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FINANCING HEALTH INSURANCE AND HEALTH CARE

Abstract: It is hard that there are two countries in the world that are managed in an identical manner to resolve the issue of funding of health insurance and health care. Holders of financing health care needs and services in the country have every difficult and responsible task in order to effectively complete, always use the best models and mechanisms. The lack of uniform or general accepted financing model is the reason why you can not talk about financing in the absolute sense. We are witnesses to the United States leads convulsive struggle between President Obama and his opponent for the introduction of compulsory insurance for all citizens. In the heterogeneous system of financing the opinion prevailed that the mandatory health insurance model is dominant and that it is funded by most of the population which makes sense to speak.

In addition to this model of security in the world to exist models of private and voluntary (supplementary) health insurance. Lack of clean model nothing prevents the financing of health care funds from the state budget, contributions for compulsory health insurance funds under contracting through premiums and / or direct payment of health services received by their users (direct agreement).

From the aspect of public finance health care, despite the great technological development, which belongs to the health sector impure social activities (there are pure activity), a large number of specialization in medicine and a large number of top achievement of certain branches of medicine, is not able to perform independently and fully resolved all tasks related to modern diseases, the health needs of the population and differentiated health services. Practice has proved that time uncounted modern concept of health insurance and health care only works if there are safe and permanent financial resources, which are the only guarantee

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for the effective implementation of global measures, and then health policy.

Keywords: financing, health care, health insurance, contributions, strategies development.

INTRODUCTION

Word of insurance associated with a particular form of security, although it is acceptable opinion it is a way of organizing individuals or organizations that are in a position to fight the emergence of the risk of severe material losses. However, when it comes to funding health insurance actually become completely clear. It is a separation of funds for specific types of social insurance whose creator thinks Otto von Bismarck (*Otto von Bismarck*) German statesman, „Iron Chancellor” who contributed to the 1871st years from 25 countries created the German Empire (*Deutsches Reich*), and the 1883rd The adopted Law on Compulsory Insurance Health Care workers. The law provided mandatory contribution in the hospital fund. Passing this law is the beginning of compulsory health insurance as a social mechanism for achieving social goals of society in general. The said law has made a major impact on the development of health insurance in much of Europe. Thus Austria 1887th The first time adopted the Law on compulsory health insurance, Norway is committed 1902nd and the United Kingdom 1910th year.

English Beveridge Lord William Henry (William Henry Beveridge) is its critical attitude towards the Bismarck model of social insurance contributed to establish the second, the basic model of financing of social and health insurance under him. Beveridge’s model includes the idea that social security is funded in two ways. PVO maternal and children’s accessories and health care are financed from the budgets, and pensions should be financed through contributions to social insurance principles. Then there is little to integrate these two models, when the influence of socio-economic and social development, so that the result of their combination in which a kind of hour one hour latter has supremacy. In modern models of financing social security, and consequently health protection via facto present mixed systems that can resolve into two groups. The first group are countries social security is financed by budgetary transfers which typically dominates Beveridge model, while the second group consists of countries that follow the Bismarck model of social and health insurance under him.

Finally, social insurance as an achievement of development social economic relations represent area that should be financed by both state and individuals. The notion of „social security” is the broadest term that means the protection that society provides to its members through measures of public character. By right social security includes the protection that applies to 1) economic and social disorders that result from the termination of wage reduction caused by disease, motherhood, injuries at

work, unemployment and / or death, 2) the provision of health care and 3) providing assistance to families with children .

Aim

Contributions financing as instruments for health insurance and health care and review of the introduction of compulsory health insurance for citizens of the U.S. (big fight Barack Obama)

Contributions as instruments for financing the health insurance and health care

Health insurance is a spacious area that is financed by mandatory contributions paid by employers and employees (contributions paid by private individuals and employers) with the eventual help of the state budget funds and state public funds. Paid contributions to the confluence of the special funds. With taxes, fees and contributions are very important form of public revenues are collected to finance public expenditures. They are very generous, predictable and regular. According to a number of theorists financial contributes mainly to meet the following commitments:

- Public income that are giving that contains an element against compensation,
- Paid him only those persons who will have the benefit of which is not the case with taxes,
- Contributions are a form of forced payment by groups or individuals for services rendered or works or the benefits are fully or partially financed by contributions,
- Their purpose is determined ex ante with respect to a destinations public revenue,
- Place them to certain users connected to the economic, health and other reasons,
- Paid to the special autonomous health insurance funds,
- There is no bottom and may be the upper limit of their payments while rates are necessarily proportional,
- The basis for calculation of contributions is the gross earnings or other benefits while,
- Not that there are common branch or territorial differences and benefits according to the types of employment.

Insured person (the insured) shall be entitled to health insurance at the moment occurrence of the insured cases, automatically, without any checks on other income that achieved. Many countries have no system of compulsory health insurance (New Zealand, Australia, USA etc..), But health security of its citizens are provided through various forms of social assistance is financed from the budget means. Sweden is a country where, despite the fact that its residents must have health insurance, there are special types of health insurance that is financed by funds from the budget.

In the Republic of Serbia adopted the Law on Contributions for mandatory social insurance which exists in three aspects, namely: 1) in the form of pension and disability insurance, 2) health insurance and 3) Unemployment Insurance. In fact, he introduced compulsory contributions for health insurance in the form of a) contributions for compulsory health insurance and b) contributions in case of injuries and occupational diseases in the cases determined by law. In addition compulsory health insurance in many countries there is a system of voluntary or additional health insurance. Based on contracts of insurance against certain types of risks insured concludes with the insurer (the appropriate insurance carrier). From a legal point of view as opposed to mandatory health insurance system of voluntary insurance is private legal character, achieved without the use of public powers and regulates only the norms of contractual rights.

Implementation and provision of health insurance and health care in the Republic of Serbia is done through the Department for health insurance, whose income consists of:

– Contributions for compulsory health insurance, contributions to voluntary health insurance, property with which he has, the funds collected from the paid participation (personal participation of users of health services), domestic funds and foreign loans, donations from home and abroad, transfers from the budget of the Republic and other funds whose origins and sources of know. Collected means Department used to finance consumer rights and the promotion of health care, to meet the costs of implementation of health insurance and to cover other expenses related to health care and health insurance in accordance with the law, ie, to cover the cost of health care institutions-material expenses, salaries employees and engaged workers, based on the cost of procurement of drugs, the cost of dialysis, the cost for dental and dental works, fees for sick over 60 days, travel costs of the insured and for the procurement of medical supplies.

For more reviewed insight into the positions of income and expenditure of the Institute for Health Insurance of the Republic of Serbia in the following table shows the percentage of their structures as they are so in 2005. and 2007th was implemented (income) and covered (expenses). It is obvious that the social income the richest contributed, and the highest percentage of expenditure on the waste of social security rights, which in both years higher than the contributions for social insurance by 27%.

	Income / expenses / Year	2005	2007
1	Social contributions	70,2	71,7
2	Subsidies and transfers	1,0	2,3
3	Other income	0,7	0,0
4	Other income	28,1	26,0
I	<i>Total income</i>	<i>100,0</i>	<i>100,0</i>
1	Expenditures for employees	0,7	0,6
2	Using the goods and services	0,3	0,4
3	Interest payments	0,4	0,1
4	Repayment of principal	0,0	0,0
5	Right from the social insurance	98,6	98,9
II	<i>Total expenditures</i>	<i>100,0</i>	<i>100,0</i>

Source: Bulletin of Public Finance br.44 for the month of May 2008. In the Ministry of Finance, Republic of Serbia

U.S. citizens receive mandatory health insurance?

Especially important is the U.S. effort to impose mandatory health insurance for their citizens. Since 1952. until today, or a total of 15 times, every U.S. president has tried to highlight the need for implementation of health reform, which is „the central question of the future and the turning point.” We should remind that u issue unfulfilled wish of the President in the last 100 years. And then the scene comes the newly elected U.S. President Barack Hussein Obama who said during arguments and games ended and it is time for action. I’m not the first president who accepted this task, but I decided to be the last. A country where every sixth inhabitant of no insurance (47 million uninsured), and only every third only occasionally, is the only advanced democracy and the only rich nation that allows such difficulties for millions of its people. Obama has done and what is expected with great care: it took the government and public protection option, which has sharp opponents among Republicans, but the cause and watch about a dozen Democratic members of the Senate.

This will be the only option for those who do not have insurance. No one will be forced to choose and it will have no impact on those who already have insurance. I will not sign a law that would be added to an existing player deficit, „said Obama. Reform is necessary in order for suppression insurance costs, which in the last ten

years, growing three times faster than income. U.S. health care spending, but 18% of their gross national products. In the end he promised to existing state health care plan for persons older than 65 years (Medicare) will remain changed, but stressed that the 1965th year, when the Medicare passed, the Republicans felt the introduction of socialism. What Barack Obama intends, the question is placed around the world. Obama takes to get health insurance to all those who have no such privilege and that I can not afford it. Also aims to introduce more security and stability for those who already have health insurance, but seeks to limit the self-will of private insurance companies that deprive insurance patients with chronic illnesses and limit services. Particularly wants to slow growth in the cost of insurance and treatment. Do not go all easily witnessed a large number of objections opponent who called him to introduce Stalinism, to introduce socialism, the state increase the deficit, to deny the right of free choice of doctors and health services and that the „Stalinist rationalization of services” void in the U.S. bankruptcy.

Conclusion

Health insurance and health care in most European countries and in our generally financed with funds from the state and other budgets. In the last few decades, financial resources (budget) are not able to satisfy all types of expenses that arise in health insurance and health care, which is a sharp signal that certain relationships must urgently change. If the main goal of any system of health insurance for full coverage of the citizens, and in many it is, then it should focus on correction of the existing financial and health measures. In these cases must take into account the principles of social justice. For example, a constantly debate about the narrowing circle of the insured. Immediately the question, What are the criteria for such a move and whether to those who lose the status of the insured still apply. Many, and this is the experience from Western Europe, not any reform decreased the number of insured because such a move considered socio-politically unacceptable.

On the other hand, a small number of experts on insurance in general, and at least health, believes that the payment of financial contributions sufficient space to meet a wide milieu of the right to health insurance and health care. Practice says that it is not and that things must change. Recall, in the U.S. is more distant 1935th The adopted Law on Social Protection and included the elderly, visually impaired, blind and people with disabilities, and when the proposed law to incorporate a component of their health insurance, then the strong opposition of President Roosevelt hunt down in a corner and he gave up his ideas. And what is shown. Until today the U.S., a country few democracy exelance fight the battle to their citizen provide mandatory health insurance that many European Union is slowly leaving because they can not finance all the needs (rights) means the budget. That is why more and more access to finding opportunities for the introduction of vo-

luntary insurance voluntary insurance has long been covered by legal provisions. The dilemmas that existed related to the possibility of insurance for those persons who are not covered by mandatory insurance. This is easily solved, those persons who already have mandatory health insurance but want to expand their suite of law can do so. Soon, the answers and questions like those that you paid contributions or premiums, the answer is a premium. Regarding the questions who will manage the funds of voluntary health insurance, things are completely clear, there is no reason for the formation of special agencies or governing bodies when they are in the Office when the device mutual obligation contracts between the Bureau and the insured. The voluntary need not be, and may include an employer if it is regulated by collective agreements more favorable.

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