

**ACT 650****NATIONAL HEALTH INSURANCE ACT, 2003**

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SCHEDULE

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## ACT 650

NATIONAL HEALTH INSURANCE ACT 2003<sup>1</sup>

**AN ACT to secure the provision of basic healthcare services to persons resident in the country through mutual and private health insurance schemes; to put in place a body to register, license, and regulate health insurance schemes and to accredit and monitor healthcare providers operating under health insurance schemes; to establish a National Health Insurance Fund that will provide subsidy to licensed district mutual health insurance schemes; to impose a health insurance levy and to provide for related matters.**

*Establishment and Functions of the National Health Insurance Authority***1. Establishment of the Authority**

(1) There is established by this Act a body corporate to be known as the National Health Insurance Authority.

(2) The Authority shall have perpetual succession an official seal and may sue and be sued in its own name.

(3) The Authority may for the performance of its functions acquire and hold movable and immovable property and may enter into a contract or any other transaction.

**2. Object and functions of the Authority**

(1) The object of the Authority is to secure the implementation of a national health insurance policy that ensures access to basic healthcare services to all residents.

(2) For the purposes of achieving its object, the Authority may

- (a) register, licence and regulate health insurance schemes;
- (b) supervise the operations of health insurance schemes;
- (c) grant accreditation to healthcare providers and monitor their performance;
- (d) ensure that healthcare services rendered to beneficiaries of schemes by accredited healthcare providers are of good quality;
- (e) determine in consultation with licensed district mutual health insurance schemes, contributions that should be made by their members;
- (f) approve health identity cards for members of schemes;
- (g) provide a mechanism for resolving complaints by schemes, members of schemes and healthcare providers;

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1. The Act was assented to on the 5th September, 2003, and was notified in the *Gazette* on the 12th September, 2003.

- (h) make proposals to the Minister for the formulation of policies on health insurance;
- (i) undertake on its own or in collaboration with other relevant bodies a sustained public education on health insurance;
- (j) devise a mechanism for ensuring that the basic healthcare needs of indigents are adequately provided for;
- (k) maintain a register of licensed health insurance schemes and accredited healthcare providers;
- (l) manage the National Health Insurance Fund;
- (m) monitor compliance with this Act and the Regulations and pursue action to secure compliance; and
- (n) perform any other function conferred on it under this Act or that are ancillary to the object of the Council.

### 3. Governing body of the Authority

(1) The governing body of the Authority is a Council consisting of

- (a) the chairperson,
- (b) one representative of
  - (i) the Ministry of Health not below the rank of a Director,
  - (ii) the Ghana Health Service not below the rank of a Director,
  - (iii) the Society of Private Medical and Dental Practitioners nominated by the Ghana Medical Association,
  - (iv) the Pharmaceutical Society of Ghana,
- (c) one representative each of licensed
  - (i) mutual health insurance, and
  - (ii) private health insurance schemes,
- (g) one representative of the Minister responsible for Finance not below the rank of a Director,
- (h) one legal practitioner with experience in health insurance nominated by the Ghana Bar Associations,
- (i) one representative of the National Insurance Commission,
- (j) one person representing organised labour,
- (k) two persons representing consumers one of whom is a woman,
- (l) one representative each from
  - (i) the Ministry of Local Government, and
  - (ii) Social Security and National Insurance Trust, and
- (m) the Executive Secretary appointed under section 92.

(2) The chairperson and the other members of the Council shall be appointed by the President in accordance with article 70 of the constitution.

**4. Tenure of office of members**

(1) A member of the Council other than an ex-officio member shall hold office for a period not exceeding three years and is eligible for re-appointment, but a person shall not hold office for more than two terms in succession.

(2) Where a member of the Council resigns, dies, is removed from office or is for sufficient reason unable to act as a member of the Council, the chairperson shall notify the President through the Minister, of the vacancy and the President shall on the advice of the nominating authority, where applicable, and acting in accordance with article 70 of the Constitution, appoint another person to hold office for the unexpired portion of the member's term of office.

(3) A member of the Council may at any time resign from office in writing addressed to the President through the Minister.

(4) A member of the Council who is absent from three consecutive meetings of the Council without sufficient cause ceases to be a member of the Council.

(5) The President shall by letter addressed to a member nominated by a body as its representative on the Council revoke the appointment of that member at the request of that body.

(6) A member may be removed from the Council by the President for stated misbehaviour or for a just cause.

(7) The chairperson shall through the Minister notify the President in writing of a vacancy that occurs on the Council within thirty days of the occurrence of the vacancy.

**5. Meetings of the Council**

(1) The Council shall meet at least once early three months for the despatch of business at the times and places Council determined by the chairperson.

(2) The chairperson shall at the request in writing of not less than one third of the membership of the Council convene an extraordinary meeting of the Council at the place and time determined by the chairperson.

(3) The quorum at a meeting of the Council is seven members of the Council including the Executive Secretary.

(4) The chairperson shall preside at the meetings of Council and in the absence of the chairperson, by a member of the Council elected by the members present from among their number shall preside.

(5) Matters before the Council shall be decided by a majority of the members present and voting and in the event of a tie of votes, the person presiding shall have casting vote.

(6) The Council may co-opt a person to attend a Council meeting but that person is not entitled to vote on a matter for decision by the Council.

(7) The proceedings of the Council shall not be invalidated because of a vacancy among the members or a defect in the appointment or qualification of a member.

(8) Subject to this section, the Council shall determine the procedure for its meetings.

**6. Disclosure of interest**

(1) A member of the Council who has an interest in a contract, or any other transaction proposed to be entered into with the Authority or an application before the Council shall disclose in writing the nature of the interest and is disqualified from participating in the deliberations of the Council in respect of the contract, application or than other transaction.

(2) A member who infringes subsection (1) ceases to be a member of the Council.

**7. Committees of the Council**

The Council may for the performance of its functions appoint committees composed of members of the Council or non-members or both and assign to the committees any of its functions but a committee composed entirely of non-members may only advise the Council.

**8. Health Complaint Committee**

(1) Without limiting the scope of section 7, there is hereby established the Health Complaint Committee of the Council.

(2) The composition of the Health Complaint Committee shall be determined by the Council, but the chairperson shall be a member of the Council.

(3) The Health Complaint Committee

(a) is responsible for hearing and resolving complaints that may be submitted to the Council by members of health insurance schemes, the schemes and healthcare providers; and

(b) shall perform any other functions determined by the Council.

(4) The Health Complaint Committee shall be decentralized and established in every district office of the Authority.

(5) The procedure of the Committee and sanctions that may be imposed by the Council on recommendation of the Committee shall be prescribed by the Regulations.

**9. Allowances for members**

The members of the Council, members of a committee of the Council and persons co-opted to attend meetings of the Council shall be paid the travelling and any other allowances approved by the Minister in consultation with the Minister responsible for Finance.

**10. Ministerial directives**

The Minister may give to the Council directives of a general nature on matters of policy and the Council shall comply with the directives.

*Types, Registration and Licensing of Health Insurance Schemes***11. Types of health insurance schemes**

The following types of health insurance schemes may be established and operated in the country:

(a) district mutual health insurance schemes,

- (b) private commercial health insurance schemes, and
- (c) private mutual health insurance schemes.

## 12. Qualification for application

A person does not qualify to apply to operate a health insurance scheme in this country unless,

- (a) in the case of a district mutual or private mutual health insurance scheme, it is registered as a company limited by guarantee, or
- (b) in the case of a private commercial health insurance scheme, it is registered as a limited liability company,

under the Companies Act, 1963 (Act 179).

## 13. Application for registration and licence

(1) Application for registration and licence to operate a health insurance scheme shall be made to the Council in the prescribed form.

(2) The application shall be submitted with the following documents, information and particulars as are relevant:

- (a) two copies of the constitution, by-laws or rules intended to govern the operation of the scheme;
- (b) the names, and particulars of members of the governing body of the proposed scheme;
- (c) the persons proposed to manage or administer the scheme and the qualifications of the persons;
- (d) a statement of the minimum number of persons to be covered by the scheme;
- (e) the proposed healthcare providers and healthcare facilities available to or proposed to be used by the scheme;
- (f) the healthcare benefits available under the scheme;
- (g) the proposed minimum contribution for membership; and
- (h) evidence of the availability of any minimum financial security, where applicable, required in respect of the type of scheme.

(3) The Council may require an applicant to furnish it with any other information that the Council considers necessary to determine the application.

## 14. Registration and issue of licence

(1) The Council may register an applicant and issue it a licence to operate the relevant scheme applied for, where the Council is of the opinion that,

- (a) the applicant qualifies to be registered and licensed having regard to the scheme to which the application relates,
- (b) the applicant has qualified officers to manage and administer the scheme,



- (c) the applicant intends not to carry on any other activity except the operation of the health insurance scheme applied for, and
- (d) the applicant has complied with the requirements under this Act and any other enactment applicable to the type of health insurance scheme applied for.

(2) A person shall not operate a health insurance scheme of any type in this country unless it has been registered with the Authority and issued a licence for the purpose.

#### **15. Further conditions**

Despite section 14, the Council may, as a condition for issuing a licence, impose any other terms and conditions that are prescribed by the Regulations.

#### **16. Fee for issue of licence**

The Council, in consultation with the Minister, may by Regulations impose fees for the issue of a licence under this Act.

#### **17. Duration and renewal of a licence**

(1) A licence to operate a health insurance scheme expires two years from the date of issue of the licence.

(2) The licence may on an application be renewed for further periods of two years at a time.

(3) An application for renewal of a licence shall be made not later than three months before the expiry of the licence.

(4) Where an application for renewal is made and the licence expires before the Council determines the application, the licence shall be deemed to be in force until the application for renewal is determined by the Council.

#### **18. Variation of conditions of licence**

(1) Subject to conditions prescribed by the Regulations, the Council may, on giving reasonable written notice to a scheme,

- (a) vary or revoke any condition of a licence, or
- (b) impose new conditions.

(2) A scheme may apply to the Authority in writing for a condition of a licence to be revoked or varied.

(3) Where, on an application made under subsection (2), the Council is satisfied that the condition for a licence is no longer necessary or should be varied, it may revoke or vary the condition.

(4) Where the Council revokes or varies a condition for a licence or imposes a new condition, the scheme shall deliver its licence to the Council for the licence to be varied accordingly.

**19. Refusal to register and licence a scheme**

(1) The Council may refuse to register and issue a licence for a scheme and it shall notify the applicant in writing of its decision, stating the reasons.

(2) Where the refusal to register and issue a licence is as a result of a non-material defect in the application, the Council may in the notice require the applicant to rectify the application within a specified period.

**20. Suspension or revocation of licence of a scheme**

(1) The Council may suspend or revoke the licence of a scheme where the Council is satisfied that the scheme

- (a) has in any manner acted fraudulently;
- (b) has lost its financial ability to continue to operate;
- (c) is not operating in accordance with good administrative and accounting practices and procedures; or
- (d) has failed to comply with a provision of this Act, the Regulations or any other enactment applicable to the scheme.

(2) The Council shall before suspending or revoking the licence, give the scheme notice of the default and provide it an opportunity to make representations to the Council.

(3) Where a licence expires, is revoked or suspended, the Authority may apply to a Court for an order to protect and preserve the contribution of members and for the order that the Court considers appropriate having regard to the best interest of members of the scheme.

**21. Interim management of a scheme**

The Council, after consultation with the governing body of a scheme, may on suspending or revoking the licence,

- (a) place the scheme under an interim management team; or
- (b) arrange for the transfer of the activities or business of the scheme to another scheme subject to conditions that are agreed on by the parties and approved by the Council.

**22. Representations to the Minister**

(1) A person refused registration or whose licence is suspended or revoked by the Council may within sixty days after the date of receipt of notification of the refusal, suspension or revocation make representations to the Minister for a determination.

(2) The Minister shall make a determination within thirty days of receipt of the representations.

(3) A person dissatisfied with the determination of the Minister may seek the remedy open to that person in the Courts.

**23. Prohibition of provision of health insurance service without licence**

(1) A person shall not provide health insurance service or operate a health insurance scheme unless the scheme is registered with the Authority and issued with a licence for the purpose by the Council.

(2) A person who acts contrary to subsection (1) commits an offence and is liable on summary conviction to a fine of not less than two hundred penalty units or to a term of imprisonment for a minimum term of six months or both the fine and the imprisonment.

**24. Limitation to provision of health insurance**

A health insurance scheme registered and licensed under this Act shall not carry on any activities other than securing provision of healthcare to its members.

**25. Prohibition in use of name unless licensed**

(1) A person shall not conduct an activity under a name which includes “health scheme”, “medical insurance scheme”, “health insurance scheme” or similar name which is calculated or likely to lead people to believe that that person operates a health insurance scheme unless the scheme is registered and licensed under this Act.

(2) A person who acts contrary to subsection (1) commits an offence and is liable on summary conviction to a fine not exceeding one hundred penalty units or to a term of imprisonment not exceeding three months.

**26. Transfer and joint operations**

(1) A health insurance scheme licensed under this Act shall not transfer its activities or operate its activities jointly with another scheme unless it has the prior written approval of the Council.

(2) An application for approval under subsection (1) shall be made jointly to the Authority by the schemes involved and shall contain the information prescribed under this Act.

(3) Before determining an application for approval under subsection (1), the Council shall cause to be conducted an investigation into the desirability of the change having regard to the best interest of the members of the schemes.

(4) The Council may conduct a hearing before determining an application under this section and may hear the representatives of the schemes, members of the schemes and a person the Council considers is sufficiently concerned in the matter to entitle that person to a hearing by the Council.

(5) The Council after the hearing shall make a determination which shall be binding on the parties and their members.

(6) A person dissatisfied with the decision of the Council may apply to the Minister for a review of the decision.

**27. Gazette notification**

On the licensing, suspension or revocation of the licence of a scheme, the Council shall publish the name and particulars of the scheme in the *Gazette* and newspapers of national circulation that the Council shall determine.

**28. Display of licence**

A licensed scheme shall display its licence in a prominent place at its offices where the licence is visible to all members and prospective members.

*District Mutual Health Insurance Schemes***29. Establishment of district mutual health insurance scheme**

(1) There shall be established in every district in the country a mutual health insurance scheme for the residents of the district.

(2) A District Assembly shall identify promoters to initiate action for the registration of the scheme as a company limited by guarantee under the Companies Act, 1963 (Act 179) for the relevant district within sixty days of the coming into force of this Act or within a further period that the Council may direct.

(3) The Council may permit the establishment of units of a scheme within a district as it considers necessary for the effective management of the scheme.

**30. Head office of a district mutual health insurance scheme**

A district mutual health insurance scheme shall have its headquarters within the district and shall notify the Authority of the addresses and any other particulars of the headquarters as the Council may prescribe.

**31. Application for membership**

(1) A person resident in Ghana other than a member of the Armed Forces of Ghana and the Police Service shall belong to a health insurance scheme licensed under this Act.

(2) A person resident in a district, who is not a member of a private health insurance scheme or any other district scheme registered under this Act, shall apply to be enrolled as a member of the district mutual health insurance scheme in the relevant district.

**32. Members of a district mutual health insurance schemes**

A district mutual health insurance scheme established in a district shall be composed of the enrolled members and shall be operated in accordance with this Act and the Regulations.

**33. Benefit of members and subsidy**

(1) A district mutual health insurance scheme shall be operated exclusively for the benefit of the members.

(2) A district mutual health insurance scheme shall be provided with subsidy from the National Health Insurance Fund.

**34. Contribution by members**

(1) A person seeking membership of a district mutual health insurance scheme shall, as a prior condition for membership, pay the membership contribution determined by the scheme in accordance with guidelines provided by the Council.

(2) The mode and time of payment of the contribution shall be prescribed in the Regulations.

(3) Despite subsection (1), the Regulations shall prescribe for exemptions of certain categories of persons from the payment of contributions.

(4) Where the monthly contribution of a contributor to the Social Security Pensions Scheme Fund amounts to or exceeds the minimum monthly contribution required under a district mutual health insurance scheme, the contributor is entitled to the minimum health care benefits under the district mutual health insurance scheme without a further contribution to the district mutual health insurance scheme.

(5) Without prejudice to subsection (3), a pensioner under the Social Security Pension Scheme is entitled to the minimum health care benefit under this Act without the payment of contribution to the district mutual health insurance scheme.

**35. Investments and management of funds, district mutual health insurance scheme**

(1) A district mutual health insurance scheme shall not invest the funds of the scheme unless the investment is made with the prior authorisation of the Council.

(2) The Council shall determine the rules and procedures that govern the management of the funds of a district mutual health insurance scheme.

**36. Minimum membership**

(1) A district mutual health insurance scheme shall at all times have the minimum members determined by the Council.

(2) Despite subsection (1), a district mutual health insurance scheme may be licensed on the condition that the number of its members shall reach the minimum determined by the Council within a specified period and on failure the Council may revoke its licence.

(3) A licensed district mutual health insurance scheme shall provide a clear method of enrolment of members and give the necessary assistance to non-literate or any other disadvantaged applicants.

(4) Membership takes effect within six months from the date of enrolment of the applicant on the payment of the initial contribution.

**37. Transfer of residence**

A member of a district mutual health insurance scheme who moves to reside in an area other than the area where the scheme on which the member is enrolled, is entitled to have the membership transferred to the district mutual health insurance scheme in the new area of residence.

**38. Indigent members**

(1) The Minister, on the advice of the Council, shall prescribe a means test for determining persons who are indigent.

(2) A district mutual health insurance scheme shall, on the basis of the means test, identify and keep a list of members registered with it who are indigent.

(3) The list shall be submitted to the Authority at the time determined by the Council.

(4) The Council shall, in consultation with the managers of district mutual health insurance schemes, determine the method to secure the provision of the minimum health care benefits to indigents.

(5) The Minister responsible for Finance shall, in consultation with the Council, determine at least six months in advance the Budget for the support of indigents.

*Private Health Insurance Schemes**Private Commercial Health Insurance Schemes***39. Establishment of private commercial health insurance schemes**

A body corporate registered as a limited liability company under the Companies Act, 1973 (Act 179) may operate as a private commercial health insurance scheme.

**40. Membership**

A person may enrol to be a member of a private commercial health insurance scheme.

**41. Business venture**

A private commercial health insurance scheme is a business venture.

**42. Contribution of members**

The contribution of members to a private commercial health insurance scheme shall be determined by the governing body of the scheme and shall be paid in the manner and at the time determined by the governing body of the scheme.

**43. Provision of security**

(1) A private commercial health insurance scheme shall be required as a condition for registration and licensing by the Authority to deposit with the Bank of Ghana an amount of money that the Council shall prescribe as security for its members.

(2) The security referred to under subsection (1) shall be maintained throughout the period that the business of private commercial health insurance is carried on.

(3) The Council may review the level of the security deposit.

**44. Withdrawal from the security deposit**

(1) Where a private commercial health insurance scheme suffers a substantial loss, arising from liability to members and the loss cannot reasonably be met from its available resources, the Council may, after ascertaining the nature of the claim, and on application

made to it by the scheme, approve the withdrawal from the security deposit of the scheme of an amount of not more than ten percent of the security deposit, and an amount withdrawn shall be replaced by the scheme not later than ninety days after the date of the withdrawal.

(2) The security deposit is the assets of the private commercial health insurance scheme, but except as provided in subsection (1), it shall be available to the scheme only in the event of the closure or winding up of the health insurance business for the discharge of the liabilities arising out of policies transacted by the insurer and remaining undischarged at the time of the closure or winding up of the insurance business.

45. *Repealed.*<sup>2</sup>

#### *Private Mutual Health Insurance Scheme*

#### **46. Establishment of private mutual health insurance scheme**

A group of persons resident in the country may form and operate a private mutual health insurance scheme.

#### **47. Headquarters of a private mutual health insurance scheme**

(1) A private mutual health insurance scheme shall have its headquarters at the place that the governing body of the scheme shall determine.

(2) The address and any other particulars of the headquarters shall be notified in writing to the Authority.

#### **48. Management of a private mutual health insurance scheme**

(1) A private mutual health insurance scheme may be managed by an independent manager appointed by its governing body and approved by the Council.

(2) The manager of a private mutual health insurance scheme may be a body corporate registered by guarantee under the Companies Act, 1963 (Act 179).

#### **49. Security deposit**

(1) The Council may require a private mutual health insurance scheme to maintain a reserve fund equivalent to six months operational income as the Council may determine.

(2) The reserve fund shall be constituted within three years after the commencement of the scheme.

#### **50. Benefit of members**

A private mutual health insurance scheme shall be operated exclusively for the benefit of the members and shall provide the members with the health benefits that the governing body of the scheme shall determine.

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2. Repealed by section 214 (1) of the Insurance Act, 2006 (Act 724).

**51. Contribution by members**

(1) Contribution of members shall be determined by the governing body of the scheme.

(2) The contribution shall be paid in the manner that the governing body of the scheme shall direct.

**52. Minimum membership**

(1) A private mutual health insurance scheme shall have the minimum membership that the governing body of the scheme shall determine.

(2) A private mutual health insurance scheme shall provide a clear method of enrolment of members.

(3) Membership takes effect from the date that the governing body may determine on the payment of the initial contribution.

**53. No subsidy for private mutual health insurance scheme**

A private mutual health insurance scheme is not entitled to receive subsidy from the National Health Insurance Fund established under this Act.

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*General Provisions Applicable to Operation of Health Insurance Schemes***54. Governing body, appointment of scheme managers and other employees**

(1) A scheme shall have a governing body which shall be responsible for the direction of the policies of the scheme and appointment of employees.

(2) A scheme shall have a scheme manager who shall be responsible for the management of the scheme.

(3) A scheme manager may be an independent body corporate or committee.

(4) A scheme shall in addition to the scheme manager, appoint other officers and employees for the effective management of the scheme.

(5) Where a scheme manager or a person on the management team of a scheme ceases to be employed by the scheme, the governing body of the scheme shall inform the Authority in writing and take immediate steps to appoint a new manager or any other person for the scheme.

(6) The Minister may, by Legislative Instrument, provide further for the qualifications of directors, scheme managers and any other employees of schemes.

**55. Participation by dependants**

The dependants of a member may, in accordance with the constitution of the scheme, participate in the scheme and receive the same benefits as the member subject to the reasonable variation in the level of contribution by the member, based on the number of the dependants.

**56. Financial obligation of schemes**

(1) The Council shall determine the financial security deposit that should be deposited by a scheme as security to meet the liabilities of the scheme.

(2) The Regulations may provide further in respect of financial security deposit of schemes.

**57. Annual reports, accounts and audit of schemes**

(1) A licensed scheme shall keep books of account and proper record in respect of the accounts.

(2) In addition to the provisions in the Companies Act, 1924 (Act 179), a licensed scheme shall submit an annual report in a prescribed form to in the Council covering its activities for the period from 1st January and ending on 31st December within three months after the 31st December of the preceding year.

(3) A licensed scheme shall have its accounts audited by its auditors and a copy of the audit reports shall be submitted with its annual report to the Council.

(4) An auditor shall not be an employee, manager, or director of the scheme.

(5) The Council may without notice cause to be audited the accounts of a scheme which receives subsidy from the National Health Insurance Fund.

**58. Amendment of annual report**

(1) Where in the opinion of the Council an annual report furnished by a scheme to the Council is incorrect or is not prepared as prescribed, the Council may, by notice in writing call on the scheme to amend the report or to furnish a correct report.

(2) Where the scheme fails to comply with a notice referred to in subsection (1) to the satisfaction of the Council, the Council may itself either amend the report and give the scheme particulars of the amendment or it may reject the report.

(3) A report amended by a scheme or the Council under this section shall be treated as if it had been originally submitted in its amended form.

(4) Where the scheme is dissatisfied with the amendment by the Council, the scheme may appeal to the Minister.

(5) The appeal shall be lodged with the Minister within thirty days after receipt by the scheme of the amended report.

**59. Standards of principal officers of scheme**

(1) A scheme shall have at all times high calibre directors, principal officers and expert technical and professional staff and shall maintain the standards prescribed or as may be directed by the Council.

(2) Without prejudice to subsection (1), a person does not qualify to be a director, manager, secretary or any other officer of a health insurance scheme if that person

- (a) is certified by a medical practitioner to be a person suffering from mental disorder,
- (b) is adjudged or otherwise declared bankrupt by a Court,
- (c) compounds with the creditors, or
- (d) is convicted by a Court of an offence involving fraud or dishonesty.

(3) Except with the express authority of the Council a person who has participated in the management or direction of an insurance company which has been wound up pursuant to an order of a Court, shall not participate in the management or direction of a health insurance scheme.

**60. Notification of certain changes**

A scheme shall, within two months after the end of each financial year notify the Authority in writing of a change in the senior executive personnel or technical operation of the scheme which occurred in that financial year and of the particulars relating to the change.

**61. Furnishing of information to the Authority**

A scheme shall furnish the Authority with the essential information concerning its capitalization, its reserves and any other information required by the Council.

**62. Inspection of annual report**

(1) A member of a scheme may inspect a copy of the annual report of the scheme during normal business hours at the principal office of the scheme.

(2) A fee shall not be paid to the scheme for an inspection under subsection (1).

(3) On a request by a member for a copy of the annual report and on payment to the scheme of the relevant fee, the scheme shall supply a copy of the report to the member.

**63. Financial year of schemes**

The financial year of a scheme shall be from 1st January to 31st December.

**64. Minimum health care benefits**

A licensed scheme shall provide to its members the minimum healthcare benefits that the Minister may, on the advice of the Council by legislative instrument prescribe.

**65. Health insurance identity card**

(1) On the registration by a scheme of an individual as a member, the scheme shall issue to the member a *health insurance identity card* within the prescribed period.

(2) The following materials shall be issued with the Card:

- (a) a booklet containing membership rights, obligations and privileges,
- (b) a list of the healthcare benefits available under the scheme, and
- (c) a list of healthcare providers and health institutions accredited by the Authority to the scheme and the periods or time of their availability.

(3) The Card shall have a number which shall be unique to the member and shall be assigned permanently to the member although the member may change the place of residence.

(4) In the event of loss, the Card shall be replaced on payment of a prescribed fee.

(5) A member who applies for the replacement of a Card for a reason other than the expiration or loss of the Card shall be required to surrender the unexpired Card.

(6) Despite any other provision of this section, the Council may accept the use of an identity card authorised under an enactment to be used for all purposes of identification in this country.

**66. Termination or suspension of membership**

A scheme may terminate or suspend a member on any of the following grounds only:

- (a) failure to pay contribution within the stipulated time;
- (b) submission of false or fraudulent claim;
- (c) commission of any act of fraud in relation to the scheme; or
- (d) non-disclosure of material information requested by the scheme.

(2) A district mutual health insurance scheme shall not suspend the membership of an indigent without the scheme first informing the Council within the period directed by the Council.

(3) Where a member dies, a dependant of the deceased member may, subject to the payment of the deceased member's contribution, continue to receive the benefits available to the deceased member until the marriage or attainment of the age of eighteen years of the dependant and subject to the other conditions provided in the constitution of the scheme.

(4) The Regulations may provide further for matters relating to termination or suspension of members of schemes.

#### **67. Settlement of complaints**

A scheme shall provide a procedure for settlement of complaints from its members and its healthcare providers and ensure that the members and healthcare providers are aware of their right to submit complaint to the Council where there is failure to settle a complaint raised with the scheme.

#### **68. Quality assurance**

The Council shall endeavour through the means determined by the Council including accreditation, that healthcare providers put in place programmes that secure quality assurance, utilisation review and technology assessment to ensure that

- (a) the quality of healthcare services delivered are of reasonably good quality and high standard;
- (b) the basic healthcare services are of standards that are uniform, throughout the country;
- (c) the use of medical technology and equipments are consistent with actual need and standards of medical practice;
- (d) medical procedures and the administration of drugs are appropriate, necessary and comply with accepted medical practice and ethics; and
- (e) drugs and medication used for the provision of healthcare in the country are those included in the National Health Insurance Drug List of the Ministry of Health.

#### **69. Safeguards to prevent over or under use of healthcare services**

A scheme shall comply with the National Health Insurance Drug List to prevent

- (a) over or under use of healthcare services,
- (b) unnecessary diagnostic and therapeutic procedures and intervention,
- (c) irrational medication and prescriptions, and
- (d) inappropriate referral practices.

**70. Accreditation of healthcare providers and health facilities**

(1) A scheme shall not use the services of a healthcare provider or a health facility in the operation of the scheme unless the healthcare provider or the health facility has been approved and accredited to the scheme by the Authority.

(2) The Regulations may prescribe the qualifications, requirements and any other matters that the Council considers necessary in respect of healthcare providers and healthcare facilities that operate under the schemes.

**71. Tariffs payable to healthcare providers**

(1) Tariffs payable to healthcare providers shall be paid within four weeks by schemes to the healthcare providers directly.

(2) The Regulations may prescribe further for matters relating to the payment of tariffs to healthcare providers.

(3) A scheme may deny or reduce the tariff claim of a healthcare provider where,

- (a) the scheme considers that the claim is false, incorrect or there is provision of insufficient information, or
- (b) the healthcare provider without just cause fails to comply with a provision of this Act or of the Regulations.

**72. Actuary**

The Council may

- (a) where it has reasonable grounds to believe that a licensed health insurance scheme or a manager of the scheme has contravened a provision of this Act or of the Regulations and the contravention adversely affects the interest of the members, or
- (b) at the request of a health insurance scheme,

appoint an actuary to investigate and report to the Council the activities and affairs of the scheme.

**73. Powers of actuary**

An actuary appointed under section 72

- (a) shall have access to any information or document in the possession, or under the control, of the scheme where the actuary reasonably requires access for the proper performance of the actuary's functions;
- (b) may require a manager or an employee of the scheme to answer questions or produce documents for the purpose of enabling the actuary to perform properly the actuary's functions;
- (c) may attend meetings of the governing body of the scheme on matters that relate or affect the financial affairs of the scheme; and
- (d) shall have and exercise any other powers necessary for the effective performance of the actuary's functions.

**74. Inspection of schemes**

- (1) The Council may for the purposes of supervision of health insurance schemes,
- (a) inspect the premises, business and affairs, including the procedures and systems of a scheme;
  - (b) inspect the assets, including cash, belonging to or in the possession or control of a person who has a relation with the scheme;
  - (c) examine and make copies of documents, including accounting records, that belong to or are in the possession or control of a person who in the opinion of the Council has activities that relate to the activities of a scheme.

(2) The Authority may employ suitably qualified and experienced persons to assist it or carry out an inspection on its behalf.

(3) Without limiting subsection (1), the Council shall ensure that an inspection is carried out in respect of a licensed health insurance scheme at least once in every twelve months.

(4) The Council shall after an inspection compile a report stating the status of the scheme and shall submit a copy of the report including its recommendations to the scheme for compliance where applicable.

**75. Directives of Council**

The Council may direct a scheme or an officer of a scheme to comply with the directions of the Council specified in writing and where there is failure to comply, the Authority may seek an order from the High Court to order that person to comply.

*National Health Insurance Fund***76. Establishment of a National health Insurance Fund**

There is established by this Act a National Health Insurance Fund.

**77. Object of the Fund**

(1) The object of the Fund is to provide finance to subsidise the cost of provision of healthcare services to members of district mutual health insurances schemes licensed by the Authority.

(2) For the purpose of implementing the object, the moneys from the Fund shall be expended as follows:

- (a) to provide subsidy of a level determined by the Council to district mutual health insurance schemes;
- (b) to reinsure district mutual health insurance schemes against random fluctuations on cost under conditions to be determined by the Council;
- (c) to set aside some monies from the Fund to provide for the Health care cost of indigents;
- (d) to provide support to facilitate provision of or access to health service;
- (e) to invest in any other facilitating programme to promote access to health service determined by the Minister in consultation with the Council.

**78. Sources of money for the Fund**

(1) The sources of money for the Fund are as follows:

- (a) the health insurance levy provided for under section 86;
- (b) two and one half percent of each person's seventeen and one half percent contribution to the Social Security and Pensions Scheme Fund;
- (c) the money that may be allocated to the Fund by Parliament;
- (d) money that accrues to the Fund from investments made by the Council; and
- (e) grants, donations, gifts and any other voluntary contribution made to the Fund.

(2) The Director-General of the Social Security and National Insurance Trust shall at the end of each month transfer to the Fund two and one half percent of each person's seventeen and one half per cent of social security contributions for the preceding month.

(3) The contribution under subsection (1) shall be without prejudice to the benefits due the contributors under the Social Security Pensions Scheme.

(4) Where there is a default in the payment of benefits by the Social Security and National Insurance Trust to contributors arising from the payment of the contribution into Fund under subsection (1) (b), there shall be paid by Government into the Social Security Trust Fund the amount of money required to enable the benefits to be paid to the contributor.

(5) The Council may by Regulations review the sources of funding to keep pace with developments in the health insurance industry.

**79. Formula for disbursement from the Fund**

(1) The Council shall annually submit to Parliament for approval, the formula for distribution of subsidies to be paid to licensed district mutual health insurance schemes.

(2) The Council shall in the disbursement of moneys from the Fund make specific provision annually towards the health needs of indigents and prescribe the method for distributing the monies involved.

**80. Bank account for the Fund**

Moneys of the Fund shall be paid into the bank accounts determined by the Council with the approval of the Accountant-General.

**81. Conditions for provision of subsidy to district mutual health insurance schemes**

(1) Subject to subsection (2), the Council shall provide subsidies from the Fund to licensed district mutual health insurance schemes that offer the minimum healthcare benefits prescribed by the Minister.

(2) Subsidy shall not be granted under subsection (1) unless the Council is satisfied that,

- (a) the district mutual health insurance scheme is open to the residents in the geographical area of the relevant District Assembly;

- (b) the scheme is operated in such a manner that it is answerable to its members;
- (c) the annual report and financial accounts submitted to its governing body and copied to the Authority are acceptable to the Council;
- (d) a person is not excluded from enrolment on the scheme because of physical disability, social, economic or health status;
- (e) the scheme allows for portability, namely, availability of the benefits to a member who moves outside the geographical area of the scheme of which the person is a member; and
- (f) the tariff payable to healthcare providers under the scheme are in accordance with guidelines set by the Council.

(3) A district mutual health insurance scheme shall apply for subsidy from the Fund in the form and at the time directed by the Council.

## **82. Management of the Fund**

- (1) The Fund shall be managed by the Council.
- (2) The Council in the management of the Fund shall have the following functions:
  - (a) formulate and implement policies towards achieving the object of the Fund;
  - (b) collect or arrange to be collected monies lawfully due to the Fund;
  - (c) account for the money in the Fund;
  - (d) provide formula for the distribution of moneys from the Fund;
  - (e) approve any other expenditure charged on the Fund under this Act or any other enactment;
  - (f) set aside an amount for indigents; and
  - (g) perform any other function ancillary to the object of the Fund.

## **83. Investment of the Fund**

The Council may invest a part of the Fund that it considers appropriate in the securities approved by the Minister responsible for Finance.

## **84. Expenses of the Fund**

The expenses attendant to the management of the Fund shall be charged on the Fund.

## **85. Accounts, auditing and annual report**

The provisions in section 99 to 100 on accounts, auditing and annual report to Parliament apply to the Fund.

## *National Health Insurance Levy*

## **86. Imposition of national health insurance levy**

(1) There is imposed by this Act a national health insurance levy charge at the rate of two and one half percent calculated on,

- (a) every supply of goods and services made or provided in Ghana,



- (b) every importation of goods, and
- (c) supply of an imported service,

unless otherwise exempted in this Act or under the Regulations.

(2) The levy is payable at the time the goods and services are supplied or imported.

(3) For the purposes of the natural health insurance levy the provisions on supply of goods and services in the enactment that establishes the revenue or collection agency charged with responsibility for the collection of this levy by the Minister shall apply.

#### **87. Exempt supply**

A supply in respect of any of the matters set out in the Schedule Part One is exempt from the levy imposed under section 86 (1).

#### **88. Zero-rated supply**

A supply in respect of any of the matters specified in the Schedule Part Two is zero-rated.

#### **89. Relief from levy**

There is hereby granted relief from the payment of the levy to the individuals, organisations and in respect of the matters specified in the Schedule Part Three.

#### **90. Collection of the levy**

(1) The levy shall be collected by the revenue or collection agency determined by the Minister responsible for Finance.

(2) On the determination by the Minister responsible for Finance of the revenue or collection agency to collect the levy, the enactment of the relevant revenue agency for the collection of tax or levy shall apply, with the modifications that are necessary for the collection of the levy imposed under this Act.

#### **91. Payment of levy into the Fund**

The revenue or collection agency charged with the collection of the levy shall within thirty days of collection of the levy, pay the levy directly into the Fund.

### *Administrative, Financial and Miscellaneous Provisions*

#### **92. Executive Secretary of the Authority**

(1) There shall be appointed for the Authority by the President in accordance with article 195 of the Constitution, an Executive Secretary of the Authority who shall be the chief executive of the Authority.

(2) The Executive Secretary shall hold office on terms and conditions specified in the letter of appointment.

(3) Subject to the directions of the Council, the Executive Secretary is responsible for the day to day administration of the affair of the Authority and implementation of the decisions of the Council.

(4) The Executive Secretary may delegate any of the functions of office to any other officer of the secretariat of the Authority; but the Executive Secretary shall not be relieved from ultimate responsibility for the performance of the delegated function.

### **93. Units of the Authority**

(1) For the purposes of implementing its functions under this Act, the Council may establish the units or divisions of the Authority that the Council considers necessary.

(2) Without limiting the effect of subsection (1), the following are hereby established as units of the Authority:

- (a) Registration and Licensing Unit,
- (b) Planning, Monitoring and Evaluation Unit,
- (c) Administration, Management Support and Training Unit, and
- (d) Fund Management and investment Unit.

(3) Each unit shall have as its head a technical director who is responsible, subject to the direction of the Executive Secretary, for overseeing and implementing the functions assigned to the unit.

(4) The staff strength and the detailed functions of each unit shall be determined by the Council

### **94. Appointment of internal auditor**

(1) There shall be appointed an internal auditor for the Authority who is responsible to the Executive Secretary in the performance of the functions of office.

(2) The internal auditor shall at the end of every three months submit a report of the audit of the Fund carried out by the internal auditor in respect of that period to the Council.

(3) The chairperson of the Council shall submit a copy of the report to the Minister and the Minister responsible for Finance.

(4) This section shall be read and construed as one with the Internal Audit Agency Act, 2003 (Act 658) and where there is a conflict that Act shall prevail.

### **95. Appointment of other staff**

(1) The President shall in accordance with article 195 of the Constitution, and on the terms and conditions determined by the President appoint other staff for the Authority.

(2) Other public officers may be transferred or seconded to the Authority or may otherwise give assistance to it.

### **96. Delegation of appointment**

The President may in accordance with article 195 (2) of the Constitution delegate the power of appointment of public officers under this Act.

### **97. District offices of the Authority**

(1) The Council may establish district offices as it considers necessary.

(2) A district office of the Authority shall be provided with the public officers that the President acting in accordance with the advice of the Council given in consultation with the Public Services Commission shall determine.

(3) A district office of the Authority shall perform the functions of the Authority in the district as directed by the Council.

#### **98. Expenses of the Authority**

(1) The salaries of employees of the Authority shall be the same as those applicable to employees of equivalent status in the Public Services and shall be paid out of the moneys allocated by Parliament from the Fund on the recommendation of the Minister responsible for Finance.

(2) The administrative expenses of the Authority shall be paid out of the Fund subject to the approval of the Minister acting in consultation with the Minister responsible for Finance.

#### **99. Accounts and audit**

(1) The Authority shall keep books of account and proper records in relation to them in the form approved by the Auditor-General.

(2) The accounts of the Authority shall be audited within six months after the end of each financial year by the Auditor-General.

(3) The Auditor-General shall, not later than six months after the end of each financial year, forward to the Minister a copy of the audited accounts of the Authority for the preceding financial year.

(4) The financial year of the Authority shall be the same as the financial year of the Government.

#### **100. Annual report and other reports of the Authority**

(1) The Council shall as soon as practicable after the expiry of each financial year but within eight months after the end of the year submit to the Minister an annual report covering the activities of the Authority for the year to which the report relates.

(2) The annual report submitted under subsection (1) shall include,

(a) the report of the Auditor-General,

(b) a report of the effect of the implementation of the national health insurance policy on the nation, and

(c) a report on the Fund specifying the total disbursement, reserve and the average cost provided from the Fund to beneficiaries under the schemes.

(3) The Minister shall within two months of the receipt of the annual report submit the report to Parliament with a statement that the Minister considers necessary.

(4) The Council shall also submit to the Minister any other reports that the Minister may in writing require.

#### **101. No cancellation of a scheme registered with Registrar of Companies**

The registration of a scheme licensed under this Act shall not be cancelled or altered by the Registrar of companies without the prior written authorisation of the Council.

**102. Offences**

A licensed scheme which,

- (a) carries on an activity contrary to section 24 other than the provision of healthcare services to its members,
- (b) without the prior approval of the Council transfers or jointly operates the scheme with another scheme contrary to section 26,
- (c) operates a mutual health scheme for profit except for its members,
- (d) fails to keep books of account and proper records in respect of the accounts,
- (e) fails to provide the minimum healthcare benefits specified by this Act or the Regulations,
- (f) falsifies or connives with a person to falsify tariffs payable to a healthcare provider, or
- (g) obstructs an actuary, an inspector or a person authorised by the Council or this Act in the performance of a function under this Act,

commits an offence and is liable on summary conviction to a fine of not less than two hundred penalty units and not exceeding fifteen thousand penalty units or to a term of imprisonment of not less than twelve months and not exceeding ten years; and every principal officer or manager of the scheme shall be deemed to have committed the offence unless it is proved that the offence was committed without the knowledge or connivance of the principal officer or manager.

(2) Where a contributor to a scheme cheats or attempts to cheat the scheme by conniving with a healthcare provider or a non-contributor to make a claim for,

- (a) a service which has not been provided,
- (b) a service which the contributor does not need but which the healthcare provider purports to have provided, or
- (c) drug prescriptions which the contributor does not require or which is far in excess of what the contributor requires,

the contributor commits an offence and is liable on summary conviction to a fine not exceeding one thousand penalty units or to a term of imprisonment not exceeding five years or to both the fine and the imprisonment.

(3) A health care provider who cheats or attempts to cheat a scheme by presenting to a scheme for payment tariffs for,

- (a) a service which the healthcare provider has not provided,
- (b) a service which the contributor, in respect of whom the tariff claim is made, does not need but which the healthcare provider purports to have provided, or
- (c) drug prescriptions which the contributor, in respect of whom the tariff claim is made, does not require or which is far in excess of what the contributor requires,

commits an offence and in addition to any other disciplinary measure which the Council may adopt, is liable on summary conviction to a fine not exceeding five thousand penalty

units of to a term of imprisonment not exceeding ten years or to both the fine and the imprisonment.

### 103. Regulations

(1) The Minister on the advice of the Council may, by legislative instrument, make Regulations for the effective implementation of this Act.

(2) Without limiting the scope of subsection (1), the Regulations may

- (a) provide further for registration and licensing of schemes;
- (b) prescribe reports to be submitted to the Authority;
- (c) prescribe matters relating to health identity cards;
- (d) prescribe the mode of payment of contributions by members of district mutual health insurance schemes;
- (e) prescribe the qualification of managers and principal officers of schemes;
- (f) prescribe financial deposit or other financial security to be paid by schemes;
- (g) provide for matters relating to healthcare benefits;
- (h) prescribe the means test for indigents;
- (i) prescribe accreditation of healthcare providers and health facilities;
- (j) provide procedure for resolution of disputes and complaints by the Council;
- (k) provide further for matters relating to suspension and termination of a member from a scheme;
- (l) prescribe matters relating to quality assurance;
- (m) provide for matters relating to the payment of tariffs to healthcare providers and health institutions within the schemes;
- (n) prescribe further conditions for grant of subsidy from the Fund;
- (o) provide for matters relating to accounts of district mutual health insurance schemes;
- (p) prescribe the minimum healthcare benefits;
- (q) provide for forms;
- (r) provide for the imposition of fees for a licence;
- (s) provide conditions for variation and revocation of conditions of a licence;
- (t) provide for the terms and conditions for the issue of a licence; and
- (u) provide for the exemption from the payment of the national health insurance levy payable under this Act.

### 104. Interpretation

In this Act, unless the context otherwise requires,

“actuary” means an insurance risk analyst;

**“accreditation”** means a process by which the qualification and capability of a healthcare provider is verified for the purpose of enabling that person to provide healthcare services under a scheme;

**“Auditor-General”** includes an auditor appointed by the Auditor-General;

**“Authority”** means the National Health Authority established by section 1;

**“beneficiary”** means a person entitled to healthcare services under this Act;

**“Card”** means a health identity Card issued under this Act;

**“contribution”** means the amount of money paid by or on behalf of a member to a scheme for membership of the scheme;

**“Council”** means the governing body of the Authority established by section 3;

**“dependant”** in relation to a beneficiary or member means,

- (a) a spouse of a member;
- (b) unmarried and unemployed child below eighteen years;
- (c) a child who is eighteen years or above but suffering from congenital disability, either physical or mental, or any disability that renders the person totally dependent on the member for support or is still in school or learning a trade;
- (d) a parent of sixty years old or above and whose monthly income if any, is below an amount determined by the Council;

**“district”** means the geographical area of one or more District Assemblies;

**“District Assembly”** includes a Metropolitan and a Municipal Assembly;

**“functions”** includes powers and duties;

**“Fund”** means the National Health Insurance Fund established by section 76;

**“healthcare facility”** includes a hospital, nursing home, laboratory, maternity home, dental clinic, polyclinic, clinic and pharmacy and other facilities that the Council may determine;

**“healthcare provider”** means a healthcare professional or practitioner licensed to practice in Ghana in accordance with an enactment in force;

**“indigent”** means a person who does not have a visible or adequate means of income or who does not have a person to support him or her and by the means test qualifies as an indigent;

**“means test”** means the process by which a mutual health insurance scheme determines the ability of individuals or households to pay varying levels of contributions to the scheme ranging from contributions that would be fully paid by the Government, through contributions that are subsidised by the Government to contributions that do not require subsidy;

**“member”** means a person registered by a scheme as a beneficiary of the scheme;

**“Minister”** means the Minister responsible for Health;

“**mutual health insurance scheme**” means a community based health insurance scheme composed of members of the community in the relevant district and operated exclusively for the benefit of the members;

“**quality assurance**” means a formal set of activities to review and ensure the quality of healthcare services provided to members of health insurance schemes;

“**Regulations**” means the relevant Regulations made under this Act;

“**resident**” means a person who lives in this country for six months or more in any period of twelve months;

“**scheme**” means a district mutual, a private mutual or a private commercial health insurance scheme or a body registered and licensed under this Act.

#### 105. Disapplication of Insurance Act, 1989

Except as otherwise expressly provided in this Act under section 45 in respect of private commercial health insurance schemes, the Insurance Act, 1989<sup>3</sup> shall not apply to health insurance schemes.

#### 106. Transitional provision

On the coming into force of this Act, a group of persons operating a health insurance scheme who desires to continue the operation of the scheme, shall within six month of the appointment of the Council apply to the Authority for the registration and licensing of the scheme in compliance with the provisions of this Act.

#### 107. Commencement of payment of levy

The national health insurance levy imposed under section 86 of this Act shall become payable on the date prescribed by the Minister by legislative instrument.

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#### SCHEDULE

[Section 87]

#### PART ONE

##### *Exempt Supplies*

<i>Item No</i>	<i>Description</i>
1. (a) Medical services.	
(b) Pharmaceuticals.	Essential drug list under Chapter 30 of the Harmonised Systems Commodities Classification Code, 1999 produced or supplied by retail in Ghana, and the active ingredients for essential drugs specified by law.
	Imported special drugs determined by the Minister of Health and approved by Parliament.

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3. P.N.D.C.L. 227.

PART ONE—*continued*

<i>Item No.</i>	<i>Description</i>
2. Mosquito net.	Mosquito nets of man-made textile material whether or not impregnated with chemicals.
3. Goods for the disabled.	Articles designed exclusively for use by persons with disability.
4. Water.	Expenditure on water, excluding bottled and distilled water.
5. Education.	Expenditure on educational services at any level by an educational establishment approved by the Minister for education, fully assembled computers imported or produced locally by educational establishments that are approved by the Minister of Education, Laboratory equipment for educational purposes and library equipment.
6. Live Animals.	Cattle, sheep, goat, swine and poultry but excluding horses, asses, mules and hinnies, and similar exotic animals.
7. Animals, livestock and poultry imported for breeding purposes.	Live asses, mules and hinnies; live bovine animals; live swine; live sheep and goats; live marine mammals, live fish and aquatic invertebrates.
8. Animal product in its raw state.	Edible meat and offal of the animals listed in item 6 provided any processing is restricted to salting, smoking or similar process, but excluding pate, fatty livers of geese and ducks and similar products.
9. Agricultural and aquatic food products in its raw state produced in Ghana.	Fish, crustaceans, and molluscs (but excluding ornamental fish); vegetables and fruits, nuts, coffee, cocoa, shea butter, maize, sorghum, millet, tubers, guinea corn and rice.
10. Seeds, bulbs rootings, and other forms of propagation.	Of edible fruits, nuts, cereals tubers and vegetables.
11. Agricultural inputs.	Chemicals including all forms of fertilizers, acaricides, fungicides, nematicides, growth regulation, pesticides, veterinary drugs and vaccines, feed and feed ingredient.
12. Fishing equipment.	Boats, nets, floats, twines, hooks and fishing gear.
13. Salt.	Denatured salt, compressed salt used in animal feeding and salt for human consumption including table salt.
14. Land, buildings and construction.	(a) Land and buildings: the granting of assignment or surrender of an interest in land or building; the right to occupy land or buildings excluding hotel accommodation, warehousing, storage and similar occupancy incidental to the provision of the relevant services; (b) Civil engineering work;



## PART ONE—continued

<i>Item No.</i>	<i>Description</i>
	(c) Services supplied in the course of construction, demolition, alteration, maintenance, to buildings or other works under (a) and (b) above, including the provision of labour, but excluding professional services such as architectural or surveying.
15. Electricity.	Domestic use of electricity up to minimum consumption level prescribed in Regulations by the Minister, and Compact Fluorescent Lamps.
16. Transportation.	Includes transportation by bus and similar vehicles, train, boat, and air.
17. Postal services.	Purchase of postage stamps.
18. Machinery.	Machinery, apparatus appliances and parts thereof, designed for use in (a) agriculture, veterinary, fishing and horticulture; (b) industry; (c) mining as specified in the mining list and dredging; and (d) railway and tramway.
19. Crude oil and hydrocarbon products.	Petrol, diesel, liquefied petroleum gas, kerosene and residual fuel oil.
20. Financial services.	Provision of insurance; issue, transfer, receipt of, or dealing with money (including foreign exchange) or any note or order of payment of money; provision of credit; operation of any bank (or similar institution) account; but excluding professional advice such as accountancy, investment and legal.
21. Printed matter.	Books and newspapers fully printed or produced by any duplicating process, including atlases, books, charts, maps, music, but excluding imported newspapers, plans and drawings, scientific and technical works, periodicals, magazines, trade catalogue, price lists, greeting cards, almanacs, calendars and stationery.
22. Transfer of going concern.	The supply of goods as part of the transfer of a business as a going concern by one taxable person to another taxable person.

## PART TWO

*Zero-Rated Supplies*

[Section 88]

1. Export of taxable goods and services.
2. Goods shipped as stores on vessels and aircrafts leaving the territories of Ghana.

## PART THREE

*Relief*

[Section 89]

1. President of the Republic of Ghana.
2. For the official use of any Commonwealth or Foreign Embassy, Mission or Consulate (relief applies only to levy on imported goods).
3. For use of a permanent member of the Diplomatic Service of any Commonwealth or Foreign Embassy, Mission or Consulate (relief applies only to levy on imported goods).

*Note: Provided that with regard to items 2 and 3 of this Part a similar privilege is accorded by such Commonwealth or Foreign Country to the Ghana representative in that country.*

4. For use of an international agency or technical assistance scheme where the terms of the agreement made with the Government include exemption from domestic taxes.
  5. Emergency relief items approved by Parliament.
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