



Implementing a copayment system within the Romanian health sector

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ASSPRO CEE 2007

Budapest, May 16th, 2011

National background

- 4-5 millions of contributors to social health insurance and probably 10 mil. contributors to copayments
- Existing official direct payments for several services in the public health system
- Widely spread informal payments, especially in hospitals
- Population disagreement toward patient payments
- Skepticism of public health providers toward patient payments, especially in hospitals
- Recent hospital closure, merger and restructuring some hospitals from acute to chronic/rehabilitation profile
- Copayments were politically announced since 2009..
- Economic context: salary cut of 25% for public sector employees, VAT increase up to 24%, significant price increase of gas and food, IMF loan and monitoring

Law project provisions

- The Project law passed the Senate in March 7, 2011
- It is modifying Law 95/2006 (of health sector reform) in regard of copayments
- Copayment defined as „*amount corresponding to the obligation of insured person to participate to payment of certain medical services received within the social health insurance system.*”
- Exemptions: children; students if not working; pensioners < 700 lei/month; persons without incomes and those socially assisted; unemployed; specially protected groups (politically persecuted persons, magistrates, veterans, revolutionists, disabled)

Law project provisions (cont.)

- Health services list and their copayments are to be established in Framework Contract and its norms
- Maximum amount payable per insured = 600 lei / year (150 Euro)
- Copayments are assimilated to voluntary health insurance and deductible from taxable income
- Copayment users receive a „health moderator ticket”
- Copayments cashed by health providers are to be used for improving the quality of health services
- Copayments - payable from private insurance
- Law project is not up to date...

Strategy for hospital rationalization – *provisions for copayments*

- Approved by Gov.Decision no.303/23.03.2011
- Framework document for hospital reform
- Introducing moderate copayments to health provider, differentiated per services and assistance levels (within Complementary strategic priorities, objective 3 – remodeling the supply for medical services)
- Allowing copayments from January 2011...
- Copayments in primary care, ambulatory specialty care and hospitals
- Exemptions for special groups representing 37% of total population

Strategy for hospital rationalization (cont.)

- Recognizing informal payments and their impact
- Using examples from other European countries
- Maximum of 600 lei (150 Euro) / month as copayment is intended to protect against major episodes of illness
- No significant revenues are expected from copayments
- Eradication of informal payments is not expected, but a reduction
- Major benefits expected: a reduction of un-necessary consumption of medical services and a balance between different healthcare levels, with a proper use of ambulatory care
- Other measures are indicated to reduce the level of informal payments

Copayment proposals

(Minimum) levels of copayments:

- 5 lei for a GP consultation
- 10 lei for a visit to specialist
- 500 lei (125 Euro) for hospitalization

- Project law - not revised and approved yet
- No norms for its application

Recent IRES study

- 14% have private health insurance
- introducing copayments is a measure - bad for 67% of respondents, - good for 23%
- Maximum amount of 600 lei/year is considered: too high by 61% of respondents, adequate – by 20%, low – by 16%.
- Only 33% think that copayments will reduce informal payments in the health system
- 83% of respondents believe that medical personnel is poorly paid

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