



**His Majesty King  
Hamad bin Isa Al Khalifa**  
King of Bahrain



**His Royal Highness Prince  
Khalifa bin Salman Al-Khalifa**  
The Prime Minister of Bahrain



**His Royal Highness Prince  
Salman bin Hamad Al-Khalifa**  
Crown Prince, Deputy  
Supreme Commander and First  
Deputy Prime Minister



**Law No. (23) of 2018**  
Promulgating the Health  
Insurance Law

**We, Hamad Bin Isa Al Khalifa,  
King of the Kingdom of Bahrain;  
Having reviewed the Constitution,**

**And the Law No. (13) of 1975** concerning the organization of pension and retirement benefits for government employees and its amendments;

**And the Social Insurance Law promulgated by Legislative Decree No. (24) of 1976** and its amendments;

**And the Legislative Decree No. (2) of 1987** regarding the practice of non-doctors and pharmacists for medical support professions, as amended by Legislative Decree No. (21) of 2015 concerning private health institutions;

**And the Legislative Decree No. (7) of 1989** concerning the practice of the human medicine and dentistry professions;

**And the Legislative Decree No. (18) of 1997** regulating the profession of pharmacy and pharmaceutical centers, as amended by Legislative Decree No. (20) of 2015;

**And The Civil Law promulgated by Legislative Decree No. (19) of 2001;**

**And the Law of the National Audit Office issued by Legislative Decree No. (16) of 2002,** as amended by Legislative Decree No. (49) of 2010;

**And the Decree-Law No. (39) of 2002 on the General Budget** and its amendments;

**And The Code of Criminal Procedure promulgated by Legislative Decree No. (46) of 2002** and its amendments;

**And the Law No. (19) of 2006 on the regulation of the labor market** and its amendments;

**And The Central Bank of Bahrain and Financial Institutions Law promulgated by Law No. (64) of 2006** and its amendments;

**And the Law No. (32) of 2009** regarding the establishment of a Pension Fund and Retirement Benefits for the Members of the Shura Council, the Parliament and the Municipal Councils and organizing their pensions and bonuses;

**And the Law No. (35) of 2009** regarding the treatment of non-Bahraini women married to Bahraini nationals and the children of Bahrain women married to non-Bahraini nationals as citizens with regard to fees on some government services;

**And the Law No. (38) of 2009** establishing the National Health Regulatory Authority, as amended by Legislative Decree No. (32) of 2015;

**And the Law No. (32) of 2010** regarding the declaration of financial disclosure, as amended by Legislative Decree No. (19) of 2016;

**And the Civil Service Law promulgated by Legislative Decree No. (48) of 2010**, as amended by Legislative Decree No. (69) of 2014;

**And the Labor Law in the Private Sector promulgated by Law No. (36) of 2012** and its amendments;

**And the Legislative Decree No. (21) of 2015** on private health institutions;

Accordingly, the Shura Council and the Council of Representatives approved the following law, which we have ratified and issued:

## **Article1**

The health insurance system shall be governed by the provisions of the attached law.

## **Article 2**

The Prime Minister and the Ministers, each in his/her own capacity, shall implement the provisions of this Law, which shall come into force as of the beginning of the month following six months after the date of its publication in the official gazette and without prejudice to the phases of application referred to in paragraph (C) of Article (2) of the attached law.

**King of the Kingdom of Bahrain**

**Hamad bin Isa Al Khalifa**

**Issued at Riffa Palace:**

**Date: 14 Ramadan 1439H**

**Corresponding to: 30 May 2018**



## Preamble

Definitions and scope of application of the law and its objectives

## Article (1) Definitions

In the application of the provisions of this Law, the following words and expressions shall have the meanings assigned to each of them, unless the context requires otherwise:

**Kingdom:** Kingdom of Bahrain.

**Minister:** The Minister who is designated by a decree.

**Supreme Council of Health:** The Supreme Council of Health established by Decree No. (5) of 2013.

**Health Insurance Fund or the Fund:** The Health Insurance Fund established in accordance with the provisions of Article (4) of this Law.

**Board of Directors:** The Board of Directors of the Fund formed in accordance with the provisions of Article (7) of this Law.

**Chairman of the Board:** Chairman of the Fund Board of Directors.

**The National Authority:** The National Health Regulatory Authority established by Law No. (38) of 2009.

**Board of Trustees:** The Board of Trustees of the Governmental Health institutions formed in accordance with the provisions of Article (64) of this Law.

**Health Service Provider:** Every governmental or non-governmental organization or institution licensed to practice and provide health services.

**Emergency Cases:** Cases resulting from injury or illness that might lead to death or disability if rapid intervention is not provided.

**Insurance Coverage:** The health insurance services provided by the insurance coverage provider in accordance with the provisions of this Law.

**Insurance Coverage Provider:** The Health Insurance Fund and insurance companies authorized in accordance with the provisions of this Law.

**Beneficiary:** Any natural person with insurance health coverage in accordance with the provisions of this Law.

**Resident:** Every natural foreign person who has a residence permit in the Kingdom.

**Visitor:** Any natural foreign person entering or temporarily residing in the Kingdom for non-residence or employment.

**Employer:** Any natural or legal person who uses one or more foreign workers to perform a specific job in the Kingdom for a fixed or variable remuneration, in cash or in kind, including any government agency, institution, public body, company, office, establishment or other from private sector entities.

**Employee:** Any natural foreign person working for remuneration of any kind, fixed or variable, in cash or in kind, with an employer and under his direction or supervision.

**Sponsor:** Any natural or legal person who sponsors a natural person from non-nationals or workers for the purpose of residence or visit, in accordance with the provisions of this Law.

**Sponsored:** Any natural foreign person who is resident in the Kingdom for reasons other than work.

**Health Insurance Premium or the Premium:** The financial consideration of the health insurance paid to the insurance coverage providers.

**Coinsurance:** The amount the beneficiary is obliged to pay - except for the beneficiary of the mandatory health package for citizens - to the health service provider, which is estimated on the basis of a percentage of the claim for health benefits.

**Prosthetic devices:** Any instrument, device, material or other product that the beneficiary might use for the purpose of monitoring, mitigating or treating an illness or injury, and not including diagnostic devices and those implanted in the body.

## **Article (2)** **Scope of Application of the Law**

- A. The provisions of this Law shall apply to all citizens, residents and visitors.
- B. The following categories shall be excluded from the provisions of this Law:
  - 1. The military, civilian and family members of the Bahrain Defense Force personnel, provided that all governmental institutions and health centers subject to this Law shall be obliged to provide health services to members of the Bahrain Defense Force and their family members at the expense of the State.
  - 2. Hospitals and medical units of the Bahrain Defense Force.
  - 3. Foreign nationals, including members and administrative staff of diplomatic, consular and international missions to the Kingdom.
  - 4. Non-citizens groups to be determined by a decision of the Cabinet upon a proposal by the Supreme Council of Health.
- C. The application of the health insurance system shall be in phases according to a decision issued by the Cabinet upon a proposal by the Supreme Council of Health. The decision shall be published in the Official Gazette.

The availability of technical arrangements and technological readiness and the completion of the procedures and measures

necessary to ensure easy and rapid access to health facilities shall be considered in each phase.

### **Article (3)**

#### **Objectives of the Law**

This Law aims to achieve the following:

1. Provide an integrated health system with high quality and flexibility, and maintain the ability to develop and meet the aspirations of beneficiaries, while attracting investment in the health sector.
2. Establish an efficient and sustainable health financing system and ensure freedom of choice in selecting the health service provider.
3. Provide fair and competitive health services within a framework that protects the rights of all parties involved in health insurance.



## **Part One** The Health Insurance Fund

### **Chapter 1** **Establishment of the Fund, its duties** **and powers**

#### **Article (4)** **Establishment of the Fund**

- A. A general body called “the Health Insurance Fund” shall be established and shall have a legal character and shall be financially and administratively independent and shall be subject to the supervision of the Minister.
- B. The Fund may specify a name and a logo of its own, and shall have an exclusive right to use the name and logo and to prevent third parties from using them or to use any similar symbol or logo.

#### **Article (5)** **The duties and powers of the Fund**

- A. The Fund shall carry out all the duties and powers necessary to finance the health benefits provided to the persons covered by insurance, and to ensure their easy and rapid access to health services. In doing so, the Fund shall, in particular:
  - 1. Contract with health service providers to provide health benefits to beneficiaries for whom the Fund provides insurance coverage.
  - 2. Collect and analyze data, information and statistics on persons to whom the Fund provides insurance coverage.
  - 3. Issue rules and procedures for the collection of health insurance premiums due to the Fund in coordination with the concerned governmental authorities.

4. Acquire movable assets and real estate and manage and invest in any of the resources of the Fund.
  5. Coordinate with the Supreme Council of Health and concerned bodies in all matters related to the implementation of the health insurance system.
  6. Propose programs and policies that would improve the health insurance system in matters outside the competence of the Fund and provide them to the concerned bodies.
  7. Organize training and educational courses and programs in order to raise awareness of the importance of this Law and to disseminate knowledge about all aspects of the health insurance system, and to conduct and support research and studies in this field, in cooperation with the Supreme Council of Health.
  8. Provide opinion on draft laws related to the health insurance system and the regulations and decisions issued by other relevant bodies, in coordination with the Supreme Council of Health.
  9. Study relevant laws and regulations in force to consider whether they contain any provisions that hinder the advancement of the health insurance system or not, and propose amendments according to the constitutional mechanisms prescribed.
  10. Receive and examine reports and complaints related to the insurance coverage provided by the Fund and determine their seriousness and decide on them.
  11. Carry out the other duties and powers provided for in this Law.
- B. In order to carry out its tasks, the Fund shall seek the assistance of competent and experienced experts from governmental and non-governmental entities.

If fees or premiums collection is to be assigned to a non-governmental entity, this should be published in the Official Gazette.

- C. The Fund shall exercise its duties and powers efficiently, effectively, transparently and without discrimination, and in conformity with the general policy of the State with regard to health insurance.

## **Article (6)**

### **Annual reports of the Fund**

- A. The Fund shall prepare an annual report to be approved by the Board of Directors on its activities and operations during the previous fiscal year, including in particular the achievements made, the obstacles faced by the Fund, if any, and the solutions adopted to avoid them, and any other proposals it deems necessary to strengthen and promote the health insurance system, and any other matters the Fund decides to include in the annual report.
- B. The annual report shall be published in full accompanied by a copy of the audited final account of the Fund for the same fiscal year, within four months of the end of the fiscal year, on the website or by other means decided upon by the Board of Directors, ensuring that the report is available to all.

The summary of the annual report and the summary of the final account after their approval by the Board of Directors shall be published in the Official Gazette.



## **Chapter 2 Board of Directors**

### **Article (7) Formation**

- A. The Fund shall have a board of directors comprising nine members, including the Chairman of the Supreme Council of Health, the Minister of Finance, the Minister of Health and the Minister concerned with Labor Affairs, and five competent and experienced members who shall be nominated by the Supreme Council of Health. The formation of the board of directors and the appointment of its chairman and deputy chairman shall be promulgated by a decree.
- B. The membership term of members, other than the board chairman and the Ministers, shall be four years renewable for a similar period.
- C. If, for any reason, one of the board membership seats becomes vacant, other than the Ministers' seats, that member shall be replaced using the same instrument and manner as provided for in paragraph (A) of this Article, and the new member shall complete the term of his/her predecessor.

### **Article (8) Duties and powers**

- A. The board of directors shall be the authority responsible for the affairs of the Fund and the development of its policies and shall supervise their implementation. The board shall oversee the Fund's work and take whatever steps necessary to ensure that the Fund fulfills its duties and powers. In particular, it shall also undertake to do the following:

1. Issue regulations and decisions and take the necessary measures to implement the provisions of this Law within its scope.
2. Appoint one or more actuarial experts to assess health insurance premiums and to examine and prepare the financial status of the Fund.
3. Propose the amount of health insurance premiums in accordance with the actuarial rules adopted by the Fund.
4. Approve the general plan to invest the funds of the Fund and approve the areas of employment of these funds, in accordance with their investment controls.
5. Prepare a regulation on the investment controls of the Fund's funds, taking into account that the investment is in accordance with a safe policy away from speculation in the financial markets, avoiding investment in high-risk instruments, investing as much as possible in the local market, and ensuring the availability of cash liquidity to meet the Fund's obligations and finance health benefits. The adoption of the regulation shall be promulgated by a decree.
6. Adopt the organizational structure of the Fund and issue internal regulations to regulate the affairs of its employees, including the procedures and rules for their appointment, promotion, transfer, salary and remuneration, and provisions of their disciplinary procedures and other matters, the rules of conduct to be observed and the conditions and provisions of financial disclosure according to Law No. (32) of 2010 regarding financial disclosure.
7. Adopt the annual budget draft of the Fund and its audited final account.
8. Accept financial resources referred to in item (5) of paragraph (B) of Article (14) of this Law.

9. Study the periodic reports submitted by the chief executive officer of the Fund on the progress of the Fund and decide on whatever is needed.

10. Perform all other duties and powers that the provisions of this Law stipulate.

B. The Board of Directors may entrust one or more committees of its members or entrust the board chairman or any of its members or the chief executive officer of the Fund or a governmental or non-governmental body with specific tasks.

### **Article (9) Meetings**

A. The Board of Directors shall convene ordinary meetings, at least four times a year. The Chairman of the Board may invite the board to meet at any time.

The Chairman of the Board shall invite the Board to an extraordinary meeting held within fifteen days from the date of receipt of a written request by at least two members of the Board of Directors or the chief executive officer.

B. In all cases, the notification of the convening of the meeting shall include a statement of purpose and shall be accompanied by the agenda of the meeting.

C. The chief executive officer of the Fund shall attend all meetings of the Board of Directors, except in such cases as may be prescribed by the internal regulations. The Board may invite to meetings experts or people concerned to discuss and listen to their opinion. Neither the chief executive officer nor any of them has a vote.

D. The Board of Directors shall appoint a secretary who shall be responsible for preparing the agendas of the meetings of

the Board, recording the minutes of its meetings, keeping the documents and records, and performing the tasks assigned to him/her by the board in the field of work of the Fund.

E. When necessary, and in urgent cases, some matters may be submitted to the Board of Directors by way of passing, provided that they are passed unanimously and presented to the Board at the first meeting following the briefing.

### **Article (10) Quorum and voting**

The meeting of the board of directors shall be valid in the presence of the majority of its members, provided that the chairman of the Board or his/her deputy is among them. The decisions of the Board shall be issued by a majority vote of those present, except in cases where the regulations or decisions issued pursuant to this Law require a special majority. In the event of equal votes, the side with which the chairman votes shall prevail.

## **Chapter 3 The Chief Executive Officer of the Fund**

### **Article (11) Appointment and vacancy of position**

A. The Fund shall have an chief executive officer appointed by a decree, on a recommendation by the Board of Directors.

B. In the event of a vacancy in the position of chief executive officer for any reason, the replacement shall be appointed by the same instrument and manner as provided for in paragraph (A) of this Article.

C. The Board shall issue a decision to appoint the Chairman of the Board or whoever it appoints from among its members or employees of the Fund to perform the work of the chief executive officer temporarily if the position of the chief executive officer is vacant and no replacement is appointed. The decision shall be published in the Official Gazette.

## **Article (12)** **Duties and powers**

A. The chief executive officer shall represent the Fund before the judiciary and in its relations with third parties and shall be responsible to the Board of Directors for the technical, administrative and financial conduct of the Fund and shall in particular undertake to do the following:

1. Manage the Fund and run its affairs, and supervise workflow and its staff.
2. Implement the decisions of the Board.
3. Establish and monitor the Fund's operational system, taking into account the guidelines determined by the Board of Directors.
4. Propose the appointment of one or more actuarial experts to estimate health insurance premiums and to examine and prepare the financial status of the Fund.
5. Prepare the draft budget of the Fund and prepare a report thereon and submit them to the Board of Directors within no more than two months before the end of the fiscal year.
6. Prepare the Fund's final accounts and prepare a report thereon and submit them to the Board of Directors within two months after the end of the fiscal year of the Fund for approval.
7. Prepare an annual report on the Fund's activity, as stipulated

in Article (6) of this Law, during the previous fiscal year, and submit it to the Board of Directors within three months of the end of the fiscal year, accompanied by a copy of the audited accounts of the Fund for the same fiscal year.

8. Prepare the draft organizational structure of the Fund and propose amendments therein.
  9. Prepare periodic reports and submit them on a quarterly basis to the Board of Directors with regards to the activities of the Fund and its progress, including, in particular, what has been achieved in accordance with the plans and programs developed, the identification of performance impediments, if any, and the proposed solutions to avoid them, unless the Board decides upon less time to submit such reports.
  10. Contract with health services providers to provide health benefits to beneficiaries for whom the Fund provides insurance coverage.
  11. Contract with specialized non-governmental entities to audit claims and develop health packages or other matters of a technical nature.
  12. Carry out other duties and powers within the competence of the chief executive officer in accordance with the provisions of this Law or the regulations or bylaws issued in implementation thereof and the tasks entrusted to him/her by the Board of Directors.
- B. The chief executive officer may, in writing, delegate a staff member of the Fund to perform some of his/her tasks in order to ensure the completion of the Fund's activities in accordance with the provisions of this Law.

## **Article (13) Resignation**

The chief executive officer may resign from his/her position by means of a written request to the Board of Directors, at least three months before the date of resignation. The decision to accept the resignation shall be issued by the Board of Directors.

## **Chapter 4 Financial Affairs and Auditing**

### **Article (14)**

#### **The Fund's budget and financial resources**

- A. The Fund shall have an independent budget to be prepared on a commercial basis. The fiscal year of the Fund shall begin and end with the beginning and end of the State's fiscal year.
- B. The financial resources of the Fund shall consist of the following:
  - 1. Appropriations in the state's general budget.
  - 2. Health insurance premiums.
  - 3. Proceeds of fees and revenues for any services rendered by the Fund without prejudice to the provisions of paragraph (C) of this Article.
  - 4. The return on the investment of the Fund's funds.
  - 5. Donations, assistance and any other resources accepted by the Board of Directors in a manner that does not conflict with the objectives of the Fund.
  - 6. The proportion to be determined by a Cabinet decision of the value of the fees collected for licensing the establishment, management and operation of private health institutions, renewal or amendment, provided that this percentage shall not be more than 50 percent of the value.

- C. The budget surplus of the Fund shall be carried forward from one year to another.

### **Article (15) Audit of the accounts of the Fund**

- A. The Board of Directors shall, at the beginning of each fiscal year, appoint one or more external auditors who are licensed to work in the Kingdom and have international stature to audit the accounts of the Fund. The same external auditor shall not audit the accounts of the Fund for more than three years and shall not be reappointed until five years have elapsed from the date of expiry of the previous appointment.
- B. The Fund may not assign any other tasks to the external auditor during the period of its audit task.
- C. The External Auditor shall, within a period not exceeding three months from the end of the fiscal year, audit and report on the accounts of the Fund in accordance with the International Accounting Standards. The report shall include all data and information clarifying the actual financial position of the Fund, including:
  - 1. A statement on whether the Fund has placed at the disposal of the External Auditor the documents, records, books, data and information it deems necessary for the performance of its task.
  - 2. A statement of whether the Fund's budget and final account are in line with the reality of the situation and whether they have been prepared in accordance with internationally-accepted accounting standards.
  - 3. A statement of whether the Fund has prepared and maintained regular accounts in accordance with the established rules.
  - 4. A statement of whether the inventory of the Fund's assets has been duly carried out in accordance with the established rules.

5. A statement of whether the data contained in the reports of the chief executive officer are identical to those contained in the books and records of the Fund.
  6. A disclosure of all violations, clarifying them, suggesting means of dealing with them, and indicating whether these violations persist.
- D. The External Auditor shall submit its report on the audit of the Fund's accounts to the Minister and the Chairman of the Board within three months of the end of the fiscal year.

### **Article (16) Conflict of interest**

- A. The member of the Board of Directors, when the Board looks into any matter in which the member has a personal interest, directly or indirectly, shall disclose this in writing if he/she knows that the Board is going to consider that matter. Such member may not attend the Board's discussions of that matter or vote thereon.
- B. The chief executive officer or any of the employees of the Fund shall have no direct or indirect personal interest relating to the Fund, and each of them shall immediately disclose in writing any interest arising therefrom during the period of employment with the Fund.

The chief executive officer shall disclose any conflict of interest to the Board and the remaining staff of the Fund shall disclose any conflict of interest to the chief executive officer.

- C. The Fund shall create a register named (the Register of Conflicting Interests) in which any of the interests referred to in paragraphs (A) and (B) of this Article shall be recorded by indicating the name, position or job of the person concerned and details of such interest, and any decisions or procedures taken on the subject matter.

Any concerned party shall have the right to look at the register of conflicting interests and obtain extracts from it or an exclusionary certificate that a particular matter is not included in the register subject to payment of prescribed fee.

## **Chapter 5 Fund staff and grievance against Fund decisions**

### **Article (17) Staff of the Fund**

- A. A sufficient number of staff with experience, specialization and professional competence shall be appointed for the Fund in all areas of the Fund's work.
- B. The provisions of Law No. (13) of 1975 concerning the organization of pensions and retirement benefits for government employees shall be applied to the employees of the Fund.

### **Article (18) Grievance against Fund decisions**

- A. Any concerned party may appeal against any decision issued by the Fund in accordance with the provisions of this Law within sixty days of the date of notification of such decision.

The grievance shall be submitted to the Board of Directors against the decisions issued by the Board. In respect of other decisions, the grievance shall be submitted to the chief executive officer in accordance with the rules and provisions to be determined by a decision of the Board of Directors.

The grievance shall be decided on and the complainant shall be notified of the outcome of the decision within thirty days of

the date of its submission. The complainant may challenge the decision to reject the appeal before the competent court within sixty days of the date of notification of this decision, or if the time limit for deciding the grievance has expired without informing the complainant of the outcome of the decision on his grievance.

- B. The appeal may not be filed with the court until after the grievance has been filed against the decision and a decision has been issued to reject the grievance or the time limit mentioned in the previous paragraph has expired without notice.



## **Part Two** The Health Insurance System

### **Chapter 1** **Management and governance of the health insurance system**

#### **Article (19)** **The Supreme Council of Health**

- A. The Supreme Council of Health shall have all the duties and powers to draw up the policies, plans, procedures, regulations, bylaws and decisions related to the health insurance system necessary to ensure the financing of health benefits and to monitor compliance with the provisions of this Law. The Supreme Council of Health shall exercise its duties and powers as provided in the provisions of this Law.
- B. The Supreme Council of Health may, with the approval of Cabinet, assign some of its tasks to the National Authority or any governmental authority, except for the issuance of regulations and decisions that, according to the provisions of this Law, shall be made by the Supreme Council of Health.
- C. The Supreme Council of Health shall, after consultation with the concerned authorities, issue a charter on the governance of the health insurance system in accordance with the best international practices, in order to enhance confidence in the health insurance and limit harmful practices, and ensure the effective and optimal use of the health financing system and promote its sustainability.

#### **Article (20)** **The National Health Information and Knowledge Management Agency**

- A. The National Health Information and Knowledge Management Agency shall be established at the Supreme Council of Health

and shall appoint a sufficient number of experienced and competent staff. Administrative units may be established at the center to handle health economics in addition to matters relating to quality, planning, and health information and data, and other administrative departments.

- B. The Supreme Council of Health may specify a name and a logo for the National Health Information and Knowledge Management Agency, and shall have an exclusive right to use the name and logo and to prevent third parties from using them or to use any similar symbol or logo.

### **Article (21)**

#### **Scope of health database**

The health database shall consist of all data related to beneficiaries, insurance coverage providers and health service providers, including the following:

1. Personal data of the beneficiary related to his/her state of health.
2. Data relating to the purposes of participation in health insurance or termination or suspension of insurance coverage.
3. Data relating to the purpose of determining the health benefits obtained by the beneficiary.
4. Financial data regarding health service providers' claims for benefits provided to the beneficiary.
5. Any data specified by a decision of the Supreme Council of Health.

### **Article (22)**

#### **Duties of the National Health Information and Knowledge Management Agency**

- A. The National Health Information and Knowledge Management Agency shall undertake to carry out the following tasks:
1. Collect, analyze and process health data.
  2. Authorize persons to process or receive health data.
  3. Establish electronic interconnection between insurance coverage providers and the health services providers through a network.
  4. Collect data, information and statistics relating to beneficiaries, providers of insurance coverage and providers of health services and their transactions.
  5. Monitor the work related to the processing of beneficiaries' health data to verify compliance with the provisions of this Law.
  6. Propose regulations necessary to protect health data in accordance with the provisions of this Law.
  7. Put forward the necessary proposals to enhance the protection of personal data of beneficiaries.
  8. Any other duties specified by a decision of the Supreme Council of Health.
- B. The National Health Information and Knowledge Management Agency shall collect a fee from the insurance coverage providers and the health service providers in consideration for the electronic services, according to the number of services they deliver. This fee shall be allocated for the conduct of the Center's work. The identification of such services and the value of the fee, its categories, and cases of collection and exemption shall be promulgated by a Cabinet decision upon a proposal by the Supreme Council of Health.



- C. When collecting health data, the National Health Information and Knowledge Management Agency is not required to obtain prior consent from the beneficiary, the provider of the insurance coverage or the provider of the health service.
- D. The National Health Information and Knowledge Management Agency shall only process health data according to the purposes for which it has been collected, relating to the enhancement of the quality of health services, the governance of the health insurance system and the protection of the health financing system.

### **Article (23)**

#### **The Unified Electronic Medical Record**

- A. Each beneficiary shall have an electronic medical record containing all of his/her health data and, in particular, data related to his/her health condition that may be used as a basis for claiming financial dues for the provision of health services.

A decision shall be issued by the Supreme Council of Health to identify such data, rules and safeguards required in the record, so as to ensure the protection and confidentiality of the data recorded therein.

The National Health Information and Knowledge Management Agency shall link health providers with the electronic medical record. The Supreme Council of Health shall regulate the mechanism for accessing the data contained therein and the rules to be observed when processing, storing and using such data.

### **Article (24)**

#### **National Health Data Dictionary**

- A. The Supreme Health Council shall establish a national health data dictionary that includes a national system of terminologies related

to the health sector for all health standards. The terminologies shall be classified into categories and arranged in order to serve as a reference for health providers and coverage providers in the use of standardized language that allows for technical systems to receive, send, store, display, retrieve or process the contents of the dictionary automatically.

- B. The National Health Data Dictionary shall be updated by the Supreme Council of Health in accordance with medical advancement and any new terms or coded expressions in the medical field.
- C. The Supreme Council of Health shall hold consultations with concerned bodies, including non-governmental organizations, to explore their views before the establishment of the National Health Data Dictionary or to make any amendment or update thereof.
- D. The National Health Data Dictionary shall be published by means determined in a decision issued by the Supreme Council of Health.

### **Article (25)**

#### **Processing Security**

- A. Insurance coverage providers and health service providers shall apply technical and regulatory measures to protect data from unauthorized destruction, loss, unauthorized alteration, disclosure, access or any other forms of processing.

Such measures must ensure a high level of security, taking into account the latest technological protection methods, and that technical and organizational measures should be made available to those concerned at the National Health Information and Knowledge Management Agency and the National Authority.

- B. The Supreme Council of Health shall issue a decision specifying the requirements to be met in the technical and regulatory measures referred to in paragraph (A) of this Article. Insurance coverage providers and health service providers may be required to apply special security requirements when processing personal data.

## **Chapter 2 Mandatory health insurance**

### **Article (26) Individuals subject to mandatory health insurance**

- A. The mandatory health insurance shall apply to all citizens, residents and visitors.
- B. The following categories shall be treated as citizens in the mandatory health insurance:
1. A non-Bahraini woman married to a Bahraini.
  2. A non-Bahraini man married to a Bahraini.
  3. Children of Bahraini women married to non-Bahrainis.
  4. Other categories that reside in the Kingdom and are determined by a Cabinet decision upon a recommendation by the Supreme Council of Health.

### **Article (27) Providers of insurance coverage in the mandatory health insurance**

- A. The Fund shall provide insurance coverage in the mandatory health insurance for citizens and non-Bahrainis who work in any government agency.

- B. The Fund or the authorized insurance companies shall provide insurance coverage in the mandatory health insurance for the resident and visitor in accordance with the provisions of this Law and the regulations and decisions issued in implementation of the law.

### **Article (28) The financing of the mandatory health insurance**

- A. The mandatory health insurance shall be financed by payment of the following health insurance premiums:
1. The Government is obliged to pay the premiums of citizens and those who are deemed citizens in order to cover the benefits stipulated in the mandatory health package for citizens.
  2. The employer shall pay the premiums of his non-Bahraini workers to cover the benefits stipulated in the mandatory health package for residents.
  3. A non-Bahraini employer, if he is a natural person, shall be obliged to pay the premiums on their own behalf and the dependents of their family members, namely the husband, wife, resident ascendant and descendant relatives, to cover the benefits stipulated in the mandatory health package for residents.
  4. The non-working resident is obliged to pay the premiums for himself and the dependents of his family members, namely the husband and wife, resident ascendant and descendant relatives, in order to cover the benefits stipulated in the mandatory health package for residents.
  5. The licensed worker who does not have an employer is obliged to pay the premiums for himself and the dependents of his family members, the husband and wife, resident ascendant

and descendant relatives to cover the benefits stipulated in the mandatory health package for residents.

6. The sponsor is obliged to pay the premiums of those sponsored, and who do not have an employer, in order to cover the benefits stipulated in the mandatory health package to which he is subject in accordance with the provisions of this Law.
  7. The visitor is obliged to pay the premiums for himself and the dependents of his family members, namely the husband and wife, ascendant and descendant relatives visitors, in order to cover the health benefits prescribed in the mandatory health package for visitors.
  8. The entity obliged to pay the premiums for any other groups of residents, which shall be determined by a decision by the Cabinet upon a proposal by the Supreme Council of Health.
- B. The Cabinet, upon a proposal by the Supreme Council of Health in coordination with the concerned government authorities, is to approve the provision of temporary and partial financial support for the funding of mandatory health insurance for non-Bahraini workers in cases where it is estimated that the support is of strategic economic importance to the Kingdom or to protect some economic or trade sectors.

## Article (29)

### The employer's commitment to registering his workers in the health insurance

- A. It is prohibited for the employer to recruit or employ a foreign worker without registering that worker in the health insurance in accordance with the provisions of this Law.
- B. The employer is obliged to register his non-Bahraini workers in the mandatory health insurance, in addition to the dependents

of the members of his family if this is stipulated in the contract of employment, through the conclusion of a health insurance contract with any of the insurance coverage providers.

- C. The employer shall provide all information and data necessary on his non-Bahraini employees for the insurance coverage, as required by the insurance coverage provider at the time of the conclusion of the health insurance contract or during its validity.
- D. The employer shall provide all information, data and instructions to his workers about the insurance coverage, in particular the name of the insurance coverage provider, the date of expiry and scope of coverage, the health insurance card and the network of health service providers, and other matters necessary to inform the worker of important information and data on insurance coverage and its limits.
- E. The employer shall not be entitled to any payment or to receive any benefit or privilege from the worker in exchange for his inclusion in the health insurance.

The employer may not recover any of the health insurance premiums that he obliged to pay for his workers in accordance with the provisions of this Law through deducting the employee's wages or bonuses or allowances or grants or rewards or commissions or any other benefits of the worker.

- F. A decision by the Supreme Council of Health, in coordination with the Minister concerned with Labor Affairs, shall determine the rules, conditions and procedures that the employer shall observe to register his non-Bahraini workers, the cases in which the employer would be exempt from such obligation, the implication of the breach of this obligation and the information, data and guidance on insurance coverage and scope, for which the worker is to be briefed, and other matters.

### **Article (30)**

#### **Health insurance for the worker under probation**

- A. The Supreme Council of Health may issue a decision to regulate the provisions, rules and conditions and scope of insurance coverage for the worker under probation, including the mandatory health package to which he/she is subject to.
- B. The insurance coverage in the mandatory health package for residents shall apply to the worker under probation.

### **Article (31)**

#### **Health insurance for temporary workers**

- A. The Supreme Council of Health may issue a decision to regulate the provisions, rules and conditions and scope of insurance coverage for foreigners who come to the Kingdom for the purpose of performing temporary work, such as visiting medical staff, setting up markets, exhibitions, celebrations, festivals, concerts and other similar activities.
- B. Temporary insurance coverage in the mandatory health package for visitors shall apply to the worker in temporary work.

### **Article (32)**

#### **The employer's obligation to undertake the health services' cost**

- A. The employer shall pay the value of the financial claims for the health benefits provided by the health service providers to his worker if he (the employer) does not provide valid insurance coverage in accordance with the declared price list of the health services provider.

- B. The provisions of paragraph (A) of this article shall apply to members of the worker's family if the employment contract requires the provision of insurance coverage to them.
- C. If the employer hires a foreign worker without a permit from the Labor Market Regulatory Authority, the liability to pay the value of financial claims for the health benefits provided by the health services providers to the worker shall be transferred to the employer. The Supreme Council of Health, in coordination with the Labor Market Regulatory Authority, shall issue a decision on the provisions, rules and conditions relating to the transfer of the liability for paying the value of financial claims.

### **Article (33)**

#### **The obligation of the sponsor, the employer and the non-working resident to participate in the health insurance**

- A. The sponsor is obliged to register his sponsored workers who do not have an employer in the mandatory health insurance. The non-Bahraini employer or the non-working resident also undertakes to register himself and his dependents in the mandatory health insurance.

Participation in health insurance shall be through the conclusion of a contract with any provider of insurance coverage.

- B. The sponsor, the non-Bahraini employer and the non-working resident are obliged to provide all the information and data required for the insurance coverage, and as required by the insurance coverage providers at the conclusion of the contract or during its validity.

A decision by the Supreme Council of Health shall specify the provisions, rules and procedures to be observed for participation in the health insurance.

- C. The sponsor shall pay the value of the financial claims for the health benefits provided by the health service providers to the insured if he (the sponsor) does not provide valid insurance coverage during the period of the insured's residency or visit, in accordance with the price list announced by the health service provider.
- D. The non-Bahraini employer or the non-working resident shall pay the value of the financial claims for the health benefits provided by the health service providers to his dependents if he does not provide valid insurance coverage during the period of his residency in accordance with the price list announced by the health service provider.

### **Article (34)**

#### **Providing insurance coverage when issuing and renewing residence or work permits**

- A. In order to issue or renew a residence or work permit, the employer or sponsor has to have provided insurance coverage for the worker or the non-Bahraini insured in the mandatory health insurance system.
- B. In order to issue or renew the residence permit for the employer himself, the non-working resident and his dependents in the compulsory health insurance, he must have provided his dependents with insurance coverage in the mandatory health insurance system.
- C. The Supreme Council of Health, in coordination with the General Directorate of Nationality, Passport and Residence Affairs and the Labor Market Regulatory Authority, shall issue the provisions, rules and conditions for obtaining residence or work permits to ensure the inclusion of non-Bahraini workers or sponsored persons in the health insurance system. The aforementioned

bodies are required to provide the Supreme Council of Health with information and documents concerning the inclusion of non-Bahraini workers or sponsored persons in the health insurance system.

### **Article (35)**

#### **Health insurance for visitors**

- A. The Supreme Council of Health shall issue the mandatory health package for visitors, which specifies the range of health benefits that must be provided, which are limited to emergency cases and injuries resulting from accidents, the maximum amounts of insurance coverage for the package, the conditions in which the beneficiary must pay the coinsurance value to the health service provider and other matters.
- B. A decision of the Supreme Council of Health, in coordination with the concerned government agencies, shall indicate how the visitor shall pay the health insurance premium and the method of its collection.

A visitor's visa to the Kingdom may not be issued or renewed - in cases where this is required - unless the visitor has paid the health insurance premium.

### **Article (36)**

#### **Health insurance for citizens abroad**

- A. The Supreme Council of Health, in coordination with the Fund, shall issue a decision to regulate health insurance for citizens outside the Kingdom. The decision shall regulate the health package, indicating the range of health benefits to be provided which are limited to emergency cases, in addition to setting the maximum amounts of insurance coverage for the package, and other matters.

- B. A decision of the Supreme Council of Health, in coordination with the concerned government agencies, shall indicate how the citizens abroad shall pay the health insurance premium and methods of its collection.

### **Chapter 3**

#### **Health services in the mandatory insurance**

#### **Article (37)**

#### **The benefits of health packages in the mandatory health insurance**

- A. The health benefits obtained by the citizen in the mandatory health insurance consist of preventive, curative, rehabilitation services and medical examinations, in particular the following:
1. Examination, diagnosis, detection, treatment and primary health care.
  2. Laboratory tests and radiology.
  3. Conducting surgical operations.
  4. Maternal and childbirth care.
  5. Hospitalization for treatment or rehabilitation.
  6. Dental treatment services, not inclusive of non-therapeutic services.
  7. Psychotherapy.
  8. Physiotherapy.
  9. Nursing Services.
  10. In Vitro Fertilization according to specific controls.
  11. Obesity treatment according to specific controls.

12. Cosmetic treatment services.
  13. Medications prescribed for treatment.
  14. Prosthetic devices.
  15. Accommodation expenses for one person accompanying the patient in cases where this is required.
  16. Ambulance services.
  17. Long stay.
  18. All chronic diseases.
  19. Any other preventive, curative, rehabilitation or other medical examinations determined by a decision of the Supreme Council of Health.
- B. The group of health benefits that the resident shall receive under the mandatory health insurance consists of the following:
1. Primary health services.
  2. Secondary health services, the covered and non-covered benefits of which are determined in accordance with paragraph (A) of Article (38) of this Law.
  3. Treatment of emergencies and accidents.
- C. The group of health benefits that the visitor shall receive under the mandatory health insurance consists of treatment services and medical examinations required for the treatment of emergency cases or injuries resulting from accidents.
- D. The government is obliged to pay the mandatory health insurance premiums of resident domestic servants and persons deemed as such who work for Bahraini citizens.

## **Article (38)**

### **Mandatory health insurance packages**

- A. The Supreme Council of Health shall issue mandatory health packages for citizens and residents, indicating the range of health benefits to be provided for each of these groups under the mandatory health insurance and health benefits excluded from insurance coverage for each category.

In determining or modifying the benefits of health packages, the medical efficacy, cost-effectiveness, necessity, consistency with the national health policy and the health financing system and improving the quality and complementarity of health care services must be taken into consideration.

- B. The Supreme Council of Health shall issue a decision specifying the maximum amount of insurance coverage for mandatory health packages for residents and visitors.

## **Article (39)**

### **Primary health care**

- A. The beneficiary of the mandatory health insurance must register at a public health institution or a primary health care center approved by a decision of the Supreme Council of Health. The beneficiary shall have the right to choose one of the primary care centers approved in accordance with the provisions, rules and conditions specified by a decision of the Supreme Council of Health.
- B. The referral of the beneficiary to any level of specialized health care, including the referral to a specialized doctor, shall only be on the basis of a decision by the General Physician or family doctor in the primary health care.
- C. Primary health care provides for the beneficiary of the mandatory health insurance diagnosis, laboratory testing and radiology,

treatment and prevention of diseases, maternal and child care services, follow-up treatment of chronic diseases, dental treatment, emergency services, nursing services and other health care benefits, which shall be determined by a Supreme Council of Health decision.

Primary health care ensures the promotion of family health, the ease and effectiveness of access to specialized health services, and follow-up treatment.

- D. The Supreme Health Council shall set forth the provisions, rules and regulations relating to primary health care and registration procedures in a health institution or a primary health care center. The decision shall also identify the scope of health benefits included in primary health care, the mechanism used to coordinate with other levels of health care for accredited health service providers, and cases which require prior approval from insurance coverage providers.

## **Article (40)**

### **Insurance coverage of medicines**

- A. The beneficiary shall have the right to obtain medicines for the treatment of his/her condition as written in the prescription issued by a competent physician. The insurance coverage provider shall, as the case may be, pay the claims due to the approved pharmaceutical centers.
- B. A list of medicines covered by the mandatory health insurance coverage that the health service providers or pharmacy centers are required to consider when prescribing or dispensing medications to the beneficiaries shall be determined by a decision of the Supreme Council of Health.
- C. The pharmacist may, upon the consent of the beneficiary, dispense a drug similar to the medicine written in the prescription,

and included in the list stipulated in paragraph (B) of this article, if that alternative drug contains the active ingredient and the same concentration as the prescribed drug, without any change in the way in which the medicine is taken, as specified in the prescription, provided that the beneficiary shall bear the difference between the value of the alternative drug and the value of the drug included in the list of medicines, if any.

In all cases, the pharmacist shall not dispense to the beneficiary a similar medicine if the physician writes on the prescription that only the prescribed medicine should be dispensed.

- D. A decision by the Supreme Council of Health shall be issued indicating the provisions, rules and conditions relating to the disbursement of medicines to the beneficiary, including information to be provided to the pharmacy centers and the provisions governing the electronic prescription, the fee or coinsurance amount that the beneficiary must pay to obtain particular medicines, cases of exemption from payment and the cases which require prior approval of the insurance coverage provider must be obtained prior to dispensing the medication. In respect to the mandatory health insurance, the Bahraini citizen and groups who are treated as citizens as stipulated in Article )26( of this Law shall be exempted from paying the fees for medicines

### **Article (41)**

#### **Insurance coverage for prosthetic devices**

- A. The beneficiary shall have the right to obtain prosthetic devices necessary for his condition and as determined by the competent doctor. The insurance coverage provider shall pay the due claims.
- B. A list of prosthetic devices covered by the mandatory health insurance coverage, which health service providers are required to take into consideration when deciding about prosthetic devices,

shall be determined by a decision of the Supreme Council of Health. The decision of the Supreme Council of Health shall encompass all data on prosthetic devices, including indication of the group to which the prosthetic device belongs, its name and symbol, and its cost and other matters.

- C. Upon the consent of the beneficiary, a prosthetic device equivalent to the one prescribed by the competent physician and included in the list provided for in paragraph (B) of this article may be obtained if this device is more effective or of the same efficiency as that of the prescribed device, provided that the beneficiary shall bear the difference between the value of the equivalent device and the value of the listed device.
- D. The provisions, rules and conditions relating to the provision of prosthetic devices to the beneficiary shall be issued by a decision of the Supreme Council of Health, including the information and documents to be submitted to the accredited centers, the provisions and conditions of which the prior approval of the insurance coverage provider must be obtained prior to the provision of prosthetic devices.

### **Article (42)**

#### **Fees for health services in mandatory insurance**

- A. The Supreme Council of Health may determine for specific health benefits, in the mandatory health insurance, the fee to be paid by the non-Bahraini beneficiary to the health service provider in order to receive the service.
- B. The health service provider shall not exempt the beneficiary from paying the fee.
- C. The following shall be excluded from fee payment:



1. Surgical operations for acute cases and injuries caused by accidents.
2. Maternal and child care.
3. Beneficiaries under 5 years old.
4. Medical examinations conducted at the request of the insurance coverage provider.
5. The children of Bahraini women married to non-Bahraini men, non-Bahraini men married to Bahraini women and non-Bahraini women married to Bahraini nationals.
6. Cases determined by a decision of the Supreme Council of Health.

## **Chapter 4**

### **The optional health insurance**

#### **Article (43)**

##### **The optional health insurance for citizens**

- A. Any citizen or person regarded as such may obtain private optional health insurance by contracting with one of the insurance coverage providers.
- B. Any citizen or person regarded as such may obtain any of the optional health packages provided by the Fund and that are subsidized by the State by a percentage determined by the Cabinet upon a proposal by the Supreme Council of Health, provided that the subsidy shall not be less than 60% of the value of the optional health package, while maintaining the right to obtain the mandatory health package.

#### **Article (44)**

##### **Optional health insurance for residents**

- A. Employers and sponsors may provide their workers, family members and those sponsored with additional health benefits or additional private health insurance through contracting with an insurance coverage provider.
- B. Any resident may obtain additional health benefits or additional private health insurance by contracting with an insurance coverage provider.

#### **Article (45)**

##### **Health packages in the optional insurance**

- A. The insurance coverage providers shall determine in the insurance policy the benefits of the health packages in the optional health insurance, the coinsurance amount, the maximum limits for health insurance premiums, the network of health providers, and other matters.
- B. In cases where the insurance coverage provider is obliged to provide the mandatory health package to the beneficiary in accordance with the mandatory health insurance, the provider may not provide optional health packages that reduce or restrict the benefits determined in that package for the beneficiary.

#### **Article (46)**

##### **Obtaining health benefits or additional health insurance**

- A. This Law shall not prejudice the right of any citizen, resident, sponsor, breadwinner or any person to contract for additional health benefits or additional health insurance for himself, his sponsored persons or dependents.

- B. This Law shall not prejudice any provision or condition in any contract, regulation or bylaw that provides better or more comprehensive insurance coverage for any beneficiary.

## **Chapter 5**

### **Insurance coverage providers**

#### **Article (47)**

#### **Insurance coverage providers**

- A. The health insurance coverage shall be provided by the Fund and the insurance companies authorized by the Central Bank of Bahrain to carry out the insurance business.
- B. A decision of the Supreme Council of Health, in coordination with the Central Bank of Bahrain, shall be issued to regulate the provisions, rules and conditions of the health insurance coverage and the duration of its validity.

#### **Article (48)**

#### **The register of insurance coverage providers**

The National Authority shall establish a register to record all data and information about the insurance coverage provider.

A decision shall be issued by the Supreme Council of Health to identify the data, information and safeguards to be provided in this register, in order to protect the data and information contained therein, and to indicate any changes in such data or information.

The insurance coverage provider shall notify the National Authority of any change in the data and information contained in the register within thirty days of the date of occurrence.

The information contained in the register, which is available to the public, and the extraction of a certified copy of the information recorded therein, or a certificate that a particular matter is not included in the register, may be obtained after payment of the prescribed fees.

#### **Article (49)**

#### **Obligations of insurance coverage providers**

- A. The insurance coverage providers shall:
1. Contract with health providers to provide health benefits to beneficiaries.
  2. Pay financial claims for health benefits determined in the insurance coverage and provided by the health services provider, in accordance with the decision of the Supreme Council of Health.
  3. Provide the Supreme Council of Health with all information, data, documents, and records related to the health insurance.
  4. Refrain from owning or establishing or operating or co-managing a private health institution or health care center.
  5. Provide the beneficiary with all information and guidance on the scope of insurance coverage, the network of health services providers, health benefits that require prior approval, the coinsurance amount, if any, any updates to such information, and other matters necessary to inform the beneficiary of important information and data on insurance coverage and limits.
  6. Settle financial claims for health service providers or beneficiaries in cases where they are responsible for funding the cost of health benefits.
  7. Prepare records relating to insurance coverage at their place

of work. A decision by the Supreme Council of Health shall determine records and reports to be kept and maintained in accordance with the periods specified in the decision.

8. Maintain the privacy, confidentiality and protection of beneficiary data.
9. Decide on complaints submitted to them in accordance with the mechanism approved by the Supreme Council of Health in this regard.

The Supreme Council of Health, in coordination with the Central Bank of Bahrain, shall issue a code of conduct that must be followed by the insurance coverage providers, including rules, procedures and mechanisms for the determination of applications for approval of the costs of medical procedures, settlement of financial claims, matters of conflict of interest and conditions that must be disclosed and other issues.

### **Article (50)** **Health insurance contract**

- A. The health insurance contract shall be concluded between the party required to pay the premiums and the insurance coverage provider, under which the latter commits to providing coverage for the benefits determined in the health packages to which the beneficiary is subject to, or to providing coverage for any additional health care.
- B. A health insurance contract is only valid if the party who is obliged to pay the premiums has signed the health insurance policy. The insurance policy specifies the scope of health benefits, the financial limit for coverage, the duration of coverage, the amount of coinsurance, if any, the network of health service providers, financial claims' settlement procedures and other matters.

C. The Supreme Council of Health, in coordination with the Central Bank of Bahrain, shall issue a decision regulating the conditions, provisions and data of the mandatory health insurance contracts and documents, provided that the decision includes the following:

1. The terms and conditions of how contracts are concluded.
2. The provisions, information and data to be included in the health insurance contracts and documents, including obligations and mutual rights between the party obligated to pay the premium, the insurance coverage provider and the beneficiary of the health benefits.
3. The terms and obligations that may not be included in insurance contracts and documents.
4. The controls and restrictions on the amount of coinsurance.
5. Any other data, provisions or conditions issued by a decision of the Supreme Council of Health in coordination with the Central Bank of Bahrain.

D. The contract of health insurance with the Fund is not required for the following categories:

1. Citizens and groups treated as citizens in accordance with the provisions of paragraph (B) of article (26) of this Law, in order to provide insurance coverage under the mandatory health insurance.
2. Residents employed in government agencies, in order to provide insurance coverage under the mandatory health insurance.

### **Article (51)** **Financing of health benefits' contract**

- A. In order to meet their obligations to the beneficiaries in financing the health benefits covered by the insurance coverage, the

insurance coverage providers may contract with the health service providers using a deferred payment system by paying the outstanding claim after providing the beneficiary's health benefits.

- B. The health benefits' financing contract regulates the obligations of the parties to the contract, the prices of health benefits, health benefits that require prior approval of the insurance coverage provider, the information and data to be provided to the insurance coverage provider and the details of the claim due, the mechanism of paying health benefits' costs, the cases under which the contract may be terminated or not implemented, the mechanism for settlement of disputes and other matters governing the relationship between the parties to the contract, all in a way that does not prejudice the rights of the beneficiary to access health care.
- C. The Supreme Council of Health may issue a decision to regulate the terms, conditions and statements of the health benefits financing contracts between providers of insurance coverage and health service providers.
- D. Health benefits' financing contracts concluded by the Fund with health providers are not governed by the provisions of the Government Tenders and Purchases Law.
- E. Where the health benefits' financing contract is terminated or has expired, the insurance coverage providers shall notify the Supreme Council of Health, beneficiaries or the party obligated to pay the health insurance premium within the period specified by a decision of the Supreme Council of Health.

## **Article (52)** **Health insurance card**

- A. The Supreme Council of Health shall issue a decision to regulate the rules and conditions for the issuance of the health insurance card or its substitute and other related matters.
- B. Insurance coverage providers shall issue a health insurance card to each beneficiary in accordance with the decision mentioned in paragraph (A).

## **Article (53)** **Determination of the health insurance premium**

- A. The determination of health insurance premiums shall be by agreement between the insurance coverage provider and the party obligated to provide coverage. The premiums shall be paid on the agreed maturity date.
- B. The Supreme Council of Health, in coordination with the Fund and the Ministry of Finance, shall assess the health insurance premiums of citizens and persons treated as citizens as well as residents who hold a position in government entities, and shall take into consideration the actuarial rules adopted by the Fund.

## **Article (54)** **System and mechanism of paying health services' costs**

The Supreme Council of Health shall issue regulations and mechanisms to be considered when insurance coverage providers pay claims to health providers in order to promote the provision of more efficient and effective health care, protect the health financing system, promote its sustainability and reduce any harmful practices,

and these regulations shall also regulate the consequences of violation.

### **Article (55)**

#### **The right of the insurance coverage provider to refer to the beneficiary**

Insurance coverage providers may refer to the beneficiary to recover claim amounts if the beneficiary violates the terms of the health insurance policy or intentionally submits incorrect documents or data to obtain health benefits without any right to them.

### **Article (56)**

#### **The right of the insurance coverage provider to refer to third parties**

Insurance coverage providers may refer to the Social Insurance Organization to recover the amounts of the claim if the health benefits provided to the beneficiary are due to work injury or an occupational illness.

### **Article (57)**

#### **Termination of health insurance policy**

- A. The beneficiary's right to obtain health benefits ends with the termination of insurance coverage for any of the following reasons:
1. End of the period of coverage set out in the policy.
  2. Death of beneficiary.
  3. Cancellation of the policy.
  4. Worker's move to work for another employer.
  5. Permanent departure from the Kingdom.

6. If it is proved that the insurance was obtained on the basis of deliberate submission of incorrect documents or information.

- B. Insurance coverage shall continue for the resident after his/her residency has been canceled for the period stipulated by law, unless the period of coverage specified in the conditions of the policy ends.
- C. Insurance coverage shall continue for the worker whose employer terminated his service within the time limit determined by the Labor Market Regulatory Authority in accordance with the provisions of paragraph (A) of article (25) of Law No. (19) of 2006 regarding the regulation of the labor market or until he goes to another employer, whichever is earlier.
- D. The Supreme Council of Health, in coordination with the Central Bank of Bahrain, shall issue the provisions, rules and procedures to be considered when the health insurance policy is canceled or the insurance coverage of the conditions stipulated in paragraphs (B) and (C) of this article remains in effect.

## **Chapter 6 Health service providers**

### **Article (58)**

#### **Licensed health service providers**

Each health service provider licensed by the National Authority may participate in the health insurance system by contracting with the insurance coverage providers to provide all or some of the health benefits to the beneficiaries.

## **Article (59)**

### **Health provider register**

The National Authority shall establish a register to record all data and information on licensed health service providers.

A decision shall be issued by the Supreme Council of Health to specify the data, information and safeguards to be available in the register, to ensure the protection of data and information contained therein and to indicate any changes made to such data or information.

Health service providers shall notify the National Authority of any change in the data and information contained in the Register during the period specified by a decision of the Supreme Council of Health.

The record shall be accessible to the public for viewing, and a certified copy of the information recorded therein, or an adverse certificate that a particular matter is not included in the register, may be obtained after payment of the prescribed fees.

## **Article (60)**

### **Obligations of health service providers**

A. Healthcare providers shall be committed to:

1. Provide benefits and health care in accordance with established medical principles and professional and ethical standards, taking into consideration the scientific progress achieved in this regard.
2. Notify the National Authority of the list of prices of health services and any amendments thereto. This list shall be effective only after notification and publication to the public by the means determined by the Authority.
3. Prepare records relating to health insurance at its place of work, and a decision by the Supreme Council of Health shall

specify records and reports to be prepared and maintained in accordance with the periods specified by the decision.

4. Maintain the privacy, confidentiality and protection of beneficiary data.
  5. Shall not own or establish or manage or operate or participate in the management of the insurance companies.
  6. Provide all information and data to the insurance coverage provider in relation to the details of the health benefits provided to the beneficiary.
  7. Provide the beneficiary at his request with a copy of his medical reports.
  8. Provide the insurance company with the required information, data and documents related to the health benefits provided to the beneficiary.
  9. Address complaints submitted in accordance with the mechanism adopted by the Supreme Council of Health in this regard.
  10. Provide the Supreme Council of Health with all information, data, documents, and records related to health insurance.
- B. The Supreme Council of Health may issue a Code of Conduct which health service providers must adhere to when providing their services to the beneficiaries of health insurance.

## **Article (61)**

### **Claiming financial dues**

The health service provider shall claim from the insurance coverage provider for its financial dues for the provision of the health benefits prescribed in the beneficiary's insurance coverage, and the Supreme Council of Health shall determine the rules, conditions and mechanism for claiming financial dues.

**Article (62)**  
**Providing health services for  
emergency cases**

A. The health service providers are obliged to provide health benefits to the beneficiary in cases of emergency.

In the absence of a health benefits' financing contract with the insurance coverage provider, the health service providers have the right to refer the costs of these services to the insurance coverage providers that provide the beneficiary's insurance coverage. In the absence of insurance coverage, the beneficiary is asked to pay the costs of these services at the agreed prices with the Fund.

B. Health benefits shall be provided to the beneficiary in emergency cases, without the need for referral from primary health care centers or the family doctor, or obtaining the consent from the insurance coverage providers.



### **Part Three**

Administrative and financial organization of public health institutions

#### **Article (63) Scope of application of this wchapter's provisions**

- A. The provisions of this chapter shall apply to governmental health institutions, which shall be determined by a decision of the Supreme Council of Health after the approval of the Cabinet, including, but not limited to, hospitals, specialized hospitals, primary health care centers, medical therapeutic centers, medical complexes, clinics and centers practicing any medical support professions.
- B. The Supreme Council of Health shall consult with the concerned governmental authorities in order to ensure the effective and orderly application of the provisions of this chapter and in accordance with the phases specified for the application of the health insurance system referred to in paragraph (C) of article (2) of this Law.

#### **Article (64) Management of public health institutions**

- A. The governmental health institutions shall have one or more boards of trustees. The appointment of members, the chairman and deputy chairman shall be promulgated by a decree upon a proposal by the Supreme Council of Health. The members of the board of trustees shall not exceed seven, including the chairman of the board.
- B. Members of the board of trustees shall be competent and experienced, and their term of office shall be for a period of four years renewable for another similar period in accordance with the rules, conditions and qualifications specified by a decision of the Supreme Council of Health.



## **Article (65)**

### **Boards of trustees' tasks and powers**

- A. The Board of Trustees shall handle the affairs of governmental health institutions in accordance with the national health policy and the health insurance financing system. It shall ensure the optimal utilization of financial resources and maintain them and reduce costs while maintaining beneficiary satisfaction. In particular, it shall undertake to carry out the following:
1. Supervise workflow at governmental health institutions in order to achieve their objectives efficiently and ensure the quality of health services, within the limits of the financial allocations.
  2. Approve the appointment of medical, technical, nursing and high-level administrative staff.
  3. Approve contracts and take the necessary actions to provide health arrangements, technical requirements and the necessary medical equipment and tools.
  4. Approve contracts with insurance coverage providers to provide health benefits to beneficiaries.
  5. Improve treatment of patients and reduce patient waiting periods.
  6. Prepare an annual report on the activity of the governmental health institution and submit it to the Supreme Council of Health within a maximum of three months from the end of the fiscal year, accompanied by a copy of the accounts of the institution for the same fiscal year and all matters which shall be determined by a decision of the Supreme Council of Health.
  7. Propose the amendment of the organizational structure of the governmental health institution and submit it to the Supreme Council of Health.

8. Take measures to ensure compliance with the provisions of this Law and the regulations and decisions issued in application of its provisions.
9. Perform any other tasks and powers determined by a decision of the Cabinet upon a proposal of the Supreme Council of Health.

- B. A decision shall be issued by the Supreme Council of Health to regulate the rules of work of the Board of Trustees, the validity of its meetings, the limits of its responsibility for managing the affairs of the governmental health institution, and the decisions and recommendations to be submitted to the Supreme Council of Health for approval. The decision shall also state the rules that ensure transparency and integrity, issues relating to conflict of interest, cases that must be disclosed and other matters.

## **Article (66)**

### **Chief Executive Officers' tasks and powers**

The governmental health institutions shall have one or more chief executive officers appointed by decree, upon a proposal of the Supreme Council of Health and after nomination from the Board of Trustees.

The Board of Trustees, after consultation with the Supreme Council of Health and the concerned government authorities, shall determine, in a decision, the tasks and powers of the chief executive officer to ensure that the governmental health institutions have independence in the management of their affairs and enhance their competitiveness in providing health services efficiently and effectively in accordance with best practices. The decision shall regulate the rules to ensure fairness, transparency, issues of conflict of interest, cases to be disclosed and other matters.

## **Article (67)**

### **Public health institutions’ management controls**

- A. The management of government health institutions are subject to the following controls:
1. Ensuring the social function of the governmental health institution and its role in providing non-profit health services, and to limit any unjustified rise in the prices of health services, which would make different segments of society unable to obtain appropriate levels of health care.
  2. Coordinating with other government health institutions in the provision of health care to achieve consistency and integration in the delivery and sustainability of health services, particularly with regard to primary health care, long-term stay and rehabilitation.
  3. Determining the prices of health services in consultation and agreement with the insurance coverage providers and under the supervision of the Supreme Council of Health.
  4. Using techniques that limit drug prescription, diagnosis or other health services when they are not needed.
  5. Any controls specified by a decision from the Supreme Council of Health.
- B. The Supreme Council of Health shall issue mechanisms to verify public health institutions’ compliance with the controls provided for in paragraph (A) of this article.

## **Article (68)**

### **Organizational structure of government health institutions**

- A. The Supreme Council of Health, in coordination with the Civil Service Bureau, shall issue the organizational structures of public health institutions upon the proposal of the Board of Trustees, taking into consideration the administrative divisions, units and departments of the institution in a manner commensurate with the availability, size and quality of the health services.
- B. The Board of Trustees shall amend the proportion of permanent employees included in the organizational structure of the public health institution, provided that the proportion, which is determined by a decision of the Supreme Council of Health, does not exceed the actual number of staff. This also shall take into consideration the planned financial allocations and shall ensure efficient management of the health institution.

## **Article (69)**

### **Budget and financial resources of public health institutions**

- A. Each public health institution shall have a budget attached to the general budget of the State, taking into consideration the size of the budget estimates for health sector expenditure, the amount of contribution to which the Government is obliged to pay, and the dues collected from health insurance coverage providers for the health benefits. The fiscal year of public health institutions shall begin and end with the beginning and end of the State’s fiscal year. The budget shall be prepared by the Board of Trustees under the supervision of the Supreme Council of Health and the Ministry of Finance.

- B. The financial resources of the public health institution shall consist of the following:
1. Appropriations in the general budget of the State.
  2. The Income received from the provision of health services.
  3. Donations, subsidies and any other resources accepted by the Board of Trustees in a manner not inconsistent with the provisions of this Law.
- C. A special account shall be established in which the budget of each governmental health institution shall be deposited.
- D. The Cabinet may issue a decision, upon a proposal by the Supreme Council of Health and in coordination with the Ministry of Finance, to determine a percentage of the revenues of the public health institutions that shall not be transferred to the General Treasury in order to finance its activities, operations and future projects, or to transfer these funds to another public health institution. This decision shall specify the mechanism of such transfer.
- E. The accounts of the public health institution shall be subject to financial and administrative auditing by the National Audit Office and it shall submit an annual report on the results of the audit to the Supreme Council of Health.

### **Article (70)**

#### **Financial regulations of government health institutions**

The Supreme Council of Health, in coordination with the Ministry of Finance, shall issue financial regulations with regards to the financial transactions in public health institutions, identifying the standards and rules for recording financial and accounting transactions, the authority, duties and responsibilities of the Board of Trustees, the

chief executive officer and the employees for the management of financial transactions and the procedures for auditing and reviewing financial transactions and final accounts.

### **Article (71)**

#### **Employee affairs' regulations in public health institutions**

- A. The Supreme Council of Health, in coordination with the Civil Service Bureau, shall issue regulations to regulate the affairs of public health institutions' employees, including the procedures and rules for their appointment, promotion, transfer, the determination of their salaries, bonuses and incentives, the procedures and provisions of disciplinary actions and other matters, the rules of conduct to be considered and the terms, conditions and provisions of financial disclosure in accordance with the provisions of Law No. (32) of 2010 regarding financial disclosure.
- B. Medical or technical staff may be appointed through contracting, and their remuneration shall be determined on the basis of a commission or percentage of the value of the financial claim for the visit, diagnosis or treatment, or any of the health benefits provided to the beneficiary, as stipulated in the contracts concluded with them. Contracted parties shall not be considered employees of the institution and shall not be entitled to any financial benefits other than commission or percentage or as stipulated in their contracts.
- C. The provisions of the Civil Service Law promulgated by Legislative Decree No. (48) of 2010 shall be applied in the absence of special provisions within the employees affairs' regulations for public health institutions referred to in paragraph (A) of this article.

**Article (72)**  
**Review, audit and evaluate the performance  
of public health institutions**

- A. The National Authority, in coordination with the National Health Information and Knowledge Management Agency, shall be responsible for carrying out audit and evaluation tasks to ensure the quality of the health services of the public health institution and to achieve the highest levels of performance and effectiveness.
- B. The Supreme Council of Health shall issue a decision with respect to the assessment criteria for the quality of health services and models of performance indicators of public health institutions according to internationally recognized best practice. The decision shall set out the mechanisms and controls for reviewing and assessing the quality of health services and the levels of performance of institutions.
- C. The review and assessment conducted by the National Authority shall be comprehensive or selective in accordance with the rules established by the Supreme Health Council's action plan. The Authority shall inform the public health institution that is subject to the review and assessment of the results of the review and assessment report of the quality of its health services and the level of performance, which is accompanied by the observations and recommendations of the Authority. The institution shall provide the Authority with its reply to the observations, recommendations of the authority and the actions it has taken in that regard.
- D. The National Authority may assign all or parts of the review and assessment tasks, to experts or entities possessing the technical capabilities to carry out these tasks.

**Article (73)**  
**Supervision of public health  
institutions' work**

- A. The Board of Trustees shall submit periodic reports to the Supreme Council of Health on the activity and operation of the governmental health institution, including, in particular, what has been achieved, obstacles hindering the performance, if any, and the reasons and solutions adopted to overcome these obstacles. The Supreme Council of Health shall have the right to request the Board of Trustees to provide any data, information, documents, records, minutes or other reports.
- B. The Supreme Council of Health shall monitor public health institutions' compliance with the provisions of this Law, the State policy in the field of health institutions, and the extent to which they carry out their tasks efficiently and effectively within the limits of its available financial allocations.



## **Part Four**

### Inspection, investigation and accountability

#### **Article (74) Inspection and judicial officers**

- A. The inspectors, delegated by the chief executive officer of the National Authority from among the employees of the Authority or from others, shall carry out the inspection work to verify the implementation of the provisions of this Law.
- B. The employees of the National Authority, who shall be determined by a decision of the Minister concerned with the affairs of justice in coordination with the Chairman of the Supreme Council of Health, shall have the status of judicial investigation officers with respect of the offenses stipulated in this Law, and which falls within their jurisdiction and are related to the performance of their functions.
- C. The delegated inspector is required to be experienced, specialized and professionally competent.

#### **Article (75) Investigation**

- A. The National Authority may conduct an administrative investigation on its own initiative or on the basis of serious reports or complaints, to verify any violation of the provisions of this Law and to ensure that all persons subject to the provisions of this Law subscribe in the health insurance system. The Authority may conduct an investigation if it has serious evidence that violation is imminent.
- B. The National Authority may request all data, clarifications and documents from persons who are addressing the provisions of this Law if it deems it necessary to complete the investigation. In order to complete its work, the National Authority may also delegate any of the judicial investigation officers referred to in paragraph (B) of article (74) of this Law to perform any of the tasks they are authorized to carry out.

C. The Supreme Council of Health shall issue a decision to regulate the procedures of investigation and the dates to be observed, the rules of notifying the violator of the offenses attributed to him with all the evidence and information, and the rules allowing fair opportunity to all parties involved in the investigation to defend their interests, including holding hearings and discussions with those parties concerned and their witnesses and allowing them to present their opinions and evidence in writing or orally. The parties concerned shall have the right to appoint legal representatives in all hearings and proceedings of the investigation.

## Article (76)

### Measures that may be taken when violation is established

- A. Without prejudice to civil or criminal liability, in the event a violation has been established, the National Authority shall, issue a decision obliging the violator to stop the violation and remove its causes or consequences immediately or within a period of time determined by the National Authority. In case of non-compliance by the violator, the National Authority may issue a substantiated decision to take one of the following measures:
1. Imposition of a warning fine calculated on a daily basis to force the violator to stop the violation and remove its causes or consequences, which should not exceed three hundred dinars per day when committing the violation for the first time, and one thousand dinars per day in case of any other violation within three years of the date of the issuance of a decision against him for the previous violation. In all cases, the sum of the fine shall not exceed twenty thousand dinars.
  2. Impose a total fine that does not exceed twenty thousand dinars.

B. In the two circumstances provided for in clause (1) and (2) of paragraph (A) of this article, when the fine is assessed, the magnitude of the violation, the intransigence of the violator, the benefits that he gained and the damages caused to others as a result shall be taken into consideration. The collection of the fine shall be by the prescribed methods for the collection of amounts due to the State.

C. The National Authority may publish a statement of the violation proven to have been committed by the violator by the means and manner specified by the decision and commensurate with the magnitude of the violation, provided that the statement shall not be published until after the date of appeal against the Authority's decision establishing the violation or in the case of the issuance of a final verdict establishing the violation, whichever the case may be.

D. If the National Authority sees that the investigation has revealed that a criminal offense has been committed, the case shall be referred to the Public Prosecution.

E. The person against whom a decision has been issued in accordance with clause (A) of this article shall have the right to challenge this decision before the National Authority within a period not exceeding fifteen days from the date of notification of the decision. The National Authority shall decide on the grievance within thirty days of the date of receipt of the appeal. A period of time without a decision on the appeal shall be regarded as a rejection thereof. Any person whose appeal is rejected or is deemed to have been rejected because of the expiry of the said period has the right to appeal to the High Civil Court within sixty days of the date of his knowledge of the rejection thereof or the expiry of the 30-day deadline.

**Article (77)**  
**Duties and powers of the Central Bank of  
Bahrain and the Labor Market Regulatory  
Authority**

The Central Bank of Bahrain shall assume the duties and powers of the National Authority to carry out inspection, investigation and accountability provided for in this part in respect of insurance coverage providers' violation of the provisions of this Law. The Labor Market Regulatory Authority shall also assume such duties and powers in respect of employers' violation of the provisions of this Law.



## **Part Five** Criminal liability

### **Article (78)** **Penalties**

Any person who commits the following shall be fined not less than five hundred dinars and not more than fifty thousand dinars:

1. Deliberately providing to the Supreme Council of Health or to the National Health Information and Knowledge Management Agency false or misleading data or contrary to the records, data or documents at his disposal.
2. Deliberately withholding from the Supreme Health Council or the National Health Information and Knowledge Management Agency any data, information, records or documents that he or she must provide to the Council or the Agency or to enable them to have access to carry out their duties under this Law.
3. Obstructing or hindering the work of inspectors of the National Authority or any investigation that the Authority is in the process of conducting.

### **Article (79)** **Liability of the legal person**

Without prejudice to the criminal liability of a natural person, a legal person shall be criminally punished if any of the offenses stipulated in article (78) of this Law, is committed under his name or for his interest or for his benefit, as a result of conduct, abstention, approval, concealment or gross negligence by any board member or any other authorized official - of that legal person - or whoever acts in that capacity shall be liable to a fine not exceeding twice the fine prescribed for the crime.

### **Article (80)** **Conciliation**

In cases other than recurrence, it is permissible to reconcile in respect of crimes stipulated in article (78) of this Law, with the payment of the minimum fine prescribed in accordance with the controls and procedures determined by a decision of the Cabinet upon the proposal of the Supreme Council of Health. The criminal claim and all its effects shall be rendered null and void upon payment of the full amount of the settlement.





## **Part Six**

### Miscellaneous provisions

#### **Article (81)**

##### **Fees**

A decision by the Cabinet shall be issued upon the proposal of the Supreme Council of Health, specifying the categories of fees due for services and applications issued in accordance with the provisions of this Law.

#### **Article (82)**

##### **Transitional provisions**

The provisions of Article (172) of the Labor Law in the Private Sector promulgated by Law No. (36) of 2012 and the resolutions implementing it regarding the determination and regulation of basic health care for the workers in the establishments shall continue to apply until the regulations and decisions necessary to implement the provisions of this Law are issued.