Translation of

the Universal Health Insurance System Law No. 2 of 2018

ترجمة قانون نظام التأمين الصحي الشامل رقم ٢ لسنة ٢٠١٨

22 July 2026

ANDERSEN

Law No. 2 of 2018 Promulgating the Law on the Universal Health Insurance System

In the name of the people President of the republic

Preamble

The House of Representatives has decided the following law, and we have promulgated it:

Promulgation Articles

Article (1) Promulgation:

The provisions of the accompanying Law shall apply with respect to the Comprehensive Health Insurance System. Its provisions shall apply mandatorily to all citizens residing within the Arab Republic of Egypt, and optionally to Egyptians working abroad, as well as those residing with their families abroad.

The rules of health insurance and medical care prescribed by the Armed Forces shall apply to its members in service or retirement, and to their families whose treatment is prescribed to be at its expense.

Article (2) Promulgation:

Except for public health services, preventive services, ambulance services, family planning services, health services relating to the coverage of disasters of all types, epidemics, and similar services which all State agencies are obliged to provide free of charge, the provisions of the accompanying Law shall apply to insured health services and to the consequences of work injuries, all in accordance with the definitions set out therein.

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Article (3) Promulgation:

The provisions of the accompanying Law shall apply gradually to the governorates, guided by the phases indicated in Table No. (5) attached hereto, in a manner ensuring the sustainability of the financial solvency of the system and taking into account its actuarial balance.

The insured persons shall continue to benefit from health insurance services and facilities in accordance with the laws, regulations, and decisions currently in force, until the date on which the provisions of the accompanying Law become applicable to them, according to the geographical gradual application.

As of the aforementioned date, the following laws and decisions shall cease to apply to them:

Law No. 10 of 1967 concerning the regulation of dealings in medicines of the General Authority for Health Insurance.

Law No. 126 of 1981 concerning the establishment of the Supreme Council for Insured Therapeutic Care.

Law No. 99 of 1992 concerning the Health Insurance System for Students.

Law No. 23 of 2012 concerning the Health Insurance System for Female Breadwinners.

Law No. 86 of 2012 concerning the Health Insurance System for Children below School Age.

Law No. 127 of 2014 concerning the Health Insurance System for Farmers and Agricultural Workers.

Law No. 3 of 2017 amending certain provisions of Social Insurance Law No. 79 of 1975.

Presidential Decree No. 1209 of 1964 concerning the establishment of the General Authority for Health Insurance and its branches for employees of the Government, local administration units, public authorities, and public institutions.

As of the aforementioned date, any provision conflicting with the provisions of the accompanying Law shall also cease to apply to them, whether contained in the Social Insurance Law promulgated by Law No. 79 of 1975 or in any other law.

The State shall be obliged to gradually raise the quality and efficiency of its affiliated health facilities before commencing the application and continuation of the system in the governorates scheduled for commencement, until such facilities obtain the necessary accreditation in accordance with the provisions of the accompanying Law.

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The Executive Regulations of the accompanying Law shall determine the rules and procedures regulating the gradual application of its provisions.

Article (4) Promulgation:

The Prime Minister shall issue the Executive Regulations of the accompanying Law within six months from the date of publication of this Law in the Official Gazette. The regulations and decisions existing on the date this Law comes into force shall continue to apply until the issuance of such Regulations, to the extent that they do not conflict with the provisions of the accompanying Law.

Article (5) Promulgation:

This Law shall be published in the Official Gazette and shall come into force on the day following the lapse of six months from the date of its publication.

This Law shall be stamped with the Seal of the State and shall be enforced as one of its laws.

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Article (1):

For the purposes of applying the provisions of this Law, the following words and expressions shall have the meanings assigned to each of them below:

System: The Comprehensive Health Insurance System.

Authority: The General Authority for Comprehensive Health Insurance established pursuant to Article (4) of this Law.

Healthcare Authority: The General Authority for Healthcare established pursuant to Article (15) of this Law.

Accreditation and Supervision Authority: The General Authority for Healthcare Accreditation and Supervision established pursuant to Article (26) of this Law.

Public Health: Organized interventions aimed at promoting human health physically, mentally, and socially, and not merely treating disease, disability, or weakness.

Preventive Services: Any health and medical activity that leads to the reduction or limitation of ill health, whether from disease or death, and which is divided into three levels: primary, secondary, and tertiary.

Ambulance Services: Rapid fixed or mobile medical services provided immediately to an injured person to avoid serious complications affecting him and his life, and also provided to persons suffering from serious sudden illnesses and attacks in order to protect them from any effects that may lead to their death.

Family Planning Services: Services aimed at planning childbirth rates, using birth control techniques and other reproductive education techniques, preventing sexually transmitted diseases, providing pre-pregnancy counselling, and treating infertility.

Therapeutic Services: All types of medically recognized treatment based on scientific evidence for treating different diseases, whether through medicines, surgical interventions, or otherwise.

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Rehabilitation and Physiotherapy Services: Services that assist in restoring the patient to his functional physical condition prior to the illness or injury.

Natural Disasters: Destructive natural phenomena that collectively affect human life, safety, or health, such as earthquakes, volcanoes, hurricanes, floods, and others.

Epidemics: Diseases or other health-related events occurring in a specific community or defined geographical area at rates clearly exceeding what is expected according to usual prior experience in the same area and time.

Medical and Laboratory Examinations: Anything that contributes to diagnosis, follow-up, and assessment of disease outside clinical examination by the competent physician, including laboratory examinations, medical imaging, and otherwise.

Levels of Healthcare:

- **First Level of Healthcare:** The first line of defence against disease, concerned with prevention, referral, health promotion, and combating the spread of disease at the pre-infection stage. Group clinics and health facilities shall provide primary healthcare services, which are comprehensive services concerned with the wellbeing of the individual and the community.

- **Second Level of Healthcare:** This includes the stage of diagnosing and treating disease, and is undertaken by hospitals.

- **Third Level of Healthcare:** This includes the stage of rehabilitation for special disease cases, and is undertaken by specialized kidney centres, cardiac centres, and centres of a similar nature.

Medical Facilities: Hospitals, medical centres, health units, ambulances, dispensaries, clinics, laboratories, radiology centres, blood banks, and all health facilities, whether governmental or non-governmental, except those affiliated with the Armed Forces.

Basic Care and Family Health Units: The first level of facilities providing primary healthcare services.

They provide therapeutic, diagnostic and referral services, reproductive health services, and first aid for emergency cases in some of these units, provided that they meet the quality conditions and specifications issued by the Accreditation and Supervision Authority.

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Basic Healthcare and Family Health Centres: The second level of facilities providing primary healthcare services.

They provide therapeutic, diagnostic, referral, and emergency services to beneficiary citizens residing within the geographical scope of the centre and its affiliated units, in addition to providing specialized services according to the availability of specialized physicians. Such centres may include a maternity home, provided that they meet the quality conditions and specifications issued by the Accreditation and Supervision Authority.

Hospitals and Specialized Centres: Units specialized in providing therapeutic and highly specialized healthcare for the second and third levels, provided that they hold a certificate issued by the Accreditation and Supervision Authority evidencing their fulfilment of the quality conditions and specifications, and that they are contracted with the Authority in accordance with the professionally approved insurance referral systems.

Family Physician: A physician holding a specialized scientific or professional certificate in the field of family medicine, working at the first level of healthcare service provision, and responsible for providing integrated and continuous healthcare services to all categories and ages within the family framework. By virtue of his qualifications, he may provide basic healthcare services, support healthy lifestyle approaches for all family members, and work administratively within an integrated health team.

General Practitioner: A scientifically qualified physician holding a Bachelor of Medicine and Surgery degree, registered in the legally prescribed registers and licensed to practice the profession, having practical experience and possessing the necessary clinical skill to provide integrated and continuous basic care to all family members in the surrounding community. He is qualified to identify, diagnose, and treat common and endemic diseases and certain emergency cases, and is fully aware of the principles and procedures for referring the patient to the different treatment levels, through specific rules for medical practice based on scientific evidence.

Evaluation: Analysis of the performance of health facilities, measurement of their quality level, verification of compliance with health programs, identification of any deficiencies that may exist, and determination of the procedures required to remedy them, in order to achieve the required level of quality in accordance with the standards.

Quality Assurance: The fulfilment of quality standards in all their elements.

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Accreditation: An acknowledgement issued by the Accreditation and Supervision Authority confirming that the health facility fulfils the quality standards.

Approved Standard Criteria: The Egyptian standard criteria prescribed by the Accreditation and Supervision Authority.

Entities Affiliated with the Ministry of Health: Entities providing health services and affiliated with the Ministry of Health, other than the General Authority for Health Insurance. These entities include the General Authority for Hospitals and Educational Institutes, the Secretariat of Specialized Medical Centres, therapeutic institutions in the different governorates, and hospitals and health units affiliated with the health directorates in the governorates.

Insured Person: Every person to whom the provisions of this Law apply in accordance with the rules of geographical gradual application.

Employer: Every person employing one or more workers from among the insured persons subject to the provisions of this Law.

Family: A group of individuals consisting of the husband, one or more wives, and dependants.

Person Injured by a Work Injury: Every person who sustains a work injury in accordance with the provisions of the relevant social insurance laws.

Patient: Every person who suffers from an illness or accident other than a work injury.

Subscription Wage: Everything received by the insured person as monetary remuneration from his employer or employers, particularly the following:

- The wage provided for in the schedules attached to employment systems and any allowances added thereto.
- The wage provided for in the employment contract and any allowances added thereto, or the due daily wage.
- Incentives.
- Official commissions.

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- Allowances, except for the following allowances:

    - Transportation allowance, travel allowance, and other allowances paid to the insured person in consideration of expenses incurred by him as required by his job, excluding representation allowance.

    - Housing allowance, clothing allowance, meal allowance, car allowance, and other allowances paid in consideration of in-kind benefits.

    - Allowances due to the insured person to meet living burdens outside the country.

    - It shall be observed that the total value of allowances excluded shall not exceed twenty-five percent (25%) of the insured person's total wage.

    - If the insured person works for more than one employer, all amounts he receives from the foregoing elements from each employer shall be considered the subscription wage.

Minimum Wage: The minimum wage announced by the Government at the national level.

Insurance Wage: The wage on which social insurance contributions are paid.

Actuary: A person licensed in the Arab Republic of Egypt to prepare actuarial assessments and studies.

Unable Persons: Families identified according to the targeting criteria and elements set by a committee formed from the Ministries of Social Solidarity and Finance and the Central Agency for Public Mobilization and Statistics, guided by the minimum wage and inflation rates, and amended periodically at intervals not exceeding three years.

Egyptians Working Abroad: Citizens whose circumstances of study, work, treatment, or accompanying any member of their family require their presence outside the country for a period of not less than one year.

Therapeutic Assets: Properties necessary for the establishment and continuity of medical and therapeutic activities, having a tangible physical existence and a technically estimated economic life.

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Administrative Assets: Properties necessary for the establishment and continuity of administrative activity, having a tangible physical existence and a technically estimated economic life.

Chronic Diseases: Non-communicable diseases that develop over a long period of time and require treatment lasting more than ninety days.

Article (2):

The Comprehensive Health Insurance System is a mandatory system based on social solidarity. Its coverage extends to all citizens in the Arab Republic of Egypt, and the family shall be the main insurance coverage unit within the System. The State shall bear its burdens on behalf of those who are unable, in accordance with the exemption controls to be determined by a decision of the Prime Minister.

This System is based on the separation of financing from service provision, and the Authority may not provide therapeutic services or participate in providing them.

Article (3):

The services of the System shall include the package of insured health services for all diseases provided to insured persons within the Arab Republic of Egypt, whether diagnostic, therapeutic, rehabilitative, medical or laboratory examinations. The Authority may, based on a submission by its competent committees, add other services to the aforementioned services, while taking into account the preservation of the financial and actuarial balance of the System.

Such services shall be provided through:

- The family physician or general practitioner at the designated treatment entities.
- Specialist physicians, including matters relating to oral and dental medicine and surgery.
- Home medical care, where required.
- Treatment and accommodation at a hospital or specialized centre, and the performance of surgical operations and other types of treatment.

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- Examination by medical imaging, laboratory examinations, and other medical examinations and similar procedures.

- Rehabilitative services, physiotherapy, and prosthetic devices, in accordance with the basic lists issued by the specialized committees of the Authority.

- Issuing medical prescriptions and dispensing medicines and supplies necessary for treatment, in accordance with the basic and supplementary lists issued by the specialized committees of the Authority, as well as preparing the necessary medical reports.

- Initial and periodic medical examination of every candidate for employment to verify his physical and psychological fitness.

- Treatment abroad for persons whose treatment is impossible through the services provided within the Arab Republic of Egypt and for whom treatment is available abroad, based on a report issued by a committee competent in this regard, formed by the Authority. The Executive Regulations shall determine the controls and procedures governing its work.

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Article (4):

A public economic authority shall be established under the name of the **"General Authority for Comprehensive Health Insurance"**. It shall have juristic personality and an independent budget, and shall be subject to the general supervision of the Prime Minister. Its head office shall be in Cairo, and it may establish branches in all governorates. A decision of the Prime Minister shall be issued regulating its work system and determining its competencies.

The Authority shall undertake the management and financing of the System. The funds of its subscribers shall be private funds and shall enjoy all aspects and forms of protection prescribed for public funds. Such funds and their returns shall be a right of their beneficiaries, and shall be invested safely in accordance with an investment strategy, the rules of which shall be determined by the Executive Regulations of this Law.

Article (5):

The Authority shall have a Board of Directors composed of:

The Chairman of the Authority.

The Deputy Chairman of the Authority.

The Chairman of the Healthcare Authority.

One Deputy President of the State Council, selected by the President of the State Council.

The President of the Federation of Trade Unions.

The President of the Federation of Chambers of Commerce.

The President of the Federation of Industries.

The Head of the State General Budget Sector at the Ministry of Finance.

The First Undersecretary of the Ministry of Health.

The First Undersecretary of the ministry concerned with social insurance.

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The First Undersecretary of the Ministry of Manpower.

A representative of private-sector service providers.

An expert in the field of health economics.

Two experts in the field of finance and investment, provided that one of them shall be an actuary specialized in health actuarial matters.

The Chairman of the Board of Directors shall represent the Authority before the courts and in its relations with third parties. The Deputy Chairman of the Authority shall replace the Chairman of the Authority in exercising his competencies in the event of his absence or if there is an impediment preventing him from doing so.

The Board of Directors shall be appointed by a decision of the Prime Minister, which shall include the determination of the financial treatment of the Chairman and his Deputy, and the remuneration and allowances of the remaining members of the Board.

The term of the Board shall be four years, renewable once.

The Board of Directors shall meet at least once every month upon invitation by its Chairman, or by the Minister of Health, or upon the request of two-thirds of its members. Its meetings shall be valid in the presence of the majority of members. Decisions shall be issued by a majority vote of the members present, and in the event of a tie, the side on which the Chairman voted shall prevail. The Chairman of the Board shall notify the minister concerned with health and the minister concerned with finance of the decisions of the Board of Directors.

Article (6):

The Board of Directors of the Authority shall be the supreme authority having control over its affairs and shall undertake its management and the development and implementation of the policies necessary to achieve its purposes and objectives. It may take such final decisions as it deems necessary to exercise its competencies, without the need for approval by any other authority. In particular, it shall have the following powers:

Supervising the workflow of the Authority, and reviewing and approving its various policies and strategies in all fields.

Issuing the regulations and decisions governing the financial, administrative, and technical affairs of the Authority, without being bound by the regulations and systems applicable in the State administrative apparatus.

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Approving the draft budget of the Authority and its final account.

Discussing and approving the actuarial reports relating to the Authority in a manner ensuring the financial balance of the System.

Approving the price lists of the groups of medical services provided.

Approving the investment strategy for the funds of the System in accordance with the rules determined by the Executive Regulations of this Law.

Setting the rules for engaging local and foreign expertise to assist the Authority in carrying out its work.

Approving the reports and financial accounts which the Authority is obliged to submit to the various authorities.

Giving opinions on draft laws and regulations relating to the Authority's work system and related activities.

Giving opinions on relevant international treaties, agreements, or charters.

Reviewing and evaluating the effectiveness of the management and performance of the System implementation programs.

Proposing the conclusion of loans necessary to finance the programs and projects that achieve the objectives of the Authority.

The Board of Directors may entrust one or more committees, whether from among its members or others, with some of its aforementioned competencies. It may also delegate the Chairman of the Board, his Deputy, or any of its members to exercise some of its competencies or to carry out a specific task.

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Article (7):

The Authority shall have an Executive Director, who shall be appointed, and whose financial treatment and competencies shall be determined, by a decision of the Board of Directors, for a term of four years renewable once. He shall attend meetings of the Board of Directors without having a counted vote in deliberations.

The Executive Director shall manage the affairs of the Authority and implement the policies, strategies, and decisions issued by the Board of Directors. The Executive Regulations of this Law shall determine the conditions required for whoever holds this position.

Article (8):

Subject to the provision of Article Three of the promulgation articles, all administrative assets, rights, and financial obligations of the General Authority for Health Insurance and its branches, and of the entities affiliated with the Ministry of Health, shall devolve to the Authority, except for therapeutic assets and matters relating to quality and accreditation. The Authority shall legally replace them in respect of all their rights and obligations, within the scope of the governorates to which this Law applies in accordance with the rules of geographical gradual application.

The employees of the General Authority for Health Insurance and the entities affiliated with the Ministry of Health who occupy positions connected with the field of work of the Authority within the scope of the aforementioned governorates shall be transferred to work at the Authority. In all cases, the employees transferred to the Authority shall retain their financial grades and all employment benefits enjoyed by them at their employing entities, as a minimum, all in accordance with what is determined by the Executive Regulations of this Law.

Article (9):

A permanent committee shall be established at the Authority, competent to price the list of medical services contracted for purchase. Its formation shall be issued by a decision of the Board of Directors of the Authority, provided that the number of its members shall not be less than nine and not more than fifteen members, and provided that at least one quarter of its members shall be experts independent from the Authority and specialized in the pricing of medical services. It shall also include a number of representatives of service providers in the private sector not exceeding one quarter.

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The Executive Regulations shall set out the controls and procedures governing the work of this committee.

Article (10):

The Authority shall be responsible for following up the treatment of insured persons with any of the healthcare service providers made available by the System until they recover, their condition stabilizes, or their disability is established.

The insured person shall have the right to choose the treatment providers from among the entities contracted with the Authority to provide the service, in accordance with the referral levels specified in this Law and its Executive Regulations.

The Executive Regulations of this Law shall regulate the controls for reimbursement of expenses in accordance with the price list applied by the Authority where, in emergency cases, the insured person resorts to a treatment provider not contracted with the Authority.

The Authority shall be obliged to purchase health services for holders of private insurance systems or health programs, whether the service is provided at the hospitals of the Healthcare Authority or at the hospitals of such systems, in accordance with the price list applied by the Authority.

Article (11):

The Authority shall finance the services of the System by contracting with healthcare service providers and therapeutic systems covered by the Healthcare Authority or any other entity contracted with the Authority, in accordance with the contracting systems, prices, controls, and procedures approved by the Board of Directors of the Authority and the quality standards determined by the Accreditation and Supervision Authority, without being bound by the provisions of the laws on government tenders and auctions in force.

The Authority shall have the right to exclude any of the System's service providers from the registers prepared for this purpose where it is proven that such provider has been negligent or has breached the level of medical care prescribed pursuant to this Law, or has failed to comply with the standards and requirements of the Accreditation and Supervision Authority.

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Article (12):

In the event that the insured person sustains an injury during work or by reason thereof, the employer shall be obliged to notify the Authority of the occurrence of the injury immediately upon its occurrence, in accordance with the procedures and time limits, and using the forms approved by the minister concerned with social insurance in agreement with the minister concerned with health. The termination of the injured person's service for any reason shall not prevent the continuation of his treatment for such injury.

If the injured employee is seconded, loaned, or on leave to work abroad, and the period of his secondment or loan ends while he remains in need of treatment, the Authority or the employer shall refer him to the designated treatment provider to complete his treatment.

Article (13):

The Authority shall issue certificates of disability resulting from the contraction of any organic disease, specifying the percentage of disability. It shall also issue certificates of disability resulting from the contraction of any occupational disease or other work injuries, and the percentage thereof.

The Authority shall be obliged to notify the injured person of the end of treatment, and of the disability that has remained with him, if any, and its percentage. The injured person or patient may file a grievance against the report on the end of treatment or the occurrence of disability before the medical arbitration committees provided for in the social insurance laws.

The Authority shall also be obliged to notify both the employer and the National Social Insurance Authority thereof, with a statement of the days of absence from treatment, if any, all in accordance with the conditions and procedures to be issued by a decision of the minister concerned with health in agreement with the minister concerned with social insurance.

Article (14):

The Authority shall be obliged to submit semi-annual performance reports on its financial position and financial statements, after their approval by the Board of Directors, to both the Council of Ministers and the House of Representatives.

It shall also be obliged to publish its financial statements at least once every year. The Executive Regulations of this Law shall determine the means and method of publication.

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Article (15):

A public service authority shall be established under the name of the **"General Authority for Healthcare"**. It shall have juristic personality and an independent budget, and shall be subject to the general supervision of the minister concerned with health. Its head office shall be in Cairo, and it may establish branches in all governorates.

A decision of the Prime Minister shall be issued regulating its work system and determining its competencies. It shall be the State's main instrument for controlling and regulating the provision of insured health services.

Article (16):

The Healthcare Authority shall provide healthcare and therapeutic services at their three levels, inside or outside hospitals, to all insured persons within the Arab Republic of Egypt, through the service provision outlets affiliated with the General Authority for Health Insurance existing on the date this Law comes into force, and through the entities affiliated with the Ministry of Health that are gradually incorporated into the System after being qualified in accordance with the quality and accreditation standards determined by the Accreditation and Supervision Authority. The incorporation of such hospitals into the System shall be issued by a decision of the Prime Minister.

The service may also be provided through any private hospitals after they are qualified in accordance with the aforementioned standards and the standards determined by the Healthcare Authority.

The Healthcare Authority shall conduct an initial medical examination for every candidate for employment, to verify his physical and psychological fitness to perform such work, before he assumes work, in accordance with occupational safety and health rules. In conducting such examination, the nature of the work and the type of disease to which the candidate for employment may be exposed shall be taken into account.

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The Healthcare Authority shall periodically examine insured persons exposed to the risk of contracting any occupational disease. It shall be the authority responsible for identifying those exposed to the risk of contracting any occupational disease, after payment of the service fee determined by the Authority for each insured person it examines. The employer shall bear the value of such fee and shall be obliged to pay it to the Authority within ten days from the date of being requested to do so.

Article (17):

The Healthcare Authority shall have a Board of Directors composed of:

The Chairman of the Healthcare Authority.

The Deputy Chairman of the Healthcare Authority.

The Deputy Chairman of the Authority.

The President of the Medical Syndicate.

The President of the Pharmacists Syndicate.

The President of the Dentists Syndicate.

The President of the Physiotherapy Syndicate.

The President of the Nursing Syndicate.

One Deputy President of the State Council, selected by the President of the State Council.

An expert in the field of health cost accounting.

An expert in the field of health economics.

Two members from civil society who have experience in healthcare management, provided that one of them shall be a professor at a faculty of medicine.

The Chairman of the Board shall represent the Healthcare Authority before the courts and in its relations with third parties. The Deputy Chairman of the Healthcare Authority shall replace the Chairman of the Board of Directors in the event of his absence or if there is an impediment preventing him from doing so.

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The Board of Directors shall be appointed by a decision of the Prime Minister, based on the nomination of the minister concerned with health. The decision shall include the determination of the financial treatment of the Chairman and his Deputy, and the remuneration and allowances of the remaining members of the Board.

The term of the Board shall be four years, renewable once.

The Board of Directors shall meet at least once every month upon invitation by its Chairman, or by the minister concerned with health, or upon the request of two-thirds of its members. Its meetings shall be valid in the presence of the majority of members. Decisions shall be issued by a majority vote of the members present, and in the event of a tie, the side on which the Chairman voted shall prevail. The Chairman of the Board shall notify the minister concerned with health of the decisions of the Board of Directors.

Article (18):

The Board of Directors of the Healthcare Authority shall be the supreme authority having control over its affairs and shall undertake its management and the development and implementation of the policies necessary to achieve its purposes and objectives. It may take such final decisions as it deems necessary to exercise its competencies, without the need for approval by any other authority. In particular, it shall have the following powers:

Developing the general strategy of the Healthcare Authority, establishing its executive policies, and monitoring their implementation.

Issuing the regulations and decisions relating to financial, administrative, technical, personnel, and other affairs, without being bound by the governmental regulations and systems in force.

Approving the draft budget of the Healthcare Authority and its final account.

Accepting gifts and grants and proposing loans necessary to finance all programs and projects required for its work, in accordance with the prescribed procedures.

Approving the organizational structure of the Healthcare Authority, its branches, hospitals, and healthcare units.

Studying and proposing the fees for medical services proposed by the branches, hospitals, and units, within the framework of the contracts concluded and the general rules established by the Healthcare Authority.

Establishing a remuneration system for physicians contracted with the Healthcare Authority.

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Giving opinions on contracts of all forms concluded with the Healthcare Authority or with any other entities before they enter into force.

Examining and approving the financial accounts, internal regulations, and medical treatment regulations of the affiliated regions.

Approving the periodic reports submitted on the workflow of the Healthcare Authority and its regions.

Coordinating with the Pricing Committee of the Authority regarding the determination of the consideration for the services provided by the Healthcare Authority.

Setting the rules for engaging local and foreign expertise to assist the Healthcare Authority in carrying out its work.

Giving opinions on draft laws and decisions relating to the work system of the Healthcare Authority and related activities.

Proposing the conclusion of loans necessary to finance the programs and projects that achieve the objectives of the Healthcare Authority.

Considering any matters falling within the competence of the Healthcare Authority which the minister concerned with health deems appropriate to submit.

The Board of Directors may entrust one or more committees, whether from among its members or others, with some of its aforementioned competencies. It may also delegate the Chairman of the Board, his Deputy, or any of its members to exercise some of its competencies or to carry out a specific task.

Article (19):

The Healthcare Authority shall have an Executive Director, who shall be appointed, and whose financial treatment and competencies shall be determined, by a decision of the Board of Directors, for a term of four years renewable once. He shall attend meetings of the Board of Directors without having a counted vote in deliberations.

The Executive Director shall manage the affairs of the Healthcare Authority and implement the policies, strategies, and decisions issued by the Board of Directors. The Executive Regulations of this Law shall determine the conditions required for whoever holds this position.

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Article (20):

Subject to the provision of Article Two of the promulgation articles, primary health services, therapeutic and diagnostic services, reproductive health services, first aid for emergency cases, and referral to higher levels shall be provided through public or private Basic Care and Family Health Units, provided that such units hold a certificate from the Accreditation and Supervision Authority confirming that they satisfy the quality conditions and standards, and that they are contracted with the Authority.

Such units shall be considered the first level of healthcare service providers and the first point of contact for beneficiaries of health services and the Healthcare Authority.

Basic Care and Family Health Units shall, through one or more medical teams consisting of an appropriate number of physicians and their assistants, provide care for a number of families residing within the geographical scope of the unit, which shall be determined according to the standards approved in this regard.

These units may provide specialized services where specialized physicians are available therein. They shall also provide preventive medicine services, provided that the State shall bear the cost of such services.

Article (21):

Therapeutic, diagnostic, emergency, and referral services to the higher level shall be provided through public and private Basic Healthcare and Family Health Centres, provided that such centres hold a certificate from the Accreditation and Supervision Authority confirming that they satisfy the quality conditions and standards, and that they are contracted with the Authority. Such centres shall be considered the second level of primary healthcare service providers.

Basic Healthcare and Family Health Centres shall, through specialist physicians, provide specialized health services to a number of families residing within the geographical scope of the centre and its affiliated units, which shall be determined according to the standards approved in this regard. These centres shall also provide preventive medicine services, provided that the State shall bear the cost of such services.

The centre may include a maternity home in accordance with the specifications and conditions approved in this regard.

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Article (22):

Subject to the provision of Article Three of the promulgation articles, the therapeutic assets and service provision outlets affiliated with the General Authority for Health Insurance, and the service provision outlets affiliated with the Ministry of Health, shall devolve to the Healthcare Authority, except for health offices and outlets for the provision and supervision of preventive medicine services and the activities related thereto.

Such assets must be qualified in accordance with quality and accreditation standards within a period not exceeding three years from the date on which the governorate in which the facility is located falls within the scope of application of the Law. The Healthcare Authority shall replace the General Authority for Health Insurance and the aforementioned entities by operation of law in respect of all rights and obligations relating to such assets.

The employees of the General Authority for Health Insurance and the entities affiliated with the Ministry of Health who occupy positions connected with the field of work of the Healthcare Authority within the scope of the governorates in which the Law is applied shall be transferred to work at the Healthcare Authority. In all cases, the employees transferred to the Healthcare Authority shall retain their financial grades and all employment benefits enjoyed by them at their employing entities, as a minimum, all in accordance with what is determined by the Executive Regulations of this Law.

Article (23):

The Healthcare Authority shall perform its duties by itself or through its units, organizational divisions, affiliated branches, or the entities it establishes. It shall be the authority responsible for coordination among them and for inspection and supervision of their work, in order to determine the extent to which they implement the laws, regulations, decisions, and rules regulating the provision of healthcare services in accordance with the quality standards approved by the Accreditation and Supervision Authority.

Within the limits of the strategies, policies, and decisions adopted by its Board of Directors, the Healthcare Authority may carry out the following:

Establishing hospitals, healthcare units, and other healthcare service provision outlets, equipping and managing them according to the needs of the community, after conducting the necessary studies to confirm the need therefor.

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Leasing hospitals or other therapeutic institutions and equipping them according to actual need.

Establishing entities for healthcare buildings or for their management.

Establishing entities for the management of healthcare and therapeutic services at all levels.

Providing the medical, technical, administrative, and other professional cadres necessary for the Healthcare Authority to perform its duties, whether by appointment or by contract.

Providing the medical preparations and supplies necessary for the provision of healthcare services, provided that the Egyptian Authority for Unified Procurement, Medical Supply and Provision, and Medical Technology Management shall undertake procurement operations. For the purpose of achieving its objectives, the Healthcare Authority may establish pharmacies inside hospitals and contract with public and private pharmacies in accordance with the provisions of Law No. 127 of 1955 concerning the Practice of the Pharmacy Profession.

Article (24):

The Healthcare Authority shall be obliged to submit semi-annual performance reports on the health and therapeutic services it provides and its financial statements, after their approval by the Board of Directors, to both the Council of Ministers and the House of Representatives.

It shall also be obliged to publish its financial statements at least once every year, in the manner set out in the Executive Regulations of this Law.

Article (25):

The Healthcare Authority shall provide healthcare services on a decentralized basis, by dividing the governorates of the Republic into a group of regions in accordance with what is approved by its Board of Directors. Each region shall have a president assisted by an executive council, the formation of which shall be issued by a decision of the Board of Directors.

The executive council shall be composed of:

The directors of the branches of the Healthcare Authority in the governorates affiliated with the region.

The head of the central administration for financial affairs in the region.

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The head of the central administration for planning and projects in the region.

Two hospital directors in the region.

Two directors of basic healthcare units in the region.

Two public figures selected by the minister concerned with health upon nomination by the Chairman of the Board of Directors.

Part Two: Management of the System

Chapter Three: The General Authority for Healthcare Accreditation and Supervision

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Article (26):

A public service authority shall be established under the name of the "General Authority for Healthcare Accreditation and Supervision". It shall have juristic personality and an independent budget, and shall be subject to the general supervision of the President of the Republic. Its head office shall be in Cairo, and it may establish branches in all governorates. A decision of the President of the Republic shall be issued regulating its work system.

Article (27):

The Accreditation and Supervision Authority shall aim to ensure the quality of health services, their continuous improvement, and the confirmation of confidence in the quality of the outputs of health services in the Arab Republic of Egypt at all local, regional, and international levels.

It shall also aim to control and regulate the provision of insured health services in accordance with specific standards for quality and accreditation, in the manner set out in the Executive Regulations of this Law, and to regulate the health sector in a manner that ensures its soundness, stability, development, and improvement of quality, and works to balance the rights of the parties dealing therein.

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Article (28):

For the purpose of achieving its objectives, the Accreditation and Supervision Authority may take all procedures and decisions necessary for that purpose. In particular, it shall have the following powers:

- Establishing quality standards for health services and approving their application to medical care provision facilities.

- Accrediting and registering medical facilities that satisfy the quality standards referred to in item (1), in order to operate under the System. The period of accreditation and registration shall be four years, renewable for other similar periods.

- Supervising and monitoring all medical facilities and members of the medical professions working in the sector of providing medical and health services, in accordance with the provisions of this Law.

- Conducting periodic administrative inspection of accredited and registered facilities operating under the System.

- Suspending or cancelling accreditation or registration where the medical facility violates any of the requirements for granting accreditation and registration.

- Accrediting and registering members of the medical professions according to the different specialties and levels for work under the System, and conducting periodic inspection thereof at the entities accredited and registered to operate under this System.

- Suspending or cancelling accreditation or registration of members of the medical professions to work under the System where any of the requirements for granting accreditation or registration is violated.

- Providing the means that ensure the efficiency of the System and the transparency of the activities practiced therein, and issuing the rules and systems necessary for that purpose.

- Coordinating and cooperating with medical supervision authorities abroad, and with international associations and organizations that bring together or regulate their work.

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- Coordinating with medical facilities in a manner that ensures access to an integrated system of standards, development benchmarking rules, and performance measurement mechanisms in accordance with international standards.

- Supporting the self-capabilities of medical facilities to conduct self-evaluation.

- Raising awareness and informing the community of the level of quality of services at medical facilities.

The Accreditation and Supervision Authority may carry out evaluation and accreditation activities for Arab and foreign health facilities operating outside the Arab Republic of Egypt, upon the request of such facilities.

Article (29):

The Accreditation and Supervision Authority shall have a Board of Directors composed of a Chairman of the Accreditation and Supervision Authority, a Deputy Chairman, and seven members specialized in the field of health service quality and experienced in medical and legal fields.

The Chairman of the Board shall represent the Accreditation and Supervision Authority before the courts and in its relations with third parties.

The Deputy Chairman of the Accreditation and Supervision Authority shall replace the Chairman of the Board of Directors in exercising his competencies in the event of his absence or if there is an impediment preventing him from doing so.

The Board of Directors shall be appointed by a decision of the President of the Republic, based on the nomination of the Prime Minister. The decision shall include the determination of the financial treatment of the Chairman and his Deputy, and the remuneration and allowances of the remaining members of the Board.

The term of the Board shall be four years, renewable once.

Whoever is selected for membership of the Board must be fully dedicated and his interests must not conflict with the interests and objectives of the Accreditation and Supervision Authority.

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The Executive Regulations of this Law shall determine the methods and times of convening the Board of Directors of the Accreditation and Supervision Authority and the quorum required for adopting decisions therein.

Article (30):

The Board of Directors of the Accreditation and Supervision Authority shall be the supreme authority having control over its affairs and shall undertake its management and the development and implementation of the policies necessary to achieve its purposes and objectives. It may take such final decisions as it deems necessary to exercise its competencies, without the need for approval by any other authority. In particular, it shall have the following powers:

Developing the general strategy of the Accreditation and Supervision Authority, establishing its executive policies, and monitoring their implementation.

Establishing and approving the controls, standard criteria, accreditation indicators, and measurement of the elements of health service quality.

Establishing the rules for supervision and inspection of the entities subject to the supervision of the Accreditation and Supervision Authority.

Approving the organizational structure of the Accreditation and Supervision Authority.

Issuing the regulations and decisions governing the financial, administrative, technical, personnel, and other affairs of the Accreditation and Supervision Authority, without being bound by the governmental regulations and systems applicable in the State administrative apparatus.

Setting the rules for engaging local and foreign expertise to assist the Accreditation and Supervision Authority in carrying out its work.

Approving the draft budget of the Accreditation and Supervision Authority and its final account.

Giving opinions on draft laws and regulations relating to its work system and related activities.

Ratifying the granting of accreditation certificates. Such certificates shall be valid for three years and may be renewed for other similar periods, or suspended or cancelled in light of the results of monitoring and periodic review operations, in accordance with the controls established by the Accreditation and Supervision Authority.

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Accepting grants provided to the Accreditation and Supervision Authority by entities other than medical facilities subject to evaluation, provided that this does not conflict with its objectives and in accordance with the rules prescribed in this regard.

Proposing the conclusion of loans necessary to finance all programs and projects that achieve the objectives of the Accreditation and Supervision Authority.

Approving the annual reports on the results of the work of the Accreditation and Supervision Authority.

Approving the training plan for the human resources of the Accreditation and Supervision Authority.

Considering the matters which the competent ministries or governmental authorities, or the Chairman of the Board of Directors, request to be presented to the Board from among matters connected with the activity of the Accreditation and Supervision Authority.

The Board of Directors may entrust one or more committees, whether from among its members or others, with some of its aforementioned competencies. It may also delegate the Chairman of the Board, his Deputy, or any of its members to exercise some of its competencies or to carry out a specific task.

Article (31):

The Accreditation and Supervision Authority shall have an Executive Director, who shall be appointed, and whose financial treatment and competencies shall be determined, by a decision of the Board of Directors, for a term of four years renewable once. He shall attend meetings of the Board of Directors without having a counted vote in deliberations.

The Executive Director shall manage the affairs of the Authority and implement the policies, strategies, and decisions issued by the Board of Directors. The Executive Regulations of this Law shall determine the conditions required for whoever holds this position.

Article (32):

The employees of the General Authority for Health Insurance and the entities affiliated with the Ministry of Health who occupy positions connected with the field of work of the Accreditation and Supervision Authority shall be transferred to work at the Accreditation and Supervision Authority, if they so wish.

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In all cases, the transferred employees shall retain their financial grades and all employment benefits enjoyed by them at their employing entities, as a minimum, all in accordance with what is determined by the Executive Regulations of this Law.

Article (33):

A central committee shall be established at the Accreditation and Supervision Authority, exclusively competent, to the exclusion of any other body, to settle disputes arising due to the application of the provisions of this Chapter and falling within its competencies.

The committee shall be formed under the chairmanship of one Deputy President of the State Council, with the membership of two counsellors from the State Council selected by the President of the State Council, and representatives of the two parties to the dispute.

Recourse to the courts shall not be permitted before the dispute is presented to this committee, provided that it shall be decided within a period not exceeding three months. The Executive Regulations of this Law shall determine the controls and procedures governing the work of this committee.

Article (34):

The Accreditation and Supervision Authority shall have the right to collect fees for issuing accreditation and registration certificates and for the services it provides to third parties in accordance with the provisions of this Law. The Board of Directors shall determine the value of such fees, taking into account the type of service performed.

Article (35):

Evaluation and accreditation operations shall be carried out objectively and transparently. It shall be prohibited for any person who participated in evaluation or accreditation activities to provide consultations or training courses to the facility subject to evaluation, to be a member of its board of directors, or to disclose data and information relating to evaluation activities or the final result of the evaluation before the decision of the Accreditation and Supervision Authority is issued.

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Subject to the provision of Article (33), the results of evaluation and accreditation concluded by the decision of the Accreditation and Supervision Authority may not be amended.

Article (36):

Subject to the provisions of Law No. 51 of 1981 regulating medical facilities, public and private health facilities and service providers shall be obliged to obtain an accreditation certificate at any of its different levels determined by the Accreditation and Supervision Authority, within three years from the date on which the governorate where the facility is located falls within the scope of application of the provisions of this Law.

If the facility fails to comply with the foregoing, the Accreditation and Supervision Authority shall notify the concerned authorities to take the necessary procedures in accordance with the laws and regulations governing their work.

Article (37):

The Accreditation and Supervision Authority shall be obliged to submit a report on the evaluation result to the medical facility subject to evaluation within a maximum period of sixty days from the date of evaluation. The facility shall obtain the accreditation certificate within thirty days from the date of announcement of the evaluation results.

The Executive Regulations of this Law shall determine the procedures for evaluation and accreditation.

Article (38):

The Executive Director of the Accreditation and Supervision Authority shall be obliged to submit an annual report to the Board of Directors on the results of its work, in preparation for presenting it to the President of the Republic, the Council of Ministers, and the House of Representatives.

A summary of this report shall be published in one national newspaper.

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Article (39):

State agencies and medical facilities shall be required to assist the Accreditation and Supervision Authority in performing its duties and to facilitate its carrying out of the work necessary to achieve its objectives.

They shall also provide it with any data or information it requests in relation thereto.

Part Three: Sources of Financing

Chapter One: Sources of Financing of the Authority

Article (40):

The resources of the Authority shall consist of the following:

First: Share of insured persons and dependants:

The contributions paid by insured persons subject to this Law, in accordance with the percentages set out in attached Table No. (1).

In the event of combining more than one job, the insured person shall be obliged to pay the contributions due on all income received by him.

The contributions which the head of the family is obliged to pay for a non-working wife, or a wife who has no fixed income, and for the children and dependants living under his care, in accordance with attached Table No. (1). Contributions for children and dependants shall continue until they join employment, or until females marry.

Second: Share of employers:

Employers specified under the social insurance laws shall be obliged to pay their share of the contributions for their employees at the rate of four percent (4%) monthly of the subscription wage of the insured worker, and not less than fifty Egyptian pounds per month, in consideration of sickness insurance, treatment, and work injury services.

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Third: Contributions:

The amounts paid by the insured person upon receiving the service, in accordance with attached Table No. (3).

Unable persons whose contributions are borne by the Public Treasury, and persons with chronic diseases and tumours, shall be exempted from paying the value of contributions, all in accordance with a decision to be issued by the Prime Minister regulating the exemption controls.

Fourth: Return on investment of the Authority's funds:

The return resulting from the investment of the funds and reserves available to the Authority, in accordance with the investment strategy whose rules are determined by the Executive Regulations of this Law.

Fifth: Obligations of the Public Treasury for unable persons:

The value of the contribution of insured persons from the categories of unable persons, including unemployed unable persons who are not entitled to unemployment compensation or who have exhausted the period of entitlement thereto, as well as each dependent family member. The Treasury shall bear five percent (5%) of the minimum wage announced by the Government at the national level, monthly for each of them, all as indicated in attached Table No. (4).

Sixth: Consideration for other services provided by the Authority other than those included in this Law, in accordance with what is determined by its Board of Directors.

Seventh: External and internal grants and loans contracted by the Government for the benefit of the Authority, in accordance with the rules prescribed in this regard.

Eighth: Gifts, subsidies, donations, and bequests accepted by the Board of Directors of the Authority, in accordance with the rules prescribed in this regard.

Ninth: Other sources:

The following amounts shall be collected pursuant to this Law for the purpose of financing the System:

Seventy-five piasters from the value of each cigarette pack sold in the local market, whether locally or foreign produced, provided that such value shall be increased every three years by a further twenty-five piasters until it reaches one hundred and fifty piasters.

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Ten percent (10%) of the value of each sold unit of tobacco derivatives, other than cigarettes.

One Egyptian pound collected upon the passage of each vehicle on highways that are subject to the system for collecting such fees.

Twenty Egyptian pounds for each year, upon issuing or renewing a driving licence.

Fifty Egyptian pounds for each year, upon issuing or renewing the vehicle licence of cars with engine capacity of less than 1.6 litres.

One hundred and fifty Egyptian pounds for each year, upon issuing or renewing the vehicle licence of cars with engine capacity of 1.6 litres and less than 2 litres.

Three hundred Egyptian pounds for each year, upon issuing or renewing the vehicle licence of cars with engine capacity of 2 litres or more.

An amount ranging from one thousand Egyptian pounds to fifteen thousand Egyptian pounds upon contracting with the System in respect of medical clinics, treatment centres, pharmacies, and pharmaceutical companies, in accordance with the rules determined by the Executive Regulations of this Law.

One thousand Egyptian pounds for each bed upon issuing licences for hospitals and medical centres.

A solidarity contribution at the rate of 0.0025, being two and a half per thousand, of the total annual revenues of sole proprietorships and companies, whatever their nature or the legal regime to which they are subject, and public economic authorities. This contribution shall not be deemed a deductible cost for the purposes of applying the provisions of the Income Tax Law, and shall be collected in accordance with the controls and procedures determined by the Executive Regulations of this Law.

Fifty percent (50%) of the value of revenues collected under the regulations for developing self-generated resources to improve hospital efficiency, issued by Minister of Health Decrees Nos. 239 of 1997 and 200 of 2002.

A stamp duty in the denomination of five Egyptian pounds in the name of the System, to be affixed to applications submitted to the Authority, the Healthcare Authority, and the Accreditation and Supervision Authority. The Executive Regulations of this Law shall determine the applications exempted from affixing such stamp.

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Article (41):

The following entities shall be obliged to pay the dues of the Authority on the dates specified opposite each of them:

First: With respect to insured persons subject to social insurance laws and pensioners:

- The employer shall be obliged to pay the monthly contributions due from him to the National Social Insurance Authority, including: the share he is obliged to pay, and the share he is obliged to deduct from the wage of the insured person for payment of the contributions due from the insured person and his dependants, provided that such amounts shall be remitted on the same dates prescribed for payment of social insurance contributions.

- The National Social Insurance Authority shall be obliged to deduct the value of the comprehensive health insurance contribution from the pensioner and beneficiaries upon entitlement to the monthly pension, and to remit it monthly to the Authority.

- The National Social Insurance Authority shall be obliged to pay the value of the comprehensive health insurance contribution for unemployed persons entitled to unemployment compensation in accordance with the provisions of the aforementioned Social Insurance Law.

- The National Social Insurance Authority shall be obliged to collect comprehensive health insurance contributions due from the various entities subject to social insurance laws together with social insurance contributions.

Second: With respect to insured persons not subject to social insurance laws:

- A self-employed worker, professional, craftsperson without regular salaries, and the head of a family not subject to social insurance laws shall be obliged to pay his own contribution and the contribution of his non-working wife who has no fixed income, and of the children and dependants living under his care, in semi-annual instalments to the Authority. In the event of the death of the head of the family, the guardian shall be obliged to pay the contributions from the minor's funds, unless the minor falls within the categories of unable persons.

- Agricultural associations shall be obliged to collect comprehensive health insurance contributions from insured persons working in agriculture and their dependants, in quarterly instalments, and shall remit them to the Authority.

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The Authority may entrust the collection of its dues to other public or private entities that have regular collection mechanisms, in accordance with the rules and procedures determined by the Executive Regulations of this Law.

Article (42):

The entities provided for in Article (41) of this Law shall be obliged to remit the contributions of insured persons and employers referred to in Article (40) of this Law to the Authority within thirty days from the date of their collection, after deducting a percentage to be agreed upon with such entities, in the manner set out in the Executive Regulations of this Law.

Article (43):

In the event that the person obliged to pay the contributions delays payment of the contributions on the specified dates, he shall be obliged to pay an additional annual amount for the delay period from the date on which payment became due until the end of the month of payment. The additional amount shall be calculated in accordance with the rules provided for in this Law.

Article (44):

The financial position of the System shall be actuarially examined at least once every four years by one or more actuaries specialized in the health field, who shall be assigned by a decision of the Prime Minister based on the nomination of the minister concerned with finance and the minister concerned with health.

In the event of an actuarial surplus, reserves shall be established. In the event that a deficit appears, the actuary shall state its causes and the method of avoiding and remedying it. In such case, the matter shall be presented to the House of Representatives to consider amending the value of contributions, co-payments, and other sources of financing in order to restore the balance and financial sustainability of the System.

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The Authority shall also be obliged to take all possible measures to ensure the annual financial balance of the System and its ability to meet all its obligations towards insured persons subscribed to this System and those dealing with it, in accordance with the provisions of this Law.

Part Three: Sources of Financing

Chapter Two: Sources of Financing of the General Authority for Healthcare

Article (45):

The resources of the Healthcare Authority shall consist of the following sources:

- The consideration for medical services provided by the Healthcare Authority in accordance with the service price list approved by the Authority.
- Any revenues and consideration for any additional medical services, or any non-medical services provided by the Healthcare Authority, in accordance with what is approved by its Board of Directors.
- Loans contracted by the State for the benefit of the Healthcare Authority.
- Gifts, grants, subsidies, donations, and bequests accepted by the Board of Directors of the Healthcare Authority, in accordance with the rules prescribed in this regard.
- Return on investment of the funds of the Healthcare Authority, in accordance with the rules prescribed in this regard.
- Funds and assets allocated by the State or any other entity to support the Healthcare Authority.

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Article (46):

The resources of the Accreditation and Supervision Authority shall consist of the following sources:

- The consideration for the services provided by the Healthcare Accreditation and Supervision Authority, in accordance with what is approved by its Board of Directors.
- Loans contracted by the State for the benefit of the Accreditation and Supervision Authority.
- Return on investment of the funds of the Accreditation and Supervision Authority.
- Funds and assets allocated by the State to the Accreditation and Supervision Authority.
- Any other revenues approved by its Board of Directors relating to the activity of the Accreditation and Supervision Authority.
- Grants, gifts, donations, subsidies, and bequests accepted by the Board of Directors in accordance with the rules prescribed in this regard.

Part Four: General Provisions

Article (47):

All relevant public and private entities concerned with the application of the provisions of this Law shall be obliged to provide the Authority with the necessary data concerning the persons subject to its provisions, their geographical distribution, ages, professions, and all information required by the Authority for the exercise of its activity.

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The Authority shall establish a database for the beneficiaries of the System, including all data necessary for it to apply the provisions of this Law. Such database shall be linked to the databases of the National Social Insurance Authority, the Civil Status Authority, and other concerned entities related to the application of the provisions of this Law.

Article (48):

Except in emergency cases, in order to benefit from the services of comprehensive health insurance, the beneficiary must be subscribed to the System and must have paid the contributions as of the date on which the provisions of this Law become applicable to the governorate to which the patient belongs.

In the event of non-subscription or failure to pay, benefiting from the services of the System shall be conditional upon payment of the overdue contributions in one payment or in instalments, in accordance with what is determined by the Authority.

This condition shall not apply to insured persons who are employees of the State administrative apparatus, local administration units, public authorities, public sector employees, public business sector employees, pensioners, and the private sector subject to the provisions of social insurance laws, in the event that the employer fails to remit the contributions to the Authority.

Article (49):

The insured person shall bear his share and the employer's share for periods of internal or external secondment, special leave, or study leave without pay, and shall remit the same directly to the Authority, except for:

- Special leaves for child care in accordance with what is provided in the Child Law promulgated by Law No. 12 of 1996.

- Missions, study leaves, and scientific assignments granted in accordance with the provisions of Law No. 112 of 1959 regulating missions, study leaves, and grants, or the Universities Regulation Law promulgated by Law No. 49 of 1972, in which case the dispatching entity, the person sent on mission, or the student shall bear the worker's share and the employer's share, as the case may be.

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- Secondment to units of the State administrative apparatus, in which case the borrowing entity shall bear the employer's share.

Article (50):

The private establishment, with all its tangible and intangible elements and in whatever hands it may be, shall secure all dues of the Authority. Any person to whom ownership of the establishment devolves for any reason shall be responsible for fulfilling all obligations due thereon to the Authority, in accordance with the provisions of the Civil Code, within the limits of the value of the ownership of the establishment that has devolved to him.

Article (51):

All movable and immovable funds of the three authorities established pursuant to this Law, and all their investment operations and returns, of whatever type, shall be exempt from all taxes and fees, including value added tax.

The operations carried out by the Authority shall also be exempt from being subject to the provisions of the laws concerning supervision and control over insurance authorities and companies.

The forms, documents, cards, contracts, acquittances, certificates, publications, and all instruments required for the implementation of this Law shall also be exempt from fees.

Article (52):

Each of the three authorities established pursuant to this Law shall have an independent budget. The financial year of each shall commence with the beginning of the State's financial year and shall end with its end. Each authority shall have a special account within the Treasury Single Account at the Central Bank, into which its funds shall be deposited, and the surplus of such accounts shall be carried forward from one year to another.

The Authority shall be entitled to an annual return on its funds equal to the average return on treasury bills issued in the same year. Disbursement from its funds shall only be made with the approval of its Board of Directors.

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Article (53):

The provisions of the System shall be suspended with respect to a person conscripted for compulsory military service in the Armed Forces throughout the period of conscription, retention, or call-up.

The Executive Regulations of this Law shall set out the provisions relating to the benefit of the families of conscripts from the System, and may also include a provision exempting them from contributions throughout the aforementioned period.

Article (54):

Without prejudice to the causes of interruption of prescription provided for in the Civil Code, the prescription period shall be interrupted by notifying the employer to pay the amounts due to the Authority pursuant to the provisions of this Law, by registered letter with acknowledgment of receipt, including a statement of the value of such amounts.

Prescription shall not run against the Authority with respect to an employer who has not previously subscribed to the System for all or some of his employees, except from the date on which the Authority becomes aware that they have joined his employment.

Prescription shall also not run against the Authority with respect to an insured person who has not previously subscribed to the System, except from the date on which the Authority becomes aware that the conditions for being subject to the provisions of this Law are satisfied.

Article (55):

The capacity of judicial enforcement officers shall be vested in the employees of the three authorities established pursuant to the provisions of this Law, each within the scope of its competence, who are designated by a decision of the Minister of Justice in agreement with the Chairman of the Board of Directors of the Authority, with respect to the offences provided for in Part Five of this Law.

For this purpose, they shall have the right to enter the contracted service provision places, inspect the equipment, devices, medicines, or other medical or therapeutic supplies therein, and examine the registers, books, documents, and all other papers required for the implementation of this Law.

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The persons responsible in such places shall provide them with the data, extracts, and copies of documents they request for this purpose, all in the manner set out in the Executive Regulations of this Law.

Article (56):

Lawsuits relating to the implementation of the provisions of this Law, which are filed by the Authority or by insured persons, shall be exempt from judicial fees at all levels of litigation.

The competent court may include in its judgment in such lawsuits an order for expedited enforcement without security.

Article (57):

The amounts due to the Authority pursuant to the provisions of this Law shall have a privilege over all movable and immovable property of the debtor. Such amounts shall be collected before taxes, fees, customs duties, and judicial expenses.

The Authority shall have the power to collect such amounts by way of administrative attachment.

Article (58):

The three authorities established pursuant to this Law shall be subject to the supervision of both the Ministry of Finance and the Central Auditing Organization, in accordance with the laws in force in this regard.

Article (59):

The Authority may provide its services to foreigners residing in or arriving to the Arab Republic of Egypt, in accordance with the controls and requirements it establishes, subject to the condition of reciprocity.

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Article (60):

Subject to the provision of Article (33) of this Law, one or more permanent committees shall be established at the Authority to settle disputes arising due to the application of the provisions of this Law. The parties to the dispute may not resort to the courts before resorting to these committees.

Each committee shall be formed under the chairmanship of one Deputy President of the State Council, selected by the President of the State Council, and with the membership of a representative of each of the three authorities established pursuant to this Law, and a representative of the other party to the dispute.

The Executive Regulations of this Law shall determine the rules, procedures, and working dates of such committees.

Part Five: Penalties

Article (61):

Without prejudice to any more severe penalty provided for in the Penal Code or in any other law, the commission of the offences provided for in the following articles shall be punishable by the penalties prescribed in each of them.

Article (62):

Any person who provides incorrect data or refrains from providing the data stipulated in this Law or in the regulations or decisions issued in implementation thereof, where this results in obtaining funds from the Authority without right, shall be punished by imprisonment for a period of not less than six months and by a fine of not less than two thousand Egyptian pounds and not exceeding ten thousand Egyptian pounds, or by either of these two penalties.

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Any person who prevents the employees of the Authority who have the capacity of judicial enforcement officers from entering the workplace, or who does not enable them to inspect the registers, books, documents, and papers required for the implementation of this Law, or who deliberately fails to fulfil the dues of the Authority by providing incorrect data, shall be punished by imprisonment for a period of not less than six months and by a fine of not less than twenty thousand Egyptian pounds and not exceeding one hundred thousand Egyptian pounds, or by either of these two penalties.

Article (63):

Any employee of the Authority, or any physician, pharmacist, member of the medical team, or any other person contracted with it, who facilitates for an insured person or for any other person for whom the Authority finances the provision of medical care, the obtaining of medicines, services, or prosthetic devices without right, or where medical principles do not require that they be dispensed to him according to what is determined by the specialized committees in this regard based on medical protocols, shall be punished by imprisonment for a period of not less than one year and by a fine of not less than fifty thousand Egyptian pounds and not exceeding seventy-five thousand Egyptian pounds, or by either of these two penalties.

The same penalty shall apply to any person to whom medicines or prosthetic devices were dispensed and who then disposes of them to another person for consideration, as well as to the transferee and to any person who mediated in such disposal, if he knows that they were dispensed pursuant to the Comprehensive Health Insurance System.

In all cases, the court shall order the confiscation of the medicines or prosthetic devices in favour of the Authority, or the restitution of their value in the event of their damage or destruction.

Article (64):

Any healthcare service provider, beneficiary, or employee of the Authority who deliberately submits false claims or claims for services that were not provided, or permits persons who are not subscribed to the System to obtain services without right, shall be punished by imprisonment for a period of not less than one year and by a fine of not less than one hundred thousand Egyptian pounds and not exceeding two hundred thousand Egyptian pounds, or by either of these two penalties.

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Article (65):

Any employee of the Authority or provider of the insured service who assists an employer or subscriber in evading fulfilment of his obligations prescribed under this Law shall be punished by imprisonment for a period of not less than six months and by a fine of not less than one hundred thousand Egyptian pounds and not exceeding two hundred thousand Egyptian pounds, or by either of these two penalties.

Article (66):

The responsible person or competent employee at the entities provided for in Articles (41) and (49) of this Law who fails to collect or remit the contributions of insured persons and employers referred to in Article (40) of this Law to the Authority within thirty days from their collection shall be punished by a fine of not less than twenty thousand Egyptian pounds and not exceeding fifty thousand Egyptian pounds.

Article (67):

The competent employee at public entities, the public sector, or the public business sector, or the employer from the private sector, or the person responsible thereto, who fails to subscribe with the Authority for any of the employees affiliated with his entity who are subject to the provisions of this Law, or fails to subscribe based on their actual wages, shall be punished by imprisonment for a period not exceeding one year and by a fine of not less than five thousand Egyptian pounds and not exceeding fifty thousand Egyptian pounds, or by either of these two penalties.

The same penalty shall apply to the competent employee at public entities, the public sector, or the public business sector, or the employer from the private sector, or the person responsible thereto, who charges insured persons any amounts other than those provided for in this Law. The court shall, of its own motion, order him to refund to the insured persons the value of the amounts they have borne.

In all cases, the fine shall be multiplied by the number of workers in respect of whom the violation occurred.

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Table No. (1): Contributions of Insured Persons and Dependants

Category	Contribution	Dependants
Insured employees subject to the Social Insurance Law promulgated by Law No. 79 of 1975	1% of the subscription wage.	3% for the non-working wife or wife who has no fixed income, and 1% for each dependant or child.
Insured persons and those treated as such who are subject to Social Insurance Law No. 108 of 1976	5% of the insurance wage, or of the wage according to the tax assessment, or of the maximum insurance wage, whichever is greater.	—
Members of liberal professions, other than those subject to the laws mentioned in the preceding two items	5% of the insurance wage, or of the wage according to the tax assessment, or of the maximum insurance wage, whichever is greater.	—
Egyptians working abroad who are not subject to Article (48) of this Law	5% of the insurance wage, or of the wage according to the tax assessment, or of the maximum insurance wage, whichever is greater.	—
Workers subject to the Comprehensive Insurance System Law promulgated by Law No. 112 of 1980	5% of the insurance wage only, provided that the total amount paid by the individual for each family shall not exceed 7%, and the Public Treasury shall bear the cost difference.	—
Widows and pension beneficiaries	2% of the value of the monthly pension.	—
Pensioners	2% of the value of the monthly pension.	3% for the non-working wife or wife who has no fixed income, and 1% for each dependant or child.

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Table No. (2): Employers' Share for Their Employees

Contribution Value
4% — comprising 3% sickness insurance and 1% work injuries — in consideration of sickness insurance, treatment, and work injury services, calculated on the total subscription wage of insured employees in accordance with the provisions of the aforementioned Law No. 79 of 1975, with a minimum of fifty Egyptian pounds per month.

Table No. (3): Fees and Contributions of Insured Persons

Medical Service	Contribution Value (*)
Home visit	One hundred Egyptian pounds
Medicines, except for chronic diseases and tumours	10%, with a maximum of one thousand Egyptian pounds; the percentage shall increase to 15% in the tenth year of application of the Law
Radiology and all types of medical imaging, not related to chronic diseases and tumours	10% of the total value, with a maximum of seven hundred and fifty Egyptian pounds per case
Medical and laboratory analyses, not related to chronic diseases and tumours	10% of the total value, with a maximum of seven hundred and fifty Egyptian pounds per case
Inpatient departments, except for chronic diseases and tumours	5%, with a maximum of three hundred Egyptian pounds per admission

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Table No. (4): Public Treasury Obligations for Unable Persons

Contribution Value
Without prejudice to item Second of Article (40), the State Public Treasury shall bear, for each unable person, a percentage of 5% of the minimum wage announced by the Government at the national level.

(*) The fixed numerical values mentioned above shall be increased annually by a percentage equivalent to 7%, including the minimum wage announced by the Government at the national level.

Table No. (5): Phases of Application of the Comprehensive Health Insurance System in the Arab Republic of Egypt

Phase	Governorates
First Phase	Port Said – Suez – Ismailia – South Sinai – North Sinai.
Second Phase	Aswan – Luxor – Qena – Matrouh – Red Sea.
Third Phase	Alexandria – Beheira – Damietta – Sohag – Kafr El-Sheikh.
Fourth Phase	Assiut – New Valley – Fayoum – Minya – Beni Suef.
Fifth Phase	Dakahlia – Sharqia – Gharbia – Menoufia.
Sixth Phase	Cairo – Giza – Qalyubia.

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Translation of

the Executive Regulation of the Universal Health Insurance System Law No. 909 of 2018

ترجمة اللائحة التنفيذية لقانون نظام التأمين الصحي الشامل رقم ٩٠٩ لسنة ٢٠١٨

22 July 2026

ANDERSEN

Issuing the Executive Regulations of the Comprehensive Health Insurance System Law Promulgated by Law No. 2 of 2018

Preamble

The Prime Minister,

Having reviewed the Constitution;

And Law No. 61 of 1963 concerning public authorities;

And Law No. 53 of 1973 concerning the State General Budget;

And Law No. 79 of 1975 concerning Social Insurance;

And Law No. 127 of 1981 concerning Government Accounting;

And the Comprehensive Health Insurance Law promulgated by Law No. 2 of 2018;

And Presidential Decree No. 1209 of 1964 concerning the establishment of the General Authority for Health Insurance and its branches for employees of the Government, local administration units, public authorities, and public institutions;

And based on the opinion of the State Council;

Promulgation Articles

Article (1) Promulgation:

The provisions of the accompanying Executive Regulations of the Comprehensive Health Insurance Law shall apply.

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Article (2) Promulgation:

Comprehensive health insurance is a solidarity-based system that covers all citizens referred to in Article (1) of Law No. 2 of 2018, from birth until death, throughout the Republic gradually. It provides its services in cases of illness and work injuries at all levels of healthcare, on the basis of fairness in providing such services to all insured persons, with a mechanism allowing them to choose among service providers.

The services of the System shall not include public health services, preventive services, family planning services, ambulance services, natural disasters, epidemics, and similar services that fall within the competence of other State agencies.

The family shall be the unit of society on the basis of which this System is dealt with.

Article (3) Promulgation:

The Comprehensive Health Insurance System shall be competent to enumerate and register the citizens subject to its provisions, collect and manage resources, and provide available health services according to the prescribed service packages, by contracting with health service providers that satisfy comprehensive quality standards.

This shall be carried out through an administrative system based on centralized planning, resource pooling, and risk distribution, and decentralized implementation through its administrative divisions in regions and governorates. It shall include a precise supervisory system to monitor the level of quality of the services provided and compliance with rationalization of expenditures in order to preserve the resources of the System.

Article (4) Promulgation:

The General Authority for Comprehensive Health Insurance shall be responsible for ensuring the achievement of comprehensive health coverage for all insured citizens by contracting with a network of health service providers distributed across all governorates of the Republic, so that insured persons in each governorate may obtain the necessary healthcare at all its levels.

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The General Authority for Comprehensive Health Insurance shall be obliged to prepare a timetable for extending insurance coverage to all citizens within the Arab Republic of Egypt geographically within a period not exceeding fifteen years from the date of operation of the Law, in light of the availability of human resources and places for receiving medical service that ensure healthcare of comprehensive quality, as well as the availability of the financial solvency of the System, and in coordination with the competent officials at the Ministry of Finance, the Ministry of Social Solidarity, and other concerned ministries.

The State shall be obliged to gradually raise the quality and efficiency of its affiliated health facilities before commencing application of the System in the governorates scheduled for commencement, until such facilities obtain accreditation and to ensure its continuity, provided that they are ready when the start of application therein is decided, in terms of infrastructure, human resources, training, and equipment.

The role of the General Authority for Comprehensive Health Insurance, with respect to gradual application, shall be parallel and consistent with a transitional phase during which a package of policies, legislation, and executive procedures is applied to prepare the health system for the phased geographical application of the Comprehensive Health Insurance System. The minister concerned with health shall be responsible for coordination among the different parties to implement the plan necessary to qualify the System for gradual application.

Article (5) Promulgation:

The governorates of the Arab Republic of Egypt shall be divided into six groups in accordance with Table No. (5) attached to the aforementioned Comprehensive Health Insurance Law.

The minister concerned with health shall form a committee competent to enumerate all available capabilities in the governorates according to the phase intended for application.

Working groups shall also be formed by a decision of the minister concerned with health to evaluate the facilities through which the service will be provided and to determine their financial, constructional, technical, and maintenance needs required to raise their constructional standard so that it conforms to the Egyptian standard quality criteria, according to the function assigned to them by the committee referred to in the preceding paragraph.

An executive timetable shall be prepared by a decision of the minister concerned with health for applying the System to all governorates of the Republic, within a maximum period of fifteen years, according to the following qualification axes:

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Infrastructure: in terms of the efficiency of units, ensuring their suitability for the work density required of them, their constructional condition, and the extent of their suitability to perform the required function, whether medical, administrative, or technical, and the integration of their components.

Equipment: including medical and non-medical equipment and fittings, in terms of their efficiency, adequacy, and technical condition.

Work Systems: through preparing manuals for all procedures and a workflow plan for all operations, whether the patient pathway, documents, or other work relations necessary for flexibility and ease of obtaining the service by the person dealing with the System.

Human Resources: including members of the medical professions, technicians, administrators, and other required human resources.

Financial Solvency: through examining the availability and adequacy of the prescribed financial resources to cover each phase and each governorate, by enumerating and studying the population and demographic characteristics of each governorate, average incomes, disease rates, percentages of unable persons, and other elements affecting the financial sustainability of the System.

The Board of Directors of each authority shall establish the conditions and procedures pursuant to which certain employees may be entrusted, after retirement age, with carrying out specific work requiring special expertise and full-time dedication, by way of contract under an agreement specifying the term and the value of remuneration, by a decision of the competent authority of each authority.

Article (6) Promulgation:

The executive timetable referred to in the preceding Article shall include all precise details and implementation timings for all qualification axes, with alternative plans to address any developments that may obstruct implementation at any phase of the plan.

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Article (7) Promulgation:

The right of insured persons to benefit from the prescribed health insurance services shall continue in accordance with the laws in force at the time of issuance of Comprehensive Health Insurance System Law No. 2 of 2018, until application begins in their governorates.

As of the date of application in the governorate, the laws and decisions shall cease to apply to them in the manner set out in Article Three of the promulgation articles of the aforementioned Comprehensive Health Insurance System Law.

Article (8) Promulgation:

This Decree shall be published in the Official Gazette and shall come into force as of the date on which the Law comes into force.

Part One: Definitions and Scope of Application

Article (1):

For the purposes of applying the provisions of these Regulations, the following words and expressions shall have the meanings assigned to each of them below:

1. **Law:** The Comprehensive Health Insurance Law promulgated by Law No. 2 of 2018.
2. **System:** The Comprehensive Health Insurance System issued by Law No. 2 of 2018.
3. **Authority:** The General Authority for Comprehensive Health Insurance established pursuant to Article (4) of the Law.
4. **Healthcare Authority:** The General Authority for Healthcare established pursuant to Article (15) of the Law.
5. **Accreditation and Supervision Authority:** The General Authority for Healthcare Accreditation and Supervision established pursuant to Article (26) of the Law.
6. **Levels of Healthcare:**

First Level: The first line of defence against disease. It is concerned with prevention, referral, health promotion, and combating the spread of disease at the pre-infection stage. Group clinics and health facilities undertake the provision of primary healthcare services, which are comprehensive services concerned with the health of the individual and the community.

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Second Level: This includes the stage of diagnosing and treating disease, and is undertaken by hospitals of their various levels.

Third Level: This includes the stage of rehabilitation for special disease cases, and is undertaken by specialized kidney centres, cardiac centres, and centres of a similar nature.

Article (2):

The insured person shall benefit from either the second or third level through referral from the first level, except in emergency cases. Referral among the three levels of healthcare shall take place as follows:

The First Level includes:

Basic healthcare unit services provided by accredited family health units and centres.

Services of the family physician, general practitioner, specialist physicians, and dentists at accredited and contracted governmental and non-governmental clinics.

Diagnostic services related to this level, as determined by the Authority, including radiology, laboratories, and others.

The Second Level includes:

Accredited and contracted governmental and non-governmental second-level hospitals.

Diagnostic services related to this level, including radiology and laboratories as determined by the Authority.

Rehabilitation services related to this level as determined by the Authority.

The Third Level includes:

Accredited and contracted governmental and non-governmental third-level hospitals and specialized centres.

Diagnostic services related to this level, including radiology, laboratories, and others as determined by the Authority.

Rehabilitation services related to this level as determined by the Authority.

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The Board of Directors of the Authority shall issue a set of decisions determining the patient pathways among the levels of healthcare, taking into account the nature of the different specialties and disease cases requiring special care and for which abbreviated or special pathways are necessary.

The insured person shall have the right to choose among the contracted specialist physicians, hospitals, or various centres, in accordance with the system determined by the Authority, taking into account the gradual referral among the different levels of healthcare provided for in the preceding paragraph.

Article (3):

The services of the System shall include the following:

First: Primary healthcare services, namely:

- Examination, treatment, and follow-up by the general practitioner or family physician.
- Examination, treatment, and follow-up by specialist physicians and consultants, including matters relating to dentistry, chronic diseases, and their complications.
- Home medical care, where required.
- Medical and laboratory examinations of all necessary types.
- Examination by ordinary radiology, ultrasound, and others.
- Rehabilitation services, physiotherapy, and prosthetic devices, in accordance with the lists issued by the specialized scientific committees of the Authority.
- Healthcare relating to pregnancy and childbirth, newborns and infants, and pre-school children.
- Healthcare for school and university students.
- Healthcare programs for persons with disabilities and persons with special needs.

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Second: Treatment and accommodation at a hospital, sanatorium, or specialized centre:

Clinical treatment within the various medical departments of hospitals, the performance of surgical operations, and other types of treatment.

Third: Other services:

Services relating to employees and pension beneficiaries, including:

- Initial examination of employees, being the pre-employment medical examination.
- Comprehensive and specific medical examinations for dealing with occupational factors and health risks, and for early detection of diseases.
- Recommendation of sick leave for the injured person or patient.
- Determination and issuance of disability certificates resulting from injury, occupational disease, organic disease, or upon stabilization of the condition.

Services relating to students at the different stages of education, including:

- Comprehensive medical examination upon the student's first enrolment and upon the commencement of each stage of education.
- Specific periodic medical examination of the student, or examination due to urgent health circumstances.
- Recommendation of leave for the patient or injured person.
- Medical examination of students practicing various sports activities to determine their fitness to carry out such activities.
- Raising health awareness among students.
- Extracting the health information and indicators necessary to measure the outputs of the health service.

Other services may also be added according to developments and requirements for providing high-quality healthcare, in accordance with what is decided by the Board of Directors of the Authority, taking into account the preservation of the financial and actuarial balance of the System.

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Fourth: Medicine service:

Medicines, drug therapy, chemotherapy, and other treatments for all the foregoing shall be dispensed inside and outside hospitals and throughout the period necessary for treatment.

The specialized scientific committees of the Authority shall determine the pharmaceutical groups or types of medicines by scientific or trade name. They shall be dispensed pursuant to a medical prescription issued manually by the treating physician and approved by his signature and stamp, or issued electronically, and shall be dispensed from the clinic pharmacy, the inpatient department pharmacy at hospitals, or any contracted pharmacy, as the case may be.

Article (4):

The insured person's right to travel for treatment abroad shall be established in cases where treatment is impossible through the services provided within the Arab Republic of Egypt and where treatment is available abroad. This shall be done through technical reports prepared by specialists in the various specialties according to the nature of the disease, under the supervision of the competent departments at the different branches of the Authority.

The reports shall be centrally presented to tripartite committees, the formation of which shall be issued by a decision of the Board of Directors of the Authority. Such committees shall be formed from professors working at faculties of medicine in the various branches of medicine, or their equivalents from other authorities and research centres, in order to decide whether to approve or reject travel according to the condition and the criteria determined for treatment abroad, and in accordance with the procedures provided for in the following Article.

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Article (5):

The Board of Directors of the Healthcare Authority shall issue the regulatory decisions for treatment abroad, in accordance with the following procedures:

- The application for treatment abroad shall be submitted on the form prepared for this purpose by the patient himself or by his relatives to the committee referred to in the preceding Article, together with completion of all required data and documents. The committee shall issue a letter to the competent hospital director to examine the patient's condition through specialized consultant physicians and to issue medical recommendations establishing that treatment is impossible through the services provided within the Arab Republic of Egypt. The report shall be approved by a tripartite committee in one of the accredited hospitals within the Republic and shall be prepared in Arabic and in either English or French.

- A date shall be set for the committee, and the patient must attend, if he is not admitted to hospital, provided that his health condition permits the same. The committee shall decide whether treatment is available within the Arab Republic of Egypt.

- The decision for treatment abroad shall be issued approved by the Chairman of the Board of Directors of the Healthcare Authority, specifying the name of the patient and the accompanying person, if any.

- The committee administration shall contact consulates and medical offices abroad to take the procedures for booking the patient with the treatment provider abroad.

- The committee administration shall make the booking and travel arrangements for the patient and the accompanying person, if any, provided that there shall be only one accompanying person.

- The committee administration shall take the procedures for approving travel periods as sick leave for employees, through the medical commission or the competent medical committee for approving sick leave.

- The committee administration shall notify the financial department of the decision in order to make available the amount allocated for treatment.

- The Authority shall not bear the expenses of treating accompanying persons, except for emergency cases decided by the central committee while they are abroad with the patients. The Authority shall also not bear childbirth expenses for female companions of patients.

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- The financial department of the Authority shall assist in providing the foreign currency necessary in accordance with the decision for treatment abroad, as well as currency transfer operations, dealing with offices and consulates abroad, issuing cheques relating to the insured person approved for travel for treatment abroad, and carrying out the necessary settlements for treatment abroad decisions.

Part Two: Management of the System

Chapter One: The General Authority for Comprehensive Health Insurance

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Article (6):

The Authority shall be managed by a Board of Directors formed in the manner set out in Article (5) of the Law. It shall manage the System, and the decision issued regarding its formation shall determine the financial treatment of the Chairman of the Board and his Deputy, and the allowances and remuneration due to the remaining members.

Article (7):

Within the organizational structure of the sector responsible for financial affairs at the Authority, a department responsible for the Authority's investment activity shall be established. It shall be staffed by specialists in the fields of economics and investment, and shall prepare detailed studies on the fields of investment available in the local and international markets, the safest and highest-return projects and fields, and the field studies, economic feasibility studies, and other necessary studies required for this purpose, without affecting the availability of sufficient financial liquidity to meet the obligations of the System.

The Board of Directors of the Authority may appoint one or more experts in investment affairs in this unit. The department shall prepare the executive programs for investing the aforementioned funds within the limits of the policy approved by the Board of Directors. Such programs shall be approved by the Board of Directors before implementation.

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In all cases, the department must comply with the following investment policy parameters:

- Preserving the value of assets and maximizing their market value.

- Determining the types and percentages of targeted investments in which the Authority's funds may be invested, including time deposits, medium- and long-term government securities, contributions, and real estate investments, in accordance with local and international standards and previous experience.

- Diversifying the investment portfolio among different assets in order to reduce the risks of loss and fluctuations to the minimum level.

- Achieving balance between short- and long-term investments in a manner ensuring the availability of sufficient liquidity to pay obligations on their due dates, through precise matching between financial obligations and the maturities of each investment.

- Working to reduce market risks to the minimum level.

- Prohibiting speculation of all types and forms, particularly speculation in foreign exchange markets.

- Complying with all relevant laws and executive regulations relating to investment activities, and with decisions issued by the Financial Regulatory Authority and the Egyptian Exchange in connection with activities for investing the Authority's funds.

The aforementioned department shall be obliged to prepare periodic reports on its activity and proposals, to be presented to the Board of Directors of the Authority for approval in light of the choice among available and safe alternatives for investing the Authority's funds. The return shall be used to develop the System and improve its services in a manner benefiting health services and beneficiaries.

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Article (8):

The Executive Director of the Authority shall be its administrative director and shall chair the technical secretariat, which shall be formed of a sufficient number of employees experienced in this field.

The Board of Directors of the Authority shall issue a decision appointing him and determining his competencies. He shall be obliged to submit periodic reports on the results of his work to the Board of Directors.

Article (9):

The Executive Director must satisfy the following conditions:

- He must hold a higher academic qualification appropriate to the activity of the Authority.
- He must hold certificates and postgraduate studies in fields serving the activity of the Authority.
- He must have extensive experience in the field of senior management, with full understanding of the Authority's activities.
- He must have outstanding ability in direction, leadership, planning, and policy-making.
- He must be proficient in reading, writing, and speaking one foreign language.
- He must have sufficient knowledge of computer science skills.

In all cases, the Executive Director must be fully dedicated to performing his duties.

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Article (10):

A permanent committee shall be established at the Authority, competent to price the list of health services contracted for, and shall be formed in accordance with Article (9) of the Law.

The formation of this committee shall be issued by a decision of the Board of Directors based on a presentation by the Executive Director of the Authority, including the names of the nominees, their details, qualifications, and previous experience. The committee shall consist of specialists in health economics, cost accounting, national accounts, and physicians and technicians experienced in managing health services in governmental and private hospitals or clinics.

The number of members of the committee shall not be less than nine and not more than fifteen, including the chairman of the committee. The committee shall have its place of work at the Authority's head office, and shall be assisted by an auxiliary secretariat composed of an appropriate number of employees, as deemed by the Board of Directors of the Authority in this regard, to carry out registration, filing, and other administrative work required by its activities.

The committee shall meet at least once every month, or upon invitation by its chairman, or by the Chairman of the Board of Directors of the Authority.

The committee shall issue its opinion by absolute majority. In the event of a tie, the side on which the chairman voted shall prevail. The formation of this committee shall be reconsidered every four years, and half of its members shall be renewed every financial year.

The formation decision shall be issued in light of the following:

The curricula vitae of the nominees.

The academic qualifications of the nominees, and the research and studies they have conducted, if any.

The previous experience of the nominees.

Previous achievements inside or outside the Authority.

The nomination by the Chamber of Healthcare Service Providers of representatives of private-sector service providers.

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Article (11):

The Services Pricing Committee shall be competent to:

Study and decide on the pricing of services in light of the results and recommendations of economic studies issued by the specialized departments at the Authority.

Establish flexible price lists for health services at all three levels, to serve as the basis for contracting between the Authority and accredited service providers from the governmental and private sectors, taking into account the degree of variation in the different inputs of health facilities, whether in terms of investment volume, human resources, or services provided.

Review and update price lists periodically, taking into account the annual inflation rate, the cost of health services, the quality of the services provided, and updating prices according to changes in the banking market.

For the purpose of performing these duties, the committee shall comply with the following rules when pricing health services:

- The price must cover the actual cost of the service, taking into account the variation in the cost of the service as a result of the variation in input costs among different service providers, such as human resources, investment volume, and the level of health services provided at each facility.

- The service purchase price must achieve a fair profit margin for the service provider in accordance with the rules approved by the committee.

- The Authority's pricing policy must support competitiveness among service providers.

The committee's work shall be presented to the Board of Directors of the Authority for study and approval.

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Article (12):

A specialized unit or department for economic, financial, and actuarial studies shall be established at the Authority. It shall be composed of an appropriate number of specialists in the fields of health economics, actuarial studies, cost accounting, national accounts, and other fields necessary for its operation, and shall be competent to:

- Prepare the economic studies necessary to support the Pricing Committee and the Board of Directors of the Authority in taking decisions relating to service prices, components of the service package, and other areas serving the activities of the Authority.

- Prepare studies assessing the economic impact of the various health services.

- Access the Authority's automated information system, which links contracted health facilities with the agreed price lists, in order to facilitate the review of samples of claims and financial accounting for the services provided to insured persons, to ensure that service providers comply with the contracted prices.

- Provide assistance to the actuaries assigned by the Prime Minister and supply them with the data necessary for their studies.

Article (13):

A specialized financial department affiliated with the General Authority for Comprehensive Health Insurance shall be established. It shall be competent to examine all records at all authorities entrusted with collecting contributions and to verify the accuracy of the data received from them.

The Authority may also verify the accuracy of the contributions remitted to it and the extent of their conformity with the prescribed payment dates; otherwise, delay interest shall be due thereon in accordance with the interest rates provided for in the Civil Code.

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Article (14):

The Authority shall have the right to follow up the insured person at any healthcare service provider until he recovers, his condition stabilizes, or his disability is established.

The insured person's accommodation shall be in the insurance grade prescribed for his contribution, with the insured person or his private insurance bearing the difference in accommodation cost for higher hotel grades according to his choice.

Article (15):

The insured person shall have the right to recover the costs of his treatment outside the units contracted with the Authority if his medical condition is urgent and has an emergency nature such that the provision of therapeutic service to him cannot be delayed, provided that he submits a reimbursement application whenever his health condition permits.

The Authority shall not be responsible for any complications resulting from negligence or medical error that may occur in such a case. This shall be established based on a report from the technical committees at the Authority. The legal department of the Authority shall take the necessary judicial procedures to charge the hospital with the cost of treating the complications.

Article (16):

The rules for reimbursement of treatment expenses set out in the preceding Articles shall apply to treatment within the Arab Republic of Egypt.

Article (17):

The Authority shall be obliged to open outlets for serving insured persons, with a geographical distribution sufficient to perform its function at a high level of quality. Such outlets shall undertake the following:

Accept subscription applications, complete registration forms, issue health insurance cards, and collect the health insurance contributions due in accordance with the financial categories and instalments set out in the Law, for categories not subject to any social insurance systems or laws.

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Register and distribute insured persons and their families among family medicine units and centres or family physicians, according to a geographical distribution that takes into account proximity to the family's place of residence, while observing the wishes of insured persons within the absorptive capacity of service providers.

Receive complaints relating to health insurance services from insured persons, examine them, take all necessary procedures with the responsible persons and other concerned entities to eliminate their causes, and notify the complainant of the result, without burdening him with submitting the complaint to other entities.

Article (18):

The Authority's contracts with physicians or therapeutic units for providing the insurance service to citizens shall be for a maximum period of three years. The contract may not be renewed unless the comprehensive quality standards determined by a decision of the Board of Directors of the Accreditation and Supervision Authority are fulfilled, without being bound by the provisions of the applicable Tenders and Auctions Law, and in a manner ensuring the proper and regular performance of the service, and linked to the financial accounting of service providers so as to encourage them to participate in bearing the burden of risks.

The Authority shall establish a register for medical service providers, in which all entities contracted with to provide the service through them to insured persons shall be recorded, together with the extent of their compliance with the requirements necessary for renewing the contract or excluding any of them if it is proven that they have been negligent or have breached the level of medical care or the prescribed quality standards.

All natural or juristic persons or administrative entities may contract with private insurance companies existing within the Republic, in order to benefit from them in paying the price differences of the contributions borne by the patient, or the difference in the insurance grade for accommodation inside hospitals, or other complementary services.

The Authority shall be obliged to purchase health services for holders of private insurance systems or health programs, whether the service is provided at the hospitals of the Healthcare Authority or at the hospitals of such systems.

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Article (19):

The Executive Director of the Authority shall prepare lists of employees nominated to be granted the capacity of judicial enforcement officers, in accordance with specific criteria approved by the Board of Directors, ensuring the selection of the best candidates based on academic qualifications, practical experience, competence, and curriculum vitae.

The lists of nominees, together with the justifications for nomination, shall be submitted to the Chairman of the Board of Directors for approval. The Board of Directors may form a committee from among the members of the Board to conduct interviews and personal tests for the nominees in order to select the best candidates. In the event of approval, the Chairman of the Board of Directors shall coordinate with the Minister of Justice to issue the necessary decision granting them the capacity of judicial enforcement officers, provided that identity cards proving their identity shall be issued and presented upon entry to inspection places.

The judicial enforcement officers referred to in the preceding paragraph shall have the right to enter and inspect workplaces in order to examine registers, books, documents, and all other papers, with respect to violations constituting any of the offences provided for in Part Five of the Law, as well as computers and data recorded on the information systems used in the work. They shall submit a comprehensive report on the positives and negatives to the General Secretariat of the Board of Directors of the Authority in preparation for presentation to the Board of Directors, in order to take the necessary procedures and impose the prescribed penalties.

The Board of Directors of the Authority shall issue the rules for assignment to inspect workplaces at night and outside working hours.

All of the foregoing shall be without prejudice to the criminal seizure procedures set out in the Criminal Procedure Code.

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Article (20):

The General Authority for Healthcare shall provide healthcare and therapeutic services at all three levels, inside or outside hospitals, to insured persons within the Arab Republic of Egypt, through the service provision outlets affiliated with the General Authority for Health Insurance existing on the date the Law comes into force, and through the entities affiliated with the Ministry of Health, which shall be gradually incorporated into the System after being qualified in accordance with quality and accreditation standards and obtaining the certificate evidencing the same from the Accreditation and Supervision Authority. The incorporation of such hospitals into the System shall be issued by a decision of the Prime Minister.

The service may also be provided through any private hospitals after their accreditation in accordance with the aforementioned standards and the standards determined by the Healthcare Authority.

The Healthcare Authority shall control and regulate the provision of insured health services at all levels, including the services of the family physician, general practitioner, specialist physicians, consultants, faculty members at Egyptian universities and their equivalents from other authorities, accommodation and treatment services at hospitals or specialized centres, surgical services of all types, radiology examinations, necessary laboratory examinations and other medical examinations, and dispensing medicines for all of the foregoing inside or outside hospitals, in addition to providing medical rehabilitation services and prosthetic devices.

Article (21):

The Healthcare Authority shall issue the decisions necessary to regulate the procedures for referring medical examination cases and work injuries from employers to the service provision places it determines, the methods of notifying the Authority of the results of the initial medical examination, and notices of completion of treatment for work injuries.

The Healthcare Authority shall be obliged to designate specific and announced places and pathways for dealing with cases referred for determining medical fitness and work injuries. In selecting the employees working therein, it shall be taken into account that they have sufficient knowledge of the nature of work in such fields from the administrative and technical aspects.

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Article (22):

The Healthcare Authority shall develop an annual plan to conduct examinations of workers exposed to the risk of contracting any of the occupational diseases listed in the occupational diseases schedules issued by the ministry concerned with social insurance, in coordination with the minister concerned with health and the Minister of Manpower, in accordance with the examination periodicities appropriate to the different types of exposure. Such plan shall be proposed and implemented by the competent department at the Healthcare Authority through physicians specialized in occupational diseases at all levels of specialization, including consultants, higher committees, research, and various medical examinations, in a manner ensuring early and accurate diagnosis of the injury.

This plan shall include multiple stages through which a comprehensive survey of workplaces is conducted, exposure areas and types are identified, and persons exposed to the risk of injury are determined.

Article (23):

The Healthcare Authority shall be managed by a Board of Directors formed in the manner set out in Article (17) of the Law. It shall manage the System, and the decision issued regarding its formation shall determine the financial treatment of the Chairman of the Board and his Deputy, and the allowances and remuneration due to the remaining members.

Article (24):

The Executive Director of the Authority shall be its administrative director and shall chair the technical secretariat, which shall be formed of a sufficient number of employees experienced in this field.

The Board of Directors of the Authority shall issue a decision appointing him and determining his competencies. He shall be obliged to submit periodic reports on the results of his work to the Board of Directors.

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Article (25):

The Executive Director must satisfy the following conditions:

He must hold a Bachelor of Medicine and Surgery degree and have extensive experience in medical care work.

He must hold certificates and postgraduate studies in fields serving the activity of the Authority.

He must have extensive experience in the field of senior management, with full understanding of the Authority's activities.

He must have outstanding ability in direction, leadership, planning, and policy-making.

He must be proficient in reading, writing, and speaking one foreign language.

He must have sufficient knowledge of computer science skills.

In all cases, the Executive Director must be fully dedicated to performing his duties.

Part Two: Administration of the System

Chapter Three: The General Authority for Healthcare Accreditation and Regulation

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Article (26):

The Healthcare Accreditation and Regulation Authority shall be responsible for verifying the availability of the standard specifications at service-providing entities and ensuring that services are rendered to patients in an acceptable manner on a periodic basis. The Authority may suspend dealings with one or more specific services if the level of such service deteriorates based on the results of auditing and review.

The Healthcare Accreditation and Regulation Authority shall issue a detailed guide of healthcare quality standards after its approval by the International Society for Quality in Health Care (ISQua), and such guide shall be updated every four years in accordance with international standards and specifications.

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Article (27):

The Accreditation Authority shall have the authority to register and accredit medical establishments that satisfy the quality standards referred to in the preceding Article for the purpose of operating within the System. The accreditation and registration period shall be four years, renewable for similar successive periods.

The Authority may suspend, revoke, or cancel accreditation or registration if a medical establishment violates any of the conditions required for obtaining accreditation and registration.

The Authority shall also accredit and register members of the medical professions according to the various specialties and levels required for operating within the System and shall conduct periodic inspections thereof at accredited and registered entities operating under the System.

The Authority shall likewise have the right to suspend, revoke, or cancel the accreditation or registration of medical professionals operating within the System in the event of a violation of any of the conditions governing accreditation or registration.

Article (28):

The Healthcare Accreditation and Regulation Authority shall be managed by a Board of Directors constituted in accordance with Article (29) of the Law, provided that all members of the Board shall serve on a full-time basis.

The decision establishing the Board shall determine the financial remuneration of the Chairman and Vice-Chairman, as well as the allowances and compensation payable to the remaining members.

The Board of Directors shall convene at least once every month upon invitation by its Chairman, whenever necessary, or upon request of one-third of its members.

A meeting shall be valid only if attended by at least two-thirds of the members, including the Chairman or, in his absence, the Vice-Chairman.

Resolutions shall be adopted by a majority vote of the members present. In the event of a tie, the side on which the Chairman votes shall prevail.

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Article (29):

The Executive Director shall be the administrative head of the Authority and shall preside over the Technical Secretariat, which shall consist of a sufficient number of employees possessing expertise in this field.

The Board of Directors shall issue a decision appointing the Executive Director and determining his powers and responsibilities.

The Executive Director shall submit periodic reports on the results of his work to the Board of Directors.

Article (30):

The Executive Director shall satisfy the following requirements:

- Hold a higher educational qualification appropriate to the activities of the Healthcare Accreditation and Regulation Authority.
- Hold certificates and postgraduate qualifications in fields relevant to the Authority's activities.
- Possess extensive experience in quality management and senior administration, together with a comprehensive understanding of the Authority's functions.
- Demonstrate exceptional leadership, planning, policy-making, and management capabilities.
- Be proficient in one foreign language, including reading, writing, and speaking.
- Possess sufficient computer and information technology skills.

In all cases, the Executive Director shall devote himself exclusively to the performance of his duties.

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Article (31):

The procedures for evaluating and accrediting medical establishments shall be as follows:

- The person responsible for the medical establishment seeking evaluation and accreditation shall submit an application to the Healthcare Accreditation and Regulation Authority using the prescribed form.

- The submitted documents, together with the establishment building and its annexes, shall be thoroughly examined in accordance with the prescribed quality standards.

- Evaluation and accreditation processes shall be conducted with objectivity and transparency. Any person participating in the evaluation or accreditation process shall be prohibited from:

    - Providing consultancy services or training courses to the establishment under evaluation;

    - Serving as a member of its board of directors; or

    - Disclosing any data or information relating to the evaluation process or its final outcome before the issuance of the Authority's decision.

- The person responsible for the medical establishment shall be notified of the evaluation and accreditation results no later than fifteen days from the date of completion of the establishment inspection.

- If accreditation is not granted due to failure to satisfy the required standards, the establishment shall be granted a grace period of six months to rectify its status, after which a new evaluation shall be conducted in preparation for obtaining accreditation.

- Public and private healthcare establishments and healthcare service providers shall obtain an accreditation certificate at one of the accreditation levels determined by the Authority within three years from the date on which the governorate in which the establishment is located enters the scope of implementation of the Law. If the establishment fails to comply, the Authority shall notify the competent authorities to take the necessary measures in accordance with the applicable laws and regulations governing its activities.

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Article (32):

A Central Dispute Settlement Committee shall be established within the Healthcare Accreditation and Regulation Authority in accordance with Article (33) of the Law.

Article (33):

The Committee referred to in the preceding Article shall have jurisdiction to consider and settle disputes arising from the application of the provisions of Chapter Three of Part Two of the Law and submitted by individuals or entities dealing with the Healthcare Accreditation and Regulation Authority.

The Committee shall examine disputes with the aim of reaching an amicable settlement based on the rule of law and in a manner that safeguards the rights of all parties.

No recourse may be made to the courts before the dispute has first been submitted to the Committee. The Committee shall decide the dispute within a period not exceeding three months from the date of receipt of the settlement request.

Article (34):

The Committee referred to in the preceding Article shall have a Technical Secretariat established by a decision of the Board of Directors of the Healthcare Accreditation and Regulation Authority.

The Secretariat shall receive applications submitted by interested parties for settlement of disputes referred to in the preceding Article.

The application shall include, in addition to the details relating to the applicant and the opposing party, their respective capacities and domiciles, a statement of the subject matter of the request and its legal grounds.

The application shall be accompanied by an explanatory memorandum and a file containing all supporting documents.

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Article (35):

The Chairman of the Committee shall set a date for consideration of the application and notify the members thereof.

The Chairman may require either party to the dispute to submit any clarifications or documents deemed necessary sufficiently in advance of the hearing date.

Each party to the dispute may appear before the Committee either personally or through an authorized representative to present its defense.

Article (36):

The Committee shall not be validly convened unless all its members are present.

The Committee may seek the assistance of any experts it deems appropriate.

The Committee shall issue its recommendations by majority vote of its members.

Article (37):

The Committee shall issue its recommendation regarding the dispute, together with a brief indication of the reasons therefor to be recorded in its minutes, within a period not exceeding three months from the date on which the settlement request is submitted thereto. The recommendation shall be presented, within ten days from the date of its issuance, to the competent authority of the Authority and to the other party to the dispute. If the recommendation is approved by the competent authority of the Authority and accepted in writing by the other party within fifteen days following its presentation, the Committee shall decide to record the agreement reached in minutes signed by both parties and annexed to its own minutes, and such minutes shall be communicated to the competent authority of the Authority for implementation.

If either party to the dispute does not accept the Committee's recommendation within the period referred to in the preceding paragraph, or if such period lapses without both parties or either of them expressing acceptance or rejection, or if the Committee fails to issue its recommendation within the three-month period, either party to the dispute shall have the right to resort to the competent court of the State Council.

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Article (38):

Insured persons and employers shall be obligated to pay the contribution percentages set forth in Schedule No. (1) and Schedule No. (2) annexed to the Law in respect of all income received by the worker, whether derived from one employment or more. The Social Insurance Fund for Governmental, Public and Private Sector Employees shall collect such contributions and remit them monthly to the Authority no later than the middle of the second month following the month in which such contributions become due. A final annual financial settlement, approved by the responsible officials of both entities and accompanied by supporting data evidencing the accuracy of the settlements, shall be prepared.

Article (39):

Service providers shall collect the co-payments set forth in Schedule No. (3) annexed to the Law through approved receipts or by electronic means. The Authority shall deduct the beneficiary's contribution from the total value of each claim.

Article (40):

The Authority shall invest its surpluses and available funds in a manner that maximizes investment returns in accordance with the investment parameters set forth in Article (4) of the Law, and guided by the investment rules issued by the Financial Regulatory Authority concerning the investment of private pension fund assets.

Article (41):

The Ministry of Social Solidarity shall determine the numbers and data of persons unable to pay, including unemployed persons who are unable to pay and those who are not entitled to, or who have exhausted the period of entitlement to, unemployment compensation, as well as each of their dependent family members, in accordance with the targeting criteria and elements established by the Committee stipulated in Article (1), Item (35) of the Law. The Ministry shall provide the Authority and the Ministry of Finance with such numbers so that the State Treasury may bear their costs in accordance with Schedule No. (4) annexed to the Law.

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Article (42):

The Egyptian Tax Authority shall collect the amounts specified by the Law in relation to the sale of cigarettes, based on the prescribed percentage of tobacco derivative sales, and shall provide the Authority with the amounts collected on a monthly basis together with supporting data evidencing the accuracy of the collection in accordance with the volume of sales.

Article (43):

The Ministry of Transport and Communications, or the concessionaire, as the case may be, shall collect the fees and service charges prescribed under Item Ninth of Article (40) of the Law for the use of highways and shall remit the same to the Authority within the first ten days of the month following collection.

Article (44):

The Ministry of Interior shall collect the amounts falling within its scope of responsibility and prescribed pursuant to Item Ninth of Article (40) of the Law for the benefit of the Authority, and shall remit such amounts thereto within the first ten days of the month following collection.

Article (45):

The Ministry of Health or the Authority, as the case may be, shall collect an amount of One Thousand Egyptian Pounds (EGP 1,000) upon contracting with a medical clinic licensed to a physician holding a Master's degree in Medicine. This amount shall be increased to Three Thousand Egyptian Pounds (EGP 3,000) for a medical clinic licensed to a physician holding a Doctorate degree and who has held such degree for three years, and to Five Thousand Egyptian Pounds (EGP 5,000) for a medical clinic licensed to a physician holding a Doctorate degree and who has held such degree for five years.

An amount of Ten Thousand Egyptian Pounds (EGP 10,000) shall be collected from physiotherapy centers, radiology centers, and laboratories.

With respect to contracting with pharmacies, an amount of Five Thousand Egyptian Pounds (EGP 5,000) shall be collected for each pharmacy. An amount of Ten Thousand Egyptian Pounds (EGP 10,000) shall also be collected from pharmaceutical companies seeking to contract with the Authority.

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Article (46):

The Ministry of Finance shall collect an amount equivalent to two and one-half per thousand (2.5‰) of the total annual revenues of sole proprietorships, companies, and public economic authorities. Such amount shall be assessed in accordance with the financial report of the establishment submitted to the Egyptian Tax Authority.

Article (47):

The payment of the stamp duty prescribed at the value of five Egyptian pounds shall be exempted for applications and complaints submitted by incapacitated insured persons, as well as applications submitted by governmental entities to each of the three authorities.

Chapter Four: General Provisions

Article (48):

The Boards of Directors of the three authorities shall be obligated to publish semi-annual performance reports on the financial position in one widely circulated daily newspaper and on the Egyptian Government's electronic portal, after their submission to the Council of Ministers and the House of Representatives.

Article (49):

The Authority may entrust the collection of its entitlements from health insurance contributions and the like to any governmental, non-governmental, or private entities that have collection mechanisms, including the National Social Insurance Authority, the Egyptian Tax Authority, or collection companies and agents.

The Authority may also deal through electronic collection systems such as credit cards, bank branches, and collection companies and other means.

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Based on beneficiary census data and their geographical distribution, the Authority shall conclude agreements with branches of various banks, Nasser Social Bank, the Agricultural Development and Credit Bank, the Postal Authority, and other governmental, non-governmental, and private entities. Through such agreements, those entities shall collect the Authority's contributions and dues from third parties within the jurisdictions specified in the agreement. Such agreements shall include standards ensuring the seriousness and accuracy of collection operations and the prompt remittance of funds to the Authority.

Article (50):

The competent Minister of Health shall issue a decision forming a joint committee in which the General Authority for Health Insurance, the Ministry of Health, and its affiliated bodies are represented. The committee shall include physicians, administrators, financial and technical experts, as well as members from the Central Auditing Organization, the Central Agency for Public Mobilization and Statistics, and the Ministry of Finance. The committee shall be competent to:

Inventory all assets owned by the General Authority for Health Insurance, the Ministry of Health and Population, and their affiliated entities to be incorporated into the system, taking into account the following:

- Classify such assets as follows:
    - Administrative, financial, and supervisory assets.
    - Healthcare service delivery outlets.
    - Hospitals, outpatient clinics, health centers, and others.
    - Assets relevant to accreditation and regulatory authority functions.
- Conduct a financial study and valuation of all such assets in preparation for transferring ownership in accordance with the nature of each.
- Coordinate with relevant entities to prepare draft decisions for transferring and relocating employees according to their specializations and workplaces, ensuring job stability.

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All of the above is intended as a preparatory step for implementing restructuring processes and separation between the three authorities.

The committee may, for the purpose of carrying out its duties, seek assistance from any persons it deems appropriate from within or outside the workforce of such entities, at the central level or in the various governorates.

The committee shall operate according to a timeline not exceeding one year from the date of commencement of its work and shall prepare a bi-monthly report submitted to the competent Minister of Health for onward submission to the Prime Minister in preparation for issuing the necessary decisions in this regard.

Article (51):

A committee shall be formed by a decision of the competent Minister of Health, with a member from the Central Agency for Organization and Administration and a representative of the Ministry of Finance. The committee shall be competent to study and determine the number of employees required for the operation of the three authorities according to the required job specializations and the staffing structure of each authority.

It shall also receive applications from employees of the Ministry of Health and Population and its affiliated entities who wish to transfer to work in such authorities, in preparation for their transfer to the authorities established under the Law, with the same job positions and at least the same financial benefits.

Article (52):

The Authority shall establish a database in which beneficiary data shall be recorded, including all personal, occupational, financial, and health data necessary for insured persons subject to the Law. The registration system shall be organized so that the family constitutes the unit of subscription.

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Article (53):

The Authority shall prepare a unified electronic form including all data necessary for the application of the provisions of the Law, ensuring the provision of the Authority's database with what is required for it to perform its functions.

This form shall serve as the basis for dealings with relevant authorities that hold data on persons subject to the Law.

Article (54):

The Authority shall take all measures ensuring that its database records all data relating to revenues and funds due to it, whether to be collected monthly or periodically, from various entities and individuals.

All public and private entities shall be obligated to exercise accuracy and maintain full confidentiality in the handling of data.

Article (55):

The Authority shall identify entities and individuals who have not paid the contributions and amounts due to it, and shall conduct periodic review and audit of collection data on a regular quarterly basis.

The Authority's legal department shall take all necessary legal measures to collect such dues and the interest legally prescribed thereon.

Article (56):

All medical service outlets and administrative outlets of the Authority dealing with insured persons shall be obligated to provide the necessary equipment for reading the electronic benefit cards issued by the Authority. Such outlets shall be equipped with electronic systems compatible with the Authority's database and capable of electronic connectivity and access to information within the limits permitted by the Authority.

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Article (57):

The Authority shall have a website on the Internet allowing officials responsible for health insurance activities in various entities, as well as citizens, to access the database, while ensuring the necessary technical requirements for data confidentiality, using a password assigned through the electronic database system.

Article (58):

The National Social Insurance Authority shall be obligated to supply the Authority's database with the data necessary for the application of the provisions of the Law for all persons subject to social insurance laws registered therein, as well as their families.

Article (59):

The Ministry of Social Solidarity, through its affiliated entities, shall be obligated to supply the Authority's database with the data necessary for the application of the provisions of the Law for persons unable to pay who are subject to state support, as well as their families, in accordance with the regulatory rules issued by the Authority.

Article (60):

All State ministries and competent authorities, each within its respective jurisdiction, shall be obligated to supply the Authority's database with the data necessary for the application of the Law to seasonal and craft workers, and all their dependents, namely:

- Temporary agricultural workers, whether in fields, gardens, orchards, livestock breeding projects, poultry, beekeeping, or land reclamation and cultivation projects.

- Holders of agricultural land whose holdings are less than ten feddans, whether owners or tenants under rent or sharecropping arrangements.

- Owners of agricultural land (non-possessors) whose ownership is less than ten feddans.

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- Owners of buildings whose annual share of rental income is less than two hundred and fifty Egyptian pounds.

- Workers in fishing employed by private-sector employers.

- Casual laborers.

- Small self-employed workers such as street vendors, car attendants, newspaper distributors, itinerant shoe shiners, and similar categories, as well as craftsmen, provided that:

    - They do not employ workers.

    - They do not conduct their activity in a fixed place of business with a commercial register, or subject to registration requirements, or subject to licensing by competent authorities.

- Persons working within private households, provided that:

    - The workplace is within a private residential home.

    - The work performed is manual and for the personal needs of the employer or their dependents.

- Owners of sailing vessels in fishing and river/sea transport sectors, and owners of simple transport means, provided that none of them employ workers.

- Trainees at leprosy vocational training centers.

- Cantors and other church servants not subject to the social insurance law for employers.

- Convalescents from tuberculosis enrolled in training centers affiliated with anti-tuberculosis associations.

- Second-category Quran reciters and memorizers.

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- Heirs of owners of sole proprietorships not subject to the Social Insurance Law for Employers and those in similar status under Law No. (108) of 1976, pursuant to Item (d) of Ministerial Decree No. (76) of 1994.

- Owners of household, artisanal, rural, and family-based industries, provided that the beneficiary does not employ workers.

- Farmers without agricultural holdings, owners of workshops, bakeries, commercial and industrial shops, quarry workers, and other categories of temporary labor.

Article (61):

The Authority shall, in coordination with various entities, conduct regular and periodic review and verification through access to the databases of such entities to ensure the accuracy and correctness of the data supplied to the Authority's database.

Article (62):

The Authority shall coordinate with various entities to update its data on a periodic basis to be agreed upon with such entities. The Authority may issue census and registration forms including all data necessary to complete its database for manual registration at customer service outlets in cases where electronic communication means are not available.

Article (63):

Coordination shall be carried out between the Authority and the Civil Registry Authority and other relevant entities to supply the Authority's database with citizens' data and their families and to update it periodically. The national ID number shall be the basis of identification upon registration in the database.

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Article (64):

Dealing with insured persons, whether for obtaining medical services or administrative procedures related to benefiting from the Law, shall be conditional upon their subscription and payment of contributions as provided in Article (48) of the Law, through the examination and reading of the financial information of the insured person's electronic insurance card using the designated devices.

Proof of payment of health insurance contributions shall be established by one of the following methods:

- Through the Authority's official website on the Internet.
- A payment receipt or clearance issued by the contribution collection entity.
- A payment statement issued by the Authority's customer service centers.

Article (65):

The mechanism for accepting treatment of emergency cases in the event of non-payment of contributions shall be determined as follows:

Emergency cases shall be admitted to receive urgent and ambulance services until the condition stabilizes or within 48 hours in accordance with the relevant ministerial decisions, whichever is earlier. Thereafter, overdue contributions shall be collected.

The insured person shall have the right to obtain services after settling overdue contributions in a lump sum or in installments as determined by the Authority.

In cases where it is impossible to pay arrears in a lump sum, the insured person's request must be supported by a socio-economic investigation conducted by the entities specified by the Authority.

During the transitional period of implementing the Law, contribution payment receipts may be relied upon as proof of entitlement to services.

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Article (66):

The families of compulsory conscripts shall be exempted from monthly contributions, provided that the conscript has paid contributions up to the date of joining military service on behalf of himself and his dependents. However, the prescribed co-payments shall be payable when receiving the services specified under the Law.

Article (67):

All entities within the State's administrative apparatus, the public sector, the public business sector, the private sector, and other entities subject to the provisions of the Law shall be obligated to notify the Authority of data concerning their employees who are on internal or external secondment, as well as those on special or study leave without pay. Such notification shall include the start and end dates, salary data, and any other required information in accordance with the form issued by the Authority. These entities shall also notify the Authority in case of renewal of secondment or leave periods.

In case of secondment to units of the State's administrative apparatus or any units subject to this Law, the borrowing entity shall bear the employer's contribution based on the salary received therein.

Article (68):

The Authority may establish a health insurance program to cover foreign nationals residing for work or permanent residence, as well as refugees and short-term visitors, whether for tourism, short-term work assignments, or study at various educational stages.

This system shall determine contribution amounts and service delivery locations, taking into account the health insurance or medical benefits enjoyed by Egyptians residing abroad.

For this purpose, the Authority may coordinate with:

- Ministry of Foreign Affairs
- Ministry of Interior
- Ministry of Tourism
- Ministry of Health and Population

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Article (69):

A permanent committee or more shall be formed by a decision of the Chairman of the Authority's Board of Directors to settle disputes arising from the application of the provisions of the Law, chaired by one of the Vice Presidents of the State Council to be selected by the President of the State Council, and comprising:

- A representative of the Universal Health Insurance Authority, nominated by its Chairman.
- A representative of the Health Care Authority, nominated by its Chairman.
- A representative of the Health Accreditation and Control Authority, nominated by its Chairman.
- A representative of the other party to the dispute.

The parties to the dispute may not resort to litigation before first submitting the dispute to these committees.

The rules, procedures, and time limits set forth in Articles (32) to (37) of these Regulations shall apply thereto.

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