

Cekos In Ekspert

On the basis of Article 112 Paragraph 1 Item 2 of Constitution of the Republic of Serbia,
I hereby promulgate

DECREE
ON PASSING OF THE LAW AMENDING THE LAW
ON HEALTH INSURANCE

The Law Amending the Law on Health Insurance Act, passed by the National Assembly of the Republic of Serbia at the session of the Eighth Extraordinary Session in 2011, on the date of 28 July 2011 is hereby passed.

PR Number 84

In Belgrade, on August 1, 2011

President of the Republic,

Boris Tadic, in person

THE LAW
AMENDING THE LAW ON HEALTH
INSURANCE

(The Official Gazette of the Republic of Serbia, No. 57/11)

The main text is in force since 09/08/2011 , applied since 09/08/2011

Article 1

In the text of the Law on Health Insurance ("the Official Gazette of the Republic of Serbia" No. 107/05 and 109/05 - correction), Article 6 is amended and now reads:

"Article 6

Mandatory health insurance is provided and implemented in the Republic Health Insurance Fund (hereinafter: the Republic Fund) and in the organizational units of the Republic Fund (hereinafter referred to as branches).

Certain operations of the mandatory health insurance shall also be implemented in the Province Health Insurance Fund (hereinafter referred to as the Province Fund) in accordance with the Law.

Voluntary health insurance can be carried out by legal entities engaged in insurance activities in accordance with the law, as well as by the Republic Fund."

Article 2

In Articles 12, 13, 29, 33, 34, 39, 42-44, 46-49, 56-61, 72, 74, 84, 85, 99, 102, 115, 116, 118, 120-124, 127, 128, 137, 139-141, 145, 146, 149-152, 154-157, 163-166, 173-180, 182, 184, 186-197, 199-202, 204, 208-221, 223-227, 229-236, 240-243 and 245 the words: "the Republic Institution" are hereby replaced with the words: "the Republic Fund" in appropriate grammatical form.

In Articles 174, 176, 184, 186, 187, 210, 212, 217, 224, 225 and 228 the words: the words "the Province Institute" are hereby replaced with the words "the Province Fund" in the appropriate grammatical form.

Article 3

In Article 20, Paragraph 1 Item 1) is deleted.

Items 2) and 3) become items 1) and 2).

Article 4

Article 21 Paragraph 1 Point 1) is amended and now reads:

"1) insurance on the grounds of employment or pension (Article 17, Paragraph 1. Items 1) -12) and 22) -23) of this Law."

Paragraph 2 is amended and now reads:

"A person who is eligible to acquire the status of the insured under Article 17, Paragraph 1, items 1) -12), and items 17). -20), and items 22) and 23) hereof, under several different grounds for insurance shall choose one of the grounds under which the health insurance will be effective, and under which the person will exercise the rights to mandatory health insurance."

Article 5

In Article 22 paragraph 1 item 1) number 15 is replaced by number 18.

Item 4) is altered and now reads:

"4) persons with disabilities, according to the regulations on pension and disability insurance, as well as mentally challenged persons;".

In point 5) the words "sick or injured person in connection with the provision of emergency medical services" are replaced with the words "suffering from rare diseases;".

Item 7) is altered and now reads:

"7) financially underprivileged persons who receive financial assistance, or who are beneficiaries of family allowance granted for disability, in accordance with social protection provisions and regulations on the protection of veterans, invalids and civilian invalids of war;".

In item 11) at the end of the text the full stop shall be replaced by semicolon.

After point 11), points 12) and 13) are added, as follows:

"12) victims of domestic violence;

13) victims of trafficking."

Article 6

In Article 26 Paragraph 1 is amended as now reads:

"A child of the insured is entitled to the mandatory health insurance until the age of 18, or until the end of the prescribed secondary or higher education, and not later than the age of 26 years."

Article 7

In Article 27 Paragraph 1 after the word "parents," the words "brothers and sisters" are added.

Article 8

In Article 32 Paragraph 3 items 1) the words "under Article 17" are replaced with the words "under Articles 17 and 23"

Article 9

Article 33 paragraphs 4-6 are amended and now read:

"Injury at work, according to this law, is every injury, illness or death occurred as a result of an accident at work or as a result of any unexpected or unplanned events, including acts of violence that emerged due to work or is connected with the work and which lead to injury, illness or death of the insured person, occurring immediately or within 12 months from the date of injury.

A work injury within the meaning of paragraph 4 of this Article does not include occupational illnesses and injuries on arrival, or coming home from work.

Occupational disease under this Act means the disease caused due to long exposure to harmful effects occurring in the workplace."

After paragraph 6, paragraphs 7 and 8 are added, as follows:

"Work injury is determined on the basis of reports of occupational injury (hereinafter injury list), which is under direct or indirect control of the employer and provided to the Republic Fund, or the parent branch in order to exercise rights under the mandatory health insurance, in accordance with this law.

The content and form of the injury list and the method of filling and delivery, processing data from the injury lists and other issues of importance in determining the injury afflicted at work, are regulated in agreement between the ministers responsible for health protection and safety at work."

Article 10

In Article 35 Paragraph 1 items 2) and 3) are amended to read:

"2) systematic and other examination of children under the age of 18, or until the end of the prescribed secondary or higher education, and not later than the age of 26, of women related to pregnancy and adults in accordance with the national program of prevention and early detection of diseases of larger social - medical significance, and screening programs;

3) preventive dental and prophylactic measures for the prevention of oral and dental diseases in pregnant women and children under the age of 18, or until the end of the prescribed secondary or higher education, and not later than the age of 26 years."

In paragraph 2 after the words "the age of 18" a comma is added, followed by the words "or until the end of the prescribed secondary or higher education, and not later than the age of 26 years,".

Article 11 ^[1]

In Article 37, item 8) is amended and now reads:

"8) the right to escort for the insured person of up to 15 years of age, as well as for older person who is physically or mentally disturbed in the development to a greater extent, or for persons who had, during their lifetime due to illness or injury, lose bodily or mental functions due to which they are unable to independently perform activities of daily living, including blind, visually impaired and deaf persons, during patient treatment and medical rehabilitation, provided that it is medically necessary, unless this Law stipulates otherwise;".

Article 12 ^[1]

Article 41 Item 1 is amended as follows:

"1) examination and treatment of oral and dental diseases in children under the age of 18, or until the end of the prescribed secondary or higher education, and not later than the age

of 26 years, older persons who have serious physical or mental disabilities, and persons with severe congenital or acquired facial and jaw deformities;"

In point 4) after the word "examination", the words "and treatment of disease" are added.

In item 9) at the end of the text the full stop shall be replaced by semicolon.

After item 9), items 10) and 11) are added as follows:

"10) examination and treatment of oral and dental diseases for persons who suffered illness or injury during life, which caused loss of bodily or mental functions, resulting in inability to independently perform activities of daily living;

11) examination and treatment of oral and dental diseases of the insured persons under Article 22 of this Law."

After paragraph 1, paragraph 2 is added and reads as follows:

"The persons referred to in paragraphs 1) and 10) and 11) of this Article have the right to examination and treatment of oral and dental diseases if the income of the insured person is under the income threshold specified in the decision referred to in Article 22, paragraph 2 of this Law."

Article 13^[1]

In Article 42, after paragraph 8 a new paragraph 9 is added, as follows:

"The right to an escort is granted to the insured person provides up to 15 years of age, older persons who suffers from graver physical or mental disability, or a person who has, during his/hers life suffered from a loss of some bodily or mental functions due to illness or injury, thus disabling them to independently perform activities of daily living, including blind, visually impaired and deaf persons."

Paragraphs 9 and 10 are hereby altered to be paragraphs 10 and 11.

In the previous paragraph 10 which now becomes paragraph 11, the words "under paragraph 1 of this Article" shall be replaced with the words "under paragraph 10 of this Article".

Article 14

In Article 43, after paragraph 7, paragraphs 8 -11 are added, as follows:

"The Republic Fund shall, within 90 days from the date of application for placement or removal of certain drugs from the List of drugs referred to in paragraph 3 of this Article render a decision on whether the criteria for placing or removing the drug from the List of drugs is in compliance with the act referred to paragraph 4 of this Article.

If not otherwise specified in this Law, the procedure of the decision making referred to in paragraph 8 of this Article shall be subject to the law governing general administrative procedure.

The decision referred to in paragraph 8 of this Article shall be final in administrative procedure and an administrative dispute procedure cannot be filed against this decision.

The Republic Fund shall in the first following List of drugs made in accordance with this Law include or remove a drug for which the decision has been rendered on whether the criteria for placement and removal from the List of drugs was fulfilled, in accordance with paragraph 8 of this Article."

Article 15^[1]

In Article 45 Item 1) Line 4 is amended as follows:

" - Examinations and treatment of oral and dental disease in persons from Article 41, item 1), 10) and 11) hereof, as well as in women, related to pregnancy and 12 months after the delivery;"

In Item 4) after the third line, the fourth line is added, which reads:

" – sex change due to medical reasons;"

The existing line four now becomes line five.

After paragraph 1 paragraphs 2 and 3 are added, as follows:

"For the health services that are provided as the right gained through the mandatory health insurance in accordance with paragraph 1 of this article, and for which the Republic Fund does not provide payment based on the cost of medical services, but the cost is calculated and paid in a different way (by the insured person's visit made to a health worker, diagnostics related groups of health care services, programs, sick days,

etc..), the insured is entitled to health care at the expense of the mandatory health insurance in the percentages set out in paragraph 1 of this Article.

Notwithstanding paragraph 1 Item 1) line four of this Law, in order to exercise the right to dental health care stemming from the mandatory health insurance, the Republic Fund may promulgate via the general act stated in Article 48 Paragraph 3 of this Law co-payments, in case that the insured person fails to appear for prescribed medical check-up, or if not entitled to preventive dental care services in accordance with this Law, or the Republic program for dental health care adopted by the Government in accordance with this law."

Article 16

In Article 48, Paragraph 1 is amended and now reads:

"The amount of money to the full amount specified in Article 45, Paragraph 1, items 2) to 4) and paragraph 2 of this Law, and the amount referred to in Article 46 of this Law (hereinafter referred to as participation), is paid by an insured person who uses the given health service or a medication, unless otherwise provided by this Law, or paid by legal entity which provides an insured person with voluntary health insurance."

Paragraph 5 is amended as follows:

"Insured person is entitled to exercise the right to qualify, from their own resources or from the voluntary health insurance, for higher content, scope and standard of the rights under Articles 45 and 46 of this Law, which provide the mandatory health insurance funds, in accordance with this Law and regulations adopted to implement this Law, in the manner that they pay the difference of the price determined in accordance with this Law and regulations adopted to implement this law, and the actual cost of the rights stemming from Articles 45 and 46 of this Law."

After paragraph 5, paragraphs 6 and 7 are added, and read as follows:

"The Republic Fund specifies the conditions, manner and procedure for exercising the rights referred to in paragraph 5 of this Article through a general act, for certain rights stemming from the mandatory health insurance provided for in Articles 45 and 46 of this Law.

General Act referred to in paragraph 6 of this article shall be published in "the Official Gazette of the Republic of Serbia."

Article 17

In Article 49 Paragraph 4, at the end of the text, full stop shall be replaced by a comma and the words "and other bills for medical services paid in order to exercise the right of voluntary health insurance" are now added.

Article 18

After Article 49 a new Article 49a is added, and reads as follows:

"The ban on charging for health services provided within the mandatory health insurance
Article 49a

It is prohibited for health care providers, or a person employed by the health service provider or other person who performs certain duties for the health service provider, to bill a medical service to which an insured person is entitled under the mandatory health insurance, or to seek or accept or in any other manner urge an insured person or his family members, or other legal entity or natural person, to pay or give any tangible or intangible benefits for the services rendered to the insured person, unless the law provides otherwise.

To a person who acts in contravention of paragraph 1 of this Article, the employer may, in accordance with the law governing labor, cancel the contract or terminate other type of contract based on which such person was engaged in health care providers to perform certain tasks.

Health care providers may charge the insured persons, as well as other legal entities and natural persons, only for those medical services not covered by the mandatory health insurance, as well as the amount of participation determined in accordance with this Law and regulations adopted to implement this law."

Article 19

In Article 50 Item 1 is amended and now reads:

"1) disabled military veterans, peacetime military veterans and civilian war invalids;."

Article 20

In Article 54, Paragraph 2 is amended and now reads:

"The plan referred to in paragraph 1 of this Article the Republic Fund shall provide for the period for which the budget memorandum is adopted, or the financial plan of the Republic Fund, and in exceptional cases - for one calendar year, and not later than 31 December - for the following year."

Article 21

Article 55 is amended and now reads:

"Article 55

Nomenclature of health services under Article 45 of this Law is established by the Minister.

The Republic Fund shall adopt an act which establishes: fees for services, health care program, a diagnostic related group prices of health services, hospital days, visits of the insured persons to health worker, the payment per assigned patients, as well as other costs of health services which are provided as a right granted through the mandatory health insurance, in accordance with this Law and regulations adopted to implement this law.

The Minister gives consent to the act referred to in paragraph 2 of this Article.

Prices or charges under paragraph 2 of this Article shall be based on some of the following elements:

- 1) Nomenclature of health care services;
- 2) norms and standards of labor, when it is necessary to determine the rates and charges;
- 3) the cost of the labor invested in the provision of health services that are provided through the mandatory health insurance, in accordance with the law and the concluded

collective agreements, other than the rights provided by the employer on the basis of concluded collective agreements with the employer;

4) analysis of health care costs;

5) depreciation prescribed by law or other regulations;

6) material costs;

7) other legal obligations.

In order to determine rates and charges specified in paragraph 2 of this Article the Republic Fund shall set norms and performance standards specified in paragraph 4 item 2) of this Article, if they are not arranged in a different way.

Through paragraph 2 of this Article, the Republic Fund shall determine, based on the methodology for calculating the cost of processing blood and blood components, the costs of processing blood and blood components.

The act referred to in paragraphs 2 and 5 of this article shall be published in "the Official Gazette of the Republic of Serbia."

Article 22

In Article 59, after paragraph 1 paragraphs 2 and 3 are added and now read:

" The budget of the Republic of Serbia provides means to treat patients with certain types of rare diseases, provided that the Republic Fund cannot provide sufficient funds for the treatment of diseases from the contribution payments made for mandatory health insurance, as well as from other sources of funding in accordance with the Law.

Government passes an act, for each calendar year, at the proposal of the Minister responsible for health, which defines the types of rare diseases, as well as other issues of importance for the treatment of patients with these diseases for which funds are provided from the budget of the Republic of Serbia."

Article 23

In Article 61 Paragraph 1 item 12) after the words "sex change", comma and the words "unless this law provides otherwise" are added.

Article 24

Article 65 is amended and now reads:

"Article 65

Entitled to the right to use health care abroad at the expense of the mandatory health insurance is an insured person in the case that, before his departure abroad, it was determined that he/she does not suffer, and has not previously suffered from acute or chronic disease in the acute phase, in the last 12 months, which takes longer or permanent treatment, or an insured person who is not in a condition which would, soon after arriving overseas require longer treatment, or placement in in-patient medical facility, including pregnancy and other health services.

Health condition specified in paragraph 1 of this article is established by the first instance medical board of the home office, whereas branches shall issue a certificate of health for insured persons in order for them to use health care abroad (hereinafter referred to as a certificate of utilization of health care).

Confirmation of the use of health care is issued based on the findings and opinions of physicians selected, confirming that an insured person is not suffering, or have suffered from acute or chronic disease in the acute phase in the last 12 months, which require longer or permanent treatment, or that the insured person is in a state which would call for a longer medical treatment shortly after arrival abroad, or placement in in-patient medical facility, including pregnancy and other health services.

In order to issue the certificate on use of health care, the first instance medical board may order that an insured person has to perform certain types of medical examinations in order to determine the health status of insured person.

Opinions and findings of selected doctors and state of health by the medical commission of the first instance, or the certificate of the use of health care provided to an insured person from the mandatory health insurance.

Confirmation of the use of health care is issued based on the direct examination of the insured person performed by the selected physician, and on the medical documentation, including: access to medical records, access to health records statement, findings and

opinions of the selected physicians that the insured person does not suffer and has not suffered from acute or chronic disease in the acute phase, in the last 12 months, which require longer or permanent treatment, or that the insured person is in a state that shortly after arrival abroad require longer treatment, or accommodation in a stationary health facility, including pregnancy and other health services, as well as confirmation of the selected doctor - dentist about the dental state of the insured person.

Home Branch issues a certificate on the use of health care in the form prescribed by the Republic Fund, which contains printed detailed explanation of the manner, procedure and conditions for health care services utilization abroad."

Article 25

In Article 84 Paragraph 1 the word "adoption" is replaced with the word "validity".

Article 26

In Article 104 Paragraph 3 following words: "chemo-dialysis," the words "as well as chemo and radio therapy" are added.

Article 27

In Article 108 Paragraph 4 is amended as follows:

"It is considered that the companion for travel is necessary if a child under 18 years of age or older person who is physically or mentally disturbed in the development, as well as the person who has during the life and due to illness or injury lost some bodily or mental functions, which is why that person is unable to independently perform activities of daily living, including blind, visually impaired and deaf persons, is referred to treatment or medical examination to another location."

Article 28

In Article 111 Paragraph 1 is amended as follows:

"The status of the insured is established by a branch which is determined according to this law as the parent branch."

Article 29

Article 112 is amended as follows:

"To a person who is recognized as the insured, the parent branch issues the required certificate of health insurance (hereinafter referred to as the certificate of insurance) evidencing the status of insured person.

Any individual whose rights are provided under the mandatory health insurance in certain cases defined in Article 28 of this Law shall be issued a special document for health care only in the event of injury or occupational disease.

A certificate of insurance from Paragraphs 1 and 2 of this Article is the health card that contains a space for contact microcontroller (chip) and a space for machine-readable zone for automatic data reading, which shall include all the visible data on the certificate of insurance, as well as data maintained in the system records in accordance with this Law and regulations adopted to implement this law.

The costs of issuing the health card under paragraph 3 of this Article shall be borne by the insured for himself and his family.

Notwithstanding paragraph 4 of this Article, payer of contributions, or other legal entity or natural person, or the Republic Fund may commit to reimburse the costs of issuing health cards.

The amount of costs referred to in paragraph 4 of this article shall be determined by the Republic Fund.

The funds collected in accordance with paragraph 6 of this article represent the revenue of the Republic Fund.

Government gives consent to the act referred to in paragraph 6 of this article.

The Republic Fund shall determine the content and form of the instrument of insurance, health cards, and special documents for health care under paragraphs 1-3 of this article,

the manner of their certification, provided that person undertakes responsibility for the costs of issuing health cards, and other issues of importance for usage of such documents.

The act referred to in paragraphs 6 and 9 of this article shall be published in "the Official Gazette of the Republic of Serbia".

Article 30

In Article 113 after paragraph 3, paragraph 4 is added and reads:

"Notwithstanding paragraphs 1-3 of this Article, the parent branch may ex-officio make cancellation of the mandatory health insurance in case when a natural person or legal entity who is subject to the submission of the cancellation of health insurance has ceased to exist, or is deceased, as well as in the case if, at the time of filing the application for health insurance the date of termination of grounds for the insurance is known, on the basis of which the person has acquired the status of the insured in accordance with this Law, provided that the payer does not file a submission for cancellation of the health insurance within the legally prescribed period."

Article 31

Article 129 is amended as follows:

"Article 129

Registration information for the register shall be submitted to the parent branch, as follows:

- 1) for the insured under Article 17 Paragraph 1 items 1) and 2), items 4) -8), items 10), 11) and 13), items 15) -18) and Item 24) of this Law, when the place of residence and address of the insured payers are located in the same branch territory - the seat of contribution payers;
- 2) for the insured under Article 17 Paragraph 1 Item 3) of this law when there is a difference in the place of residence of the insured in relation to the seat of contribution payers – according to the seat of contribution payers;

- 3) for the insured under Article 17 Paragraph 1 item 9) and items 19) -22) of this law - according to the domicile of the insured in the Republic;
- 4) for the insured under Article 17 Paragraph 1 item 12) of this law - according to the domicile of the insured or the last place of employment termination;
- 5) for the insured under Article 17 Paragraph 1 item 14) of this Act, where there is a difference in the place of residence of the insured in relation to the seat of contribution payers - the headquarters of the youth and student unions;
- 6) for the insured under Article 17 Paragraph 1 item 23) of the Act - the temporary or permanent place of residence;
- 7) for the insured under Article 17 Paragraph 1 item 25) of the Act - the headquarters of the school or university.

Notwithstanding paragraph 1 item 1) of this Article, where the insured resides in a branch office territory of the contributor, and the headquarters of contributions payer is in the territory of other branches, the application data for the register shall be filed to the home branch, according to the place of residence of the insured person in the Republic.

For family members of the insured, application of data for the register shall be submitted to the parent branch or subsidiary in the manner prescribed in paragraphs 1 and 2 of this Article."

Article 32

In Article 130, Paragraph 1, the words "under item 11)" are to be replaced with the words "referred to in items 11)-13)".

Article 33

Article 142 is amended as follows:

"Article 142

Health insurance rights shall be exercised on the basis of certified documentation of insurance or health card or a special document on the use of health care services.

Verification of documents specified in paragraph 1 of this Article is done by the parent branch based on the available data, or based on the evidence that the contribution is paid in accordance with the law, as well as the employer to which the parent branch, based on the evidence of payment of contributions, has issued a separate asset (stamps, etc.), which verifies the insurance documents in accordance with regulations adopted to implement this law.

Health card verification under Article 112 Paragraph 3 of this Law shall be done by the parent branch after the data of past due contributions paid have been recorded, in accordance with the law, in the area of machine-readable zone for automatic data reading.

Subsequent verification of documents of insurance or health card or a special document on the use of health care services can be made provided that the insured person has selected their doctors in accordance with this Law and regulations adopted to implement this law.

If the certificate of insurance or health card or a document on the use of health care services is not certified because the due contribution is not paid, subsequent verification will be carried out when the contribution is paid in full.

In case that payment of due contributions for mandatory health insurance was not made, or had not been made in full, the right to health care in accordance with this Law and regulations adopted to implement this law can be used at the expense of mandatory health insurance, only in case of an emergency medical service."

Article 34

In Article 146 Paragraph 1 item 4) is amended as follows:

"4) a dentist or dentist specialists in children's and preventive dentistry."

After paragraph 3 new paragraphs 4 and 5 are added, as follows:

"The insured person is required to, on their first visit to the health facilities at primary health care level in which tasks are carried out by selected physician, and at the latest within six months from the date of acquisition of the insured person status in accordance with this Law, make the selection of their doctor.

If an insured person does not make the selection of doctor under paragraph 4 of this Article, he/she shall be entitled only to provision of emergency medical assistance up to the moment of selecting the doctor in accordance with the law."

Paragraphs 4 and 5 now become paragraphs 6 and 7.

Article 35

Article 152 is amended as follows:

"Article 152

If so called for by health condition of the insured persons, and rationality in health care provision, at the proposal of a specialist employed in appropriate branch of medicine that heals the person insured, selected physician may delegate the authority under Article 151 of this Act to such a specialist, related to the diagnosis and treatment, referral to inpatient treatment, including prescription of drugs that are dispensed on prescription for certain diseases (TB, HIV, substance abuse, treatment of psychiatric disorders, the treatment of rare diseases, and other diseases in accordance with this Law and regulations adopted to implement this law).

Through the act referred to in Article 141 Paragraph 4 of this Law, the Republic Fund provides the manner of transmitting authority for other diseases that can be transferred to the authority under paragraph 1 of this article, as well as the form based on which the authority is conferred."

Article 36

In Article 154 Paragraph 1 the word "three" is replaced with the word "two".

Article 37

In Article 175, paragraphs 2 and 3 are deleted.

Article 38

In Article 177 Paragraph 1 is amended as follows:

"The relationship between the parent branch, or the Republic Fund and health care providers in regard with exercise of the rights of insured persons to health care services, are regulated by a contract concluded for a period for which the budget memorandum is adopted, or the financial plan of the Republic Fund, and in extreme cases can be concluded for one calendar year."

Paragraph 3 is amended as follows:

"The validity of the contract referred to in paragraph 1 of this Article may be extended by the annex to the contract in the next calendar year, and until the entry into force of the general act on determining the amount of remuneration for the work of health care providers, under Article 179 paragraph 1 hereof."

After paragraph 3, paragraph 4 is added, as follows:

"The contract concluded for a period of compliance with the adoption of the budget memorandum, or which is concluded for several years in accordance with paragraph 1 of this Article, shall be adjusted for each budget year in line with the funds planned in the financial plan of the Republic Fund."

Paragraph 4 now becomes paragraph 5.

Article 39

In Article 179 Paragraph 1 is amended as follows:

"The Republic Fund for the period under Article 177, paragraph 1 hereof shall issue a general act which regulates the conditions for concluding contracts with health care providers, the criteria and standards for determining remuneration for their work and payment of health services and other expenses accordance with this Law, the procedure for the final calculations with health care providers based on contracts for the provision of health care after completion of the financial year, as well as other issues of importance for the conclusion of contracts with health care providers."

Article 40

In Article 180 Paragraph 1 item 1) is amended as follows:

"1) a three-year and annual health care plan from the mandatory health insurance that is made in accordance with this law;"

Item 4) is amended as follows:

"4) act of the Republic Fund under Article 55, paragraph 2 of this Law;"

Article 41

In Article 181 after item 4), a new item 5) is added, as follows:

"5) payment by diagnostically related groups of diseases and injuries;"

The present item 5) now becomes item 6).

Article 42

In Article 182 Paragraph 1, after the words "for the insured persons from the territory of the parent branch," the words "as well as for other insured persons" are now added.

After paragraph 2, paragraph 3 is added as follows:

"Healthcare services providers in the Network plan have an obligation to conclude priority contract with the Republic Fund for the available capacity in terms of space, equipment and personnel, or to fulfill contractual obligations to the Republic Fund as their priority, in relation to other legal and natural persons with whom they have concluded contracts the provision of health services."

Article 43

In Article 210 after paragraph 2, paragraph 3 is added as follows:

"Notwithstanding paragraph 2 of this Article, apart from the branch which is located in the headquarters of the administrative district, a branch which is outside of the headquarters of the administrative district may be established, by decision made by the Republic Fund, with the consent of the Government."

Paragraphs 3 and 4 now become paragraphs 4 and 5.

Article 44

In Article 215, paragraph 7 is amended as follows:

" In order to prevent conflict of private and public interests, performance of the director of branches shall be subjected to provisions of law regulating the work of the Anti-Corruption Agency."

After paragraph 7 added to paragraph 8 as follows:

"Branch Manager shall, after the expiry of the mandate, continue to perform activities in accordance with the law and the statute of the Republic Fund until the appointment of a new branch manager, in the manner prescribed by this Law."

Article 45

In Article 219, after paragraph 3, paragraph 4 is added as follows:

"Notwithstanding paragraph 3 of this Article, members of the Management Board, Supervisory Board, director or deputy director may in addition to the activities in the Republic Fund engage in scientific research, teaching, working in the cultural, artistic, humanitarian and sports organizations without the consent of the Anti-Corruption Agency, if it does not threaten the impartial performance of duties and dignity of the Republic Fund."

Paragraphs 4-6 now become paragraphs 5-7.

The previous paragraph 7 which now becomes paragraph 8 is amended as follows:

"Performance of public functions by persons under paragraph 3 of this Article regarding the prevention of conflict of private and public interests, are subject to the provisions of law regulating the work of the Anti-Corruption Agency."

The former paragraph 8 becomes paragraph 9.

After paragraph 9, paragraph 10 is added as follows:

"The bodies of the Republic Fund, after the expiration of their mandate, continue to perform their duties, in accordance with the law and the statute of the Republic Fund, until the date of appointment of new bodies of the Republic Fund in the manner prescribed by this Law."

Article 46

In Article 228 Paragraph 1 is amended as follows:

"The Director of the Province Fund is, after the completion of a public competition announced by the Republic Fund, appointed by the Board of Directors, on recommendation of the competent authorities of the autonomous province."

After paragraph 1 new paragraphs 2 and 3 are added as follows:

"Director of the Province Fund shall be appointed for a term of four years.

Director of the Province Fund shall, after the expiry of the mandate, continue to perform, in accordance with the law and the statute of the Republic Fund, given tasks until the date of appointment of the new director of the Provincial Fund in the manner prescribed by this Law."

Paragraphs 2, 3 and 4 now become paragraphs 4, 5 and 6.

Article 47

Article 237 is amended and now reads:

"Voluntary health insurance can be organized and implemented also by funds for health insurance, in accordance with the law."

Article 48

In Article 240, Paragraph 1 after item 3), item 3a) is added as follows:

"3a) if contrary to Article 49a of this Act, charges for a health service that an insured person is entitled to under the mandatory health insurance, or if requested or received or in any other way to state the insured person or family member, or other legal or natural person, to pay or provide any tangible or intangible benefits for the services the insured person, unless otherwise provided by law (Article 49a);".

After item 7), item 7a) is added as follows:

"7a) does not sign a contract with the Republic Fund for the available capacity in terms of space, equipment and personnel, or if priority does not fulfill contractual obligations to

the Republic Fund, in relation to other legal entities and natural persons with whom he has signed a contract to provide health care services (Article 182, paragraph 3);".

In paragraph 2, the words: "items. 1) -7)" are deleted.

Article 49

In Article 242 after paragraph 2, paragraph 3 is added as follows:

" A fine of 300,000 to 500,000 RSD shall be imposed for violations under paragraph 1 of this Article on the employer - the entrepreneur as well."

Transitional and Final Provisions

Article 50

The Republic Fund shall harmonize the Statute and other regulations and shall issue regulations to implement this law no later than 1 January 2013.

Until the regulations referred to in paragraph 1 of this Article are in place, the provisions applicable to the date of enactment of this Act shall be applied, unless contrary to this law.

Article 51

Until the regulations governing the methodology for calculating the cost of processing blood and blood components in accordance with the law regulating the activity of transfusion or the legal act on the cost of processing blood and blood components, the Republic Fund shall determine cost of processing blood and blood components in a manner that the existing rates of blood or blood products which are unstable, which are valid on the date of enactment of this Act, in accordance with the increased resources committed in the financial plan of the National Health Insurance.

Article 52

The Republic Fund shall, within three years from the date of enactment of this law carry out replacement of insurance documents and special documents for health care under Article 112 paragraphs 1 and 2 of this Act, with the Health Care Card.

Until the complete replacement of the certificate of insurance, and special documents for health care - health card, insured persons entitled to the rights of compulsory health insurance shall achieve them based on the certificate of insurance, and special documents for health care, issued by the regulations applicable to the day enactment of this Law.

Article 53

For insured persons whose contributes to the mandatory health insurance are not regularly paid before the entry into force of this Law, the certificate of insurance, as well as a separate document for the use of health care or health card, from the day of entry into force of this Law, shall be verified if the payer of contributions began settling arrears of contributions for compulsory health insurance and continued with their regular and continuous settling.

Verification of insurance documents and special documents on the use of health care or health card in accordance with paragraph 1 of this Article shall be as prescribed by the general act of the Republic Fund.

Article 54

This Law shall come into force eight days after its publication in "the Official Gazette of the Republic of Serbia", and the provisions of Articles 11, 12, 13 and 15 of this law, in the part which determines the scope and content of greater rights than the rights established by the regulations in force before the date of enactment of this Act shall apply from 1 January 2012.

NOTE OF EXPERT:

^[1]The provisions of Articles 11, 12, 13 and 15 of this law, in the part which determines the scope and content of greater rights than the rights established by the regulations in force before the date of enactment of this Act shall apply from 1 January 2012.