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SPECIAL BILL SUPPLEMENT

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THE NATIONAL HEALTH INSURANCE FUND (AMENDMENT) ACT, 2025

ARRANGEMENT OF SECTIONS

Section *Title*

PART I
PRELIMINARY PROVISIONS

1. Short title.

PART II
AMENDMENT OF VARIOUS PROVISIONS

2. Amendment of long title.
3. Amendment of section 3.
4. Amendment of section 4.
5. Amendment of section 6.
6. Repeal of section 7.
7. Amendment of section 8.
8. Repeal and replacement of section 9.
9. Repeal and replacement of section 10.
10. Amendment of section 11.
11. Amendment of section 12A.
12. Amendment of section 14.
13. Amendment of section 15.
14. Amendment of section 16.
15. Amendment of sections 19 and 20.
16. Amendment of section 21.
17. Repeal and replacement of section 22.
18. Amendment of section 23.
19. Amendment of section 25.

20. Amendment of section 27.
21. Amendment of section 32.
22. Amendment of section 33.
23. Amendment of section 37.
24. Amendment of section 43.
25. Amendment of section 50
26. Amendment of section 51.
27. Amendment of Schedule.

NOTICE

This Bill to be submitted to the National Assembly is published for general information to the public together with a statement of its objects and reasons.

Dodoma,
20th January, 2025

MOSES M. KUSILUKA
Secretary to the Cabinet

A Bill
for

An Act to amend the National Health Insurance Fund Act with the view to making better provisions of health insurance services.

ENACTED by the Parliament of the United Republic of Tanzania.

PART I
PRELIMINARY PROVISIONS

Short title

Cap. 395

1. This Act may be cited as the National Health Insurance Fund (Amendment) Act, 2025, and shall be read as one with the National Health Insurance Fund Act, hereinafter referred to as the "principal Act".

PART II
AMENDMENT OF VARIOUS PROVISIONS

Amendment of long title

2. The principal Act is amended in the long title by deleting the words "certain Government employees" and substituting for them the word "beneficiaries".

Amendment of

3. The principal Act is amended in section 3-

section 3

(a) by deleting the definition of the terms "actuarial valuation", "child", "dependant", "employer", "health care providers", "member", "public servant" and "retiree" and substituting for them the following:

"actuarial valuation" means valuation of assets and liabilities of the Scheme made by an actuary;

"child" includes a biological child, step child, a child born out of wedlock and any child to whom the member stands in *loco parentis* who is twenty-one years of age or below;

"dependant" means-

(a) a member's parent or the member's spouse's parent;

(b) a biological child, adopted or step child of a member, who is twenty-one years or below; or

(c) a sibling of a member who is twenty-one years or below;

"employer" means the Government, public or private institution or organisation or any other person engaging the services of an employee;

"health care provider" means a public or private or faith based health care facility including a clinic, dispensary, health center, hospital, laboratory, pharmacy or any other facility providing healthcare services;

"member" means any person who is registered under the Scheme and contributes either personally or through the employer or the Government;

"public servant" means-

Cap. 298

(a) a public servant described under the Public Service Act;

(b) persons in the Office of Parliamentary Service, Judicial Service, Police Force, Prisons Service, Immigration Department and Fire and Rescue Force; and

(c) employees in public institution, public corporation or parastatal;

"retiree"-

(a) when used in relation to persons who served in the public sector, means a person who was a member of the Fund prior to retirement;

(b) when used in relation to persons who served in the formal private sector and informal sector, means a person who contributed to the Fund for a period of not less than 15 years prior to retirement;"

(b) by deleting the definition of the terms "accreditation" and "health care institution";

(c) by adding in the appropriate alphabetical order, the following new definitions:

""certification" means the formal process of evaluation whereby health care providers are verified for the purpose of conferring the privilege of participating in the Scheme;

"indigent person" means a person living with an income below the poverty line as specified by the relevant authority;

"informal sector" means a sector consisting of workers who are

engaged in informal employment and who do not have employment contracts or any other contracts specified in the definition of the word "employee", and includes a person who is not involved in any form of production;

"formal private sector" includes employees in organizations or institutions other than public sector employees;

"public sector" means the sector consisting of public servants as well as employees in private organizations or institutions in which the Government owns at least thirty percent of the share;

Cap. 257

"public and statutory corporation" has the meaning ascribed to it under the Public Corporations Act;".

Amendment of section 4 Act No. 13 of 2023

4. The principal Act is amended in section 4(4) by deleting the words "Social Security Act" and substituting for them the words "the Universal Health Insurance Act;".

Amendment of section 6

5. The principal Act is amended in section 6-

(a) in subsection (1), by deleting the word "Board" and substituting for it the word "President";

(b) by deleting subsection (4); and

(c) by renumbering subsection (5) as subsection (4).

Repeal of section 7

6. The principal Act is amended by repealing section 7.

Amendment of section 8

7. The principal Act is amended in section 8 by deleting the words "employers and employees" and

substituting for them the word "members".

Repeal and replacement of section 9

8. The principal Act is amended by repealing section 9 and replacing for it the following:

"Rate of contribution

9.-(1) A public servant shall contribute to the Fund a monthly contribution equivalent to three *per centum* of his salary.

(2) An employer of public servant shall, in addition to the contribution under subsection (1), contribute to the Fund a monthly contribution equivalent to three *per centum* of the employee's salary.

(3) The provisions of subsections (1) and (2) shall not apply to members of the Police Force, Prison Service, Immigration Services Department, Fire and Rescue Service.

(4) The Treasury shall-

(a) for the purpose of subsections (1) and (2), deposit to the Fund a monthly contribution of the public

servant's salary together with another three *per centum* of the employer's contribution; and

(b) for the purpose of subsection (3), deposit contribution to the Fund at the rate equivalent to six and a quarter *per centum* of each members monthly salary.

(4) An employee from the formal private sector shall contribute to the Fund a monthly contribution equivalent to three *per centum* of his salary.

(5) An employer in the formal private sector shall, in addition to the contribution under subsection (4), contribute to the Fund a monthly contribution equivalent to three *per centum* of its

employees' salary.

(6) An employer in the formal private sector shall deposit with the Fund a monthly contribution prescribed under subsections (4) and (5):

Provided that, the employer may opt to contribute part or all of employee's contribution as may be agreed upon between the employer and the Scheme.

(7) A person from the informal private sector shall deposit with the Fund a premium at such rate as may be determined in accordance with section 23(3) of the Universal Health Insurance Act.

Act No.
13 of 2023

(8) Every contribution under this section shall be paid to the Fund within one month after the last day of the contribution period to which it relates through electronic means or any other means as may be determined by the Board.

(9) The Government shall, through the Ministry,

deposit with the Fund contributions for indigent persons annually at such rate as the Minister may determine.".

Repeal and replacement of section 10

9. The principal Act is amended by repealing section 10 and replacing for it the following:

"Review of contribution rates Act No. 13 of 2023

10. Save as otherwise provided in the Universal Health Insurance Act, the Minister may, on recommendation by the Board and by notice published in the *Gazette*, review rates of contribution to the Fund.".

Amendment of section 11

10. The principal Act is amended in section 11 by deleting subsection (1) and substituting for it the following:

"(1) The Scheme shall cover the following beneficiaries:

(a) a member;

(b) one spouse of the member; and

(c) dependants not exceeding four.

Amendment of section 12A

11. The principal Act is amended in section 12A (3) by deleting the words "in terms of section 38A of the Social Security Act".

Amendment of section 14

12. The principal Act is amended in section 14, by-

(a) deleting subsection (1) and substituting for it the following:

"(1) Membership of the Fund shall

include-

(a) public servants;

(b) employees from the formal private sector;

(c) persons from the informal sector;

(d) indigent persons;

(e) councillors;

(f) retirees;

(g) children or students who do not fall within the category of dependants.";

(b) adding immediately after subsection (1) the following:

"(2) For the purpose of this Act, it shall be mandatory for all public servants to be members of the Fund.

(3) The Minister may, on recommendation of the Board and by notice published in the *Gazette*-

(a) determine any person, category or group of persons to be a member of the Fund and types of benefit package which may be granted to that person, category or group of persons; and

(b) remove any person, category or group of persons from membership of the Fund."; and

(c) renumbering subsection (2) as subsection (4).

Amendment of section 15

13. The principal Act is amended in section 15-

(a) by deleting the marginal note and substituting for it the following:

"identification";

(b) in subsections (1), (2) and (5), by adding the words "or any other form of identification" immediately after the words "identity card" or identity cards as the case may be;

(c) in subsection (3), by deleting the word "eighteen" and substituting for it the word "twenty-one";

(d) by adding immediately after subsection (4) the following:

"(5) Where a person ceases to be a dependant of a member, the member shall in writing notify the Fund of such cessation, collect and return to the Fund the identity card of that person."; and

(e) by renumbering subsection (5) as subsection (6).

Amendment of section 16

14. The principal Act is amended in section 16(1), by deleting the word "standard" and substituting for it the word "essential".

Amendment of sections 19 and 20

15. The principal Act is amended by deleting the word "accreditation" wherever it appears in sections 19 and 20 and substituting for it the word "certification".

Amendment of section 21

16. The principal Act is amended in section 21-

(a) by deleting the word "accreditation" wherever it appears in that section and substituting for it the word "certification";

(b) in subsection (2), by deleting the words "taking into account the circumstances of the geographical area" and substituting for them the words "as it may deem appropriate".

Repeal and replacement of section 22

17. The principal Act is amended by repealing section 22 and replacing for it the following:

"Categorisation of health facilities

22. The Fund shall, for the purpose of certification of a health care facility, categorise a health facility in accordance with the

level categorised by the Ministry.".

Amendment of section 23

18. The principal Act is amended in section 23 by deleting the word "accredited" and substituting for it the word "certified".

Amendment of section 25

19. The principal Act is amended in section 25, by-

(a) deleting subsection (2) and substituting for it the following:

"(2) Money payable in respect of services provided by a health service provider shall be deposited into the account provided by the health service provider."; and

(b) deleting subsection (3).

Amendment of section 27

20. The principal Act is amended in section 27 by deleting subsection (1) and substituting for it the following:

"(1) The Fund shall establish monitoring mechanisms to safeguard against any of the following conducts by a health care provider or its employee, member, or employer:

(a) over-utilisation or under-utilisation of health care services;
(b) unnecessary diagnostic, traumatic procedures and interventions;
(c) irrational medication and prescription;
(d) inappropriate referral practices;
(e) billing of services not rendered to beneficiaries;

(f) substitution of services;
(g) multiple claiming of services;
(h) unbundling of services;
(i) non-adherence to treatment protocols or standards;
(j) non-adherence to the approved benefit packages;
(k) practices which are contrary to the general medical practices;
(l) registration by employer of non-employees as members;
(m) submission of understated contributions;
(n) giving another person a membership card to access medical services;
(o) accessing services for personal member's gain;
(p) any other conduct with the intent to defraud.".

Amendment of section 32

21. The principal Act is amended in section 32, by-

(a) deleting paragraph (a) and substituting for it the following:
"(a) contributions from persons referred to under section 14;".
(b) deleting paragraph (d); and
(c) renaming paragraphs (e) and (f) as paragraphs (d) and (e) respectively.

Amendment of section 33

22. The principal Act is amended in section 33(2) by deleting the words "under the Social Security Act" and substituting for them the words "in the relevant written law".

Amendment of section 37

23. The principal Act is amended in section 37, by-

(a) deleting the words "balance sheet" wherever they appear in that section and substituting for them the words "statement of financial position".

(b) deleting subsection (4) and substituting for it the following:

"(4) The Board shall submit annually to the relevant authority financial and other reports on the activities of the Fund.".

Amendment of section 43

24. The principal Act is amended in section 43(1) by deleting the closing phrase and substituting for it the following:

"commits an offence and on conviction shall be liable-

(i) in the case of an individual, to a fine of not less than one hundred thousand shillings but not exceeding five million shillings or to imprisonment for a term of not less than six months but not exceeding two years or to both; and

(ii) in the case of a company or organisation, to a fine of not less than two million shillings but not exceeding twenty million shillings.".

Amendment of section 50

25. The principal Act is amended in section 50, by-

(a) deleting paragraph (p); and

(b) renaming paragraphs (q) to (x) as paragraphs (p) to (w), respectively.

Amendment of section 51

26. The principal Act is amended in section 51(5) by deleting the words "not exceeding five hundred

thousand shillings" appearing in the closing phrase and substituting for them the words "of not less than two hundred thousand shillings but not exceeding two million shillings".

Amendment of Schedule

27. The principal Act is amended in the Schedule by deleting the word "Minister" appearing in paragraph 6 and substituting for it the word "President".

OBJECTS AND REASONS

This Bill intends to amend the National Health Insurance Fund Act, Cap. 395 in order to align it with the Universal Health Insurance Act, Na. 13 of 2023 and to address challenges that have been encountered during the implementation of the Act.

The National Health Insurance Fund Act was enacted in the year 1999 to provide for the establishment of the National Health Insurance Fund for the sustainable healthcare system in Tanzania Mainland. Since its enactment, the Act has been amended nine times with the view to ensure compliance with sectoral and technological changes, social security requirement as well as compliance with regional and international requirements and standards.

The long Tittle is proposed be amended to widen the scope of beneficiaries under the Fund as opposed to current position where coverage is limited to certain public servant. The purpose of the amendment is to align with the provisions of the Universal Health Insurance Act.

Section 3 is proposed to be amended to improve the definition of various terms used in the Act so as to align with the provisions of the Universal Health Insurance Act and to introduce definitions of various terms which require to be defined for purposes of providing clarity and consistency in application of the provisions of the Act.

Section 4 is proposed to be amended by removing reference to the "Social Security Act" and substituting for it the reference to "The Universal Health Insurance Act". The purpose of the amendment is to provide the appropriate reference of the law governing the operations and control of health insurance schemes which are vested in the Universal Health Insurance Act and not the Social Security Act.

Section 6 is proposed to be amended to grant the President the authority to appoint the Director General instead of the Board. The purpose of this amendment is to ensure good governance and accountability in the management of the Fund.

Section 7 which governs the appointment of Directors of the Fund through competitive process is proposed to be repealed in order to remove overlap of that provision with the provision of section 30(d) which governs powers of the Board to appoint personnel of the Fund. The purpose of the amendment is to retain powers of the Board to appoint Directors in the manner determined by the Board.

Section 8 is proposed to be amended to accommodate other categories of persons to be registered with the Fund instead of registration of Government employees only. The purpose of the amendment is to widen the scope of membership in line with the requirements under the Universal Health Insurance Act.

Section 9 is proposed to be amended in order to specify the contribution rates to the Fund and the obligation of all registered members of the Fund. Currently, the law does not provide contribution rates for certain members, including contributors from the formal private sector and some contributors from the public sector. Further, the section proposes that the contribution system for the informal sector be conducted in accordance with the Universal Health Insurance Act. The purpose of the amendment is

to ensure more members join the health insurance scheme.

Section 10 is proposed to be amended to mandate the Minister upon recommendation by the Board, to review rates of contribution to the Fund and such rates shall be by notice published in the Government *Gazette*. The purpose of the amendment is to facilitate the ease of adjusting contribution rates due to various reasons. Additionally, the amendments seek to align the provisions of this section with the provisions of section 23(3) of the Universal Health Insurance Act.

Section 11 is proposed to be amended by widening the scope of coverage of beneficiaries. The current position leaves out other categories of members such as indigents, the informal sector and other categories of persons from being members of the Scheme. The purpose of the amendment is to widen coverage of beneficiaries and align the provisions of this section with the Universal Health Insurance Act.

Section 12A is proposed to be amended by removing the reference to the provisions of Section 38A of the Social Security Act. The purpose of the amendment is to remove the need to consider the Social Security Act, as its provisions are now being implemented by the Tanzania Insurance Authority.

Section 14 is proposed to be amended to include persons or group of persons who were not covered under the Act. The purpose of the amendment is to widen the scope of membership and align with provisions of the Universal Health Insurance Act.

Section 15 is proposed to be amended to recognise other forms of identification. The purpose of the amendment is to simplify identification process through other means including electronic identification. The section is also amended to impose an obligation on the employer, member, beneficiary, the member's relatives, and health service providers to report the termination of membership or benefits for any reason by collecting and submitting such identification to the Fund. Further, the section is amended by increasing the age of a child from eighteen to twenty-one years. The purpose of the amendment is to align the section with the definition of the term “child” for purposes of health insurance coverage.

Section 16 is proposed to be amended by renaming the benefit package to be in line with the name stipulated under the Universal Health Insurance Act.

Sections 19, 20 and 23 are proposed to be amended by removing the requirement for accreditation of health care providers by the Fund, instead the Fund will undertake certification of health care providers who are accredited by the Ministry of Health. The purpose of the amendment is to omit accreditation requirement which is outside the scope of this Act.

Section 21 is proposed to be amended in order to empower the Board to vary criteria for certification of health service provider on the basis of other intervening circumstances other than geographical circumstances. The purpose of the amendment is to allow flexibility of beneficiaries to choose a health care provider in areas where there are limited health care services.

Section 22 is proposed to be amended to make provision for the Fund to certify a health facility in accordance with the levels as categorised by the Ministry. The purpose of the amendment is to ensure uniformity of levels of categorisation which is essential in determining types of health care service provided by the respective health care facility.

Section 25 is proposed to be amended to make provision for the payment of money for services rendered by a health service provider to be deposited directly into the account of such provider rather than payment into the Health Service Fund Account. The purpose of the amendment is to facilitate prompt disbursement of claims by the Fund for the efficient provision of health services.

Section 27 is proposed to be amended by broadening misconducts that require monitoring by the Fund. The purpose of the amendment is to ensure that payment out of the Fund are strictly utilised for service rendered.

Section 32 is proposed to be amended to include contribution from other sources which were not covered under the Act. The purpose of the

amendment is to incorporate contributions from formal private sector and informal sector with the view to ensure sustainable and quality provision of health insurance services.

Section 33 is proposed to be amended by deleting the reference to penalties or fines under the Social Security Act and substituting it with a reference to the relevant written law. The purpose of the amendment is to clarify the appropriate authority that can take action in the event of non-compliance with procedures and to align it with section 32 of the Universal Health Insurance Act.

Section 37 is proposed to be amended so as to require the Board to cause to be prepared a "statement of financial position" as opposed to "balance sheet". The purpose of the amendment is to comply with accounting standards as required under the International Financial Reporting Standards (IFRS).

Sections 43 and 51 are proposed to be amended in order to enhance penalties which have become outdated. The purpose of the amendment is to ensure that the respective penalties are imposed in accordance with the prevailing pecuniary value and gravity of the offence. Additionally, the amendments seek to empower the justice delivery organ to impose penalties for an offence committed by an individual or a company.

Paragraph 6 of the Schedule is proposed to be amended to vest powers of appointment of Director General to the President instead of the Minister. The purpose of the amendment is to ensure good governance and accountability on management of the Fund.

MADHUMUNI NA SABABU

Muswada huu unapendekeza kurekebisha Sheria ya Mfuko wa Taifa wa Bima ya Afya, Sura ya 395 ili kuwianisha Sheria hii na Sheria ya Bima ya Afya kwa Wote, Na. 13 ya 2023 na kushughulikia changamoto ambazo zimebainika wakati wa utekelezaji wa Sheria hii.

Sheria ya Mfuko wa Taifa wa Bima ya Afya ilitungwa mwaka 1999 kwa lengo la kuanzisha Mfuko wa Taifa wa Bima ya Afya kwa ajili ya mfumo endelevu wa huduma za afya Tanzania Bara. Tangu kutungwa kwake, Sheria imefanyiwa marekebisho mara tisa kwa lengo la kuhakikisha uzingatiaji wa mabadiliko ya kisekta na kiteknolojia, matakwa ya hifadhi ya jamii pamoja na uzingatiaji wa masharti na viwango vya kikanda na kimataifa.

Jina refu la Sheria linapendekezwa kurekebishwa ili kupanua wigo wa wanufaika chini ya Mfuko tofauti na hali ilivyo sasa ambapo mawanda yamejikita kwa baadhi ya watumishi wa umma. Lengo la marekebisho haya ni kuwianisha masharti ya Sheria hii na Sheria ya Bima ya Afya kwa Wote.

Kifungu cha 3 kinapendekezwa kurekebishwa ili kuboresha tafsiri ya misamiati mbalimbali iliyotumika katika Sheria ili kuendana na masharti ya Sheria ya Bima ya Afya kwa Wote na kuongeza tafsiri ya misamiati mbalimbali ambayo inahitaji kutafsiriwa kwa lengo la kuyafanya masharti yanayopendekezwa kurekebishwa kueleweka kwa urahisi zaidi na kuendeleza mfanano katika matumizi ya misamiati iliyotumika katika Sheria.

Kifungu cha 4 kinapendekezwa kurekebishwa kwa kuondoa rejea ya “Sheria ya Hifadhi ya Jamii” na badala yake kuweka rejea ya “Sheria ya Bima ya Afya kwa Wote. Lengo la marekebisho haya ni kuweka rejea sahihi ya Sheria kwakuwa mamlaka ya usimamizi na uendeshaji wa skimu za bima yapo kwa mujibu wa Sheria ya Bima ya Afya kwa Wote na siyo Sheria ya Hifadhi ya Jamii.

Kifungu cha 6 kinapendekezwa kurekebishwa ili kutoa mamlaka ya uteuzi wa Mkurugenzi Mkuu kwa Rais badala ya Bodi. Lengo la marekebisho haya ni kuhakikisha utawala bora na uwajibikaji katika usimamizi wa Mfuko.

Kifungu cha 7 kinachosimamia uteuzi wa Wakurugenzi wa Mfuko kwa njia ya ushindani kinapendekezwa kufutwa ili kuondoa ukinzani baina ya kifungu hicho na kifungu cha 30(d) kinachoweka masharti kuhusu

mamlaka ya Bodi kuteua wafanyakazi wa Mfuko. Lengo la marekebisho haya ni kuiachia Bodi mamlaka ya uteuzi wa Wakurugenzi kwa Bodi.

Kifungu cha 8 kinapendekezwa kurekebishwa ili kujumuisha makundi mengine ya watu wanaopaswa kusajiliwa chini ya Mfuko na siyo kwa watumishi wa umma pekee. Lengo la marekebisho haya ni kupanua wigo wa wanachama kwakuzingatia matakwa ya Sheria ya Bima ya Afya kwa Wote.

Kifungu cha 9 kinapendekezwa kurekebishwa ili kubainisha viwango vya uchangiaji katika Mfuko na wajibu wa wanachama wote waliosajiliwa na Mfuko kuchangia. Kwa sasa, Sheria haitoi viwango vya uchangiaji kwa baadhi ya wanachama wakiwemo wachangiaji kutoka katika sekta rasmi binafsi na baadhi ya wachangiaji kutoka katika sekta ya umma. Vilevile, kifungu hicho kinapendekeza kuwa, utaratibu wa uchangiaji wa sekta isiyo rasmi utafanyika kwa kuzingatia Sheria ya Bima ya Afya kwa Wote. Lengo la marekebisho haya ni kuhakikisha wanachama wengi wanajiunga katika skimu ya bima ya afya.

Kifungu cha 10 kinapendekezwa kurekebishwa ili kumpa mamlaka Waziri kwa mapendekezo ya Bodi, kufanya mapitio ya viwango vya uchangiaji katika Mfuko ambapo mapitio hayo yatatolewa kwa notisi itakayochapishwa katika Gazeti la Serikali. Lengo la marekebisho haya ni kuweka urahisi wa kubadilisha viwango vya uchangiaji kutokana na sababu mbalimbali. Vilevile, marekebisho haya yanalenga kuwianisha masharti ya kifungu hiki na masharti ya kifungu cha 23(3) cha Sheria ya Bima ya Afya kwa Wote.

Kifungu cha 11 kinapendekezwa kurekebishwa ili kuongeza wigo wa wanufaika. Kifungu kilivyo sasa hakijajumuisha makundi mengine ya wanachama kama vile watu wasio na uwezo, sekta isiyo rasmi na makundi mengine ya watu katika Skimu. Lengo la marekesho haya ni kujumuisha wanufaika wengi na kuwianisha masharti ya Sheria hii na Sheria ya Bima ya Afya kwa Wote.

Kifungu cha 12A kinapendekezwa kurekebishwa kwa kuondoa rejea ya masharti ya kifungu cha 38A cha Sheria ya Hifadhi ya Jamii. Lengo la marekebisho hayo kuondoa uhitaji wa kuzingatiwa kwa Sheria ya Hifadhi

ya Jamii kwakuwa masharti hayo sasa yanatekelezwa na Mamlaka ya Bima Tanzania.

Kifungu cha 14 kinapendekezwa kurekebishwa ili kujumuisha baadhi ya watu na makundi ya watu ambao hawakuwa wamejumuishwa katika Sheria. Lengo la marekebisho haya ni kupanua wigo wa uanachama na kuwianisha masharti ya Sheria hii na Sheria ya Bima ya Afya kwa Wote.

Kifungu cha 15 kinapendekezwa kurekebishwa ili kutambua aina nyingine za vitambulisho. Lengo la marekebisho haya ni kurahisisha mchakato wa utambuzi kupitia njia nyingine ikiwemo vitambulisho vya kielektroniki. Kifungu hiki kinarekebishwa pia kwa ajili ya kuweka wajibu kwa mwajiri, mwanachama, mnufaika, ndugu wa mwanachama na vituo vya kutolea huduma za afya kutoa taarifa ya kukoma uanachama au unufaika kwa sababu yoyote kwa kukusanya na kuwasilisha vitambulisho hivyo kwa Mfuko. Vilevile, kifungu hiki kinapendekezwa kurekebishwa kwa kuongeza umri wa mtoto kutoka miaka kumi na nane hadi ishirini na moja. Lengo la marekebisho ni kuwianisha masharti ya kifungu hiki na tafsiri ya "mtoto" kwa madhumuni ya huduma ya bima ya afya.

Kifungu cha 16 kinapendekezwa kurekebishwa kwa kubadilisha jina la kifurushi cha manufaa ili kuendana na Sheria ya Bima ya Afya kwa Wote.

Vifungu vya 19, 20 na 23 vinapendekezwa kurekebishwa kwa kuondoa sharti la mfuko kuthibitisha watoa huduma za afya, badala yake kutambua watoa huduma za afya wanaothibitishwa na Wizara ya Afya. Lengo la marekebisho haya ni kuondoa sharti la uthibitishaji ambalo lipo nje ya wigo wa Sheria hii.

Kifungu cha 21 kinapendekezwa kurekebishwa ili kuipa Bodi mamlaka ya kubadilisha vigezo vya uthibitishaji wa mtoa huduma za afya kwa kuzingatia mazingira mbalimbali tofauti na mazingira ya kijiografia. Lengo la marekebisho haya ni kutoa fursa kwa wanufaika kuchagua mtoa huduma za afya katika maeneo ambapo kuna uhaba wa huduma za afya.

Kifungu cha 22 kinapendekezwa kurekebishwa ili kuweka masharti kwa Mfuko kutoa uthibitisho kwa kituo cha huduma ya afya kulingana na viwango vilivyopangwa na Wizara. Lengo la marekebisho haya ni

kuhakikisha mfanano katika viwango vya upangaji ambavyo ni muhimu katika kubaini aina za huduma za afya zinazotolewa na kituo cha huduma ya afya husika.

Kifungu cha 25 kinapendekezwa kurekebishwa ili kutoa masharti ya malipo ya fedha kwa huduma zinazotolewa na mtoa huduma ya afya kuhamishwa moja kwa moja kwenye akaunti ya mtoa huduma badala ya malipo kuhamishiwa kwenye Akaunti ya Mfuko wa Huduma za Afya. Lengo la marekebisho haya ni kuwezesha madai kulipwa kwa wakati na Mfuko kwa ajili ya utoaji wa huduma za afya kwa ufanisi.

Kifungu cha 27 kinapendekezwa kurekebishwa kwa kuongeza wigo wa makosa yanayohitaji usimamizi wa Mfuko. Lengo la marekebisho haya ni kuhakikisha kuwa malipo kutoka kwenye Mfuko yanatumiwa kwa huduma zilizotolewa tu.

Kifungu cha 32 kinapendekezwa kurekebishwa kwa kujumuisha michango kutoka vyanzo vingine ambavyo havikujumuishwa chini ya Sheria. Lengo la marekebisho haya ni kuingiza michango kutoka sekta rasmi binafsi na sekta isiyo rasmi kwa lengo la kuhakikisha utoaji endelevu na bora wa huduma za bima ya afya.

Kifungu cha 33 kinapendekezwa kurekebishwa kwa kuondoa rejea ya adhabu au faini chini ya Sheria ya Usimamizi wa Hifadhi za Jamii na kuingiza rejea ya sheria inayohusika. Lengo la marekebisho haya ni kubainisha mamlaka stahiki inayoweza kuchukua hatua kutokana na kutokufuata utaratibu na kuzingatia utaratibu ulioainishwa katika kifungu cha 32 cha Sheria ya Bima ya Afya kwa Wote.

Kifungu cha 37 kinapendekezwa kurekebishwa ili kuitaka Bodi kuandaa “taarifa ya kifedha” badala ya “mizamia ya hesabu”. Lengo la marekebisho haya ni kuzingatia viwango vya kihasibu chini ya Viwango vya Kimataifa vya Uhasibu (IFRS).

Vifungu vya 43 na 51 vinapendekezwa kurekebishwa ili kuongeza kiwango kwenye adhabu ambazo zimepitwa na wakati. Lengo la marekebisho haya ni kuhakikisha kuwa, adhabu zinatolewa kwa kuzingatia thamani ya fedha na uzito wa kosa. Aidha, marekebisho haya yanatoa

mamlaka kwa vyombo vya utoaji haki kutoa adhabu kwa kosa lolote lililofanywa na mtu binafsi au kampuni.

Aya ya 6 ya Jedwali inapendekezwa kurekebishwa ili kutoa mamlaka ya uteuzi wa Mkurugenzi Mkuu kwa Rais badala ya Waziri. Lengo la marekebisho haya ni kuhakikisha utawala bora na uwajibikaji katika usimamizi wa Mfuko.

Dodoma,
21st January, 2025

JENISTER JOACKIM MHAGAMA
Minister for Health