

Rwanda

Law governing the Organisation, Functioning and Management of Health Insurance Schemes in Rwanda

Law 48 of 2015

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We, KAGAME Paul,

President of the Republic;

THE PARLIAMENT HAS ADOPTED AND WE SANCTION, PROMULGATE THE FOLLOWING LAW AND ORDER IT BE PUBLISHED IN THE OFFICIAL GAZETTE OF THE REPUBLIC OF RWANDA

THE PARLIAMENT:

The Chamber of Deputies, in its session of 11 September 2015;

The Senate, in its session of 7 September 2015;

Pursuant to the Constitution of the Republic of Rwanda of 04 June 2003 as amended to date, especially in Articles 9, 11, 41, 62, 66, 67, 88, 89, 90, 92, 93, 95, 108, 118 and 201;

ADOPTS:

Chapter One General provisions

Article One – Purpose of this Law

This Law determines the organization, functioning and management of health insurance schemes in Rwanda.

Article 2 – Definitions of terms

In this Law, the following terms shall have the following meanings:

- 1° **contract:** a health insurance agreement between an insurer and an affiliate for the provision of healthcare services in exchange for the premiums or contributions paid;
- 2° **healthcare entities:** healthcare entities or medical practitioners having entered into agreements with public or private health insurance entities;
- 3° **Council:** National Health Insurance Council;
- 4° **co-payment fee:** a proportionate share paid by an affiliate or his/her eligible beneficiary in exchange for healthcare services received;
- 5° **group:** two or more individuals who jointly subscribe to health insurance;
- 6° **health insurance:** a mutual arrangement whereby a person, group or household pays premiums or contributions to a health insurance for the purpose of receiving healthcare services;

- 7° **social health insurance:** a form of financing and managing health insurance based on risk pooling in healthcare;
- 8° **Community-based health insurance scheme:** a mutual help system whereby people organize themselves collectively by paying contributions for themselves and their families to protect themselves against diseases and to access healthcare services in case of sickness;
- 9° **retired person:** any person entitled to receive pension benefits in accordance with relevant laws;
- 10° **affiliate:** any person who pays a contribution towards health insurance provided by recognized schemes and who is a holder of a membership card;
- 11° **health insurance contribution to the Government-provided health insurance:** an amount paid by the insured or the affiliate's eligible beneficiary according to insurance terms and conditions for the purpose of receiving healthcare services;
- 12° **commercial health insurance premium:** an amount paid by or for the affiliate for health insurance purposes;
- 13° **insurer:** a public, private entity, community-based health insurance scheme, association and any other person carrying out insurance business authorized to engage in health insurance business in Rwanda;
- 14° **affiliate's eligible beneficiary:** any person whose premiums are paid by a third party or who is a dependent of the affiliate.

Article 3 – Having health insurance

Health insurance shall be mandatory.

Any person, whether a Rwandan or a foreign national, who is on the Rwandan territory shall be required to have health insurance.

Any person entering the Rwandan territory without having any other form of insurance must subscribe to insurance with an insurance regime of his/her choice within a period not exceeding thirty (30) days.

Article 4 – Employer's contribution to the payment of health insurance contributions for employees

Any employer, whether public or private, shall be required to contribute to the payment of his/her employees' health insurance contributions in a recognized insurance scheme satisfying conditions required by law.

Each employer shall furnish proof of having subscribed to insurance for his/her employees.

Article 5 – Health insurance coverage for retired persons

A person who retires while having health insurance provided by a public health insurance entity shall continue to be covered by such a health insurance entity.

A person who retires while having insurance provided by a commercial health entity shall receive healthcare in accordance with his/her existing contract with this entity.

An Order of the Minister in charge of social security shall determine the type of contributions of the retired persons provided under Paragraph One of this Article.

Article 6 – Types of health insurance

Types of health insurance shall be the following:

- 1° social health insurance;

2° commercial health insurance.

The organization of each type of health insurance shall be governed by specific laws.

Chapter II

Social health insurance

Article 7 – Categories of social health insurance

Social health insurance shall consist of the following:

- 1° health insurance provided by public entities;
- 2° community-based health insurance schemes;
- 3° insurance provided by health insurance associations.

Section One – Health insurance provided by public entities

Article 8 – Persons covered by health insurance provided by public entities

Health insurance provided by public entities shall cover the following persons:

- 1° political leaders remunerated for acting in such capacity;
- 2° a public servant governed by a special statute or the General Statutes for Public Service or employment contract;
- 3° a private sector employee;
- 4° a retired person.

Self-employed individuals or those working for private institutions shall join health insurance schemes of their choice. Political leaders remunerated for acting in such capacity and public servants must have their health insurance subscribed to health insurance public entities.

An Order of the Minister in charge of social security shall determine modalities for affiliation of self-employed individual and retired person to health insurance public entities.

Article 9 – Family members of the affiliate

Family members of the affiliate shall be the following:

- 1° his/her legal spouse;
- 2° a child recognized under civil law.

The child referred to under item 2 should be unmarried, not exceeding twenty-one (21) years of age and unemployed.

A child who is still a student shall continue to be insured up to the age of twenty-five (25) years provided that he/she submits a certificate of attendance to the insurer.

However, a child with a disability that prevents him/her from earning a living shall continue to be an insured person even though he/she may be aged more than twenty-five (25) years. Such a disability shall be certified by an authorized medical doctor.

Article 10 – Contributions

Contributions shall be shared between the employer and the employee. However, the employer may freely choose to pay the full amount of contributions. The employer shall have the responsibility to report and pay employee contributions and prove payment thereof, indicating the employer's and employee's share.

Section 2 – Community-based health insurance schemes

Article 11 – Persons required to join community-based health insurance schemes

Any Rwandan national without any other health insurance provided under this Law must have a community-based health insurance.

Article 12 – Contribution to and financing of community-based health insurance schemes

In case of community-based health insurance scheme, the contribution shall be paid on an individual basis by the concerned person or by another party on his/her behalf.

Both commercial and public health insurance entities shall contribute to the financing of community-based health insurance schemes. There can also be any other sources of financing.

Section 3 – Health insurance provided by associations

Article 13 – Persons to be covered by health insurance provided by associations

Health insurance provided by associations shall cover members of the same association or members from more than one association that legally bind together for community-based health insurance purposes.

In order for a legally recognised association to carry out health insurance business, the association must have an authorization issued by the authority regulating insurance business in Rwanda.

Article 14 – Contributions

Contributions paid by members of health insurance associations shall be approved by the general assembly of members in compliance with the guidelines issued by the authority regulating insurance business.

Chapter III Commercial health insurance

Article 15 – Persons to be covered by commercial health insurance

Commercial health insurance shall be subscribed by an individual on a voluntary basis or a group of people who conclude a health insurance contract with the insurance provider.

It is prohibited to deny a person or a group of persons access to health insurance services for any reason based on discrimination of any kind.

Article 16 – Premiums payable to commercial health insurance entities

The amount of premiums payable to commercial health insurance entities shall be based on the contract between the insurer and the insured person.

The maximum amount of the premiums to be charged shall be determined by the authority regulating insurance business in Rwanda.

Article 17 – Contents of commercial health insurance contract

The commercial health insurance contract shall include the following basic information:

- 1° the types of health insurance benefits paid to the insured person;
- 2° recognised healthcare entities having concluded agreements with the insurer;
- 3° the amount of premiums;
- 4° the person responsible for collection and remittance of contributions in case of group health insurance;
- 5° conditions for termination of health insurance coverage for the insured person;
- 6° requirements for the insured person's access to healthcare services.

Chapter IV Common provisions

Article 18 – Responsibilities of the insurer

The insurer, association or health insurance entity shall have the following responsibilities:

- 1° to set conditions for subscribing to health insurance;
- 2° to insure against diseases or healthcare services in favour of the insured person or his/her eligible beneficiaries as provided under this Law or under health insurance agreements;
- 3° to follow up on the quality and quantity of healthcare services provided to the affiliate and the affiliate's eligible beneficiary according to the agreement between the insurer and the healthcare entity;
- 4° to provide health insurance services to an individual or a group of people;
- 5° to enter into contracts with healthcare and pharmaceutical entities;
- 6° to participate in regulating prices of healthcare services;
- 7° to participate in the development of healthcare quality;
- 8° to gather and reveal information regarding health insurance services provided to the affiliate and the affiliate's eligible beneficiary;
- 9° to terminate contracts entered into with healthcare entities that violate the rights of the affiliates;
- 10° to inform the affiliates about their rights to the insurance policy they have subscribed;
- 11° to report on statistics related to the consumption of healthcare services by the affiliates and affiliates' eligible beneficiaries,
- 12° to set specific sanctions applicable to a person who, contrary to contractor legal provisions relating to health insurance, undertakes or omits to undertake a given action.

Article 19 – Cases not covered by health insurance

Some of the cases which are not covered by health insurance are the following:

- 1° failure to follow medical instructions regarding treatment;
- 2° treatment or laboratory tests unrelated to one of the illnesses subject to consultation;
- 3° cases that are not provided for under the Order of the Minister in charge of Health determining healthcare services provided unless there are special agreements.

Article 20 – Healthcare packages and respective providers

Those authorized to provide healthcare services as part of health insurance are public healthcare entities, healthcare entities having entered into cooperation agreement with the Government or private healthcare entities approved to that end and having entered into contractual arrangements with insurance entities.

An Order of the Minister in charge of health shall determine a minimum healthcare package and the frequency of medical check-up services.

Article 21 – Healthcare services insured by other insurers

Occupational diseases or accidents, road accidents and treatment of human diseases shall be insured in accordance with relevant legal provisions.

However, where a person insured under a given health insurance scheme is a victim of a disease or an accident referred to under Paragraph One of this Article, the insurance scheme shall continue to provide insurance coverage for him/her until the insurer starts paying for him/her.

Where it is established that the conditions required by law are not met for the insurer concerned to cover the costs of healthcare services in case of illness or an accident falling under his/her coverage and it becomes obvious that the accident is caused by a third party, the health insurance entity shall cover the victim as if he/she has an ordinary illness while retaining the right of action against the person having caused the accident.

For the insured or his/her eligible beneficiary not to be required to reimburse the costs of healthcare services received, he/she shall, within a period not exceeding three (3) months, provide the health insurance entity with explanations and all the original copies in connection with the harm suffered so that they can be used by the entity to claim for reimbursement of the costs from the person having caused the accident.

An Order of the Minister in charge of health shall determine applicable conditions, the deadline for claiming for and reimbursing costs of healthcare services covered by another insurance paid by the health insurance entity.

Article 22 – Proof of insurance

Every affiliate and affiliate's eligible beneficiary must possess proof of subscribing to health insurance with a given insurance entity.

Article 23 – Commencement and end of insurance cover

The insurance coverage for the affiliate and the affiliate's eligible beneficiary shall take effect as from receipt of his/her initial contribution by the insurance scheme and end with cessation of payment of contribution without prejudice to possible extension of that period depending on the peculiarities of each insurer.

However, when the beginning of the entitlement to insurance services is subject to a waiting period, the insured person and his/her eligible beneficiaries shall continue to enjoy insurance services for a period equivalent to the waiting period to which his/her entitlement to insurance services was subject.

Article 24 – Responsibilities of the affiliate

The affiliate shall have the following responsibilities:

- 1° to pay premiums or contributions as required;
- 2° pay co-payment fee for healthcare services received;
- 3° provide correct information as required by the insurer.

The co-payment fee rate shall be determined by an Order of the Minister in charge of social security.

Article 25 – Payment of bills from healthcare entities

Approved and accurate bills from healthcare entities shall be paid within a period agreed upon by the healthcare facility and the insurer. However, the insurer may reject or reduce the costs claimed where:

- 1° it considers that the claim is unfounded, inaccurate or based on insufficient information;
- 2° a healthcare entity failed to comply with the provisions of this Law or of the agreement with the insurer without just reason.

In such a case, the healthcare entity shall be notified of its compliance failures.

Chapter V Rwanda Health Insurance Council

Article 26 – National Health Insurance Council

There is hereby established a National Health Insurance Council in Rwanda. The National Health Insurance Council shall be supervised by the Ministry in charge of insurance.

A Prime Minister's Order shall determine its composition, organization and functioning.

Article 27 – Responsibilities of the National Health Insurance Council

The main mission of the Council shall be to supervise health insurance activities.

In particular, the Council shall have the following responsibilities:

- 1° to monitor the use of health insurance;
- 2° to monitor the volume and timeliness of healthcare services provided under contracts;
- 3° to provide opinion on the provision of health insurance services;
- 4° to supervise the quality of insurance services as far as services provided to the affiliates or the insured persons are concerned;
- 5° to request the Ministry in charge of insurance to impose sanctions against an insurer, a healthcare services entity or a healthcare entity that violates the terms and conditions of contracts;
- 6° to monitor the functioning of insurance entities and request the Ministry to impose sanctions against them in case of violation of the laws governing health insurance;
- 7° to set prices or tariffs for services provided by insurers;
- 8° to advocate for health insurance entities;
- 9° to advise the Minister on matters relating to health insurance activities;

- 10° to conduct thorough analysis and provide advice on the actions or omissions that impede the implementation of health insurance contracts or other legal provisions governing health insurance done by the healthcare entities, insurers, insured or any other person involved in health insurance activities;
- 11° to perform such other health insurance-related activities as may be determined by a Prime Minister's Order.

Chapter VI

Measures to prevent malpractices in the provision of healthcare services

Article 28 – Compliance with approved drug list

A health insurance scheme shall at least comply with the National Drug List.

Article 29 – Quality assurance in the provision of insurance services

The National Health Insurance Council shall ensure that healthcare entities put in place mechanisms that secure quality assurance for insurance services and assess the use of technologies to ensure that:

- 1° the quality of healthcare services provided by healthcare entities are of reasonably good quality and high standard;
- 2° healthcare services are of standards that are uniform throughout the country;
- 3° the use of medical technology and technological equipment are consistent with actual needs and standards of medical practice;
- 4° both the healthcare entities and the insurer agree on healthcare services;
- 5° medical procedures and administration of drugs are appropriate, necessary and comply with accepted medical practice and ethics;
- 6° drugs and medication conform to the National Drug List set by the Ministry in charge of Health;
- 7° instructions of the Minister in charge of Health in connection with health standards are followed.

Article 30 – Procedure for the settlement of insurance disputes

An insurance entity must put in place a procedure for the settlement of disputes between the entity and the insured, between the entity and healthcare entities and between the insured and healthcare entities. In case of failure to settle such disputes, the interested party shall refer the matter to the Health Insurance Council.

Chapter VII

Transitional and final provisions

Article 31 – Time-limit granted to associations already engaged in the insurance activity

Associations already engaged in the health insurance activity shall have a period of three (3) months as from the publication of this Law to meet the requirements provided under Article 13 of this Law.

Article 32 – Drafting, consideration and adoption of this Law

This Law was drafted in English, considered and adopted in Kinyarwanda.

Article 33 – Repealing provisions

All prior legal provisions inconsistent with this Law are hereby repealed.

Article 34 – Commencement

This Law shall come into force on the date of its publication in the Official *Gazette* of the Republic of Rwanda.