

National Health Act

Thailand (2007)



National Health Commission Office



National Health Act, B.E. 2550 (2007)

The Kingdom of Thailand

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National Health Act, B.E. 2550 (2007)

BHUMIBHOL ADULYADEJ, REX

Given on the 3rd Day of March B.E. 2550;
Being the 62nd Year of the Present Reign.

King Bhumibhol Adulyadej is graciously pleased to proclaim that:

Whereas it is expedient to have the law on national health,

Be it, therefore, enacted by H.M. the King, by and with the advise and consent of the National Legislative Assembly, as follows:

Section 1. This Act is called the “National Health Act, B.E. 2550”

Section 2. This Act shall come into force as from the day following the date of its publication in the Government Gazette*.

Section 3. In this Act,

“health” means the state of human being which is perfect in physical, mental, spiritual, and social aspects, all of which are holistic in balance;

“spiritual” means the comprehensive knowledge and conscience leading to kindness and sympathy;

Remark: Reference to Thai legislation in any jurisdiction shall be made only to the Thai version. This translation has been made so as to establish correct understanding about this Act to the foreigners.

** Published in the Government Gazette Vol. 124, Part 16 a, dated 19th March B.E. 2550*

“health system” means overall relations in connection with health;

“public health service” means any service related to health promotion, prevention and control of diseases and health hazards, diagnosis and treatment of illness and rehabilitation of person, family and community;

“public health personnel” means a public health service provider under the law, rules or regulations;

“public health profession practitioner” means the professional practitioner under the law on medical establishment;

“health assembly” means the process in which the public and related State agencies exchange their knowledge and cordially learn from each other through an organising systematic forum with public participation, leading to suggestion of healthy public policy or public healthiness;

“member” means the member of the National Health Commission;

“Selective Committee” means the Selective Committee for Selecting Members of the National Health Commission;

“Secretary-General” means the Secretary-General of the National Health Commission;

“Office” means the Office of the National Health Commission;

“Board” means the Board of the Office of the National Health Commission;

“Board member” means the member of the Board;

“State agency” means the central government agency, provincial government agency, local government agency, State enterprise, professional practice regulating organ, public organisation, and other State agency;

“Minister” means the Minister having charge and control of the execution of this Act.

Section 4. The Prime Minister and the Minister of Public Health shall have charge and control of the execution of this Act, and shall have power to issue Ministerial Regulation for the implementation of this Act.

Such Ministerial Regulations shall come into force upon their publication in the Government Gazette.

CHAPTER 1

Rights and Duties in Respect of Health

Section 5. A person shall enjoy the right to live in the healthy environment and environmental conditions.

A person shall have the duties in cooperation with State agency in generating the environment and environmental conditions under paragraph one.

Section 6. A woman’s health in aspect of her gender and reproductive system which is of specific characteristics, complicate and influential to her total life span, shall be harmoniously and appropriately promoted and protected.

The health of a child, a disabled person, an elderly person, and a socially deprived person, as well as, groups of people with specific health characters, shall also be relevantly and appropriately promoted and protected.

Section 7. Personal health information shall be kept confidential. No person shall disclose it in such a manner as to cause damage to him or her, unless it is done according to his or her will, or is required by a specific law to do so.

Provided that, in any case whatsoever, no person shall have the power or right under the law on official information or other laws to request for a document related to personal health information of any person other than himself or herself.

Section 8. In providing health service, a public health personnel shall provide health information in connection with the service to the service receiver as adequately as to decide the proper choice of service. In case he or she refuses to receive service, no person shall provide service to him or her.

In case of damage or danger occurring to the service receiver due to failure to disclose the facts he or she knows or ought to inform, or due to informing a false statement to the service provider, the service provider shall not be responsible to such damage or danger, except in case of gross negligence on his or her part.

The provisions of paragraph one shall not apply to the following cases:

(1) the service receiver is fatally ill and needs help urgently;

(2) the service receiver is not in the state enabling him or her to acknowledge the information and it is not possible to inform any class of statutory heir under the Civil and Commercial Code, guardian, curator, or custodian of the service receiver, as the case may be, at that moment.

Section 9. In the case where a public health professional practitioner demands to use a service receiver as subject of experiment in a research, he or she shall inform the service receiver in advance and the consent must be permitted in writing before carrying out the experiment. Such consent may be revoked at any time.

Section 10. In the case where there exists an incident affecting health of the public , a State agency having information related to such incident shall expeditiously provide and disclose such information and the protection thereof to the public.

The disclosure under paragraph one shall not be done in such a manner as to infringe personal right of any specific person.

Section 11. An individual or a group of people has the right to request for an assessment and participating in the assessment of health impact resulting from a public policy.

An individual or a group of people shall have the right to acquire information, explanation and underlying reasons from state agency prior to a permission or performance of a programme or activity which may affect his or her health or the health of a community, and shall have the right to express his or her opinion on such matter.

Section 12. A person shall have the right to make a living will in writing to refuse the public health service which is provided merely to prolong his/her terminal stage of life or to make a living will to refuse the service as to cease the severe suffering from illness.

The living will under paragraph one shall be carried out in accordance with the rules and procedure prescribed in the Ministerial Regulation.

An act done by public health personnel in compliance with the living will under paragraph one shall not be held an offence and shall not be liable to any responsibility whatsoever.

CHAPTER 2

National Health Commission

Section 13. There shall be a National Health Commission to be called “NHC” in brief, consisting of:

(1) the Prime Minister or the Deputy Prime Minister entrusted by the Prime Minister as Chairperson;

(2) the Minister of Public Health as Vice Chairperson;

(3) not exceeding five Ministers designated by the Prime Minister as members;

(4) the President of the National Economic and Social Advisory Council as member;

(5) the President of the National Human Rights Commission as member;

(6) representatives of the local government organisations, being elected among themselves to be four in number, as members;

(7) a representative from each of the public health professional organisations established by law, as members;

(8) representatives of the professional committees established under the law on practicing the art of healing, being elected among themselves to be one in number, as member;

(9) qualified persons of any field other than those of public health professional practitioners, being elected among themselves to be six in number, as members;

(10) representatives of organisations from private sector without profit seeking objectives, notwithstanding they are juristic persons or not, being elected among themselves to be thirteen in number, as members.

The Secretary-General shall be member and secretary, and shall appoint not more than two officials of the Office to be assistant-secretaries.

Section 14. The members under section 13 (6), (7), (8), (9) and (10) shall possess the qualifications and shall not be under any of the prohibition as follows:

- (1) being of Thai nationality;
- (2) not being under twenty years of age;
- (3) not being under mental disorder which may obstruct the performance of duties;
- (4) not being addicted to narcotic drug;
- (5) never having been expelled, dismissed, or removed under disciplinary punishment from a State agency.
- (6) never having been imprisoned by a final judgment, except for an offence committed through negligence or a petty offence.

Section 15. The selecting procedure for the members under section 13 (6) shall be proceeded as follows:

(1) the Governor of the Bangkok Metropolitan, the Governor of the Pattaya City, and the heads of the local government organisations which are established under specific laws of the same nature, one of which being elected among them;

(2) the heads of all municipalities, one of which being elected among them;

(3) all presidents of *Changwat* Administrative Organisations, one of which being elected among them;

(4) all presidents of *Tambon* Administrative Organisations, one of which being elected among them;

In selecting the members under (2), (3) and (4) the

Selective Committee may organise a meeting for election among their own groups or may call for application for candidates to be voted among their own groups by post or by any other means as prescribed by the Selective Committee.

Section 16. The selecting procedure for the member under section 13 (8) shall be as prescribed by the Committee under the law on practicing the art of healing.

Section 17. The selecting procedure for the members under section 13 (9) shall be in accordance with the rules and procedure prescribed by the Selective Committee.

In prescribing the rules under paragraph one, the Selective Committee shall divide the qualified persons into six groups, each of which shall elect one among themselves to represent each group.

A qualified person shall be placed into a group as he or she applies to the Selective Committee. Moreover, the Selective Committee may propose any person into the names list of any group as it deems appropriate but not exceeding one third of applicants in each group; unless there are less than five applicants in any group, the Selective Committee may propose not more than five persons into such group.

A qualified person who applies to the group under paragraph three shall possess the specific qualifications prescribed by the Selective Committee for such group and no person shall apply for more than one group.

The division of qualified persons into groups under paragraph two shall be publicized not less than sixty days in advance of the election. Such division into groups shall be rearranged in every election.

Section 18. In selecting the members under section 13 (10), the Selective Committee shall proceed as follows:

(1) organisations from private sector shall be classified into groups according to their nature of activities related to health;

(2) organisations from private sector in each Changwat which desire to participate shall register in each group under (1);

(3) the persons with written delegation of power of the organisations from private sector registered under (2) in each Changwat shall elect one among themselves in each group;

(4) the persons elected under (3) to be representatives of each group in each Changwat shall attend a meeting and elect one among themselves to be representative of the Changwat;

(5) all Changwats shall be divided into thirteen areas, whereby the Bangkok Metropolis is one of them; the representative of each Changwat in each area under (4), except the Bangkok Metropolis, shall organise a meeting to elect one among themselves to be representative of each area.

The outgoing member who vacates office upon the expiration of term shall remain in office to perform the duties until the newly appointed member takes office.

Before the expiration of term of office, an election for member of the same category shall be carried out for further appointment not later than ninety days before such expiration of term.

In the case where the member under paragraph one vacates office before the expiration of term, an election for member of the same category shall be carried out within one hundred and twenty days from such vacancy of office. In this instance, the replacing member shall hold office only for the remainder of the term.

In the case where a member vacates office before the expiration of term while the remainder of the term is less than one year and still there is another member of the same category, or even though there is no member of the same category but the remainder of the term is less than one hundred and eighty days, there may be no election for replacing the vacancy. In such case, NHC shall consist of the remaining members.

Section 22. In addition to the vacation of office upon the expiration of the term, the member under section 13 (6) vacates office upon the vacation of any office as enumerated in section 15 (1), (2), (3) or (4) as the case may be.

Section 23. In addition to the vacation of the office upon the expiration of the term, the member under section 13 (6), (7), (8),(9) and (10) vacates office upon:

- (1) death;
- (2) resignation;
- (3) being imprisoned;
- (4) being removed from office by the resolution of not less than two-thirds of the remaining members of NHC on the ground of deficiency, misbehaviour or;
- (5) being disqualified or being under any of the prohibitions under section 14.

Section 24. The rules and procedure of the meeting and the performance of duties of NHC shall be in accordance with the rule prescribed by NHC.

Section 25. NHC shall have powers and duties as follows:

(1) to prepare a statute on national health system for consideration of approval of the Council of Ministers;

(2) to give suggestion or advice related to policies and strategies on health to the Council of Ministers, and to follow-up the implementation of such suggestion or advice, as well as to disclose such implementation to the public;

(3) to organise a national health assembly and support the organisation of a health assembly in a specific locality or on a specific issue;

(4) to provide, promote or support the process of health policies and strategies development for continuity of performance of activities and public participation from all sectors;

(5) to prescribe rules and procedure on monitoring and evaluation in respect of national health system and the impact on health resulting from public policies, both in the level of policy making and implementation;

(6) to give suggestion or advice on the amendment of this Act or the issuance of Ministerial Regulation under this Act;

(7) to make policy and supervise the performance of activities of the Board and the Office;

(8) to appoint a committee, sub-committee or working group for the performance of duties entrusted by NHC;

(9) to set the rule on meeting allowances other than those of NHC and the rule on traveling expenses and other expenses in the performance of duties under this Act;

(10) to perform other duties prescribed under this Act or other laws or as entrusted by the Council of Ministers;

The suggestion or advice relating to policies and strategies on health under (2) shall be in harmony with the statute on national health system and shall also take into consideration the suggestions of the health assemblies.

CHAPTER 3

Office of the National Health Commission

Section 26. The Office of the National Health Commission shall be established as a State agency other than Government agency or State enterprise under the law on budgetary procedure or other laws.

The Office shall enjoy the status of a juristic person under the supervision of the Prime Minister.

The Office's affairs shall not be subject to the law on labour protection, the law on labour relations, the law on social security, and the law on compensation; provided that the officials and employees of the Office shall be entitled to the compensation and benefits not lower than those prescribed by such laws.

Section 27. The Office shall have powers and duties as follows:

(1) to be responsible for the administrative affairs of NHC and the Board;

(2) to co-ordinate with the agencies involved in policies and strategies of the Government and other agencies, both of public and private sectors, which carry out the activities related to health, and to arrange for co-operation in the level of formulation of policies, strategies and work plans regarding health;

(3) to survey, study and analyse various data as well as circumstances of health system in order to prepare a report or for the performance of activities under this Act;

(4) to arrange for the organisation of national health assembly and to support the organisation of a health assembly in a specific locality or on a specific issue for accomplishment of the resolutions of NHC;

(5) to perform other duties prescribed under this Act or other laws or as entrusted by the Council of Ministers or NHC.

Section 28. The income of the Office consists of the following:

(1) the general subsidy annually allocated by the Government as appropriate;

(2) money or properties donated;

(3) other money or properties vested in the Office;

(4) the income accruing from the affairs of the Office;

(5) the fruits of money or properties under (1) (2) (3) and (4).

Section 29. All the income of the Office under section 28 shall not be remitted to the Ministry of Finance in accordance with the law on treasury balance and the law on budgetary procedure.

The assets of the Office shall not be liable to execution

and no prescription shall be set up against the Office in respect of such assets.

All immovable properties acquired by the Office by donation or by purchasing or exchanging with the income of the Office under section 28 (2), (3), (4) or (5) shall be properties owned by the Office.

The Office shall have the power to administer, supervise, maintain, use, and seek for benefits from the assets of the Office.

All immovable properties acquired by the Office from the income under section 28 (1) shall be Ratchapasadu properties; provided that the Office shall have the power to administer, supervise, maintain, use, and seek for benefits from such immovable properties.

Section 30. The keeping and expending money of the Office shall be in accordance with the rule prescribed by the Board.

The account of the Office shall be prepared under the universally recognised rule in the form and rules prescribed by the Board, and there shall be provided an internal audit in respect of the finance, accountancy, and procurement of the Office, as well as a report of the result of audit to the Board for information at least once a year.

The Office shall maintain and present a finance account which shall at least contain a balance-sheet and working account to the auditor within one hundred and twenty days from the end of each fiscal year.

The Office of the Auditor General or an outsider appointed by the Board with the approval of the Office of the Auditor General shall annually audit and evaluate the

result of expending money and properties of the Office, which shall be done by giving an opinion on analysis as to whether such expenditure complies with the objectives, be economical, and meets the goal or not, and thereafter shall submit an auditing report to NHC.

Within one hundred and eighty days from the end of each fiscal year, the Office shall prepare and submit an annual report to the Board for further submission to NHC and the Minister for information. Such annual report shall contain a finance account and working account certified by the auditor to be true and correct, as well as a report of the auditor including the work done by the Office during previous year.

Section 31. There shall be a Secretary-General to be the person responsible for the administration of the Office directly answerable to NHC, having the duties to supervise the general affairs of the Office and being the superior of the officials and employees of the Office. There may be Deputies Secretary-General in the number as prescribed by the Board to assist in ordering and performing the activities entrusted by the Secretary-General. The qualifications of the Secretary-General and Deputy Secretary-General shall be prescribed by the Board with the approval of NHC.

The Prime Minister shall have power to appoint a Secretary-General from the person selected by the Board and approved by NHC.

The rules and procedure for selecting the Secretary-General under paragraph three shall be in accordance with the rule prescribed NHC.

The Secretary-General shall have the power to appoint a Deputy Secretary-General upon the approval of the Board.

Section 32. The Secretary-General shall hold office for a term of four years and may be reappointed but not for more than two consecutive terms.

When the Secretary-General vacates office, the Deputy Secretary-General shall also vacate office. Upon the vacancy of office of the Secretary-General, and pending the appointment of a new Secretary-General, the Board shall appoint a Board member to be Acting Secretary-General for the time being.

In the case where the Secretary-General is unable to perform the duties, the Deputy Secretary-General designated by the Board shall be Acting Secretary-General. However, if there is no Deputy Secretary-General or the Deputy Secretary-General is unable to perform the duties, the Board shall appoint an official of the Office to be Acting Secretary-General.

Section 33. In addition to vacation of office upon expiration of the term, the Secretary-General vacates office upon:

- (1) death;
- (2) resignation;
- (3) being imprisoned;

(4) being incapable of efficiently performing the duties, or fails the evaluation criteria, in accordance with the rule prescribed by the Board with the approval of NHC.

Section 34. The Secretary-General shall have powers and duties as follows:

(1) to carry out the administrative affairs of the Office so as to comply with the law, policy, resolution, regulation, rule, or notification of NHC and the Board;

(2) to prepare a principal work plan, performance plan, financial plan, and annual budget estimate of the Office to be submitted for approval of the Board;

(3) to carry out the personnel administration, financial, budgetary and other administrative affairs of the Office in accordance with the rule prescribed by the Board;

(4) to lay down the rule relating to the performance of activities of the Office in so far as it is not contrary to or inconsistent with the law, policy, resolution, regulation, rule, or notification of NHC and the Board;

(5) to perform other duties entrusted by the Council of Ministers, NHC and the Board.

Section 35. The salary and other remunerations of the Secretary-General shall be determined by the Board under the rule prescribed by the Council of Ministers.

Section 36. The Secretary-General shall represent the Office in respect of its external affairs; however, the Secretary-General may entrust any person to act on his or her behalf in accordance with the rule prescribed by the Board.

Section 37. NHC shall appoint the Board consisting of the followings:

(1) the President of the Board appointed from members;

(2) a Board member appointed from a representative of the Ministry of Public Health;

(3) not more than five Board members appointed from qualified persons;

(4) the Secretary-General shall be Board member and secretary.

The qualifications, rules and procedure for selecting the qualified persons under (3) shall be in accordance with the rule prescribed by NHC.

Section 38. The assumption of and removal from office, the meeting and the performance of activities of the Board shall be in accordance with the rule prescribed by NHC.

Section 39. The Board shall have powers and duties as follows:

(1) to make policy and supervise the performance of activities of the Office for the sound and effective management and attaining the objectives within the powers and duties;

(2) to determine the qualifications of the Secretary-General and Deputy Secretary-General and to proceed with the selection for the Secretary-General in accordance with the rule prescribed by NHC;

(3) to approve the principal work plan, performance plan, financial plan, and annual budget estimate of the Office;

(4) to issue a regulation, rule, or notification under this Act;

(5) to provide an evaluation of the performance of duties of the Office and report to NHC at least once a year;

(6) to provide an evaluation of the performance of duties of the Secretary-General;

(7) to appoint a sub-committee for the performance of duties entrusted by the Board;

(8) to perform other duties prescribed under this Act or as entrusted by NHC.

CHAPTER 4

Health Assembly

Section 40. The organisation of a health assembly in a specific locality or on a specific issue or the support of

public participation for organising a health assembly in a specific locality or on a specific issue shall be in accordance with the rules and procedure prescribed by NHC.

In the case where the health assembly under paragraph one proposes a suggestion for a State agency to implement or to supplement the consideration in making public policy on health, such proposal shall be submitted to NHC for consideration of accomplishment in case it deems appropriate.

Section 41. NHC shall organise a national health assembly at least once a year.

Section 42. In organising a national health assembly, NHC shall appoint a Committee for Organising National Health Assembly consisting of members in the number as determined by NHC.

The members under paragraph one shall be appointed from representatives of State agencies and those other than representatives of State agencies in the proportion determined by NHC; provided that the latter shall not be less than sixty percent of the number of members under paragraph one.

The Committee for Organising National Health Assembly shall have the power to prescribe rules and procedure in organising the forum and other rules relating to the performance of duties.

Section 43. The Committee for Organising National Health Assembly shall have the duty to organise a forum of national health assembly, and to fix the date, time and venue of the forum which must be publicized at least thirty days in advance of the date of forum.

Section 44. Any person desiring to participate in a forum of the national health assembly shall apply for

registration for participating the forum to the official assigned by the Committee for Organising National Health Assembly in accordance with the form and rules prescribed by the Committee.

Besides the persons registered under paragraph one, the Committee for Organising National Health Assembly may consider inviting any person, representatives of State agencies or private organisations to participate in the forum as it deems appropriate.

Section 45. In the case where the national health assembly proposes a suggestion for a State agency to implement or to supplement the consideration in making public policy on health, such proposal shall be submitted to NHC for consideration of accomplishment in case it deems appropriate.

CHAPTER 5

Statute on National Health System

Section 46. NHC shall prepare a statute on national health system to be referred to as a framework and guideline in making policy, strategy and the performance of activities in respect of national health to be submitted for approval of the Council of Ministers.

In preparing the statute on national health system, NHC shall take into consideration the opinions and suggestions of the health assemblies.

Upon the approval of the statute on national health system by the Council of Ministers, it shall be reported to the National Assembly for information and shall be published in the Government Gazette.

NHC shall review the statute on national health system at least once every five years.

Section 47. The statute on national health system shall conform to the Constitution of the Kingdom of Thailand, and shall at least contain the essential matters as follows:

- (1) philosophy and principal concept of health system;
- (2) desirable characteristics and goal of health system;
- (3) provision of health security and protection;
- (4) health promotion;
- (5) prevention and control of diseases and health hazards;
- (6) public health service and its quality control;
- (7) promotion, support, use and development of local wisdom in respect of health, Thai traditional medicine, indigenous medicine, and other alternative medicines;
- (8) consumer protection;
- (9) creation and dissemination of knowledge in respect of health;
- (10) dissemination of health information;
- (11) production and development of public health personnel;
- (12) health financing.

Section 48. The statute on national health system and the policies and strategies on health under section 25 (2) approved by the Council of Ministers shall be binding upon relevant State agencies in the performance of activities under their powers and duties.

CHAPTER 6

Penalties

Section 49. Any person violates section 7 or section 9 shall be liable to an imprisonment for a term not exceeding six months, or to a fine not exceeding ten thousand Baht, or to both.

An offence under this section is a compoundable offence.

Transitory Provisions

Section 50. All the affairs, properties, rights, liabilities and budget of the Health System Research Institute on the part of the Office of the National Health System Reform shall be transferred to be those of the Office under this Act.

The officials of the Office of the National Health System Reform, Health Systems Research Institute, shall be transferred to be officials of the Office under this Act.

Any Government official or employee assigned to perform the duties in the Office of the National Health System Reform, Health System Research Institute, on the date this Act is published in the Government Gazette shall, upon application in writing to the Secretary-General within sixty days from the date this Act comes into force, be transferred to be an official or employee of the Office as from the date of application thereof.

Section 51. All the regulations, rules notifications or orders relating to the performance of duties of the Office of the National Health Reform shall apply to the performance of

duties of the Office unit the regulation, rule, notification, or order is issued under this Act.

Section 52. The Government official transferred under section 50 shall be deemed to be retired from Government service by reason of the dismissal or revocation of position in accordance with the law on Government officials' gratuities and pensions, or the law on Government official's pension fund, as the case may be.

The employee transferred under section 50 shall be deemed to be retired from employment by reason of revocation of position or retirement without fault and shall be entitled to receive gratuities in accordance with the Rule of the Ministry of Finance on employee's gratuities.

Section 53. The provisions of section 52 shall apply mutatis mutandis to the retirement from Government service of a Government official or the retirement from employment of an employee who is recruited to the Office; provided that such Government official or employee shall apply for recruitment in writing to the Office within one year from the date this Act comes into force.

Section 54. The Acting Director of the Office of the National Health System Reform on the date this Act is published in the Government Gazette shall perform the duties of the Secretary-General for the time being until NHC appoints the Secretary-General under this Act.

Section 55. In the initial stage, the Prime Minister shall complete the appointment of the Selective Committee under section 19 within sixty days from the date this Act comes into force, subject to the following rules:

(1) the Chairperson under section 19 (1) shall be appointed from a person who has been a qualified member of the National Health System Reform Committee under the Rule of the Office of the Prime Minister on National Health System Reform, B.E. 2543 (2000);

(2) the Prime Minister shall appoint the qualified members under section 19 (2) from the persons proposed by the Secretary-General.

The Selective Committee shall proceed with section 20 and complete the process within two hundred and forty days from the date this Act comes into force.

Countersigned by
General Surayuth Julanon
Prime Minister

Remark:- The reasons for promulgation of this Act are as follows: Whereas health means the state of human being which is perfect in physical, mental, intellectual and social aspects, all of which are interrelated and integrated in balance. Thus the established system of health care service should not focus only on therapeutic service only. It, in fact, incurs huge expenses to be paid by the State and the public. Such expenses become increasingly higher while the diseases and health hazards vary and become more complicated. Hence, the public should be well-informed and participate in the health system. The complete health promotion and protection should be established. Therefore, it is expedient to have the law on national health in order to settle the framework and guidelines in formulating national policies, strategies and activities in respect of national health, with organs and mechanism for securing continuous performance of activities and participation from all sectors to lead to the ultimate goal of health promotion, as well as to solve the problems in respect of health for the public effectively and thoroughly. It is therefore expedient to promulgate this Act.

History of the National Health Act, B. E. 2550 (2007)

• **January 2000** The Ministry of Public Health, represented by the Committee for Health System Research Institute having the Minister of Public Health (Mr. Korn Thapparangsi) as chairman, resolved to establish an interim office of the “National Health System Reform Office” with the function of coordinating the reform of national health system for the time being.

• **March 2000** A working group, led by Professor Dr. Kasem Wattanachai, under the Senate Standing Committee for Public Health having Professor Dr. Prasop Ratanakorn, as chairman, submitted a “Report on National Health System” , a proposal for national health system reform, as required by the Constitution of the Kingdom of Thailand, B.E. 2540 (1997). The said report had been prepared since 1999.

• **July 2000** the Government under the Administration of Prime Minister Chuan Leekpai issued a Rule of the Office of the Prime Minister on National Health System Reform. Under such Rule the “National Health System Reform Committee” (HSRC) having the Prime Minister as Chairman was established together with the “National Health System Reform Office” (HSRO) as Secretariat. The HSRC and the HSRO had been entrusted to supervise the drafting of a basic law on national health which was to be completed within the period not exceeding three years. The task was expected to be carried out by a tripartite alliance of the political/ governmental sector, the professional/academic sector, and the public/society sector.

• **November to December 2000** HSRO launched an academic process of drafting a frame of concept on national health system for use as a prototype of the draft law on national health.

• **January to August 2001** Forums for public hearing were arranged nationwide under the auspices of HSRO with participants from government agencies, private organizations, local communities, and network of interested parties. It was assessed that more than 100,000 public opinions were gathered nationwide under such forums.

• **1st -5th September 2001** HSRO, Health System Research Institute together with the network of interested parties organized a health fair at the Impact Arena Convention Centre, Muang Thong Thani in order to introduce a new concept of health care which has an emphasis on “Health Promotion comes before health repair” to the public. It was assessed that around 150,000 attendants joined the health fair. The most interesting event in this health fair was the demonstration of a “National Health Assembly” where public hearing on the frame of concept on national health system was arranged again with 1,599 groups of interested parties and around 5,000 attendants in this national health assembly. The conclusion of the assembly was a declaration of nine proposals for “National Health System Reform” to be submitted to the Deputy Prime Minister (Mr.Phitak Intharawithayanan), Chairman of HSRC.

• **October to December 2001** HSRO launched a process of synthesizing the proposals on the frame of concept on national health system into a draft essential issues to be included in the “National Health Act”.

•**February to May 2002** The draft essential issues to be included in the National Health Act were on the one hand disseminated to 550 district forums nationwide, with around 40,000 participants, in order to encourage public hearing thereof. On the other hand the public participated the public hearing via mass media. The opinions of government agencies, private organizations and local communities were also collected. Finally, such opinions were synthesized into the “draft law on national health” by a Sub-Committee for preparing draft law under the responsibility of Dr. Phairoj Ningsanond, M.D., Chairman of the Sub-Committee.

•**June to July 2002** Under the auspices of HSRO, the “draft law on national health” was disseminated to every provincial health assembly nationwide and to certain health assemblies on specific issues concerning health also. Totally more than 100,000 attendants and public opinions were collected through various channels.

•**8th – 9th August 2002** HSRO organized another round of public hearing: “National Health Assembly 2002 on draft law on national health” at the BITEC Exhibition Centre, Bangna with around 4,000 attendants from 3,000 groups of interested parties nationwide. In the closing ceremony, Prime Minister Thaksin Shinawatra came to give a speech vowing to push forward the draft law through administrative and legislative process. At the same time the Minister of Public Health. (Mrs. Sudarat Keyuraphan) , also vowed to support and push forward the draft law.

•**19th September 2002** After the public hearing, HSRC, with Deputy Prime Minister (Mr. Pongphol Adireksarn) as

chairman, approved the draft law in principle. Afterward, the draft law with minor modification in detail was completed on 24th September 2002 and was submitted to the Secretariat of the Cabinet on 16th October 2002 for further submission to the Cabinet.

• **1st – 7th November 2002** HSRO and the network of interested parties nationwide organized a “Campaign for Healthy Life in Pursuant to the Royal Path of His Majesty the King” which had been carried out in the running and cycling campaign in five routes over seven days continuously and simultaneously throughout the country in order to set a trend of “Health Promotion comes before health repair”. During the campaign, 4,717,119 signatures of supporters of the draft law on national health were compiled and submitted to the President of the Parliament (Mr. Uthai Phimjaichon) at Sanam Luang on 7th November 2002 by Professor Dr. Sem Pringpuengkeo, acting in the name of the public, and Deputy Prime Minister and Chairman of the HSRC (Mr. Jaturon Chaisaeng) including representatives of every group of interested parties.

The President of the Parliament then vowed to cooperate in pushing forward this draft law which will give birth to the Health Statute for Thai people.

• **18th December 2002** The draft law on national health was submitted for consideration of the Cabinet Screening Committee having Deputy Prime Minister (Mr. Jaturon Chaisaeng) as chairman. Upon having different opinions in the debate, the advisor to the Minister of Public Health, acting as representative of the Minister of Public Health, agreed to the

resolution of the meeting that the HSRO would consult the government agencies concerned within one month and would submit the conclusion of discrepancy to the Committee in the subsequent meeting.

•**Beginning of January 2003** There appeared in the mass media that a group of medical doctors comprising of an advisor to the Minister of Public Health (Mrs. Sudarat Keyuraphan), personal physician of the political leader, and certain representatives of medical doctors from private hospitals requested the Prime Minister to withdraw the draft law on national health claiming that it may affect health care business and medical profession as a whole.

•**13th January 2003** The HSRO arranged a meeting with representatives of 10 government agencies presided by Dr. Phairoj Ningsanond, Vice Chairman of the HSRC in order to find out a resolution to the discrepancy in the observations of government agencies and medical profession. Finally agreement was reached in every issues (5 major and 15 minor ones) by amending the text to satisfy every party and then it was ready to be submitted to the consideration of the former Cabinet Screening Committee again.

•**21st January 2003** In the meeting of the Cabinet, the Prime Minister Thaksin Shinawatra, raised the draft law on national health to be considered without having this issue in the agenda, claiming that with the 30 Baht health care policy, the National Health Act may be no longer in use and certain Articles in the draft law may affect health care business and medical profession as a whole. Therefore after the

consideration of the 3rd chamber of Cabinet Screening Committee having Deputy Prime Minister (Mr. Jaturon Chaisaeng) as chairman, the draft law should be submitted for consideration of the 6th chamber of Cabinet Screening Committee having Deputy Prime Minister (Mr. Wisanu Krue-ngarm) as chairman in order to find out a systematic resolution to the controversy.

•**22nd January 2003** The 3rd chamber of Cabinet Screening Committee having Deputy Prime Minister (Mr. Jaturon Chaisaeng) as chairman approved the draft law in principle together with all the observations and resolutions to the controversy acquired from the meeting on 13th January 2003. The draft law was then submitted for consideration of the Cabinet Screening Committee having Deputy Prime Minister (Mr. Wisanu Krue-ngarm) as chairman as required by the Prime Minister. Unfortunately the draft law in question remained silent.

•**14th March 2003** Professor Dr. Sem Pringpuengkeo, a distinguished leader of the network of interested groups supporting the draft law who had been engaged throughout the process of drafting the law, notified in writing to the Prime Minister Thaksin Shinawatra expressing his concern regarding the standstill of the legislative process of the draft law on national health.

•**3rd April 2003** The Prime Minister Thaksin Shinawatra replied in writing confirming that the Government vowed to push forward the draft law and asked the professor to keep confident in the Government.

•**3rd June 2003** The Cabinet approved the extension of working time of HSRC and HSRO for a period of not

exceeding two years in order to supervise the legislative process of the draft law until it was promulgated.

•**January to February 2004** The network of the interested groups supporting the draft law which had been engaged throughout the process of drafting the law found out that the draft law still remained suspended in the consideration of the Government without any sign of progress. Therefore it decided to transform itself into the “Network for Promoting the Proposal of Law by the Public” (NPPLP) having the function of studying the legal requirement and feasibility for the public to file a petition to the Parliament to consider the law in accordance with Article 170 of the Constitution of the Kingdom of Thailand, B.E. 2540 (1997).

•**February to March 2004** NPPLP, having the “Local Development Institute” as a coordinating organ of the network, had proceeded to collect the signatures of the public in the number required in Article 170 of the Constitution. At first the target was set at 150,000 signatures.

•**28th April 2004** Professor Dr. Prawes Wasi, notified in writing to the Deputy Secretary-General of the Office of the Prime Minister (Lt. Gen. Preecha Wanarat) explaining the significance of the law on national health as a tool for the Government and requested for help in communicating to the Prime Minister to push forward the draft law on national health which still remain suspended for over a year.

•**27th May 2004** NPPLP submitted 120,000 signatures of the public to the President of the Parliament (Mr. Uthai Phimjaichon) for petitioning the Parliament to consider the draft law on national health.

• **14th July 2004** The Cabinet Screening Committee having Deputy Prime Minister (Mr. Wisanu Krue-ngarm) as chairman reconsidered the draft law which had been suspended for 18 months and approved it for further submission to the Cabinet.

• **10th August 2004** The Cabinet approved in principle the draft law on national health for further submission to the consideration of the Office of the Council of State.

• **21st September 2004** The Secretary-General of the Council of State appointed a Special Chamber of the Councilors of State having Mr. Meechai Ruchuphan as chairman to consider the draft law on national health. The draft law had been considered in 20 sessions commencing from 21st September 2004 to 3rd February 2005. It was revised from 93 to 52 Articles leaving the detail to be stipulated in the Statute on National Health System instead in order to reduce controversial issues in the consideration of the Parliament hoping that the draft law would be easier passed.

• **26th to 27th December 2004** During the general election campaign, NPPLP in collaboration with the network of health care organized a forum inviting a number of representatives of certain political parties to join for better understanding of the draft law and to declare together the will to support and push forward the draft law on national health.

• **27th April 2005** The Secretariat of the House of Representatives notified NPPLP that the verified number of

petitioners requesting the Parliament to consider the draft law was 95,410 which were greatly in excess of the number required by law. Therefore the draft law on national health proposed by the public was included in the agenda for consideration of the House of Representatives, 22nd Round, 1st year.

•**28th and 30th June 2005** HSRC and the Ministry of Public Health gave their assent to the draft National Health Act B.E. as modified by the Office of the Council of State.

•**July 2005** The draft National Health Act B.E. approved in principle by the Cabinet and modified by the Special Chamber of the Councilors of State, Office of the Council of State, was remitted to the Secretariat of the Cabinet.

•**23rd August 2005** The Cabinet approved the draft National Health Act B.E. modified by the Office of the Council of State and resolved to further the draft Act to the Coordinating Committee of the House of Representatives (Government's whips) for consideration before submission to the House of Representatives.

•**12th October 2005** The Screening Committee for the Coordinating Committee of the House of Representatives (Government's whips) having Mr. Phongthep Thepkanjana as chairman approved the draft National Health Act B.E. modified by the Office of the Council of State and remitted it to the Cabinet on 17th October 2005 for further submission to the House of Representatives for consideration as an urgent agenda.

• **18th October 2005** The Cabinet acknowledged the resolution of the Screening Committee for the Coordinating Committee of the House of Representatives (Government's whips) but failed to further it to the House of Representatives in accordance with the resolution of the Screening Committee without stating any reason.

• **7th November 2005** The Minister of Public Health (Mr. Phinij Jarusombat) notified in writing to the Secretariat of the Cabinet confirming that the draft Act was vital and beneficial to the country, and it should be submitted to the Cabinet for consideration and further submission to the House of Representatives as an urgent agenda in accordance with the resolution, dated 12th October 2005, of the Screening Committee for the Coordinating Committee of the House of Representatives (Government's whips).

• **9th November 2005** Dr. Phairoj Ningsanond, Vice Chairman of the HSRC notified in an informal writing to the Deputy Prime Minister (Mr. Wisanu Krue-ngarm) asking for help and support in supervising the draft Act.

• **22nd November 2005** The Cabinet approved the draft National Health Act B.E. modified by the Office of the Council of State again (in spite of the fact that it was already given an assent to the draft Act on 23rd August 2005) and resolved to send it the House of Representatives as an urgent agenda in accordance with the resolution, dated 12th October 2005, of the Coordinating Committee of the House of Representatives (Government's whips).

• **14th December 2005** The draft National Health Act B.E. was submitted to the consideration of the House of

Representatives (legislative session) 22nd Round, 1st Year, 34th Session, as an urgent agenda (final issue of the session). There were four other draft Acts accompanying the draft Act of the Government, i.e., (1) draft Act of the Democratic Party submitted by Dr. Buranut Samutarak, (2) draft Act of the Thai National Party submitted by Dr. Winai Wiriyakitja, (3) draft Act of the Thai Rak Thai Party submitted by Mrs. Laddawan Wongsriwong, (4) draft Act of the petitioners for proposal of law by the public, acting in the name of NPPLP, submitted by Dr. Pholdej Pinprateep.

In the meeting of the House of Representatives, the draft Act of the Government was considered as the main draft and was unanimously approved in principle (277 votes from 300 attendants, and 3 votes abstained), and an ad hoc Committee for Deliberation of the Draft Act comprising of 47 members was appointed in order to consider and modify the text for consideration of the House of Representatives in the second and third readings.

•22nd December 2005 to 23rd February 2006

In the first meeting of the ad hoc Committee for Deliberation of the Draft National Health Act, B.E., the Minister of Public Health (Mr. Phinij Jarusombat) was elected as Chairman of the Committee, Dr. Cholanan Srikaew, as secretary, Dr. Amphon Jindawatthana, and Mr. Sutthipong Wasusophaphon as assistant secretaries, Professor Dr. Prawes Wasi, and Dr. Sa-nguan Nittayaramphong, as advisors. Unfortunately the Committee had considered the draft Act only in 7 meetings from Article 1 to Article 16.

•**24th February 2006** The Government of the Prime Minister Thaksin Shinawatra declared the dissolution of the Parliament. As a result, the office of the ad hoc Committee for Deliberation of the Draft National Health Act, B.E. was automatically terminated and it had to cease the consideration of the draft Act for the time being.

•**19th September 2006** The Announcement of the Council for Democratic Reform under Constitutional Monarchy as Head of State was announced, as a result the Constitution of the Kingdom of Thailand B.E. 2540 (1997) was annulled.

•**28th September 2006** NPPLP notified in writing to the Chairperson of the Council for Democratic Reform requesting for support of pushing forward the draft National Health Act so as to be promulgated promptly.

•**1st October 2006** There was a Royal Proclamation of the Constitution of the Kingdom of Thailand (Interim) B.E. 2549 (2006) and a Royal Proclamation appointing General Surayuth Julanond as the Prime Minister.

•**13th October 2006** The Minister of Public Health (Dr. Mongkol na Songkla, M.D.) submitted the former Draft National Health Act, B.E. which had been suspended in the House of Representatives to the Secretariat of the Cabinet for submission to the Cabinet before further submission to the National Legislative Assembly for consideration.

•**3rd – 4th November 2006** In the Statement of Policies of the Cabinet to the National Legislative Assembly, the policy concerning public health was included in the policies on social aspect as follows “Clause 3.4 promote

the wellbeing of the public which shall include physical, mental, social and spiritual aspects by reforming the whole health system in order to..... and shall propose a law on national health..."

•**7th November 2006** The Cabinet approved the draft National Health Act B.E. proposed by the Ministry of Public Health and resolved to submit it for consideration of the National Legislative Assembly.

•**22nd November 2006** The draft National Health Act B.E. was submitted for consideration of the National Legislative Assembly by the Minister of Public Health. In the first reading the draft Act was approved in principle (among 124 attendants there were 118 assents, 5 dissents and 1 abstention). The meeting resolved to appoint an ad hoc Committee for Deliberation of the Draft Act comprising 33 members in order to consider the text for consideration of the National Legislative Assembly in the second and third readings.

•**29th November 2006** In the first meeting of the ad hoc Committee for Deliberation of the Draft National Health Act, B.E., the Minister of Public Health (Dr. Mongkol na Songkla) was elected as Chairman of the Committee, Dr. Amphon Jindawatthana, as secretary, Mr. Suttthipong Wasusophaphon, as the first assistant secretary, Mrs. Pitiporn Chandrat na Ayuthaya, as the second assistant secretary, Mr. Tuang Andachai, Mrs. Mookda Intasarn, and Mrs. Ratana Somboonwit as spokesmen, Professor Dr. Prawes Wasi, and Dr. Banloo Siriphanich, as advisors.

•**7th – 14th December 2006** The ad hoc Committee had finished the consideration of the Draft National Health Act, B.E. in 5 meetings.

•**27th – 28th December 2006** In the second reading of the National Legislative Assembly, due to some obscurity in detail appeared in certain Articles, therefore the ad hoc Committee was requested to modify the text for consideration of the National Legislative Assembly in the subsequent meeting.

•**29th December 2006** The ad hoc Committee finished the modification of the text in accordance with all the observations of the National Legislative Assembly.

•**4th January 2007** The Draft National Health Act, B.E. modified by the ad hoc Committee was approved in the second reading. In the third reading the National Legislative Assembly finally gave an assent to the promulgation of the National Health Act (with 154 assents, 9 dissents and 2 abstentions).

•**3rd March 2007** His Majesty the King gave a Royal Assent to the promulgation of the National Health Act which was countersigned by the Prime Minister (General Surayuth Julanond).

•**19th March 2007** - The National Health Act, B.E. 2550 (2007) has been published in the Government Gazette, vol. 124, part 16 a, on 19th March 2007 and has come into force as from the day following the date of its publication in the Government Gazette.