

Total health expenditure per capita ranges on average between **US\$ 988 - 1,079**, well below the EU average of US\$ 3,379

GDP per capita
(current USD, 2018 World Bank):
12,301

Over 90% of oral healthcare in Romania is funded privately – some public support is available for children

Poverty rate in Romania is the second highest in the EU and the country has the fifth highest score for income inequality in the EU

On the other hand, over 80% of total health expenditure is publicly funded, which is just above the EU average of 76%.

Share of total health expenditure spent on outpatient care is among the lowest in Europe, according to OECD data.

Lowest health expenditures as a share of GDP among EU Member States. Healthcare expenditure has been decreasing steadily since 2010, ranging from 5.8% of GDP to 5.6%



Romania, A Bismarkian Model Health Insurance System

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Romania is one of the newest member states of the European Union with a population of just over 19 million people, 54% of which living in urban areas, 46% in rural areas and several living in other EU member states. In the last 20 years, Romania has made considerable progress in developing institutions compatible with a market economy. Joining the European Union (EU) in 2007 was a driving force for reform and modernization.

Challenges to accelerate growth in the country include uncertainty in the Euro zone and export markets, political developments and availability of EU funds. **The key challenges for Romania have been and are to achieve steady economic growth and improve living standards while meeting fiscal targets and to continue structural reforms and the modernization of public administration, health and education.**

The provision of health services is the responsibility of the Government through the Ministry of Public Health. General and oral healthcare depends on the compulsory membership of each insured citizen in the Social Health Insurance System. The system of public health insurance provides a legally prescribed standard package of general and oral healthcare while financial resources coming from general taxation (provided under the national budget) only cover general prevention programs, managed by the Ministry of Health and Family.

The current health insurance system was founded in 1998 and it is administered centrally by the National Social Health Insurance House (NSHIH), which is divided into 42 district houses of health insurance (County Social Health Insurance Houses), corresponding to the 41 Romanian counties and the city of Bucharest. The whole population contributes a monthly fixed amount of their salaries to the County Social Health Insurance house (CSHIH), situated in the county where they live. While social health insurance is in principle compulsory, in practice it covers only around 86% of the Romanian population, the main uninsured groups being people working in agriculture or those not officially employed in the private sector; the self-employed or unemployed who are not registered for unemployment or social security benefits as well as Rom people who do not have identity cards. **Insured individuals are entitled to a comprehensive benefits package while the uninsured are entitled to a minimum benefits package, which covers life-threatening emergencies, epidemic-prone/infectious diseases and care during pregnancy.**

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population as the system establishes a principal in which citizens contribute according to their income. Thus, every year, the NSHIH budget is estimated according to the previous year's budget, adjusted for inflation. The NSHIH funds are met by a 12.5% levy on salaries, of which the employers contribute 7% and employees 5.5% (2017 data). The allocation of money and resources is managed by the NSHIH and CSHIH, which are the legal financing institutions. The NSHIH and CSHIH main functions are to pay the providers of medical and dental services and to control the quantity and quality of the services. **On the whole healthcare financing is somewhat progressive, with health insurance contributions being the main source of healthcare financing and vulnerable population categories (young people, disabled, unemployed, war veterans etc.) exempted from the contribution payment and from cost sharing (co-payments).** The administration of the NSHIH establishes at every year-end, by negotiating with the Romanian Collegiums of Dental Physicians (RCDP), the expenditure for the different medical specialties (hospitals, family medicine, specialties, emergencies, drugs and dentistry). At the end of 2002 the Government ended the right of the RCDP to be a negotiating organization and established that the Ministry of Health and Family together with NSHIH undertook all the activities of social health insurance system.

There are approximately 16,400 dentists and 4,500 dental technicians provid-

ing oral healthcare in Romania. In 2017 there were 12 Dental Medicine Faculties, 5 traditional ones, namely Bucharest, Cluj-Napoca, Târgu Mureș, Timișoara, Iași, as well as 7 newly created faculties (Bucharest, Craiova, Constanta, Sibiu, Oradea, Arad, Galati).

The shift from a communist system to a democratic or capitalist one and the lack of public funds during post-communist years has contributed to a dependency on private oral healthcare rather than on government financed public provision. Affordability and social awareness have together established a mixed economy for oral healthcare costs and oral healthcare is growing slowly compared to other developed EU member states. **Consequently, since 1989, almost 90% of all dentists have become private practitioners; they have fiscal codes and have obtained all kinds of legal permits for liberal (private) practice.** 60% of dentists are owners of their dental office, 30% are not owners but work in old buildings offered temporarily by the government, for an annual fee of around €50. Since 1994, when the healthcare reform began, there have been many proposals by the government to sell their medical and dental offices to their occupants, but these have never been finalized - maybe for political and social reasons. 10% of dentists work as employees in primary schools and dental faculties. A real free dental market was established between 1990 to 1998, with prices regulated by the principles of market economy. Only around 20% of Romanian dentists, owners or non-owners of their dental offices, work under the CSHIH. The other 80% of the dentists work in a completely liberal (private) system, with direct payments from patients only. The number of CSHIH dentists is limited by the Social Health Insurance Houses at county level. **Less than 1% of the medical funds of the CSHIH are spent on dental treatments – most of the funds are spent in hospitals (75%), for general (family) practitioners (10%), etc. It is estimated that patients directly pay at least 90% of the costs of dental treatments.**

At the same time, there has been over-



production of new dentists in Romania, recording the highest relative increase within the EU (up 33% between 2011 and 2016). This has led to under-employment and emigration of dentists to other EU member states. **Relative to the total number of inhabitants, Romania recorded 10.4 graduates per 100,000 inhabitants, the highest number of dentistry graduates within the EU in 2016.** More than 40% of dentists are younger than 40 years.

Dental care is provided through a network of 14,118 ambulatory facilities, most of them (86%) private (12,127), which are organized as private dental practices (11,931) or medical dentists' civil societies (a form of professional organization for liberal professions in Romania) (196). Out of 1,991 public dental practices, 432 are dental practices at schools and 31 are dental practices at universities. Dental practices at schools and universities are financed from the state budget. The NSHIH pays dental services for dentists who accept

the terms offered to them. Some work is completely paid, whilst other work is paid at only 40-60% of the cost. For children and categories under special laws the work is completely paid for but only out of the value of what the RCDP considers an insufficient maximum price (about €400). The number of dentists who work only in the public service is not exactly known, because they also work in their own dental offices. The main sector is public schools, but the number is decreasing every year. Children do not pay for their treatment; general prevention programs of Ministry of Health and Family support the costs. Hospital dentists work in maxillo-facial surgery in hospitals, as employees of the hospitals, owned and run by regional government. They can work part-time in private practices. Academic dentists are normally salaried employees of the Faculty of Stomatology. They are allowed a combination of part-time teaching employment and private practice (with the permission of the faculty).

Due to limited funds, the NSHIH covers only a small number of dental healthcare services. In 2014, dental care accounted for only 0.2% of the total NSHIH expenditure on healthcare services. Most dental care services are paid for directly. **The basic benefits package includes a very limited range of dental services, which are free of charge for children**

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Ora Health Personnel (2016)

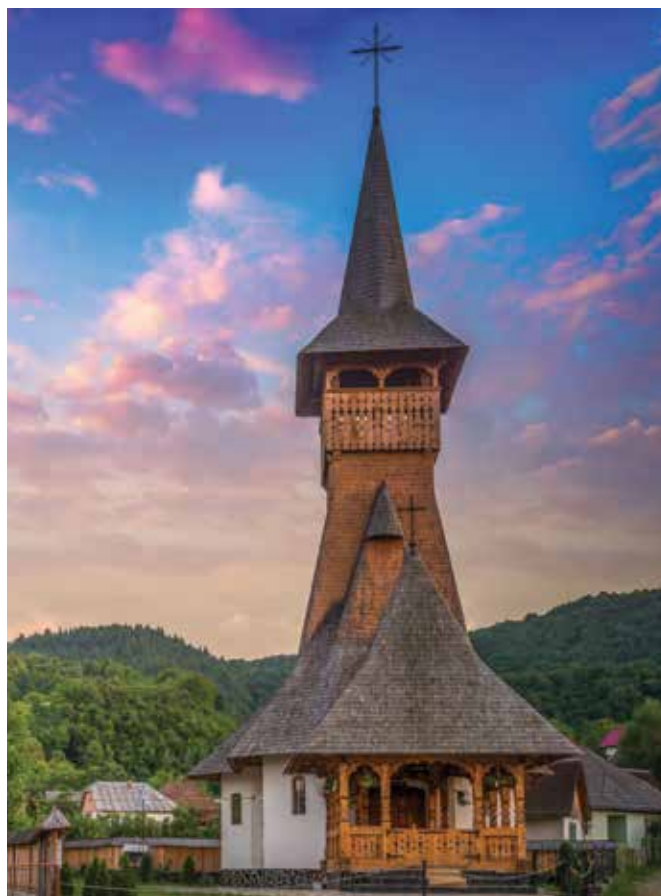
Number of dentists	16,285-16,400
Qualified overseas	450
Percentage female	68%
Ratio dentist/population	82.7 /100 000
Dental technicians (2013)	4,500
Hygienists (2008)	100
Denturists (2013)	8
Assistants (2013 estimates)	2,000

Figures are approximate and estimated, from different sources
Source: CED, Manual of Dental Practice 2015 and Eurostat Statistics Explained

Graduate Dentists

Year	2006	2011	2016
No. of graduates	1,018	1,263	2,042
Ratio per 100 000 inhabitants	4.7	5.9	10.4

Source: Eurostat Statistics Explained



and people under 18 years and for specific population groups such as war veterans, fighters in the 1989 revolution, etc. For patients aged over 18 years the NSHIH will cover services for between 60% and 100% of the tariffs. More specifically, following proposals of the Romanian Dental Association of Private Practitioners (RDAPP) to improve the dental social health insurances, which had been invited by the Ministry of Health to a “Partnership for Health”, since the beginning of 2004 in *Norms of Application of the Frame Contract* between dentists and NSHIH, the following treatments are supported by the social health insurance:

- Preventive care for children and adolescents – 100%
- Dental treatments of children and adolescents (up to 18 years) – 100%
- Pain relief and emergency treatments – 60%
- Basic surgical care (with emergency treatments) – 60%
- Risk-diagnostics and preventive consultation – 100%
- Mobile social acrylic dentures for adults – 100%

Uninsured persons have access to a minimum benefits package that only covers medical emergencies. There are currently no reform plans in the area of dental care and there is no precise data available on the quality of the dental services. There are also major differences in access to dental care between rural and urban areas as in rural areas only around 25% of the population has access to dental treatment, in urban areas, 75% of the population do. There is also shortage of dentists working in the inner-city areas and within some specific social groups (children, farmers, retired persons) who have trouble accessing dental care in rural areas. **Among the problems related to access to dental services are public insurance covering only very few therapeutic treatments, the reduced number of private practices under contract with the health insurance house (around 20%), people’s low income, especially in rural areas, in addition to lack of informa-**

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tion regarding oral hygiene and the importance of risk factors (nutrition, smoking, alcohol, other habits). These together, inevitably, lead to a high number of caries, periodontitis and oral mucosa diseases among the population. Also, the lack of regular dispensary checks, especially of children, leads to an increase in the incidence of oral pathology. Currently, a national oral health prevention program for children is being implemented. A coherent program to simplify the access of disabled persons to dental services should also be introduced, considering the specific features of their treatment and anesthesia. Health policies should be unitary, they should address mainly patients in the rural areas, emphasize prevention, and, also, properly fund dental treatments, increasing the payment per treatment to the dentist, and stop limiting the monthly amount that the state insurance covers for dental care.

To become a dental student, a Romanian citizen must have a high school diploma and pass an entry examination. There is no need for a vocational entry. Dental schools were known as Faculties of Stomatology and, until 2003, were part of a University of Medicine and Pharmacy (with title of “Physician Stomatologist” once graduated). Since the 2003-2004 academic year, they have become Faculties of Dental Medicine (with title of “Dentist” once graduated). In publicly funded schools: Bucharest, Cluj-Napoca, Iași, Timișoara, Târgu-Mureș, Craiova, Constanța, Sibiu, Oradea, Galați, students pay no tuition fee, but they must pay the full cost for privately funded schools: București, Iași, Arad. As for all medical studies in Romania, the tuition fee for dental schools varies with the minimum being €2,000 (for Romanian nationals) and the maximum €5,000 a year (for non-nationals) (data from 2013). Every state-funded faculty also has the right to manage a limited number of tuition paying places for students each year, for both bud-

geted and fee-paying students. The Ministry of Education monitors the quality of the training process and the Faculty Board is directly responsible. Diplomas from other EU countries are recognized without the need for any vocational training. The Romanian Collegiums of Dental Physicians (RCDP) registers all Dental Physicians and all specialists. It is mandatory to know Romanian to be registered with the RCDP. Continuing education is compulsory for all dentists otherwise the RCDP has the legal obligation to terminate the right of the dentist to practice. **The migration of skilled labor, and especially dentists, to other EU member states, due to higher incomes, is seen as a problem given the expenses incurred by Romania to train dentists.**

A solution would be to increase the number of dental treatments reimbursed by the Health Insurance House, to increase the price per treatment, while also multiplying the number of treatments affordable to a larger share of the population. Any dentist can undertake specialist training but the Ministry of Health limits the number of specialists. Specialist training is undertaken in the Dental Faculties and the Board of the Faculties monitors and are responsible for the quality assurance of the training. The trainees are paid during their training by a fixed budgetary salary supported by the Ministry of Health. During this time, it is forbidden to work in private dental practice. Six dental specialties are recognized in Romania:

- Orthodontics: 3 years training (in 2008 there were 234 registered orthodontists)
- Oral-maxillofacial surgery: 5 years training (234 in 2008)
- Dento-alveolar surgery: 3 years training (157 in 2008)
- Endodontics: 3 years training
- Periodontology: 3 years training
- Prosthetics: 3 years training

There is a limited number of clinical dental auxiliaries in Romania. Dental technicians are trained in dental technician colleges, organized in frame of the dental faculties. The training is for 3 years, with a final examination and a diploma. Since 2007 they have had to register with the Order of Romanian Dental Technicians. Dental technicians



normally work in separate dental laboratories and invoice the dentist (or directly the patient) for completed prosthetic work. A small number of technicians are employees of dental offices and are paid with a percentage of the fees for the prosthetics work. There is some illegal dental practice by non-specialized technicians, without a higher degree qualification, but the RCDP and RDAPP fight against these and the number of cases is decreasing every year. Dental assistants train in secondary medical schools, with 3 years of study and a final examination and diploma. They must be registered in the Order of Romanian Medical Assistants. The duties of dental assistants are limited to assisting dentists, maintaining records, sterilization, infection control and office work. Despite the difficulties, the dental services market in Romania keeps growing, even if at a slow pace, reaching RON 1 billion (EUR 220 million). Almost 1,000 new companies offering dental services entered the market within the last few years. **In total, more**

than 4,300 companies are active in the market, employing almost 10,000 people. In Bucharest, there are over 1,300 companies providing dental services, with almost 300 new firms having entered the market in the last few years. The dental clinics in Bucharest recorded a turnover of over RON 380 million (EUR 83.5 million) in 2016 and a profit of almost EUR 15.4 million, according to Creditinfo Romania. The most developed dental market outside of Bucharest is in Timis county, Western Romania, where more than 180 dental companies are active with a turnover exceeding RON 53 million (EUR 11.6 million), a profit of over EUR 2.6 million and over 400 employees.

Main International Trade Fair

DENTA, Fall Edition, 5-7 December, 2019
Organized by: Romexpo SA
www.denta.ro/en

Among main sources:

-Extracts from: Regional European Organisation

of the FDI, National Report, Romanian Society of Stomatology. For full report: [file:///C:/Users/Silvia/Downloads/assets_meetings_new-group-2018-04-13-salzburg-2018_reports_Romania-RSS-National-Report-2017-EN%20\(1\).pdf](file:///C:/Users/Silvia/Downloads/assets_meetings_new-group-2018-04-13-salzburg-2018_reports_Romania-RSS-National-Report-2017-EN%20(1).pdf)
- Eurostat Statistics Explained (<https://ec.europa.eu/eurostat/statisticsexplained/>), data extracted July 2018
-Extracts from: Vlădescu C, Scîntee SG, Olsavszky V, Hernández-Quevedo C, Sagan A. Romania: Health system review. Health Systems in Transition, 2016; 18(4):1–170.
HiTs and HiT summaries are available on the Observatory's website (www.healthobservatory.eu)
-Extracts from: Council of European Dentists, Manual of Dental Practice 2015 (Edition 5.1). Authors: Dr. Anthony S Kravits OBE, Professor Alison Bullock, Professor Jon Cowpe with Ms. Emma Barnes. Cardiff University, Wales, United Kingdom
-“Dental services market in Romania, up by a third”, by Romania-Insider.com - <https://www.romania-insider.com/dental-services-market-romania-third>
-“The Healthcare system and the provision of oral healthcare in European Union member states: Part. 5: Romania” - British Dental Journal, www.nature.com/articles/sj.bdj.2016.265

