International Labour Office

Consolidated Report on the application of ILO Conventions Nos 24, 102, 168, 183 & the European Code of Social Security ratified by

Romania

2023

Government Production Team

Parts of the Consolidated Report	**Government department and official responsible for updates**	*Contact information*
General questions. Parts I, XII and XIII		
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Consolidated Report on the application by Romania of ILO Conventions Nos 24, 102, 168, 183 & the European Code of Social Security, 2023

Consolidated information compiled from the following Government Reports on these instruments:

- Sickness Insurance (Industry) Convention, 1927 (No. 24)
- Social Security (Minimum Standards) Convention, 1952 (No.102)
- Employment Promotion and Protection against Unemployment Convention, 1988 (No.168)
- Maternity Protection Convention, 2000 (No.183)
- European Code of Social Security

Additional information compiled from the following sources:

- Biennial Report for the period from 1st July 2014 to 30th June 2016 made by the Government of Romania in accordance with Article 76 of the European Code on Social Security on the position of national law and practice in regard to the matters dealt with in Parts of the European Code of Social Security which have not been specified in the ratification of the Code or in a subsequent notification
- Database of the MISSOC
- The official website of the National Health Insurance House

- Please enter any modifications or new information using TRACK CHANGES function in MICROSOFT WORD.

- Where the text of the corresponding provisions of the ECSS and C102 has the same wording, the wording of C102 is taken as the basis, with eventual changes in the ECSS reproduced in brackets.

- Questions of the Report Form on the European Code of Social Security (ECSS) or on ILO Conventions (e.g. RF/C102) for which information is lacking are reproduced in a box below the respective provisions.

- Replies to pending questions raised by the CEACR may be provided in a box below the CEACR comments.

Part I. General provisions

The Part I "General provisions" comprises the following explanatory and procedural clauses:

- ***Articles 1-6 C102***
- ***Articles 1-6 ECSS***
- ***Articles 1-6 C168***
- ***Articles 1-2, 7 C183***

Part II. Medical Care

Romania has accepted the obligations resulting from C24, Part II of C102 and Part II of the ECSS.

Category	Information available	Information missing / questions raised by the CEACR
II-1. Regulatory framework	*Art.7 C102/ECSS*	
II-2. Contingencies covered	*Art.8 C102/ECSS*	
II-3. Persons protected	*Art.9 C102/ECSS**	
II-4. Types of benefits		*Art.10(1) C102/ECSS (and Part VIII (Maternity benefits), in conjunction with Article 68 of the Code. Reduction of medical care)*
II-5. Cost-sharing	*Art.10(2) C102/ECSS* *Art.4,5 C24*	
II-6. Objectives of Medical Care	*Art.10(3) C102/ECSS*	
II-7. Promotion of the general health service	*Art.10(4) C102/ECSS*	
II-8. Qualifying period	*Art.11 C102/ECSS*	
II-9. Minimum duration of benefit	*Art.12 C102/ECSS*	
II-10. Suspension of benefit	*Art.69 C102* *Art.68 ECSS*	
II-11. Right of complaint and appeal	*Art.70 C102* *Art. 69 ECSS*	
II-12. Financing and Administration	*Art.72 C102* *Art.71 ECSS*	*Art.71 C102* *Art.70 ECSS**

**** Please update statistical data, in accordance with the Report form for C102/ECSS.***

List of applicable legislation

- **Law No 95/2006** *on healthcare reform***,** republished, with subsequent amendments and completions – Title VIII „Health Social Insurance";
- **Governmental Decision No 696/2021** approving services packages and The Framework Agreement for regulation the conditions for providing medical assistance, medicines and medical devices in the social health insurance system for 2021 – 2022, with subsequent amendments and completions, with effect from 1 July 2021 until 30 June 2023; (Part II – Medical care);
- **Joint Order No. 1068/627/2021** of the Minister of Health and NHIH President approving the Methodological Norms for the application in 2021 of the Governmental Decision No 696/2021 approving services packages and The Framework Agreement for regulation the conditions for providing medical assistance, medicines and medical devices in the social health insurance system for 2021 – 2022, with subsequent amendments and completions, applicable from 1 July 2021 until 30 June 2023 (Part II – Medical care)
- **Order of the President of the National Health Insurance House No. 1549/2018** on the approval of the methodological Normes for for establishing the supporting documents regarding the acquisition of the quality of insured (initial form published in the Official Gazette no. 1036 dated December 6th 2018), applied since December 6th 2018, with subsequent amendments and completions (Part II – Medical care);
- **Governmental Decision no. 720/2008** *for the approval of the list including the common international denomination pertaining to the medication the insured persons take advantage of, with or without*

personal contribution, based on a medical prescription, within the health insurance system, with the subsequent amendments and completions (Part II – Medical care);

- **Order of the President of the National Health Insurance House No. 887/2021** on the *approval of the methodology to establish the reference prices and lease amounts corresponding to the categories and types of medical devices, assistive technologies and devices intended to the outpatient recovery of organic or functional disabilities, within the health insurance system*, applied since July 1th 2021 until 30 June 2023 (Part II – Medical care)
- **Law no. 227/2015** *on the Fiscal Code,* with subsequent amendments and completion;
- **Government Decision no. 1/2016** *approving the Methodological Norms for the implementation of Law No 227/2015 on the Fiscal Code,* with subsequent amendments and completion;

II – 1. Regulatory framework

Article 7. C102 and ECSS
Each Member (Contracting Party) for which this Part of this Convention (Code) is in force shall secure to the persons protected the provision of benefit in respect of a condition requiring medical care of a preventive or curative nature in accordance with the following Articles of this Part.

Database of the MISSOC:

Basic principles.
Compulsory social insurance scheme for all inhabitants financed mainly by contributions.
Benefits-in-kind system.
Insured people benefit from a basic package of medical services.
Uninsured people benefit from a minimal package of medical services.

II - 2. Contingencies covered

Article 8. C102 and ECSS
The contingencies covered shall include any morbid condition, whatever its cause, and pregnancy and confinement and their consequences.

II - 3. Persons protected

Article 9. C102 and ECSS
The persons protected shall comprise:
(a) prescribed classes of employees, constituting not less than 50 per cent of all employees, and also their wives and children; or
(b) prescribed classes of the economically active population, constituting not less than 20 per cent of all residents, and also their wives and children; or
(c) prescribed classes of residents, constituting not less than 50 per cent of all residents.

Sub-paragraph c) of Article 9 applies to the health insurance system in Romania.

According to the provisions of the Law no. 95/2006, republished, as further completed and amended, **the following persons are insured within the health insurance system in Romania:**

ART. 222
(1) According to the present law, the insured persons are:
a) all Romanian citizens domiciled or residing in the country;
b) foreign citizens and stateless persons who have applied for and have obtained the right to temporary stay or have their domicile in Romania;
c) citizens of EU Member States, EEA and Swiss Confederation who do not have insurance in another Member State that has effect in Romania, who have applied for and obtained the right of residence in Romania for a period of more than 3 months;

d) persons from EU Member States, EEA and Swiss Confederations fulfilling the conditions of a frontier worker, meaning who are employed or self-employed in Romania and who reside in another Member State in which they return usually daily or at least once a week ;

e) pensioners in the public pension system who are no longer domiciled in Romania and who establish their residence in the territory of an EU Member State, of a state belonging to the EEA or of the Swiss Confederation, respectively domiciled in the territory of a state with which Romania applies an agreement bilateral social security with provisions for sickness-maternity insurance.

(2) In the case of the persons mentioned in par. (1) falling within the category of those who make the incomes provided under art. 155 par. (1) lit. a) of Law no. 227/2015, as subsequently supplemented or amended, the quality of insured in the social health insurance system and the right to the basic package is granted from the date of initiation of the work / service relationship.

(3) The persons referred to in paragraph (1) falling within the category of those who make the incomes provided under art. 155 par. (1) lit. b) - h), as well as for the ones stipulated in art. 180 of Law no. 227/2015, as subsequently supplemented or amended, acquire the quality of insured in the social health insurance system and have the right to the basic package from the date of filing the declaration, stipulated in art. 147 par. (1) or art. 174 par. (3) of the Law no. 227/2015, as subsequently supplemented or amended, as the case may be.

(4) For the persons mentioned in par. (1) who fall within the category of those who have the status of taxpayers to the social health insurance system, according to the Law no. 227/2015, as subsequently supplemented or amended and which did not pay the contribution to the fund within the time limits provided by the same law, the outstanding amounts are recovered by A.N.A.F. in accordance with the law, including fiscal tax liabilities due for tax receivables.

(5) The quality of the insured and the insurance rights cease:

a) for the persons referred to in paragraph (1) lit. a) with the loss of the right of domicile or residence in Romania, as well as under the conditions of art. 267 par. (2) - (2 ^ 2), as the case may be;

b) for the persons mentioned in par. (1) lit. b) with the loss of the right of residence in Romania, as well as under the conditions of art. 267 par. (2) - (2 ^ 2), as the case may be;

c) for the persons referred to in par. (1) lit. c) with the loss of the right of residence in Romania, for a period of more than 3 months, as well as under the conditions of art. 267 par. (2) - (2 ^ 2), as the case may be;

d) for the persons mentioned in par. (1) lit. d), together with the loss of the status of frontier worker, and under the conditions of art. 267 par. (2) and (2 ^ 2) as appropriate.

(6) The supporting documents regarding the acquisition of the quality of the insured shall be established by an order of the CNAS president.

Article 267

(2) For the persons who realize the incomes stipulated in art. 155 par. (1) lit. a) of Law no. 227/2015, as subsequently amended and supplemented, the quality of the insured shall cease within 3 months from the date of termination of the employment / service relationship.

(2 ^ 1) For the categories of persons insured without payment of the contribution provided under art. 224 par. (1), the quality of the insured shall cease within 1 month from the date when the persons no longer belong to these categories of insured persons.

(2 ^ 2) For the persons who realize the incomes provided under art. 155 par. (1) lit. b) - h), as well as for the persons referred to in art. 180 par. (1) lit. a) of Law no. 227/2015, with the subsequent amendments and completions, the quality of the insured shall cease

on the date when the legal term of filing of the declaration, stipulated in art. 174 par. (3) of the Law no. 227/2015, with subsequent amendments and completions, unless they submit a new declaration for the next period.
(2 ^ 3) For the persons referred to in art. 180 par. (1) lit. b) and c) of Law no. 227/2015, as subsequently amended and supplemented, the quality of the insured shall expire at the expiration of 12 months from the date of filing the declaration provided in art. 174 par. (3) of the same law if they do not file a new statement for the next period. (2 ^ 4) After the expiry of the periods provided for in paragraph (2) - (2 ^ 3), for persons who do not prove the quality of insured, the provisions of art. 232, in the sense that they only benefit from the minimal package of medical services.

Art. 268(5) Foreigners benefiting from a form of protection according to Law no. 122/2006 on asylum in Romania, with subsequent amendments and completions, acquire the quality of insured in the social health insurance system as follows:
a) from the date of starting the labor / service relations, in the case of natural persons who realize incomes from the category of those provided in art. 155 para. (1) lit. a) of Law no. 227/2015, with subsequent amendments and completions;
b) from the date of submitting the declaration, in the case of the natural persons who realize the incomes provided in art. 155 para. (1) lit. b) - h), as well as in the case of the persons provided in art. 180 of Law no. 227/2015, with subsequent amendments and completions

ART. 224*)
(1) The following categories of persons benefit from the insurance, without payment of the contribution, under the conditions of art. 154 of Law no. 227/2015, with the subsequent amendments and completions:
a) children up to the age of 18, young people from 18 years up to the age of 26, if they are students, including high school graduates, until the beginning of the academic year, but not more than 3 months after the completion of the studies, apprentices or students, doctoral students under the doctoral studies contract, within 4-6 conventional teaching hours per week as well as those who follow the individual training module based on their request to become soldiers or professional graduates;
b) young people under the age of 26 coming from the child protection system;
(c) the spouse, the spouse and the parents without own income, who are dependent on an insured person;
d) persons whose rights are established by Decree-Law no. 118/1990 regarding the granting of rights to persons persecuted for political reasons by the dictatorship established from March 6, 1945, as well as to those deported abroad or constituted in prisoners, republished, by Government Ordinance no. 105/1999 regarding the granting of certain rights to the persons persecuted by the regimes established in Romania from September 6, 1940 to March 6, 1945 for ethnic reasons, republished, with amendments and completions by Law no. 44/1994 on war veterans, as well as some rights of invalids and widowers of war, republished, as subsequently supplemented or amended, by Law no. 309/2002 on the recognition and granting of rights for the persons who performed the military service in the General Department of the Labor Service between 1950 and 1961, as subsequently supplemented or amended, as well as the persons stipulated in the Law of Gratitude for the Victory of the Romanian Revolution of December 1989, for the anticommunist workers 'revolt in Braşov in November 1987 and for the anticommunist workers' revolt in the Jiu Valley - Lupeni - August 1977 no. 341/2004, as subsequently supplemented or amended, for the monetary rights granted by these laws;

e) persons with disabilities, for the incomes obtained under Law no. 448/2006 on the protection and promotion of the rights of disabled persons, republished, as subsequently supplemented or amended;

f) patients with diseases included in the national health programs established by the Ministry of Health, until the healing of the respective condition;

g) Pregnant women and women lately confined;

h) natural persons who are on sick leave for temporary incapacity for work due to accidents at work or occupational diseases, as well as those who are on medical leave granted according to the Government Emergency Ordinance no. 158/2005 on sickness leave and indemnities, approved with amendments and completions by Law no. 399/2006, as subsequently supplemented or amended;

i) persons who are on leave, according to the Law no. 273/2004 on adoption procedure, republished, on parental leave according to the Government Emergency Ordinance no. 111/2010 on parental leave and indemnity, approved with amendments by Law no. 132/2011, as subsequently supplemented or amended;

j) persons who execute a custodial sentence or are under preventive arrest in the penitentiary units, the persons who are in the execution of the measures provided for in art. 109 and 110 of Law no. 286/2009, with subsequent amendments and additions, persons who are in the execution of a custodial educational measure, as well as persons who are in the period of postponement or interruption of the execution of the custodial sentence;

k) persons receiving unemployment benefit or, as the case may be, other social protection rights provided from the unemployment insurance budget, according to the law;

l) detained, arrested or detained persons in pre-trial detention and detention centers, aliens in accommodation centers for return or expulsion, and those who are victims of trafficking in human beings who are in the process of establishing identity and are housed in specially arranged centers according to the law;

m) natural persons benefiting from social aid according to the Law no. 416/2001 on the minimum guaranteed income, as subsequently supplemented or amended;

n) natural persons who have the status of pensioners, for income from pensions, as well as for income from intellectual property rights;

o) Romanian citizens who are victims of trafficking in human beings for a maximum of 12 months;

p) the monastic staff of the recognized denominations, in the records of the State Secretariat for Cults;

q) volunteers who work under voluntary emergency services under the Voluntary Contract during their participation in emergency interventions or training to participate in them, in accordance with Government Ordinance no. 88/2001 on the establishment, organization and functioning of community public services for emergency situations, approved with amendments and completions by Law no. 363/2002, as subsequently supplemented or amended.

(1 ^ 1) Persons who have acquired the quality of insured under para. (1) lit. c) and q) they cannot also have co-insureds.

(2) The categories of persons not provided in par. (1) have the obligation to ensure, according to the present law, and to pay the contribution to health insurance under the conditions of Law no. 227/2015, as subsequently supplemented or amended.

Between July 1, 2022 - December 31, 2022 the persons which did not prove the quality to be insured, had the right to a minimal minimum package of services that included health care services, medicines and sanitary materials only in the case of medical-surgical emergencies and diseases with endemoepidemic potential, monitoring of the evolution of

pregnancy and pregnancy, family planning services, prevention services and community health care.
According to art. I point 31 of Government Ordinance no. 37/2022, the provisions of art. 221 para. (1) lit. d) from Law no. 95/2006, republished, the minimum package of services was modified as follows:

"d) the minimum package of services - is granted to people who do not prove the quality of insurance and includes health care services, medicines and sanitary materials only in the case of medical-surgical emergencies and diseases with endemoepidemic potential, medical services in primary medical assistance , monitoring the evolution of the pregnancy and pregnancy, family planning services, prevention services, unassisted medical transport and is established by the framework contract and its application rules; persons who do not prove that they are insured can also benefit from community medical care under the conditions of the Government's Emergency Ordinance no. 18/2017 regarding community medical assistance, approved with amendments and additions by Law no. 180/2017, with subsequent amendments and additions, and of the methodological norms regarding the organization, functioning and financing of the community medical assistance activity, approved by Government decision;"

At the same time, the minimum package of services in primary health care was completed with medical services in primary health care, provided by family doctors, thus achieving alignment with the basic package of services in primary health care provided to insured persons and granted to uninsured persons starting with January 1, 2023.

	31 Dec. 2022
Total number of insured persons registered on the lists of family doctors (taking advantage of the basic medical package)	15.597.718
The total number of uninsured persons, persons registered on family doctors' lists (taking advantage of the minimum package of medical services)	4.067.576
The total number of people taking advantage of medical services packages registered on family doctors' lists	19.665.294
The population of Romania (as of January 1st 2022 according to the National Statistics Institute)	19042455

According to the provisions of Law No 95/2006, republished, as further completed and amended, the following shall take advantage of the medical insurance, without paying the contribution:

- all the children up to the age of 18;
- spouse and parents with no income, dependant on an insured person.

	31 Dec. 2022
Number of children up to the age of 18[1]	3.623.748

[1] According to the National Health Insurance House.

Number of insured persons belonging to the category of spouse and parents with no income, depndent on an insured person[2]	627.450

II - 4. Types of Benefit

§1. Article 10. C102 and ECSS
The benefit shall include at least:
(a) in case of a morbid condition,
(i) general practitioner care, including domiciliary visiting;
(ii) specialist care at hospitals for in patients and out patients, and such specialist care as may be available outside hospitals;
(iii) the essential pharmaceutical supplies as prescribed by medical or other qualified practitioners; and
(iv) hospitalisation where necessary; and
(b) in case of pregnancy and confinement and their consequences,
(i) pre natal, confinement and post natal care either by medical practitioners or by qualified midwives; and
(ii) hospitalisation where necessary.

1. a) In Romania, **the insured persons take advantage of the services foreseen in the basic service package**, ***in case of illness or accident, starting from the first day of illness or from the accident date and until cured***, as provided by the medical services providers contracted by the Health Insurance House (as foreseen by the provisions of Title VIII of Law No 95/2006, republished, with subsequent amendaments and completions). The insured persons are entitled to:

- to take advantage of the reimbursement of all expenses undertaken during hospitalization for the medication, sanitary materials and paraclinical investigations they were entitled to, with no personal contribution, according to the requirements of the framework agreement;
- to carry out prophylactic check-ups, according to the requirements established in the framework agreement;
- to take advantage of preventive medical assistance services and health promotion, including for the purpose of early identification of conditions;
- to take advantage of ambulatory medical care and in the hospitals with a contract concluded with the health insurance houses;
- to benefit from psychological counseling services, within the limits of the approved budget;
- to take advantage of emergency medical services;
- to take advantage of several dental care services;
- to take advantage of physical therapy and recovery treatment;
- to take advantage of the medical devices;
- to take advantage of medical care services at the residence;
- to receive palliative care services at home;
- to take advantage of leaves and social health insurance allowances under the law.

The service packages granted on various medical care levels within the health insurance system are foreseen by Government Decision no 696/2021, as further completed and

[2] Idem.

amended and the Order no 1068/627/2021, with subsequent amendaments and completions.
The persons who do not provide proof of the quality of insurance benefit from medical services, within a minimal package of medical services **which** is provided according to the provisions of Law no. 95/2006, republished, with subsequent amendaments and completions, which contains health care services, medicines and medical supplies only in the case of medical and surgical emergencies and diseases with endemoepidemic potential, monitoring of pregnancy and confinement, family planning services, prevention services, unassisted medical transport, community medical care, medical services provided at the following levels of medical assistance, as:

- primary medical assistance;
- clinical specialized outpatient medical assistance;
- dental outpatient assistance;
- hospitalized medical assistance.

i) The primary medical care is provided by the family physician as follows:

- for persons who do not prove the quality of insurance benefit of the **minimal medical services package;** Starting from January 1, 2023, people who do not prove that they are insured will benefit from a minimum package of services aligned with the basic service package in primary healthcare.
- for insured individuals proving the payment of their contributions to the Unique National Social Health Insurance Fund, as medical care related to the **basic medical services package;**
- for any individuals benefiting of **emergency medical care services** (regardless of whether they are registered or not on the list of the family physician providing the emergency medical care services).

The basic medical services package contains:

I. Curative medical services for medical-surgical emergencies, acute, sub-acute conditions, acute exacerbation of chronic illnesses and for chronic illnesses.

1. *Only one consultation per person is granted for each identified emergency situation, for which first-necessity interventions in medical-surgical emergencies were ensured or which was resolved at the level of the medical office/home, for the entire reference period..*
2. Consults for acute/sub-acute conditions or acute exacerbation of chronic illnesses are settled *during the entire reference period.*
3. Consults for chronic illnesses are settled, *during the entire reporting period,* for:

- Illness evolution monitoring;
- Continued therapy;
- Screening of complications;
- Training of the insured person and / or family members on self-care;

4. Active monitoring consults by an integrated management plan based on scheduling, for chronic illnesses with major impact on the illness burden regarding: high cardiovascular risk (HTA), dislipidemia and type II sugar diabetes, bronchial asthma, chronic obstructive respiratory illness (BPOC), chronic kidney illness, that include:
   - *The initial assessment of the newly identified case after the first quarter of registration;*
   - *The patient monitoring*.

II. Preventive and prophylactic medical services

1. Preventive consultations are periodic active consultations for people aged 0-18 on growth and development, nutrition status and nutritional practices, detection and consequent intervention for age / gender specific risks, preventive services for children on age and gender groups,
2. Monitoring the evolution of pregnancy and confinement: (see Part VIII, Article 49)
3. Individual risk assessment for the asymptomatic adult - Active family doctor consultations are actively advised to adults in the general population - no signs of disease,
4. Surveillance and detection of diseases with endemic-epidemic potential,
5. Family planning services:
a) women's counseling on family planning;
b) indicating a contraceptive method for people at risk.

III. Consultations at home – they are granted by the family physician to the insured person registered on his/her own list.

IV. Additional medical services

Additional medical services, diagnostic and therapeutic services - represent services that can be granted exclusively to insured persons on their own list, within the work schedule declared in the contract concluded with the health insurance company or within a work schedule extended by concluding an additional act at the contract concluded with the health insurance company, at the doctor's office, at home or at the place of application, as the case may be.
Additional medical services provided at the office level, within an appropriately extended office work schedule: general ultrasound - abdomen and pelvis.
The additional services are:

- General ultrasound – abdomen and pelvis

The diagnostic and therapeutic services are:

- Spirometry
- Outpatient blood pressure measurement 24 hours
- Ankle - arm pressure index measurement
- Performing and interpreting the electrocardiogram
- Rectal examination
- Anterior epistaxis tamponade
- Extraction of foreign body from the nostrils
- Foreign body removal from external auditory canal - including earwax plug
- Aerosol medication administration (does not include medication)
- Fecal evacuation with / without evacuation enema
- Bladder survey
- Sprained immobilization
- Surgical treatment of panaritis, abscess, boil, skin lesions - superficially cut wounds, superficial stinging, skin necrosis, bedsores, varicose ulcers, dehiscences wounds, burns, extraction of foreign bodies soft tissue (anesthesia, excision, suture, thread removal, band aid)
- Supervision of labor without birth
- Unexpected birth
- Monofilament test
- Peakflowmetry
- Intramuscular, intravenous, subcutaneous treatments, intravenous perfusions (does not include medication)

- Dressings, suppressed threads
- Oxygen administration until delivery to first aid crew

V. The support activities are represented by releasing the following documents:

- sick leave certificate;
- sending tickets;
- medical prescriptions; medical certificates for children in case of illness;
- medical documents necessary for the children for whom a special protection measure has been established, according to the law;
- medical certificates for enrollment in the community necessary for enrollment in educational institutions, proof of (re) vaccination (vaccination book), epidemiological approval - issued according to the Order of the Minister of Health no. 1456/2020 for the approval of the Hygiene Norms from the units for the protection, education, training, rest and recreation of children and young people, with the subsequent modifications;
- medical certificate of death, as a result of the examination for the determination of death, except for suspected cases requiring medical forensic expertise, according to the Order of the Minister of Justice and Minister of Health no. 1134 / C-255/2000 for the approval of the Procedural Norms on the conduct of expert opinions, findings and other forensic work;
- the synthetic medical record required for children with disabilities for grading and re-evaluation in grade of disability, according to the Order of the Minister of Labor, Family, Social Protection and the Elderly, Minister of Health and Minister of National Education no. 1985/1305/5805/2016 regarding the approval of the methodology for the evaluation and the integrated intervention in order to accommodate disabled children with disabilities, the school and professional orientation of the children with special educational needs, as well as for the empowerment and rehabilitation of children with disabilities and / or special educational requirements;
- employment certificates for unemployed beneficiaries of the basic package;
- issuance of medical documents, according to the field of competence, necessary for the evaluation and re-evaluation in order to be classified as disabled;
- recommendation for medical care at home/palliative care at home.

VI. Services of drug administration:

Administration of the directly observed treatment scheme (DOT) for the confirmed TB patient, is granted to the insured from the family doctor's own list, during the working hours in the office, in compliance with the provisions of the Order of the Minister of Health no. 6/2018 regarding the amendment and completion of the Order of the Minister of Health no. 1171/2015 for the approval of the Methodological Guide for the implementation of the National Tuberculosis Prevention, Surveillance and Control Program.

ii) <u>Specialized ambulatory medical assistance for clinical specialties</u> is provided by:
a) specialist doctors, including physicians specializing in physical medicine and rehabilitation, together with other specialized medical staff and other categories of staff, as well as with the authorized or certified staff, as the case may be, for the performance of services related to the medical act;
b) for acupuncture by physicians obtaining competencies / complementary studies certificate for acupuncture certified by the Ministry of Health and who work exclusively

in this activity and conclude a contract with health insurance houses based on the the competence/certificate of complementary studies.
c) for outpatient palliative care by:
1. specialized physicians in clinical specialties, including physicians specializing in physical medicine and rehabilitation, who have obtained competence / certificate of complementary studies for palliative care certified by the Ministry of Health and who conclude contracts with health insurance houses both on the basis specialty as well as competence;
2. specialists in clinical specialties, including family medicine and doctors in physical and rehabilitation medicine who have obtained competence / certificate of complementary studies for palliative care certified by the Ministry of Health who work exclusively in this activity and conclude a contract with health insurance companies based on the competence / certificate of complementary studies.

The basic medical services package includes:
Medical services for medical-surgical emergencies

2. Consults for acute / sub-acute illnesses and acute exacerbation of chronic illnesses
3. Consults for chronic illnesses
4. Consults for the identification of potentially endemic-epidemic illnesses
5. Consults for granting the family planning services
6. Diagnostic services (simple diagnostic procedure, complex and complex complexity) and therapeutic services / surgical and medical treatments, psychiatric therapies and genetic counseling,
7. Health services related to the medical act may be the subject of contracts concluded by health insurance houses with specialized doctors; these are provided by psychologists, speech therapists and kinetotherapists.
8. Pregnancy and confinement surveillance services (see Part VIII, Article 49)
9. Outpatient Palliative Care
10. Medical services with diagnostic – case purpose; these services are day-care services and are given in outpatient clinic specialty.
11. Acupuncture - consultations and treatment courses.

Exempts from the obligation to present the medical sending note are the urgency and illnesses that allow direct presentation to the specialized outpatient clinic for the clinical specialties provided in Annex 13 of the Order no. 1068/627/2021, with subsequent amendments and completions, family planning services, as well as medical services for diagnostic- case purposes.

Specialized outpatient medical services for clinical medical recovery specialty are provided by medical doctors specialized in medical recovery, together with other medical-sanitary specialized staff and other categories of staff.

The basic medical services package includes medical services - series of procedures - in the clinical specialty physical medicine and rehabilitation in the treatment bases..

The dental medical assistance is provided by dental doctors and dentists together other medical-sanitary specialized staff and other categories of staff. The basic medical services package includes dental treatment services.
For providing dental medical services not referral document is required.

The **basic ambulatory/outpatient specialist care assistance services package for paraclinical specializations** includes:

1. Paraclinical investigations and laboratory analyses:
   - Hematology;
   - Biochemistry – seric and urinary;
   - Microbiology;
   - Imunology and immunochemistry;
   - Testing of the sensitivity to antimicrobial and antifungal substances;
   - Hystopathological and cytological examinations and immunohistochemicals.

2. Radiological paraclinical investigations: medical imagistic, nuclear medical investigations and functional examinations:
   - Radiology – Medical imagistic:
     - Ionizing radiation based investigations
     - Non-irradiating based investigations
   - High-performance investigations
   - Nuclear medicine.

The paraclinical medical investigations are granted only based on referral documents.

The basic services package for home medical care includes: measuring physiological parameters; medication administration; urinary tract catheterism, urinary tract care; artificial feeding / passive feeding / parenteral nutrition; enema with evacuation purpose; vaginal scrubbing; therapeutic maneuvers; wound / escare / stoma / fistula / drain tube / tracheal cannula care; applying bedpan, basin, urinary condom, aid for urine absorption; non-invasive ventilation; kinetotherapy.

The basic package of palliative care services at home includes:
1. Medical services performed by a physician or under the supervision of a physician: holistic evaluation, stage palliative diagnosis, communication with the patient and the family in order to ensure the understanding of the diagnosis and prognosis, the development of the care plan, the education and counseling of the patient and the family in the application of the care plan, the support of the patient and the family in making therapeutic and care decisions, performing diagnostic and therapeutic maneuvers, prescription of medication, application and monitoring of appropriate pharmacological and non-pharmacological treatment for symptom management, support activities;
2. Care services provided by the nurse: assessment of care needs, monitoring of the patient - vital and vegetative functions, care of bedsores, lymphedema, stomas, exulsed tumors, medication administration, non-pharmacological methods of treating symptoms, educating the patient, family and relatives regarding current care;
3. Physical therapy services provided by balneophysiokinetotherapists, kinetotherapists and medical physical culture teachers;
4. Psychological assistance services provided by the psychologist.

The medical devices intended to the outpatient organic or functional recovery are granted for a determined or undetermined period of time, based on medical prescriptions released by the specialized medical doctor under the contract with the health insurance house. The basic medical services package includes ENT prosthesis devices, devices for stomas, urinary incontinency, lower limb, upper limb, orthosis (for the back bone, the upper limb and the lower limb), devices for visual impairments, orthopedic shoes, oxygen

therapy and non-invasive ventilation devices, aerosol therapy devices, walking devices, external breast prosthesis.

iii) The persons insured take advantage, under outpatient regime, of **medication with or without personal contribution**, based on medical prescription released by the medical doctors having contracts concluded with the health insurance houses.
The medication prescription and release method is foreseen in the G.D. no 696/2021, with subsequent amendments and completions (applied since July 2021 until June 30th 2023) and in their related Methodological Implementation Norms above mentioned.
The list of medication (DCI) the insured persons are entitled to, with or without personal contribution, is drafted by the Ministry of Health and National Health Insurance House, with the consultation of the College of Pharmacists in Romania and approved by Government Decision. The list can only include the medication specified in the products classification. (Article 242 of the Law no. 95/2006, republished, as further completed and amended).

The medication with or without personal contribution in the ambulatory treatment and some specific sanitary materials granted for the ambulatory treatment of the patients included in national health programmes for curative purpose, are released by pharmacies belonging to medical units through which run those programs, or pharmacies authorized by the Ministry of Health, assessed according to the legal regulations in effect.

The list of the international common denominations included in the Nomenclature of drugs for human use, destined to insured individuals for ambulatory treatment, with or without personal contribution, based on medical prescription is foreseen by the *Government Decision no. 720/2008 for the approval of the List containing the international common names corresponding to the medicines that the insured benefit from, with or without a personal contribution, based on medical prescription, in the social health insurance system, as well as the international common names corresponding to the medicines that are granted within the national health programs , republished, with subsequent changes and additions*.

The drug providers have the obligation to issue drugs from the medical prescriptions to the insured, regardless of the health insurance company with which the insured is registered, regardless of whether or not the doctor who issued the medical prescription is in a contractual relationship with the same health insurance company with which the pharmacy is in a contractual relationship ; the exception are medicines that are the subject of cost-volume-result contracts, which are issued regardless of the health insurance company with which the insured is registered, provided that the medicine supplier is under contract with the same health insurance company with which there is also the doctor who issued the medical prescription.

iv) The **medical care in hospitals** is provided in sanitary units with beds, authorized and assessed according to the law.

1. The hospital medical services are **preventive, curative, recovery, medical rehabilitation, palliative** type of services and include: specialized medical consults, investigations, diagnosis, medical and/or surgical treatments, care, recovery, medication, monitoring and supervision, accommodation and meals, depending on the type of hospitalization.
2. Depending on the length of hospitalization, the medical care in the hospital is granted as:

a) <u>continuous hospitalization:</u> includes care provided in the hospital includes acute and chronic care, granted in compliance with the following admittance criteria:

- ✓ child delivery;
- ✓ medical-surgical emergencies and situations in which patient's life is endangered or which might put the patient's life in danger and requiring continuous monitoring;
- ✓ illnesses with endemic-epidemic potential requiring isolation and treatment;
- ✓ medically ill included under the articles 109, 110, 124 and 125 from the Law no. 286/2009 regarding the Penal Code, with the subsequent amendments and supplements and, in the cases ordered by order of the District Attorney during the trial or criminal prosecution, requiring isolation or mandatory admission and the treatment of prisoners for which the trial court ordered the sentence to be executed in a prison hospital and the treatment of patients in prisons whose illnesses require supervision and reassessment in the prison hospitals; patients requiring long term hospital care – years;
- ✓ illnesses for which the diagnosis and/or treatment can not be supervised in ambulatory care or day-time hospitalization.

  - The patients with a hospital admission referral for continuous hospitalization will be scheduled for admission, according to the illness and seriousness of the signs and symptoms and the availability of the services provided by the requested hospital unit.
  - The prevention of continuous hospitalization classified as avoidable will be carried out by early diagnosis, approach, treatment and supervision, namely adequate monitoring in ambulatory care and day-time hospitalization, as applicable.

Annex 22 to Order no. 1068/627/2021, with subsequent amendments and completions) *provides the list of hospital medical services provided under day-care regime.*

<u>b) day-time hospitalization:</u> includes acute and chronic care, granted in compliance with the following admittance criteria:

- ✓ medical-surgical emergencies requiring medical supervision up to 12 hours only in the sanitary units with beds which also provide hospital care under continuous hospitalization;
- ✓ the diagnosis can not be established and the treatment can not be applied and/or monitored in ambulatory care.
  - The necessary services for the patient diagnosis, treatment and monitoring carried out during the day-time hospitalization, may have a multiple specialized and /or multidisciplinary nature, can be invasive, followed by adverse reactions or emergency risks during their performance or correlated with the patient's health state, requiring medical monitoring which can not be carried out in ambulatory care.
  - Medical services under continuous and day-care hospitalization are granted on the basis of the internment ticket.
  - Doctors who can issue internment tickets are:
    - family doctor;
    - the specialist doctor in ambulatory health establishments, regardless of the form of organization;
    - doctors in the medical-social care units;
    - physicians from private dialysis centers in contract with health insurance houses / National Health Insurance House, as the case may be;
  - doctors working in TB dispensaries, in mental health laboratories, respectively mental health centers and psychiatric psychiatrists, in dental clinics that are not in

a contractual relationship with health insurance companies and which are located in the structure of hospitals as units without legal personality;

- There are situations where an internment ticket is not required:
  - for continuous hospitalization: medical / surgical birth / emergencies / endemoepidemic potential diseases requiring isolation and treatment / illnesses under Art. 109, 110, 124 and 125 of Law no. 286/2009, with the subsequent amendments and completions, and in the cases ordered by the prosecutor's ordinance during trial or prosecution, requiring isolation or compulsory confinement, and the treatment of persons deprived of their liberty for which the court ordered the execution of the sentence in a hospital-penitentiary and the treatment of patients in prisons whose diseases require monitoring and re-evaluation in hospital penitentiaries for patients requiring long-term hospital care - years / cases that have a hospital admission recommendation following a medical letters provided by physicians in the integrated ambulatory of that hospital, in a contractual relationship with health insurance institutions / in-hospital transfer when the type of care / in-hospital transfer / patients who have a medical letter in discharge with rehabilitation indication for hospitalization / patients with haemophilia in the national haemophilia program / and confirmed oncology patients in the National Oncology Program.
  - in daily hospitalization for: medical / surgical emergency / chemotherapy / radiotherapy / monitoring and administering treatment for conditions that require medication corresponding to ICDs marked with (1), (**) 1b and (**) 1Ω, provided for in the Government Decision no. 720/2008, republished, with subsequent modifications and completions, with parenteral administration under special supervision; the tariff does not include the specific medicines corresponding to the DCIs marked with (**) 1, (**) 1β and (**) 1Ω, provided in the Government Decision no. 720/2008, republished, with subsequent amendments and completions / monitoring of HIV / AIDS patients / dynamic evaluation of viroimmunologic response, monitoring and treatment of patients with thalassemia / monitoring of oncological patients / treatment administration for rabies prophylaxis / monitoring of primary genital syphilis and syphilis secondary skin and mucous membranes / solving cases that have a recommendation for hospitalization in a hospital following a medical letter given by the physicians in the integrated ambulatory of the respective hospital, in a contractual relation with the health insurance houses / the patients who have a medical letter at discharge with return indication for admission / patients with haemophilia in the national haemophilia program standardized medical services provided during the day hospitalization, which are also contacted in the outpatient clinic.

✓ The insured persons are provided with those hospital medical services until their full cure.

Medical assistance for medical recovery and physical medicine and rehabilitation in sanatoriums and preventers is provided in sanatoriums / sanatoria sections for adults and children, preventives, with or without legal personality, including providers constituted according to the Companies Law no. 31/1990, republished, with the subsequent modifications and completions, which are approved by the Ministry of Health as sanatoriums or have in the structure approved by the Ministry of Health spas.

The services are provided on the basis of referral tickets for physical medicine and rehabilitation treatment in spas, issued by family doctors, by specialist doctors in the ambulatory and hospital doctors, in contractual relations with the health insurance companies. The criteria for issuing referral tickets for physical medicine and

rehabilitation treatment take into account the specific pathology and associated ailments of the insured with the specific spa treatment.

II - 5. Cost-sharing

Article 4. C24
1. The insured person shall be entitled free of charge, as from the commencement of his illness and at least until the period prescribed for the grant of sickness benefit expires, to medical treatment by a fully qualified medical man and to the supply of proper and sufficient medicines and appliances.
2. Nevertheless, the insured person may be required to pay such part of the cost of medical benefit as may be prescribed by national laws or regulations.
3. Medical benefit may be withheld as long as the insured person refuses, without valid reason, to comply with the doctor's orders or the instructions relating to the conduct of insured persons while ill, or neglects to make use of the facilities placed at his disposal by the insurance institution.

Article 5. C24
National laws or regulations may authorise or prescribed the grant of medical benefit to members of an insured person's family living in his household and dependent upon him, and shall determine the conditions under which such benefit shall be administered.

§2. Article 10. C102 and ECSS
The beneficiary or his breadwinner may be required to share in the cost of the medical care the beneficiary receives in respect of a morbid condition; the rules concerning such cost-sharing shall be so designed as to avoid hardship.

The medical services for which co-payment is collected are the medical services provided in the sanitary units with beds by continuous hospitalization and the medical services provided in the specialized ambulatory recovery, physical medicine and balneology; the minimum co-payment level is 5 **RON** and the maximum level is 10 **RON**. The value of the co-payment is determined by each health unit based on its own criteria.
According to the provisions of art. 225 paragraph (1) of Title VIII of Law no. 95/2006, republished, with the subsequent modifications and completion, the following categories of people are exempt from the co-payment and benefits from insurance, without paying the contribution, under the conditions of art. 224, as follows:
a) children up to the age of 18;
b) young people aged between 18 and 26, if they are students, high school graduates, until the beginning of the academic year, but no more than 3 months, the apprentices or students;
c) patients with diseases included in the national health programs established by the Ministry of Health, for the medical services related to the basic disease of the respective disease, if they do not earn income from work, pension or other resources;
d) natural persons with pension and social benefits for pensioners, up to and including 900 **RON** / month, whether or not they make other income;
e) all pregnant and confinement women, for medical services related to the evolution of pregnancy, and those who have no income or have income below the minimum basic salary in the country, for all medical services;
f) Romanian citizens who are victims of trafficking in human beings;
g) detained, arrested or detained persons in pre-trial detention and detention centers, if they do not earn income from work, pension or other resources;
h) hematopoietic stem cell donors who are identified as being compatible with an unrelated or related patient, for the final medical evaluation for donation, donation and post-donation monitoring, if they do not earn income from work, pension or other resources.

The **personal contribution** is charged for dental medical services, medicines, medical recovery services in balnear and medical recovery sanatoriums and in other sanatoriums and preventoria, medical devices in ambulatory, as follows:

- Dental medical services, which include dental medical treatments, are provided for:
  - ✓ children aged 0 to 18 years, for whom the health insurance house offsets 100% of the maximum medical service rate;
  - ✓ insured individuals aged more than 18 years, for whom the health insurance house offsets percentages of the maximum medical service rate; for emergency services, 100% of the maximum rate is settled.
  - ✓ insured individuals benefiting of special laws (Law No 51/1993, Law no 44/1994, Law No 341/2004), for whom 100% is offset if the services are provided in State-owned civil or military medical units, otherwise, the offsetting percentage being of 60%;
  - ✓ other categories of insured individuals, beneficiaries of special laws, for whom the health insurance houses offset 100% of the medical service prices;
  - ✓ for the services in the minimum package, health insurance houses reimburse 100% of the maximum medical services tariff.

- Drugs with or without personal contribution, for treatment in ambulatory

According to G.D. No 720/2008, republished, as further amended and supplemented:
The offsetting percentage of the medication pertaining to the DCIs foreseen on sub-list A is 90% of the reference price, of the ones in sub-list B is 50% of the reference price, of the ones in sections C1 and C3 from the sub-list C is 100% of the reference price and of the ones in sub-list D is 20% of the reference price.
For pensioners with only retirement income of up to 1429 **RON** / month, for the period July-December 31, 2022, respectively 1608 **RON** /month starting from January 1, 2023 the amount of compensation for medicinal products corresponding to the international common denominations in sublist B is 90% of the reference price, of which 50% is covered by the budget of the Unique National Insurance Fund social health and 40% of the transfers from the budget of the Ministry of Health to the budget of the National Health Insurance Fund, for the prescriptions whose price for prescriptions whose value at the reference/prescription price level is up to 330 **RON** per month.

The maximum amount born by the health insurance houses from the Fund is that resulting from the application of the offsetting percentage to the reference price of the drugs in question.
Medical prescriptions for medicines without personal contribution is issued in the following situations:

- ✓ for children aged up to 18 years, pregnant and confinement women, young people from 18 years up to age 26, if they are pupils, including high school graduates to the beginning of the academic year, but not more than 3 months, apprentices or students;
- ✓ for chronic diseases related to certain groups of diseases according to the legal provisions in force;
- ✓ for individuals specified in the special laws, in compliance with prescribing medicines provisions.

- Sanitary units with beds

The hospitals, from the amounts contracted with the health insurance houses, bear the amount related to the standard hotel services (standard accommodation and meals at the level of the food allowance) for the companions of sick children up to 3 years old, as well as for the companions of people with severe or accentuated disabilities emphasized.

- Insured bear the value of hotel services (accommodation and / or meals) with a high degree of comfort, above the standard comfort, granted at their request
The value of the high level comfort hotel services is established by each hospital unit providing hospital services, with the obligation to ensure the access of the insured to hospital care provided under standard hotel conditions.
- Private providers may receive a personal contribution for inpatient hospital medical services, in acute wards financed under the DRG system, paid directly by the insured or through insurance concluded under a contract with an insurance company, with the consent of the insured or his legal representative.

- Physical and rehabilitation medical services in sanatoriums, including Sanatoriums and Prevenitors

In the balneary sanatoriums/sanatorium wards from hospitals, the personal contribution of the insured individuals represents 35% of the daily hospitalization rate negotiated.
For medical rehabilitation and recovery services provided in sanatoriums other than the balneary ones and preventoria, no contribution is charged to the insured individuals.

- **Medical devices designed to recover obstructive organic or functional deficiencies**

- The maximum amount born by the health insurance houses from the Fund for each medical device or medical device type intended to the organic or functional disability in ambulatory, within the health insurance system, is represented by the reference price or the lease price, as the case may be. The reference price and the lease amount are established according to a methodology approved by the President of the National Health Insurance House. If the retail selling price or the lease amount for the medical device is higher than the reference price or the lease amount established according to a methodology approved by the President of the National Health Insurance House, the difference shall be born by the insured individual through a personal contribution to be paid directly to the relevant supplier.

In the case of pregnancy, birth and consequences, the beneficiary of the medical services or its maintenance does not bear the costs of the medical services, and according to the provisions of Law no. 95/2006, republished, with subsequent amendments and completions, all pregnant women and chil- dren are exempt from pregnancy, medical services related to the evolution of pregnancy, and those who have no income or income below the minimum gross national salary for all medical services.
The value of prescription drugs for pregnant women and chil- dren is borne by the fund at the reference price.
In addition to the above, we specify that in the social health insurance system, pregnant women and pregnant women benefit from insurance without paying the contribution under the conditions of art. 154 of Law no. 227/2015. If it achieves the income provided for in art. 155 of Law no. 227/2015, this income is due to the social health insurance contribution according to the regulations specific to each income category.

II - 6. Objectives of Medical Care

§3. Article 10. C102 and ECSS
The benefit provided in accordance with this Article shall be afforded with a view to maintaining, restoring or improving the health of the person protected and his ability to work and to attend to his personal needs.

According with the Law no. 95/2006, republished, with subsequent amendments and completion, for the purpose of preventing the illness, the early identification of illnesses and preserving the health, the insured individuals, directly or through the service providers with contracts concluded with the insurance houses, will be permanently informed by the insurance houses on the means to preserve their health, to reduce and avoid the causes of illness and on the dangers they expose to in case of drugs, alcohol and tobacco consumption.

The official website of the National Health Insurance House: www.cnas.ro
The National Health Insurance Fund (NHIF) is a public autonomous institution of national interest with legal personality whose main activity is to provide unitary and coordinated functioning of the system of social health insurance in Romania.

II - 7. Promotion of the general health service

§4. Article 10. C102 and ECSS
The institutions or Government departments administering the benefit shall, by such means as may be deemed appropriate, encourage the persons protected to avail themselves of the general health services placed at their disposal by the public authorities or by other bodies recognised by the public authorities.

II - 8. Qualifying period

Article 11. C102 and ECSS
The benefit specified in Article 10 shall, in a contingency covered, be secured at least to a person protected who has completed, or whose breadwinner has completed, such qualifying period as may be considered necessary to preclude abuse.

§1(f) Article 1. C102, §1(i) Article 1. ECSS
The term qualifying period means a period of contribution, or a period of employment, or a period of residence, or any combination thereof, as may be prescribed.

The legislation regulating the social health insurance system does not regulate a mandatory qualification period for the insured individual and the co-insured person.
The natural person is considered insured from the moment he falls into one of the categories of persons insured with the payment of the contribution or exempted from its payment, provided in the Fiscal Code, with subsequent amendments and additions, and in Law no. 95/2006, republished, with subsequent amendments and additions.
For those insured under the social health insurance system, who have the obligation to pay the social health insurance contribution, the National Tax Administration Agency, after submitting the tax returns, has the obligation to transmit to the National Health Insurance House the information contained in the tax returns regarding natural persons who have the status of taxpayer to the social health insurance system, in order to be granted the status of insured as established by art. 322 para. (5) of Law no. 95/2006, republished, with subsequent amendments and additions.
For the insured persons of the social health insurance system, who do not have the obligation to pay the social health insurance contribution, the data necessary to establish the quality of the insured are made available free of charge to the CNAS or, as the case may be, to the health insurance companies by the authorities, public institutions and other institutions, based on protocols concluded between CNAS and/or social health insurance houses and the authorities, public institutions and other institutions.

II - 9. Minimum duration of Benefit

Article 12. C102 and ECSS

The benefit specified in Article 10 shall be granted throughout the contingency covered, except that, in case of a morbid condition, its duration may be limited to 26 weeks in each case, but benefit shall not be suspended while a sickness benefit continues to be paid, and provision shall be made to enable the limit to be extended for prescribed diseases recognised as entailing prolonged care.

i) Primary care

- The basic package includes:

I. Medical curative services for medical-surgical emergencies, acute, subacute diseases, accidents of chronic diseases and chronic diseases

1. emergency situation: - a single consultation per person is given for each identified emergency.
2. acute / subacute illness or aggravation of chronic conditions:
- maximum two consultations are given for each disease episode.
3. chronic disease
- for all chronic / insured conditions a monthly consultation is given.
4. active monitoring through an integrated management plan
- Initial assessment of the newly diagnosed case in the first trimester after taking into account - an episode that may include: 3 family doctor consultations within a maximum of 3 consecutive months.
- Patient monitoring includes 2 scheduled appointments including disease control assessment, complications screening, patient education, paraclinical investigations and treatment, and a new follow up after 6 consecutive months, calculated over the month of the second consultation previous case management monitoring.

II. Preventive and prophylactic medical services:

1. Preventive consultations are regular, as follows:
a) at discharge from maternity and at one month (at the child's home)
b) at 2, 4, 6, 9, 12, 15, 18, 24, 36 months;
c) Once a year from 4 to 18 years.
2. Monitoring the evolution of pregnancy and confinement: (see Part VIII, Article 49)
3. Preventive consultations for policyholders aged over 18:
- Individual risk assessment for the asymptomatic adult:
- All people aged 18 to 39 - every 3 calendar years. A maximum of 2 consultations / insurances are granted in the year of the individual risk assessment. For people aged 18-39 high risk - maximum 2 consultations / insured per year are given. The second consultation shall be given within 90 days of the first consultation.
- All persons aged> 40 years - 1 - 3 consultations / insured / prevention package that is granted annually. The second consultation shall be given within 90 days of the first consultation.
4. Surveillance and detection of diseases with endemic-epidemic potential
- one person per consultation is given for each suspected and confirmed endemic-epidemic disease, including the newly discovered TB patient actively diagnosed by the family doctor.

Family planning services: - maximum of two consultations per calendar year, on the insured person

III. Home consultation - is granted as follows:
- up to 2 consultations for each acute / subacute / chronic illness episode, maximum one consultation per month for chronic diseases and a consultation for each emergency.

- Consultations at the home of the insured - maximum 42 consultations per month per physician with a list of registered insured persons but no more than three consultations per day.

IV. Additional medical services, diagnostic and therapeutic services - are services that can be provided exclusively to the insured on their own list, within the work schedule stated in the contract concluded with the health insurance house or within an extended work schedule by concluding an addendum to the contract concluded with the health insurance house, at the office, at home or at the place of application, as the case may be.

- Maximum number of additional services - general ultrasound - abdomen and pelvis - that can be performed and given in one hour, can not be more than 3**;**
- diagnostic and therapeutic services - the number of points related to these services is settled according to the work schedule stated in the contract concluded with the health insurance house.

V. Support activities - limits imposed by the specificity of each document provided in the basic package.

I. Medicines administration services - at the doctor's recommendation**.**
Consultations for chronic diseases and endemic epidemic diseases can also be provided remotely, by any means of communication, in compliance with the same conditions for granting as consultations in the office.

ii) <u>Clinical outpatient care</u>
Payment of ambulatory medical care services for clinical specialties, acupuncture, family planning and outpatient palliative care is done by medical service quantify in points or medical service - consultation / case in **RON**.
Health insurance houses reimburse to medical specialists in clinical specialties the amount of medical services settled by the tariff expressed in points provided in the package, if these services are performed in the medical offices where they operate or if they are carried out at a distance, by any means of communication, subject to the same conditions as the consultation in the office for chronic diseases and endemic diseases are interpreted by the respective doctors, the number of points for each medical service and the value set for one point.
The total number of points reported for consultations, medical services provided by clinic specialists, family planning and outpatient palliative care can not exceed the number of points earned according to the work schedule, according to the provisions of Annex 8 to Order no. 1068/627/2021, with subsequent amendments and completions.

<u>The basic package includes:</u>
1. Medical services for medical and surgical emergencies:
- a single consultation per person is given for each identified emergency situation for which first aid has been granted or has been resolved at the level of the medical cabinet, with the exception of children aged 0-18 years for which a maximum of 2 consultations are settled.

2. Acute and subacute illnesses as well as acute illnesses of chronic diseases
- For the same episode of acute / subacute illness / chronic illness, maximum 3 consultations are given to the insured within a maximum of 60 calendar days from the date of the first consultation required to establish the diagnosis, treatment and progression of the case.

3. Chronic conditions
- For clinical and paraclinical evaluation, treatment prescribing and follow-up of chronic illnesses for one or more chronic diseases treated within the same specialty, a maximum of 4 consultations / quarter / insured, but no more than 2 consultations per month.

4. Detection of diseases with endemic-epidemic potential
- only one consultation per person is granted for each suspected and confirmed disease with endemic-epidemic potential, including for TB patients newly actively discovered by the family doctor.

5. Family planning services:
- 4 consultations per calendar year, for insured.

6. Palliative Care Services - Palliative Care Medical Consultations:
- for a clinical and paraclinical assessment, the elaboration of the palliative care plan, prescribing the treatment and following the evolution of the insured with need for palliative care, a maximum of 4 consultations / quarter / insured, but no more than 2 consultations per month.

7. Simple and complex diagnostic services and therapeutic services / surgical and medical treatments - the total number of points reported for consultations, medical services provided by clinic specialists, for a doctor / cabinet work schedule of 35 hours / week , cannot exceed the number of points achieved according to the work schedule.

8. Medical services related to the medical act - The score of health related to the medical act that can be reported, for one or more insured regardless of the type of related service, by the specialist doctor who requested them cannot exceed 90 points on average per day, due to the person/s who provide them, representing related services, with the exception of the pediatric psychiatry specialist for whom the score cannot exceed 360 points on average per day.

9. Pregnancy and confinement surveillance services (see Part VIII, Article 49)

10. Acupuncture - Insured persons are entitled to a maximum of 2 cures/calendar year per insured (one consultation for each treatment cure). A cure represents an average of 10 days of treatment and an average of 4 procedures / day.

11. Medical services diagnostic - case: day hospitalization services, are given in outpatient clinic and are settled only if all mandatory services have been performed.

1. Surveillance of a normal pregnancy (in pregnant women who do not have medical records demonstrating the existence in the pathological personal history of rubella, toxoplasmosis, CMV infection) * 1
2. Surveillance of a normal pregnancy (in the case of pregnant women who have medical documents proving the existence of a personal history of rubella, toxoplasmosis, CMV infection) * 1)
3. Prenatal screening (S11 - S19 + 6 days) * 2)
4. Surveillance of other high-risk pregnancies (gestational edema) * 3)
5. Surveillance of other high-risk pregnancies (mild pregnancy, mild hyperemesis) * 3)
6. Surveillance of other high risk pregnancies (evaluation of pregnant women with scarred uterus in 3rd trimester) * 3)

7. Early detection of precancerous breast lesions * 4)
8. Early detection of precancerous breast lesions with mammographically identified suspicion * 5)
9. Early detection and diagnosis of dysplastic cervical lesions * 6)Early detection and diagnosis of dysplastic cervical lesions with cytology * 7)
10. Early diagnosis of dysplastic cervical lesions - Performed by doctors of obstetrics and gynecology * 8)
11. Excisional or ablative treatment of precancerous lesions of the cervix * 9) - It is performed by doctors in the specialty of obstetrics-gynecology

* 1) The services of items 1 and 2 can not be performed and reported simultaneously to a patient for a pregnancy. It contracts only with the obstetrics-gynecology specialty hospitals and with the other sanitary units with beds, which have in the structure of obstetrics-gynecology and neonatology departments or hierarchy compartments at level 3 or 2 or 1 according to the provisions of the Order of the Minister of Health no. 1881/2006 on the hierarchy of hospital units, sections and departments of obstetrics-gynecology and neonatology, with subsequent modifications and completions.
A single package of medical services per pregnant woman is settled, as evidenced by the obstetric-gynecology specialist.
Where medical services corresponding to items 1 and 2 are granted during S11 - S19 + 6 days, they may be granted concurrently with the medical services corresponding to item 3.
* 2) Contracts only with the obstetrics-gynecology specialist hospitals and with the other sanitary units with beds, which have in the structure of obstetrics-gynecology and neonatology departments or hierarchy compartments at level 1, 2 or 3 according to the provisions of the Order of the Minister of Health no. 1881/2006, as subsequently amended and supplemented.
A single package of medical services per pregnancy is settled between S11 - S19 + 6 days of pregnancy.
* 3) Contracts only with the obstetrics-gynecology specialist hospitals and with the other sanitary units with beds, which have in the structure of obstetrics-gynecology and neonatology departments or hierarchy compartments at level 3 or 2 according to the provisions of the Order of the Minister of Health no. 1881/2006, as subsequently amended and supplemented.
* 4) Eligibility criteria: Asymptomatic women in the 50-69 age group who:
1. have no confirmed breast cancer diagnosis;
2. are asymptomatic;
3. have no suggestive history of breast cancer pathology.

It is performed every two years by presenting to the specialist obstetric-gynecology specialist or general surgery for the early diagnosis of breast dysplasia. In case of a negative result, the investigation is repeated over 2 years.
The services of items 7 and 8 can not be performed and reported concurrently with a patient.
* 5) Eligibility Criteria: Asymptomatic women in the 50-69 age group with positive mammography results who:
1. have no confirmed breast cancer diagnosis;
2. are asymptomatic;
3. have no suggestive history of breast cancer pathology.

It is done once every two years by presenting to the specialist obstetrician gynecology or general surgery, for the early diagnosis of dysplasia of the breast. In case of a negative result, the investigation is repeated over 2 years.

The services of items 7 and 8 can not be performed and reported concurrently to a pacient.
* 6) Eligibility criteria: Asymptomatic women in the 35-64 age group for the early detection of dysplasia of the cervix and for women in the 25-34 age group, asymptomatic, with positive results in the cytological examination and who :

1. Do not have a confirmed diagnosis of cervical cancer;
2. are asymptomatic;
3. have no history of cervical cancer pathology.

It is done by presenting to the specialist obstetric-gynecology specialist.
In the case of a positive result in women aged 35-64, cytological triage is indicated.
In case of a negative result, it is repeated over 5 years.
Exclusion criteria: Women who:

1. presents the congenital absence of the cervix;
2. show complete hysterectomy for benign conditions;
3. Have established diagnosis of cervical cancer;

It is done by presenting to the specialist obstetric-gynecology specialist.
In the case of a positive result in women aged 35-64, cytological triage is indicated.
In case of a negative result, it is repeated over 5 years.
Exclusion criteria: Women who:

1. presents the congenital absence of the cervix;
2. show complete hysterectomy for benign conditions;
3. Have established diagnosis of cervical cancer;
4. have established diagnosis for other forms of genital cancer.

The services of items 9, 10 and 11 can not be performed and reported concurrently to a patient.
* 7) It is performed in women with a positive result in HPV testing.
The services of items 9, 10 and 11 can not be performed and reported concurrently to a patient.
* 8) It is performed in women with a positive result in cytology.
The services of items 9, 10 and 11 can not be performed and reported concurrently to a patient.
* 9) It is performed in women in the age group 25 - 64 years, with a positive result at the early examination of dysplastic lesions of the cervix from positions 9 and 10.

Medical assistance in the specialized ambulatory for the clinical specialty of physical and rehabilitation medicine

The basic medical package includes:
The series of specific physician and rehabilitation procedures established by the physician for recovery, physical medicine and rehabilitation, given to an insured person, includes a maximum of 4 procedures / day of treatment.
The period for which the specific physical and rehabilitation procedures are granted is 21 days / year / provided for both children and adults except for children aged 0-18 with a confirmed diagnosis of cerebral palsy, when specific medical procedures are provided for physiotherapy and rehabilitation for a maximum of 42 days per year / insured, these periods may be divided into up to two fractions, at the recommendation of the physician in the field of physical medicine and rehabilitation.

Dental care

The dental health care package - the services for which it is foreseen the range to be granted are:

- a single consultation is given over a 12-month period for an insured person over the age of 18 and a 6-month consultation for children under the age of 18,
- the removable acrylic prosthesis on the arch is granted once every 4 years,
- Prosthesis repair, prosthesis rebasing - is granted twice a year,
- sealing / tooth - a 2 year settled procedure.

Medicines with and without personal outpatient contribution

Periods for which medications can be prescribed are up to 7 days in acute conditions, from 8 to 10 days in underactive conditions and up to 30/31 days - 90/91/92 days for patients with chronic conditions. The period for which prescription drugs may be prescribed for cost-volume / cost-volume-result contracts is up to 30-31 days.

For chronic diseases, doctors may prescribe to an insured person medicines with and without personal contribution, subject to the following conditions:

a) for sublists A, B and D - one prescription / several prescriptions per month, not to cumulatively exceed 7 different medicines on all prescriptions related to a month. The total value of the medicines from sublist B, except for those from sublist B that are the object of cost-volume contracts, calculated at the level of the reference price, is up to 330 **RON** per month;

b) in case a medicine from sublist B marked with # is prescribed in a month, with a maximum value of the treatment for a month, calculated at the level of the reference price, higher than 330 **RON**, it is no longer prescribed in the month and other medicines in sub-list B; the exception is the situation in which in a month is prescribed a medicine from sublist B marked with # which is the subject of cost-volume contracts, with a maximum value of treatment for a month, calculated at the reference price higher than 330 **RON**, situation in which other drugs from sublist B may be prescribed in the respective month, under the conditions provided in let. a);

c) a single distinct prescription with compensation 90% of the reference price, for a maximum of 3 drugs from sublist B whose equivalent value at the level of the reference price is up to 330 **RON** per month / prescription, for pensioners with income from pensions and social allowance for retirees up to 1429 **RON** / month inclusive, during the period July 1 - December 31, 2022 and 1608 **RON** /month inclusive, starting with January 1, 2023, regardless of whether or not they earn other incomes; for the difference up to the maximum number of 7 drugs that can be prescribed from sublists A, B and D, the regulations from letter a) and b);

d) for sublist C section C1 - on each disease code, one prescription / maximum two prescriptions per month, with maximum 3 drugs;

e) for sublist C section C3 - one prescription per month, with a maximum of 4 drugs.

From 1 January 2022 for chronic diseases, doctors may prescribe to an insured person medicines with and without personal contribution, subject to the following conditions:

a) for sublists A, B and D - one prescription / several prescriptions per month, not to cumulatively exceed 7 different medicines on all prescriptions related to a month. The total value of the medicines from sublist B, except for those from sublist B that are the object of cost-volume contracts, calculated at the level of the reference price, is up to 330 **RON** per month;

b) in case a medicine from sublist B marked with # is prescribed in a month, with a maximum value of the treatment for a month, calculated at the level of the reference price, higher than 330 **RON**, it is no longer prescribed in that month and other medicines in sub-list B; the exception is the situation in which in a month is prescribed a medicine from sublist B marked with # which is the subject of cost-volume contracts, with a maximum value of treatment for a month, calculated at the reference price higher than 330 **RON**, situation in which other drugs from sublist B may be prescribed in the respective month, under the conditions provided in let. a);

c) a single distinct prescription with compensation 90% of the reference price, for a maximum of 3 drugs from sublist B whose equivalent value at the level of the reference price is up to 330 **RON** per month / prescription, for pensioners with income from pensions and social allowance for retirees up to 1429 **RON** / month inclusive, regardless of whether or not they earn other incomes; for the difference up to the maximum number of 7 drugs that can be prescribed from sublists A, B and D, the regulations from letter a) and b);

d) for sublist C section C1 - on each disease code, one prescription / maximum two prescriptions per month, with maximum 3 drugs;

e) for sublist C section C3 - one prescription per month, with a maximum of 4 drugs.

By way of exception, in the case of the medicinal products listed in Table II of the Annex to the Law no. 339/2005 on the legal regime of narcotic, psychotropic, narcotic and psychotropic substances and preparations, as subsequently amended and supplemented, several prescriptions may be issued to the same insured according to the legal regulations in force.

Hospital care services are provided to insured persons until healing.

In the **sanatoriums** the lengths of hospitalization are:
Physical and rehabilitation services - 14 - 21 days / year / insured period that can be divided into a maximum of 2 fractions which includes at least 4 procedures / day **for at least 5 days / week.**
The medical rehabilitation services provided in sanatoriums other than balneary sanatoriums and preventers are services provided in hospitalization for periods established by specialized doctors operating in these units

II - 10. Suspension of Benefit

Article 69. C102, Article 68. ECSS
A benefit to which a person protected would otherwise be entitled in compliance with any of Parts II to X of this Convention may be suspended to such extent as may be prescribed:
(a) as long as the person concerned is absent from the territory of the Member;
(b) as long as the person concerned is maintained at public expense, or at the expense of a social security institution or service, subject to any portion of the benefit in excess of the value of such maintenance being granted to the dependants of the beneficiary;
(c) as long as the person concerned is in receipt of another social security cash benefit, other than a family benefit, and during any period in respect of which he is indemnified for the contingency by a third party, subject to the part of the benefit which is suspended not exceeding the other benefit or the indemnity by a third party;
(d) where the person concerned has made a fraudulent claim;
(e) where the contingency has been caused by a criminal offence committed by the person concerned;
(f) where the contingency has been caused by the wilful misconduct of the person concerned;
(g) in appropriate cases, where the person concerned neglects to make use of the medical or rehabilitation services placed at his disposal or fails to comply with rules prescribed for verifying the occurrence or continuance of the contingency or for the conduct of beneficiaries;

Insured persons are required to pay a monthly health insurance contribution. In case of non-compliance, these persons benefit from medical services within a minimum package of medical services, according to the provisions of Law no.95/2006, republished, with subsequent amendments and completions.
According to the provisions of art. 223 (1) of Law no. 95/2006, republished, with subsequent amendments and completions, the documents certifying the quality of insured are:
• the national health insurance card,

• the insured certificate with a validity of 3 months, for persons who expressly refuse, for religious or conscience reasons, the receipt of the national card,
• the insured certificate issued by the insurance house to which the insured person is registered,
• the document resulting from the access by the providers in contractual relations with the health insurance houses of the electronic instrument provided by CNAS).
Insured persons who have not been issued with the national health insurance card may benefit from medical services without presenting it.
According to the provisions of art. 342 and 343 of Law no. 95/2006, republished, with subsequent amendments and completions, the insured persons over the age of 18 have the obligation to present the national health insurance card, or the documents mentioned above, as the case may be.

RF/C102/ECSS: please indicate the provisions, if any, for the suspanesion of the medical benefits reffred to in Article 10, under each scheme or schemes concerned.

- The persons who are obliged to pay the social health insurance contribution, as well as the way of setting, the deadlines for declaring and paying the contribution are stipulated in the Law no. 227/2015 regarding the Fiscal Code, as subsequently supplemented or amended.
ART. 222
(1) According to the present law, the insured persons are:
a) all Romanian citizens domiciled or residing in the country;
b) foreign citizens and stateless persons who have applied for and have obtained the right to temporary stay or have their domicile in Romania;
c) citizens of EU Member States, EEA and Swiss Confederation who do not have insurance in another Member State that has effect in Romania, who have applied for and obtained the right of residence in Romania for a period of more than 3 months;
d) persons from EU Member States, EEA and Swiss Confederations fulfilling the conditions of a frontier worker, meaning who are employed or self-employed in Romania and who reside in another Member State in which they return usually daily or at least once a week ;
e) pensioners in the public pension system who are no longer domiciled in Romania and who establish their residence in the territory of an EU Member State, of a state belonging to the EEA or of the Swiss Confederation, respectively domiciled in the territory of a state with which Romania applies an agreement bilateral social security with provisions for sickness-maternity insurance.
(2) In the case of the persons mentioned in par. (1) falling within the category of those who make the incomes provided under art. 155 par. (1) lit. a) of Law no. 227/2015, as subsequently supplemented or amended, the quality of insured in the social health insurance system and the right to the basic package is granted from the date of initiation of the work / service relationship.
(3) The persons referred to in paragraph (1) falling within the category of those who make the incomes provided under art. 155 par. (1) lit. b) - h), as well as for the ones stipulated in art. 180 of Law no. 227/2015, as subsequently supplemented or amended, acquire the quality of insured in the social health insurance system and have the right to the basic package from the date of filing the declaration, stipulated in art. 147 par. (1) or art. 174 par. (3) of the Law no. 227/2015, as subsequently supplemented or amended, as the case may be.
(4) For the persons mentioned in par. (1) who fall within the category of those who have the status of taxpayers to the social health insurance system, according to the Law no. 227/2015, as subsequently supplemented or amended and which did not pay the contribution to the fund within the time limits provided by the same law, the outstanding amounts are recovered by A.N.A.F. in accordance with the law, including fiscal tax liabilities due for tax receivables.
(5) The insured and the insurance rights cease:
a) for the persons referred to in paragraph (1) lit. a) with the loss of the right of domicile or residence in Romania, as well as under the conditions of art. 267 par. (2) - (2 ^ 2), as the case may be;
b) for the persons mentioned in par. (1) lit. b) with the loss of the right of residence in Romania, as well as under the conditions of art. 267 par. (2) - (2 ^ 2), as the case may be;

c) for the persons referred to in par. (1) lit. c) with the loss of the right of residence in Romania, for a period of more than 3 months, as well as under the conditions of art. 267 par. (2) - (2 ^ 2), as the case may be;
d) for the persons mentioned in par. (1) lit. d), together with the loss of the status of frontier worker, and under the conditions of art. 267 par. (2) and (2 ^ 2) as appropriate.
(6) The supporting documents regarding the acquisition of the quality of the insured shall be established by an order of the CNAS president.

ART. 224)*
(1) The following categories of persons benefit from the insurance, without payment of the contribution, under the conditions of art. 154 of Law no. 227/2015, as subsequently supplemented or amended:
a) children up to the age of 18, young people from 18 years up to the age of 26, if they are students, including high school graduates, until the beginning of the academic year, but not more than 3 months after the completion of the studies, apprentices or students, doctoral students under the doctoral studies contract, within 4-6 conventional teaching hours per week as well as those who follow the individual training module based on their request to become soldiers or professional graduates;
b) young people under the age of 26 coming from the child protection system;
(c) the spouse, the spouse and the parents without own income, who are dependent on an insured person;
d) persons whose rights are established by Decree-Law no. 118/1990 regarding the granting of rights to persons persecuted for political reasons by the dictatorship established from March 6, 1945, as well as to those deported abroad or constituted in prisoners, republished, by Government Ordinance no. 105/1999 regarding the granting of certain rights to the persons persecuted by the regimes established in Romania from September 6, 1940 to March 6, 1945 for ethnic reasons, by Law no. 44/1994 on war veterans, as well as some rights of invalids and widowers of war, republished, as subsequently supplemented or amended, by Law no. 309/2002 on the recognition and granting of rights for the persons who performed the military service in the General Department of the Labor Service between 1950 and 1961, as subsequently supplemented or amended, as well as the persons stipulated in Law of Gratitude for the Victory of the Romanian Revolution of December 1989, for the anticommunist workers 'revolt in Brașov in November 1987 and for the anticommunist workers' revolt in the Jiu Valley - Lupeni - August 1977 no. 341/2004, as subsequently supplemented or amended, for the monetary rights granted by these laws;
e) persons with disabilities, for the incomes obtained under Law no. 448/2006 on the protection and promotion of the rights of disabled persons, republished, as subsequently supplemented or amended;
f) patients with diseases included in the national health programs established by the Ministry of Health, until the healing of the respective condition;
g) Pregnant women and women lately confined;
h) natural persons who are on sick leave for temporary incapacity for work due to accidents at work or occupational diseases, as well as those who are on medical leave granted according to the Government Emergency Ordinance no. 158/2005 on sickness leave and indemnities, approved with amendments and completions by Law no. 399/2006, as subsequently supplemented or amended;
i) persons who are on leave, according to the Law no. 273/2004 on adoption procedure, republished, on parental leave according to the Government Emergency Ordinance no. 111/2010 on parental leave and indemnity, approved with amendments by Law no. 132/2011, as subsequently supplemented or amended;
j) persons who execute a custodial sentence or are under preventive arrest in the penitentiary units, as well as the persons who are in the process of carrying out a measure of education or security deprivation of liberty, namely persons who are in the period of postponement or interruption the execution of the custodial sentence;
k) persons receiving unemployment benefit or, as the case may be, other social protection rights provided from the unemployment insurance budget, according to the law;
l) detained, arrested or detained persons in pre-trial detention and detention centers, aliens in accommodation centers for return or expulsion, and those who are victims of trafficking in human beings who are in the process of establishing identity and are housed in specially arranged centers according to the law;
m) natural persons benefiting from social aid according to the Law no. 416/2001 on the minimum guaranteed income, as subsequently supplemented or amended;
n) natural persons who have the status of pensioners, pension revenues, and income from intellectual property rights;
o) Romanian citizens who are victims of trafficking in human beings for a maximum of 12 months;

p) the monastic staff of the recognized denominations, in the records of the State Secretariat for Cults;
q) volunteers who work under voluntary emergency services under the Voluntary Contract during their participation in emergency interventions or training to participate in them, in accordance with Government Ordinance no. 88/2001 on the establishment, organization and functioning of community public services for emergency situations, approved with amendments and completions by Law no. 363/2002, as subsequently supplemented or amended.
(1 ^ 1) Persons who have acquired the quality of insured under para. (1) lit. c) and q) can not themselves be co-insured.
(2) The categories of persons not provided in par. (1) have the obligation to ensure, according to the present law, and to pay the contribution to health insurance under the conditions of Law no. 227/2015, as subsequently supplemented or amended.

Access to basic services packages for all medical care, medicines and medical devices ceases in the situations provided by art. 222 par. (5) of the Law no. 95/2006 on the health reform, republished, as subsequently supplemented or amended and the non-observance of the obligation to pay the contribution to health social insurance under the conditions of Law no. 227/2015, as subsequently supplemented or amended.
Persons who do not prove the quality of insured benefit from medical services within a minimal package of medical services, according to the provisions of Law no. 95/2006, republished, as further completed and amended, which includes: health care services, medicines and sanitary materials only in the case of medical and surgical emergencies and diseases with endemoepidemic potential, monitoring of pregnancy and lactation, family planning services, prevention and care services of Community health care in the following assistance:- primary care- specialized ambulatory for clinical specialties,- specialized dentistry ambulatory,- hospital care.

2022 CEACR's conclusions

Part VIII (Maternity benefits), Article 49 of the Code, and Part II (Medical care), Article 10(1)(2). Provision of maternity medical care free of charge. The Committee takes due note of the information provided by the Government in reply to its previous request that, according to article 225(1)(c) of Law No. 95/2006, all pregnant women, irrespective of their income, are entitled to medical services related to the evolution of the pregnancy, including hospital medical services provided at birth, free of charge, i.e. without co-payment required.

II - 11. Right of complaint and appeal

Article 70. C102, Article 69. ECSS

1. *Every claimant shall have a right of appeal in case of refusal of the benefit or complaint as to its quality or quantity.*
2. *Where in the application of this Convention (Code) a government department responsible to a legislature is entrusted with the administration of medical care, the right of appeal provided for in paragraph 1 of this article may be replaced by a right to have a complaint concerning the refusal of medical care or the quality of the care received investigated by the appropriate authority.*
3. *Where a claim is settled by a special tribunal established to deal with social security questions and on which the persons protected are represented, no right of appeal shall be required.*

According to Article 451 of Law no. 95/2006, republished, as further completed and amended, in case of benefit rejection or benefit type or amount contestation, the insured individuals are entitled to lodge a complaint to the College where the relevant physician is member, and if such complaint is rejected, the insured individual may submit a complaint to a court of law.

II - 12. Financing and Administration

Article 71. C102, Article 70. ECSS

See under Part XIII-3. Common provisions.

Article 72. C102, Article 71. ECSS
1. The Member (Contracting Party) shall accept general responsibility for the proper administration of the institutions and services concerned in the application of the Convention (Code).
2. Where the administration is not entrusted [to an institution regulated by the public authorities or – C102] *to a Government department responsible to a legislature, representatives of the persons protected shall participate in the management, or be associated therewith in a consultative capacity, under prescribed conditions; national laws or regulations may likewise decide as to the participation of representatives of employers and of the public authorities.*

According to the provisions of Law No 95/2006, republished, with subsequent amendments and completions, the social health insurance system is the main fund financing the population health condition protection that ensures the access of the insured persons to a basic medical services package.
Other forms of health insurances can be effective in special situations. These insurances are not mandatory and can be provided voluntarily by insurance bodies certified according to the law.
The voluntary health insurance does not exclude the duty to pay the contribution for the social health insurance.

Database of the MISSOC:
Decentralisation and autonomy in the administration of the Health Insurance Fund.
There is free competition between providers dealing with contracts with the health insurance houses.

The official website of the National Health Insurance House:

The National Health Insurance House (CNAS) is a public autonomous institution of national interest with legal personality whose main activity is to provide unitary and coordinated functioning of the system of social health insurance in Romania.
CNAS's mission is to provide a system of health insurance modern and efficient, placed permanently in the public interest and the insured, which aims to improve the health of the population.
CNAS operates under its own statute and must:

- Provide logistics for the unitary and coordinated functioning of the system of social health insurance;
- pursue the collection and efficient use of the Fund;
- use appropriate means of media representation, information and support the interests of policyholders they represent;
- to meet the needs of health services of persons within the limits of available funds.

Part III. Sickness Benefit

Romania has accepted the obligations resulting from C24, Part III of C102 and Part III of the ECSS.

Category	Information available	Information missing / questions raised by the CEACR
III-1. Regulatory framework	*Art.13 C102/ECSS* *Art.1 C24*	
III-2. Contingencies covered	*Art.14 C102/ECSS*	
III-3. Persons protected	*Art.15 C102/ECSS ** *Art.2(1) C24*	
III-4. Level and Calculation of benefit	*Art.16 C102/ECSS**	
III-5. Qualifying period	*Art.17 C102/ECSS,* *Art.3(2) C24*	
III-6. Minimum duration of benefit	*Art.18 C102/ECSS, Art.3(1,2) C24*	
III-7. Suspension of benefit	*Art.69 C102, Art.68 ECSS* *Art.3(3,4) C24*	
III-8. Right of complaint and appeal		*Art.70 C102, Art.69 ECSS* *Art.9 C24*
III-9. Financing and Administration	*Art.72 C102* *Art.71 ECSS*	*Art.71 C102, Art.70 ECSS** *Art.6,7 C24*

**** Please update statistical data, in accordance with the Report form for C102/ECSS.***

List of applicable legislation

- **Government Emergency Ordinance no. 158/2005** *on the medical leaves and health insurance benefits, with the subsequent amendments and supplements* (initial form published in the Official Gazette No 1074 of November 29th, 2005), with subsequent amendments and completions;
- **Order no. 15/2018** of the Minister of Health and of the President of the National Health Insurance House for the approval of the Norms for the application of the provisions of the Government Emergency Ordinance no. 158/2005 on holidays and social health insurance benefits, published in the Official Gazette no. 31 of January 12, 2018, with subsequent amendments and completions;
- **Order no. 1192/745/2020** of the Minister of Health and of the President of the National Health Insurance House for the approval of the unique model of the medical leave certificate and of the instructions regarding the use and the way of completing the medical leave certificates on the basis of which the indemnities are granted to the insured persons from the social health insurance system and from the insurance system for accidents at work and occupational diseases, with subsequent amendments and completions;
- **Law no. 227/2015 on the Fiscal Code,** with subsequent amendments and completions**;**
- **Government Decision no. 1/2016** *approving the Methodological Norms for the implementation of Law No 227/2015 on the Fiscal Code*, as further completed and amended**.**

III - 1. Regulatory framework

Article 1. C24

Each Member of the International Labour Organisation which ratifies this Convention undertakes to set up a system of compulsory sickness insurance which shall be based on provisions at least equivalent to those contained in this Convention.

Article 13. C102 and ECSS
Each Member (Contracting Party) for which this Part of this Convention (Code) is in force shall secure to the persons protected the provision of sickness benefit in accordance with the following Articles of this Part.

MISSOC Database:
Basic principles.
Compulsory social insurance scheme for employees and self-employed providing an earnings-related benefit.

III - 2. Contingency covered

Article 14. C102 and ECSS
The contingency covered shall include incapacity for work resulting from a morbid condition and involving suspension of earnings, as defined by national laws or regulations.

III - 3. Persons protected

§1. Article 2. C24
The compulsory sickness insurance system shall apply to manual and non-manual workers, including apprentices, employed by industrial undertakings and commercial undertakings, out-workers and domestic servants.

Article 15. C102 and ECSS
The persons protected shall comprise:
(a) prescribed classes of employees, constituting not less than 50 per cent of all employees; or
(b) prescribed classes of the economically active population, constituting not less than 20 per cent of all residents; or
(c) all residents whose means during the contingency do not exceed limits prescribed in such a manner as to comply with the requirements of Article 67.

Within the social insurance system, to the leave allowance and health security benefits is applicable the **sub-paragraph b) of Article 15 of C102 and the ECSS.**

According to the legal provisions in force since 01.01.2018, the persons protected under this article are insured persons, Romanian citizens, foreign citizens or stateless persons, who, according to the law, reside in Romania, in particular:
- individuals who earn income from an activity based on an individual employment contract, service report, posting or statutory status, as well as other income assimilated to salaries (both private and public employees from the budget environment);
- individuals receiving unemployment benefit, according to the law;
- individuals, other than employees, who can insure themselves in the social health insurance system in order to benefit from holidays and sickness insurance benefits, based on an insurance contract for holidays and social health insurance indemnities.

III - 4. Level and Calculation of Benefit

Article 16. C102 and ECSS
1. Where classes of employees or classes of the economically active population are protected, the benefit shall be a periodical payment calculated in such a manner as to comply either with the requirements of Article 65 or with the requirements of Article 66.
2. Where all residents whose means during the contingency do not exceed prescribed limits are protected, the benefit shall be a periodical payment calculated in such a manner as to comply with the requirements of Article 67; [provided that a prescribed benefit shall be guaranteed, without means test, to the prescribed classes of persons determined in accordance with Article 15. a or b - ECSS].

The Government applies Article 65 of C102/ECSS.

The calculation basis of the indemnity is established as an average monthly income during the past six months of 12 which represents the qualifying period, up to the limit of 12 national minimum wages, used to calculate the contribution for leaves of absence and indemnities.
The gross amount of the monthly indemnity for temporary labour incapacity is established by a 75% application at the mentioned calculation base.
The gross monthly amount of the maternity allowance, as well as of the allowance for the care of the sick child, as well as of the allowances for the care of the patient with oncological diseases over the age of 18, is 85% of the calculation base.
The gross amount of the monthly indemnity for temporary labour incapacity, caused by tuberculosis, AIDS, cancer, malignant illness or infectious diseases from group A and surgical emergency, as well as for some types of burns established by the norms of application of GEO 158/2005, including for the recovery period is 100% of the calculation basis.
The gross amount of the monthly indemnity for quarantine or isolation allowance represents 100% of the calculation basis.
The gross monthly amount of the allowance for the supervision and care of the child up to 18 years of age for which the measure of quarantine or isolation was ordered under the conditions of Law no. 136/2020 is 100% of the calculation base.

III - 5. Qualifying period

§2. Article 3. C24
The payment of this benefit may be made conditional on the insured person having first complied with a qualifying period and, on the expiry of the same, with a waiting period of not more than three days.

Article 17. C102 and ECSS
The benefit specified in Article 16 shall, in a contingency covered, be secured at least to a person protected who has completed such qualifying period as may be considered necessary to preclude abuse.

§1(f) Article 1. C102, §1(i) Article 1. ECSS
The term qualifying period means a period of contribution, or a period of employment, or a period of residence, or any combination thereof, as may be prescribed.

The insurance period in the health insurance system is obtained by summing the periods for which the contribution for medical leave allowance and indemnities is paid by the employer or insured individual, as the case may be.
The minimum insurance period entitling to rights is 6 months of insurance during the last 12 months previous to the month of medical leave.
The insured individuals shall be entitled to medical leave and indemnities for temporary work incapacity without meeting the mandatory insurance period requirement in case of medical – surgical emergencies, tuberculosis, some types of burns including for the recovery period, infectious-contagious diseases of group A, neoplasia and HIV, as well as in the case of infectious diseases for which the isolation measure provided in art. 8 para. (1) of Law no. 136/2020 on the establishment of measures in the field of public health in situations of epidemiological and biological risk.

Persons insured for leave allowence and social health insurance benefits in the social health insurance system, as well as natural persons insured on the basis of insurance

contracts for leave allowence and social health insurance benefits, are entitled to leave and allowance for quarantine, without fulfilling the condition regarding the insurance internship.

III - 6. Minimum duration of Benefit

§1§2. Article 3. C24
1. An insured person who is rendered incapable of work by reason of the abnormal state of his bodily or mental health shall be entitled to a cash benefit for at least the first twenty-six weeks of incapacity from and including the first day for which benefit is payable.
2. The payment of this benefit may be made conditional on the insured person having first complied with a qualifying period and, on the expiry of the same, with a waiting period of not more than three days.

Article 18. C102 and ECSS
The benefit specified in Article 16 shall be granted throughout the contingency, except that the benefit may be limited to 26 weeks in each case of sickness, [in which event it – C102] [and - ECSS] *need not be paid for the first three days of suspension of earnings.*

The period of the temporary labour incapacity is 90 days from the first day of incapacity, which can be extended with the endorsement of the expert physician of the social securities, up to 183 days in one year, calculated from the first day of the illness. In justified cases, the possibility to recover the labour capacity, the medical leave can be extended beyond the 183 days up to 90 days.
In the case of special diseases provided by law (cardiovascular diseases, malignancies, tuberculosis, cancer, AIDS, etc. - Article 13, paragraph 3 of GEO 158/2005, as subsequently amended and supplemented), for certain types of burns, including for the period of recovery, the period of leave and allowance is longer: one year, within the last 2 years, for some cardiovascular diseases, one year and 6 months, during the last 2 years, for AIDS and neoplasms, depending on the stage of the disease, on throughout the treatment period, until healing, for tuberculosis, throughout the treatment period, until healing, for some types of burns.
For some cases (special illnesses foreseen by the law) the period of the leave of absence and indemnities is higher (cardiovascular diseases, malignant illness, tuberculosis, cancer, AIDS, etc. – Article 13, paragraph (3) of EGO no. 158/2005, with the subsequent amendments and supplements).

III - 7. Suspension of benefit

§3§4. Article 3. C24
3. Cash benefit may be withheld in the following cases:
(a) where in respect of the same illness the insured person receives compensation from another source to which he is entitled by law; benefit shall only be wholly or partially withheld in so far as such compensation is equal to or less than the amount of the benefit provided by the present Article;
(b) as long as the insured person does not by the fact of his incapacity suffer any loss of the normal product of his labour, or is maintained at the expense of the insurance funds or from public funds; nevertheless, cash benefits shall only partially be withheld when the insured person, although thus personally maintained, has family responsibilities;
(c) as long as the insured person while ill refuses, without valid reason, to comply with the doctor's orders, or the instructions relating to the conduct of insured persons while ill, or voluntarily and without authorisation removes himself from the supervision of the insurance institutions.
4. Cash benefit may be reduced or refused in the case of sickness caused by the insured person's wilful misconduct.

Article 69. C102, Article 68. ECSS
A benefit to which a person protected would otherwise be entitled in compliance with any of Parts II to X of this Convention may be suspended to such extent as may be prescribed--
(a) as long as the person concerned is absent from the territory of the Member;

(b) as long as the person concerned is maintained at public expense, or at the expense of a social security institution or service, subject to any portion of the benefit in excess of the value of such maintenance being granted to the dependants of the beneficiary;
(c) as long as the person concerned is in receipt of another social security cash benefit, other than a family benefit, and during any period in respect of which he is indemnified for the contingency by a third party, subject to the part of the benefit which is suspended not exceeding the other benefit or the indemnity by a third party;
(d) where the person concerned has made a fraudulent claim;
(e) where the contingency has been caused by a criminal offence committed by the person concerned;
(f) where the contingency has been caused by the wilful misconduct of the person concerned;
(g) in appropriate cases, where the person concerned neglects to make use of the medical or rehabilitation services placed at his disposal or fails to comply with rules prescribed for verifying the occurrence or continuance of the contingency or for the conduct of beneficiaries;

Payment of indemnities shall cease on the day next to that on which:
a) the beneficiary deceased;
b) the beneficiary does no longer meet the legal requirements for being entitled to indemnities;
c) the beneficiary established its residence on the territory of another State not having a social security convention concluded with Romania;
d) the beneficiary established its residence on the territory of another State having a social security convention concluded with Romania, which provides for the payment of such indemnities by the other State in question;
e) the patient with oncological conditions has died.

III - 8. Right of complaint and appeal

Article 9. C24
A right of appeal shall be granted to the insured person in case of dispute concerning his right to benefit.

Article 70. C102, Article 69. ECSS
1. Every claimant shall have a right of appeal in case of refusal of the benefit or complaint as to its quality or quantity.
2. Where in the application of this Convention (Code) a government department responsible to a legislature is entrusted with the administration of medical care, the right of appeal provided for in paragraph 1 of this article may be replaced by a right to have a complaint concerning the refusal of medical care or the quality of the care received investigated by the appropriate authority.
3. Where a claim is settled by a special tribunal established to deal with social security questions and on which the persons protected are represented, no right of appeal shall be required.

RF/C102/ECSS: please state whether every claimant has a right of appeal in case of refusal of the sickness benefit or complaint as to its quality and quantity. Please summarise the rules which apply in the case of an appeal.

Control of all situations provided for by GEO no. 158/2005 on holidays and social health insurance allowances, with subsequent amendments and additions, are carried out by the control bodies of CNAS and health insurance companies.

The unjustified refusal to pay benefits and/or the erroneous calculation and payment of benefits, as well as the violation of the obligation regarding the management of the number of days of medical leave for each insured person and for each condition by the payers of benefits constitute a misdemeanor, according to art. 47 para. (2) from GEO no. 158/2005, with subsequent amendments and additions, which are found by the control bodies and are sanctioned with a fine from 3500 RON to 6000 RON, according to the provisions of art. 48 of GEO no. 158/2005, in conjunction with those of the Order of the CNAS president no. 1012/2013 for the approval of the Methodological Norms regarding the activity of control structures within the social health insurance system, with subsequent amendments and additions.

The insured person has the right to notify the health insurance company where he is registered in order to carry out control actions.
In the situation where the insured is dissatisfied with the method of settlement, he can address the competent courts, since according to art. 52 of GEO no. 158/2005, disputes that have as their object the method of calculation and payment of allowances are settled by the courts, according to the social insurance jurisdiction, regulated in art. 152 - 157 of Law no. 263/2010 regarding the unitary system of public pensions.

III - 9. Financing and Administration

Article 6. C24
1. Sickness insurance shall be administered by self-governing institutions, which shall be under the administrative and financial supervision of the competent public authority and shall not be carried on with a view of profit. Institutions founded by private initiative must be specially approved by the competent public authority.
2. The insured persons shall participate in the management of the self-governing insurance institutions on such conditions as may be prescribed by national laws or regulations.
3. The administration of sickness insurance may, nevertheless, be undertaken directly by the State where and as long as its administration is rendered difficult or impossible or inappropriate by reason of national conditions, and particularly by the insufficient development of the employers' and workers' organisations.

The official website of the National Health Insurance House: www.cnas.ro

The National Health Insurance House (CNAS) is a public autonomous institution of national interest with legal personality whose main activity is to provide unitary and coordinated functioning of the system of social health insurance in Romania.

RF/C24:
1. Please indicate the constitution and functions of the self-governing institutions entrusted with the administration of sickness insurance.
2. Please indicate the constitution and functions of the authorities entrusted with the administrative and financial supervision of such self-governing institutions.
3. Please indicate the conditions under which the insured persons are enabled to participate in the management of the self-governing insurance institutions, stating in particular the proportion of seats or of votes assigned to them in the organs of these self-governing institutions.

Article 7. C24
1. The insured persons and their employers shall share in providing the financial resources of the sickness insurance system.
2. It is open to national laws or regulations to decide as to a financial contribution by the competent public authority.

RF/C24:
1. Please indicate the conditions under which the insured persons and their employers must share in providing the financial resources of the sickness insurance system.
2. Please state whether the national legislation provides for a financial contribution by the competent public authority.

Article 3 of GEO no.158 / 2005
The right to sickness leave and sickness benefits, to which insured persons who earn salary or salary income are entitled, is subject to the payment of the labor insurance contribution intended to cover these allowances, regulated by the Fiscal Code. Persons receiving unemployment benefit, according to the law, are insured in the social health insurance system for holidays and social health insurance indemnities without a contribution. The entitlement to sickness leave and sickness benefits to which insured persons

are entitled under an insurance contract for sickness and maternity leave is subject to the payment of a contribution to leave holidays and allowances of 1%, applied to the chosen monthly income included in the insurance contract, which is made to the budget of the National Social Health Insurance Fund.

Article 71. C102, Article 70. ECSS

1. The cost of the benefits provided in compliance with this Convention (Code) and the cost of the administration of such benefits shall be borne collectively by way of insurance contributions or taxation or both in a manner which avoids hardship to persons of small means and takes into account the economic situation of the Member (Contracting Party) and of the classes of persons protected.

2. The total of the insurance contributions borne by the employees protected shall not exceed 50 per cent of the total of the financial resources allocated to the protection of employees and their wives and children. For the purpose of ascertaining whether this condition is fulfilled, all the benefits provided by the Member (Contracting Party) in compliance with this Convention (Code), except family benefit and, if provided by a special branch, employment injury benefit, may be taken together.

3. The Member (Contracting Party) shall accept general responsibility for the due provision of the benefits provided in compliance with this Convention (Code), and shall take all measures required for this purpose; it shall ensure, where appropriate, that the necessary actuarial studies and calculations concerning financial equilibrium are made periodically and, in any event, prior to any change in benefits, the rate of insurance contributions, or the taxes allocated to covering the contingencies in question.

Article 72. C102, Article 71. ECSS

1. The Member (Contracting Party) shall accept general responsibility for the proper administration of the institutions and services concerned in the application of the Convention (Code).

2. Where the administration is not entrusted [to an institution regulated by the public authorities or – C102] *to a Government department responsible to a legislature, representatives of the persons protected shall participate in the management, or be associated therewith in a consultative capacity, under prescribed conditions; national laws or regulations may likewise decide as to the participation of representatives of employers and of the public authorities.*

See under Part II-12. Medical Care. Financing and Administration, under Part XIII-3. Common provisions.

Part V. Old-age Benefit

Romania has accepted the obligations resulting from Part V of C102 and Part V of the ECSS.

Category	Information available	Information missing / questions raised by the CEACR
V-1. Regulatory framework	*Art.25 C102/ECSS*	
V-2. Contingency covered	*Art.26 C102/ECSS*	
V-3. Persons protected	*Art.27 C102/ECSS**	
V-4. Level and calculation of benefit		*Art.28 C102/ECSS**
V-5. Adjustment of benefit		*Art.65(10),66(8) C102/ECSS*
V-6. Qualifying period	*Art.29 C102/ECSS*	
V-7. Duration of benefit	*Art.30 C102/ECSS*	
V-8. Suspension of benefit	*Art.69 C102, Art.68 ECSS*	
V-9. Right of complaint and appeal	*Art.70 C102, Art.69 ECSS*	
V-10. Financing and Administration	*Art.72 C102 , Art.71 ECSS*	*Art.71 C102, Art.70 ECSS**

**** Please update statistical data, in accordance with the Report form for C102/ECSS.***

List of applicable legislation on the public pension scheme:

- **Law no. 263/2010** on the Unitary System of Public Pensions, with subsequent amendments and completions;
- **Law no. 196/2009** for the approval of Government Emergency Ordinance no. 6/2009 on the establishment of the guaranteed minimum social pension;
- **Law no. 127/2019** on public pension system, with subsequent amendments and completions;
- **Law no. 318/2021** on the state social insurance budget for 2022;
-

List of applicable legislation on special pension schemes:

- **Law no. 223/2007** regarding the status of civil aeronautical professional civil aviation in Romania, with subsequent amendments and completions;
- **Law No. 94/1992**, republished, on the organization and functioning of the Court of Auditors, with subsequent amendments and completions;
- **Law No. 216/2015** on pensions granted to the members of Romania's diplomatic and consular corps;
- **Law No. 7/2006**, republished, regarding parliamentary civil servant's status, with subsequent amendments and completions;
- **Law No. 567/2004** on the status of specialized auxiliary personnel in courts and prosecutors' offices attached to them and the staff that works at the National Institute of Forensic Expertise, as amended and completed;
- **Law No. 303/2004** on the status of judges and prosecutors, republished, with the subsequent amendments and completions;
- **Law No. 47/1992** on the organization and functioning of the Constitutional Court, with the subsequent amendments and completions;

- **Law No. 223/2015** on the state military pensions, with the subsequent amendments and completions;
- **Law no. 51/1995** for the organization and exercise of the legal profession, republished, in force since February 7, 2011;
- **Law no. 39/2020** on the pension system and other social insurance rights of notaries public in Romania, in force since April 6, 2020;
- **Law no. 35/1997** on the organization and functioning of the People's Advocate institution, republished, with subsequent amendments and completions, in force since April 15, 2014;
- **Law no. 56/2020** for the recognition of the merits of the medical staff participating in medical actions against COVID-19, in force since May 18, 2020.

List of applicable legislation on other regulations on retirement conditions:

- **Law no. 1/2011** – Law of national education, with the subsequent amendments and completions;
- **Law no. 95/2006** on healthcare reform, with the subsequent amendments and completions;
- **Government Emergency Ordinance no. 144/2008** on the exertion of the profession of nurse, midwife and medical assistant, as well as the organization and functioning of The Order of the Nurses, Midwives and Medical Assistants in Romania, with the subsequent amendments and completions;
- **Law no. 319/2003** on the Statute of Research and Development Staff, with the subsequent amendments and completions.

V - 1. Regulatory framework

Article 25. C102 and ECSS
Each Member (Contracting Party) for which this part of this Convention (Code) is in force shall secure to the persons protected the provision of old-age benefit in accordance with the following Articles of this Part.

Database of the MISSOC:

Basic principles.

Romania's pension system is based on a compulsory social insurance (PAYG) scheme, with defined-benefits, financed by contributions, covering employees and self-employed, and providing earnings-related pensions depending on the length of contribution period and the level of earnings to which the contributions were paid.

V - 2. Contingency covered

Article 26. C102 and ECSS
1. The contingency covered shall be survival beyond a prescribed age.
2. The prescribed age shall be not more than 65 years or such higher age [that the number of residents having attained that age is not less than 10 per cent of the number of residents under that age but over 15 years of age - ECSS] *as may be fixed by the competent authority with due regard to the working ability of elderly persons in the country concerned*
3. National laws or regulations may provide that the benefit of a person otherwise entitled to it may be suspended if such person is engaged in any prescribed gainful activity or that the benefit, if contributory, may be reduced where the earnings of the beneficiary exceed a prescribed amount and, if non-contributory, may be reduced where the earnings of the beneficiary or his other means or the two taken together exceed a prescribed amount.

According to Law no. 263/2010 on the Unitary System of Public Pensions, as amended and supplemented, old-age pensions shall be granted to the insured individuals who, on the date of their retirement, cumulatively meet the conditions with respect to the standard retirement age and the minimum contribution period achieved in the public pensions system.

The insured also can choose between Early Retirement Pension or Partial Early Retirement Pension provided they exceeded the full contribution period or even achieve it. Starting January 1st 2011, the Partial Early Retirement Pension is granted up to 5 years

before the standard retirement age to a person who exceeds the full contribution period by up to 8 years while the Early Retirement Pension is granted up to 5 years before the standard retirement age to a person who exceeds the Full Contribution Period by at least 8 years.

Starting from January 2015 the standard retirement age is 65 years for men and 60 years for women. As provided by the present legislation, the standard retirement age for women is due to increase to 63 years by 2030. The minimum contribution period is 15 years for both men and women.

For the reference period year 1 July 2022 -30 June 2023, the standard retirement ages qualifying a person to draw an old-age pension, are the following:

Men: 65 years

Women:

July 2022	61 years and 10 months
September - November 2022:	61 years and 11 months
January - March 2023	62 years

Within the public pension scheme, individuals are entitled to old-age benefit at the standard retirement age stated above. However, based on considerations related to the shortfall of qualified staff in certain fields and given due consideration to the specificities of certain profesions, there are derogathory provisions in place as regards the retirement age. For instance, physicians can opt to retire at request at age 67 instead of retiring at standard retirement age (provisions under Law no. 95/2006) while research and development staff and also nurses, midwives and medical assistants retire at age 65, irrespective of gender (provisions under Law no. 319/2003 & Government Emergency Ordinance no. 144/2008).

Along with the main public pension scheme, several other schemes coexist that generally apply lower retirement ages compared to the PAYG scheme:

- For military personnel, police and national security system personnel the age for title to old-age benefit is 60;
- For magistrates the age for title to old-age benefit is 60 or less;
- For specialised auxiliary personnel from the courts and prosecutor's offices the age for title to old-age benefit is 60;
- For workers in civil aeronautics the age for title to old-age benefit is 50 or 52, as the case may be;
- For parliamentary civil servants the age for title to old-age benefit is the standard retirement age in the main PAYG scheme or less (but not lower than 60), depending on the case;
- For Court of Accounts personnel the age for title to old-age benefit is the standard retirement age in the main PAYG scheme;
- For diplomats the age for title to old-age benefit is 60.

Special conditions apply to some categories of people such as:

- people who contributed under special or difficult working conditions;
- people with handicap;
- the blind;

- people persecuted for political reasons by the regime in power after 6 March 1945, deported abroad or taken prisoners of war.

In case of meeting these special conditions, the person is entitled to an old-age pension with reduced standard retirement age.
Following the enactment of Law 134/2014, published in the Official Gazette no. 753 of 16 october 2014, old-age pensioners may cumulate, starting 19 October 2014, their pension with earnings from professional activities for which insurance is mandatory irrespective of their amounts (as prior of the law enactment, the cumulation was limited to the value of the average gross earning).

According to the pension law, the following categories of pensioners may cumulate pension with incomes arising from situations where insurance is compulsory, regardless of the income level:

- old-age pensioners;
- blind people;
- the 3rd degree invalidity pensioners, as well as the children classified within the 3rd degree of invalidity who receive survivor pension, if they don't exceed half of the full working time for incomes from dependent activities provided in art. 6 par. (1) point I lit. (a) and (b) or point II of Law no. 263/2010 (failure to comply with this requirement results in pension suspension);
- the children who receive survivor pension, respectively those up to the age of 16 and those who continue their studies in an educational institution organized under the law, until their graduation, but without exceeding the age of 26 years;
- the surviving spouse may cumulate the survivor pension with earnings from activities provided in art. 6 par. (1) point I lit. (a) and (b) or point II of Law no. 263/2010, with subsequent amendments and completions, if they do not exceed 35% of the average gross wage earning (failure to comply with this requirement results in pension suspension);
- local and county counselors.

In the public pension system, all cathegories of pensioners can cummulate their pension with incomes from independent activities and intellectual property rights, as regulated by the Fiscal Code, regardless of their level.
According to the Law no. 263/2010, as amended and supplemented, pension payment is suspended from the month following the month in which the beneficiary of an early retirement pension or a partial early retirement pension engages is in a gainfull activity under an employment contract or as a public servant or a cooperative member of a craft cooperative organization, carries activity in elective positions or is appointed within the executive, legislative or judicial authority. Same rule of suspension applies for Ist and IInd degree invalidity pension recipients and survivor pensioners classified with Ist and IInd degree invalidity.

V - 3. Persons protected

Article 27. C102 and ECSS
The persons protected shall comprise:
(a) prescribed classes of employees, constituting not less than 50 per cent of all employees; or
(b) prescribed classes of the economically active population, constituting not less than 20 per cent of all residents; or
(c) all residents whose means during the contingency do not exceed limits prescribed in such a manner as to comply with the requirements of Article 67.

The sub-paragraph of Article that applies in domestic legislation is (b) because certain categories of self-employed persons are also covered by the scheme.

Persons protected under this Article are: Romanian citizens, foreign citizens or stateless persons as long as they, by law, domicile or have their residence in Romania as follows:

- employees,
- persons assimilated to employees (elected or appointed to executive, legislative or judicial authorities; co-operative members),
- civil servants,
- unemployed,
- persons whose incomes are treated as wages,persons who earn incomes from independent activities and / or from intellectual property rights.
- other persons, including the voluntarily insured persons.

Also, can be insured in the public pension system Romanian citizens, citizens of other countries and stateless persons who are not domiciled or resident in Romania, under the terms of international legal instruments to which Romania is a party.

The number of people active at national level, insured in the overall system (public pensions and other social insurance rights) during the reference period was 5.871.417 (31.04.2022) (employees and other persons insured).

In accordance with Article 76 of Title II of the Report, the purpose of protection is fulfilled as follows:

The number of economically active persons protected:	5.919.287
The total number of residents:	19.042.455
Percentage:	31,1%

V - 4. Level and Calculation of Benefit

Article 28. C102 and ECSS
The benefit shall be a periodical payment calculated as follows:
(a) where classes of employees or classes of the economically active population are protected, in such a manner as to comply either with the requirements of Article 65 or with the requirements of Article 66;
(b) where all residents whose means during the contingency do not exceed prescribed limits are protected, in such a manner as to comply with the requirements of Article 67.

For the calculation of old age retirement pension Article 65 applies.

In the public system, social security benefits substitute the total or partial loss of insured income as a result of old age, disability or death. Social insurance benefits are provided in the form of pensions, allowances or other benefits.

The old-age pension provided by the public pension system is paid on a monthly basis and calculated using a point system.

It is determined by the length of contribution period and the level of earnings (which vary among individuals), as well as the pension point value (which is a constant for all pensioners).

The Old-Age Pension formula is:
OAP = PPV *AAS
Where:

OAP = Old-Age Pension
PPV = Pension Point Value
AAS = Annual Average Score = ∑ AS/FCP
AS = Annual Score = ∑ MS/12
FCP = Full Contribution Period
MS = Monthly Score = RE/AGE
RE = Reference earnings
AGE = Average Monthly Gross Earnings ('realised' – i.e. the actual outturn - at national level as reported by the National Institute of Statistics)

The monthly score is equal to the person's monthly gross earnings divided by the average gross earnings.

The annual score is equal to the sum of the monthly scores obtained during one year divided by twelve. The person is credited with annual scores for non-contributory periods.

The annual average score is equal to the sum of the annual scores divided by the number of years corresponding to the full contribution period provided by the law at the date of retirement.

The old-age pension with reduced standard retirement age, the early retirement pension, and the partial early retirement pension are calculated in the same way as the old-age pension. Nevertheless, the non contributory periods are not taken into account for early retirement pension and partial early retirement pension calculation purposes. In case of partial early retirement pension, the amount is reduced in relation to the length of contribution period and the number of months by which the standard retirement age is reduced. The monthly penalty ranges between 0.50% for a person who exceeded the full contribution period by up to 1 year and 0.15% for a person who exceeded the full contribution period by 7 to 8 years.

The insured person, who continues to contribute to the public system of pensions after becoming eligible for receiving an old-age pension, is entitled to an increased score achieved in this period by 0.5% per month. The increase of the monthly score won't be granted for the periods when the pension is cumulated with wage incomes.

Starting with 01.01.2023, the value of the pension point is 1785 RON as stated by the Government Emergency Ordinance no. 168/2022.

The evolution of the pension point value, starting 2011, is presented below.

2011	1 January-31 December	732,8 RON
2012	1 January-31 December	732,8 RON
2013	1 January-31 December	762,1 RON
2014	1 January-31 December	790,7 RON
2015	1 January-31 December	830,2 RON
2016	1 January-31 December	871,7 RON
2017	1January-30 June	917,5 RON
2017	1 July-31 December	1000 RON
2018	1January-30 June	1000 RON
2018	1 July-31 December	1100 RON
2019	1 January – 31 August	1100 RON
	1-September -31 December	1265 RON
2020	1 January - 31 August	1265 RON
	1 September -31 December	1442 RON

2021	1 January -31 December	1442 RON
2022	1 January - 31 December	1586 RON
2023	1 January onward	1785 RON

After the pension point freeze implemented in 2021, the Government increased the pension point value from 1442 RON to 1586 RON starting with 1st of January 2022. A further 12.5 % increase of the pension point was granted in 2023.

According to the same Government Emergency Ordinance no. 168/2022 starting with 2024 the value of the pension point will increase with the average annual inflation rate, to which is added at most 50% of the real increase of the average gross earnings achieved, definitive indicators, known in the current year for the calendar year previously communicated by the National Institute of Statistics. The increase and the date of granting are established annually by the law of the state social insurance budget.

In the national legislation sub-paragraph of paragraph 6 of Art. 65, which can be applied in national law is (c).

Old age pension calculation for the standard beneficiary

Standard beneficiary was chosen as a person whose income equals 125% of average earnings of all persons protected.

In the period 01.07.2022 – 31.12.2022, the value of the pension point was 1586 according to Government Emergency Ordinance no. 318/2021.

Starting with 1st January of 2023, the pension point value is 1785 RON according to GEO no. 369/2022. The average gross wage used at the establishment of the state social security budget for the period 01.07.2022 – 31.12.2022, according to art. 15 of Law no. 16/2021, is 6095 RON. Starting with 01.01.2023, the average gross wage used at the establishment of the state social security budget is 6789 RON.

We consider that the sum of 6095 RON representing the gross average wage gain used for the establishment of the state social security budget for the year 2022 has no relevance in determining the replacement rate, therefore the replacement rate will be calculated using the net average wage gain for 2022 of 3801 RON (source: NationalCommission for Strategy and Prognosis, Spring 2023 Forecast).

*Applying Article 65, paragraph 6, letter c) of the Code: the reference income of a standard beneficiary is 125% of net average salary (3801 RON in 2022), i.e. 1.25 * 3801 = 4751 RON in 2022.*

The calculation of the replacement rate for old-age pension after 30 years of insurance (under Title I and III of Article 65 of the report):

C. Standard wage of a skilled manual male employee: 4751 RON
*D. Amount of old-age pension granted after 30 years of insurance: 1586*1.25 RON = 1983*
G. Replacement rate D./. C = 1,983 RON/4751 RON = 41,7 %

The national legislation guarantees a minimum pension amount. Law no. 196/2009 approved G.E.O. no. 6/2009, establishing the guaranteed minimum social pension. Later on, the phrase "guaranteed minimum social pension" was substituted by syntagma "social allowance for pensioners".

Since 2010, the social allowance for pensioners is established annually by the state budget law and can be increased only by the laws amending the state budget, based on changes of the macroeconomic indicators and financial resources.

Starting 1st of January 2023 the level of social allowance for pensioners is 1125 RON (Art. IX of GEO no. 168/2022).

The beneficiaries of the social allowance for pensioners are the pensioners of the public pension system or military pension system who reside in Romania, regardless of the date of retirement, whose quantum of pension is below the social allowance for pensioners.

The social allowance is calculated as the difference between the amount of social allowance for pensioners and the pension amount due or paid, combined with any other entitlements paid under special laws.

2022 CEACR's conclusions

*Part V (Old-age benefit), Article 28 of the Code. Calculation of the pension replacement rate. In its previous conclusions, the Committee requested the Government to take measures to guarantee that the level of old-age benefit provided under the public pension scheme met the minimum level required by Article 28, in conjunction with Article 65, of the Code. The Committee notes the calculations provided by the Government indicating a replacement rate of 44.78 per cent for the old-age pension. The Committee notes, however, that this replacement rate is reached by comparing the pension attained in 2022 after a full contributory period of 35 years (1,586*1.25 = 1,983 RON) with the net wage (4,429 RON) of a skilled manual male employee in 2021 determined in accordance with Article 65(6)(c) of the Code. The Committee points out, however, that the calculations of the replacement rate should be made on the same time basis, i.e. pensions payable to a standard beneficiary in 2022 should be compared to the standard wage of the same year. According to the Government, however, the standard wage for the year 2022 is not yet available. This implies that not only the determination of the standard wage, but also the calculation of the standard pension have to be made with 2021 figures, i.e. on the basis of a pension point value of 1,442 RON only. Moreover, the Committee notes that the replacement rate of an old-age pension is calculated based on a full contributory period of 35 years, pursuant to article 53(3) of the Law No. 263 of 16 December 2010, while according to Article 29(1) of the Code, the old-age pension of a standard beneficiary should be calculated on the basis of 30 years of contributions. In this regard, the Committee notes, as indicated by the Government, that the annual average score for the calculation of the pension is equal to the sum of annual scores divided by the number of years corresponding to the full contribution period, i.e. 35 years according to the Law at the date of retirement. This means that a standard beneficiary determined in accordance with the Code would have been entitled, in 2021, to an old-age pension equal to 30/35 of the full pension, i.e. 1,442*1.25 RON (= 1,545 RON) and thus to a replacement rate of (1,545 RON/4,429 RON) 34.88 per cent, below the minimum level of 40 per cent set out in the Schedule to Part XI of the Code.*

The Committee further notes from the information provided by the Government that a 10 per cent increase of the pension point value accompanied by a 25 per cent increase of the minimum pension were adopted as of January 2022 and that, starting as of 2023, the value of the pension point will be indexed to inflation and half the average wage growth. It also notes

that pensioners with low incomes became entitled to additional aid and social vouchers from the State budget to pay their bills. The Committee considers that, while all these ad-hoc measures are suitable to provide relief for pensioners with low income, they do not necessarily guarantee a replacement rate of old-age pensions at the level required by the Code for a standard beneficiary. ***The Committee therefore urges once again the Government to take the necessary measures to increase the rate of old-age benefit to ensure a replacement rate of at least 40 per cent of the reference wage for a standard beneficiary after 30 years of contributions, as specified in Article 29, in conjunction with Article 65 and the Schedule to Part XI, of the Code. It also requests the Government to provide calculations of the replacement rate attained in the year 2022, in accordance with the requirements of the Code, as explained above.***

V - 5. Adjustment of benefits

§10 Article 65, §8 Article 66. C102 and ECSS
The rates of current periodical payments in respect of old age, employment injury (except in case of incapacity for work), invalidity and death of breadwinner, shall be reviewed following substantial changes in the general level of earnings where these result from substantial changes in the cost of living.

Pensions are increased by way of raising the pension point value. The increase of the pension point value is one of the social protection measures with positive impact for the beneficiaries of the public pension system as regards improving their standard of living. To reflect changes in the cost of living, starting 2024, the value of the pension point will be adjusted with the average annual inflation rate, to which is added at most 50% of the real increase of the average gross earnings. Up until this rule was legislated, the pension benefit indexation relied on ad – hoc decisions.

Correction Index
In 2022 and 2023, in line with the provisions of art. 170 para. 3^1 of Law no. 263/2010 on the unitary pension system, the index of correction stood at 1.41.
The correction index is used to lift the first pension in line with wages.

2018 CEACR's conclusions
Article 65(10) of the Code. Adjustment of long-term benefits to the cost of living. ***The Committee notes the information provided by the Government in reply to its previous request concerning adjustment of long-term benefits to the cost of living.***

Please provide a reply to the Committee's request.

RF/C102/ECSS:
1. Please state the methods adopted for giving effect, where necessary, to the provisions of paragraph 10 of Article 65 or of paragraph 8 of Article 66 of C102 and the ECSS.
2. Please give the following information:

Period under review	Cost-of-living index	Index of earnings[3]
A. Beginning of period[4] …….. B. End of period[5]…….. C. Percentage A…… B	…….. …….. ……	…….. …….. ……..

3. Please state whether the amount of the periodical payments has been reviewed during the period of reference. If so, please indicate the changes made in the level of benefits and furnish the following information:

Period under review*	Benefit		
	Average per beneficiary** I	Benefit for standard beneficiary** II	Other estimates of benefit levels** III
A. Beginning of period …… B. End of period …… C. Percentage A…… B	…….. …… ……..	…….. …… ……..	…… …… ……

* This period should, as far as possible, coincide with the period referred to in the table under paragraph 2.
** Please give such data in columns I, II and III as will show the percentage variation of the benefit.

Year	Average monthly pension (RON)	Year	Average monthly pension (RON)
2011	753	2018	1172
2012	773	2019	1292
2013	805	2020	1500
2014	846	2021	1666
2015	892	2022 IVth trimester	1866
2016	948	2023 Ist trimester	2101
2017	1069		

Source: National Institute of Statistics (https://insse.ro/cms/ro/tags/comunicat-numarul-de-pensionari-si-pensia-medie-lunara)

V-6. Qualifying period

Article 29. C102 and ECSS

1. The benefit specified in Article 28 shall, in a contingency covered, be secured at least:
(a) to a person protected who has completed, prior to the contingency, in accordance with prescribed rules, a qualifying period which may be 30 years of contribution or employment, or 20 years of residence; or
(b) where, in principle, all economically active persons are protected, to a person protected who has completed a prescribed qualifying period of contribution and in respect of whom while he was of working age, the prescribed yearly average number of contributions has been paid.
2. Where the benefit referred to in paragraph 1 of this article is conditional upon a minimum period of contribution or employment, a reduced benefit shall be secured at least:

[3] The index of earnings should correspond to the classes of employees or economically active persons shown under the Article dealing with persons protected (Article 27, 33 or 61). If no index of earnings is available, the index of money wages may be substituted.
[4] The indices at the beginning and end of each period should refer to the same base.
[5] The indices at the beginning and end of each period should refer to the same base.

(a) to a person protected who has completed, prior to the contingency, in accordance with prescribed rules, a qualifying period of 15 years of contribution or employment; or
(b) where, in principle, all economically active persons are protected, to a person protected who has completed a prescribed qualifying period of contribution and in respect of whom, while he was of working age, half the yearly average number of contributions prescribed in accordance with paragraph 1.b of this Article has been paid.
3. The requirements of paragraph 1 of this Article shall be deemed to be satisfied where a benefit calculated in conformity with the requirements of Part XI but at a percentage of ten points lower than shown in the Schedule appended to that Part for the standard beneficiary concerned is secured at least to a person protected who has completed, in accordance with prescribed rules, ten years of contribution or employment, or five years of residence.
4. A proportional reduction of the percentage indicated in the Schedule appended to Part XI may be effected where the qualifying period for the benefit corresponding to the reduced percentage exceeds ten years of contribution or employment but is less than 30 years of contribution or employment; if such qualifying period exceeds 15 years, a reduced benefit shall be payable in conformity with paragraph 2 of this Article.
5. Where the benefit referred to in paragraphs 1, 3 or 4 of this Article is conditional upon a minimum period of contribution or employment, a reduced benefit shall be payable under prescribed conditions to a person protected who, by reason only of his advanced age when the provisions concerned in the application of this Part come into force, has not satisfied the conditions prescribed in accordance with paragraph 2 of this Article, unless a benefit in conformity with the provisions of paragraphs 1, 3 or 4 of this Article is secured to such person at an age higher than the normal age.

§1(f) Article 1. C102, §1(i) Article 1. ECSS
The term qualifying period means a period of contribution, or a period of employment, or a period of residence, or any combination thereof, as may be prescribed.

Starting 1st January 2015, the minimum contribution period which entitles the persons protected to an old-age pension is 15 years, irrespective of gender.
When determining the old-age pension, besides the contributory periods, certain non-contributory periods, called "assimilated periods" are taken into consideration, when the insured person:

- benefited from invalidity pension,
- pursued full-time university courses, on the condition of graduation with diploma,
- served military service, were mobilised or were war prisoners,
- benefited, starting with 1st of January 2005, from leave for temporary working incapacity due to work accidents and occupational diseases,
- benefited, during 1st April 2001 – 1st January 2006 of social insurance indemnities, provided in the terms set by law,
- benefited, starting with 1st of January 2006 from leave for child upbringing up to 2 years old, or up to 3 years old in the case of disabled child,

The insured person who attended several higher forms of education benefits from a single period of study assimilated as contribution period, at choice.

The old-age pension is granted upon reaching the pensionable age and meeting the minimum contributory period. A complete standard contributory period and reaching the pensionable age entitle beneficiaries to a full pension benefit. Individuals can take early retirement five years prior to the pensionable age under two different regimes: early retirement (ER), when the contribution period of an individual is at least eight years higher than the standard contribution period and partial early retirement (PER), when the contribution period has been completed or exceeded by less than eight years (with penalties for each missing year until the standard retirement age). Once the pensionable age is reached, beneficiaries of partial early retirement become automatically entitled to a full old age benefit.

V -7. Duration of Benefit

Article 30. C102 and ECSS
The benefits specified in Articles 28 and 29 shall be granted throughout the contingency.
In the public pension system, social security benefits substitute the total or partial loss of insured income as a result of old age, invalidity or death. When these insured risks occur (invalidity, old age and death), the institutions of the public system of pensions grant social insurance benefits to the insured, in compliance with the provisions of the law.
With reference to Article 68, of the old-age benefit granted within the public system of pensions shall be suspended starting from the month following the one in which one of the pensioner has established his domicile in the territory of another state, with which Romania has signed a reciprocity convention in the field of social insurance, if, according to its provisions, the pension is paid by the other State.

V - 8. Suspension of Benefit

Article 69. C102, Article 68. ECSS
A benefit to which a person protected would otherwise be entitled in compliance with any of Parts II to X of this Convention may be suspended to such extent as may be prescribed--
(a) as long as the person concerned is absent from the territory of the Member;
(b) as long as the person concerned is maintained at public expense, or at the expense of a social security institution or service, subject to any portion of the benefit in excess of the value of such maintenance being granted to the dependants of the beneficiary;
(c) as long as the person concerned is in receipt of another social security cash benefit, other than a family benefit, and during any period in respect of which he is indemnified for the contingency by a third party, subject to the part of the benefit which is suspended not exceeding the other benefit or the indemnity by a third party;
(d) where the person concerned has made a fraudulent claim;
(e) where the contingency has been caused by a criminal offence committed by the person concerned;
(f) where the contingency has been caused by the wilful misconduct of the person concerned;

According to Article 114 of Law no. 263/2010, as further amended and supplemented, **pension payment is suspended** from the month following the month in which:

- Pensioner shall establish domicile in a country with which Romania has concluded social security agreement, if it stipulates that the pension is paid by the other State;
- Beneficiary of an early retirement or a partial early retirement pension is found in one of the situations provided in art. 6 par. (1) point I lit. (a) and (b) or point II of Law no. 263/2010, with subsequent amendments and completions;
- The disability pensioner, and the survivor pensioners provided by the law did not attend the compulsory medical re-examination, the convening of the National Institute of Medical Expertise and Recovery of Work Capacity or the regional centres of medical expertise of work capacity, or did not attend the rehabilitation programmes;
- First or second degree invalidity pensioner, as well as the beneficiaries of survivor pension classified with 1st or 2nd degree disability is found in one of the situations provided in art. 6 par. (1) point I lit. (a) and (b) or point II of Law no. 263/2010, with subsequent amendments and completions;;
- Third degree invalidity pensioner, as well as the child in the third degree of disability who is the beneficiary of a survivor pension, earn monthly income being in one of the situations provided by art. 6 par. (1) point I lit. (a) and (b) or point II of Law no. 263/2010, with subsequent amendments and completions, exceeding half of the normal work schedule for that job;
- The child who receives survivor pension has reached the age of 16 and does not make proof of continuing education;

- The surviving spouse, who is beneficiary of a survivor pension is found in one of the situations provided in art. 6 par. (1) point I lit. (a) and (b) or point II of Law no. 263/2010, with subsequent amendments and completions and earns monthly gross incomes above 35% the average gross earnings;
- The surviving spouse, who is the beneficiary of a survivor pension, has remarried;
- The surviving spouse, who is the beneficiary of a pension within the public system of pensions, opts for another pension, under the law, within the same system, or within another social insurance system, not-integrated into the public pension system.
- The children of soldiers, policeman or civil servants with special status deceased following specific actions they were involved, to whome the right to a survivor's pension has been opened in the public pension system, opt for another pension, according to art. 55 para. (1 ^ 1) of Law no. 223/2015 on state military pensions, with subsequent amendments and completions.

Resumption of the suspended pension payment is made on demand and is granted starting with the next month subsequent to the month in which the suspension cause has ceased, if the application was filed within 30 days since the cause of suspension was terminated or from the month following the application's date, if the submission was made after the expiry of the period above mentioned.

V - 9. Right of complaint and appeal

See under Part XIII-2

It is the competence of the territorial houses of pensions to decide on accepting or rejecting the retirement requests. The retirement decisions have to be issued within 45 calendar days following application date and include the factual and legal grounds on which each decision has been made.
The decision is communicated to the person who claimed the benefit within 5 days from the date of its issuance.
The pension decisions issued by the territorial pension houses may be appealed to the competent court, within 45 days following of the notification.The undisputed pension decisions are definitive.

V - 10. Financing and Administration

Article 71. C102, Article 70. ECSS

See under Part XIII-3. Common provisions.

The public pension system in Romania is managed and guaranteed by the State and it has a compulsory character. The public system of pensions, based on intergenerational solidarity is organised and operates based on the principle of contributiveness, according to which the social insurance funds are set up on the contributions owed by the natural and legal persons, participants in the public pension system, while the social insurance rights are rendered under the social insurance contributions paid.

The public pension system is based on the "pay-as-you-go" principle, with the social insurance contributions representing the main source of revenue to the system. Social insurance contributions rates depend on the working conditions set for the employees and are established by the Fiscal Code.

As provided by law, the employer or the assimilated employers must calculate and pay, on monthly basis, the social security contributions owed to the state social insurance budget, together with the individual contributions retained from the insured.

For the year 2022 and 2023, social insurance contribution rates were established as follows:

Contribution for 2022 and 2023
Employees: • Calculation base: gross earnings; no ceiling. • Rate: 25% (including 3.75% for Pillar 2 (i.e. the supplementary compulsory funded social insurance scheme as conventionally defined)). • Exemption between January 2019 and December 2028: 21.25% for agriculture, food industry and construction sector employees (no contribution to Pillar 2). • Employer: • Calculation base: total gross earnings; no ceiling. • Rate: the contribution rate varies with the working conditions: *Working conditions* — *Rate (%)* Normal — 0 Difficult — 4 Special — 8 • Exemption: construction, agriculture and food industry sector

Part VII. Family Benefit

Romania has accepted the obligations resulting from Part VII of C102 and Part VII of the ECSS.

Category	Information available	Information missing / questions raised by the CEACR
VII-1. Regulatory framework	*Art.39 C102/ECSS*	
VII-2. Contingency covered	*Art.40 C102/ECSS*	
VII-3. Persons protected	*Art.41 C102/ECSS**	
VII-4. Types of benefits	*Art.42 C102/ECSS*	
VII-5. Qualifying period	*Art.43 C102/ECSS*	
VII-6. Level and Calculation of benefit	*Art.44 C102/ECSS**	
VII-7. Duration of benefit	*Art.45 C102/ECSS*	
VII-8. Suspension of benefit	*Art.69 C102, Art.68 ECSS*	
VII-9. Right of complaint and appeal	*Art.70 C102, Art.69 ECSS*	
VII-10. Financing and Administration	*Art.71,72 C102* *Art.70,71 ECSS*	

**** Please update statistical data, in accordance with the Report form for C102/ECSS.***

List of applicable legislation

- **Law no. 292/2011** on social assistance,;
- **Law no. 61/1993** on child state allowance, republished;
- **Government Emergency Ordinance no. 111/2010** on parental leave and monthly indemnity for raising the children, as amended and supplemented;
- **Law no. 448/2006** on the protection and promotion of the rights of the persons with disabilities, republished, as amended and supplemented;
- **Law no. 272/2004** on the protection and promotion of children rights, republished;
- **Law no 277/2010** concerning the allowance for family support.
- **Law 263/2007** regarding the establishment and organization of nurseries, as amended and supplemented;
- **Law 193/2006** regarding the grant of nursery vouchers, as amended and supplemented;
- **Law no. 416/2001** on minimum guaranteed income, as amended and supplemented;
- **Law no. 226/2021** providing social protection measures for vulnerable energy consumer.

VII - 1. Regulatory framework

Article 39. C102 and ECSS
Each Member (Contracting Party) for which this Part of this Convention (Code) is in force shall secure to the persons protected the provision of family benefit in accordance with the following Articles of this Part.

The social assistance system in Romania was reformed in 2011 and in the same time all the programs targeted to families with children/vulnerable persons were revised. The new Law of social assistance no. 292/2011 establishes the new principles of organising, functioning and financing of the social assistance system in Romania. The purpose of this reform was to improve the social assistance system and to increase the efficiency of all the measures in this field, by targeting all vulnerable persons.

According to Law of social assistance, the national social assistance system is a set of institutions, measures and actions, through which the state, represented by central and local government authorities and civil society intervene to prevent, limit or remove the effects of temporary or permanent situations that can lead to marginalization and social exclusion of the person, family, groups or communities. The national system of social assistance intervenes subsidiary or, where appropriate, complementary to social security systems and consists of social benefits system and social services system.
Social assistance, through specific measures and actions, aims to develop individual, group or collective capacities to provide social needs, increase the quality of life and promote cohesion principles and social inclusion.

According to Law of social assistance, social assistance benefits, depending on their purpose, are classified as follows:

a) social benefits for the prevention and combating poverty and social exclusion risk;
b) social assistance benefits for child and family support;
c) social assistance benefits to assist people with special needs;
d) social assistance benefits for special situations.

The Minimum Inclusion Income (MII) will represent the main supporting instrument/program for preventing and combating poverty and the risk of social exclusion, being granted from the state budget, as a difference between the level of benefits regulated by the law and the net income of the family or single person, earned during a certain period of time. The purpose of the program is to guarantee a minimum level of income to every person in Romania.

In October 2016 the Romanian Parliament adopted the Minimum Inclusion Income Law no. 196/2016.

Currently, in order to increase the coverage and adequacy of the social benefits and their correlation with labor market activation measures, through National Recovery and Resilience Plan (NRRP), it is expected to support the reform and investments dedicated to the implementation of the Minimum Inclusion Income Program. As a general objective, the reform proposal envisages the revision and application of the provisions of Law no. 196/2016 on the minimum income for inclusion, as well as the development of the National Integrated Social Assistance System and provision of logistical support for the implementation of MII. The reform is in progress, as recently were adopted the following normative acts: *Government Emergency Ordinance no. 114/2022 for the amendment and completion of Law no. 196/2016 regarding the minimum inclusion income* and the *Government Decision no. 1154/2022 for the approval of the methodological norms for the* application of the provisions of *Law no. 196/2022 regarding the minimum inclusion income, with subsequent amendments and completions.* The reform will allow the payment of the MII starting with January 2024. The MII will include two components: the minimum inclusion income and the family support allowance.

Up to the finalization of the MII reform, the decision was to maintain the application of the actual means-tested benefits, namely: the minimum income guaranteed program

(Law no. 416/2001 on mínimum income guaranteed, with subsequent amendments) and the family support allowance (Law no. 277/2010 on family support allowance, with subsequent amendments).

Also, recently the house heating benefits program was revised and other measures for vulnerable energy consumer were approved, according to **Law no. 226/2021** providing social protection measures for vulnerable energy consumer. This new law establishes the criteria for classifying families and single persons as vulnerable energy consumers and provides social protection measures for them in terms of access to energy resources to meet the essential needs of the household, in order to prevent and combat energy poverty. According to law, the social protection measures are financial and non-financial and will be financed from the state budget, from the local budgets or European funds. **The financial measures** consist of:

1. **House heating aid**, focusing on the following aspects:

   - **establishing the maximum income threshold up to which a person or family can benefit from the heating aid**, namely of 1386 RON /person from the family, and for the single person of 2053 RON;

   - **establishing the amount of aid, namely by percentage compensation applied to a reference value differentiated according to the heating system**. The percentage compensation is 100% for the beneficiaries with the lowest incomes and at least 10% for those whose incomes are at the maximum limit;

   - **the house heating aid is granted based on the net mounthly income of the families or single persons**:

   - **the amounts are variable depending on the type of heating used** (centralized system, natural gas, electricity, solid fuels and oil), the net income per family member and also the assets of the family referred to the *List of assets leading to the exclusion of the right,* Annex of the GD no. 50/2011.

   - **establishing the reference value to which the percentage compensation applies, for the four heating systems of the dwelling**: centralized heating (the reference value is established monthly, within the average consumption and depending on the local price of the thermal energy billed to the population), heating with natural gas (**250** RON**/month**), heating with electricity (**500** RON**/month**) and heating with solid or liquid fuels (**320** RON**/month**);

   - **ensuring the payment from the state budget, through the MLSS budget, of the aids for house heating with wood for the beneficiaries of the social aid** granted based on Law no. 416/2001, this being no longer in the direct task of the local public administration authority;

2. Energy consumption aid to cover part of the household's energy consumption throughout the year. The average monthly net income up to which the energy supplement is granted is 1386 RON person in the case of the family and 2053 RON, in the case of the single person and is granted as follows:

- in the amount of 30 RON / month for electricity consumption;

- in the amount of 10 RON / month for natural gas consumption;

- in the amount of 10 RON / month for thermal energy consumption;

- in the amount of 20 RON / month for the consumption of solid and / or oil fuels;

As an exception, in the amount of 70 RON, if the only energy source used is electricity.

3.Aids for the purchase, within a dwelling, of energy-efficient equipment necessary for lighting, cooling, heating and hot water supply in the dwelling, for the replacement of technically and morally obsolete household appliances with energy - efficient household appliances, as well as for the use of energy - intensive means of communication.

Aids for the purchase of products and services in order to increase the energy performance of buildings, or for connection to energy sources.

Rising the prices on the electricity and gas markets, at the international level, led to the adoption of complementary measures to protect the population exposed to the difficulties of paying these costs. By *Government Emergency Ordinance no. 118/2021 on establishing a compensation scheme for the consumption of electricity and natural gas for the cold season 2021-2022* was regulated a compensation mechanism for the period 1 November 2021 - 31 March 2022, so that the prices of electricity and natural gas paid by the household consumer not to increase the level of energy poverty.

Approval of the provisions of the *Government Emergency Ordinance no. 27/2022 on the measures applicable to final customers in the electricity and natural gas market* , as *well as for the amendment and completion of some normative acts in the field of energy*, by establishing temporary measures, so that prices at electricity and natural gas paid by final customers should not increase the level of energy poverty. The normative act provides for the capping of electricity and natural gas prices for both domestic and non-domestic consumers, the new measures being applied between April 1, 2022 and March 31, 2025.

Also was adopted Law no. 225/2021 for the amendment of Law no. 76/2002 on the unemployment insurance system and employment stimulation, which will change annually, starting with March of each year, the value of the social reference indicator (SRI) with the average annual inflation rate of the previous year. The new law entered into force at 1st March 2022. The social reference index is used both to establish unemployment benefits and the level of support in active measures, but also to determine the amount of social assistance benefits. Increasing the value of SRI, determined also changes in the amounts of social assistance benefits that are currently reported to SRI, respectively: social aid, family support allowance, social benefits for the disabled, minimum threshold of the child raising indemnity, accommodation allowance (adoption), monthly placement allowance, aid for refugee, etc. This change in the level of SRI will have a positive social impact by increasing the amounts of social assistance benefits and implicitly the standard of living of people receiving these rights. The recent increase of the amounts of the social assistance benefits was made on 1st of March, 2023, as the the value of the social reference indicator (SRI) was established at 598 RON.

VII - 2. Contingency covered

Article 40. C102 and ECSS
The contingency covered shall be responsibility for the maintenance of children as prescribed.

§1(e) Article 1. C102, §1(h) Article 1. ECSS
The term "child" means a child under school leaving age or under 15 years of age, as may be prescribed.

Family benefits are granted to the family and take into account childbirth, education and childcare. The eligibility conditions for each family benefit are presented below. The types of family benefits granted during 1 July 2022 to 30 June, 2023:

State allowance for children is a universal right, granted by the State for all children up to age 18, without discrimination. Young people, after age 18, attending high school or professional school, are entitled to state allowance for children up to the completion of these studies. Also children of residing foreign citizens and stateless persons enjoy this right under the law in Romania.
According to Government Emergency Ordinance no. 126/2021, starting with January 2023, the amount of the state allowance for children were increased, namely: 631 RON for children up to 2 years old or up to 3 years old, in the case of a disabled child. For children between the ages of 2 and 18, young people who have reached the age of 18, who attend high school or vocational education courses, organized under the law, until their completion, as well as for young people with disabilities who follow a form of pre-university education provided by law, but not later than the age of 26, the amount is 256 RON. In the case of a disabled child aged between 3 and 18, the allowance is 631 RON.
State allowance is given in different amounts, as follows (amounts for 2023, starting with 1st of January):

- **256** RON for children with the age between 2 years and 18 years old, and also for young people after the age of 18 until they finish the educational courses or vocational educational courses, as well as for young people with disabilities who follow a form of preuniversity education, but no later than the age of 26.
- **631** RON for children with the age up to 2 years old or up to 18 years old, in the case of children with disability.

Type of benefit	Age of the children	January – December 2021	January – December 2022	January – June 2023
State allowance for children (amounts increased starting from June 2015)	children > 2-18 years (or until graduation from the secondary school or vocational college, as well as for young people with disabilities who follow a form of preuniversity education, but no later than the age of 26.	214	243	256
	Child with disability> 3-18 years	427	600	631

	children < 2 years	**427**	**600**	631
	Child with disability < 3 years			

Placement monthly allowance, is given in support of the person or legal representative of the family who took in placement one or more children. Allowance is granted from the state budget for each child or young person who benefits from the measure of placement to a person, family, guardian, foster parent or to residential care organized by an authorized private body.
Monthly amounts of placement allowance since March, 2023 is 1081 RON and for children with disabilities this amount is increased by 50%, reaching 1622 RON. This allowance is paid until the age of 18 years old of the child and after 18, if the measure of placement is continued after this age, according to Law no. 272/2004. On request of the young person, expressed after the age of 18, if he/she continues studying on daily courses, the placement measure is granted for the whole period of studies, up to the age of 26.
In addition to the monthly placement allowance, the person or family who has taken in foster care a child or has been designated or appointed the guardian of a child, receives a **support allowance for placement** during the period in which they ensure the growth and care of the child, in the amount of 0.8 ISR (479 RON).

Type of benefit	**January 2015 – February 2022 (RON)**	**March 2022 – February 2023 (RON)**	**March – June 2023 (RON)**
Placement monthly allowance	600/900 (for child with disability)	631/946 (for child with disability)	1081/1622 (for child with disability)
Support allowance for placement			479

The allowance for family support replace the former allowance for family support starting with 2011 and is given differently depending on family structure and revenues. The allowance is granted to families consisting of husband, wife and dependent children aged up to 18 years who live together. Families whose members are Romanian citizens residing in Romania benefit from this allowance, as well as foreign citizens or stateless persons resident or, if applicable, residing in Romania. Adopted children, children in foster care or custody or guardianship for which tutorship was established, are considered as part of the family.
These allowances are granted to families with children who have net monthly income per family member up to 633,9 RON. The amounts of these benefits varied by type of family and number of children as follows:

- **Allowance for two parents families with incomes between 0-239,2 RON/person:**

a) 99 RON for families with one child;
b) 197 RON for family with 2 children;
c) 295 RON for family with 3 children;
d) 393 RON for family of 4 or more children.

- **Allowance for two parent families with incomes between 239,2 - 633,9 RON/person:**
  a) 90 RON for families with one child;
  b) 180 RON for family with 2 children;
  c) 270 RON for family with 3 children;
  d) 359 RON for family of 4 or more children.

- **Allowance for single parent with incomes between 0-239,2 RON/person:**
  a) 128 RON for families with one child;
  b) 256 RON for family with 2 children;
  c) 384 RON for the family with 3 children;
  d) 512 RON for family of 4 or more children.

- **Allowance for single parent with incomes between 239,2-633,9 RON/person:**
  a) 122 RON for families with one child;
  b) 244 RON for family with 2 children;
  c) 366 RON for the family with 3 children;
  d) 488 RON for family of 4 or more children.

Families who have dependent children of school age receive family support allowance, given that children are in organized education. Therefore, the program increases the children's education by introducing the school attendance conditionality for school children from beneficiary families; the amount of the allowance can be adjusted or diminished based on their school absences.

Type of benefit	Type of family, level of income and number of children	March 2022 - February 2023	March -June 2023
The allowance for family support	**Two parent families (incomes <200 RON)/ since March 2022, incomes < 210,2/since March 2023 incomes < 239,2**		
	families with 1 child	87	99
	families with 2 children	173	197
	families with 3 children	259	295
	famillies with 4 and more children	345	393
	Two parent families (incomes between 201 - 370 RON) starting from July 2013 (incomes between 201 - 530 lei)/ since March 2022 incomes between 210,2 – 557,03 RON/ since March 2023 incomes between 239,2 – 633,9 RON		
	- families with 1 child	79	90
	-families with 2 children	158	180
	-families with 3 children	237	270
	-famillies with 4 and more children	316	359
	Single parent families (incomes <200 RON)/ since March 2022, incomes < 210,2/ since March 2023 incomes < 239,2		
	- families with 1 child	113	128
	-families with 2 children	225	256

	-families with 3 children	338	384
	-famillies with 4 and more children	450	512
	Single parent families (incomes between 201 - 370 RON) starting from July 2013 (incomes between 201 - 530 RON) / since March 2022 incomes between 210,2 – 557,03 RON/ since March 2023 incomes between 239,2 – 633,9 RON		
	- families with 1 child	108	122
	-families with 2 children	215	244
	-families with 3 children	322	366
	-famillies with 4 and more children	429	488

Parental leave and child raising indemnity (GEO no. 111/2010) is a categorical program, and was changed by Law no. 66/2016 which established new eligibility criteria for parental leave and child raising indemnity and for monthly insertion incentive. Starting from July 2016 the child raising indemnity and the insertion incentive are granted to the persons **who, during the last two years prior to childbirth, earned for 12 months incomes** subject to taxation according to the Fiscal Code (incomes from wages, self-employed activities, from intellectual property rights and income from agricultural activities, forestry and fish farming, including from similar periods, according to the law)**.** Currently the child raising indemnity is a compensation, paid from the state budget, for the parents who interrupt their professional careers and take parental leave to raise children under the age of 2 years or, if a disabled child, up to 3 years.

The amount of the child raising indemnity is established to 85% of the average professional net income earned by the parent during the last 12 months from the last two years prior to the childbirth. During the reference period (July 2022 – June 2023), the minimum amount of child raising indemnity was increased from 1314 RON to 1496 RON since March 2023. The maximum amount of the indemnity has been established to 8500.

People who are entitled to receive child raising indemnity, but still work, earning professional incomes subject to income taxation, will receive a monthly incentive insertion.
Recently, the amount of the insertion incentive was increased. This idexation was introduced by the Government Emergency Ordinance no. 26/2021 adopted in order to stimulate the return to work of parents on parental leave and will be implemented starting with June 2021. Parents on parental leave will receive an insertion incentive increased to 1500 RON if they return to work before the child reaches the age of 6 months, or 1 year, in the case of a disabled child, the amount being granted until the child reaches the age of 2 years old, respectively 3 years old, in the case of the child with disabilities. The insertion incentive of 650 RON is maintained to persons earning taxable income after the child reaches the age of 6 months (1 year in the case of a child with disabilities) until the child reaches the age of 3 years (4 years in in the case of a child with a disability).

Has the right to the child raise indemnity and to the insertion incentive, optionally, any of the parents and also one of the persons who adopted the child, who has a child entrusted for adoption, who has a child in placement or in emergency placement, excepting the foster care person**,** and also the guardian person. The two benefits are granted for each birth or, as the case may be, for any of the situations aforementioned.

Benefits and aids for raising the children with disability (articles 31 and 32 from Government Emergency Ordinance no.111/2010 on parental leave and child raising benefits, with subsequent amendments). Granted to persons with children with disabilities, up to the age of 7 years old or granted to the persons with disability who became a parent. During the reference period July 2022 – June 2023, the amount of the child raising indemnity, for parents who take care of a child with disability, aged between 3 and 7 years old, who are entitled to parental leave was increased from **1314** RON**, to 1496** RON **from March 2023**. Also, starting from March 2023, were increased also the amounts of benefits and aids granted to persons/parents who take care of children with disabilities and also those granted to persons with disabilities who take care of children which are currently between **225** RON and **673** RON**.**

- **monthly benefit for raising the child with disability,** in amount of **1496** RON**,** granted to the persons who take care of children with disabilities, aged between 3 and 7 years old, who benefited from the rights established by GEO no. 111/2010 and who choose to continue with the parental leave until the age of 7 years old of the child.
- **monthly aid for raising the child with disability,** in amount of **673** RON **(45% from the minimum amount of child raising indemnity)**, granted to persons with high/pronounced disabilities, who take care of children with disabilities, aged between 0 and 3 years old, who don't earn any income besides the social assistance benefits for disabled persons.
- **monthly aid for raising the child with disability,** in amount of **524** RON **(35% from the minimum amount of child raising indemnity)**, granted to persons with high/pronounced disabilities, who take care of children with disabilities, aged between 3 and 7 years old, who don't earn any income besides the social assistance benefits for disabled persons.
- **monthly aid for raising the child with disability**, in amount of **524** RON **(35% from the minimum amount of child raising indemnity)**, granted to persons who take care of children with disabilities, aged between 0 and 3 years old, who do not fulfil the conditions established by GEO no. 111/2010 for parental leave and child raising indemnity.
- **monthly aid for raising the child with disability**, in amount of **225** RON **(15% from the minimum amount of child raising indemnity)**, granted to persons who take care of children with disabilities, aged between 3 and 7 years old, who do not fulfil the conditions established by GEO no. 111/2010 for parental leave and child raising indemnity.
- **monthly aid for raising the child**, in amount of **673** RON **(45% from the minimum amount of child raising indemnity),** granted to persons with high/pronounced disabilities, who take care of children aged between 0 and 2 years old, who do not fulfil the conditions established by GEO no. 111/2010 for parental leave and child raising indemnity.
- **monthly aid for raising the child**, in amount of **225** RON **(15% from the minimum amount of child raise benefit),** granted to persons with high/pronounced disabilities, who take care of children aged between 2 and 7 years old, who do not fulfil the conditions established by GEO no. 111/2010 for parental leave and child raise benefit.

The new legal provision has been also setting up a new type of benefit for parents who take care of a child with disability and who are active on the labour market, having a part time contract. The new benefit is 50% from the minimum child raising indemnity (748 RON, from March, 2023) and can be cumulated with the salary.

Type of benefit	March 2022 – February 2023 (RON)	March –June 2023
Child raising benefit	85% from the average of the net incomes earned in the last 12 months from the the last two years prior to child birth date, which cannot be less than 1314 maximum amount 8500 RON	85% from the average of the net incomes earned in the last 12 months from the the last two years prior to child birth date, which cannot be less than 1496 maximum amount 8500 RON
Benefits and aids for raising the children with disabilities (granted to persons who take care of children with disabilities or for persons with disabilities who take care of children)	197/460/591/657	225/524/673/748
Insertion incentive	650 / 1500	650 / 1500

Gift vouchers and nursery vouchers are value vouchers given by employers to employees who do not take parental leave and do not benefit from parental indemnity to raise children, but receive services in nurseries. The monthly amount given in the form of nursery vouchers, as of February 2022 is 520 RON (according to the Law no. 165/2018 regarding vouchers tickets). These sums are paid by the employer, within the limits approved for staff salaries.

Type of benefit	October 2021-January 2022	February 2022 – January 2023 (RON)	February 2023-June 2023 (RON)
Nursery vouchers	490	February – September 520 October 2022 – January 2023 570	**600**

Special benefits for disabled children (art. 58 praragraph (5) from Law no. 448/2006):

The parent, the legal representative of a child or the person who is taking care of the child with disability based on a special protection measure, has the right to social benefits for disabled children, during the period in which the child is in his care or supervision. The amounts (from March 2023) are differentiated by the degree of disability of the child as follows:

a) **60% of ISR (359 RON) in case** of the child with severe disability;
b) **35% of ISR (210 RON) in case** of the child with pronounced disability;
c) **12% of ISR (72 RON) in case** of the child with medium disability**.**

Type of benefit	March 2022 - February 2023 (RON)	March - June 2023 (RON)
Social benefits for persons who take care of disabled children (the amounts are increased starting from July 2018)	316/184/64	359/210/72

VII - 3. Persons protected

Article 41. C 102 and ECSS
The persons protected shall comprise, [as regards the periodical payments specified in Article 42 - ECSS]:
(a) prescribed classes of employees, constituting not less than 50 per cent of all employees; or
(b) prescribed classes of the economically active population, constituting not less than 20 per cent of all residents.
[(c) all residents whose means during the contingency do not exceed prescribed limits – C102].

The resident population in January 2022, according to INS, TEMPO Online, was 19.042.455persons. Based on INS, TEMPO Online, **economically active population** in the first quarter of 2022 was 8.237.926persons.

In Romania, in the first quarter of 2022, economically active population represents about 43% of all resident population.
In accordance with Law no. 292/2011 on social assistance all Romanian citizens who are on the Romanian territory, domicile or residence in Romania, citizens of EU Member States, of the European Economic Area and Swiss Confederation, foreigners and stateless persons domiciling or residing in Romania are entitled to social assistance under the Romanian law and the EU regulations as well as the agreements and treaties to which Romania is a party, without any discrimination. The aforementioned persons have the right to be informed on the content and modalities for granting social assistance measures and actions. The right to social assistance is granted on request or ex officio, as the case may be, in accordance with the law.

The social assistance system, according to the Romanian legislation, is a component of the social protection system, and includes social services and social assistance benefits, based on the non-contributory principle.

With the entry into force of Law no. 292/2011, the syntagm "*social benefits*" was replaced by that of "*social assistance benefits*", in line with the terminology currently used in the field at European level.

Based on all these provisions, one may conclude that the reporting regarding the ECSS' chapter on family benefits is done under subparagraph b) of Article 41.

	FAMILY BENEFITS	**Monthly average number of beneficiaries 2021**	**Monthly average number of beneficiaries 2022**	**Sem. I 2023 (January –June 2023)**
1.	**State allowance for children**	3.591.962	3.597.888	3.649.244
2.	**Allowance for family support**	146.125	129.440	129.738
3.	**Placement allowance**	36.627	39.028	33.809
	Support allowance for placement	-	4048	4262
4.	**Child raising indemnity**	176.174	173.568	170.508
5.	**Insertion incentive**	82.686	86.520	86.512
6.	**Special allowances to raise a disabled child Total,** of which:	11.486	11.435	10.767
	Allowance to raise a disabled child, for children with disabilities aged 3 to 7 years;	7486	7815	7440
	Monthly allowance given to a person with severe disabilities who do not make any income, until the child reaches the age of 3 years;	48	57	53
	Monthly allowance given to a person with severe disabilities who do not make any income, for children aged 3 to 7 years;	162	155	103

	Monthly allowance paid to the person that does not qualify for the parental leave and monthly allowance to raise a child, until the child reaches the age of 3 years;	82	75	50
	Monthly support paid to the person that does not qualify for the parental leave and monthly allowance to raise a child, for children aged 3 to 7 years.	524	556	394
	Monthly allowance paid to a person with severe disabilities that does not qualify for the parental leave and monthly allowance to raise a child, until the age of 2 years	505	427	424
	Monthly allowance paid to a person with severe disabilities that does not qualify for the parental leave and monthly allowance to raise a child, for children aged 2 to 7 years	2367	2024	1965
	Monthly benefit for parents who are active on the labour market, with a part time contract and who take care of a child with disability	309	326	337
7.	**Monthly complementary budget for children**	73.152	73.874	72.501
	Total, of which:			
	Children with severe disability	44.203	45.159	46.166
	Children with pronounced disability	10.307	10.353	10.042
	Children with pronounced disability	18.642	18.362	16.293
	TOTAL number of family benefits granted at national level	**4.202.847**	**4.201.110**	**4.240.608**

*Data available only for the period January-June 2023

According to the data provided by INS, TEMPO -online-, the resident population at 1st of January 2022 on age groups, the total number of all resident children aged 0-18 years was 3.942.408.

VII - 4. Types of Benefit

Article 42. C102 and ECSS
The benefit shall be:
(a) a periodical payment granted to any person protected having completed the prescribed qualifying period; or
(b) the provision to or in respect of children of food, clothing, housing, holidays or domestic help; or
(c) a combination of (a) and (b).

The specific legislation regulating the system of family allowances provides for the amount of money allocated from the state budget.

year 2023, 1st semester

	FAMILY BENEFITS	**Amounts (RON)**	**Periodicity**
1.	**State allowance for children:** Up to 2 years or 3 years for children with disabilities After 3 years (children with disabilities) After 2 years	 631 631 256	Monthly
2.	**Allowance for family support**		Monthly
2.1.	**Allowance for two parents families with incomes between 0-210,2 RON/person:** • families with one child • families with two children • families with three children • families with four or more children	 99 197 295 393	Monthly
2.2.	**Allowance for two parents families with incomes between 210,2-557,03 RON/person:**		Monthly

	• families with one child • families with two children • families with three children • families with four or more children	90 180 270 359	
2.3.	**Allowance for single-parent family with incomes between 0-210,2 RON/person:** • families with one child • families with two children • families with three children • families with four or more children	 128 256 384 512	Monthly
2.4.	**Allowance for single-parent family with incomes between 210,2-557,03 RON/person:** • families with one child • families with two children • families with three children • families with four or more children	 122 244 366 488	Monthly
3.1.	Placement allowance - for disabled children	1081 1622	Monthly
3.2.	Support allowance for placement	479	Monthly
8.	▪ Child raise indemnity	Minimum 1496 Maxiumum 8.500	Monthly
9.	▪ Insertion incentive	650 or 1500 from June 2021	Monthly
10.	**Special benefitd/aids for raising the disabled child** **Allowance to raise a disabled child**, for children with disabilities aged 3 to 7 years; **Monthly allowance** given to a person with severe disability who do not make any income until the child reaches the age of 3 years; **Monthly allowance** given to a person with severe disability who do not realize incomes, for children aged 3 to 7 years; **Monthly allowance** paid to the person that does not qualify for the parental leave and monthly allowance to raise a child, until the child reaches the age of 3 years; **Monthly allowance** paid to the person that does not qualify for the parental leave and monthly allowance to raise a child, for children aged 3 to 7 years **Monthly allowance** paid to a person with severe disability that does not qualify for the parental leave and monthly allowance to raise a child, until the age of 2 years **Monthly allowance** paid to a person with severe disability that does not qualify for the parental leave and monthly allowance to raise a child, for children aged 2 to 7 years. the amounts have increased from 1st January 2018, please see pages 97-99	 1496 673 524 524 225 673 225	Monthly
11.	**Social benefits for persons who take care of disabled children** (the amounts are increased starting from January 2018)	359 for severe disability 210 for pronounced disability 72 for medium disability	Monthly

Starting from March 2022 entered into force Law no. 225/2021 for the amendment of Law no. 76/2002 on the unemployment insurance system and employment stimulation which will change annually, starting with March of each year, the value of the social reference indicator (SRI) with the average annual inflation rate of the previous year. Increasing the value of SRI, will determined also changes of the amounts of social assistance benefits that are currently reported to SRI According to these provisions, since 1st of March 2023 were increased the amounts of certain family benefits such as:

- **Allowance for family support**, (Law no. 277/2010 on family support allowance, republished); the amount has been increased starting from March 2023, (for two parents family the minimum amount is 99 RON and the maximum amount is 393 RON). (for single parent family minimum amount is 128 RON and the maximum amount is 512 RON).
- **Placement allowance**, (Law no. 272/2004 on the protection and promotion of children's rights, republished); the amount has been increased starting from 1st March 2023, from 631 RON to the value of 1081 RON, and for children with disabilities, HIV or AIDS, the sum of the amounts required for granting rights increased from 946 RON to 1622 RON; procedure for determining and paying the monthly placement allowance was established by Order no. 1733/2015 of M.M.F.P.S.P.V;
- **Social benefits for persons who take care of disabled children:** the amounts have increased starting with 1st March 2023, such us:
    - **359** RON for severe disability
    - **210** RON for pronounced disability
    - **72** RON for medium disability

During the reference period (July 2022 - June 2023) the amounts of child state allowance have been increased, as follows:

- **256** RON for children with the age between 2 years and 18 years old, and also for young people after the age of 18 until they finish the educational courses or vocational educational courses, as well as for young people with disabilities who follow a form of preuniversity education, but no later than the age of 26.
- **631** RON for children with the age up to 2 years old or up to 18 years old, in the case of children with disability.

VII - 5. Qualifying period

Article 43. ECSS.
The benefit specified in Article 42 shall be secured at least to a person protected who, within a prescribed period, has completed a qualifying period which may be one month of contribution or employment, or six months of residence, as may be prescribed.

Article 43. C102
The benefit specified in Article 42 shall be secured at least to a person protected who, within a prescribed period, has completed a qualifying period which may be three months of contribution or employment, or one year of residence, as may be prescribed.

§1(f) Article 1. C102, §1(i) Article 1. ECSS
The term qualifying period means a period of contribution, or a period of employment, or a period of residence, or any combination thereof, as may be prescribed.

Allocation of family benefits covers all persons living in Romania without requiring a period of residence. The only condition of eligibility is to have the residence in Romania, no matter

the period of residence. Only for the child raising benefit and for the monthly insertion incentive **another condition** of eligibility is to earn for 12 months incomes subject to taxation according to Fiscal Code, the last two years prior to the childbirth. We should mention that the system of social assistance, family allowances as part of it, is a non-contributory system and all the family benefits are paid from the state budget, including the child raising indemnities and the insertion incentive.

VII - 6. Level and Calculation of Benefit

Article 44. C102 and ECSS
The total value of the benefits granted in accordance with Article 42 to the persons protected shall be such as to represent:
[(a) 3 per cent. of the wage of an ordinary adult male labourer, as determined in accordance with the rules laid down in Article 66, multiplied by the total number of children of persons protected; - C102] *or*
(b) 1.5 per cent. of the said wage, multiplied by the total number of children of all residents.

The report for the period July 2022 - June 2023 is taking into account the **average monthly gross incomes in manufacturing economic activity, data source: National Institute for Statistics (INS), final pages of this Report.**

Based on the data provided by INS (National Institute for Statistics), Statistical survey on salaries in month October 2021 (most recent data), the average monthly gross income received in October was **3665** RON**/men employee in elementary occupations.**

The total number of all resident children aged 0-18 years, the resident population at 1st of January 2022 on age groups, data source TEMPO, INS:

	2022
Age groups	No. of children
0- 4 years	972.022
5- 9 years	1.023.525
10-14 years	1.093.476
15-18 years	853.385
Total	3.942.408

Year 2022: 1,5% X **3665** RON* X 3.942.408 = **216.733.879,8** RON

- for the year 2022, we have used the same income reported for the year 2021 because INS didn't publish yet the average monthly gross income in month October for 2022.

	Amounts paid -RON-		
Family benefits	2021	2022	Sem.I 2023 (January –June)

1. State allowance for children	10.514.726.884	12.519.306.366	7.250.044.442
2. Allowance for family support	302.767.303	278.806.667	150.658.925
3. Placement Allowance	295.647.196	367.793.482	314.041.681
4. Child raise indemnity	5.282.836.365	5.682.222.554	3.045.797.672
5. Monthly insertion incentive	658.992.372	797.058.500	421.873.852
6 .Special benefits/aids for raising a disabled child	126.969.533	136.633.278	70.701.765
7. Complementary monthly budget children	194.938.136	224.055.885	112.003.338
TOTAL	**17.376.877.789**	20.005.876.732	11.365.121.675

*data available only for the period January-June 2023

VII – 7. Duration of Benefit

Article 45. C102 and ECSS
Where the benefit consists of a periodical payment, it shall be granted throughout the contingency.

State allowance for children is a universal right, granted by the State for all children up to age 18, without discrimination. Young people, after age 18, attending high school or professional/vocational school, are entitled to state allowance for children up to the completion of these studies. Also, the state allowance is granted for young people with disabilities who follow a form of preuniversity education, but no later than the age of 26.

VII - 8. Suspension of Benefit

Article 69. C102, Article 68. ECSS
A benefit to which a person protected would otherwise be entitled in compliance with any of Parts II to X of this Convention may be suspended to such extent as may be prescribed--
(a) as long as the person concerned is absent from the territory of the Member;
(b) as long as the person concerned is maintained at public expense, or at the expense of a social security institution or service, subject to any portion of the benefit in excess of the value of such maintenance being granted to the dependants of the beneficiary;
(c) as long as the person concerned is in receipt of another social security cash benefit, other than a family benefit, and during any period in respect of which he is indemnified for the contingency by a third party, subject to the part of the benefit which is suspended not exceeding the other benefit or the indemnity by a third party;
(d) where the person concerned has made a fraudulent claim;
(e) where the contingency has been caused by a criminal offence committed by the person concerned;
(f) where the contingency has been caused by the wilful misconduct of the person concerned;

The procedure for suspension of payments for family benefits is provided in special legislation regulating the system.

Payment of state child allowance is suspended when within 3 months the child's legal representative has not cashed the due rights. Resumption of payment, including payment of arrears is made on request in writing by the child's legal representative. In the event that the child's legal representative changes, state child allowance payments shall be suspended until the establishment of the new legal representative, the payment will be made, including the period of suspension. The right to the state child allowance ceases starting with the month following te one in which the granting conditions are no longer met.

Payment of allowance for family support shall be suspended in the month following the one when it is ascertained one of the situations bellow:

- during the placement or emergency placement of the child in a residential care service.

- in case the paying institution (county agency for payments and social inspection) finds out that the right to family support allowance was established based on inaccurate data on income or family composition or changes have occurred during their grant;
- for a period of 3 consecutive months there were registered money orders returned for the holder of the family support allowance.
- following the control of the social inspectors or of the representatives of the Court of Accounts have been found erroneous data on family composition or incomes of the beneficiaries.

Payment of the child raising indemnity and of the monthly insertion incentive can be suspended from the month following the one when it is ascertained one of the situations bellow:

a) the recipient is deprived of parental rights;
b) the recipient is removed by law from exercising guardianship;
c) the recipient no longer meets the conditions prescribed by law for custody of the child for adoption;
d) the recipient no longer meets the conditions prescribed by law to maintain the measure of placement;
e) the recipient is executing a sentence of imprisonment or detention in custody for more than 30 days;
f) the child is abandoned or is placed in a public or private care institution;
g) the beneficiary has deceased; according to Law, only the parents are considered beneficiaries of these benefits;
h) the beneficiary realizes incomes subject to tax and the child has not reached the age of 2 years, respectively 3 years, in the case of the disabled child;
i) it is found that for 3 consecutive months money orders sent by post are returned.
j) beneficiary earns incomes subject to income tax by pursuing a professional activity during the parental leave and during a calendar year the level of these incomes exceeds three times the minimum amount of child raise indemnity (for 2023 5*1496 RON=7480 RON).

Payment of rights representing child raising indemnity and monthly insertion incentive can be suspended also when the person/beneficiary no longer meets the conditions stipulated at article 12 from GEO no. 111/2010, namely:

a) is a Romanian citizen, foreign person or stateless person **(**the foreigners, who are not Romanian citizen and also all stateless persons, who are not considered as a national by any state);
b) has, by law, the domicile or the residence in Romania;
c) lives in Romania with the child / children for whom is requesting the rights and is in charge with his / their growth and care.

Payment of the monthly insertion incentive is also suspended from the day after the beneficiary request the right to the parental leave and no longer gets professional income subject to income tax. Also, the right is suspended when the child has reached the age of 2 years, respectively 3 years, in the case of the disabled child.

Payment of the special indemnities/aids for raising a disabled child can be suspended from the month/day following the one when it is ascertained one of the situations bellow:
a) the recipient is deprived of parental rights;
b) the recipient is removed by law from exercising the guardianship;
c) the recipient no longer meets the conditions prescribed by law for custody of the child for adoption;
d) the recipient no longer meets the conditions prescribed by law to maintain the measure of placement;
e) the recipient is executing a sentence of imprisonment or detention in custody for more than 30 days;
f) the child is abandoned or is placed in a public or private care institution;
g) the beneficiary has deceased;
h) the child doesn't have a degree of disability or, the entitled persons is assigned to another degree of disability;i) it is found that for 3 consecutive months money orders sent by post are returned.

Payment of placement allowance can be suspended from the month following the one when it is ascertained one of the situations bellow:
a) the young person who accomplished 18 years old didn't present the evidence of continuing the studies, day courses form, from 6 to 6 months.
b) the young person for whom a placement measure was established has accomplished 18 years old and didn't present the evidence of continuing the measure of placement, acoording to law.
c) is found that for 3 consecutive months money orders sent by post are returned.

Payment of allowance is suspended from the day after the recipient gets professional income subject to income tax and incentive pay is suspended from the day after the recipient no longer gets professional income subject to income tax.

- **Payment of family benefits**: they are given as long as people meet the eligibility requirements under national law and EU regulations in the field of family benefits.

VII – 9. Right of complaint and appeal

See under Part XIII-2

The Law of social assistance no. 292/2011 established new principles in the field of social assistance and the Social Mediation Commission is not functioning any more.

Every person who consider injured/harmed in his legitimate right or in a legitimate interest by a public authority, by an administrative act or by unsolving in legal term his claim may address to the competent administrative court to cancel the act, to recognize the right to claim or his legitimate interest and to repair the damage was caused.

The procedure for solving the requests/claims in contentious-administrative is stipulated in Law of the contentious-administrative proceedings no. 554/2004.

Before to address to the competent court of administrative contencious, the person who is considering himself/herself to be harmed in one of his/her right or in a legitimate interest through an individual administrative act has to request to the public authority or to the superior authority, if there is one, in a period of up to 30 days from the date of

communication of the act, the ademption, in whole or in part, of this. In case of normative administrative act, the complain can be formulated anytime.

In the same time, the persons can address to National Agency for Payments and Social Inspection, which has the main goal to control the implementation of the legislation in the field, as well as to inspect the activity of the public and private institutions, which are responsible with the granting of the benefits and social services. To fulfill its role, this institution has the role to control, through which it is verifying the provisions of normative acts which are in force in the social assistance field.

As social assistance benefits are concerned, in case that the solicitant or, where applicable, the beneficiary of social rights consider themselves wronged by the decision issued by a public institution with regard to his/her right, he/she may address a complaint in the attention of the following institutions: the President of Romania, the Romanian Government, the Ministry of Labour and Social Solidarity (the Directorate for Social Benefits Policies), the National Agency for Payments and Social Inspection, the county agencies for payments and social inspection, the local public authorities (city halls, county councils, prefectures).

VII - 10. Financing and Administration

See under Part XIII-3

Social assistance is financed by funds from the state budget, local budgets, donations, sponsorships and other contributions from individuals or domestic and foreign legal entities, recipients of contributions and other sources in compliance with relevant legislation and within the available financial resources. Social assistance benefits are financed by funding from the state budget and / or local budgets.

The National Agency for Payments and Social Inspection (ANPIS) is established as a specialized body with legal personality, subordinated to the Ministry of Labour and Social Solidarity (MoLSS). The Agency operates with this denomination, with the respective prerogatives, since December 2011. In ANPIS' subordination work the territorial agencies for payments and social inspection, as decentralized public services with legal personality, which aim to manage the system of social assistance benefits at the local level.

ANPIS' aim is to provide a unified system for managing the process of granting social assistance benefits. The objectives of the Agency in the context of welfare reform are: increasing the coverage in the poorest categories of the population, reducing errors and fraud in the system, increasing the system's efficiency by reducing beneficiaries' administrative and private costs.

Through ANPIS' organization and functioning, MoLSS created a uniform system for paying and administration of social assistance benefits, in order to effectively manage the funds allocated. Regarding the Agency's impact on beneficiaries, ANPIS contributed to increasing the quality of life, inter alia, by simplifying procedures for establishing entitlement to social benefits and the actual payment. ANPIS ensures equal treatment and equal opportunities for every citizen.

From the perspective of the MoLSS, ANPIS creates the conditions to assess accurately the number of beneficiaries and the amounts spent from the state budget. At the same time, the unified information system of ANPIS, currently in the process of improving its databases of beneficiaries in cooperation with the National House of Public Pensions

(CNPP), National Agency for Employment (NAE), the Civil Registry and the National Agency for Fiscal Administration (ANAF), will allow the detection of possible abuses of the beneficiaries regarding the request for social assistance benefits.

Part VIII. Maternity benefit

Romania has accepted the obligations resulting from Part VIII of C102, C183 and Part VIII of the ECSS.

Category	Information available	Information missing / questions raised by the CEACR
VIII - 1. Regulatory framework	*Art.46 C102/ECSS* *Art.6 (1) C183*	
VIII - 2. Contingency covered	*Art.47 C102/ECSS*	
VIII - 3. Persons protected		*Art.48 C102/ECSS** *Art.6(5) C183*
VIII - 4. Medical Care		*Art.49 C102/ECSS* *Art.6(7) C183*
VIII - 5. Level and Calculation of benefit	*Art.50 C102/ECSS** *Art.6(2-4,6) C183*	
VIII - 6. Qualifying period	*Art.51 C102/ECSS*	
VIII - 7. Minimum duration of benefit	*Art.52 C102/ECSS*	
VIII - 8. Suspension of benefit	*Art.69 C102* *Art.68 ECSS*	
VIII - 9. Right of complaint and appeal		*Art.70 C102, Art.69 ECSS*
VIII - 10. Financing and Administration	*Art.72 C102, Art.71 ECSS* *Art.6(8) C183*	*Art.71 C102, Art.70 ECSS**

**** Please update statistical data, in accordance with the Report form for C102/ECSS.***

List of applicable legislation

- **Emergency Ordinance no. 158/2005** on the leaves of absence and health insurance benefits, with subsequent amendments and completions;
- **Order no 15/2018** of the Minister of Health and of the President of the National Health Insurance House for the approval of the application norms of the Government Emergency Ordinance no 158/2005 on the leaves of absence and health insurance benefits, published in the Official Gazette no 31. Dated 12 January 2018, with subsequent amendments and completions;
- **Order no. 1192/745/2020** of the Minister of Health and of the President of the National Health Insurance House *approving the single medical leave certificate model and the instructions for the use and filling-in of the medical leave certificate based on which benefits are granted to the insured people within the health insurance system and within* the insurance system for accidents at work and occupational diseases, with subsequent amendments and completions.
- **Law No 227/2015 on the Fiscal Code,** with subsequent amendments and completions;
- **Government Decision No 1/2016** *approving the Methodological Norms for the implementation of Law No 227/2015 on the Fiscal Code*, with subsequent amendments and completions**.**

VIII - 1. Regulatory framework

Article 46. C102 and ECSS
Each Member (Contracting Party) for which this Part of this Convention (Code) is in force shall secure to the persons protected the provision of maternity benefit in accordance with the following Articles of this Part.

§8. Article 6. C183

In order to protect the situation of women in the labour market, benefits in respect of the leave referred to in Articles 4 and 5 shall be provided through compulsory social insurance or public funds, or in a manner determined by national law and practice. An employer shall not be individually liable for the direct cost of any such monetary benefit to a woman employed by him or her without that employer's specific agreement except where:
(a) such is provided for in national law or practice in a member State prior to the date of adoption of this Convention by the International Labour Conference; or
(b) it is subsequently agreed at the national level by the government and the representative organizations of employers and workers.

Article 1. C183
For the purposes of this Convention, the term woman applies to any female person without discrimination whatsoever and the term child applies to any child without discrimination whatsoever.

Database of the MISSOC:

Basic principles.
Benefits in kind:
Compulsory social insurance scheme for all inhabitants financed mainly by contributions.

Cash benefits:
Compulsory social insurance scheme financed by contributions for employees and self-employed, providing an earnings-related benefit.

VIII - 2. Contingency covered

Article 47. C102 and ECSS
The contingencies covered shall include pregnancy and confinement and their consequences, and suspension of earnings, as defined by national laws or regulations resulting therefrom.

§1 Article 6. C183
Cash benefits shall be provided, in accordance with national laws and regulations, or in any other manner consistent with national practice, to women who are absent from work on leave referred to in Articles 4 or 5.

VIII - 3. Persons protected

Article 48. C102 and ECSS
The persons protected shall comprise:
(a) all women in prescribed classes of employees, which classes constitute not less than 50 per cent of all employees, and, for maternity medical benefit, also the wives of men in these classes; or
(b) all women in prescribed classes of the economically active population, which classes constitute not less than 20 per cent of all residents, and, for maternity medical benefit, also the wives of men in these classes.

For the **medical benefits** granted in case of maternity, the sub-paragraph (b) of Article 48 is applied.
Regarding the medical benefits, according to the provisions of Law no. 95/2006, republished, with subsequent amendments and completions:
- Pregnant women are insured persons like any other Romanian citizen residing in Romania and proving the payment of health insurance contributions to the Fund.
Pregnant women benefit from insurance without the contribution, under the conditions of Art. 154 of Law no. 227/2015. In case they realize the incomes stipulated in art. 155 of the Law no. 227/2018, this income is due to the social health insurance contribution according to the regulations specific.

Regarding the **maternity indemnity** related to the maternity and post-delivery leave of absence, the sub-paragraph (b) of Article 48 is applied.

Regarding the **cash benefits** for maternity, according to the provisions of Law No 95/2006, republished, as further amended and completed, the protected individuals are:

- pregnant women insured as any other Romanian citizen, with the residence in Romania and proving the payment of the contribution to the National Unique Health Insurance Fund;
- pregnant women and childwives, having no income or having earnings lower than the national minimum gross basic wage, without paying any contribution to the National Unique Health Insurance Fund.

Regarding the **maternity leaves and benefits** within the health insurance system, the persons protected during their period of domicile or residence in Romania according to the legal provisions in force until 30.06.2023, are the following:
A. persons who earn income from carrying out an activity on the basis of an individual employment contract, an employment relationship, a deed of secondment or a special status provided by law, as well as other income assimilated to salaries, in compliance with the provisions of applicable European legislation in the field of social security, as well as the agreements regarding the social security systems to which Romania is a party;
B. the persons who realize in Romania the incomes provided at let. A, from employers from states that are not covered by the applicable European legislation in the field of social security, as well as the agreements regarding the social security systems to which Romania is a party;
C. persons receiving unemployment benefits, according to the law.

Individuals, other than those mentioned above, may be insured in the social health insurance system, in order to benefit from holidays and social health insurance benefits, on the basis of an insurance contract for holidays and social health insurance benefits. They also have the quality of insured persons pensioners, with degree III disability pension and blind pensioners, who carry out independent activities defined according to Law no. 227/2015 on the Fiscal Code, with subsequent amendments and completions, hereinafter referred to as the Fiscal Code.
Medical leave and maternal risk indemnities granted to insured persons under the conditions provided by the Government Emergency Ordinance no. 96/2003 on maternity protection at workplaces, approved with amendments and completions by Law no. 25/2004, with subsequent amendments and completions.
According to the provisions of Law No 95/2006, republished, with subsequent amendments and completions, the wife without own earnings and being under the care of an insured individual, benefits of health insurance without paying any contribution to the Unique Health Insurance Fund.

According to the provisions art. 224 of the Law No. 95/2006, republished, with subsequent amendments and completions, pregnant women and postpartum women benefit from insurance without payment of the contribution under the conditions of art. 154 of Law no. 227/2015, as amended and supplemented.

RF/183: please indicate the number of employed women, including those in atypical forms of dependent work, to which the qualifying conditions apply, as well as the total number of women who have been receiving cash benefits.

In the period July 1, 2022 - June 12, 2023, from the query of the General Register of Employees, results a total number of **3,141,241** female employees with active individual employment contracts

The number of employed women who have been receiving cash benefits (allowance code 08 - Pregnancy and confinement) between 01.07.2022 and 16.06.2023 was 80.958.

VIII - 4. Medical Care

Article 49. C102 and ECSS
1. In respect of pregnancy and confinement and their consequences, the maternity medical benefit shall be medical care as specified in paragraphs 2 and 3 of this Article.
2. The medical care shall include at least:
(a) pre-natal, confinement and post-natal care either by medical practitioners or by qualified midwives; and
(b) hospitalisation where necessary.
3. The medical care specified in paragraph 2 of this Article shall be afforded with a view to maintaining, restoring or improving the health of the woman protected and her ability to work and to attend to her personal needs.
4. The institutions or Government departments administering the maternity medical benefit shall, by such means as may be deemed appropriate, encourage the women protected to avail themselves of the general health services placed at their disposal by the public authorities or by other bodies recognised by the public authorities.

In accordance with the provisions of Law no. 95/2006, republished, with subsequent amendments and completions:
Pregnant women and pregnant women benefit from insurance, without paying the contribution, under the conditions of art. 154 of Law no. 227/2015, with subsequent amendments and completions. All pregnant women and pregnant women are exempt from the co-payment and benefit from insurance, without paying the contribution, under the conditions of art. 224 of Law no. 95/2006 for medical services related to the evolution of the pregnancy, and those who have no income or have income below the gross minimum basic salary in the country, for all medical services.

a) The medical services settled by the National Health Insurance Fund include:

Monitoring the evolution of pregnancy and lactation in primary care:
a) recording in the first quarter; a consultation is given;
b) Monthly surveillance from the 3rd to the 7th month is granted one consultation / month.
c) surveillance, twice a month, from the 7th month to the 9th month inclusive; two consultations / month are granted;
d) follow-up of the woman with child at discharge from maternity - at home; one consultation is granted;
e) follow up of the woman with child at 4 weeks after birth; one consultation is granted.

In the framework of the pregnancy monitoring, the promotion of exclusive breastfeeding of the child up to the age of 6 months and its continuation up to a minimum of 12 months, recommendation for testing for HIV, hepatitis of viral etiology with B and C virus, lue of the pregnant woman, as well as other necessary paraclinical investigations, from those provided in the basic package.With the first presentation to the family doctor of the pregnant woman, the family doctor will issue the document certifying the existence of pregnancy in women.
Suppliers of primary health care services who have contracted with health insurance houses are required to register pregnant women who are not listed on another family doctor's list on their own.

Surveillance of pregnancy and lactation - in the specialty ambulatory for clinical specialties - a consultation is provided for each trimester of pregnancy and a consultation in the first trimester of birth.
For monitoring the progress of the pregnancy and confinement prognosis consultations it is allowed to be presented directly to the obstetric-gynecology specialist in the outpatient clinic without the need to submit a referral note.
Services for diagnosis - case are day hospitalization services that are given in the clinical specialty ambulatory, pregnant being able to present without sending note, according to the schedule, to the specialist physician in ambulatory obstetrics-gynecology who offer such services of the insured:

1. **Supervision of a normal pregnancy (in the case of pregnant women who do not have medical records demonstrating the existence in the pathological personal history of rubella, toxoplasmosis, CMV infection) * 1)**

Mandatory services: Obstetrics and gynecology specialty consultations, Complete blood count, ABO blood grouping, Rh blood count, Serum uric acid, Serum uric acid, Serum creatinine, Glycemia, TGP, TGO, TSH urine (sumar + sediment), VDRL or RPR, HIV testing in pregnant women, Pregnant pregnancy assessment for pregnancy-related infections (for rubella, toxoplasmosis, CMV infection, hepatitis B and C), vaginal secretion, Babeș-Papanicolau cervical and vaginal cytology (S24 - S28 + 6 days) or Fetal Biometry (S29-S33 + 6 days) or Group B Streptococcus Detection (S34 - S37) or Glucose tolerance test per os +/- Glycotic hemoglobin +6 days), confirmation ultrasound, viability and pregnancy dating

2. **Prenatal screening (S11 - S19 + 6 days) * 2)**

Mandatory services: obstetrics-gynecology specialization (integrative interpretation of results), **Double test / triple test, Ultrasound for the detection of fetal abnormalities (S11 - S19 + 6 days)**

3. Supervision of other high risk pregnancies (gestational edema)
Obligatory services: Obstetrics and gynecology specialty consultation, Complete blood count, Serum uric acid, TGP, TGO, Complete urinalysis (sumar + sediment), Urinary protein dosing, Total serum protein, Obstetrical and gynecological ultrasound

4. **Supervision of other high risk pregnancies (mild pregnancy hysteresis)**
Obligatory services: Obstetrics and gynecology specialty consultation, Complete blood count, Serum sodium, Serum potassium, Complete urine test (summary and sediment), Serum uric acid, Serum uric acid, Serum creatinine, Obstetrical and gynecological ultrasound

5. **Supervision of other high-risk pregnancies (evaluation of pregnant uterus in third trimester)**

Required services: obstetrics-gynecology specialization, cardiotocography, obstetrical and gynecological ultrasound

***1) A single package of medical services per pregnant woman is settled,** when the obstetric-gynecologist specialty is counted.

The obstetrics-gynecology medical consultation includes:
- history;

- general clinical examination;
- complete gynecological and obstetrical examination;
- recommending performing paraclinical investigations and integrating their results;
- evaluation of medical and / or obstetrical risk factors and case hierarchy;
- **recommendations on pregnancy monitoring;**
- recommendations on hygienic-dietary and prophylactic measures and, where appropriate, therapeutics in case of identification of a pregnancy-related pathology.

Where medical services corresponding to items 1 and 2 are granted during S11 - S19 + 6 days, they may be granted concurrently with the medical services corresponding to item 3.

2) **A single package of medical services per pregnancy is settled during S11 - S19 + 6 days of pregnancy.*

***The basic medical services package in specialized ambulatory care for paraclinical specialties: In addition to the investigations to which insured persons are entitled**, pregnant women may carry out the following laboratory tests, settled from the Unique National Social Health Insurance Fund:*

*- **Determination in pregnancy of the ABO blood group** - may be recommended by both the family doctor and the clinician in the specialized ambulatory,*

*- **Determination in pregnancy of the Rh blood group** - can be recommended by both the family doctor and the specialist physician in the clinic ambulatory,*

*- **Anti-Rh antibodies specific to pregnant women** - Recommendation can be made by the specialist physician in the clinic's specialty ambulatory,*

*- **Anti-HAV IgM** - The recommendation can be made by the specialist physician in the clinical specialty ambulatory and by the family doctor only for pregnant women and contact cases diagnosed by specialized doctors,*

*- **HIV testing in pregnant women** - may be recommended by both the family doctor and the clinician from the outpatient clinic.*

*We mention that paraclinical investigations: **Babes-Papanicolau cervico-vaginal examination**, Exams from vaginal secretions - **native and colorful microscopic examination, culture and bacterial identification,** respectively **native and colorful microscopic examination, culture and fungal identification** (investigations that can be recommended including family doctor), antibiogram, antifungigram are part of the basic medical services package in special ambulatory medical care for paraclinic specialties and can be recommended for pregnant women as well as for any other insured person.*

*The list of paraclinical investigations of radiology - medical imaging and nuclear medicine that can be performed in the paraclinical specialty ambulatory includes also the following **pregnancy-specific investigations**, investigations carried out by doctors in obstetrics and gynecology with over-specialization in maternal-fetal medicine:*

Obstetrical ultrasound ultrasound 2nd trimester - the recommendation can be made by the specialist physician in the clinical specialty ambulatory, and

Obstetrical ultrasound abnormal first trimester with TN - recommendation can be made by the specialist physician in the clinical specialty ambulatory.

b) **The basic medical care package in hospital care includes** pre-natal, intra-natal and postnatal care, where necessary.

The six types of medical services for diagnosis - the case is also found in the **basic package for hospital care** in the list B.4.2 - List of standardized medical services provided under day hospitalization that are also contacted in the clinic ambulatory and reimburses only if all mandatory services have been performed.

The list of medical cases (medical diagnosis) resolved in **day hospitalization** (list B.1 of Annex 22 to Order 1068/627/2021, with subsequent amendments and completions includes **gestational edema, mild pregnancy mild pregnancy, bladder infections in pregnancy, maternal care for uterine scarring due to previous surgery**, while the List for medical services in the day hospitalization regime settled to the insured by the tariff per medical service and for which, in order to settle, the day hospitalization record (FSZ) is closed after the end of the visit/visits necessary to complete the medical service (List B.3.2 of Annex 22 to Order 1068/627/2021, with subsequent amendments and completions include **amniocentesis, cordonocentesis**, **corial villous biopsy, pregnancy assessment for pregnancy risk infections (rubella, toxoplasmosis, CMV, hepatitis B and C).**

The biopsy of corial villities is settled in pregnant women in the first trimester of pregnancy, and amniocentesis in pregnant women in the second trimester of pregnancy, performed only by obstetricians and gynecologists with over-specialization in maternal-fetal medicine, for cases with major abnormalities procedure or family genetic pathology with risk of transmission to descendants - recommended by a geneticist or risk of aneuploidy greater than 1/250 after prenatal genetic screening: **combined test (echographic markers and double test or triple test)** ; in their respective tariffs is included the genetic testing of the samples taken.

Cordonocentesis is reimbursed to pregnant women in the second trimester of pregnancy, performed only by obstetricians and gynecologists with over-specialization in maternal-fetal medicine, for diagnosed or therapeutic indications; in their respective tariffs is included the genetic testing of the samples taken.

Genetic testing of samples taken by coronary villous biopsy, amniocentesis or cordonocentesis is performed by one of the following techniques: cytogenetics, FISH, MLPA, QF-PCR.

In List B.4.1 - List of standardized medical services provided under day-stay care that is settled only if all mandatory services have been performed**, there is the Monitoring of pregnant pregnancy with high risk in pregnancy with hereditary and acquired clotting disorders / thrombophilia**, service comprising:
- Obstetrics and gynecology specialist counseling, Antithrombin III, Protein C, Protein S, Serum hemocysteine dosing, Serum hemocysteine control, Leyden Factor V, Anticoagulant lupus screening, Confirmation of lupus anticoagulant, Obstetrical and gynecological ultrasound
This service is provided only in obstetrics-gynecology specialties hospitals and in other sanitary units with beds, which have hierarchical units or compartments of obstetrics-gynecology and neonatology in level 3 according to HMO no. 1881/2006, as subsequently amended and supplemented.
The service is given in the first or second trimester of pregnancy with at least one of the following vascular and obstetric risk factors:
• personal history of thromboembolic disease;

• family history (relatives of grade I with thromboembolic disease or positive heredocolateral positive history of thrombophilia);
• recurrent first-trimester abortions, unknown cause;
• tasks in progress;
• premature birth;
• pregnancy-induced hypertension;
• normal insertion of placenta;
• placental insufficiency.
We would like to point out that the medical services provided to day carers can also be provided under continuous hospitalization if the patient has complications or co-morbidities at risk for the patient, major bleeding that causes the problem of volumetric replenishment, anesthetic risk difficult to manage in day hospitalization, and post-procedural pain difficult to control, major associated invasive procedures.

For the medical services provided under the hospitalization, the pregnant can be addressed for the purpose of programming any provider of hospital medical services on the territory of Romania who is in a contractual relation with a health insurance house for the types of services that the pregnant woman needs.

Hospital medical services in case of childbirth are granted without an admission ticket, regardless of the patient's insurance status and are covered by the Unique Social National Health Insurance Fund.
Insured persons are required to pay a monthly health insurance contribution. In case of breach of the obligation, these persons benefit from medical services within a minimum package of medical services, according to the provisions of Law no. 95/2006, republished, with subsequent amendments and completions, which includes family planning services in primary care, monitoring the evolution of pregnancy and confinement in the assistance primary medical and ambulatory specialty for clinical specialties, birth.
Costs incurred in presenting pregnant women to healthcare providers who have no contract with a health insurance house are borne by the beneficiary.
In the case of pregnancy, birth and consequences, the beneficiary of the medical services or its maintenance does not bear the costs of the medical services, and according to the provisions of Law no. 95/2006, republished, with subsequent amendments and completions, all pregnant women and children are exempt from copayment, medical services related to the evolution of pregnancy, and those who have no income or income below the minimum gross national salary for all medical services.
The value of prescription drugs for pregnant women and chil- dren is borne by the fund at the reference price.
In accordance with the provisions of Law no. 95/2006, republished, with subsequent amendments and completions, for the prevention of illnesses, early detection of illness and health protection, policyholders, either directly or through the service providers with which the insurance houses are in contractual relations, will be permanently informed by the insurance houses on the means of preserving health, reducing and avoiding the causes of illness and the dangers to which they are exposed in the case of drug, alcohol and tobacco use.

VIII - 5. Level and Calculation of Benefit

Article 50. C102 and ECSS
In respect of suspension of earnings resulting from pregnancy and from confinement and their consequences, the benefit shall be a periodical payment calculated in such a manner as to comply either with the

requirements of Article 65 or with the requirements of Article 66. The amount of the periodical payment may vary in the course of the contingency, subject to the average rate thereof complying with these requirements.

To calculate the maternity indemnity, the provisions or Article 65 are applied.

The calculation basis of the indemnity is established as an average monthly income during the past six months of 12 which represents the qualifying period, up to the limit of 12 national minimum wages, used to calculate the contribution for leaves of absence and indemnities.

The amount of the maternity indemnity is established by applying the 85% at the calculation basis established by the law.

The amount of the maternal risk allowance represents 75% of the calculation basis.

The qualifying period in the health insurance system is obtained by summing the periods for which the contribution for medical leave allowance and indemnities is paid by the employer or insured individual, as the case may be, respectively, or were insured without payment of the contribution under the law.

Women no longer insured individuals, due to reasons not attributable to them, shall take advantage of same rights if they deliver within 9 months as of the date of loosing their health insurance. Losing the health insurance due to causes not attributable to the pregnant woman shall be proved by official acts issued by her employers or other similar officers, and the indemnity shall be settled, from the National Unique Health Insurance Fund, by the health insurance houses having contracts with the relevant family physician.

VIII - 6. Qualifying period

Article 51. C102 and ECSS
The benefit specified in Articles 49 and 50 shall, in a contingency covered, be secured at least to a woman in the classes protected who has completed such qualifying period as may be considered necessary to preclude abuse, and the benefit specified in Article 49 shall also be secured to the wife of a man in the classes protected where the latter has completed such qualifying period.

The insured women are entitled to maternity indemnity if they previously contributed to the unforeseen event for at least 6 months during the past 12 months representing the qualifying period, up to the limit of 12 national minimum wages, used to calculate the contribution for leaves of absence and indemnities.
The minimum qualifying period entitling to maternity indemnity is 6 months during the last 12 months previous to the month of the unforeseen event.

VIII - 7. Minimum duration of Benefit

Article 52. C102 and ECSS
The benefit specified in Articles 49 and 50 shall be granted throughout the contingency, except that the periodical payment may be limited to 12 weeks, unless a longer period of abstention from work is required or authorised by national laws or regulations, in which event it may not be limited to a period less than such longer period.

The maternity indemnity is granted on the entire period in which the insured women take advantage of leave of absence for pregnancy and post-delivery, more precisely a period of 126 calendar days, for example, 63 days before birth and 63 days post delivery, with the possibility to compensate those periods, depending on the doctor recommendation and the individual option, so that the minimum duration of confinement leave as mandatory, to be 42 calendar days.

VIII - 8. Suspension of Benefit

Article 69. C102, Article 68. ECSS
A benefit to which a person protected would otherwise be entitled in compliance with any of Parts II to X of this Convention may be suspended to such extent as may be prescribed--
(a) as long as the person concerned is absent from the territory of the Member;
(b) as long as the person concerned is maintained at public expense, or at the expense of a social security institution or service, subject to any portion of the benefit in excess of the value of such maintenance being granted to the dependants of the beneficiary;
(c) as long as the person concerned is in receipt of another social security cash benefit, other than a family benefit, and during any period in respect of which he is indemnified for the contingency by a third party, subject to the part of the benefit which is suspended not exceeding the other benefit or the indemnity by a third party;
(d) where the person concerned has made a fraudulent claim;
(e) where the contingency has been caused by a criminal offence committed by the person concerned;
(f) where the contingency has been caused by the wilful misconduct of the person concerned;

The payment of indemnities shall cease starting with the date next to the day on which:
a) the beneficiary has deceased;
b) the beneficiary does no longer meet the legal requirements for granting the indemnities;
c) the beneficiary has established the domicile on the territory of a State other than Romania not having any social security convention concluded with Romania;
d) the beneficiary has established the domicile on the territory of a State other than Romania having any social security convention concluded with Romania, when such convention provided for the payment of indemnities by the other relevant State.

VIII - 9. Right of complain and appeal

See under Part XIII-2

RF/C102/ECSS: please state whether every claimant has a right of appeal in case of refusal of the maternity benefit or complaint as to its quality and quantity. Please summarise the rules which apply in the case of an appeal.

Control of the granting of maternity leave - pregnancy and maternity leave, provided for by GEO no. 158/2005 on holidays and social health insurance allowances, with the subsequent amendments and additions, which are supported by the National Social Insurance Fund, are carried out by the control bodies of the CNAS and the health insurance companies.
The unjustified refusal to pay benefits and/or the erroneous calculation and payment of benefits, as well as the violation of the obligation regarding the management of the number of days of medical leave for each insured person and for each condition by the payers of benefits constitute a misdemeanor, according to art. 47 para. (2) from GEO no. 158/2005, with subsequent amendments and additions, which are found by the control bodies and are sanctioned with a fine from 3500 RON to 6000 RON, according to the provisions of art. 48 of GEO no. 158/2005, in conjunction with those of the Order of the CNAS president no. 1012/2013 for the approval of the Methodological Norms regarding the activity of control structures within the social health insurance system, with subsequent amendments and additions.
The insured person has the right to notify the health insurance company to which he is registered in order to carry out control actions.
In the situation where the insured is dissatisfied with the method of settlement, he can address the competent courts, since according to art. 52 of GEO no.

158/2005, disputes that have as their object the method of calculation and payment of allowances are settled by the courts, according to the social insurance jurisdiction, regulated in art. 152 - 157. of Law no. 263/2010 regarding the unitary system of public pensions.

VIII - 10. Financing and Administration

See under Part XIII-3. Common provisions.

2022 CEACR's conclusions

Part VIII (Maternity benefits), Article 49 of the Code, and Part II (Medical care), Article 10(1)(2). Provision of maternity medical care free of charge. The Committee takes due note of the information provided by the Government in reply to its previous request that, according to article 225(1)(c) of Law no. 95/2006, all pregnant women, irrespective of their income, are entitled to medical services related to the evolution of the pregnancy, including hospital medical services provided at birth, free of charge, i.e. without co-payment required.

Part XI. Standards to be complied with by periodical payments

Part	Contingency	Standard Beneficiary	C102/ECSS Percentage
III	Sickness	Man with wife and two children	45
IV	Unemployment	Man with wife and two children	45
V	Old age	Man with wife of pensionable age	40
VI	Employment injury:		
	Incapacity of work	Man with wife and two children	50
	Invalidity	Man with wife and two children	50
	Survivors	Widow with two children	40
VIII	Maternity	Woman	45
IX	Invalidity	Man with wife and two children	40
X	Survivors	Widow with two children	40

Determination of the standards wage of the skilled manual male employee

Article 65. C102 and ECSS

1. In the case of a periodical payment to which this Article applies, the rate of the benefit, increased by the amount of any family allowances payable during the contingency, shall be such as to attain, in respect of the contingency in question, for the standard beneficiary indicated in the Schedule appended to this Part, at least the percentage indicated therein of the total of the previous earnings of the beneficiary or his breadwinner and of the amount of any family allowances payable to a person protected with the same family responsibilities as the standard beneficiary.

2. The previous earnings of the beneficiary or his breadwinner shall be calculated according to prescribed rules, and, where the persons protected or their breadwinners are arranged in classes according to their earnings, their previous earnings may be calculated from the basic earnings of the classes to which they belonged.

3. A maximum limit may be prescribed for the rate of the benefit or for the earnings taken into account for the calculation of the benefit, provided that the maximum limit is fixed in such a way that the provisions of paragraph 1 of this Article are complied with where the previous earnings of the beneficiary or his breadwinner are equal to or lower than the wage of a skilled manual male employee.

4. The previous earnings of the beneficiary or his breadwinner, the wage of the skilled manual male employee, the benefit and any family allowances shall be calculated on the same time basis.

5. For the other beneficiaries, the benefit shall bear a reasonable relation to the benefit for the standard beneficiary.

6. For the purpose of this Article, a skilled manual male employee shall be:

(a) a fitter or turner in the manufacture of machinery other than electrical machinery; or

(b) a person deemed typical of skilled labour selected in accordance with the provisions of the following paragraph; or

(c) a person whose earnings are such as to be equal to or greater than the earnings of 75 per cent. of all the persons protected, such earnings to be determined on the basis of annual or shorter periods as may be prescribed; or

(d) a person whose earnings are equal to 125 per cent. of the average earnings of all the persons protected.

7. The person deemed typical of skilled labour for the purposes of subparagraph (b) of the preceding paragraph shall be a person employed in the major group of economic activities with the largest number of economically active male persons protected in the contingency in question, or of the breadwinners of the persons protected, as the case may be, in the division comprising the largest number of such persons or breadwinners; for this purpose, the international standard industrial classification of all economic activities, adopted by the

Economic and Social Council of the United Nations at its Seventh Session on 27 August 1948, and reproduced in the Annex to this Convention, or such classification as at any time amended, shall be used.
8. Where the rate of benefit varies by region, the skilled manual male employee may be determined for each region in accordance with paragraphs 6 and 7 of this Article.
9. The wage of the skilled manual male employee shall be determined on the basis of the rates of wages for normal hours of work fixed by collective agreements, by or in pursuance of national laws or regulations, where applicable, or by custom, including cost-of-living allowances if any; where such rates differ by region but paragraph 8 of this Article is not applied, the median rate shall be taken.
10. The rates of current periodical payments in respect of old age, employment injury (except in case of incapacity for work), invalidity and death of breadwinner, shall be reviewed following substantial changes in the general level of earnings where these result from substantial changes in the cost of living.

Determination of the standards wage of the ordinary adult male labourer

Article 66. C102 and ECSS
1. In the case of a periodical payment to which this Article applies, the rate of the benefit, increased by the amount of any family allowances payable during the contingency, shall be such as to attain, in respect of the contingency in question, for the standard beneficiary indicated in the Schedule appended to this Part, at least the percentage indicated therein of the total of the wage of an ordinary adult male labourer and of the amount of any family allowances payable to a person protected with the same family responsibilities as the standard beneficiary.
2. The wage of the ordinary adult male labourer, the benefit and any family allowances shall be calculated on the same time basis.
3. For the other beneficiaries, the benefit shall bear a reasonable relation to the benefit for the standard beneficiary.
4. For the purpose of this Article, the ordinary adult male labourer shall be:
(a) a person deemed typical of unskilled labour in the manufacture of machinery other than electrical machinery; or
(b) a person deemed typical of unskilled labour selected in accordance with the provisions of the following paragraph.
5. The person deemed typical of unskilled labour for the purpose of subparagraph (b) of the preceding paragraph shall be a person employed in the major group of economic activities with the largest number of economically active male persons protected in the contingency in question, or of the breadwinners of the persons protected, as the case may be, in the division comprising the largest number of such persons or breadwinners; for this purpose, the international standard industrial classification of all economic activities, adopted by the Economic and Social Council of the United Nations at its Seventh Session on 27 August 1948, and reproduced in the Annex to this Convention, or such classification as at any time amended, shall be used.
6. Where the rate of benefit varies by region, the ordinary adult male labourer may be determined for each region in accordance with paragraphs 4 and 5 of this Article.
7. The wage of the ordinary adult male labourer shall be determined on the basis of the rates of wages for normal hours of work fixed by collective agreements, by or in pursuance of national laws or regulations, where applicable, or by custom, including cost-of-living allowances if any; where such rates differ by region but paragraph 6 of this Article is not applied, the median rate shall be taken.
8. The rates of current periodical payments in respect of old age, employment injury (except in case of incapacity for work), invalidity and death of breadwinner, shall be reviewed following substantial changes in the general level of earnings where these result from substantial changes in the cost of living.

Article 20. C121
1. In the case of a periodical payment to which this Article applies, the rate of the benefit, increased by the amount of any family allowances payable during the contingency, shall be such as to attain, in respect of the contingency in question, for the standard beneficiary indicated in Schedule II to this Convention, at least the percentage indicated therein of the total of the wage of an ordinary adult male labourer and of the amount of any family allowances payable to a person protected with the same family responsibilities as the standard beneficiary.
2. The wage of the ordinary adult male labourer, the benefit and any family allowances shall be calculated on the same time basis.
3. For the other beneficiaries, the benefit shall bear a reasonable relation to the benefit for the standard beneficiary.
4. For the purpose of this Article, the ordinary adult male labourer shall be:
(a) a person deemed typical of unskilled labour in the manufacture of machinery other than electrical machinery; or

(b) a person deemed typical of unskilled labour selected in accordance with the provisions of the following paragraph.
5. The person deemed typical of unskilled labour for the purpose of clause (b) of the preceding paragraph shall be a person employed in the major group of economic activities with the largest number of economically active male persons protected in the contingency in question, or of the breadwinners of the persons protected, as the case may be, in the division comprising the largest number of such persons or breadwinners; for this purpose the international standard industrial classification of all economic activities, adopted by the Economic and Social Council of the United Nations at its Seventh Session on 27 August 1948, as amended and reproduced in the Annex to this Convention, or such classification as at any time further amended, shall be used.
6. Where the rate of benefit varies by region, the ordinary adult male labourer may be determined for each region in accordance with paragraphs 4 and 5 of this Article.
7. The wage of the ordinary adult male labourer shall be determined on the basis of the rates of wages for normal hours of work fixed by collective agreements, by or in pursuance of national laws or regulations, where applicable, or by custom, including cost-of-living allowances if any; where such rates differ by region but paragraph 6 of this Article is not applied, the median rate shall be taken.
8. No periodical payment shall be less than a prescribed minimum amount.

Means-tested social assistance

Article 67. C102 and ECSS
In the case of a periodical payment to which this Article applies:
(a) the rate of the benefit shall be determined according to a prescribed scale or a scale fixed by the competent public authority in conformity with prescribed rules;
(b) such rate may be reduced only to the extent by which the other means of the family of the beneficiary exceed prescribed substantial amounts or substantial amounts fixed by the competent public authority in conformity with prescribed rules;
(c) the total of the benefit and any other means, after deduction of the substantial amounts referred to in subparagraph (b), shall be sufficient to maintain the family of the beneficiary in health and decency, and shall be not less than the corresponding benefit calculated in accordance with the requirements of Article 66;
(d) the provisions of subparagraph (c) shall be deemed to be satisfied if the total amount of benefits paid under the Part concerned exceeds by at least 30 per cent. the total amount of benefits which would be obtained by applying the provisions of Article 66 and the provisions of:
(i) Article 15 (b) for Part III;
(ii) Article 27 (b) for Part V;
(iii) Article 55 (b) for Part IX;
(iv) Article 61 (b) for Part X.

2021

Average monthly gross income received in month October

Economic activity (NACE rev. 2 Section level)	Reference period	Major occupational group (ISCO-08 1-digit level)	Average monthly gross income received in October (RON /employee)	
			Total employees	of which: men
Manufacturing	**October 2021 (most recent data)**	**MG7** (Craft and related trades workers)	4448	4864
		MG9 (Elementary occupations)	3477	3665

Data source: Statistical survey on salaries in month October – **based on administrative data** (The "Declaration on payment obligations related to social contributions, the income tax and nominal records of insured persons" (D112), managed by the National Agency for Fiscal Administration, and the "General Register of Employees (REGES)", managed by the Labour Inspectorate).

Methodological notes:

The survey on salaries in October 2021 was exclusively carried out through the exploitation of administrative data sources and is aiming at determining the number of employees by gross basic salary group and gross

income received group, the average gross basic salary and the gross average income received, by gender, age groups, activities of national economy, major groups of occupations and occupations, in October 2021.

Considering the changes in data sources and coverage, starting with the reference year 2013, the results of the Statistical survey on salaries in October **are not comparable with the results achieved during previous years**.

According to the national legislation provisions in force (GEO No. 79/2017, as subsequently amended and supplemented), the social security contribution and the social health insurance contribution paid by the employer were transferred to the employee; thus, starting with reference year 2018, these contributions are **borne entirely by the employee**, and reflected in the average monthly gross income received.

Consequently, the indicator "**average monthly gross income received**" produced and disseminated starting with reference year 2018 is no longer comparable to data series prior to 2018.

Coverage:

All the active enterprises with legal status, whose main activity comply with the CANE Rev. 2 divisions, **codes *01-96,* excluding** the activity "Public administration and defence; social insurance from the public system" (division 84). The persons with labour agreement for the categories of employee whose status is civil servant, magistrate (judge, prosecutor) and assimilated, high officials and assimilated are **not included**.

The estimation of results was drawn up for October 2021, for the employees with labour contract declared in the "General register of employees" (REGES), who have achieved income on salary basis and for whom the employers have filled in the "Statement on compulsory payments of social contributions, taxes on income and the nominal records of insured persons" (D112).

Definitions:

Number of employees comprises the employees with labour contract identified in the two administrative data sources (REGES and D112), who worked **full time, paid for the whole month (21 days) in October 2021**, even if they were absent from work due to:
- days of sick leave paid from the salary fund;
- temporary interruption of activity (technical unemployment) for which have received an allowance from the basic salary corresponding to the job;
- working hours temporarily reduced in accordance with the legal provisions in force;
- days off granted to parents in order to supervise their children, in cases of temporary closure of educational institutions;
- days of quarantine/home isolation paid from the salary fund.

Apprentices and **part-time workers** are **not included**.

The gross income received according to administrative data sources (D112) comprised the gross salary amounts received and reported by employers for the employees. The gross income received included the following components:
- the gross basic salary established in the labour contract;
- bonuses, allowances and amounts granted as percentage of gross basic salary or as fixed amount, either permanent or not;
- gross amounts resulting from payment "on hourly basis", for emergency duties and clinical benefits;
- gross amounts granted for retirement;
- exceptional payments made to employees who are leaving the enterprise (excluding the compensatory amounts paid in case of ceasing of the labour contract following the unit restructuring and highlighted separately in D112);
- other salary bonuses, stipulated by law or in the labour contracts (bonuses, incentives, compensations, allowance for the annual holiday leave not-taken, the 13th salary, holiday bonuses, as well as other amounts representing current income or related to previous periods);
- salary-related income, payments in kind and financial aids for which no social security contributions are payable, such as the equivalent value of value tickets (meal tickets, gift tickets, nursery tickets, cultural tickets, holiday vouchers/ tickets) and the equivalent value of transportation subscriptions;
- allowances paid by the employer for employees who were in quarantine/home isolation;

- amounts paid for work interruptions non-imputable to employees (including technical unemployment as a compensation paid from the basic salary);
- allowances of which the employees benefit for the period when the labour contract is temporary suspended at the employer initiative (technical unemployment), irrespective if are borne by the employer or from state budget;
- allowances of which the employees benefit for the days off granted to parents in order to supervise their children, in cases of temporary closure of educational institutions, in accordance with the legal provisions in force;
- allowances of which the employees benefit as a result of working hours reduction.

The following items are **not included**:
- gross amounts paid from the budget of the Single National Social Health Insurance Fund as benefits for temporary incapacity for work caused by ordinary illness or accidents outside the workplace, occupational diseases and accidents at work, allowances for illness prevention and the recovery of the ability to work, compensations for maternity leave and other aids granted pursuant to GEO No 158/2005 on sick leaves and health insurance compensations, as subsequently amended;
- gross payments from the budget of the Insurance against Accidents at Work and Occupational Diseases as benefits for temporary incapacity for work caused by occupational diseases and accidents at work, allowances for reduced working time or allowances for temporary job changes and other aids granted under Law No 346/2002 (republished) on insurance in respect of accidents at work and occupational diseases, as subsequently amended;
- the amounts paid in the reference year, but related previous years, including backdated paid arrears as consequence of wining the lawsuits involving the money rights related to previous years.

Classifications used

Activity: defined according to the **Classification of Activities in the National Economy (CANE Rev. 2)**, harmonized with the European classification in the field (NACE Rev. 2). CANE Rev.2 was approved by Order of the President of INS no. 337/2007, published in the Official Gazette of Romania no. 293/03.05.2007.
Occupation: defined according to the **Classification of Occupations in Romania 2008** (COR 2008), harmonized with the international classification of occupations ISCO-08 and approved by G.O. no.1352/2010. The distribution of employees was made for 9 major occupational groups (excluding the major group 0 "Armed Forces").

Part XII. Equality of treatment of non-national residents

§b Article 1. C102, §e) Article 1. ECSS
the term "residence" means ordinary residence in the territory of the Contracting Party concerned and the term "resident" means a person ordinarily resident in the territory of the Contracting Party concerned;

Article 68. C102
1. Non-national residents shall have the same rights as national residents: Provided that special rules concerning non-nationals and nationals born outside the territory of the Member may be prescribed in respect of benefits or portions of benefits which are payable wholly or mainly out of public funds and in respect of transitional schemes.
2. Under contributory social security schemes which protect employees, the persons protected who are nationals of another Member which has accepted the obligations of the relevant Part of the Convention shall have, under that Part, the same rights as nationals of the Member concerned: Provided that the application of this paragraph may be made subject to the existence of a bilateral or multilateral agreement providing for reciprocity.

In accordance with the provisions of Law no. 95/2006, republished, as subsequently amended and supplemented, within the framework of the Romanian social security system are insured (the form in force at the beginning of the reference period):

- art. 222 par. (1)

a) all Romanian citizens domiciled or residing in the country;

b) foreign citizens and stateless persons who have applied for and have obtained the right to temporary stay or have their domicile in Romania;

c) citizens of EU Member States, EEA and Swiss Confederation who do not have insurance in another Member State that has effect in Romania, who have applied for and obtained the right of residence in Romania for a period of more than 3 months;

d) persons from EU Member States, EEA and Swiss Confederations fulfilling the conditions of a frontier worker, meaning who are employed or self-employed in Romania and who reside in another Member State in which they return usually daily or at least once a week ;

e) pensioners in the public pension system who are no longer domiciled in Romania and who establish their residence in the territory of an EU Member State, of a state belonging to the EEA or of the Swiss Confederation, respectively domiciled in the territory of a state with which Romania applies an agreement bilateral social security with provisions for sickness-maternity insurance.

Art. 268(5) Foreigners benefiting from a form of protection according to Law no. 122/2006 on asylum in Romania, with subsequent amendments and completions, acquire the quality of insured in the social health insurance system as follows:

a) from the date of starting the labor / service relations, in the case of natural persons who realize incomes from the category of those provided in art. 155 para. (1) lit. a) of Law no. 227/2015, with subsequent amendments and completions;

b) from the date of submitting the declaration, provided for in art. 147 para. (1) or art. 174 para. (3) from Law no. 227/2015, with subsequent amendments and completions, as the case may be, in the case of the natural persons who realize the incomes provided in art. 155 para. (1) lit. b) - h), as well as in the case of the persons provided in art. 180 of Law no. 227/2015, with subsequent amendments and completions

According to article 4 of the Law no. 292/2011 on social assistance all Romanian citizens who are on the Romanian territory and have the domicile or residence in Romania, citizens of EU Member States, of the European Economic Area and Swiss Confederation, and also foreigners and stateless persons domiciling or residing in Romania are entitled to social assistance under the Romanian law and the EU regulations as well as the agreements and treaties to which Romania is a part, without any discrimination. The vulnerable persons are benefiting from measures and social protection actions whitout any restriction or preference of race, nationality, ethnic origin, language, religion, social status, opinion, sex or sexual orientation, age, political affiliation, disability, chronic illness or belonging to a disadvantaged category. The aforementioned persons have the right to be informed on the content and modalities for granting social assistance measures and actions. The right to social assistance is granted on request or ex officio, as appropriate, in accordance with the law.

Therefore, all the foreign citizen can be entitled to social assistance in Romania, and the Romanian legislation doesn't stipulate any requirement of a period of residence in order to be entitled to the social assistance benefits.

Law no. 122/2006 on asylum in Romania, with subsequent modifications and completions, establishes the legal status of foreigners who are requesting a form of protection in Romania, the legal status of foreigners who are beneficiaries of a form of protection in Romania. According to the provisions of article 20 from Law no. 122/2006 on asylum in Romania, acknowledging refugee status or granting subsidiary protection offers the beneficiary the right to benefit from social assistance measures under the conditions stipulated by law for Romanian citizens and also the right to receive on request, within the limits of the disposable finances of the state, a reimbursable aid for a period of maximum 12 months if, due to objective reasons, one does not have the necessary financial means of existence. The amount of such aid is set to 540 **RON** (122 euro);

The funds necessary to grant the reimbursable aid are ensured from the budget of the Ministry of Labour and Social Protection, through the National Agency for Payments and Social Inspection and the county payments and social inspection agencies.

Part XII. Common provisions

XIII – 1. Suspension of benefit

Article 69. C102, Article 68. ECSS

See under relevant Part of the Consolidated Report.

XIII – 2. Right of complaint and appeal

Article 70. C102, Article 69. ECSS
1. Every claimant shall have a right of appeal in case of refusal of the benefit or complaint as to its quality or quantity.
2. Where in the application of this Convention (Code) a government department responsible to a legislature is entrusted with the administration of medical care, the right of appeal provided for in paragraph 1 of this article may be replaced by a right to have a complaint concerning the refusal of medical care or the quality of the care received investigated by the appropriate authority.
3. Where a claim is settled by a special tribunal established to deal with social security questions and on which the persons protected are represented, no right of appeal shall be required.

XIII – 3. Financing and Administration

- ***Article 71. C102, Article 70. ECSS***
1. The cost of the benefits provided in compliance with this Convention (Code) and the cost of the administration of such benefits shall be borne collectively by way of insurance contributions or taxation or both in a manner which avoids hardship to persons of small means and takes into account the economic situation of the Member (Contracting Party) and of the classes of persons protected.
2. The total of the insurance contributions borne by the employees protected shall not exceed 50 per cent of the total of the financial resources allocated to the protection of employees and their wives and children. For the purpose of ascertaining whether this condition is fulfilled, all the benefits provided by the Member (Contracting Party) in compliance with this Convention (Code), except family benefit and, if provided by a special branch, employment injury benefit, may be taken together.
3. The Member (Contracting Party) shall accept general responsibility for the due provision of the benefits provided in compliance with this Convention (Code), and shall take all measures required for this purpose; it shall ensure, where appropriate, that the necessary actuarial studies and calculations concerning financial equilibrium are made periodically and, in any event, prior to any change in benefits, the rate of insurance contributions, or the taxes allocated to covering the contingencies in question.

Article 72. C102, Article 71. ECSS
1. The Member (Contracting Party) shall accept general responsibility for the proper administration of the institutions and services concerned in the application of the Convention (Code).
2. Where the administration is not entrusted [to an institution regulated by the public authorities or – C102] *to a Government department responsible to a legislature, representatives of the persons protected shall participate in the management, or be associated therewith in a consultative capacity, under prescribed conditions; national laws or regulations may likewise decide as to the participation of representatives of employers and of the public authorities.*

2022 CEACR's conclusions

Part XII (Common provisions), Article 70(2) of the Code. Collective financing of benefits. The Committee previously noted that section 42 of the Government Emergency Ordinance No. 79/2017 of 8 November 2017 for amending and completing Law No. 227/2015 regarding the Fiscal Code determined the contribution rates to be borne by employees for the pension insurance for 2018 and 2019 at 25 per cent of their gross salary, whereas employers had to pay social insurance contributions only in case of difficult or special working conditions at a rate of 4 per cent and 8 per cent of the payroll, respectively. With regard to the health insurance, the Committee noted that section 69 of the Government Emergency Ordinance states that "the share of the social health insurance contribution is

10 per cent and is due by the natural persons who are employed or for whom there is the obligation to pay the social health insurance contribution, according to the present law". It further noted that employers were obliged to pay a contribution of 2.25 per cent of the payroll for labour insurance providing, inter alia, for cash sickness and unemployment benefits and benefits in case of employment injury.

The Committee noted that the reform pursued the aim of simplifying the system of administration and collection of contributions, and that the increase of the contribution rate at the expense of employees had been accompanied by fiscal compensatory measures preventing that, as a result of the reform, employees experience a reduction of their net income. However, it also observed that the figures presented by the Government did not demonstrate that the total amount of the contributions borne by employees under the new rules remained below the 50 per cent of the total costs of the benefits received by insured employees and their wives and children, as required by Article 70(2) of the Code, and requested the Government to take the necessary measures in order to rebalance the respective shares of social insurance contributions borne by employers and employees in order to bring the provisions of the Fiscal Code in this respect into compliance with Article 70(2) of the Code.

The Committee notes the figures for 2021 presented by the Government in its reply regarding the total amounts of contribution revenues and expenses of the State Social Insurance and the Health Insurance Fund. The Committee observes that, as in the year before, the biggest part of expenses was covered by contributions, the main part of which is paid by employees: the total amount of contributions of 78,551,298,436 RON was paid to the State Social Insurance and of 36,054,956,725 RON to the Health Insurance Fund, whereas the total expenses of the State Social Insurance and the Health Insurance Fund were 90,534,777,500 RON and 49,812,635,900 RON, respectively.

The Committee also notes the substantial contributions paid by the State Budget to the unemployment scheme and to finance family benefits. However, it observes in this respect, that Part IV of the Code dealing with unemployment benefit has not been accepted by Romania and that Article 70(2) of the Code excludes family benefits, which means that payments made in this respect cannot be taken into account.

The Committee therefore concludes that the provisions governing the financing of social insurance benefits in Romania are not in compliance with Article 70(2) of the Code which requires that the total of the insurance contributions borne by the employees protected shall not exceed 50 per cent of the total of the financial resources allocated to their protection and the protection of their family members. ***The Committee once again urges the Government to take the necessary measures, without further delay, in order to rebalance the respective shares of social insurance contributions borne by employers or the State on one side and by employees on the other side in order to bring the provisions of the Fiscal Code in this respect into compliance with Article 70(2) of the Code.***

Please provide a reply to the Committee's request.

Ministry of Finance:

We would like to point out that in the reference period (July 1st, 2022 – June 30th, 2023), regarding the transfer of social security contributions from the employer to the employee, as regulated by Government Emergency Ordinance no. 79/2017 amending Law no. 227/2015 on the Tax Code, hereinafter referred to as GEO no. 79/2017, no normative acts have been adopted to modify the level of compulsory social security contributions payable by employees and employers and employers.

However, we show that by *Government Ordinance no. 16/2022 for the amendment and completion of Law no. 227/2015 on the Fiscal Code, the repeal of some normative acts and other financial-fiscal measures, with subsequent amendments*, the obligation to pay the social security contribution and the social health insurance contribution has been introduced at the level of the minimum gross salary per country guaranteed in payment, in the case of individual full-time or part-time employment contracts for which the income earned is below this level. The income taken into account it is the minimum gross salary per country in force in the month for which the contributions are due and not the income achieved by the employee.

If social security contribution and the social health insurance contribution are lower than their level calculated by applying the quotas provided for in the Fiscal Code, on the minimum gross basic salary per country in force in the month for which the contributions are due, corresponding to the number of working days in the month in which the contract was active, the difference is borne by the employer/income payer on behalf of the employee/income beneficiary.

From the point of view of budgetary aspects, in the context of the information requested in your letter, we make the following clarifications:

From the budget of the National Social Health Insurance Fund, expenditures in the amount of 26.737.256 thousand RON were made in the second half of 2022 (of which 2.735.009 thousand RON for social health insurance allowances) and in 2023, for the first half of the year, expenses in the amount of 30.869.267 thousand RON (of which 2.510.000 thousand RON for social health insurance allowances) were scheduled.

The total revenues of the state social insurance budget amounted to 98.410.059 thousand RON (of which: 98.226.614 thousand RON revenues of the public pension system and 183.445 thousand RON revenues of the occupational accidents and diseases system) in 2022. At the level of the state social insurance budget, the income from social insurance contributions (including amounts pending distribution) amounted to 86.233.292 thousand RON.

Total revenues of 54.859.786 thousand RON were realized in the budget of the Single National Health Insurance Fund in 2022. Income from insurance contributions (including amounts pending distribution) amounted to 40.040.916 thousand RON.

Part XIII. Miscellaneous provisions

Article 74(1) of the Code. Consolidated reporting on the Code. The Committee thanks the Government for reviewing and updating the consolidated report, which greatly facilitated its assessment of the conformity of the national social security system, legislation and practice with the accepted Parts of the Code. It also notes from the information provided by the Government that the management of the National House of Public Pensions is ensured by a board of directors comprised of trade union representatives. ***The Committee invites the Government to provide further information on the way representatives of the persons protected (e.g. through their trade unions) also participate in the management of the National Health Insurance Fund (CNAS).***

Please provide a reply to the Committee's request.

CNAS: The Board of Directors of the National Health Insurance House consists of 9 members, with a 4-year term, including a member appointed by the nationally representative employers' confederations and a member appointed by the nationally representative trade union confederations. national;
The main role of the board is to develop and implement the national strategy in the field of social health insurance. One of the attributions of the Board of Directors is the approval of the strategy of the social health insurance system regarding the collection and use of the fund (FNUASS).