its branch offices to be known as Local Health Protection Office at the District and Upazila levels, and such other places as it may consider necessary.

8. Council of Governors.-(1) There shall be a Council of Governors of the Authority which shall consist of the following members, namely:-

- (a) the Minister in charge of the Ministry of Health and Family Welfare, who shall be ex-officio Chairman of the Council of Governors;
- (b) Executive Chairman of the Board, ex-officio, who shall also act as the Secretary to the Council of Governors.
- (c) Secretary, Ministry of Health and Family Welfare, ex-officio;
- (d) Secretary, Finance Division, Ministry of Finance, ex-officio;

- (e) Secretary, Ministry of Social Welfare, ex-officio;
- (f) Member, General Economic Division of the Planning Commission;
- (g) Vice Chancellor of the Bangabondhu Sheikh Mujib Medical University, ex-officio;
- (h) The President of Bangladesh Medical Association;
- (i) The President of Bangladesh Medical and Dental Council;
- (j) Accountant and Auditor General, ex-officio;
- (k) Director General, Directorate of Health Services, ex-officio;
- (l) Director General, Health Economics Unit, Ministry of Health and Family Welfare, ex-officio;
- (m) A Human Rights Activist to be nominated by the Government;
- (n) A woman having at least 20 years of experience in the activities of protection of women's rights to be nominated by the Government; and
- (o) A practicing Advocate of the Supreme Court of Bangladesh having at least 20 years experience as an Advocate to be nominated by the Supreme Court Bar Association;
- (p) A journalist having at least 20 years experience in the health sector to be nominated by the Bangladesh Federal Union of Journalists.

- (2) The constitution of the Council of Governors shall not be invalid because of the vacancy in any of the posts as specified in sub-section (1), or because of the failure of the concerned authority to nominate a member as required by that sub-section.

9. Meetings of the Council.-(1) Subject to the provisions of this section the Council of Governors shall regulate the procedure of its meetings.

(2) All meetings of the Council of Governors shall be convened by the Secretary of the Council in consultation with its Chairman and shall be held at such times as may be determined by the Chairman:-

Provided at least two meetings of the Council of Governors shall be convened in every calendar year.

- (3) The presence of five members shall constitute a quorum for holding a meeting of the Council.
- (4) The Council may invite necessary experts in the respective fields at any of its meeting.
- (5) The meetings of the Council shall be presided over by the Chairman and in his absence by the member who is next mentioned in the chronology specified in sub-section (1) of section 8.
- (6) The decision of a meeting of the Council of Governors shall be taken on the basis of the majority votes of the members present in the meeting, and in case of equality of such votes, the person presiding shall have a casting vote.

10. Constitution of Executive Board.-(1) The Executive Board shall consist of five members and one of them shall be appointed by the Government as the Executive Chairman of the Board.

(2) One of the members shall be a doctor and eligibility of all the members shall be determined as specified in section 11.

(3) The constitution of the Executive Board shall not be invalid because of the vacancy in any of the posts of member.

11. Appointment, tenure and terms of service of Members etc.-(1) The Members shall be appointed by the Government and they shall work on full time basis.

(2) Subject to the provisions of this Act, the Members shall hold their office for a period of 4(four) years and shall be eligible for appointment of not more than one tenure:

Provided that a person who has attained the age of 67 years shall not be eligible for appointment as a Member or for holding that office.

(3) The salary and other conditions of service of a Member shall be such as are determined by the Government from time to time.

(4) A Member shall, before assuming his office, declare in writing-

(a) that he is not disqualified to become a member by reason of any of the conditions mentioned in clauses (a) to (f) of sub-section (2) of section 12; and

(b) the particulars of the property held by him at the time of such appointment.

12. Qualification and disqualification of a Member.- (1) For being appointed as a Member a person must have any of the following qualifications:

(a) in case of a doctor, at least 20 years of experience as a practicing doctor whether in Bangladesh or outside Bangladesh.

(b) in case of other Members, 20 years practical experience in management, administration, finance, law or insurance in a senior position of a government organization or a statutory body or a reputed private enterprise.

(2) A person shall be disqualified for appointment or holding the office of a Member, if he-

(a) is not a citizen of Bangladesh;

(b) has been elected or nominated as a member of the Parliament or of a local government or of trade union;

(c) has been declared by a competent court or the Bangladesh Bank or by a Bank or financial institution as a defaulter loanee;

(d) has not been discharged from the liability of an insolvent after having been declared as an insolvent by the competent court;

(e) has been, on conviction for a criminal offence involving moral turpitude, sentenced to imprisonment for a term not less

than two years, unless a period of five years has elapsed since his release;

(f) has direct or indirect personal interest as owner, shareholder, director, officer, partner or consultant of any firm or company or other organization, not being a government or a statutory body, dealing in health services, medical equipment, medicines or other health related products or engaged in health insurance for earning profit:

Provided that, any member or officer of the board of directors, in whatever name called, of a statutory body may be appointed as a member of the Executive Board on condition of non continuity of service in such body:

Provided further that, if a member during continuance of his office acquires, by way of gift, will, inheritance or otherwise any interest prohibited under this clause, he shall, within 30 days of such acquisition, inform the Government which shall within the next 90 days in consideration of the nature and extent of the interest so acquired, decide as to whether or not the member will be allowed to continue in his office;

(g) is incapable of carrying out his responsibilities due to physical or mental incapacity;

(h) after his appointment engages in profit earning activity other than this office.

13. Removal of a Member.-(1) A Member shall not be removed during the tenure of his office except on the following grounds:-

(a) any disqualification specified in section 12 (2) ;

(b) gross misconduct in the discharge of his responsibility;

(c) false declaration about a matter specified in section 11(4).

(2) No Member shall be removed from his office without an opportunity to show cause against the allegations brought against him in writing.

(4) For the purpose of conducting an enquiry into the allegations brought against a Member, the Government shall appoint an enquiry committee consisting of three members as follows:

(a) a retired judge of the Supreme Court, who shall be its Convener;

(b) a retired Secretary to the Government; and

(c) a specialist in the matter in respect of which the substantive allegations are brought.

(5) The enquiry committee shall follow such procedures as may be prescribed by rules.

14. Meetings of the Executive Board.-(1) The Executive Chairman shall from time to time cause to be convened meetings of the Executive Board and shall preside over such meetings:

Provided that, where the Executive Chairman for any reason unable to remain present in a meeting the next senior member present shall preside over a meeting.

Explanation-For the purposes of this sub-section seniority of members will be determined on the basis of date of appointment of such member and if two or more members are appointed by the same notification or letter, the chronology of the names as mentioned in the notification or letter will be followed in fixing their seniority.

(2) Subject to the provisions of this Act the Board shall by resolution determine the procedure of convening a meeting, the notice thereof, fixation of agenda, and manner of taking decision in such meeting.

15. Functions of the Council.- Subject to the provisions of this Act the Council shall perform the following functions, namely:-

- (a) frame guidelines to be followed by the Executive Board;
- (b) issue general instructions to be followed by the Executive Board on specified matters of general interest;
- (c) approval of regulations to be made under this Act;
- (d) approval of annual work plan and budget of the Authority proposed by the Executive Board;

(e) fixation of targeted territorial area for implementation of this Act;

(f) approval of standards of health services to be followed by various health service providers;

(g)fixation of contribution for health insurance coverage under this Act from time to time;

(h) to review and assess the performance of the Executive Board; and

(i) to approve future plans for implementation of various health security schemes.

16. Functions of the Executive Board.-The Executive Board shall perform the following functions-

(a) to formulate, manage and implement schemes for providing health services to the members/cardholders ;

(b) to establish Local Health Protection Offices;

(c) to appoint officers and staffs of the Authority;

(d) to fix up standards of health services;

(e) to determine the qualifications for appointment of service providers in the private sector;

- (f)** to select and appoint service providers of the private sector;
- (g)** to maintain records of cardholders and the services provided to them;
- (h)** to supervise, monitor and evaluate the services provided by the service providers;
- (i)** to review from time to time the benefit package;
- (j)** to collect, administer and manage Fund of the authority;
- (k)** to invest excess moneys of the fund in securities not being shares or debentures of any company;
- (l)** to frame code of practice to be followed by service providers;
- (m)** to issue guidelines and instructions to be followed by branch offices;
- (n)** to issue orders to any service provider or to any officer of the Government Health Centre;
- (o)** to negotiate and enter into contract with service providers, concerned professionals and other persons or body;
- (p)** to prepare new schemes and to launch such scheme in any specific area or all over the country;

- (q) to prepare draft regulations and to place it before the Council of Governors for approval;
- (r) to prepare annual work plan and budget and to place it before the Council of Governors for approval;
- (s) to prepare annual report and place it before the Council of Governors for presentation of the same before the Parliament;
- (t) to delegate any of its power or function to a member or to any officer of the Authority; and
- (u) to perform such other acts as may be necessary for carrying out the above functions and for proper implementation of the provisions of the Act.

17. Functions of the Executive Chairman and other members.-(1)

The Chairman of the Executive Board shall be called the Executive Chairman and he shall be the Chief Executive Officer of the Authority and shall be responsible to the authority for the overall functions of the Executive Board.

- (2) The Executive Board may maintain a list of the functions-
 - (a) to be carried out by the Board collectively; and
 - (b) assigned to members other than the Executive Chairman:

(3) The Executive Chairman shall have supervisory authority over any function assigned to a member and a function not assigned to a particular member shall, until decided by the Executive Board, be performed by the Executive Chairman.

18. Appointment of Officers etc.- The Authority may appoint such officers and other employees and engage such consultants, advisers, auditors and contractors as it may consider necessary for the efficient performance of its functions on such terms and conditions as it may deem fit.

19. Functions of Local Health Protection Office.-The Local Health Protection Office shall perform following functions:

- (a) to consult and coordinate, as needed, with the health service providers within its jurisdiction in the implementation of the Program;
- (b) to recruit and register cardholders/ beneficiaries of the scheme from all areas within its jurisdiction;
- (c) to collect and receive contributions of the cardholders;
- (d) to maintain and update the cardholder/ beneficiary eligibility list at local levels;

- (e) to issue health cards to persons whose contributions have been paid according to the requirements of the Office and the guidelines issued by the Board;
- (f) to recommend to the Board a contribution schedule which specifies contribution levels by individuals and households, and a corresponding uniform package of personal health service benefits which is at least equal to the minimum package of such benefits prescribed by the Board as applying to the nation;
- (g) to recommend to grant or deny accreditation to health care providers in their area of jurisdiction, in the prescribed manner;
- (h) to process, review and pay the claims of service providers, within the prescribed period;
- (i) to establish referral systems and network arrangements with other Offices as may be necessary and following the guidelines set by the Authority;

- (j) to establish mechanisms by which private and public sector health facilities and human resources may be shared in the interest of optimizing the use of health resources;
- (k) to support the management information system requirements of the Authority;
- (l) to participate in information and education activities that are consistent with the government's priority programs on disease prevention and health promotion;
- (m) to prepare an annual report according to guidelines set by the Board and to submit the same to the Authority; and
- (n) to perform such other function or functions as may be time to time assigned to it by the Executive Board.

Chapter III

Accreditation Committee

20. Accreditation Committee.-There shall be an Accreditation Committee consisting of the following members:

- (a) a doctor having at least 20 years practical experience in medical profession including 10 years in hospital management;
- (b) a doctor having 20 years practical experience in medical profession;
- and
- (c) a Chartered Accountant having at least 10 years experience in accounting, preferably in the health services sector.

21. Functions of the Accreditation Committee.- (1) The functions of the Accreditation Committee shall be to certify service providers for their enlistment and to monitor the medical and financial activities of the Service Providers under this Act and in particular to perform the following functions:

- (a) inspection by a Committee Member or causing inspection of the conditions of a service provider and the quality of services provided by such service provider;
- (b) to issue general directions to service providers or a class of them or a particular provider for ensuring efficient and standard health service;
- (c) monitoring of the health services provided by health service providers all over the Country;

(d) to monitor and issue necessary instructions on the payments made by the Branch Offices to the health service providers;

(e) to issue necessary directions to the Branch Offices;

(f) to call for reports from Branch Offices and health service providers with regard to any of the matters mentioned in clauses (a)-(e);

(g) to discharge such other functions as the Executive Board may assign; and

(h) to do such other things as may be necessary for discharging the functions mentioned in clauses (a)-(f).

(2) Any direction given by the Committee shall be complied with by all Branch Offices and Service Providers.

(3) The Committee shall in discharging its functions be accountable to the Executive Board.

22. Appointment, tenure, removal and terms of service of Committee Members.- Subject to section 18, the provisions of sections 11, 12 and 13 shall apply to the appointment, tenure, qualifications and disqualifications, removal and other terms and conditions of service to a member of the Accreditation Committee.

23. Meeting of the Committee.- (1) The meetings of the Committee shall be convened by the Convener and in his absence by the next senior member.

Explanation-For the purposes of this sub-section seniority of the Committee members will be determined on the basis of date of appointment of such member and if two or more members are appointed by the same notification or letter, the chronology of the names as mentioned in the notification or letter will be followed in fixing their seniority.

(2) Presence of at least two members of the Committee shall the quorum of the meeting.

Provided that, the Executive Chairman may remain present at any meeting of the Committee but shall not vote.

(3) The procedure of a meeting of the Committee shall be determined by the Committee by way of resolution.

Chapter IV

National Health Protection Fund

24. National Health Protection Fund.- (1) The Authority shall have a fund to be known as National Health Protection Fund.

(2) The Fund shall consist of the following moneys-

- (a) allocation from the Government;
- (b) contributions received from the cardholders;
- (c) grant from the Government or any other body;
- (d) donation from any individual or from any organization, whether national or international;
- (e) moneys borrowed by the Authority;
- (f) income or profit earned from the investment made by the authority;
- (g) any fee or charge for services specified by the Authority; and
- (h) any money received by the Authority from any other source approved by the Government;

25. The management and investment etc. of the Fund.- (1) The moneys of the Fund shall be deposited with the Government Treasury or with one or more nationalized Bank to be decided by the Executive Board:

Provided that, the Executive Board may for securing easy and timely receipt or disbursement of moneys at the Upazila level or more remote areas, specify Banks other than nationalized Banks

and in such cases the Executive Board shall issue necessary directions specifying limit of the money, the period of deposit and other related matters.

(2) Receipt of all moneys of the Fund, spending and investment of such money shall be done in accordance with Regulations, and until the Regulations are made such receipt and spending shall be made as directed by the Executive Board from time to time.

(3) The Executive Board may invest part of the Fund in securities not being share and debenture of any company, in accordance with Regulations.

(4) Until Regulations are made, the Executive Board shall-

(a) authorize in writing by general or special orders the officers working at various levels to withdraw and disburse moneys from the Bank accounts;

(b) specify the manner of keeping accounts of all moneys received, from any source or withdraw or disbursed by any officer or other person.

26. Special Fund.- The Authority may for any special purpose apportion a part of the Fund and constitute a special Fund and apply the same for that purpose in accordance with Regulations.

27. Avoidance of delay in financial transactions.- The Executive Board shall, from time to time issue directives by general or special order for avoidance of delay in making payments to service providers to ensure providing of timely health services to the Cardholders.

28. Mandatory Internal Annual Audit.-(1) The Executive Board shall within 30 days following every financial year appoint auditor for auditing the income and expenditure of all moneys of the Fund and of the Special Fund if any, received, withdrawn or disbursed through all units of the Authority and service providers.

(2) For the purposes of sub-section (1) the Executive Board shall appoint necessary number of chartered accountants or firms and may assign to individual firm specified units of the Authority and service providers of a particular area.

(3) All units of the Authority and every service provider shall allow the auditor access to the documents, equipments, store, medicine, vouchers, registers and books of accounts and computer data and other accessories so that the auditor may audit the income, expenditure and related matters properly.

(4) The auditor shall within 60 days of his appointment submit audit report in relation to the units and service providers assigned to him to the Executive Board.

(6) The Executive Board shall consolidate the audit report of relation to all its units and service providers and prepare an annual audit report for presentation to the Council of Governors.

Chapter V

Financing

29. Cardholders Contribution.-All cardholders shall contribute to the Fund in every calendar year an amount to be determined by the Government following guideline as specified in the schedule.

30. Government Contribution. – (1) Government shall upon consideration of the budget prepared by the Authority allocate necessary amount of fund in every financial year:

Provided that, in making such allocation the Government shall not reduce the money that was allocated in the previous financial year except in case of a national emergency requiring extraordinary allocation of fund.

(2) The Government shall allocate a lump sum grant to the fund on commencement of the Act.

31. Other Sources.- For financing a program or scheme under this Act, the Authority shall on its own initiative have power to contact , and negotiate with other persons and organizations:

Provided that, if such collection of fund requires an agreement with a foreign individual or organization, the Authority shall obtain prior approval of the Government.

Chapter VI

Health Services and Providers

32. Minimum services for cardholders/Beneficiaries.- (1) Service to a cardholder/beneficiary starts after the patient appears at the reception point of a service provider.

(2) Every service provider shall provide care to a cardholder/beneficiary outpatient or inpatient as specified in the Schedule, which may be revised by the Government time to time by notification in the official gazette.

33. Government Sector Service Providers.- All Union Health Centers, Upazila Health Complexes, district level government hospitals, Medical Colleges and other service providers established and managed by the Government shall act as Government Sector Service Providers under this Act.

34. Limited financial autonomy of government sector service providers.-Notwithstanding anything contained to the contrary in the Treasury Rules or any other law for the time being in force-

- (a) the moneys received by a government sector service provider under this Act shall be deemed to be a receipt by the National Health Security Authority as a statutory body;
- (b) the money so received may be kept in a Bank specified by the Executive Board.
- (c) the accounts of the receipt and deposit with the Bank shall be separately maintained by the said service provider.

(d) the Executive Board may from time to time specify part of the money so received by the said service provider for spending it for the purpose of development of the infrastructure, equipments of the service providers and for training of the concerned personnel and also for allowing them financial incentive.

35. Private Sector Service Providers.- (1) In addition to the service providers mentioned in sub-section 33, the Executive Board may select service providers acting in the private sector if such providers are eligible to meet the following minimum requirements-

- (a) human resources, equipment and physical structure in conformity with the standards of the relevant facility, as determined by the Accreditation Committee;
 - (b) acceptance of the payment mechanisms specified in the following section;
 - (c) adoption of referral protocols and health resources sharing arrangements;
 - (d) recognition of the rights of patients under this Act; and
 - (e) acceptance of information system requirements and regular transfer of information.
- (2) For the purpose of appointment of private sector service provider the Executive Board shall in the prescribed manner invite

applications and appoint providers who fulfill the minimum requirements specified in sub-section (1).

(3) Appointment given under sub-section (2) shall remain valid for a period of five years unless the appointment is earlier suspended or cancelled by the Executive Board.

(4) The procedure for suspension and cancellation of an appointment of a service provider shall be prescribed by regulations.

36. Referral.-(1) If a Health Service Provider considers that the medical facility available there, is not sufficient for treatment of a cardholder patient, the provider may with necessary medical certificate refer him to any other nearest service provider where the firstly mentioned service provider considers that sufficient treatment is available.

(2) Every service provider to whom a referral is made shall attend the patient with immediate and utmost care.

37. Referral to a specialized doctor.-A cardholder or a beneficiary shall not be entitled to the service of a specialist doctor without being referred by a general practitioner.

38. Emergency.-In case of an emergency situation where the life of a patient is in immediate danger, a formal referral under section 36 is not required:

Provided that, the service provider may realize the actual expenditure of the medical treatment of such patient from the concerned Local Health Protection Office as per the prescribed manner.

Explanation: For the purposes of this sub-section, the doctor or doctors to whom the patient reports or is taken, shall decide whether the life of the patient is in immediate danger.

39. Payment by Cardholder to Service Provider.-(1) Every cardholder shall for obtaining the services of a service provider make payment on the following heads-

- (a) registration fee at the time of reporting to the first service provider;
- (b) in case of an inpatient, an additional fee to be paid to the first service provider;

(2) The fees mentioned in sub-section (1) shall be specified by the Executive Board from time to time.

(3) In case of referral no additional fee shall be required to be paid by the cardholder.

(4) Where a cardholder intends to stay in a cabin and if the service provider can provide for such cabin, the cardholder shall pay the cabin charges.

40. Payment to Service Provider.- (1) The Authority shall make appropriate arrangement for timely payment of the services rendered by a service provider; and such payment shall be made-

(a) at the Upazila level if the service is provided at the Union or Upazila level;

(b) at the district level if the service is provided at district levels.

(2) The Authority shall constitute as many claim review panels as necessary consist of a doctor and relevant expert to review the claims of the service providers time to time.

(3) The procedure for making payments shall be such as may be specified by the regulations.

41. Responsibility of service Providers.- (1) Doctor and all other officers and staffs of a Service Provider shall be bound to comply with the provision of this Act and the rules and regulations made under the Act and any direction, instruction issued by the Executive Board or the Accreditation Committee.

(2) All service providers shall in the manner specified by the Executive Board and as the case may be by the Accreditation Committee-

(a) record and preserve information with regard to service provided to a cardholder or a beneficiary; and

(b) shall allow access to the Executive Board or the said Committee or any person authorized by the Board or Committee.

Chapter VII

Cardholder and Beneficiaries

42. List of eligible cardholder and Beneficiaries.-(1) For the purposes of this Act the Executive Board shall at different phases prepare, Upazila wise and as the case may be thana wise list of eligible cardholders and beneficiaries.

(2)For preparation of the list under sub-section (1), the Executive Authority shall follow the following criteria in fixing the priority-

- (a) below poverty level as determined by the Authority;
- (b) marginal income group as determined by the Authority;
- (c) middle income group as determined by the Authority;
- (d) Upper middle and above income group as determined by the Authority.

(3)The list shall be prepared with a view to providing health cards to eligible persons and the contents of the list shall be such as may be prescribed by the regulations.

(4) The list shall identify the head of the family as eligible person and his dependents as follows:

- (a) Spouse of the head of the family;
- (b) Dependent Children;
- (c) Dependent Parents;
- (d) Dependent brother and sister;

(e) dependent grand son or grand daughter; and

(f) domestic servant.

43. Health Card for residents of orphanage, Old home and Juvenile

Centre.- (1) Health Card shall be issued to each of the following persons:

(a) an orphan staying in an orphanage registered with or managed by the Social Welfare Department;

(b) a person staying in an old home registered with or managed by the Social Welfare Department; and

(c) a person staying in a juvenile centre registered with or managed by the Social Welfare Department.

(2) A health card issued to a person under sub-section (1) shall remain valid for the period till he stays in the orphanage, old home or juvenile centre as the case may be, but not exceeding five years.

(3) The contribution against the cardholders mentioned in this section shall be paid by the Government.

44. Review of list.-(1) The Authority shall after every two years make arrangement for review of the list prepared under section 33:

Provided that, if the Authority receives information about any change in any particulars of any person included in the list, the Authority may upon verification record the changes in the relevant list.

45 . Health Card and its holder.- (1) The Authority shall through the Local Health Protection Offices provide each eligible person a card to be known as health card containing such particulars with regard to identity of the holder thereof, and the particulars of the beneficiaries as the Authority may determine from time to time.

(2) A card issued under sub-section (1) shall remain valid for a period of five years.

46. Duplicate Health Card.-(1) If a health card is lost, destroyed or damaged, the holder thereof may be provided with a duplicate health card upon his application and payment of such fee as may be specified by the authority from time to time.

(2) Upon receipt of the application under sub-section (1), the Authority shall, within 30 days, issue a duplicate health card and shall also make provisional arrangement for providing health service to the cardholder and his beneficiaries till issuance of the duplicate health card.

47. Restriction on benefits of subsequent marriage.-(1) If a male card holder during the subsistence of his marriage, enters into another marriage-

(a) he shall not be treated as a person falling in the group mentioned in clause (a) or clause (b) of sub-section (2) of section 42;

(b) the new wife or her children whether born out of such new marriage or of any previous marriage shall not be eligible to be a beneficiary of the health card held by that male.

(2) Nothing in sub-section (1) shall debar the said new wife or her children from obtaining an independent health card for herself and her children, if she is otherwise eligible:

Provided that, the husband of the said new wife shall not be a beneficiary of the health card issued to the wife.

48. Change of residence of a cardholder or a beneficiary.-(1) If a cardholder or beneficiary changes his place of residence for any reason or for any period beyond the territorial limits of a upazila/ thana from which the card was issued, such cardholder or beneficiary shall be entitled to the benefits at the concerned health centre of the area where the cardholder or the beneficiary resides.

(2) For the purpose of availing the facility under sub-section (1) the cardholder or the beneficiary shall produce the concerned health center any of the following-

- (a) the health card or a photocopy thereof;
- (b) the card number;
- (c) the finger print of the cardholder or beneficiary.

49. Responsibility of Cardholder and Beneficiary.-(1) A card holder shall-

- (a) upon notice issued by the Local Health Protection Office, furnish the required information within the time specified in the notice;
 - (b) appear in person or through an authorized agent at the time and place as directed by the Local Health Protection Office;
 - (c) produce the health card at the time and place as directed by the Local Health Protection Office;
 - (d) notify the Local Health Protection Office if he permanently changes his residence;
 - (e) notify the Local Health Protection Office about the addition of a family member because of birth of a child or marriage of the cardholder himself or any of his dependent;
 - (f) notify the Local Health Protection Office the fact of severance of dependence of a beneficiary on the cardholder because of death, divorce, earning capability or marriage elsewhere of that beneficiary or for any other reason; and
 - (g) notify the Local Health Protection Office in case of loss or destruction of the health card within 30 days of such loss or destruction;
- (2) Where the cardholder dies or becomes physically or mentally incapable to communicate with the Authority, it will be the responsibility of the beneficiaries who are major and of sound mind, to inform the Authority within 30 days of such death or the incapability.

(3) A cardholder shall not in any manner transfer to anybody or encumber the rights and interest under the health card.

50. Suspension and Cancellation of card.-(1) The head of the Local Health Protection Office may -

(a) at any time suspend the operation of a health card if -

i) fraud or misrepresentation is detected in obtaining a health card or

ii) misuse of a card is detected;

iii) is reported that the card holder himself or with the aid of any other person has for obtaining a health service used force or threatened to use force to a doctor or any staff of a Service Provider or any person related to such doctor or staff is reported.

(b) subject to the provisions of subsection (2) and (3) cancel a health card;

(2) Where the head of the Local Health Protection Office takes a primary decision to cancel a health card, he shall provide the health card holder an opportunity of showing cause against the proposed cancellation and after following the procedure prescribed by regulations, may cancel the health card or may in appropriate cases modify the health card.

(3) Where the cardholder or any beneficiary is at the time of suspension or cancellation is an inpatient, the suspension or cancellation shall take effect after completion of the treatment.

(4) Where a health card is cancelled, the Authority may realize the cost of the benefit provided to the card holder as a public demand.

51. Effect of Cancellation.-(1) The cancellation of a health card shall not exempt the card holder or the beneficiary from any civil or criminal liability arising from the fraud, misrepresentation or misuse detected by the Local Health Protection Office.

(2) Despite cancellation of a health card, a new health card may be issued to him if he is otherwise eligible for obtaining such card under this Act.

52. Appeal against the order of Cancellation.- (1) The cardholder or any beneficiary may within 60 days prefer appeal to the Executive Board against the cancellation of a health card under section 42.

(2) The Executive Board shall, in the manner prescribed by regulations, dispose of an appeal within 30 days after receipt of the petition of appeal.

Chapter VIII

Grievance Forum

53. Grievance Forum.-(1) In order to redress the grievance of the cardholders/beneficiaries/service providers, the Government shall constitute as many grievance forums as may be necessary at Upazila/Thana/District level.

(2) The Government shall constitute as many appellate authorities as may be necessary to hear appeal from an order of the grievance forums.

(3) The powers, functions and detailed procedure of the grievance forum and appellate authorities shall be determined by framing rules.

54. Grounds for Grievance.—The following grounds shall constitute grievance—

(a) any deliberate failure or denial of providing necessary service or services specified in section 32;

(b) a wilful negligence of providing necessary service or services specified in section 32;

(c) unjustifiable delay in providing necessary service or services specified in section 32;

(d) delay in the processing of claims that extends beyond the period agreed upon; and

(e) any other act or neglect that tends to undermine or defeat the purposes of this Act.

55. Grievance Petition.—(1) A cardholder, beneficiary or a service provider may prefer a grievance petition on any of the grounds specified in section 40.

(2) The procedure of filing a grievance procedure, its disposal and execution of the decision of the Committee on Grievance shall be provided by rules.

56. Appeal.- Any person aggrieved with a decision of a grievance forum may prefer an appeal to the appellate authority in the manner prescribed by rules.

Chapter IX

Offences

57. Violation of the provision of the Act.-(1) Violation of any provision of the Act shall be an offence.

(2) Any person who violates any provision of this Act shall liable to be punished with a fine which may extend to ten thousand taka.

58. Unauthorized use of health card.-(1) No person shall use health card in the manner not provided by the Act or prescribed in the rules and regulations framed under the Act or no cardholder shall allow any person not entitled to use the card under the Act.

(2) The violation of the provisions of sub-section (1) shall be an offence and any person who violates the provisions shall liable to be punished with a fine which may extend to ten thousand taka or a simple imprisonment for a term which may extend to six months or with both.

59. Fraud Practice.-(1) Misuse of the services specified in the benefit package, unauthorized sell or removal of medicine to be used for health protection from the store, providing or receiving any services specified in the benefit package to or by a person not entitled to receive such service under the Act, using false or fake medical card or committing any act or omission in furtherance of committing any of the aforementioned acts shall constitute fraud practice.

(2) Committing fraud practice is an offence and any person who commits fraud practice shall liable to be punished with imprisonment for a term which may extend to one year or with a fine which may extend to fifty thousand taka or with both.

60. Offence by an employee of the Authority.- Any employee or officer of the Authority if found guilty of misappropriation of any money of contribution of the cardholders or fund, shall be liable to be punished with the fine which may extend up to 3 times of the amount misappropriated or with simple imprisonment up to six months or with both.

61. Cognizance, trial and appeal.-(1) No police officer shall investigate or court shall take cognizance of any offence under this Act without a written complaint filed by the Authority or any officer authorized by the Authority in this behalf.

(2) The cognizance and trial of an offence under this Act and appeal from a decision by a trial court shall be guided by the provisions of the Criminal Procedure Code.

Chapter X

Miscellaneous

62. Certification. –There shall be a designated medical officer at each health service provider who shall issue necessary medical certificate on request of a cardholder/ beneficiary patient in the prescribed form and manner.

63. Submission of Report etc.- (1) The Authority shall submit to the Government, as soon as possible after the end of every financial year, a report on the conduct of its affairs for that year.

(2) The Authority shall submit to the Government at such times and at such intervals as the Government may specify-

(a) such returns, accounts, statements, estimates and statistics as may be required by the Government;

(b) information and comments asked for by the Government on any specific subject;

(c) copies of documents required by the Government for examination or for any other purpose.

64. Power to frame rules.-The Government may, by notification in the official Gazette, make rules for carrying out the purposes of this Act.

65. Power to frame regulations.- The Authority may, with the approval of the Government, make regulations, not inconsistent with the provisions of this Act and the rules made thereunder, to provide for all matters not required to be provided for by rules and for which provision is necessary or expedient for carrying out the purposes of this Act.

66. Protection of actions taken in good faith.- No suit, prosecution or other legal proceedings shall lie against the Authority, the Executive Board, Chairman or any Member or any officers, employee, expert, adviser or

consultant of the Authority for anything done or intended to be done in good faith under this Act.

67. Chief Executive, Member, officers etc. to be public servant.-Chief Executive and members of the Executive Board, members of the Accreditation Committee and officers and employees of the Authority and every other person empowered to act on behalf of the Authority shall be a public servant within the meaning of section 21 of the Penal Code (Act XLV of 1860).

68. Executive Order.- In order to implement this Act, the Government may issue necessary executive orders time to time by notification in the official gazette till framing rules or regulations under this Act.

SCHEDULE-A (See section 29)

The Government shall fix contribution of the cardholders keeping in view of the following guidelines-

- (a) Below poverty level cardholders contribution shall be paid by the Government;
- (b) Marginal income group cardholders' contribution shall be lowest;
- (c) Middle income group cardholders' contribution shall be maximum 50% more than that of marginal income group cardholders;

- (d) Upper middle and above income group cardholder's contribution shall be maximum 50% more than that of middle income group cardholders.
- (e) 50% of the amount of employee's contribution shall be paid by the employer.

SCHEDULE B
(See Section 32)

1. Every service provider shall provide to a cardholder outpatient the following minimum services-

- (i) immediate attention of medical personnel at the designated unit;
- (ii) consultation with doctor;
- (iii) Prescription;
- (iv) free medicine available in store;
- (v) diagnostic, laboratory and other medical examination services
- (vi) dental extraction;
- (vii) Emergency transfer to a suitable service provider.

2. Every service provider shall provide to a cardholder inpatient the following minimum services-

- (i) free accommodation and fooding;
- (iii) surgical facilities available;
- (iv) 24 hours medical attention;
- (v) services available to the outpatient as are mentioned in paragraph 1;
- (vi) Emergency transfer/referral to a suitable service provider.

3. The Authority may from time to time determine services to be provided to the cardholders in addition to those mentioned in paragraphs 1 and 2.

5. **Excluded services.**-The following services cannot be provided to a cardholder by a service provider under this Act-

- (a) non-prescription drugs and devices;
- (b) out-patient psychotherapy and counseling for medical disorder;
- (c) drug and alcohol abuse;
- (d) treatment for abuse of or dependency on drug and alcohol;
- (e) cosmetic surgery;
- (f) home and rehabilitation service;

(g) optometric services;

(h) cost ineffective procedure which shall be defined by the Authority.