

THE MATIC TITLE	PROBLEMS CONCERNING INEQUALITY OF HEALTH SERVICES SCHEMES OF THAILAND
KEYWORDS	INEQUALITY, HEALTH SECURITY
STUDENT	YUTTANANUN POOKHAM
THEMATIC ADVISOR	DR. RUNGSAENG KRITTAYAPONG
LEVEL OF STUDY	MASTER OF LAWS BUSINESS LAW
FACULTY	SCHOOL OF LAW SRIPATUM UNIVERSITY
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ABSTRACT

Nowadays, even though several health security schemes operated by the state authorities and under many related laws i.e. the National Health Security Act B.E. 2545 (2002), the Social Security Act B.E. 2533 (1990) and the Royal Decree on Civil Servants Medical Benefit Scheme B.E. 2553 (2010), aiming to have medical services been accessible and used efficiently by Thai people as well as been standardized under principle of equality, problem of inequality of the service use has been found in practical way. This thematic paper aims to study evolution, concept and legal principle relating to the health security system for improvement and to suggest ways for its development to be the perfect health security system of Thailand.

The study finds certain problems arising out of such laws relating to the health security system that are not inconsistent with principles of equality and equivalence provided in Section 47 and 55 of the Constitution of Kingdom of Thailand B.E. 2560 (2017) i.e. problem of inequality in fixing rate of medical bills and problem of inequality of other benefits that directly affect to the people for their exercise of right to access into the State's health services.

The researcher suggests as follows: 1) should take a concept of joint-payment of premium or levy of health tax to apply with the health security system in Thailand for the people's participation in such contribution, as the joint-payment generates public consciousness by participation and in omission of excessive right to medical treatment and more self-healthcare; 2) should remain a principle of lump sum payment of medical bills per head since the State can control expenditure burden together with incessantly adjusting the rate of lump sum payment in

pursuance of economic and social condition and having a state agency intensively examined withdrawal and disbursement for medical bills in order to prevent excessive and unnecessary payment; 3) should restructure all health security systems to be subject to operation and supervision by sole organization or state agency or by single applicable law for instance to legislate a Health Security Regulating Act for harmonization and clarity in development direction towards the health security system of Thailand and for diminishing a problem of prospective difference of benefits or inequality.