

Response of Romania to the Communication from the Commission Consultation regarding Community action on health services

The quality of health services is one of the priorities of public health policy in Romania.

Moreover, in this context, the introduction of the concept of patient mobility requires urgent national action which is fully in line with Community provisions.

Given that the basic principal is to support and improve the national health system and to cooperate with other Member States' health systems, Romania is in favour of creating a legislative framework to ensure more efficient, high-quality cross-border medical service.

I. Provisions of Regulations (EEC) No 1408/71 and No 574/72 regarding the granting of benefits in kind

- As from 1 January 2007, Romania applies Regulations (EEC) No 1408/71 and No 574/72. In accordance with this, persons insured for the duration of their residence (temporary stay) have the right to the benefits in kind *which are necessary* for medical reasons.
- The concept of *necessary treatment* is neither defined nor described in detail in Regulation (EEC) No 1408/71 and Regulation (EEC) No 574/72.
- The Administrative Commission on Social Security for Migrant Workers expressed itself on this concept in Decision No 194 of 17.12.2003. In this way it has been established that the concept of “necessary treatment” means benefits are not limited solely to cases where the treatment provided has become necessary due to a sudden illness.
- In cases where the treatment provided was necessary due to the illness of the insured person during a temporary stay in another Member State, illness which can be linked to a pre-existing pathology of which the insured person was aware because of its chronic nature does not mean that the conditions for applying these provisions were not fulfilled.
- The aim of this type of benefit is to enable persons to continue their stay under medically safe conditions, taking account the duration of the stay.
- If the purpose of the temporary stay is to receive medical treatment, it is not covered by the provisions of the Regulation.
- For vital medical treatment which is accessible only in specialised medical units, there must be a prior agreement between the patient and the unit providing the treatment in question in order to ensure that the treatment is available during the person's temporary stay in another Member State (Decision No 196 of the Administrative Commission on

Social Security for Migrant Workers of 23.03.2004). For example, renal dialysis and oxygen therapy.

II. Provisions of National Legislation

In accordance with Law 95/2006 on reforming the health field, as subsequently amended and supplemented, insured persons from countries with which Romania has completed international agreements with provisions regarding the field of health are eligible for medical services and other benefits on Romanian territory under the conditions stipulated in the respective international agreements.

At this time, social security agreements have been concluded with the following EU Member States: Hungary, Austria, Luxembourg and the Czech Republic. An agreement has also been ratified between Romania and Bulgaria (Law No 409/2006).

In accordance with these agreements, the competent authorities for Romania are the ministries and ministers responsible for the fields which they cover.

Under Law 95/2006 and the agreements concluded, the National Health Insurance Fund is the liaison agency whose role is to communicate with its counterparts in the countries with which Romania has completed international agreements with provisions on the field of health.

III. The benefits which the National Health Insurance Fund will pay following the application of Regulation (EEC) No 1408/71 and Regulation (EEC) No 574/72 through the Twinning Agreement between Romania and France, RO02IB/SO-02 (dealt with by the Ministry of Labour, Social Solidarity and the Family) have been estimated at between 1.5 and 5.5 million euros per year.

2. In Romania's social health insurance system, insured individuals benefit from medical care for illness on the basis of the therapeutic recommendations of the doctor who is under contract to the Health Insurance Fund in accordance with his level of skill (general practitioner, specialist). In accordance with Law 95/2006 on reforming the health field, the Ministry of Public Health and the National Health Insurance Fund establish the criteria on the quality of health care granted to insured persons and applies to diagnosis, medical treatment/surgery and stomatology. These criteria are obligatory for all healthcare providers who have signed contracts with health insurance funds.

4. In accordance with the legislation in the field of social health insurance, when concluding a contract with a health insurance fund, providers of healthcare, medicines and medical devices are required to produce civil liability insurance in the field of medicine appropriate for the type of provider, for both

themselves and for any medical/health staff employed. Thus, responsibility for malpractice lies with the provider who has provided the healthcare.

5. In Romania's social health insurance system, insured individuals have the right to a series of basic medical services that are refunded by the Single National Health Insurance Fund. These basic services include medical services, healthcare, medicines, health equipment, medical devices, and other services to which insured individuals are entitled and which are covered by the fund under the conditions of the framework contract which sets out the conditions under which healthcare is granted under the social health insurance system. The framework contract is drawn up annually, and in principal regulates:

- the basic services to which insured persons are entitled;
- the medical services, healthcare (including at home), medicines, medical devices, and other services for insured persons which are related to the basic services;
- criteria and quality standards for services;
- the allocation of resources and controlling the costs of the social health insurance system in order to maintain the financial equilibrium of the fund;
- fees for the basic services, method of settlement and documents required;
- admittance and release of patients;
- measures on home care and recovery;
- conditions under which services are provided regionally and the list of services which can be contracted at county level and at regional level;
- prescription and delivery of medicines, health equipment, therapeutic procedures, prostheses and orthoses, medical devices;
- the means of informing insured persons;
- co-payment of certain medical services.

7. The principle of social health insurance in Romania is that every insured individual has the right to a series of basic medical services delivered fairly and without discrimination.

IV. Aspects regarding the mobility of health professionals:

In the opinion of Romania's Ministry of Public Health, the provisions of Directive 2005/36/EC allow full access to the practice of the professions of medical doctor, dental practitioner, pharmacist, nurse responsible for general care and midwife within the territory of the EU Member States.

The Ministry of Public Health applies the provisions of Directive 1993/16/EC on specialist training and the recognition of professional medical qualifications and delivers certificates which attest the qualifications in this field.

The Romanian College of Physicians is empowered to draw up and deliver the "Current Professional Certificate" and provide the other competent EU authorities with information on the deontological aspects of the professional practice of each of its members.

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