

HEALTHCARE FINANCING AND REIMBURSEMENT: A GLOBAL REVIEW OF MAJOR TOPICS AND TRENDS

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LAWS AND REGULATIONS ON HEALTHCARE FINANCING AND REIMBURSEMENT

1. Please provide a bird's eyes view on the healthcare economy, indicating, in general terms, the role of the government (public healthcare) and private actors (private healthcare).

In Vietnam, the health system includes public and private healthcare establishments, in which the public sector is divided into four levels equivalent to the state administrative management system: central, provincial, district, and commune. All healthcare establishments in the national healthcare system are funded by Social Health Insurance (SHI).

The SHI fund is managed centrally, uniformly, publicly, and transparently, ensuring a balance between revenue and expenditure, and is protected by the state. The Vietnamese government stipulates regulations on the management and use of social health insurance fund, while the Ministry of Health (MOH) is the agency responsible for developing health policies and technical guidelines as well as monitoring policy implementation, with local authorities responsible for the management of health-related activities in their localities.

It is compulsory for everyone to participate in the SHI system. SHI operates on a not-for-profit basis with the principle of ensuring risk pooling among all participants. The SHI system covers all medicines, medical devices, and medical services that are listed on the government's insurance product lists, including the List of Chemical Medicines, Biologicals, Radiopharmaceuticals, and Tracers covered by the Health Insurance Body (Health Insurance Medicines List), List of Medical Devices and List of Medical Services. Such lists apply to private and public healthcare establishments that have signed a healthcare contract with a health insurance institution. Other medicines, medical devices, and medical services must be funded by the private insurance and/or the patients themselves.

The social health insurance fund in Vietnam is primarily sourced from: (1) health insurance premiums; (2) profits from investment activities of the health insurance fund; (3) sponsorship and aid from domestic and foreign organisations and individuals.

Private health insurers can also provide non-mandatory insurance plans that are for-profit but also strictly regulated. Private health insurance providers are free to decide how they apply the procedure for reimbursement for drugs, medical devices, and medical services.

2. Please provide a high-level overview of the legal framework regarding healthcare financing and reimbursement.

The Vietnamese legal framework for healthcare financing and reimbursement is structured around national laws and supplemented by decrees, circulars, and stakeholder agreements. Key legislation for SHI is Law No 25/2008/QH12 dated 14 November 2008, of the National Assembly on Health Insurance, its amendments and Decrees guiding the law. This law provides health insurance regulations and policies, including policyholders, premiums, responsibilities, premium payment methods, health insurance cards, health insurance benefits, medical examination and treatment for health insurance policyholders, payments of medical service costs covered by health insurance, health insurance funds, and rights and responsibilities of parties involved in health insurance.

Supporting this law, the Ministry of Health provides Circular No 20/2022/TT-BYT dated 31 December 2022, introduces nomenclatures and payment rates, conditions of chemical medications, biologicals, radiopharmaceuticals and tracers under health insurance policyholders' received coverage. Circular No 04/2017/TT-BYT dated 14 April 2017, promulgates the schedule, rates, and conditions for the payment of costs for covered medical supplies to health insurance participants. Circular No 35/2016/TT-BYT dated 28 September 2016, details the list of medical services covered by health insurance, coinsurance percentages, and coverage thereof.

Optional health insurance is mainly governed by Law No 08/2022/QH15 dated 16 June 2022 of the National Assembly on Insurance Business (Law on Insurance Business), Decree No 46/2023/NĐ-CP dated 1 July 2023 of the Government on elaboration of the law on insurance business (Decree 46), and Circular No 67/2023/TT-BTC of the Ministry of Finance on guidelines for the law on insurance business and Decree 46. These legal documents provide for the organisation and operation of insurance business, rights and obligations of entities and persons participating in insurance, and state management of insurance business activities. This legislation also specifies content of the insurance contract, including conditions for the parties, insurance amount, insurance benefits and coverage, rules, conditions, and terms, etc.

Private healthcare insurers freely determine their tariffs without government involvement. However, it must be based on statistics, corresponding to the insurance conditions, liability, and solvency of the insurance company.

3. What are the key regulators and supervisory bodies regarding healthcare financing and reimbursement?

The Vietnamese government combines state management of health insurance.

The MOH is responsible to the government for the implementation of state management of SHI, and presiding over and coordinating with ministries, ministerial-level agencies, relevant agencies and organisations. This is in order to: (1) develop policies and laws on health insurance, organise the health system, medical technical expertise lines, and financial resources to serve the work of protecting, caring for and improving people's health, based on universal health insurance; (2) develop strategies and plans for health insurance development;

(3) issue technical regulations, medical examination and treatment procedures and treatment instructions, referrals related to medical examination and treatment under SHI; (4) develop solutions to ensure the balance of the SHI fund, and submit these to the government; (5) propagate and disseminate policies and laws on health insurance; (6) direct and guide the implementation of the health insurance regime; (7) inspect, examine, handle violations and resolve complaints and denunciations regarding health insurance; (8) monitor, evaluate and summarise activities in the field of health insurance; (9) organise scientific research and international cooperation on health insurance; and (11) issue a basic health service package paid for by the SHI fund.

The government specifies the management of the SHI fund and determines financial resources to ensure medical examination and treatment under SHI in case of imbalance in revenue and expenditure of the SHI fund. The SHI fund is managed centrally, uniformly, publicly, transparently, and with decentralised management within the health insurance organisation system. The Social Insurance Management Council is responsible for managing the SHI fund and advising on SHI policies.

Regarding optional health insurance, the Ministry of Finance is responsible for implementing state management of insurance business activities. It is also responsible for promulgating, submitting to competent authorities for promulgation, and guiding the implementation of legal documents on insurance business activities, supervising insurance enterprises, inspecting and examining insurance enterprises, internationally cooperating within the health insurance field, resolving complaints and denunciations, and handling administrative violations in insurance business activities.

Health insurance related disputes regarding are resolved through negotiation between the parties. In cases where negotiation fails, the dispute may be resolved through the court in accordance with the agreement in the insurance contract (if any) and relevant provisions of law.

4. Has there been a change with healthcare financing and reimbursement as a consequence of the Covid-19 pandemic?

The Covid-19 pandemic has led to significant changes in healthcare financing and reimbursement in Vietnam. On 29 January 2020, the MOH issued Decision No 219/QĐ-BYT, adding acute respiratory tract infection caused by Covid-19 to the list of Group A infectious diseases, according to the provisions of Law on prevention and control of infectious diseases. Consequently, people infected by Covid-19 would not have to pay for treatment costs for this disease; this applies to all Vietnamese people, regardless of whether they participate in SHI. However, the state budget only ensures payment of all medical examination and treatment costs directly related to Covid-19 treatment. The payment for medical examination and treatment costs for the other diseases follows the normal regulations.

The fund for Covid-19-related disease treatment is mainly from state budget and aid capital from countries around the world, domestic, and foreign organisations.

The above policy was valid until 20 October 2023, when Decision No 3896/QĐ-BYT moved acute respiratory tract infection caused by Covid-19 from Group A to Group B of infectious diseases.

In response to the pandemic, the government also prioritised the arrangement and allocation of the state budget and other legal resources to ensure funding for Covid-19 prevention and control and Covid-19 treatment facilities. This included reallocating funds for testing, treatment, vaccination, and the establishment of Covid-19 care facilities.

The government also issued Decree No 29/2022/ND-CP, which provides detailed regulations on payment from the state budget for Covid-19 admission and treatment facilities. Specifically, Covid-19 care facilities must prepare a budget estimate based on this, the authority then allocates and assigns the budget estimate to care facilities. In case the revenue of a Covid-19 care facility (state budget, SHI fund, payment from patients and other legal revenue sources) does not cover the regular expenditure of the facilities, the state budget will compensate for the difference in revenue being less than the regular expenditure of such facility.

5. Who has access to the healthcare system as a patient on the one side and as a medical service provider/supplier of medical goods on the other side? What are the conditions of admission?

All Vietnamese citizens are eligible for coverage under the SHI programme, which provides access to both outpatient and inpatient care as part of the country's universal health coverage. Citizens who hold an identification code are automatically eligible to register for the mandatory health insurance programme, with no age restrictions for access to healthcare. The system covers individuals of all ages, from new-borns to the elderly, although different types of care may offer varying benefit levels.

Foreign nationals, including expatriates and foreign workers, are eligible for SHI programme provided they meet one of the following conditions: (1) foreigners having indefinite-term labour contracts or contract of at least three months (or at least one month from 1 July 2025); (2) foreigners studying in Vietnam and receiving a scholarship(s) from the Vietnamese government; and (3) foreigners with household registration books or a temporary residence card in Vietnam. Non-resident foreigners are not subject to the SHI programme but can access healthcare system in Vietnam through their private insurance (if any) and/or pay directly.

In Vietnam, both public and private healthcare providers can access the SHI fund provided they come into a contract with the SHI organisation. Healthcare providers require the health insurance organisation to provide complete and accurate information related to the health insurance participant, medical examination, and treatment costs for the health insurance participant at the medical examination and treatment facility. Healthcare providers also receive advance payment from the health insurance organisation and pay for medical examination and treatment costs according to the signed medical examination and treatment contract.

HEALTH INSURANCE FINANCING AND COVERAGE

6. How are health insurance carriers financed? How are premiums determined?

In Vietnam, there are two types of insurance: mandatory social insurance provided by the government; and optional private insurance provided by private companies. Generally, insurance carriers are financed by premiums paid from their policy holder. Social insurance is also financed by social contributions and government subsidies for the poor and for specific demographics such as children of six years old or younger, and pensioners.

The premium for social insurance is determined by the government. The current premium for health social insurance is regulated under Decree 146, which varies depending on the type of participants as follows: (1) 4.5 per cent of monthly salary for employees (three per cent paid by the company where the participant works and 1.5 per cent paid by the policy holder); (2) 4.5 per cent of monthly pension, incapacitation allowance for pensioners, or incapacitation allowance recipients; (3) 4.5 per cent of monthly salary before maternity leave for employees during maternity leave due to childbirth or adoption; (4) 4.5 per cent of unemployment benefit for employees who are receiving unemployment benefit; and (5) 4.5 per cent of basic salary for other subjects.

In addition, the health insurance premium for family health insurance participants is regulated as follows: the first person pays 4.5 per cent of the basic salary; the second, third, and fourth persons pay 70 per cent, 60 per cent, and 50 per cent of the first person's premium, respectively; from the fifth person onwards, the premium is 40 per cent of the first person's premium; the reduction of premiums is implemented when family members participate together in health insurance in the same fiscal year. The premium above will change from 1 July 2025 when the new amendment of the current Law on health insurance becomes effective.

The premium in optional insurance is defined as an amount of money determined by the insurance company and agreed to by the participant, based on the insurance agreement.

7. How is coverage of medical services by health insurance carriers regulated? Are there differences in coverage for in person medical appointments and telemedicine appointments?

The coverage of medical services by health insurance carriers are regulated under Article 21 of Law No 25/2008/QH12 on Health Insurance, amended by Article 1.16 of Law No 51/2024/QH15 amending and supplementing some articles of Law on Health Insurance which will take effect from 1 July 2025. Accordingly, SHI will cover expenses for: (1) medical examination and treatment, including remote medical examination and treatment, support for remote medical examination and treatment, family medical examination and treatment, medical examination and treatment at home, rehabilitation, periodic pregnancy examination and treatment, childbirth; (2) transport of patients for certain special subjects funded by the state budget such as the People's Army Officer, children under six years old and people from poor households in cases of inpatient treatment or emergency treatment, they must be transferred to a medical examination and treatment facility; and (3) the use of medical technical services, drugs, medical devices, blood, blood products, medical gases, supplies,

tools, instruments, and chemicals used in medical examination and treatment within the scope of payment of the health insurance fund. Until 1 July 2025, SHI will cover expenses for medical examination and treatment, periodic pregnancy examination and treatment, childbirth and transport of patients for certain special subjects.

Please note that the coverage of expenses for remote medical examination and treatment, support for remote medical examination and treatment will only take effect from 1 July 2025.

Optional health insurance provides similar coverage to SHI, with benefits that vary depending on the insurance package chosen by the participants.

Based on the list of criteria for adding drugs to the Health Insurance Medicines List under Circular No 37/2024/TT-BYT of the MOH dated 16 November 2024, orphan drugs (included on the list of orphan drugs issued by the MOH or WHO or pharmaceutical authorities of countries in the world or reputable medical, pharmaceutical, and pathological associations) are eligible for inclusion on the Health Insurance Medicines List in Vietnam if they have evidence of systematic overview of cost-effectiveness and they meet certain criteria. These criteria include having at least one finished product containing the active ingredient proposed for inclusion in the list that has been granted a marketing authorisation or a valid import licence by the Drug Administration of Vietnam, being included in the diagnosis and treatment guidelines of WHO, the MOH, specialised medical examination and treatment facilities, competent agencies of other countries, or reputable medical, pharmaceutical, and pathological associations, or being included in the monograph of the current Vietnamese National Drug Formulary, and having budget impact assessment reports in Vietnam.

The SHI fund shall pay in cases where the drug prescription is in accordance with the indications of one of the following documents: (1) package insert (PI) approval by the MOH for the drug; (2) PI approval by the MOH for the brand-name drug or reference biologicals; (3) the MOH's diagnosis and treatment guidelines; and (4) the latest version of the Vietnamese National Drug Formulary. In addition, the SHI fund shall pay in cases where the drug is used without indications or with contraindications for the patient, as mentioned in the above-listed documents for emergency treatment of the patient, and there are no other alternative drugs after consultation.

HOSPITAL SECTOR

8. How are services provided by hospitals in the stationary (inpatient) and ambulatory (outpatient) settings financed and reimbursed?

The elements of financial sources for healthcare services include:

- State funding – public hospitals receive direct budget allocations disbursed from central or local authorities, which cover basic infrastructure maintenance, equipment procurement, and personnel compensation. The allocation magnitude will vary based on the hospital's hierarchical position (central/provincial/district) and specialisation within the healthcare system;

- SHI fund – The SHI programme, administered by Vietnam Social Security, with coverage extending to over 90 per cent of the population, incorporates varying levels of government support, including full premium subsidisation for impoverished households and partial subsidisation for near-poor populations;
- Direct payments from patients – despite high insurance coverage, expenditure directly by patients remains a significant component of healthcare financing where patients pay for services not covered by insurance or co-payments are required even for insured services. Patients can voluntarily opt for full payment to access better quality services or avoid waiting periods in public healthcare facilities;
- Grants, sponsorship, aid, or gifts from domestic and foreign organisations and individuals, as prescribed by law;
- Other legitimate financial sources.

The key mechanisms of reimbursement of healthcare services in both inpatient (stationary) and outpatient (ambulatory) settings are primarily based on health insurance systems and government support.

The reimbursement amount is determined by a system of predefined tariffs established by the MOH, other relevant authorities and insurance companies.

The SHI reimbursement rates vary based on the classification of insurance beneficiaries (from 80 to 100 per cent patient expenditure) and facility hierarchical position (from 40 to 100 per cent patient expenditure).

9. How are the prices of such services determined? How is economic efficiency controlled?

Under Vietnamese regulations, prices of healthcare services classified by service users include:

- i. services paid by the health insurance fund;
- ii. services paid by state budget;
- iii. services that are not included in the list of healthcare services covered by the health insurance fund, and are not on-demand healthcare services;
- iv. on-demand healthcare services.

The tariffs for services (i) (ii) (iii) provided by public healthcare providers will be set by the MOH, which takes a leading role and cooperates with the Ministry of Finance of Vietnam and other ministries in requesting consideration from competent authorities. Meanwhile, the tariff for service (iv) can be determined by healthcare establishment itself. The principles for price determination for healthcare services will comply with the regulations in Circular 21/2024/TT-BYT, dated 17 October 2024, on valuation methods for healthcare services (Circular 21).

Circular 21 establishes comprehensive guidelines for determining healthcare service prices via two primary valuation methods: the cost-based pricing and the comparable method.

Regarding economic efficiency control, healthcare facilities must strictly adhere to the Law on Medical Examination and Treatment and current pricing guidelines, that is, Circular 21, to establish their price structures and take full responsibility for the accuracy and reasonableness of the prices. The comprehensive pricing framework in Circular 21 ensures that pricing remains transparent and justifiable and avoids any duplication of costs in their pricing structure.

Cost consideration is a fundamental ground of the pricing framework. All costs included must be reasonable and valid. Circular 21 establishes multiple sources for price information, including official decisions by competent authorities, documented transaction prices from invoices, formally declared or listed prices, systematic market surveys, authorised price quotes, and healthcare facility databases. This diverse range of sources ensures comprehensive information for price determination. The current regulations also specify the regular monitoring and adjustment of prices based on market movements to maintain economic efficiency and service accessibility.

HEALTHCARE PROVIDERS IN PRIVATE PRACTICE

10. How are services provided by physicians, therapists, laboratories and other service providers financed and reimbursed?

Financing of services in private healthcare providers includes the following primary sources:

- SHI Fund – private providers can contract with Vietnam Social Security (VSS) to provide services for insured patients.
- Private Health Insurance – private health insurance has become an increasingly important segment in healthcare systems, especially as patients seek additional benefits beyond what public insurance provides. This supplementary insurance can cover a range of treatments, services, or prescriptions, which may be limited or have certain conditions for application, with higher reimbursement rates compared to public insurance programmes.
- Direct Patient Payments – services not covered by insurance can be paid for directly by patients.

Healthcare services provided by private practices are financed and reimbursed in the same way as for hospitals in the inpatient/outpatient setting (see response to question 8).

Health insurance only covers costs for health services implemented by private practices that have been granted a licence to provide health services by the Vietnamese authorities. Therefore, services provided by independent physicians, therapists, and other service providers without such licence are generally financed directly by individuals.

When a private practice enters a contract for medical examination and treatment covered by SHI, it is recognised as a medical examination and treatment facility within SHI reimbursement framework which shares the same regulations for public health facilities. Consequently, employees presenting health insurance cards at these private facilities will receive reimbursements from the SHI Fund at a rate equivalent to that provided for services conducted by public medical examination and treatment facilities.

Private health insurance dominates the market for reimbursement of healthcare services performed by private providers, compared to SHI. The most common payment method is the fee-for-service model, in which private insurance providers set their own fee schedules with pre-negotiated rates for healthcare services and specific contracts with the insurance participants.

11. How are the prices of such services determined? How is economic efficiency controlled?

In general, private medical examination and treatment facilities have the right to self-determine prices and must publicly declare prices for their medical examination and treatment services. Service prices are based on elements contributing to cost, including total cost of medical examination and treatment services (including labour costs, costs of drugs, chemicals, blood, blood products and costs of raw materials, materials, tools and direct equipment (including storage costs and losses according to regulations) to perform technical services, etc.), accumulated or expected profit (if any), and financial obligations as prescribed by law.

The MOH issued Circular No 21/2024/TT-BYT, providing regulations on valuation methods for healthcare services. This helps to control economic efficiency (as discussed in the response to question 9 above).

PHARMACEUTICALS AND MEDICAL DEVICES

12. How are pharmaceuticals and medical devices financed and reimbursed?

In general, pharmaceuticals and medical devices are primarily financed by SHI, private health insurance funds, and patient self-payments.

Under Circular No 20/2022/TT-BYT, the MOH outlines regulations related to the coverage, nomenclature, and payment rates of various medications, including chemical drugs, biologicals, radiopharmaceuticals, and tracers under health insurance coverage, amended by Circular No 37/2024/TT-BYT on regulations on principles, criteria for developing, updating, recording information, list structure and payment guidelines for chemical drugs, biological products, radioactive drugs, and markers within the scope of benefits of health insurance participants. In particular, the health insurance fund covers the costs of medications based on actual usage, within the scope defined by the health insurance law.

Regarding the reimbursement of medical devices, Circular No. 04/2017/TT-BYT, dated 14 April 2017, by the MOH outlines the lists, rates, and conditions for the payment of costs related to medical supplies. These include medical consumables, synthetic alternatives, replacements, implants and dedicated devices or accessories covered by SHI in health examination and treatment services. These supplies must meet specific criteria based on demand, safety, and efficiency, with preference given to domestically-produced supplies.

In addition, Circular No 22/2024/TT-BYT, dated 18 October 2024, of the MOH also regulates the *direct* reimbursement of drug and medical device expenses within the scope of

SHI during medical examination and treatment at health facilities that have signed contracts with the SHI fund. This includes conditions for reimbursement, eligible drugs and devices, reimbursement rates, and the documentation and procedures involved. Reimbursable pharmaceuticals and medical devices include those listed in the Rare Drug List and Class C or D medical devices, with some exclusions (eg, in vitro diagnostic devices, personalised medical device and certain products traded as regular goods). The listed items must meet specific conditions for reimbursement, such as the unavailability of drugs or devices, no referral to another facility, and the items being covered under the scope of health insurance.

Private/optional health insurance often extends coverage compared to SHI, for example in the case of cancer treatment, immunotherapies and targeted therapies are not currently covered by SHI but may be covered by private health insurance. However, the amount paid for the items in the inpatient/outpatient benefit will not exceed the maximum payment limit of each item of the inpatient/outpatient benefit as agreed by the insurers and participant. In any event, the total amount paid for the inpatient/outpatient benefit will not exceed the maximum payment limit of the inpatient/outpatient benefit.

13. How are the prices of pharmaceuticals and medical devices determined? How is economic efficiency controlled?

In accordance with the Law on Prices, the organisation responsible for trading pharmaceuticals, and the registration number holder of medical devices in Vietnam, freely determine the price of their products and take full responsibility for such self-declared prices. Prices must be based on the various elements constituting the total product price. These may include raw material costs, labour costs, expected profits, etc. for domestically produced products, while for imported products, this involves financial costs, sales costs, and management costs, etc. The authority may require the declarer to provide and explain such elements constituting the product price.

Before the circulation of the first batch of a drug/medical device on the Vietnam market, or prior to any change in the declared price, the organisation responsible for the trading of the drug/medical device (who are authorised to set prices and are included on the list of organisations responsible for price declarations), must notify the authority of the actual wholesale and/or retail prices for the drug/medical device.

Drugs that are subject to price declaration are included in the list of essential drugs used at disease examination and treatment facilities under Circular No 28/2024/TT-BYT, while medical devices that are subject to price declaration are included in the list of medical devices stipulated under Circular No 29/2024/TT-BYT.

During the process of price inspection and control, the State authority responsible for drug/medical device price management is required to take action if they discover that a drug/medical device business establishment has violated regulations regarding product price management. In such cases, the violation will be handled and referred to the competent authority for further action in accordance with legal provisions.

LITIGATION INVOLVING HEALTHCARE FINANCING AND REIMBURSEMENT
14. Please provide a high-level overview of major litigation topics and landmark cases regarding healthcare financing and reimbursement.
<p>Based on the available public information, there has been no court cases pertaining to limits to public/mandatory health insurance funding in individual cases, emergency financing of hospitals and other service providers in financial distress, or access to orphan drugs or early access products.</p>
RECENT DEVELOPMENTS AND TRENDS
15. What are the recent developments and trends for the next few years? Please outline any unresolved issues, proposed changes, or trends for healthcare financing and reimbursement and briefly indicate how these may foreseeably affect the medical sector in the near future.
<p>Recently, many legal documents relating to healthcare financing and reimbursement have been issued in Vietnam, specifically the following documents: (1) Law No 44/2024/QH15 amending and supplementing some articles of Law on Pharmacy; (2) Law No 51/2024/QH15 amending and supplementing some articles of Law on Health insurance (both laws will take effect from 1 July 2025, except for some regulations which came into effect on 1 January 2025); (3) Circular No 22/2024/TT-BYT on the reimbursement of drug and medical device costs directly to holders of health insurance cards for medical examination and treatment; and (4) Circular No 37/2024/TT-BYT on regulations on principles, criteria for developing, updating, information recording, list structuring and payment guidelines for chemical drugs, biological products, radioactive drugs and markers within the scope of benefits of health insurance participants; both Circulars took effect from 1 January 2025.</p> <p>Through such updated/revised regulations, significant advances have been made in enhancing system transparency and efficiency.</p> <p>The amended Law on Health insurance ensures the rights and interests of SHI participants, medical examination and treatment facilities, and contributes to gradually reducing the rate of patient’s personal expenditure of SHI participants and strengthening the management and effective use of the health insurance fund in Vietnam. Below are key outstanding points.</p> <p>The amended Law eliminates ‘administrative boundaries’ in medical examination and treatment. Health insurance participants are entitled to 100 per cent of the insurance coverage in the following situations: medical examination and treatment at the initial registration facility nationwide; inpatient medical examination and treatment at a facility with basic health insurance nationwide; medical examination and treatment at any facility with basic or specialised health insurance before 1 January 2025 that has been identified by competent authorities as district level. In particular, some cases of rare diseases, serious diseases, etc. are allowed to be sent directly to specialised medical examination and treatment facilities.</p>

It expands the scope of benefits for people with health insurance cards, treatment of strabismus and refractive errors for people under 18 years old. It also Expands the scope of health insurance benefits in the form of remote medical examination and treatment, family medicine, and medical examination and treatment at home.

The amended Law increases the allocation from health insurance revenue for medical examination and treatment activities to 92 per cent, reduces the amount for the reserve fund and fund operation organisation to eight per cent, of which at least four per cent is for the reserve fund.

However, under the amended Law, the SHI premium will increase in most cases. For example, the premium applicable to employees will increase from four to six per cent of their monthly salary.