



SOCIETATEA NAȚIONALĂ DE MEDICINA FAMILIEI / MEDICINĂ GENERALĂ

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History of Health Care Law, with regards to Family Medicine in Romania – 1997-2010

Until the Social Health Insurance Law (Legea 145/1997), the health system was centrally coordinated by the Ministry of Health through 41 District Health Directories and Bucharest Health Directory. The health system itself was in fact a network of hospitals, polyclinics, dispensaries and other units. There were a number of hospitals, health institutes and national centers of high specialization under the direct supervision of the Ministry of Health. Also other ministries had their own networks, like Transportation Ministry, National Defense Ministry, Internal Affairs Ministry, Ministry of Labor and Social Protection and Romanian Intelligence Service. This network provided health services to the employees of those ministries.

Primary care was organized until 1997 in the form of medical dispensaries, with general practitioners with free practice rights. They did not need training through a residency program. Every dispensary was coordinated by the nearest hospital. Doctors were employed by the same hospital and the staff and all other expenses were paid by the hospital. The patients were assigned to those dispensaries by a territorial base, with no possibility of changing it. Every dispensary had at least 5 nurses, each with their own specialization (pregnancy and infant care, hygiene, pediatric, etc.).

The beginning of the healthcare reform in Romania meant the reorganization of health services and a new financing system. After adopting the Social Health Insurance Law (nr. 145/1997) the new system was based on a Bismarck type system. 1998 was a transitional year and in 1999 the system was changed. The payment would come from the National Health Insurance House (NHIH) through 42 District Health Insurance Houses (DHIH) and that meant that the way primary care was organized should be changed. Doctors were to be no longer employees but self-employed and working under a yearly contract with a District Health Insurance House. This contract was written by the Ministry of Health and NHIH and was not negotiable by individual doctors. This stays true to this day. Until 2001 the Romanian College of Physicians was a negotiator for this contract but the Government changed that to a status of consulting.

Primary care was organized as permitted by law (Emergency Government Ordonance nr. 124/1998) in individual practice, associated practice, civil medical societies and limited responsibility societies. Most of the GPs chose individual practice. They employed nurses and paid for all the expenses of the practice. Doctors had to fulfill the contract with the DHIH but they were subordinated also to the District Health Directory (DHD) for coordination and control. Also the DHD's were the owners of the buildings in which GP worked. A new GP office or a change in an old one (like retiring of a GP) was made through DHD and a GP had to sustain an exam at the local DHD to enter in the system.



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Until 2001 the Social Health Insurance Law no. 145/1997 was modified three times, by OUG 30/1998, OUG 72/1998 and OUG 180/2000.

The Social Health Insurance Law nr. 145/1997 was replaced with OUG 150/2002. The new law allowed a better control for the government but stipulated some more rights for the patients. The status of GPs was not modified by the law but the Romanian College of Physicians got only a consultative role.

Following this new policy, the Ministry of Health was able to radically modify the GP contract. The GPs no longer had their own income separated from the money they received to pay for the expenses of the practice. The penalties for the contract also increased.

In 2006 a new law for the health system was issued, Law no. 95/2006. This new law had, for the first time, a special chapter for primary care. It recognized the liberal character of a GP and introduced the notion of the GP practice – now the GP was the owner of his own business and could sell it or buy it. A new practice could be open if the GP had all the credentials (free practice right, specialty training, office space, sanitary authorization, etc.). However the new law didn't recognize the right for GPs to negotiate the contract or minimal financing for primary care.

The next list is a model of the instability of the government and healthcare regulation in Romania. All these acts modified Law no. 95/2006 in the past 4 years:

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| 1. O.G. nr.35/2006 | 15. O.U.G. nr.192/2008 |
| 2. O.U.G. nr.72/2006 | 16. O.U.G. nr.197/2008 |
| 3. O.U.G. nr.88/2006 | 17. O.U.G. nr.226/2008 |
| 4. O.U.G. nr.104/2006 | 18. O.U.G. nr.227/2008 |
| 5. L. nr.34/2007 | 19. O.U.G. nr.69/2009 |
| 6. O.U.G. nr.20/2007 | 20. O.U.G. nr.88/2009 |
| 7. L. nr.120/2007 | 21. O.U.G. nr.104/2009 |
| 8. L. nr.264/2007 | 22. L. nr.329/2009 |
| 9. O.U.G. nr.90/2007 | 23. O.U.G. nr.114/2009 |
| 10. L. nr.281/2007 | 24. O.U.G. nr.1/2010 |
| 11. O.U.G. nr.93/2008 | 25. L. nr.91/2010 |
| 12. L. nr.157/2008 | 26. O.U.G. nr.48/2010 |
| 13. O.U.G. nr.162/2008 | 27. O.U.G. nr.72/2010 |
| 14. O.U.G. nr.170/2008 | |