

**IN THE FOURTH SESSION OF THE THIRD PARLIAMENT OF THE FOURTH
REPUBLIC OF GHANA**

**REPORT OF THE JOINT COMMITTEE ON SUBSIDIARY LEGISLATION AND
HEALTH ON THE NATIONAL HEALTH INSURANCE REGULATIONS,
2004, LI 1809**

1. INTRODUCTION

The National Health Insurance Regulations 2004 LI 1809 was laid in Parliament on Tuesday 5th October 2004 and subsequently referred to the joint Committee on Subsidiary Legislation and Health for consideration and report pursuant to article 11(7) of the 1992 Constitution and Standing Order 166(2) and (3) of Parliament.

2. DELIBERATIONS

The Committee was assisted in its deliberations on the Instrument by the underlisted officials who were in attendance at its invitation

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|------|--------------------|---|-----------------------------|
| i. | Dr. Akor | - | Ministry of Health |
| ii. | Mrs. Ofori-Boateng | - | Attorney-General Department |
| iii. | Mr. Henry Tackie | - | Attorney-General Department |

The Committee acknowledges their inputs and is grateful for their invaluable assistance.

3. REFERENCE DOCUMENTS

In considering the Instrument, the Committee had recourse to the underlisted documents.

- i. The 1992 Constitution
- ii. The Standing Order of Parliament

- iii. The National Health Insurance Act 2003 (Act 650).

4. **BACKGROUND**

The National health Insurance Act 2003 (Act 650) came into force on 5th September 2003.

The object of the Act was to ensure the establishment of a National Health Insurance Scheme. The Act among others provides for the:

- ❖ Establishment and Functions of a National Health Insurance Council.
- ❖ Establishment of
 - i. District Mutual Insurance Scheme,
 - ii. Private Health Insurance Schemes and
 - iii. Private Mutual Health Insurance Schemes.
- ❖ Setting up a National Health Insurance Fund, a National Health Insurance Levy and the Registrations and Licensing of Health Insurance Schemes.
- ❖ Act 650 in effect provides the format for which the National Health Insurance Scheme should be structured.

5. **OBJECT OF THE INSTRUMENT**

The National Health Insurance Regulations 2004 LI 1809 on the otherhand, seeks to put in place the necessary regulatory framework and structures for the operationalisation of the National Health Insurance Scheme.

6. OBSERVATIONS

The Committee observed that the LI 1809 seeks to regulate the implementation of the National Health Insurance Scheme.

In furtherance of the above objective, the LI 1809 provides a wide range of regulations for the National Health Insurance Scheme notably:

- a. Application for Registration as Scheme.
- b. Management of a Scheme.
- c. Qualification of a Board Member of a Scheme.
- d. Minimum benefit to members under health insurance scheme and free public health care service.
- e. Accreditation of health care facilities.
- f. Application for accreditation.
- g. Method of monitoring performance.
- h. Payment of tariffs to health care facilities.
- i. Re-imburement for drugs.
- j. Particulars of drug and medicines.
- k. Complaint settlement procedure of schemes.
- l. Location of headquarters of District scheme.
- m. Exemption from payment of contribution on basic of age.
- n. Use of forms and valuations in the forms.

Attached as appendix I and II are the list of minimum Health Care Benefits and Exclusion list of services under the National Health Insurance Scheme.

7. RECOMMENDATIONS AND CONCLUSION

The Committee closely examined the provisions of the Instrument and is of the considered view that National Health Insurance Regulation 2004 LI

1809 would provide the necessary framework for the sound take off of the National Health Insurance Scheme.

The Committee took cognisance of the minimum benefits offered to patients under the National Health Insurance Scheme as well as specified services not covered under the scheme. The Committee is however of the view that there is the need for the citizens to be extensively educated on such list.

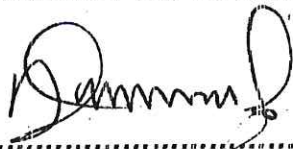
The Committee observes that the National Health Insurance Regulations 2004 LI 1809 are all in conformity with parent Act, the National Health Insurance Act 2003 (Act 650) and the procedural, requirement specified, in Standing Order 166 of Parliament.

The Committee accordingly recommends that this House allow the National Health Insurance Regulation 2004, LI 1809 to come into force with the effluxion of time.

Respectfully submitted.



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HON. F. A. AGBOTSE
(CHAIRMAN, COMMITTEE ON
SUBSIDIARY LEGISLATION)



.....
EBENEZER AHUMAH DJIETROR
(CLERK, COMMITTEE ON
SUBSIDIARY LEGISLATION)



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HON. AKOMEA KYEREMATENG
(CHAIRMAN, COMMITTEE ON HEALTH)



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ASANTE AMOAKO-ATTA
(CLERK, COMMITTEE ON HEALTH)

APPENDIX I

MINIMUM HEALTHCARE BENEFITS

The healthcare services specified in this Part are the minimum healthcare benefits under the national health insurance scheme and shall be paid for by the schemes.

1. Out-patient Services

- (1) Consultations including reviews: These include both general and specialist consultations.
- (2) Requested Investigations including laboratory investigations, x-rays and ultrasound scanning for general and specialist out-patient services.
- (3) Medication, namely, prescription drugs on National Health Insurance Scheme Drugs List, traditional medicines approved by the Food and Drugs Board and prescribed by accredited medical and traditional medicine practitioners.
- (4) HIV/AIDS symptomatic treatment for opportunistic infection.
- (5) Out-patient/Day Surgical Operations including hernia repairs, incision and drainage, haemorrhoidectomy.
- (6) Out-patient Physiotherapy.

2. In Patient Services

- (1) General and Specialist in-patient care.
- (2) Requested Investigations including laboratory investigations, x-rays and ultrasound scanning for in-patient care.
- (3) Medication, namely, prescription drugs on National Health Insurance Scheme List, traditional medicines approved by the Food and Drugs Board and prescribed by accredited medical and traditional medicine practitioners, blood and blood products.
- (4) Cervical and Breast Cancer Treatment
- (5) Surgical Operations.
- (6) In-Patient Physiotherapy.
- (7) Accommodation in general ward.
- (8) Feeding (where available)

3. Oral Health Services including

- (a) Pain Relief which includes incision and drainage, tooth extraction and temporary relief;
- (b) Dental Restoration which includes Simple Amalgam Fillings and Temporary Dressing.

4. Eye Care Services including

- (a) Refraction;
- (b) Visual Fields;
- (c) A - Scan;
- (d) Keratometry;
- (e) Cataract Removal;
- (f) Eye Lid Surgery;

5. Maternity Care including

- (a) Antenatal Care;
- (b) Deliveries, namely, normal and assisted;
- (c) Caesarian Section;
- (d) Postnatal care.

6. Emergencies

All emergencies shall be covered. These refer to crisis health situation that demand urgent intervention and include,

- (a) Medical emergencies;
- (b) Surgical emergencies including brain surgery due to accidents;
- (c) Paediatric emergencies;
- (d) Obstetric and Gynaecological emergencies including Caesarian Sections;
- (e) Road Traffic Accidents;
- (f) Industrial and workplace Accidents;
- (g) Dialysis for acute renal failure.

7. Accessing Services Under the Health Insurance Scheme

- (1) The first point of attendance, except in cases of emergency, shall be a primary healthcare facility, which includes Community-based health Planning and Services (CHIPS), Health Centres, District Hospitals, Polyclinics or Sub-metro Hospitals, Quasi Public Hospitals, Private Hospitals, Clinics and Maternity Homes.
- (2) In localities where the only health facility is a Regional Hospital, the General patient department shall be considered a primary healthcare facility.
- (3) All health care services provided in these facilities shall be paid for by the District Mutual health Insurance Schemes (DMHIS).
- (4) In cases where the services are not available, all referred cases other than those in the Exclusion List shall be paid for by DMHIS.
- (5) Emergencies shall be attended to at any health facility.

1.

2.

Exc

APPENDIX

EXCLUSION LIST

1. The healthcare services specified in this Part of this Schedule are not covered under the minimum benefits available under the National Health Insurance Scheme.
2. Health insurance schemes may decide to offer any of these as additional benefits to their members.

Excluded are the healthcare services that fall under any of these groups;

- (a) Rehabilitation other than physiotherapy;
- (b) Appliances and prostheses including optical aid, hearing aids, orthopedic aids, dentures;
- (c) Cosmetic surgeries and aesthetic treatments;
- (d) HIV retroviral drugs
- (e) Assisted Reproduction eg. Artificial insemination and gynaecological hormone replacement therapy;
- (f) Echocardiography;
- (g) Photography
- (h) Angiography;
- (i) Orthoptics;
- (j) Dialysis for chronic renal failure;
- (k) Heart and brain surgery other than those resulting from accidents;
- (l) Cancer treatment other than cervical and breast cancer.
- (m) Organ transplantation;
- (n) All drugs that are not listed on the NHIS Drug List;
- (o) Diagnosis and treatment abroad;
- (p) Medical examinations for purposes of visa applications, educational, institutional, driving licence;
- (q) VIP ward (Accommodation);
- (r) Mortuary Services.