

CONSIDERATIONS REGARDING SOCIAL INSURANCE IN THE ROMANIAN PUBLIC HEALTH SYSTEM

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Abstract

Objectives of the study: the study aims to analyze the issue of social health insurance in Romania and to provide legislative solutions in combating them. The research methods used are the qualitative research method and the observation method. Results and implications of the study: 1) establish a 2020-2030 Strategy to prevent disease by launching national campaigns for healthy eating, reducing smoking and alcohol consumption, and introducing the color scheme for food; 2) decentralizing the system, establishing a public-private partnership, increasing the patient's freedom in choosing doctors and services; 3) limiting the cost of medical care by introducing caps, as well as co-payments; 4) institutional reform of the public sector in this area. In some opinions, "Experience in other countries consistently suggests that introducing a private funding system would create more problems than it would solve. That is why efforts should be focused rather on institutional reform of the public sector"; 5) developing legislation to make differentiated payments for medical services; 6) closure of non-accredited hospitals and their privatization; 7) establishment of private health insurance houses.

Keywords: social insurance, public health system, social security, social assistance.

JEL Classification: K32

1. Identification of the researched problem

Social insurance in Romania is a new field, and in this context it is a useful approach to identify modern social insurance solutions for the sustainable development of the individual or collective capacities necessary to ensure the social needs. All of these elements have a significant impact on the quality of life.

The basic problem, which is also found in other more economically developed countries, is that the state can not fully cover the needs of insured persons through social security.

Labor relations are closely linked to social security. In the absence of proper regulation of the legal employment relationships, social security would be in difficulty, being directly determined by the individual labor contract². These social insurances have implications for both employees and their family members.

From this research, I came to the conclusion that the ideal social insurance model does not exist. This model is very difficult to achieve, if not impossible, given the simple argument that the state in the absence of adequate social security contributions can not fulfill its duty of social protection for policyholders only to a minimum. This is a source of permanent discontent on the part of the citizens.

People contributing to social security funds are getting fewer, while people who need the services offered by social security are getting more and more. Strict classification in a specific social insurance model is a utopia, given the complexity and diversity of public social insurance. At the same time, a social security classification may be made in respect of the benefit proportional to the income of the insured person, in this case in the presence of bismark social insurance and beveridgean social insurance model.

2. A new point of view in relation to existing doctrinal approaches

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² See Alexandru Țiclea, Laura Georgescu, *Dreptul securității sociale, Curs universitar*, 7th edition, Universul Juridic, Bucharest, 2016, p. 54; Gh. D. Bistriceanu, Fl. Bercea, E. I. Macovei, *Lexicon de Protecție Socială. Asigurări și Reasigurări*, Karat, Bucharest, 1997, p. 123; Gh. D. Bistriceanu, *Sistemul asigurărilor în România*, Economic Publishing House, Bucharest, 2002, p. 12.

made in respect of the benefit proportional to the income of the insured person, in this case in the presence of bismark social insurance and beveridgean social insurance.

In the search for the ideal model of social insurance, after finding that this model does not exist, so I propose the interweaving, the corroboration of the positive elements specific to each type / social insurance model, precisely in this is the new point of view in relation to the existing doctrinal approaches.

3. Structure of research

Integrating social security, social insurance has as its main purpose the compensation - benefits in cash or in services, of the damages suffered in some risk situations with which the insured can meet.

The collection of funds from the insured persons is the foundation on which the social insurance system is built and functions to allocate the benefits from the insurance to the persons who face the unwanted event or, according to the provisions of the insurance contract to their descendants. Social security is made up of social security and social assistance.

The state social security system and the social assistance system, respectively the braiding of the two elements, represent the premise of the social security system, so that it protects the insured persons against the risks that may arise. Social security and social assistance must complement each other in the best interest of the policyholder. In order to benefit from social assistance, there is no requirement for a prior contribution to social security.

Social equity is the one that dictates us when we talk about contributions.

The motivation we started in approaching the research of the Social Insurance Scheme in Romania is oriented at least in the following directions: the disputes on the topic at the international level, the multiple aspects of the exposed scientific subject, the lack of an ideal model to be followed in terms of social insurance, the implications on the state of health of the population and last but not least the importance given to social security and in the context of the global economic crisis.

The social security system manages, uses and distributes amounts, being protected against the risks of insured persons, such as: employed persons, pensioners who have worked / work in national, commercial, national companies, craft associations, autonomous administrations, block, private entrepreneurs.

4. Details of the research methods used

The qualitative research method and the observation method were the research methods used. The thematic analysis was used in the category of qualitative analyzes.

5. The proposed solutions

The proposed solutions are as follows:

1. Establish a 2020-2030 strategy to prevent disease by launching national campaigns for healthy eating, reducing smoking and alcohol consumption, and introducing the color scheme for food.
2. Decentralizing the system, establishing a public-private partnership, increasing the patient's freedom in choosing doctors and services.
3. Limiting the cost of medical care by introducing caps, as well as by co-payments.
4. Institutional reform of the public sector in this area. In some opinions, "Experience in other countries consistently suggests that introducing a private funding system would create more problems than it would solve. That is why efforts should be focused rather on institutional reform of the public sector "
5. Developing legislation to make differentiated payments for medical services

6. Closure of non-accredited hospitals and their privatization.
7. Establishment of private health insurance houses.

6. Conclusions

6.1. Research results

The research results are as follows:

- a. Changing and completing legislation will result in the sustainable development of individual or collective capacities needed to meet social needs.
- b. In the long term, all these elements have a considerable impact on the quality of life.

6.2. The method that we used

The communication of the results is the way to capitalize them and will be done in one of the following forms: communication within the university cache, completion of a detailed research report; publication of articles in the field in specialized journals, participation in scientific communications.

Bibliography

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