

Health Insurance Act

Promulgated, State Gazette No. 70/19.06.1998, amended, SG No. 93/11.08.1998, SG No. 153/23.12.1998, effective 1.01.1999, SG No. 62/9.07.1999, SG No. 65/20.07.1999, amended and supplemented, SG No. 67/27.07.1999, effective 28.08.1999, amended, SG No. 69/3.08.1999, effective 3.08.1999, amended and supplemented, SG No. 110/17.12.1999, effective 1.01.2000, SG No. 113/28.12.1999, SG No. 64/4.08.2000, effective 1.10.2001, supplemented, SG No. 41/24.04.2001, effective 24.04.2001, amended and supplemented, SG No. 1/4.01.2002, effective 1.01.2002, SG No. 54/31.05.2002, effective 1.12.2002, supplemented, SG No. 74/30.07.2002, effective 1.01.2003, amended and supplemented, SG No. 107/15.11.2002, supplemented, SG No. 112/29.11.2002, amended and supplemented, SG No. 119/27.12.2002, effective 1.01.2003, amended, SG No. 120/29.12.2002, effective 1.01.2003, amended and supplemented, SG No. 8/28.01.2003, effective 1.03.2003, supplemented, SG No. 50/30.05.2003, amended, SG No. 107/9.12.2003, effective 9.12.2003, supplemented, SG No. 114/30.12.2003, effective 1.01.2004, amended and supplemented, SG No. 28/6.04.2004, effective 6.04.2004, supplemented, SG No. 38/11.05.2004, amended and supplemented, SG No. 49/8.06.2004, amended, SG No. 70/10.08.2004, effective 1.01.2005, amended and supplemented, SG No. 85/28.09.2004, SG No. 111/21.12.2004, effective 21.12.2004, amended, SG No. 39/10.05.2005, effective 11.02.2006, amended and supplemented, SG No. 45/31.05.2005, effective 1.06.2005, amended, SG No. 76/20.09.2005, effective 1.01.2007, SG No. 99/9.12.2005, effective 1.11.2005, amended and supplemented, SG No. 102/20.12.2005, effective 1.01.2006, SG No. 103/23.12.2005, effective 1.01.2006, SG No. 105/29.12.2005, effective 1.01.2006, supplemented, SG No. 17/24.02.2006, effective 1.05.2006, amended and supplemented, SG No. 18/28.02.2006, effective 1.01.2007, SG No. 30/11.04.2006, amended, SG No. 33/21.04.2006, amended and supplemented, SG No. 34/25.04.2006, effective 1.01.2008 (*) (**), SG No. 59/21.07.2006, effective 1.01.2007, amended and supplemented, SG No. 95/24.11.2006, effective 24.11.2006, SG No. 105/22.12.2006, effective 1.01.2007, supplemented, SG No. 11/2.02.2007; Judgment No. 3/13.03.2007 of the Constitutional Court of the Republic of Bulgaria - SG No. 26/27.03.2007; amended, SG No. 31/13.04.2007, effective 14.04.2008, SG No. 46/12.06.2007, effective 1.01.2008, SG No. 59/20.07.2007, effective 1.03.2008, supplemented, SG No. 97/23.11.2007, SG No. 100/30.11.2007, effective 20.12.2007, amended and supplemented, SG No. 113/28.12.2007, effective 1.01.2008, SG No. 37/8.04.2008, SG No. 71/12.08.2008, effective 12.08.2008, amended, SG No. 110/30.12.2008, effective 1.01.2009, SG No. 35/12.05.2009, effective 12.05.2009, amended and supplemented, SG No. 41/2.06.2009, effective 2.06.2009, SG No. 42/5.06.2009, supplemented, SG No. 93/24.11.2009, amended and supplemented, SG No. SG No. 99/15.12.2009, effective 1.01.2010, SG No. 101/18.12.2009, effective 18.12.2009, amended, SG No. 19/9.03.2010, SG No. 26/6.04.2010, supplemented, SG No. 43/8.06.2010, SG No. 49/29.06.2010, effective 29.06.2010, SG No. 58/30.07.2010, effective 30.07.2010, amended and supplemented, SG No. 59/31.07.2010, effective 31.07.2010, SG No. 62/10.08.2010, effective 10.08.2010, supplemented, SG No. 96/7.12.2010, amended, SG No. 97/10.12.2010, effective 10.12.2010, amended and supplemented, SG No. 98/14.12.2010, effective 1.01.2011, amended, SG No. 100/21.12.2010, effective 1.01.2011, supplemented, SG No. 9/28.01.2011, amended, SG No. 60/5.08.2011, effective 5.08.2011, amended and supplemented, SG No. 99/16.12.2011, effective 1.01.2012, amended, SG No. 100/20.12.2011, effective 1.01.2012, amended and supplemented, SG No. 38/18.05.2012, effective 1.07.2012, SG No. 60/7.08.2012, effective 7.08.2012, SG No. 94/30.11.2012, effective 1.01.2013, SG No. 101/18.12.2012, effective 1.01.2013, SG No. 102/21.12.2012, effective 21.12.2012, supplemented, SG No. 4/15.01.2013, effective 15.01.2013, amended, SG No. 15/15.02.2013, effective 1.01.2014, amended and supplemented, SG No. 20/28.02.2013, SG No. 23/8.03.2013, effective 8.03.2013, SG No. 106/10.12.2013, effective 1.01.2014, SG No. 1/3.01.2014, effective 1.01.2014, SG No. 18/4.03.2014, effective 4.03.2014, amended, SG No. 35/22.04.2014, SG No. 53/27.06.2014, amended and supplemented, SG No. 54/1.07.2014, effective 1.07.2014, SG No. 107/24.12.2014, effective 1.01.2015, amended, SG No. 12/13.02.2015, amended and supplemented, SG No. 48/27.06.2015, supplemented, SG No. 54/17.07.2015, effective 17.07.2015, amended, SG No. 61/11.08.2015, effective 1.01.2016, amended and supplemented, SG No. 72/18.09.2015, supplemented, SG No. 79/13.10.2015, effective 1.11.2015, amended and supplemented, SG No. 98/15.12.2015, effective 1.01.2016, amended, SG No. 102/29.12.2015, effective 1.01.2016; Judgment No. 3/8.03.2016 of the Constitutional Court of the Republic of Bulgaria - SG No. 20/15.03.2016; amended, SG No. 98/9.12.2016, effective 1.01.2017, amended and supplemented, SG No. 85/24.10.2017, SG No. 101/19.12.2017, effective 1.01.2018, supplemented, SG No. 103/28.12.2017, effective 1.01.2018, amended, SG No. 7/19.01.2018, SG No. 17/23.02.2018, SG No. 30/3.04.2018, effective 1.07.2018, supplemented, SG No. 40/15.05.2018, effective 15.05.2018, amended and supplemented, SG No. 77/18.09.2018, effective 1.01.2019, supplemented, SG No. 92/6.11.2018, amended and supplemented, SG No. 102/11.12.2018, effective 1.01.2019, amended, SG No. 105/18.12.2018, effective 1.01.2020, SG No. 24/22.03.2019, effective 1.07.2020 (*), amended and supplemented, SG No. 99/17.12.2019, effective 1.01.2020, amended, SG No. 101/27.12.2019, supplemented, SG No. 54/16.06.2020, effective 16.06.2020, amended and supplemented, SG No. 67/28.07.2020, SG No. 103/4.12.2020, effective 1.01.2021, SG No. 21/12.03.2021, effective 12.03.2021

(*) effective 1.07.2007 - amended, SG No. 80/3.10.2006, effective 3.10.2006

(**) effective 1.01.2008 - amended, SG No. 53/30.06.2007, effective 30.06.2007

Text in Bulgarian: Закон за здравното осигуряване

Chapter One

GENERAL PROVISIONS

Article 1. (1) (Previous text of Article 1, SG No. 101/2009, effective 18.12.2009) This Act regulates health insurance in the Republic of Bulgaria and the social relationships therein involved.

(2) (New, SG No. 101/2009, effective 18.12.2009, amended, SG No. 60/2012, effective 7.08.2012, amended and supplemented, SG No. 48/2015) Health insurance shall be an activity consisting of raising health insurance contributions and premiums, managing the resources raised, and spending the said resources on purchasing healthcare activities and services and paying for goods as provided for in this Act, in the National Framework Agreements (NFA) and in the insurance contracts.

(3) (New, SG No. 101/2009, effective 18.12.2009) There shall be compulsory and voluntary health insurance.

Article 2. (Supplemented, SG No. 107/2002, amended, SG No. 101/2009, effective 18.12.2009) (1) (Amended, SG No. 48/2015) Compulsory health insurance shall be an activity of managing and spending of funds from compulsory health insurance contributions on the purchase of health care activities, which is performed by the National Health Insurance Fund (NHIF) and its territorial units – Regional Health Insurance Funds (RHIF). Compulsory health insurance shall provide a package of health activities, guaranteed by the NHIF budget.

(2) Fund raising from the compulsory health insurance contributions, fixed by statute, shall be performed by the National Revenue Agency.

(3) (New, SG No. 98/2015, effective 1.01.2016) The National Health Insurance Fund shall purchase from medical care providers health care activities referred to in Paragraph 1, identified by type, volume and price and corresponding to criteria for quality and accessibility in accordance with this Act.

Article 3. (Amended, SG No. 107/2002, SG No. 105/2005, SG No. 101/2009, effective 18.12.2009, SG No. 60/2012, effective 7.08.2012) Voluntary health insurance shall be an activity of taking risks, related to the financial provision of certain health-care services and goods, against the charging of premiums on the basis of insurance contracts.

Chapter Two

COMPULSORY HEALTH INSURANCE

Section I

General Provisions

Article 4. (1) (Redesignated from Article 4 and amended, SG No. 107/2002) Compulsory health insurance shall guarantee the insured persons free access to medical care by means of a package of health-care activities of a specific type, scope and amount, as well as a free choice of a provider of such care, who or which has concluded a contract with a Regional Health Insurance Fund.

(2) (New, SG No. 107/2002, effective 1.01.2004) The right of choice shall apply to the entire territory of Bulgaria and may not be restricted on geographic and/or administrative grounds.

(3) (New, SG No. 101/2009, effective 1.01.2010) The terms and order of exercising the right of access to and free choice of medical care of the insured shall be regulated in the Ordinance pursuant to Article 81, Paragraph 3 of the Health Act and in the National Framework Agreements.

Article 4a. (New, SG No. 101/2009, effective 1.01.2010) The National Framework Agreement shall be a normative administrative act which is effective on the territory of the whole country for a certain period of time and shall be compulsory for NHIF, RHIF, the medical care providers, the insured and the insurers.

Article 5. Compulsory health insurance shall be implemented in accordance with the principles of:

1. (supplemented, SG No. 107/2002) compulsory participation in the raising of contributions;
2. (amended, SG No. 107/2002) participation of the State, the health insured and the employers in the management of the National Health Insurance Fund;
3. solidarity of the health insured in benefiting from the resources raised;
4. responsibility of the health insured for their own health;
5. non-discrimination in use of medical care;
6. (new, SG No. 107/2002) non-discrimination of medical care providers upon conclusion of contracts with the Regional Health Insurance Funds;
7. (renumbered from Item 6, SG No. 107/2002) self-management of the National Health Insurance Fund;
8. (renumbered from Item 7, SG No. 107/2002) contractual relationships between the National Health Insurance Fund and medical care providers;
9. (new, SG No. 107/2002, amended, SG No. 48/2015) a package of health-care activities, guaranteed by the budget of the National Health Insurance Fund;
10. (new, SG No. 107/2002) free choice of medical care providers by the health insured;
11. (renumbered from Item 8 and supplemented, SG No. 107/2002) public openness of the operation of the National Health Insurance Fund and public control over the expenditures incurred thereby.

Section II

National Health Insurance Fund

Article 6. (1) There shall be established a National Health Insurance Fund as a legal person with a registered office in Sofia and for the purpose of implementing compulsory health insurance.

(2) (Amended, SG No. 110/1999, SG No. 111/2004, SG No. 62/2010, effective 10.08.2010) The National Health Insurance Fund shall consist of a Head Office, of Regional Health Insurance Funds, and of divisions of the Regional Health Insurance Funds. The headquarters of the Regional Health Insurance Funds shall be determined according to a list adopted by the Council of Ministers, and the headquarters of the divisions thereof shall be determined by an order of the Manager of the National Health Insurance Fund.

(3) (Amended, SG No. 110/1999, SG No. 101/2009, effective 18.12.2009) The NHIF management bodies shall be:

1. the Supervisory;
2. (amended, SG No. 62/2010, effective 10.08.2010) the Manager.

(4) (New, SG No. 38/2012, effective 1.07.2012) The employees of the Head Office, the Regional Health Insurance Funds and the divisions of the Regional Health Insurance Funds shall occupy positions under a civil-service or an employment relationship. The provisions of Article 107a of the Labour Code shall apply to those working under an employment relationship.

(5) (New, SG No. 38/2012, effective 1.07.2012) The structural units of the NHIF referred to in Paragraph 2 shall be subject to the Administration Act, insofar as not otherwise provided for in this Act.

(6) (Renumbered from Paragraph 4, SG No. 38/2012, effective 1.07.2012) The National Health Insurance Fund may not

provide voluntary health insurance.

Article 7. (Amended, SG No. 69/1999, SG No. 107/2002, supplemented, SG No. 112/2002, SG No. 37/2008, repealed, SG No. 101/2009, effective 18.12.2009).

Article 7a. (New, SG No. 107/2002, repealed, SG No. 101/2009, effective 18.12.2009).

Article 7b. (New, SG No. 37/2008, repealed, SG No. 101/2009, effective 18.12.2009).

Article 8. (Amended, SG No. 107/2002, repealed, SG No. 101/2009, effective 18.12.2009).

Article 9. (Repealed, SG No. 101/2009, effective 18.12.2009).

Article 10. (Repealed, SG No. 101/2009, effective 18.12.2009).

Article 11. (Repealed, SG No. 101/2009, effective 18.12.2009).

Article 12. (Amended and supplemented, SG No. 107/2002, repealed, SG No. 101/2009, effective 18.12.2009).

Article 13. (Amended, SG No. 101/2009, effective 18.12.2009) (1) (Amended, SG No. 98/2010, effective 1.01.2011) The NHIF Supervisory Board shall comprised 9 members - one representative of the representative organizations for the protection of patients' rights, two representatives of the representative organizations of workers and employees, two representatives of the representative organizations of employers and four representatives of the state, one of whom shall be the Executive Director of the National Revenue Agency.

(2) The representatives under Paragraph 1 of the representative organizations for the protection of patients' rights shall be elected and discharged by the organisations, recognized pursuant to Article 86c of the Health Act.

(3) The representatives under Paragraph 1 of the representative organizations of workers and employees and of the representative organizations of employers shall be elected and discharged by the organizations, recognized pursuant to Article 3 of the Labour Code.

(4) (Amended, SG No. 98/2010, effective 1.01.2011) The Chairman of the Supervisory Board and the remaining three representatives of the state shall be elected and discharged by way of a decision of the Council of Ministers following a motion of the Minister of Health.

Article 14. (Amended and supplemented, SG No. 107/2002, amended, SG No. 101/2009, effective 18.12.2009) (1) The Supervisory Board shall be elected for a term of 5 years.

(2) Pre-term release of a Supervisory Board member shall take effect:

1. at a request of the member;
2. in case of an objective incapacity to perform his/her obligations for a period longer than 6 months;
3. if the grounds under Article 18 are present;
4. at a Council of Ministers decisions or a decision of the respective organizations under Article 13, Paragraphs 2 and 3.

(3) Any seat on the Supervisory Board as may be vacated by a pre-term release or by a member's death shall be occupied by a new member, elected to serve pursuant to Article 13 for the remainder of the term of office of the Board.

Article 15. (Amended, SG No. 107/2002, supplemented, SG No. 71/2008, effective 12.08.2008, amended, SG No. 101/2009, effective 18.12.2009) (1) The Supervisory Board shall perform the following functions:

1. (amended, SG No. 62/2010, effective 10.08.2010) adopt Rules of Organization and Operation of the NHIF at a motion by the Manager;
2. (effective 1.01.2010 - SG No. 101/2009) participate in the drafting and adoption of the NFA;
3. approve the NHIF Annual Budget Bill following an opinion of the Minister of Health as per Article 19, Paragraph 7, item 3;

4. approve the annual financial statement, the annual NHIF budget execution report and the annual NHIF activity report;
- 4a. (new, SG No. 99/2019, effective 1.01.2020, amended, SG No. 103/2020, effective 1.01.2021) adopt a mechanism ensuring the predictability and sustainability of the NHIF budget according to Article 45, Paragraph 31;
5. (amended, SG No. 62/2010, effective 10.08.2010, supplemented, SG No. 107/2014, effective 1.01.2015) control the operational activity of the Manager as to the budget execution, the NFA and the NHIF performance, as well as in the activity of the Directors of RHIFs, including with regard to the implementation of Article 44a;
- 5a. (new, SG No. 98/2015, effective 1.01.2016, amended, SG No. 98/2016, effective 1.01.2017) approve an annual total amount of expenditure on health insurance payments for each RHIF in line with the NHIF budget for the corresponding year;
- 5b. (new, SG No. 101/2017, effective 1.01.2018) approve values of the expenditure under item 5a, allocated by months and among the providers of hospital medical care, based on proposals from the RHIF Directors in accordance with the NHIF budget for the corresponding year;
6. (amended, SG No. 62/2010, effective 10.08.2010) adopt a decision to temporarily appoint the Assistant Manager to act as NHIF Manager in the cases provided for in Article 19, Paragraph 4;
7. make decisions on the mobilization of funds from the NHIF reserve fund;
8. (amended, SG No. 101/2012, effective 1.01.2013, repealed, SG No. 15/2013, effective 1.01.2014);
9. take decisions on concluding contracts which exceed the amount laid down in the Rules on the Structure and Operation of NHIF;
10. take decisions on concluding loan contracts and their collateralization;
11. (supplemented, SG No. 101/2017, effective 1.01.2018) define the eligibility requirements for the positions in accordance with the requirements of the law of and adopt rules for competitions for the positions of RHIF directors;
12. (new, SG No. 98/2010, effective 1.03.2011, amended, SG No. 48/2015) adopt a decision to determine the list of diseases under Article 45, paragraph 3 based on a proposal by the Manager;
13. (new, SG No. 98/2010, effective 1.03.2011, repealed, SG No. 48/2015, new, SG No. 102/2018, effective 1.01.2019) adopt a decision on the conclusion of contracts under Article 59, Paragraph 12a, on a motion by the RHIF Directors;
14. (new, SG No. 18/2014, amended, SG No. 102/2018, effective 1.01.2019) determines the NHIF representatives, who coordinate the terms and the procedure, laid down under Article 45 (17).

(2) The Supervisory Board members shall be jointly liable for damages faultily caused to NHIF.

(3) (New, SG No. 98/2010, effective 1.03.2011) The members of the Supervisory Board shall not be paid for their participation in board meetings.

Article 16. (Amended, SG No. 101/2009, effective 18.12.2009) (1) The Supervisory Board shall hold its regular meetings at least once monthly. The Board meetings shall be called by the Board's Chairperson.

(2) Extraordinary meetings of the Supervisory Board may be called by its Chairperson, by one third of its members, by the Manager of NHIF and by the Minister of Health with a proposed by them agenda.

(3) Except for the cases laid down in Article 15, Paragraphs 1, items 1, 2 and 5 in which a simple majority is required, the Supervisory Board shall take its decisions with a majority of at least two-thirds of its members and with no less than 5 votes "in favour".

(4) The NHIF Manager shall participate in the Supervisory Board meeting without the right to vote.

(5) (New, SG No. 48/2015, amended, SG No. 103/2020, effective 1.01.2021) The Supervisory Board meetings shall be documented through shorthand minutes. The resolutions of the Supervisory Board and the minutes of its meetings shall be published on the NHIF website. The resolutions shall be published at the latest on the day following the day when they were passed, and the minutes shall be published within 7 days of the day of the meeting.

(6) (Renumbered from Paragraph 5, SG No. 48/2015) The work organization of the Supervisory Board shall be regulated in compliance with currently effective legislation in the Rules on the Structure and Operation of NHIF.

Article 17. (Amended, SG No. 107/2002, repealed, SG No. 101/2009, effective 18.12.2009).

Article 18. (1) (Amended, SG No. 101/2009, effective 18.12.2009) The following persons shall be ineligible for membership in the Supervisory Board:

1. any Member of Parliament or government minister;
2. (amended, SG No. 101/2009, effective 18.12.2009) any member of management or control bodies of medical care institutions, partners or shareholders owning over 5 percent of the capital of medical care institutions, including any person who has founded a medical care institution pursuant to Article 8, Paragraph 1, items 1 and 2, letter "a" and "b" of the Medical-Treatment Facilities Act, or any person with employment contract with a medical care institution;
3. (repealed, SG No. 101/2009, effective 18.12.2009, new, SG No. 98/2010, effective 1.01.2011) owners, members of managing and control bodies of commercial companies or sole proprietors whose scope of activity includes the production, import of, wholesale or retail trade in medicines; partners or shareholders who hold more than 5 percent of the capital of commercial companies whose scope of activity is the production, import of, wholesale or retail trade in medicines or who work in these companies on the basis of employment agreements;
4. (supplemented, SG No. 42/2009) any Director of a Regional Health Insurance Fund, the spouse or factual cohabitant thereof, or any lineal or collateral relative thereof up to the fourth degree of consanguinity;
5. (new, SG No. 37/2008) any employees working at the NHIF and a RHIF under an employment relationship;
6. (renumbered from Item 5, SG No. 37/2008) any former member of the managing or supervisory body of a commercial corporation, or any former general partner in a corporation which has been dissolved by reason of bankruptcy leaving any creditor unsatisfied;
7. (renumbered from Item 6, SG No. 37/2008) any sole trader who has gone bankrupt, leaving any creditor unsatisfied;
8. (renumbered from Item 7, SG No. 37/2008) any person disqualified from holding a position of property accountability;
9. (renumbered from Item 8, SG No. 37/2008) any person convicted of a premeditated offence at public law.

(2) (Amended, SG No. 101/2009, effective 18.12.2009, SG No. 60/2012, effective 7.08.2012) The prohibition under Paragraph 1 shall be effective for a period of three months after the expiry of the grounds under Paragraph 1, item 2.

(3) (New, SG No. 103/2017, effective 1.01.2018) The circumstances under Item 9 of Paragraph 1 with regard to the members of the Supervisory Board, representatives of the state, representatives of representative organizations of workers and employees and of representative organizations of employers shall be established by official channels by the Minister of Health.

Article 19. (Amended, SG No. 107/2002, supplemented, SG No. 42/2009, amended, SG No. 101/2009, effective 18.12.2009) (1) (Amended, SG No. 62/2010, effective 10.08.2010, supplemented, SG No. 98/2015, effective 1.01.2016) The NHIF Manager shall be elected by the National Assembly for a term of 5 years. Upon the expiry of his/her term of office, the NHIF Manager shall continue performing his/her functions until a new manager is elected.

(2) (Amended, SG No. 62/2010, effective 10.08.2010) Nominations for the position of NHIF Manager may be made by the parliamentary groups.

(3) (Amended, SG No. 62/2010, effective 10.08.2010) Eligibility for the office of NHIF Manager shall be limited to persons who:

1. hold the higher educational degree of Master;
2. possess at least three years of professional experience in the area of health care management, banking, insurance or social insurance.

(4) (Amended, SG No. 62/2010, effective 10.08.2010) Pre-term mandate discontinuation of the NHIF Manager shall be effected by a decision of the National Assembly in the case of

1. effective conviction for premeditated offence under public law;
2. (amended, SG No. 97/2010, effective 10.12.2010, SG No. 7/2018) entry into force of an act which establishes a conflict of interests under the Counter-Corruption and Unlawfully Acquired Assets Forfeiture Act;
3. (new, SG No. 95/2006) systematic violations in the discharge of functions, failure to implement Supervisory Board decisions or allowing other persons to perform gross or systematic violations of the compulsory health insurance;
4. (amended, SG No. 62/2010, effective 10.08.2010) objective incapacity to discharge his/her functions as Manager for a period longer than 3 months;
5. submission of a resignation;
6. death.

(5) (Amended, SG No. 62/2010, effective 10.08.2010) In the cases specified under Paragraph 4 the Supervisory Board shall appoint the Assistant Manager of the NHIF to act temporarily as NHIF Manager. The National Assembly shall adopt a decision for the election of a new NHIF Manager within a period not exceeding 30 days after the termination of the Manager's contract in the cases pursuant to Article 4.

(6) (Amended, SG No. 62/2010, effective 10.08.2010) The relations between NHIF and the Manager shall be laid down in a management contract which shall be concluded under a procedure set out by the Supervisory Board.

(7) (Amended, SG No. 62/2010, effective 10.08.2010) The Manager of the National Health Insurance Fund shall perform the following functions:

1. represent the National Health Insurance Fund in Bulgaria and abroad;
2. organize and direct the operation of NHIF in accordance with the law, the Rules on the Structure and Operation of NHIF and the decisions of the Supervisory Board;
3. draft a bill on the NHIF annual budget and send it for an opinion to the Minister of Health and thence submit the NHIF annual budget bill together with the opinion of the Minister of Health for consideration and approval to the Supervisory Board;
4. prepare an annual financial statement for the NHIF budget execution and an annual report on the NHIF operation and submit them for consideration and approval to the Supervisory Board;
- 4a. (new, SG No. 48/2015) each month announce on the NHIF website the funds paid during the previous month for hospital medical care per medical treatment facility, and for medicinal products with their International Nonproprietary Names, medical products and dietetic foodstuffs for special medical purposes;
5. submit the draft Rules on the Structure and Operation of NHIF, approved by the Supervisory Board, through the Minister of Health to the Council of Ministers;
6. draft and submit to the Supervisory Board a draft of the Rules on the Structure and Operation of NHIF and after its approval promulgate it in the State Gazette;
7. move before the Supervisory Board a draft decision for the mobilization of the NHIF reserve fund;
8. submit through the Minister of Health to the Council of Ministers the annual report on the NHIF budget execution and the annual report on the NHIF activities, both approved by the Supervisory Board;
9. conclude deals up to a ceiling laid down in the Rules on the Structure and Operation of NHIF;
10. propose to the Supervisory Board the signing of deals above the amount set in Article 9;
11. (amended, SG No. 62/2010, effective 10.08.2010, SG No. 38/2012, effective 1.07.2012) organize and conduct competitions for RHIF directors in compliance with the requirements and rules of Article 15, Paragraph 1, item 11, concludes, amends and discontinues the employment contracts of NHIF Assistant Manager and the RHIF Directors;
- 11a. (new, SG No. 38/2012, effective 1.07.2012) function as:

a) the appointing body in respect of civil servants;

b) the employer in respect of the employees working under an employment relationship within the NHIF administration;

12. (new, SG No. 98/2010, effective 1.03.2011, amended, SG No. 48/2015) propose the list under Article 45(4) for the Supervisory Board to approve;

13. (new, SG No. 98/2010, effective 1.03.2011, repealed, SG No. 48/2015, new, SG No. 102/2018, effective 1.01.2019) submit for approval to the Supervisory Board the amounts of the expenditure under Article 15, Paragraph 1, item 5a, broken down by months and by providers of hospital medical care, proposed by the RHIF Directors in accordance with the NHIF budget for the corresponding year;

14. (new, SG No. 98/2010, effective 1.03.2011, amended, SG No. 48/2015) promulgate in the State Gazette the resolution under Article 45(4);

15. (new, SG No. 98/2010, effective 1.03.2011, amended, SG No. 60/2012, effective 7.08.2012, SG No. 48/2015) survey patients' satisfaction with the medical activities related to the delivered medical care paid for by the NHIF; the procedure, method and criteria for surveying patients' satisfaction shall be determined in an ordinance by the Minister of Health;

16. (new, SG No. 98/2010, effective 1.03.2011, repealed, SG No. 48/2015);

17. (new, SG No. 98/2010, effective 1.03.2011, repealed, SG No. 48/2015);

18. (new, SG No. 18/2014, amended, SG No. 102/2018, effective 1.01.2019, supplemented, SG No. 99/2019, effective 1.01.2020, amended, SG No. 103/2020, effective 1.01.2021) promulgate in the State Gazette the terms and procedure referred to in Article 45, Paragraph 17 and the mechanism referred to in Article 45, Paragraph 31.

Article 19a. (New, SG No. 107/2002) (1) (Supplemented, SG No. 101/2009, effective 18.12.2009, amended, SG No. 62/2010, effective 10.08.2010, supplemented, SG No. 102/2018, effective 1.01.2019) Upon execution of the powers thereof the NHIF Manager shall be assisted by an Assistant Manager, which shall be appointed by the managing director.

(2) (Amended, SG No. 62/2010, effective 10.08.2010) Eligibility for the office of Assistant Manager of the NHIF shall be limited to persons possessing the following qualifications:

1. hold the educational qualification degree of Master;

2. possess at least three years of relevant previous experience.

(3) (Amended, SG No. 101/2009, effective 18.12.2009, repealed, SG No. 62/2010, effective 10.08.2010).

Article 20. (Amended, SG No. 101/2009, effective 18.12.2009) (1) The Director of any RHIF shall perform the following functions:

1. represent the NHIF at the local level;

2. organize and direct the operation of the RHIF in accordance with the law, the Rules on the Structure and Operation of the NHIF, the decisions of the Supervisory Board and the acts issued by the NHIF Manager;

3. (repealed, SG No. 38/2012, effective 1.07.2012);

4. conclude, modify and discontinue the contracts with medical care providers within the territory serviced by the RHIF in accordance with the law, the National Framework Agreement, and the Rules on the Structure and Operation of the NHIF;

5. (new, SG No. 98/2015, effective 1.01.2016, amended, SG No. 102/2018, effective 1.01.2019) conclude, modify and terminate contracts for medicinal products referred to in Article 262, Paragraph 6, Item 1 of the Medicinal Products in Human Medicine Act, medical devices and dietary foods for special medical purposes for home therapy in the territory of Bulgaria, concluded with marketing authorisation holders for retail trade in medicinal products in pharmacies in accordance with the terms and conditions and under the procedure of Article 45, Paragraph 17;

6. (new, SG No. 98/2015, effective 1.01.2016, amended, SG No. 98/2016, effective 1.01.2017) purchase from medical care providers health care activities specified in Article 2, Paragraph 1 within the values determined in accordance with Article 15,

Paragraph 1, Item 5a for the corresponding RHIF.

(2) Eligibility for the office of Director of the RHIF shall be limited to persons possessing the following qualifications:

1. hold the educational qualification degree of Master
2. possess at least three years of relevant previous experience in healthcare, banking, insurance or social insurance management.

(3) The office under Paragraph 1 shall be taken up following a competition held as per the Labour Code.

Article 21. (Amended, SG No. 107/2002) (1) (Amended, SG No. 62/2010, effective 10.08.2010) The following persons shall be ineligible for appointment to the office of Manager and Assistant Manager of the NHIF and Director and Deputy Director of the RHIF:

1. any non-Bulgarian national;
2. any person placed under prohibitory injunction;
3. any person convicted of a premeditated offence at public law, or any person disqualified, according to the established procedure, from holding a position of property accountability;
4. (amended, SG No. 101/2009, effective 18.12.2009) any member of the Supervisory Board;
5. (amended, SG No. 42/2009) the spouse, factual cohabitant, or any lineal relative up to any degree of consanguinity, or any collateral relative up to and including the fourth degree of consanguinity, to any of the persons referred to in Item 4;
6. (amended, SG No. 42/2009) any sole trader, general partner in a commercial corporation, manager, attorney in fact, trade representative, procurator, commercial broker, liquidator or assignee in bankruptcy, member of a management or supervision body of a commercial corporation or cooperative;
7. any member of a managing or supervisory body, or any shareholder of any commercial corporation whereof the objects are provision of voluntary health insurance;
8. any Member of Parliament, government minister or deputy minister;
9. any municipality mayor;
10. any holder of a senior management or auditing position in any political party;
11. any person hired under an employment relationship, with the exception of faculty at a higher education institution.

(2) (Amended, SG No. 62/2010, effective 10.08.2010) The Persons referred to in Paragraph 1 and the employees of the Regional Health Insurance Funds and the National Health Insurance Fund may not engage in any competitive activity and may not be medical care providers under this Act.

(3) (New, SG No. 103/2017, effective 1.01.2018) The circumstances under Item 3 of Paragraph 1 shall be established by official channels by authority nominating or selecting the persons referred to in Paragraph 1.

Section III

Financial Structure of the National Health Insurance Fund

Article 22. (1) (Redesignated from Article 22, SG No. 102/2005) The budget of the National Health Insurance Fund shall be a financial master plan for raising and disbursing of the cash resources of compulsory health insurance and shall be separated from the state budget.

(2) (New, SG No. 102/2005, amended, SG No. 105/2006) The annual value of the expenditures on the types of medical care paid by the National Health Insurance Fund shall constitute an integral part of the National Health Insurance Fund for the respective year.

(3) (New, SG No. 102/2005, repealed, SG No. 113/2007).

Article 23. (1) The revenues of the National Health Insurance Fund shall be raised from:

1. insurance contributions;
2. (new, SG No. 113/2007, amended, SG No. 110/2008, effective 1.01.2009, SG No. 15/2013, effective 1.01.2014) transfers from the state budget, for the health insurance contributions in respect of the persons referred to in Items 4 and 8 of Article 40 (1) and Article 40 (2) and (3) herein;
3. (renumbered from Item 2, SG No. 113/2007) interest income and income from the management of the property of the National Health Insurance Fund;
4. (renumbered from Item 3, SG No. 113/2007) income credited to health insurance by virtue of other statutes;
5. (renumbered from Item 4, SG No. 113/2007) refunds of insurance expenses made in the instances prescribed in the relevant statutory instruments;
6. (renumbered from Item 5, SG No. 113/2007, repealed, SG No. 103/2020, effective 1.01.2021);
7. (renumbered from Item 6, SG No. 113/2007) fees fixed in a rate schedule by the Council of Ministers;
8. (renumbered from Item 7, SG No. 113/2007) portions of the residual distribution of the assets of debtor commercial corporations which have been declared in liquidation;
9. (new, SG No. 95/2006, effective as from the day of entry into force of the Treaty concerning the Accession of the Republic of Bulgaria to the European Union, renumbered from item 8, SG No. 113/2007) action subsidies from the State budget for fulfilment of obligations which arise from the application of the rules for coordination of social security schemes;
10. (renumbered from Item 8, SG No. 95/2006, effective as from the day of entry into force of the Treaty concerning the Accession of the Republic of Bulgaria to the European Union, renumbered from Item 9, SG No. 113/2007) donations, legacies and devises;
11. (amended, SG No. 59/2006, renumbered from Item 9, SG No. 95/2006, effective 1.01.2007, renumbered from Item 10, SG No. 113/2007, supplemented, SG No. 60/2012, effective 7.08.2012, amended, SG No. 15/2013, effective 1.01.2014, amended and supplemented, SG No. 102/2018, effective 1.01.2020, regarding the words "and through the budget of the Ministry of Health for payment of medical devices, aids, appliances and equipment for people with disabilities") other sources, including subsidies (transfers) from the state budget, inter alia through the budget of the Ministry of Health under Article 82, Paragraph 1, Items 1a, 2, 3a, 6b, Paragraph 1a, Paragraph 2, Item 3, Paragraphs 3 and 6 of the Health Act, and through the budget of the Ministry of Health for payment of medical devices, aids, appliances and equipment for people with disabilities.

(2) (Amended, SG No. 110/1999, SG No. 15/2013, effective 1.01.2014) In the event of a deficiency of resources, short-term interest-free loans may be contracted from the State Budget.

(3) (New, SG No. 102/2018, effective 1.01.2019) The transfers for financing expenditures for activities under Article 82, Paragraphs 1a, 3 and 6 of the Health Act for the corresponding year, shall also include expenditures for activities carried out in previous years.

(4) (New, SG No. 102/2018, effective 1.01.2019) Upon approval by the NHIF Supervisory Board, the Minister of Health and the NHIF Manager shall approve the terms and conditions for determining and granting transfers for financing the expenditure for activities under Article 82, Paragraphs 1a, 3 and 6 of the Health Act.

(5) (New, SG No. 102/2018, effective 1.01.2019) Upon a request by the NHIF to the Ministry of Health to provide a transfer to finance expenditures for activities under Article 82, Paragraphs 1a, 3, and 6 of the Health Act, the NHIF shall also indicate separately, by patients and types, the cost of the activities it allows within this cases under the rules for coordination of the social security systems.

Article 24. The resources of the National Health Insurance Fund shall be disbursed on:

1. (amended, SG No. 48/2015) purchase of medical care as specified in Article 45 herein, as contracted by the National Framework Agreement and by the contracts with the providers;

2. (amended, SG No. 113/2007) administrative costs of health insurance activities, amounting to 3 per cent of the expenditures for the respective year as laid down by the National Health Insurance Fund Budget Act;
3. (new, SG No. 113/2007) issuance of documents referred to in Article 80a (1) herein;
4. (renumbered from Item 3, SG No. 113/2007, repealed, SG No. 107/2014, effective 1.01.2015);
5. (renumbered from Item 4, SG No. 113/2007, amended, SG No. 107/2014, effective 1.01.2015, SG No. 101/2017, effective 1.01.2018) expenses for the needs of the National Health Insurance Fund, including acquisition of immovable property;
6. (new, SG No. 1/2002, amended, SG No. 105/2005, renumbered from Item 5, SG No. 113/2007) fees for servicing the collection of health insurance contribution by the National Revenue Agency
7. (new, SG No. 95/2006, effective 1.01.2007, renumbered from Item 6, SG No. 113/2007) medical care provided in accordance with the rules for coordination of social security schemes;
8. (new, SG No. 98/2010, effective 1.01.2011, amended, SG No. 99/2011, effective 1.01.2012, SG No. 48/2015) purchase of medical activities, including provision of medications and medical products for them, as specified in the National Health Insurance Fund Budget Act for the corresponding calendar year;
9. (new, SG No. 67/2020) payment to the persons, who have received an authorisation for retail trade in medicinal products, for each reported prescription form with prescribed medicinal products included in the Positive Drug List under Article 262, Paragraph 6, item 1 of the Medicinal Products in Human Medicine Act, with a level of payment of 100 per cent;
10. (renumbered from Item 5, SG No. 1/2002, renumbered from Item 6, SG No. 95/2006, effective 1.01.2007, renumbered from Item 7, SG No. 113/2007, renumbered from Item 8, SG No. 98/2010, effective 1.01.2011, renumbered from Item 9, SG No. 67/2020) other expenses.

Article 25. (Amended, SG No. 101/2009, effective 18.12.2009) The National Health Insurance Fund budget shall mandatorily form a reserve which is to be used also for contingency and urgent expenses.

Article 26. (1) (Amended, SG No. 101/2009, effective 18.12.2009) The reserve of the National Health Insurance Fund shall be set to amount to:

1. (amended, SG No. 107/2002, SG No. 113/2007, SG No. 99/2009, effective 1.01.2010, SG No. 98/2010, effective 1.01.2011, SG No. 101/2017, effective 1.01.2018) three per cent of the collected revenue from health insurance contributions and the transfers for health insurance contributions from other budgets;

2. income from other sources.

- (2) (Amended, SG No. 98/2010, effective 1.01.2011, SG No. 101/2012, effective 1.01.2013) The resources in the reserve shall be used to pay expenses incurred in the event of significant departures from the uniform disbursement of resources for health insurance payments.

- (3) (Repealed, SG No. 107/2002).

Article 27. (1) (Repealed, SG No. 107/2003).

- (2) (Amended, SG No. 101/2009, effective 18.12.2009) Any temporarily free resources of the National Health Insurance Fund shall be deposited at the Bulgarian National Bank and may be deposited only in deposit accounts, serviced by the Bulgarian National Bank or for the acquisition on the primary market of government securities emitted by the Bulgarian Government.

- (3) (Amended, SG No. 101/2009, effective 18.12.2009) The banks entitled to handle the resources of the National Health Insurance Fund shall be designated jointly by the Bulgarian National Bank and the Ministry of Finance. Amongst the banks designated by the Bulgarian National Bank and the Ministry of Finance, the Supervisory Board of the National Health Insurance Fund at a motion by the NHIF Manager shall select those that shall be entrusted with the right to handle the resources of NHIF.

Article 28. The Manager of the National Health Insurance Fund shall be a first-level spending unit for the resources of the

National Health Insurance Fund, and the directors of the regional health insurance funds shall be second-level spending units for the said resources.

Article 29. (1) (Supplemented, SG No. 107/2002, amended, SG No. 101/2009, effective 18.12.2009) The Director of the NHIF shall submit through the Minister of Health a draft of a National Health Insurance Budget Act to the Council of Ministers within the time limit provided for submission of the draft of a State Budget of the Republic of Bulgaria Act for the next calendar year.

(2) (Amended, SG No. 110/1999) The draft of an Annual National Health Insurance Fund Budget Act shall be debated by the National Assembly simultaneously with the drafts of a State Budget Act and of a Public Social Insurance Budget Act.

(3) (Amended, SG No. 107/2002) The National Health Insurance Fund Budget Act shall furthermore mandatorily set forth the rate of the compulsory health insurance contribution, the revenues and expenditures according to the budget classification, as well as the expenses on health insurance payments disaggregated for:

1. (amended, SG No. 119/2002) primary outpatient medical care;

2. specialized outpatient medical care;

3. dental care;

4. medical diagnostic imaging activities;

5. (amended and supplemented, SG No. 111/2004, amended, SG No. 101/2012, effective 1.01.2013, SG No. 107/2014, effective 1.01.2015, supplemented, SG No. 98/2015, effective 1.01.2016) medicines, medical products and dietary foods for special medical purposes, intended for home treatment in the territory of Bulgaria, and medicines for treatment of malignant diseases in the conditions of hospital medical care, paid for by the NHIF outside the value of the medical services provided;

5a. (new, SG No. 101/2012, effective 1.01.2013, supplemented, SG No. 107/2014, effective 1.01.2015) medical goods applied in the hospital medical care;

6. hospital medical care;

6a. (new, SG No. 107/2014, effective 1.01.2015, repealed, SG No. 98/2015, effective 1.01.2016);

7. (supplemented, SG No. 102/2018, effective 1.01.2019) other health insurance payments provided in the NFA and payments from transfers by the Ministry of Health;

8. (new, SG No. 95/2006, effective as from the day of entry into force of the Treaty concerning the Accession of the Republic of Bulgaria to the European Union) medical care provided in accordance with the rules for coordination of social security schemes.

(4) (New, SG No. 110/1999) Should the draft of a National Health Insurance Budget Act be not passed by the National Assembly until the commencement of the budget year, the insurance revenues shall be collected and the insurance expenses shall be made in conformity with the budget for the last preceding year as endorsed, and up to one-twelfth of the expenses, provided for in the budget for the last preceding year, shall be spent on the maintenance of the National Health Insurance Fund.

Article 30. (1) (Amended, SG No. 107/2002, SG No. 101/2009, effective 18.12.2009, supplemented, SG No. 101/2012, effective 1.01.2013) Care of the Minister of Health and the Council of Ministers, the annual budget implementation report and the National Health Insurance activity report shall be submitted to the National Assembly by the NHIF Manager on or before the 30th day of June in the year next succeeding the report year.

(2) (Supplemented, SG No. 107/2002) The National Assembly decision to adopt the budget implementation report and the National Health Insurance Fund activity report shall be promulgated in the State Gazette.

Article 31. (Amended, SG No. 101/2009, effective 18.12.2009) The National Health Insurance Fund may not own any treatment and health-care facilities or pharmacies.

Article 32. (Repealed, SG No. 153/1998, new, SG No. 59/2006, amended, SG No. 98/2015, effective 1.01.2016) The National Health Insurance Fund shall implement the collection, processing and control of the reports of the providers of hospital medical care in respect of the activities subject to the National Framework Agreement.

Section IV

Insured Persons. Rights and Obligations

Article 33. (1) (Amended, SG No. 110/1999, redesignated from Article 33, SG No. 95/2006, effective 1.01.2007) The following shall be covered by compulsory insurance provided by the National Health Insurance Fund:

1. all Bulgarian nationals who are not citizens of another State as well;
2. all Bulgarian nationals who are citizens of another State as well and reside permanently within the territory of the Republic of Bulgaria;
3. (amended, SG No. 18/2006, supplemented, SG No. 9/2011) all foreign citizens or stateless persons who have been permitted long-term or permanent residence in the Republic of Bulgaria, save as otherwise provided by an international treaty whereto the Republic of Bulgaria is a party;
4. (supplemented, SG No. 54/2002) all persons who have been recognized refugee status or humanitarian status or who has been afforded a right of asylum in Bulgaria;
5. (new, SG No. 18/2006) foreign students and doctoral candidates admitted for study at higher schools and research organizations in Bulgaria according to the procedure established by Council of Ministers Decree No. 103 of 1993 on Implementation of Educational Activity among Bulgarians Abroad (promulgated in the State Gazette No. 48 of 1993; corrected in No. 52 of 1999; amended in No. 54 of 1995, No. 20 of 1996, Nos. 38 and 73 of 1999, No. 101 of 2002, No. 89 of 2004) and Council of Ministers Decree No. 228 of 1997 on Admission of Citizens of the Republic of Macedonia as Students at the Public Higher Schools of the Republic of Bulgaria (promulgated in the State Gazette No. 42 of 1997; amended in No. 72 of 1999, No. 101 of 2002);
6. (new, SG No. 95/2006, effective 1.01.2007) persons other than such referred to in Items 1 to 5, in respect of whom the legislation of the Republic of Bulgaria is applied according to the rules for coordination of social security schemes.

(2) (New, SG No. 95/2006, effective 1.01.2007) The persons who, according to the rules for coordination of social security schemes, are subject to health insurance in another Member State, shall not be covered by compulsory insurance provided by the National Health Insurance Fund.

Article 34. (1) The health insurance obligation shall arise as follows:

1. in respect of all Bulgarian citizens: as of the date of entry into force of this Act, and in respect of such citizens newly born thereafter: as of the date of birth;
2. (amended, SG No. 107/2002, SG No. 95/2006, effective 1.01.2007, supplemented, SG No. 9/2011) in respect of all persons covered under Item 3 of Article 33 (1) herein: as of the date of receipt of a long-term or permanent residence permit;
3. (amended, SG No. 54/2002, SG No. 95/2006, effective 1.01.2007) in respect of all persons covered under Item 4 of Article 33 (1) herein: as of the date of initiation of a procedure for recognition of refugee status or for affording a right of asylum;
4. (new, SG No. 18/2006, amended, SG No. 95/2006, effective 1.01.2007) in respect of all persons covered under Item 5 of Article 33 (1) herein: since the date of enrolment at the relevant higher school or research organization;
5. (new, SG No. 95/2006, effective 1.01.2007) in respect of all persons covered under Item 6 of Article 33 (1) herein: as from the date of occurrence of the grounds for insurance.

(2) (Supplemented, SG No. 95/2006, effective 1.01.2007) The rights of the health insured covered under Article 33 (1) herein shall arise as follows:

1. in respect of the newly born: as of the date of birth;
2. (new, SG No. 54/2002, amended, SG No. 95/2006, effective 1.01.2007) in respect of the persons covered under Item 4 of Article 33 (1): as of the date of initiation of a procedure for recognition of refugee status or for affording a right of asylum;

3. (new, SG No. 18/2006, amended, SG No. 95/2006, effective 1.01.2007) in respect of all persons covered under Item 5 of Article 33 (1) herein: as of the date of enrolment in the relevant higher school or research organization;

4. (renumbered from Item 2, SG No. 54/2002, renumbered from Item 3, SG No. 18/2006) in respect of all others: as of the date of payment of the health insurance contribution.

(3) The rights of an insured shall be personal and may not be ceded (transferred).

Article 35. (1) (Previous text of Article 35, SG No. 48/2015) Any person covered by compulsory health insurance shall be entitled:

1. (amended, SG No. 107/2002, SG No. 48/2015) to receive medical care within the scope of the package of health-care activities guaranteed by the budget of the National Health Insurance Fund;

2. (amended, SG No. 101/2009, effective 18.12.2009) to choose a physician from a primary medical care institution that has concluded a contract with the RHIF;

3. to receive emergency care wherever he or she may be;

4. to obtain information from the Regional Health Insurance Fund about the contracts concluded by the said fund with the medical care providers;

5. to participate in the management of the National Health Insurance Fund through own representatives thereof;

6. to lodge complaints with the Director of the competent Regional Health Insurance Fund about any violation of the law or breach of contract;

7. (new, SG No. 95/2006, effective 1.01.2007) to obtain a document required for exercise of the health insurance entitlement thereof in accordance with the rules for coordination of social security schemes;

8. (new, SG No. 1/2014, effective 3.01.2014) to cross-border healthcare in accordance with the procedure laid down in Chapter Two, Section XII.

(2) (New, SG No. 48/2015) Persons with compulsory health insurance shall have the right to lodge complaints to the Director of the respective RHIF where they are dissatisfied with the medical activities related to the medical care delivered. Complaints shall be lodged in accordance with the procedure provided for by Chapter Two, Section X, and shall specify reasons and indicate at least one of the following grounds:

1. a medical activity which has been accounted for but not performed;

2. medical care quality not meeting the quality criteria laid down in the National Framework Agreements;

3. denied access to medical documentation;

4. amounts of money received by a medical or dental care provider on no legal grounds.

Article 36. (Repealed, SG No. 1/2014, effective 3.01.2014).

Article 37. (1) (Amended, SG No. 107/2002, amended and supplemented, SG No. 37/2008, effective 1.07.2008, amended, SG No. 98/2010, effective 1.01.2011, SG No. 60/2012, effective 7.08.2012) For each visit to a dentist's or physician's office, as well as for each day of hospital treatment, but not more than ten days annually, individuals covered under Article 33 herein shall pay the physician, dentist or medical-treatment facility the fees, defined with a Council of Ministers Decree.

(2) (New, SG No. 106/2013, effective 1.01.2014) The decree referred to in Paragraph 1 shall define lower amounts for each visit to the physician's or dentist's office by persons, who have exercised their right to pension for contributory service and age.

(3) (New, SG No. 107/2002, renumbered from Paragraph 2, supplemented, SG No. 106/2013, effective 1.01.2014) The fees referred to in Paragraph (1) and Paragraph (2) shall be for the medical care as delivered.

(4) (Renumbered from Paragraph (2), supplemented, SG No. 107/2002, amended, SG No. 120/2002, supplemented, SG No. 17/2006, effective 1.02.2006, amended, SG No. 46/2007, effective 1.01.2008, SG No. 37/2008, effective 1.07.2008,

supplemented, SG No. 93/2009, renumbered from Paragraph 3, SG No. 106/2013, effective 1.01.2014, amended, SG No. 53/2014, amended and supplemented, SG No. 54/2014, effective 1.07.2014) Exemption from payment of the fees under Paragraph (1) shall be granted to any person suffering from a disease as designated in a list appended to the National Framework Agreement, as well as to any family member who has not attained the age of 14, or who has attained the age of 14 but has not attained the age of 18, or who is a dependant; to any war veteran, war invalid and war victim; to any person remanded in custody or any person arrested under article 72 of the Ministry of the Interior Act; person arrested under article 125, Paragraph (1) of the State Agency for National Security Act or persons deprived of his or her liberty; to any indigent receiving income support under the Regulations for Application of the Social Assistance Act; to any person who has been placed in homes under Item 1 of Article 36 (3) of the same Regulations; and to any medical specialist.

(5) (Renumbered from Paragraph (3), SG No. 107/2002, amended, SG No. 37/2008, effective 1.07.2008, renumbered from Paragraph 4, supplemented, SG No. 106/2013, effective 1.01.2014) Any physician, dentist or medical-treatment facility shall issue any person covered under Paragraph (1) and Paragraph (2) a receipt for any fees paid.

(6) (New, SG No. 106/2013, effective 1.01.2014, supplemented, SG No. 101/2017, effective 1.01.2018) Any difference between the amounts referred to in Paragraph 1 and Paragraph 2 shall be paid to the physician or dentist from the executive budget in accordance with a procedure set out in the decree referred to in Paragraph 1, following the submission of a supporting document stating the numbers of the issued documents for the amounts paid under Paragraph 5.

Article 38. Any insured shall be obligated to follow the directions of the medical care providers and to fulfil the requirements of disease prevention in accordance with the National Framework Agreement and the contracts concluded with the providers.

Article 39. (Amended, SG No. 110/1999) (1) (Supplemented, SG No. 111/2004, amended, SG No. 105/2005, SG No. 95/2006, SG No. 101/2009, effective 1.01.2010) Any insured persons with compulsory NHIF insurance with the exception of the persons below 18 and the persons referred to in Article 40 (5) herein, shall be obligated to provide the National Revenue Agency with particulars each month as from the occurrence of their liability for health insurance under the procedure laid down in an ordinance of the Minister of Finance.

(2) (New, SG No. 101/2009, effective 1.01.2010) Any person who under this Act shall be obliged to make health insurance contributions with the exception of the persons under Article 40, Paragraph 5, shall file declarations for the health insurance instalments due under the procedure set out in the ordinance under Paragraph 1.

(3) (Amended, SG No. 105/2005, renumbered from Paragraph 2, amended, SG No. 101/2009, effective 1.01.2010) Any persons, paying health insurance for members of the family thereof, shall provide particulars regarding any such members by means of submission of declarations for the respective period completed in a standard form endorsed by the ordinance under Paragraph 1.

(4) (Supplemented, SG No. 111/2004, amended, SG No. 105/2005, renumbered from Paragraph 3, amended, SG No. 101/2009, effective 1.01.2010) In the cases where the persons referred to in Paragraph (1) prepay contributions under this Act, the said persons shall submit income statements to the National Revenue Agency under the procedure set out in Paragraph 1.

(5) (Renumbered from Paragraph 4, supplemented, SG No. 101/2009, effective 1.01.2010) Any foreigners staying for a long or short term in the Republic of Bulgaria, as well as any persons holding dual Bulgarian and foreign nationality, who are not covered by health insurance according to the procedure established by this Act, shall pay the value of the medical care delivered thereto unless an international treaty, whereto the Republic of Bulgaria is a party, applies to any such persons.

(6) (New, SG No. 98/2015, effective 1.01.2016) The health insurance status required for exercising health insurance rights of persons specified in Article 33 shall be formed on the basis of data on health insurance contained in applications and declarations under this Act, entries in official public records, written evidence provided by persons, and health insurance contributions paid or payable.

Section V

Health Insurance Contributions

Article 40. (Amended, SG No. 110/1999, supplemented, SG No. 64/2002, amended, SG No. 1/2002, supplemented, SG No. 74/2002, amended, SG No. 107/2002, SG No. 119/2002, effective 1.01.2003) (1) The health insurance contributions in

respect of any insured person, due at a rate set according to the procedure established by Article 29(3) herein, shall be charged on an income arrived at as follows and shall be remitted as follows:

1. (supplemented, SG No. 111/2004, amended and supplemented, SG No. 105/2006, amended, SG No. 110/2008, effective 1.01.2009, amended and supplemented, SG No. 99/2009, effective 1.01.2010, amended, SG No. 101/2009, effective 2.01.2010, SG No. 107/2014, effective 1.01.2015, supplemented, SG No. 54/2015, effective 17.07.2015) in respect of any person under Article 4, Paragraphs 1 and 10 of the Social Insurance Code the income whereon public social insurance contributions are due, arrived at according to the Social Insurance Code; the contribution is deposited by the employer or the organisation and shall be shared by the employer or the organization and by the insured in the following ratio:

- in 2000 and 2001: 80 to 20;

- in 2002 to 2004: 75 to 25;

- in 2005: 70 to 30;

- in 2006: 65 to 35;

- in 2007: 65 to 35;

- in 2008: 60 to 40;

- in 2009: 60:40;

- in 2010 and thereafter: 60:40

(a) the health insurance contributions shall be entirely for the account of the employer or the central-government department, where so provided for in a statute;

(b) (amended, SG No. 49/2004, effective 1.01.2005, supplemented, SG No. 101/2009, effective 2.01.2010, amended, SG No. 94/2012, effective 1.01.2013, SG No. 30/2018, effective 1.07.2018) in respect of any persons on unpaid leave, who are not subject to health insurance on another ground, the health insurance contribution shall be charged on one half of the minimum amount of contributory monthly income applicable to self-insured persons, as fixed by the Public Social Insurance Budget Act; the said contribution shall be paid entirely for the account of the insured person where the unpaid leave has been granted at the request of the said person, and for the account of the employer, where the unpaid leave is for child care as laid down in Article 167a of the Labour Code or due to production necessity and idling; the said contribution shall be remitted care of the relevant enterprise or organization prior to the 25th day of the month next succeeding the month wherefor the said contribution is due;

(c) (amended, SG No. 105/2006, SG No. 99/2019, effective 1.01.2020) the health insurance contributions shall be remitted within the time limits set out in Article 7 of the Social Insurance Code;

(d) (new, SG No. 50/2003, repealed, SG No. 46/2007);

2. (amended, SG No. 49/2004, effective 1.01.2005, supplemented, SG No. 105/2006, amended, SG No. 101/2009, effective 1.01.2010, SG No. 94/2012, effective 1.01.2013, SG No. 12/2015, SG No. 61/2015, effective 1.01.2016) persons under Article 4, Paragraph 3, items 1, 2 and 4 of the Social Security Code are insured in advance on a monthly income which may not be lower than the minimum amount of contributory monthly income applicable to self-insured persons and the registered farmers and tobacco growers as fixed by the Public Social Insurance Budget Act, and finally on the income accruing from the activity and the income covered under Item 3 during the calendar year, according to the statement with the tax return under the procedure established by Article 6 (9) of the Social Security Code; any registered farmers and tobacco growers producing unprocessed plant and/or animal produce shall not establish a final amount of contributory income in respect of such activity; the contributions shall be remitted at the expense of the self-insured persons on or before the 25th day of the month next succeeding the month whereto the said contributions apply and the final insurance contribution at latest during the term for the filing of the tax returns under Article 50 of the Income Taxes on Natural Persons Act;

2a. (new, SG No. 99/2009, effective 1.01.2010, amended, SG No. 99/2011, effective 1.01.2012) seamen shall be insured entirely at their own expense on the selected monthly contributory income referred to in Article 4a, Paragraph 1 of the Social Security Code, and shall not determine a final amount of the contributory income for their income under employment relationships as seamen; the contributions shall be withheld and paid in by the employer of the individuals in accordance with the procedure of Article 4a, Paragraph 7 of the Social Security Code;

3. (amended, SG No. 111/2004, effective 1.01.2005) in respect of any persons who work without entering into an employment relationship:

(a) (amended, SG No. 113/2007, SG No. 99/2009, effective 1.01.2010, SG No. 101/2009, effective 18.12.2009) if the said persons are not covered by health insurance according to the procedure established by Items 1 and 2 and receive a remuneration equal to or greater than the national minimum wage: on the taxable income, after debiting the said income with the expenses needed for the activity; where the remuneration received does not exceed the national minimum wage, after debiting the said remuneration with the expenses allowed for standard deduction, health insurance contributions shall be charged according to the procedure established by Paragraph (5);

(b) (amended, SG No. 101/2009, effective 18.12.2009, supplemented, SG No. 102/2018, effective 1.01.2019) if the said persons are not charged health insurance contributions according to the procedure established by Items 1 and 2a, the health insurance contributions shall be remitted on the taxable income, after debiting the said income with the expenses needed for the activity, regardless of the amount of the remuneration received;

(c) (amended, SG No. 99/2011, effective 1.01.2012, SG No. 94/2012, effective 1.01.2013) the [health] insurance contributions shall be remitted in the ratio under Item 1 by the client on or before the 25th day of the month next succeeding the month in which the remuneration is paid;

4. (supplemented, SG No. 101/2009, effective 18.12.2009, amended, SG No. 15/2013, effective 1.01.2014) in respect of any pensioner from the public insurance or from an occupational pension fund: the amount of the pension or the sum total of the pensions less the supplements thereto; any such health insurance contributions shall be for the account of the State Budget and shall be remitted on or before the 10th day of the month next succeeding the month wherefor the said contributions are due;

5. (amended, SG No. 105/2006, amended and supplemented, SG No. 101/2009, effective 18.12.2009, amended, SG No. 100/2010, effective 1.01.2011, SG No. 94/2012, effective 1.01.2013, supplemented, SG No. 23/2013, effective 8.03.2013, amended, SG No. 1/2014, effective 1.01.2014, SG No. 12/2015, SG No. 30/2018, effective 1.07.2018) in respect of any persons temporarily disabled through illness, pregnancy and child-birth, leave for child-care as laid down in Article 164, Paragraphs 1 and 3 of the Labour Code, and leave for adoption of a child at age under 5 years as laid down in Article 164b, Paragraphs 1 and 5 of the Labour Code: the minimum contributory income applicable to self-insured persons; any such contributions shall be for the account of the employer and shall be equal to the part of the contribution due therefrom, and shall be remitted on or before the 25th day of the month next succeeding the month wherefor the said contributions apply; the [health] insurance contributions in respect of any persons who are insured for their own account, except for the persons under Article 4, Paragraph 9 of the Social Security Code, shall be in the same amount and shall be remitted on or before the 25th day of the month next succeeding the month wherefor the said contributions apply, on the minimum contributory income applicable to self-insured persons or, respectively, to registered farmers and tobacco producers, as fixed by the Public Social Insurance Budget Act for the relevant year. As to remuneration under Article 40, Paragraph 5 of the Social Security Code, the insurance contributions shall be due under the terms of item 1;

6. (amended, SG No. 99/2009, effective 1.01.2010, SG No. 61/2015, effective 1.01.2016) in respect of any person deriving income from various sources specified in Items 1, 2, 2a, 3, 4 and 5, the contributions shall be charged on the sum total of the contributory incomes and shall be remitted within the time limits provided thereof according to the procedure established by Article 4a, Article 6, Paragraph 11 of the Social Security Code;

7. (amended, SG No. 111/2004, SG No. 94/2012, effective 1.01.2013) in respect of any minister of the Bulgarian Orthodox Church and any other religion recognized according to a statutorily established procedure, who do not receive remunerations for activity performed: the minimum contributory income applicable to self-insured persons, as fixed by the Public Social Insurance Budget Act; any such health insurance contributions shall be remitted by the central governing body of the respective religion on or before the 25th day of the month next succeeding the month wherefor the said contributions are due;

8. (amended, SG No. 110/2008, effective 1.01.2009, SG No. 15/2013, effective 1.01.2014) in respect of any recipient of unemployment benefit: the amount of the benefit as paid; any such health insurance contributions shall be for the account of the state budget and shall be remitted on or before the 10th day of the month next succeeding the month wherefor the said contributions are due.

(2) (New, SG No. 95/2006, amended, SG No. 15/2013, effective 1.01.2014, amended and supplemented, SG No. 54/2014, effective 1.07.2014, amended, SG No. 48/2015, supplemented, SG No. 79/2015, effective 1.11.2015, amended, SG No. 17/2018) The following shall be insured for the account of the State Budget: the war veterans, war invalids and war victims

who have no health insurance provided on other grounds; the persons with disabilities, victims of the natural disasters and accidents; the officers of the Ministry of Interior who have sustained an injury in the line of duty; the civil servants under the State Intelligence Agency Act who have sustained an injury in the line of duty; the officers and sergeants under the National Service for Protection Act who have sustained an injury in the line of duty, and the civil servants.

(3) (Renumbered from Paragraph (2), SG No. 95/2006, amended, SG No. 15/2013, effective 1.01.2014) The following shall be insured for the account of the State Budget, unless insured according to the procedure established by Paragraph (1):

1. (supplemented, SG No. 119/2002, SG No. 98/2015, effective 1.01.2016, SG No. 92/2018) any person who has not attained the age of 18 years, if attending school as a full-time pupil: until completion of secondary education, but not later than the attainment of the age of 22 years; the students enrolled in a work-based training (dual system of education) for the duration of the training according to the respective curriculum, organized under the conditions and by the order of VETA, regardless of the occurrence of grounds for securing under the conditions set in paragraph (1);

2. any full-time student enrolled in a higher school until attainment of the age of 26 years, and any full-time doctoral candidate enrolled within the state quota;

3. (new, SG No. 18/2006) any full-time foreign students: until attainment of the age of 26 years, and any full-time doctoral candidates admitted to higher schools and research organizations in Bulgaria according to the procedure established by Council of Ministers Decree No. 103 of 1993 on Implementation of Educational Activity among Bulgarians Abroad and Council of Ministers Decree No. 228 of 1997 on Admission of Citizens of the Republic of Macedonia as Students at the Public Higher Schools of the Republic of Bulgaria;

4. (renumbered from Item 3, SG No. 18/2006, repealed, SG No. 46/2007);

5. (supplemented, SG No. 119/2002, amended, SG No. 111/2004, renumbered from Item 4, SG No. 18/2006, supplemented, SG No. 41/2009, effective 2.06.2009, SG No. 101/2009, effective 1.01.2010, amended, SG No. 24/2019, effective 1.07.2020 - amended, SG No. 101/2019) any citizens who meet the eligibility requirements for receipt of monthly social assistance benefits and of target benefits for heating according to the procedure laid down in the Social Assistance Act, unless insured on another ground, as well as those who use social or integrated health and social services for residential care and social services for providing shelter financed from the state budget;

6. (renumbered from Item 5, SG No. 18/2006) any person remanded in custody or any person deprived of his or her liberty;

7. (renumbered from Item 6, SG No. 18/2006) any person in respect of whom a procedure for recognition of refugee status or for affording a right of asylum has been initiated;

8. (renumbered from Item 7, SG No. 18/2006, repealed, SG No. 95/2006);

9. (renumbered from Item 8, SG No. 18/2006, amended, SG No. 61/2015, effective 15.08.2015, SG No. 105/2018, effective 1.01.2020) any parents, adopters, spouses or one of the parents of the mother or father taking care of disabled persons with a type and degree of disability of 50 percent and more or with permanently reduced capacity for work for whom attendance has been approved;

10. (new, SG No. 111/2004, renumbered from Item 9, SG No. 18/2006, amended, SG No. 35/2009, SG No. 99/2011, effective 1.01.2012) the individuals receiving compensations under Articles 230 and 231 of the Defence and Armed Forces of the Republic of Bulgaria Act - for the period during which they receive the compensation.

(4) (Amended, SG No. 111/2004, SG No. 18/2006, renumbered from Paragraph (3), SG No. 95/2006, amended, SG No. 113/2007, SG No. 37/2008, SG No. 101/2009, effective 1.01.2013, repealed, SG No. 102/2012, effective 21.12.2012).

(4a) (New, SG No. 102/2012, effective 21.12.2012, amended, SG No. 48/2015, effective 1.01.2016) With regard to the persons referred to in paragraph 3, the health insurance contribution shall be paid in the amount specified in the National Health Insurance Fund Budget Act for the corresponding year, based on 55 percent of the minimum contributory income applicable to self-insured persons, as of 1 January 2016, and shall each subsequent year increase by 5 percent until it reaches the minimum contributory income applicable to self-insured persons.

(5) (Supplemented, SG No. 49/2004, effective 1.01.2005, renumbered from Paragraph (4), SG No. 95/2006, amended, SG No. 113/2007, SG No. 101/2009, effective 1.01.2010) Any persons, who are not subject to insurance under Paragraphs (1),

(2) and (3), shall be obliged to:

1. (amended and supplemented, SG No. 94/2012, effective 1.01.2013) remit the insurance contributions on a contributory income not lower than one half of the minimum contributory income applicable to self-insured persons as fixed by the Public Social Insurance Budget Act by the 25th day of the month succeeding the month for which they refer and effect annual offsetting of the contributory income according to the tax return data, and the final insurance contributions shall be remitted within the deadline for the submission of the tax return;

2. (amended, SG No. 94/2012, effective 1.01.2013) file a declaration by the 25th day of the month succeeding the month of the occurrence of the circumstance under the procedure laid down in an ordinance of the Minister of Finance in which they claim that they shall be insured as in item 1 and state the selected contributory income.

(6) (New, SG No. 101/2009, effective 1.01.2010) The amount of the health insurance contribution due shall be announced to the persons under Paragraph 5, item 1 via the mass media or by the official with whom the declaration is filed. When no declaration has been filed or the contributions have not been remitted before the deadline, an act can be issued for establishing the liability by the revenue bodies without an audit. The act can be appealed as laid down in Article 107, Paragraph 4 of the Tax and Social Insurance Procedure Code.

(7) (Renumbered from Paragraph (5), SG No. 95/2006, renumbered from Paragraph (6), SG No. 101/2009, effective 1.01.2010) The maximum amount of the monthly income whereon the health insurance contribution shall be computed shall be the maximum income fixed by the Public Social Insurance Budget Act.

(8) (Renumbered from Paragraph (6), SG No. 95/2006, renumbered from Paragraph (7), SG No. 101/2009, effective 1.01.2010) In respect of any person covered under Item 6 of Paragraph (1), the health insurance contributions shall be remitted on the sum total of contributory incomes according to the procedure provided for the relevant type of income but on not more than the maximum amount of the contributory income as fixed by the Public Social Insurance Budget Act.

(9) (New, SG No. 101/2009, effective 18.12.2009, amended, SG No. 15/2013, effective 1.01.2014) For the persons under Paragraph 2 and Paragraph 3, item 9, the insurance shall be effected at the expense of the State Budget after the submission to the National Revenue Agency of documents, issued by a competent authority, which verify the presence of the circumstances under Paragraphs 2 and 3, item 9.

Article 40a. (New, SG No. 111/2004) (1) (Amended, SG No. 105/2005, SG No. 99/2011, effective 1.01.2012, SG No. 23/2013, effective 8.03.2013) Any Bulgarian citizens who are obligated to pay health insurance in respect of themselves and who reside abroad for more than 183 days within a calendar year, need not pay health insurance contributions until the end of the relevant calendar year, reckoned from the date of departure from Bulgaria, and for each succeeding calendar year after an application submitted to the National Revenue Agency.

(2) Any persons referred to in Paragraph (1) shall be reinstated to the health insurance entitlement thereof upon the lapse of six successive months after the return of any such persons to Bulgaria during which the person has been charged health insurance contributions according to the procedure established by Article 40 herein.

(3) Outside the cases under Paragraph (2), any persons referred to in Paragraph (1) may be reinstated to the health insurance entitlement thereof after the return thereof to Bulgaria upon payment of a lump sum amounting to 12 health insurance contributions, at a rate set according to the procedure established by Article 29 (3) herein, charged on the minimum monthly amount of contributory income applicable to self-insured persons as fixed by the Public Social Insurance Budget Act at the time of remittance of the contributions.

(4) (Supplemented, SG No. 94/2012, effective 1.01.2013) The amounts referred to in Paragraph (3) shall be remitted according to the procedure established by Article 41 herein following the submission of a declaration under a procedure laid down in an ordinance of the Minister of Finance.

(5) Until reinstatement to the entitlement, the persons referred to in Paragraph (1) shall pay the value of the medical care delivered thereto in Bulgaria to the providers.

Article 40b. (New, SG No. 60/2012, effective 7.08.2012) (1) (Amended, SG No. 102/2018, effective 1.01.2019) Persons with compulsory health insurance, with regard to whom the health insurance scheme of the European Union applies pursuant to Article 72 of the Staff Regulations of Officials of the European Union and the Conditions of Employment of Other Servants of the European Communities, established with Regulation (EEC, Euratom, ECSC) No. 259/68 of the Council of 29 February

1968 laying down the Staff Regulations of Officials and the Conditions of Employment of Other Servants of the European Communities and instituting special measures temporarily applicable to officials of the Commission, shall not pay health insurance contributions for the period, in which with regard to them the health insurance scheme of the European Union is applied, after an application submitted to the National Revenue Agency.

(2) The persons referred to in Paragraph (1) shall pay for the medical care provided to them on the basis of prices, set by the medical treatment institutions, and their costs shall be reimbursed under the conditions and in accordance with the procedure of Article 72 and Annex VII of the Staff Regulations of Officials of the European Union.

Article 40c. (New, SG No. 23/2013, effective 8.03.2013) Bulgarian citizens, who are also citizens of another state and who reside abroad for more than 183 days within any calendar year, shall be entitled to declare that they are not liable to pay health insurance contributions, by submitting to the National Revenue Agency a declaration in standard form, approved by order of the Minister of Finance.

Article 41. (Amended and supplemented, SG No. 67/1999, amended, SG No. 110/1999, SG No. 1/2000, SG No. 105/2005, SG No. 94/2012, effective 1.01.2013) (1) The insurance contributions under this Act shall be remitted into the corresponding account of the competent territorial directorate of the National Revenue Agency.

(2) (Amended, SG No. 18/2014, effective 4.03.2014) Where several public liabilities exist, self-insured persons under Article 40, Paragraph 1, Item 2 and paragraph 5, and Article 40a, Paragraph 3 can state under the procedure laid down in an ordinance of the Minister of Finance which liabilities for insurance contributions they will extinguish. In this case Article 169, Paragraphs 5 and 6 of the Tax Insurance Procedure Code shall not apply.

Article 42. (1) (Amended, SG No. 110/1999, SG No. 95/2006, effective 1.01.2007, supplemented, SG No. 101/2009, effective 1.01.2010) The contributory income, whereupon the contribution shall be computed, shall be ascertained according to pay-rolls and other documents on paid or accrued but still not paid remunerations, according to pension records, cashed-in medical certificates, paid unemployment benefits and according to the tax returns under the Income Taxes on Natural Persons Act.

(2) The health insurance contribution shall be exempt from taxation.

(3) (Amended, SG No. 110/1999, SG No. 107/2002, SG No. 95/2006, effective 1.01.2007) The annual return under the Income Taxes on Natural Persons Act shall show the health insurance contributions paid during the year and the amounts due upon annual balancing, if any such amounts are established.

(4) (New, SG No. 110/1999, amended, SG No. 105/2005) The employers, the municipal authorities, the central-government departments, the contracting entities and the self-insured shall be obligated to submit the requisite information under Article 42 (1) and (3) herein to the National Revenue Agency and to the National Health Insurance Fund.

Article 43. (Amended, SG No. 110/1999, SG No. 107/2002, SG No. 113/2007) Any health insured, referred to in Item 2 and sentence three of Item 5 of Article 40 (1) and in Article 40 (5) herein, may prepay the health insurance contributions for a time period of their choice.

Article 44. (Amended, SG No. 110/1999) The health insurance contributions shall be paid by any of the following modes:

1. by bank transfer;
2. by postal money order.

Article 44a. (New, SG No. 96/2010) The revenues raised from health insurance contributions under this section part of the budget of the National Health Insurance Fund for the respective year shall be disbursed solely on the implementation of the activities under Article 24.

Section VI

Scope of Medical Care Covered by Compulsory Health Insurance

Article 45. (1) (Amended, SG No. 48/2015) The National Health Insurance Fund shall pay for the delivery of the following types of medical care:

1. disease prevention procedures performed by physicians and dentists;
2. procedures performed by physicians and dentists for the purpose of early disease detection;
3. non-hospital and hospital medical care for the purpose of disease detection and treatment;
4. (amended, SG No. 101/2009, effective 1.01.2010) further treatment, long-term treatment and rehabilitative care;
5. urgent medical care;
6. maternity care during pregnancy, childbirth and maternity;
7. (new, SG No. 59/2006, repealed, SG No. 98/2015, effective 1.01.2016);
8. (renumbered from Item 7, SG No. 59/2006) therapeutic abortion and abortion in case of pregnancy resulting from rape;
9. (supplemented, SG No. 110/1999, renumbered from Item 8, SG No. 59/2006, amended, SG No. 59/2010, effective 31.07.2010) dental care;
10. (renumbered from Item 9, SG No. 59/2006) nursing care at home;
11. (amended, SG No. 107/2002, renumbered from Item 10, SG No. 59/2006) prescription and dispensation of medicinal drugs, licensed for use, provided for treatment at home;
12. (new, SG No. 111/2004, renumbered from Item 11, SG No. 59/2006, supplemented, SG No. 101/2012, effective 1.01.2013) prescription and dispensation of medical goods and dietetic foods for special medical purposes, intended for treatment at home in the territory of the country, as well as of medical goods, used in hospital medical care;
13. (renumbered from Item 11, SG No. 111/2004, renumbered from Item 12, SG No. 59/2006) medical expert certification of working ability;
14. (renumbered from Item 12, SG No. 111/2004, renumbered from Item 13, SG No. 59/2006) transportation services on medical indications;
15. (new, SG No. 60/2012, effective 7.08.2012, amended, SG No. 98/2015, effective 1.01.2016, SG No. 102/2018, effective 1.01.2020, regarding the words "as well as medical devices, aids, appliances and equipment for people with disabilities") medical activities, medicinal products, dietetic foods for special medical purposes, medical devices and highly specialized apparatuses/appliances for individual use under Article 82, Paragraph 1, Items 1a, 2, 3a, 6b and Paragraph 1a and 3 of the Health Act, as well as medical devices, aids, appliances and equipment for people with disabilities, beyond the scope of compulsory health insurance, financed by transfer of the Ministry of Health in accordance with the National Health Insurance Fund Budget Act for the corresponding year;
16. (new, SG No. 101/2012, effective 1.01.2013, repealed, SG No. 106/2013, effective 1.01.2014);
17. (new, SG No. 101/2012, effective 1.01.2013, repealed, SG No. 106/2013, effective 1.01.2014).

(2) (Amended, SG No. 107/2002, SG No. 41/2009, effective 2.06.2009, supplemented, SG No. 101/2009, effective 1.01.2010, amended, SG No. 60/2012, effective 7.08.2012, SG No. 48/2015; declared unconstitutional by Judgment No. 3 of the Constitutional Court of the Republic of Bulgaria - SG No. 20/2016, amended, SG No. 101/2017, effective 19.12.2017) The medical care referred to in Paragraph (1), with the exception of Items 11, 12 and 15, shall be defined as a package guaranteed by the budget of the NHIF with an ordinance of the Minister of Health.

(3) (New, SG No. 107/2002, amended, SG No. 111/2004, SG No. 60/2012, effective 7.08.2012, SG No. 48/2015) The ordinance referred to in Paragraph 2 shall also regulate the criteria for identification of the diseases for whose home treatment the National Health Insurance Fund shall fully or partially pay for medications, medical products and dietetic foods for special medical purposes.

(4) (New, SG No. 107/2002, amended, SG No. 28/2004, repealed, SG No. 31/2007, effective 14.04.2008, new, SG No. 48/2015) The list of diseases referred to in Paragraph 3 shall be determined in a resolution by the Supervisory Board of the NHIF in accordance with the criteria laid down in the ordinance referred to in Paragraph 2, which shall be promulgated in the State Gazette.

(5) (New, SG No. 107/2002, amended, SG No. 28/2004, repealed, SG No. 31/2007, effective 14.04.2008, new, SG No. 48/2015) No changes to the list referred to in Paragraph 4 involving increased NHIF expenditure on medicinal products, medical products and dietetic foods for special medical purposes may take effect prior to the amendment of the National Health Insurance Fund Budget Act for the year concerned or prior to the entry into force of the National Health Insurance Fund Budget Act for the following budget year.

(6) (New, SG No. 28/2004, repealed, SG No. 31/2007, effective 14.04.2008).

(7) (New, SG No. 111/2004, repealed, SG No. 31/2007, effective 14.04.2008).

(8) (New, SG No. 99/2011, effective 1.01.2012, repealed, SG No. 48/2015).

(9) (New, SG No. 111/2004, amended, SG No. 31/2007, effective 14.04.2008, SG No. 71/2008, SG No. 101/2009, effective 1.01.2010, SG No. 60/2011, effective 5.08.2011, renumbered from Paragraph 8, SG No. 99/2011, effective 1.01.2012, supplemented, SG No. 60/2012, effective 7.08.2012, SG No. 102/2012, effective 21.12.2012, SG No. 102/2018, effective 1.01.2019, SG No. 67/2020) The terms, procedure, mechanism and criteria for payment of the respective medicinal products, medical devices, dietetic foods for special medical purposes and highly specialized apparatuses/appliances for individual use under items 11, 12, 15 and 20 of Paragraph 1, shall be regulated in an Ordinance of the Minister of Health proposed by the NHIF Supervisory Board.

(10) (New, SG No. 98/2010, effective 1.01.2011, amended, SG No. 60/2011, effective 5.08.2011, renumbered from Paragraph 9, amended, SG No. 99/2011, effective 1.01.2012, SG No. 60/2012, effective 7.08.2012, SG No. 102/2012, effective 21.12.2012, SG No. 48/2015, SG No. 102/2018, effective 1.01.2019, SG No. 99/2019, effective 1.01.2020) For medicinal products for home treatment in the territory of Bulgaria, for which the cost paid from the NHIF budget is paid through grouping not including medicinal products of other marketing authorisation holders, or ones with a new International Nonproprietary Name which are included in, or covered by a submitted application for inclusion in, the Positive Drug List referred to in Item 1 of Article 262, Paragraph 6 of the Medicinal Products in Human Medicine Act, the NHIF and the marketing authorisation holders or their authorised representatives shall hold mandatory annual centralised negotiations on discounts shall hold mandatory annual centralised negotiations on discounts, with the exception of the generic medicinal products within the meaning of the Medicinal Products in Human Medicine Act and the medicinal products under Article 29 of the Medicinal Products in Human Medicine Act. The types of discounts, the terms and conditions for their negotiation and payment shall be laid down in the Ordinance referred to in Paragraph 9.

(11) (New, SG No. 60/2012, effective 7.08.2012, amended, SG No. 48/2015) The discount agreed upon as referred to in Paragraph 10 shall be allocated between the NHIF and the health insured persons based on criteria and in accordance with a procedure specified in the Ordinance referred to in Paragraph 9.

(12) (New, SG No. 60/2012, effective 7.08.2012) Pharmacies which have concluded contracts with the National Health Insurance Fund, may not charge to the amount, paid by the health insured person, the amount of the discount, negotiated in accordance with paragraph 10, for which the National Health Insurance Fund pays.

(13) (New, SG No. 60/2012, effective 7.08.2012, amended, SG No. 48/2015) In the case of medicinal products for the healthcare activities specified in Item 3 of Article 82 (2) of the Health Act, the NHIF and the marketing authorisation holders or their authorised representatives shall hold mandatory annual centralised negotiations on discounts under conditions and in accordance with procedures and criteria as specified in the Ordinance referred to in Paragraph 9.

(14) (New, SG No. 60/2012, effective 7.08.2012, amended, SG No. 48/2015, SG No. 102/2018, effective 1.01.2020, regarding the words "and the aids, appliances and equipment for people with disabilities" and regarding the words "as well as with the persons carrying out activities for provision and repair of medical devices, aids, appliances and equipment for people with disabilities, registered as traders and entered in the register of the persons carrying out activities for provision and repair of aids, appliances, equipment and medical devices for people with disabilities", SG No. 67/2020) For the medical devices included in the list under Article 30a of the Medical Devices Act, the highly specialized apparatuses/appliances for individual use and the aids, appliances and equipment for people with disabilities, the NHIF shall negotiate with the manufacturers or with the wholesalers of medical devices and/or their authorised representatives, as well as with the persons carrying out activities for provision and repair of medical devices, aids, appliances and equipment for people with disabilities, registered as traders and entered in the register of the persons carrying out activities for provision and repair of aids, appliances, equipment and medical devices for people with disabilities, discounts on the cost for the respective group of medical devices, highly specialized apparatuses/appliances for individual use and the aids, appliances and equipment for people with disabilities under the terms,

criteria and procedure laid down in the ordinance referred to in Article 30a, Paragraph 4 of the Medical Devices Act. The cost of the highly specialized apparatuses/appliances, paid by the NHIF for highly specialized apparatuses/appliance with the same technical characteristics, cannot exceed the price paid in the previous calendar year.

(15) (New, SG No. 102/2018, effective 1.01.2019) The National Health Insurance Fund shall pay:

1. for the medical devices intended for home treatment – to holders of authorisations for retail trade in medicinal products;
2. for medical devices used in hospital medical care – to providers of hospital medical care, to manufacturers or wholesalers of medical devices/their authorised representatives;
3. (effective 1.01.2020 - SG No. 102/2018, regarding the words "as well as with the persons carrying out activities for provision and repair of aids, appliances, equipment and medical devices for people with disabilities, registered as traders and entered in the register of the persons carrying out activities for provision and repair of aids, appliances, equipment and medical devices for people with disabilities – for the payment of medical devices, aids, appliances and equipment for people with disabilities") for the medical devices, aids, appliances and equipment for people with disabilities – to persons carrying out activities for provision and repair of aids, appliances, equipment and medical devices for people with disabilities, registered as traders and entered in the register of the persons carrying out activities for provision and repair of aids, appliances, equipment and medical devices for people with disabilities.

(16) (New, SG No. 102/2018, effective 1.01.2019) The terms and conditions for payment and for the conclusion of individual contracts with manufacturers or wholesalers of medical devices/their authorised representatives for the supply and payment of medical devices used in the hospital medical care, as well as with the persons carrying out activities for provision and repair of aids, appliances, equipment and medical devices for people with disabilities, registered as traders and entered in the register of the persons carrying out activities for provision and repair of aids, appliances, equipment and medical devices for people with disabilities – for the payment of medical devices, aids, appliances and equipment for people with disabilities, shall be laid down in the Ordinance under Paragraph 9.

(17) (New, SG No. 101/2009, effective 1.01.2010, renumbered from Paragraph 9, SG No. 98/2010, effective 1.01.2011, amended, SG No. 60/2011, effective 5.08.2011, renumbered from Paragraph 10, amended, SG No. 99/2011, effective 1.01.2012, renumbered from Paragraph 11, SG No. 60/2012, effective 7.08.2012, SG No. 102/2012, effective 21.12.2012, supplemented, SG No. 18/2014, SG No. 48/2015, renumbered from Paragraph 15, SG No. 102/2018, effective 1.01.2019) The terms and conditions for the concluding of individual contracts for the disbursement of medicinal products under Article 262, Paragraph 6, item 1 of the Human Medical Products Act, of medical products and dietetic foodstuffs for special medical needs between the RHIF Director and the holders of permits for retail trade in medicinal products shall be coordinated by 9 NHIF representatives and 9 representatives of the Bulgarian Pharmaceutical Union, designated respectively by the NHIF Supervisory Board and the Management Board of the Bulgarian Pharmaceutical Union in line with the ordinance under Paragraph 9. The terms and conditions and the procedure for the conclusion of individual contracts shall include:

1. the conditions to be met by medicinal product retailers and the procedure for conclusion of contracts with them;
2. the rights and obligations of the parties to such contracts;
3. the conditions and procedure for the performance of medicinal product retailers' activities;
4. the quality and accessibility criteria for the activities under Item 3;
5. documentation and accountability;
6. the parties' obligations related to IT arrangements and information exchange;
7. the types of penalties in case of contract breaches and the procedure for the imposition thereof.

(18) (New, SG No. 18/2014, renumbered from Paragraph (16), SG No. 102/2018, effective 1.01.2019, amended, SG No. 67/2020) The terms and the procedure laid down under Paragraph 17 are promulgated in the State Gazette by the NHIF Governor.

(19) (New, SG No. 62/2010, effective 1.01.2011, renumbered from Paragraph 10, SG No. 98/2010, effective 1.01.2011, renumbered from Paragraph 11, SG No. 99/2011, effective 1.01.2012, renumbered from Paragraph 11, SG No. 60/2012, effective 7.08.2012, renumbered from Paragraph 16, SG No. 18/2014, amended, SG No. 48/2015, renumbered from

Paragraph 17, SG No. 102/2018, effective 1.01.2019) For dental activities included in the package as defined in the ordinance under Paragraph 2, payment or co-payment by the persons with compulsory health insurance shall be permissible under the terms and according to the procedure provided for by the National Framework Agreement for such dental activities.

(20) (New, SG No. 99/2011, effective 1.01.2011, renumbered from Paragraph 13, SG No. 60/2012, effective 7.08.2012, renumbered from Paragraph 17, SG No. 18/2014, amended, SG No. 48/2015, renumbered from Paragraph 18, supplemented, SG No. 102/2018, effective 1.01.2019) The package, specified under the Ordinance under Paragraph 2, may include medicinal products intended for the treatment of malignant diseases in inpatient care and medicinal products in life-threatening haemorrhages and emergency surgical and invasive interventions in patients with congenital coagulation disorders.

(21) (New, SG No. 60/2012, effective 7.08.2012, renumbered from Paragraph 18, SG No. 18/2014, amended, SG No. 48/2015, renumbered from Paragraph 19, amended, SG No. 102/2018, effective 1.01.2019, SG No. 99/2019, effective 1.01.2020) For the medicinal products under Paragraph 20 paid in inpatient care outside of the cost of the medical services provided, for which the cost paid from the NHIF budget is paid through grouping not including medicinal products of other marketing authorisation holders, as well as for medicinal products with a new International Nonproprietary Name which are included in, or covered by a submitted application for inclusion in, the Positive Drug List referred to in Item 2 of Article 262, Paragraph 6 of the Medicinal Products in Human Medicine Act, the NHIF and the marketing authorisation holders or their authorised representatives shall hold mandatory annual centralised negotiations on discounts shall hold mandatory annual centralised negotiations on discounts, with the exception of the generic medicinal products within the meaning of the Medicinal Products in Human Medicine Act and the medicinal products under Article 29 of the Medicinal Products in Human Medicine Act. The types of discounts, the terms and conditions for their negotiation and payment shall be laid down in the Ordinance referred to in Paragraph 9.

(22) (New, SG No. 48/2015, renumbered from Paragraph 20, amended, SG No. 102/2018, effective 1.01.2019) After completion of negotiations contracts shall be entered under Paragraphs (10), (13), and (21) with the holders of permits of the pharmaceutical products or with their authorised representatives thereof. The agreed discounts are mandatory for the term of validity of the contracts and cannot be amended in such way that will lead to the increase of costs to NHIF.

(23) (New, SG No. 48/2015, renumbered from Paragraph 21, amended, SG No. 102/2018, effective 1.01.2019, amended and supplemented, SG No. 99/2019, effective 1.01.2020) The National Health Insurance Fund may negotiate payment on the basis of the result of the therapy when this is negotiated for medicinal products which are subject to monitoring of the effect of the therapy under Article 259(1)(10) of the Medicinal Products in Human Medicine Act, subject to the terms and conditions laid down in the Ordinance referred to in Paragraph 9. In the absence of a result, the funds paid by the NHIF may be reimbursed to the NHIF by the marketing authorisation holders/their authorised representatives under the conditions and according to the procedure set out in paragraph 9.

(24) (New, SG No. 102/2018, effective 1.01.2019, amended, SG No. 67/2020) The National Health Insurance Fund shall pay to the persons, who have received an authorisation for retail trade in medicinal products, for each reported prescription form with prescribed medicinal products included in the Positive Drug List under Article 262, Paragraph 6, item 1 of the Medicinal Products in Human Medicine Act, with a level of payment of 100 per cent subject to the procedure and in the amount laid down in the ordinance referred to in Paragraph 9.

(25) (New, SG No. 102/2018, effective 1.01.2019) The marketing authorisation holders of medicinal products, paid in full or in part from the NHIF budget, are obliged, at the request of the NHIF, to provide in due time information relating to the payment and negotiation of discounts for the respective medicinal products.

(26) (New, SG No. 102/2018, effective 1.01.2019) Medicinal products, for which the Ordinance under Paragraph 9 provides for mandatory centralised negotiation of discounts, but such have not been negotiated, shall not be paid by the NHIF.

(27) (New, SG No. 48/2015, renumbered from Paragraph 22, amended, SG No. 102/2018, effective 1.01.2019) The discounts agreed upon as referred to in Paragraphs 10, 13 and 21 may not be lower than those agreed upon for the previous year.

(28) (New, SG No. 48/2015, renumbered from Paragraph 23, amended, SG No. 102/2018, effective 1.01.2019) Medical care providers may not purchase medicinal products as referred to in Paragraph 21 at prices higher than those resulting from the discounts agreed upon under Paragraph 21.

(29) (New, SG No. 103/2020, effective 1.01.2021) In respect to the medicinal products used in the hospital medical care which are paid over the value of the provided medical services, the NHIF shall pay the lower value between the one agreed in the framework agreements concluded by the Minister of Health in his capacity as Central Purchasing Authority in the Healthcare Sector, and the value at which the medicinal products are delivered to the provider of hospital medical care, regardless of whether he is a contracting authority under the Public Procurement Act.

(30) (New, SG No. 103/2020, effective 1.01.2021) The National Health Insurance Fund may not pay to the providers of hospital medical care and to the holders of a retail marketing authorization for medicinal products a value that is higher than the maximum value determined for payment with public funds under the ordinance under Article 261a, Paragraph 5 of the Medicinal Products in Human Medicine Act.

(31) (New, SG No. 99/2019, effective 1.01.2020, renumbered from Paragraph 29, SG No. 103/2020, effective 1.01.2021) In respect of medicinal products that are fully or partially paid for by the NHIF, a mechanism ensuring the predictability and sustainability of the NHIF budget shall be applied; said mechanism shall be adopted each year with a decision of the NHIF Supervisory Board taking into account the funds for health insurance payments for medicinal products specified in the NHIF Budget Act for the respective year. The mechanism shall be adopted after the NHIF Budget Act for the respective year is published in the State Gazette, but not later than 31 January of the year for which it applies. The mechanism shall be published in the State Gazette by the NHIF Governor.

(32) (New, SG No. 99/2019, effective 1.01.2020, renumbered from Paragraph 30, amended, SG No. 103/2020, effective 1.01.2021) The mechanism referred to in Paragraph 31 shall apply:

1. in respect of the medicinal products included in the Positive Drug List referred to in Article 262(6)(1) of the Medicinal Products in Human Medicine Act and paid in full or in part by the NHIF for home treatment on the territory of the country, as well as in respect of the medicinal products included in the positive drug list referred to in Article 262(6)(2) of the Medicinal Products in Human Medicine Act and paid by the NHIF in the conditions of hospital medical care outside the value of the medical services provided, and

2. to marketing authorisation holders of the medicinal products referred to in paragraph 1/their authorised representatives to which the mechanisms applies where the grounds and conditions set out in the mechanism exist, and

3. for the calendar year for which it was adopted.

(33) (New, SG No. 99/2019, effective 1.01.2020, renumbered from Paragraph 31, amended, SG No. 103/2020, effective 1.01.2021) For the implementation of the mechanism referred to in Paragraph 31, the NHIF and the marketing authorisation holders or their authorised representatives shall conclude contracts every year by 1 April of the respective year; said contracts shall enter into force on 1 January of the year. The medicinal products referred to in Paragraph 32, Item 1 in respect of which no contracts have been concluded by 1 April of the respective shall not be paid by the NHIF.

(34) (New, SG No. 99/2019, effective 1.01.2020, renumbered from Paragraph 32, amended, SG No. 103/2020, effective 1.01.2021) The marketing authorisation holders of medicinal products referred to in Paragraph 32, Item 1 shall reimburse the exceeded funds established during the implementation of the mechanism under the conditions and according to the procedure set out in the ordinance referred to in Paragraph 9. The reimbursement shall be equal to the full amount of the NHIF expenditure on medicinal products in excess of the special purpose funds allocated in the NHIF budget for the respective year, taking into account the share of the reserve if the NHIF Supervisory Board has adopted a decision pursuant to Article 15(1)(7).

(35) (New, SG No. 103/2020, effective 1.01.2021) In respect of medical devices paid in full under the conditions of hospital medical care, a mechanism ensuring the predictability and sustainability of the NHIF budget shall be applied; said mechanism shall be adopted each year with a decision of the NHIF Supervisory Board by 15 January of the current financial year. The mechanism shall be applied in case of exceeding the expenses of the NHIF for the indicated medical devices according to the funds provided in the National Health Insurance Fund Budget Act for the respective year.

Article 45a. (New, SG No. 77/2018, effective 1.01.2019) (1) (Amended, SG No. 102/2018, effective 1.01.2019) The administrative contract with natural and legal persons under Article 45 shall be concluded, amended and terminated in accordance with the law, the national framework agreements and the annexes thereto, adopted under the terms of this Act, and contracts for medicinal products referred to in Article 262, Paragraph 6, Item 1 of the Medicinal Products in Human Medicine Act, medical devices and dietary foods for special medical purposes for home therapy in the territory of Bulgaria, concluded

with marketing authorisation holders for retail trade in medicinal products in pharmacies in accordance with the terms and conditions of Article 45, Paragraph 17.

(2) If pursuant to a special law or a statutory instrument of secondary legislation the preliminary consent or opinion of another administrative authority is required, the contract shall come into effect when the relevant administrative authority gives consent or provides an opinion in the form provided for in the law.

(3) If the other administrative authority fails to give consent or opinion within the time limit established by the special law, Article 53 of the Code of Administrative Procedure shall apply.

(4) Contracts concluded under Article 45 by and between the National Health Insurance Fund or the Regional Health Insurance Fund, as the case may be, and natural persons or legal entities shall be administrative contracts. Articles 19b and 19c of the Code of Administrative Procedure shall not apply to such contracts.

Article 46. (1) (Amended, SG No. 107/2002) The procedure for provision and the requirements to the providers of the separate types of medical care covered under Article 45 herein shall be specified in the National Framework Agreement and in the contracts between the Regional Health Insurance Funds and the providers.

(2) (Amended and supplemented, SG No. 107/2002, amended, SG No. 48/2015, SG No. 102/2018, effective 1.01.2019) The quality of delivered medical care purchased by the National Health Insurance Fund must satisfy the national medical standards and the rules of good medical practice laid down in Article 6, Paragraph 1 of the Medical-Treatment Facilities Act.

(3) (Repealed, SG No. 102/2018, effective 1.01.2019).

Article 47. (Amended and supplemented, SG No. 48/2015) The purchase of any medical care delivered to any insured person shall be effected by the Regional Health Insurance Fund, and the funds shall be transferred to the provider delivering such care.

Article 48. The National Health Insurance Fund shall periodically inform the health insured about any measures to protect and restore their health.

Article 49. (Amended, SG No. 70/2004, repealed, SG No. 101/2009, effective 1.01.2010).

Article 50. (Amended, SG No. 101/2009, effective 1.01.2010, SG No. 99/2011, effective 1.01.2012) When using medical care, insured individuals shall be obliged to present an identity document, and the providers of medical and dental care shall be obliged to check the health insurance status of the individuals based on data from the National Revenue Agency.

Article 51. (Amended, SG No. 48/2015, supplemented, SG No. 98/2015, effective 1.01.2016) No medical care beyond the scope of Article 45 herein or other than such contracted in the National Framework Contract, nor expenditure on clinical trials of medicinal products and medical devices shall be purchased by the National Health Insurance Fund.

Article 52. (Supplemented, SG No. 101/2009, effective 18.12.2009, SG No. 102/2018, effective 1.01.2019, amended, SG No. 67/2020) (1) The medical care providers who have concluded a contract for provision of medical care included in the package, specified under the ordinance referred to in Article 45, Paragraph 2, with the NHIF, shall be obliged to provide to the persons with compulsory health insurance, without requiring and accepting from them payment and/or co-payment, the respective medical care in observance of the approved medical standards under Article 6, Paragraph 1 of the Medical-Treatment Facilities Act, the rules for good medical practice, the pharmaco-therapeutic guidelines under Article 259, Paragraph 1, item 4 of the Medicinal Products in Human Medicine Act and in ensuring protection of patient's rights.

(2) Any persons uninsured under this Act shall pay for any medical care provided as per pricelists specified by the medical treatment facilities, with the exception of the medical and other services provided to them under Article 82 of the Health Act.

(3) The ordinance under Article 4, Paragraph 3 shall also specify the conditions and procedure for the provision of additional services outside the medical care provided under Paragraph 1.

Section VII

National Framework Agreement

Article 53. (Supplemented, SG No. 113/2007, effective 1.12.2007, amended, SG No. 101/2009, effective 1.01.2010) (1) For the performance of the activities hitherto specified the NHIF and the Bulgarian Medical Association shall adopt and sign a National Framework Agreement for the medical activities, and the NHIF and the Bulgarian Dental Association a National Framework agreement for the dental activities.

(2) (Amended, SG No. 98/2010, effective 14.12.2010, SG No. 102/2018, effective 1.01.2019) The National Framework Agreements under Paragraph 1 shall be concluded for a period of three years and, if necessary or at the request of either party, shall be updated by the order of their adoption under Article 54.

(3) (New, SG No. 102/2018, effective 11.12.2018) Each year, the National Health Insurance Fund and the Bulgarian Medical Association, respectively the Bulgarian Dental Association, shall renegotiate by signing an Annex to the respective National Framework Agreement in the part under Article 55, Paragraph 2, Items 3a and 6b, and the remainder the National Framework Agreements shall be renegotiated if necessary or at the request of either party within the term under Paragraph 2.

Article 54. (Amended, SG No. 101/2009, effective 1.01.2010) (1) (Amended, SG No. 102/2018, effective 11.12.2018) The NFA for medical activities shall be drafted by 10 representatives of the NHIF and 10 representatives of the Bulgarian Medical Association within the time limits for adoption of the medium-term budgetary projection under the Public Finance Act.

(2) (Amended, SG No. 102/2018, effective 11.12.2018) The NFA for dental activities shall be drafted by 9 representatives of the NHIF and 9 representatives of the Bulgarian Dental Association within the time limits for adoption of the medium-term budgetary projection under the Public Finance Act.

(3) (Amended, SG No. 102/2018, effective 11.12.2018) The status of the professional organizations under Paragraphs 1 and 2 and the provisions for the designation of their representatives for involvement in the preparation and adoption of the NFA shall be laid down in the Doctors and Dentists Professional Organisations Act.

(4) The NHIF representatives under Paragraphs 1 and 2 shall be members of the Supervisory Board and the NHIF Manager.

(5) The National Framework Agreements under Paragraphs 1 and 2 shall be adopted by a majority of not less than 7 NHIF representatives and 7 representatives of the professional organizations of physicians, respectively dental medicine physicians.

(5a) (New, SG No. 102/2018, effective 11.12.2018) The renegotiation with annexes under Article 53, Paragraph 3 shall be carried out under the terms of Paragraphs 1 through 5.

(6) (Supplemented, SG No. 48/2015, amended, SG No. 98/2015, effective 1.01.2016, SG No. 102/2018, effective 11.12.2018) The National Framework Agreements under Article 53, Paragraph 1, respectively the annexes under Article 53, Paragraph 3, shall be adopted no later than the last working day of the respective corresponding year and shall enter into force on the 1st of January of the respective following calendar year and shall comply with the NHIF budget for the year they refer to.

(7) (Supplemented, SG No. 40/2018, effective 15.05.2018, amended, SG No. 102/2018, effective 11.12.2018) The Minister of Health shall coordinate the National Framework Agreements, respectively the annexes thereto, adopted under the terms of Paragraphs 1 through 5, within 14 days of their submission and shall promulgate them in the State Gazette and the annexes to the NFA, when provided for in the agreement, shall be published as an addendum only on the website of the State Gazette.

(8) (Amended, SG No. 102/2018, effective 11.12.2018) When the NFA for medical and respectively for dental activities, and the annexes thereof, are not adopted under the conditions and within the conditions and timeline prescribed in this Act, the NFAs currently effective shall be applied and the annexes thereof.

(9) (New, SG No. 4/2013, effective 15.01.2013, amended, SG No. 98/2015, effective 1.01.2016, supplemented, SG No. 102/2018, effective 11.12.2018) In the cases under Paragraph 8, where changes in the extant legislation necessitate amendments or supplements to the requirements referred to in Article 55, Paragraph 2 or the Annexes to Article 53, Paragraph 3, they shall be determined by a resolution of the Supervisory Board of the NHIF, upon the proposal of the NHIF Manager.

(10) (New, SG No. 4/2013, effective 15.01.2013, amended, SG No. 48/2015, repealed, SG No. 98/2015, effective 1.01.2016, new, SG No. 102/2018, effective 11.12.2018) The National Framework Agreements, respectively the annexes thereto, shall be updated if necessary or at the request of either party.

(11) (New, SG No. 4/2013, effective 15.01.2013, amended, SG No. 98/2015, effective 1.01.2016) The Minister of Health shall coordinate the resolutions referred to in Paragraphs 9 within 7 days of their submission and shall promulgate them in the State Gazette.

Article 55. (Amended, SG No. 110/1999, amended and supplemented, SG No. 107/2002, amended, SG No. 111/2004, SG No. 102/2005, amended and supplemented, SG No. 105/2006; amended by Judgment No. 3/13.03.2007 of the Constitutional Court of the Republic of Bulgaria - SG No. 26/2007; amended, SG No. 31/2007, effective 14.04.2008, amended and supplemented, SG No. 113/2007, effective 1.12.2007, amended, SG No. 101/2009, effective 1.01.2010) (1) (Amended, SG No. 98/2015, effective 1.01.2016, SG No. 98/2016, effective 1.01.2017, SG No. 102/2018, effective 11.12.2018) The National Framework Agreements adopted under the terms of Article 54, respectively the annexes thereto, shall enter into force on the 1st of January of the following calendar year.

(2) The National Framework Agreements shall specify:

- 1.) the conditions which the medical care providers must satisfy, as well as the procedure for conclusion of contracts with them;
2. the separate types of medical care covered under Article 45 herein;
3. the terms and procedure for delivery of the care referred to in Item 2;
- 3a. (new, SG No. 48/2015) the volumes, prices and methods for estimation of the value of, and for the purchase of, the types of medical care under Item 2;
4. (supplemented, SG No. 102/2018, effective 11.12.2018) criteria for quality and accessibility of the care under Item 2, including specific indicators for assessing the quality of patient care;
5. the documentation and the document flow;
6. the obligations of the parties as to information provision and the exchange of information;
- 6a. (new, SG No. 48/2015) the conditions and procedure for controlling the performance of the contracts;
- 6b. (new, SG No. 48/2015) penalties in case of contract breaches;
7. other questions important to health insurance.

(3) The National Framework Agreement may not establish requirements as to:

1. a minimum number of health insured persons to be registered by a primary non-hospital care provider;
2. any terms impeding the free choice by the insured of medical care providers who have concluded a contract with a Regional Health Insurance Fund;
3. (amended, SG No. 48/2015) performance of highly specialized medical activities beyond the package guaranteed by the budget of the National Health Insurance Fund by the specialist outpatient care providers;
4. additional requirements to pharmacies, wholesalers and manufacturers of medicinal drugs other than such provided for in the Medicinal Products in Human Medicine Act;
5. (repealed, SG No. 98/2015, effective 1.01.2016);
6. (repealed, SG No. 48/2015).

(4) (New, SG No. 102/2018, effective 11.12.2018) The National Framework Agreements may not contain requirements that are governed by medical, health information standards for financial activity under Article 6 of the Medical-Treatment Facilities Act and by the rules of good medical practice, respectively the rules of good dental practice

(5) (New, SG No. 102/2018, effective 11.12.2018) Any amendments to the NFA under Article 53, Paragraph 3 and Article 54, Paragraph 10, shall be made with annexes thereto, by the order of adoption of the NFA under Article 54.

Article 55a. (New, SG No. 101/2009, effective 18.12.2009, amended, SG No. 98/2010, effective 14.12.2010, repealed, SG No. 60/2012, effective 7.08.2012, new, SG No. 48/2015, supplemented, SG No. 98/2015, effective 1.01.2016,

amended, SG No. 98/2016, effective 1.01.2017) (1) (Previous text of Article 55a, SG No. 102/2018, effective 1.01.2019) The National Health Insurance Fund shall plan, negotiate and purchase, for the benefit of health insured persons, medical care under Item 2 of Article 55(2) within the volumes agreed upon in the National Framework Agreements and in accordance NHIF budget for the year.

(2) (New, SG No. 102/2018, effective 1.01.2019) The National Health Insurance Fund shall not pay for medical and dental care provided by the medical care institutions in violation of the volumes and values stipulated in their agreements under Article 59, Paragraph 1.

Article 55b. (New, SG No. 101/2009, effective 18.12.2009, amended, SG No. 98/2010, effective 14.12.2010, repealed, SG No. 60/2012, effective 7.08.2012).

Article 55c. (New, SG No. 101/2009, effective 18.12.2009, repealed, SG No. 60/2012, effective 7.08.2012).

Article 55d. (New, SG No. 98/2010, effective 1.03.2011, supplemented, SG No. 60/2012, effective 7.08.2012, repealed, SG No. 48/2015).

Article 55e. (New, SG No. 98/2010, effective 1.03.2011, amended, SG No. 60/2012, effective 7.08.2012, repealed, SG No. 48/2015).

Article 55f. (New, SG No. 98/2010, effective 1.03.2011, repealed, SG No. 48/2015).

Article 56. (Amended and supplemented, SG No. 107/2002, supplemented, SG No. 111/2004, amended, SG No. 101/2009, effective 1.01.2010) (1) (Amended, SG No. 60/2011, effective 5.08.2011, SG No. 102/2012, effective 21.12.2012, SG No. 102/2018, effective 1.01.2019) The physicians and dentists, working at medical care institutions providers of medical care, shall write prescriptions, subject to the approved pharmaco-therapeutic guidelines under Article 259, Paragraph 1, Item 4 of the Medicinal Products in Human Medicine Act, to the persons with compulsory health insurance for full or partial reimbursement by the NHIF:

1. medicinal products under Article 262, Paragraph 6, Item 1 of the Medicinal Products in Human Medicine Act for home treatment in the territory of Bulgaria – for diseases on the list under Article 45, Paragraph 4;

2. medicinal products under Article 262, Paragraph 6, Item 2 of the Medicinal Products in Human Medicine Act for treatment of malignant diseases and medicinal products in life-threatening haemorrhages and emergency surgical and invasive interventions in patients with congenital coagulation disorders in inpatient care from the package under Article 45, paragraph 2;

(2) (New, SG No. 102/2018, effective 1.01.2019) In the cases under Paragraph 1, the physician/dentist may prescribe the medicinal product/course of treatment in accordance with its cost-effectiveness when there are therapeutic alternatives, the medicinal products have proven similar therapeutic efficacy and safety of treatment of the condition of the person with compulsory insurance, have a similar clinical flow and severity according to the characteristics of the product/s. The terms, procedure and principles, under which medicinal products are prescribed according to their cost-effectiveness, shall be laid down in the Ordinance under Article 221, Paragraph 1 of the Medicinal Products in Human Medicine Act.

(3) (Repealed, SG No. 48/2015, renumbered from Paragraph 2, amended, SG No. 102/2018, effective 1.01.2019) The physicians and dentists, working at medical care institutions providers of medical care, may prescribe to the persons with compulsory health insurance medicinal items and dietetic foodstuffs for special medical purposes, determined by the NHIF Supervisory Board, which can be fully or partially reimbursed by the NHIF.

Article 57. (Repealed, SG No. 107/2002).

Section VIII

Contract between National Health Insurance Fund and Medical Care Provider

Article 58. (Amended, SG No. 62/1999, SG No. 70/2004, SG No. 72/2015, supplemented, SG No. 54/2020, effective 16.06.2020) Within the meaning given by this Act, "medical care providers" shall be medical-treatment facilities or their associations under the Medical-Treatment Facilities Act, and national centres for public health under the Health Act, except the medical-treatment facilities referred in Article 8, Paragraph 1, Item 5 of the Medical-Treatment Facilities Act.

Article 58a. (New, SG No. 41/2009, effective 2.06.2009, repealed, SG No. 99/2009, effective 1.01.2010).

Article 59. (1) (Amended, SG No. 101/2009, effective 1.01.2010, supplemented, SG No. 4/2013, effective 15.01.2013, amended and supplemented, SG No. 48/2015, amended, SG No. 98/2015, effective 1.01.2016, supplemented, SG No. 102/2018, effective 1.01.2019) Any contract referred to in Item 4, Paragraph 1 of Article 20 herein for provision of medical care under this Act shall be concluded between the Director of a Regional Health Insurance Fund and a medical care provider in accordance with the NFA, the annexes thereto, the resolution referred to in Article 54(9) and this Act.

(1a) (New, SG No. 72/2015, effective 1.01.2016, amended, SG No. 102/2018, effective 1.01.2019, amended and supplemented, SG No. 67/2020) Contracts under Paragraph 1 may not be concluded with newly-established medical care institutions for inpatient care or for new medical activities carried out by medical care institutions for inpatient care, if in the procedure under Articles 37a and 37b of the Medical-Treatment Facilities Act, the medical treatment facility has provided information that it shall not use NHIF funds as a source of funding for its activities or the NHIF has given a statement on the impossibility of funding the respective activities. The prohibition shall not apply in the event of new circumstances and insufficiency of the respective hospital medical care on the territory of the district established at the moment of submitting an application for conclusion of a contract under Article 59a, Paragraph 1 based on a needs assessment according to the National Health Map. The assessment of insufficiency of the respective hospital medical care shall be performed by the Medical Supervision Executive Agency.

(2) (Amended, SG No. 101/2009, effective 1.01.2010) No contract referred to in Paragraph (1) may be concluded on less favourable terms than the terms adopted by the National Framework Agreement.

(3) (Amended, SG No. 101/2009, effective 1.01.2010, SG No. 98/2010, effective 14.12.2010, supplemented, SG No. 4/2013, effective 15.01.2013, amended, SG No. 98/2015, effective 1.01.2016, SG No. 102/2018, effective 1.01.2019) The contracts under Paragraph 1 shall be concluded in writing for the term of validity of the annex to the National Framework Agreement under Article 54, Paragraph 6, and shall be in force until the adoption of a new NFA, respectively of an annex thereto, or a change of the existing NFA, respectively of the annex thereto. In the cases under Article 54(9), as well as in the event of changes in the extant legislation, annexes to the contracts referred to in Paragraph 1 shall be concluded. Where no applications have been submitted within the deadlines specified in Articles 59a and 59b, the contracts referred to in Paragraph 1 shall be terminated.

(4) (New, SG No. 59/2010, effective 31.07.2010) The controlling authorities of the RHIF and of the Ministry of Health shall carry out a check to determine the medical care providers' activity compliance with the criteria for accessibility and quality of the medical care under Article 59c at least once per year.

(5) (New, SG No. 59/2010, effective 31.07.2010, amended, SG No. 15/2013, effective 1.01.2014) Only clinics and wards in medical treatment facilities for hospital care, whose compliance with the criteria under Article 59c has been determined, shall be financed with funds from the State Budget or from the National Health Insurance Fund Budget.

(6) (Renumbered from paragraph 5 - SG No. 107/2002, repealed, SG No. 101/2009, effective 1.01.2010, new, SG No. 59/2010, effective 31.07.2010) Upon ascertainment of non-compliance with the criteria under Article 59c the change in the financing of the medical care providers - medical treatment facilities for hospital care, shall be implemented through amendments and supplements in the contract referred to in Paragraph (1).

(7) (Renumbered from paragraph 6, supplemented - SG No. 107/2002, amended, SG No. 30/2006, effective 1.03.2007, repealed, SG No. 101/2009, effective 1.01.2010, previous paragraph 4, SG No. 59/2010, effective 31.07.2010) Any contract referred to in Paragraph (1) shall specify the requirements and conditions, as indicated in Items 2 to 7 of Article 55 (2) herein, for application within the respective territory. Any such contract shall determine the relationships between medical care providers and between such providers and other parties for provision of the medical care under Article 55, Paragraph 2, item 2.

(8) (New, SG No. 107/2002, repealed, SG No. 101/2009, effective 1.01.2010, renumbered from paragraph 5 - SG No. 59/2010, effective 31.07.2010) The National Health Insurance Fund and the Regional Health Insurance Funds shall be obligated to inform providers of any changes arising from decisions of the governing bodies thereof or from modifications in the National Framework Agreement, as well as to give providers the directions as shall be necessary for application of any such changes. The terms, procedure and time limits for provision of information shall be regulated in the National Framework Agreement and in the contracts with providers.

(9) (New, SG No. 107/2002, repealed, SG No. 101/2009, effective 1.01.2010).

(10) (New, SG No. 99/2009, effective 1.01.2010) Any medical treatment institution for hospital care may conclude a contract as per Paragraph (1) only for those hospital medical care activities referred to in Article 45 for which it has a specialist/specialists working under a primary employment contract.

(10a) (New, SG No. 102/2018, effective 1.01.2019) It is not allowed to pay for inpatient care provided by a physician who is not listed in the contract under Paragraph 1 as a specialist under a basic employment contract, except for the cases under Paragraphs 12 and 12a.

(11) (New, SG No. 99/2009, effective 1.01.2010, amended, SG No. 98/2010, effective 1.01.2011, supplemented, SG No. 48/2015) The Director of the relevant Regional Health Insurance Fund shall terminate the contracts with medical care providers or impose a penalty as laid down in the applicable NFA in the following cases:

1. (amended, SG No. 48/2015, SG No. 98/2015, effective 1.01.2016) where an activity which was not carried out has been reported, and where medical activities for which there are no relevant medical indications have been performed and reported, as established in accordance with the procedure of Article 72, Paragraph 2:

a) by a provider of outpatient medical care under the relevant package – partially, in respect of the physician/dentist, who has not performed the activity;

b) by a provider of hospital medical care – partially, in respect of the corresponding medical activity in the package, under which the activity not performed has been reported;

2. (amended, SG No. 98/2015, effective 1.01.2016) where the violation under Item 1 has been repeated, the contract with the provider shall be terminated in its entirety;

3. (new, SG No. 48/2015) in case of systematic violations of the medical care quality criteria laid down in the National Framework Agreements;

4. (new, SG No. 48/2015) in case of patients' systematic dissatisfaction with the medical activities performed in relation to the delivered medical care paid for out of the NHIF's budget and regulated by the ordinance referred to in Item 15 of Article 19(7), subject to assessment of the medical care quality criteria laid down in the NFA and ascertainment of their violation.

(12) (New, SG No. 101/2009, effective 1.01.2010, amended, SG No. 102/2018, effective 1.01.2019) Any medical care institutions, which do not meet the requirement of Paragraph 10, may conclude employment contracts for additional labour under the Labour Code with medical specialists working in hospital units without beds, for the following specialties:

1. virology;

2. clinical microbiology;

3. clinical parasitology;

4. clinical pathology;

5. nuclear medicine.

(12a) (New, SG No. 102/2018, effective 1.01.2019) Exceptionally, the medical care institutions for inpatient care, which do not meet the requirement under Paragraph 10, may conclude a contract under Paragraph 1 upon a decision of the NHIF Supervisory Board following a reasoned motion by the Director of the respective RHIF in cases where the access to medical care in the territory of the respective RHIF has been hindered due to shortage of relevant medical specialists in accordance with the needs of the population at the time of filing the application for conclusion of the contract under Paragraph 1.

(13) (New, SG No. 48/2015, amended, SG No. 98/2015, effective 1.01.2016) The NHIF Governor, respectively the Director of the RHIF shall, in the cases referred to in Items 1 and 2 of Paragraph 11, terminate the contracts with medical and/or dental care providers, and in the cases referred to in Items 3 and 4 of Paragraph 11, impose a financial penalty in accordance with the applicable NFA. The order terminating the contract or imposing a financial penalty shall be subject to appeal in accordance with the procedure of the Administrative Procedure Code.

(14) (New, SG No. 72/2015, effective 1.01.2016, amended, SG No. 102/2018, effective 1.01.2019) With regard to diseases

for which the provision of complex treatment (provision of all parts of the entire treatment process) is included in the package referred to in Article 45(2), the Director of any RHIF shall conclude contracts only with medical treatment facilities and their associations which have provided the complex treatment of such diseases.

Article 59a. (New, SG No. 101/2009, effective 1.01.2010) (1) (Supplemented, SG No. 102/2018, effective 1.01.2019) Within 30 days of the entry into force of the NFA, respectively of the annex under Article 53, Paragraph 3 to the NFA, the medical care institutions shall submit applications at the RHIF for the signing of a contract.

(2) The documents to be appended to the application for contract conclusion shall be determined with the NFA.

(3) (Supplemented, SG No. 4/2013, effective 15.01.2013) NHIF, RHIF and the employees thereof may not demand from the providers the provision of documents and may not put conditions which are not contained in the NFA, except in the cases under Paragraph 6 and the second sentence of Paragraph 3 of Article 59.

(4) (New, SG No. 4/2013, effective 15.01.2013, amended, SG No. 98/2015, effective 1.01.2016) In the cases referred to in Article 54 (9) the time-period under Paragraph 1 shall start on the day of promulgation of the resolution of the Supervisory Board in the State Gazette.

(5) (New, SG No. 4/2013, effective 15.01.2013) Where as a result of changes in the extant legislation the conclusion of annexes is required, the applications under Paragraph 1 shall be submitted within 30 days of the entry of the corresponding change into force.

(6) (New, SG No. 4/2013, effective 15.01.2013) In the cases referred to in Article 54 (8) the medical care institutions, which have not been medical care providers during the previous year, shall submit the applications under Paragraph 1 within deadlines, determined with a resolution of the NHIF Supervisory Board.

Article 59b. (New, SG No. 101/2009, effective 1.01.2010) (1) (Supplemented, SG No. 4/2013, effective 15.01.2013) The RHIF Director within 30 days of the application submissions shall sign a contract, respectively an annex, with the health care providers which meet the criteria of Article 55, Paragraph 2, item 1 and the criteria for the provision of accessibility and quality of the medical care under Article 59c.

(2) (Supplemented, SG No. 4/2013, effective 15.01.2013) Within the deadline under Article 1 the RHIF Director shall issue an order by virtue of which he/she will make a reasoned refusal to sign a contract, respectively an annex, in the cases when the medical treatment institution does not meet the conditions and criteria under Paragraph 1.

(3) The order under Paragraph 2 can be appealed under the procedure of the Administrative Procedure Code and the appeal shall not suspend the execution of the order.

(4) (New, SG No. 48/2015) The Director of the RHIF may not conclude contracts or additional agreements with medical treatment facilities which have failed to submit applications within the time limits laid down in Article 59a(1), (4), (5) and (6), regardless of the reasons therefor.

(5) (New, SG No. 48/2015) The subject of the contracts and additional agreements concluded with the RHIF may not be expanded.

(6) (New, SG No. 48/2015, amended, SG No. 98/2015, effective 1.01.2016, supplemented, SG No. 102/2018, effective 1.01.2019) The prohibitions under Paragraphs 4 and 5 shall apply during the period of validity of the NFA, in the part under Article 55, Paragraph 2, Item 3a and the resolution referred to in Article 54, Paragraph 9, which are applicable in the relevant period.

(7) (New, SG No. 98/2015, effective 1.01.2016, amended, SG No. 67/2020) Paragraphs 4 and 5 shall not apply to medical treatment facilities for hospital care and complex oncological centers, which have obtained a permit for carrying out medical activity following the procedure under Article 37a, respectively under Article 37b, of the Medical-Treatment Facilities Act, in which the NHIF has provided a positive opinion on the financing of the respective activities, as well as to medical treatment facilities for non-hospital care in cases when insufficiency of the respective non-hospital care has been established based on a needs assessment according to the National Health Map.

(8) (New, SG No. 67/2020) To assess the needs for non-hospital care in the cases under Paragraph 7, the RHIF Director

shall send ex officio a request to the director of the respective regional health inspectorate. The director of the regional health inspectorate shall carry out the assessment and send to the RHIF a certificate on the presence or absence of the need for the respective type of medical care within 14 days of receiving the request.

(9) (New, SG No. 67/2020) The provision under Paragraph 7 shall apply insofar as the NHIF Budget Act for the respective year has not established otherwise.

Article 59c. (New, SG No. 101/2009, effective 1.01.2010) The criteria for accessibility and quality of the medical care shall be:

1. provision of the medical care institution under Article 9 of the Medical-Treatment Facilities Act with medical specialists on a primary employment contract;

1a. (new, SG No. 102/2018, effective 1.01.2019) meeting the requirement under Article 59, Paragraph 10, except in the cases under Article 59, Paragraphs 12 and 12a;

2. availability of the statutory medical apparatuses and technology which are operational and are on the grounds of the respective treatment institution;

3. provision by the medical care institution under Article 9 of the Medical-Treatment Facilities Act of continuous 24-hour provision of medical assistance for emergencies;

4. provision of medical assistance in compliance with the established medical standards and Good Medical Practice Rules.

Article 60. (1) (Redesignated from Article 60, SG No. 30/2006) Scientific research and training of medical specialists, conducted by health-care facilities, shall not be subject to contracting and payment on the part of the National Health Insurance Fund.

(2) (New, SG No. 30/2006) Therapeutic dentistry activities as part of the training of students, post-graduate students and doctoral candidates shall not be contracted and reimbursed by the National Health Insurance Fund.

Article 61. (Amended, SG No. 48/2015) The Director of any Regional Health Insurance Fund may furthermore conclude a contract with any physician and dentist practising outside a hospital who has concluded a contract with any hospital located within the same territory. Any such contract shall regulate the terms and a procedure for the purchase of medical care delivered at the hospital.

Article 62. (1) (Previous text of Article 62, SG No. 67/2020) The Director of any Regional Health Insurance Fund may conclude a contract for delivery of non-hospital care with any physician and dentist practising at a hospital, subject to the condition that there is no sufficient number of physicians of the same specialty who practice outside hospitals within the same territory and the operation of the hospital is not disrupted by such an arrangement.

(2) (New, SG No. 67/2020) For the purposes of concluding a contract under Paragraph 1, the RHIF Director shall send ex officio a request to the director of the respective regional health inspectorate to carry out an assessment of insufficiency. The assessment of insufficiency shall be carried out based on the needs for medical care according to the National Health Map.

(3) (New, SG No. 67/2020) The director of the regional health inspectorate shall carry out the assessment under Paragraph 2 and send ex officio to the RHIF a certificate on the presence or absence of insufficiency of the respective type of medical specialists within 14 days of receiving the request.

Section IX

Information Support of the Operation of the National Health Insurance Fund

Article 63. (1) (Previous text of Article 63, SG No. 101/2009, effective 1.01.2010) The National Health Insurance Fund shall build an information system which shall comprehend:

1. (amended, SG No. 110/1999, supplemented, SG No. 95/2006, effective as from the day of entry into force of the Treaty concerning the Accession of the Republic of Bulgaria to the European Union) a register of the insured persons, stating: identity card particulars; a unique personal identification number; grounds for entitlement to health insurance under Article 33 herein; the contributions paid, the grounds for payment by the National Health Insurance Fund of the medical care delivered to the insured persons in another Member State in accordance with the rules for coordination of social security schemes;

2. (new, SG No. 95/2006, effective as from the day of entry into force of the Treaty concerning the Accession of the Republic of Bulgaria to the European Union) a register of the persons insured in another Member State, who are entitled to receive medical care in Bulgaria for the account of the National Health Insurance Fund in accordance with the rules for coordination of social security schemes;

3. (amended, SG No. 110/1999, renumbered from Item 2, SG No. 95/2006, effective as from the day of entry into force of the Treaty concerning the Accession of the Republic of Bulgaria to the European Union) a register of the medical care providers, stating identity card particulars and professional information about the provider, the contract concluded therewith;

3a. (new, SG No. 48/2015) a register of specialists working at medical treatment facilities in pursuance of contracts with the NHIF, including their names and professional details; their field of specialisation, the contracts with the NHIF in pursuance whereof they work; the type of medical care rendered in pursuance of the relevant contract; the number of contracts whereunder they work;

4. (amended, SG No. 110/1999, renumbered from Item 3, SG No. 95/2006, effective as from the day of entry into force of the Treaty concerning the Accession of the Republic of Bulgaria to the European Union) register of manufacturers, importers and distributors of medicinal drugs and pharmacies which have concluded contracts with the National Health Insurance Fund;

5. (renumbered from Item 4, SG No. 95/2006, effective as from the date of entry into force of the Treaty concerning the Accession of the Republic of Bulgaria to the European Union) information about the activities performed by the controlling authorities;

6. (renumbered from Item 5, SG No. 95/2006, effective as from the day of entry into force of the Treaty concerning the Accession of the Republic of Bulgaria to the European Union) administrative information essential for the operation of the National Health Insurance Fund.

(2) (New, SG No. 101/2009, effective 1.01.2010) The NHIF shall provide access for the Ministry of Health to the information systems under Paragraph 1.

Article 64. (1) (Amended, SG No. 110/1999, redesignated from Article 64, SG No. 107/2002, supplemented, SG No. 101/2017, effective 1.01.2018) Each health insured shall have the right to receive from the National Health Insurance Fund the available information regarding the medical and dental care which the said insured has used during the last preceding five years and the price of the said care according to a procedure established by the Fund.

(2) (New, SG No. 107/2002) Each health insured shall have the right to gain access, upon request, from the competent Regional Health Insurance Fund to the competent Regional Health Insurance Fund regarding the medical care providers and the pharmacies which have concluded contracts with the Regional Health Insurance Fund for the relevant region, stating the following particulars:

1. in respect of non-hospital care: name, type of medical-treatment facility, address, governing bodies, physicians and dentists working thereat, specialist qualifications of the said medical professionals, office telephone numbers, highly specialized medical procedures performed under the National Framework Agreement;

2. (amended, SG No. 102/2018, effective 1.01.2019) in respect of hospital care: name, type of hospital, address, governing bodies, telephone numbers, wards, medical procedures performed under the National Framework Agreement;

3. in respect of pharmacies: name, address, managing director, telephone number, opening hours, groups of medicinal drugs dispensed according to the individual contract with the National Health Insurance Fund.

(3) (New, SG No. 107/2002) The information covered under Paragraph (2) shall be public and shall be maintained, disseminated and provided according to a procedure established in the Rules of Organization and Operation of the National Health Insurance Fund.

Article 64a. (New, SG No. 101/2009, effective 1.01.2010) (1) The medical care institutions that are providers of medical assistance shall be obliged to post at public places in their building information on:

1. the health care activities guaranteed by the NHIF budget;
2. (amended, SG No. 48/2015) the cost at which the NHIF purchases the healthcare activities under Paragraph 1;
3. the free medical services under Article 82 of the Health Act;
4. (amended, SG No. 15/2013, effective 1.01.2014) the cases when a person has the right to targeted funds from the State Budget and the procedure for their disbursement;
5. (supplemented, SG No. 102/2018, effective 1.01.2019) the cases where persons have to pay for medical care outside the scope of the compulsory health insurance and its price under the terms and conditions laid down in the Ordinance under Article 81, Paragraph 3 of the Health Act;
6. (amended, SG No. 60/2012, effective 7.08.2012) information on the insurers specified in Article 83 (1) herein, with which they have signed a contract;
7. list of the diseases as to which the persons with compulsory health insurance are exempt from paying the sums under Article 37, Paragraph 1.

(2) (Supplemented, SG No. 102/2018, effective 1.01.2019) The information under Paragraph 1 shall be published also on the internet site of the medical care institutions or shall be made public in another customary way. Any information under Paragraph 1 shall also be published on the official website of the Ministry of Health in compliance with the requirements of the Medical-Treatment Facilities Act.

(3) (New, SG No. 102/2018, effective 1.01.2019) The medical care institutions under Paragraph 1 must provide patients with a financial document for any amounts paid by them in relation to the services provided to them.

Article 65. (Amended, SG No. 60/2012, effective 7.08.2012) Any medical care provider shall be obligated to provide to the National Health Insurance Fund/the Regional Health Insurance Fund information on the work performed thereby, in accordance with the conditions, procedure and volume specified in the National Framework Agreement.

Article 66. (1) (Redesignated from Article 66, SG No. 107/2002) The information system of the compulsory health insurance system shall use the established national codes and nomenclatures for registration and reporting of health-care services activities.

(2) (New, SG No. 107/2002, effective 1.01.2004, repealed, SG No. 60/2012, effective 7.08.2012).

(3) (New, SG No. 107/2002, amended, SG No. 60/2012, effective 7.08.2012) The data and documentation required by the National Framework Agreement may be submitted by the providers to the Regional Health Insurance Fund on only on an electronic or magnetic data medium in a format coordinated with the National Health Insurance Fund.

Article 67. (Amended, SG No. 101/2009, effective 1.01.2010, SG No. 98/2015, effective 1.01.2016) The particulars regarding the insured persons shall be preserved at the National Health Insurance Fund for a period of 5 years after termination of their health insurance, and the particulars regarding the providers shall be preserved for a period of 5 years after the termination of the relevant contract with the National Health Insurance Fund.

Article 68. (1) Any particulars relating to the person of the insured may be used solely for the purpose of:

1. establishment of an insurance relationship with the National Health Insurance Fund;
2. payment to a medical care provider;
3. (amended, SG No. 101/2009, effective 1.01.2012) preparation of an electronic health insurance card, a medical document or a financial document;
4. identification of sums subject to collection from, or reimbursement to, the contributions payer or the medical care provider;
5. ascertainment of any detriment inflicted on the insured during the delivery of medical care;

6. (supplemented, SG No. 101/2009, effective 18.12.2009) exercise of financial and medical control.

(2) Any particulars relating to the medical care provider may be used solely for the purpose of:

1. keeping a register of medical care providers;

2. (amended, SG No. 48/2015) purchase of the medical care delivered by the said provider;

3. (amended, SG No. 107/2002) exercise of control over performance of the contracts.

(3) (New, SG No. 107/2002) The National Health Insurance Fund may not require that the source medical documents, which are accessible to insured persons and to third parties, contain any particulars regarding the physicians and dentists other than name, specialty, address, telephone number of the practice, personal professional code and registration number of the medical-treatment facility.

(4) (Renumbered from Paragraph (3), SG No. 107/2002) Except in the instances covered under Paragraphs (1) and (2), the National Health Insurance Fund may provide particulars regarding the person of an insured or a provider to state bodies if so provided for by statute.

(5) (Renumbered from Paragraph (4), SG No. 107/2002) The employees of the Head Office of the National Health Insurance Fund or of any Regional Health Insurance Fund shall have no right to disclose any particulars relating to the person of an insured person, a medical care provider or an employer except in the instances prescribed by statute.

(6) (New, SG No. 107/2002) The governing bodies and the employees of the National Health Insurance Fund or of the Regional Health Insurance Funds shall have no right to give a professional evaluation and to comment on the work of medical care providers, nor to make direct or indirect recommendations and to direct patients to specific providers.

(7) (New, SG No. 107/2002) The National Health Insurance Fund or of the Regional Health Insurance Funds shall be obligated to provide any information as shall be requested by the Ministry of Health.

Article 69. (Amended, SG No. 93/1998, SG No. 110/1999, SG No. 105/2005, SG No. 101/2009, effective 1.01.2010) The Executive Director of the National Revenue Agency shall draft and submit to the Ministry of Health and NHIF information on the insured persons as to the amount of the collected health insurance contributions and the collectability trends under a procedure laid down in an instruction, issued by the Executive Director of the National Revenue Agency and the NHIF Manager.

Section X

Control, Expert Evaluations and Disputes

Article 70. (1) (Previous text of Article 70, SG No. 107/2002) Control over the implementation of the budget of the National Health Insurance Fund shall be exercised by the National Audit Office.

(2) (New, SG No. 21/2021, effective 12.03.2021) In carrying out the control under Paragraph 1 the National Audit Office in the report under Article 6, Paragraph 5 of the National Audit Office Act shall express an opinion on the manner of application of the mechanisms guaranteeing predictability and sustainability of the budget of the National Health Insurance Fund under Article 45, Paragraphs 31 and 35, and the methodologies for their application.

(3) (New, SG No. 21/2021, effective 12.03.2021) The National Audit Office shall send for information the report under Paragraph 2 to the Minister of Health.

(4) (New, SG No. 21/2021, effective 12.03.2021) Based on the report of the National Audit Office under Paragraph 2, the Minister of Health may submit a proposal to the Supervisory Board of the NHIF for amendment and/or supplement of the mechanisms, guaranteeing predictability and sustainability of the budget of the NHIF under Article 45, Paragraph 31 and 35, and the methodologies for their application.

(5) (New, SG No. 107/2002, amended, SG No. 33/2006, renumbered from Paragraph 2, SG No. 21/2021, effective 12.03.2021) Comprehensive financial control of the National Health Insurance Fund shall be exercised according to the procedure established by the Public Financial Inspection Act.

Article 71. (Amended, SG No. 101/2009, effective 1.01.2010, supplemented, SG No. 107/2014, effective 1.01.2015) Control over the performance of the Manager of the National Health Insurance Fund and the directors of the Regional Health Insurance Funds including with regard to the implementation of the provision of Article 44a, shall be exercised by the Supervisory Board according to the provisions of this Act and the Rules on the Structure and Operation of the National Health Insurance Fund.

Article 72. (1) (Amended, SG No. 107/2002, supplemented, SG No. 38/2004, amended, SG No. 98/2010, SG No. 35/2014, SG No. 12/2015) The Manager of the National Health Insurance Fund shall exercise comprehensive control over the activities comprehended in compulsory health insurance. The Manager of the National Health Insurance Fund shall mandatorily assign an inspection within fourteen days after receipt of the audit report by the President of the National Audit Office under Article 57, Paragraph 1 of the National Audit Office Act on enforcement of pecuniary or administrative penal liability.

(2) (Amended, SG No. 101/2009, effective 1.01.2010, supplemented, SG No. 107/2014, effective 1.01.2015, amended, SG No. 98/2015, effective 1.01.2016) Control over the execution of contracts with NHIF for the provision of medical and/or dental care shall be exercised via inspections performed by officials of the NHIF, appointed with an order of the NHIF Governor or an official authorised thereby, and by officials of the RHIF – controllers. The NHIF Governor or an official authorised thereby may issue an order for the carrying out of an inspection by RHIF controllers with the participation of NHIF officials.

(3) (New, SG No. 98/2015, effective 1.01.2016, amended, SG No. 98/2016, effective 1.01.2017) NHIF officials referred to in Paragraph 2 can perform inspections in the territory of the entire country based on an order issued by the NHIF Governor or an official authorised thereby. RHIF officials – controllers can perform inspections in the territory of the corresponding RHIF based on an order issued by its Director or an official authorised thereby, as well as inspections in the territory of the corresponding RHIF or in the territory of another RHIF based on an order issued by the NHIF Governor or an official authorised thereby. For the purposes of the issuing of the NHIF Governor's order for performing an inspection in the territory of another RHIF, controllers shall be nominated by the Director of the RHIF where they are employed.

(4) (New, SG No. 98/2015, effective 1.01.2016) When inspections under Paragraph 3 are performed, experts from the professional organisations of physicians and dentists may attend who are not in a contractual relationship with the inspected medical care provider. Experts shall submit opinions in writing, which shall form an integral part of the record referred to in Article 74, Paragraph 3.

(5) (New, SG No. 98/2015, effective 1.01.2016) NHIF officials referred to in Paragraph 2 and controllers shall carry out surprise control of the execution of contracts with medical and/or dental care providers, pre-payment control of medical and/or dental care provided, and ex-post control.

(6) (New, SG No. 48/2015, repealed, renumbered from Paragraph 3, amended, SG No. 98/2015, effective 1.01.2016) The control referred to in Paragraph 2 can also take place, in the cases referred to in Article 35(2), through checks of complaints lodged by health insured persons.

(7) (New, SG No. 48/2015, renumbered from Paragraph 4, amended, SG No. 98/2015, effective 1.01.2016, repealed, SG No. 103/2020, effective 1.01.2021).

(8) (New, SG No. 48/2015, renumbered from Paragraph 5, amended, SG No. 98/2015, effective 1.01.2016) The checks referred to in Paragraph 6 shall be performed within one month of receipt of the relevant complaint, and the complainant shall be notified of the results thereof.

(9) (New, SG No. 101/2009, effective 1.01.2010, renumbered from Paragraph 4, amended, SG No. 48/2015, renumbered from Paragraph 7, SG No. 98/2015, effective 1.01.2016, amended and supplemented, SG No. 102/2018, effective 1.01.2019) The control of the contracts for the prescription of medicinal products, medical items and dietetic foods for special medical purposes, fully or partially reimbursed by the NHIF, for home treatment in the territory of Bulgaria, as well as highly specialized apparatuses/appliances for individual use, shall be exerted by the persons referred to in Paragraph 2 in accordance with a procedure provided for in the act referred to in Article 45, Paragraph 17 regulating the conditions and the procedure for conclusion of individual contracts on the payment of medicinal products under Item 1 of Article 262, Paragraph 6 of the Medicinal Products in Human Medicine Act.

(10) (New, SG No. 101/2009, effective 1.01.2010, renumbered from Paragraph 5, amended, SG No. 48/2015, renumbered from Paragraph 8, amended, SG No. 98/2015, effective 1.01.2016) The conditions and the procedure for exercising the

control under Paragraphs 2, 3, 4, 5, 6, 7, 8 and 9 shall be laid down in an instruction issued by the NHIF Manager.

Article 73. (1) (Amended, SG No. 98/2015, effective 1.01.2016) Control authorities referred to in Article 72, Paragraph 2 shall exercise the following powers:

1. (repealed, SG No. 110/1999, new, SG No. 98/2015, effective 1.01.2016) to check payments from the NHIF to medical and/or dental care providers and the documentation related thereto;
2. (supplemented, SG No. 107/2002, SG No. 101/2009, effective 1.01.2010) to examine the accounting documents of medical and/or dental care providers, as regulated in the National Framework Agreement;
3. (amended, SG No. 107/2002) to exercise control as to the legal conformity of the financial activity of medical and dental care providers under the contracts thereof with the Regional Health Insurance Funds;
4. (supplemented, SG No. 107/2002, SG No. 98/2015, effective 1.01.2016) to conduct examinations proceeding from complaints lodged by insured persons and employers in connection with financial irregularities, made by medical and/or dental care providers under their contracts with the NHIF;
5. (new, SG No. 98/2015, effective 1.01.2016) to check for the existence of payments from individuals with mandatory health insurance to providers, the amount of and grounds for such payments, where medical and/or dental care has been provided under a contract with the NHIF;
6. (new, SG No. 98/2015, effective 1.01.2016) to check contracts of medical and/or dental care providers concluded with other medical treatment facilities for the performance of some activities under their contracts with the NHIF in the cases provided for in the NFAs;
7. (new, SG No. 98/2015, effective 1.01.2016) to check the compliance of the activities of providers with the criteria of accessibility and quality of medical care regulated in the NFAs in accordance with Article 59c;
8. (new, SG No. 98/2015, effective 1.01.2016) to check the type and volume of the medical and/or dental care provided under a contract with the NHIF;
9. (new, SG No. 98/2015, effective 1.01.2016) to check the types and quantities of medical products, purchased by hospital medical care providers and used in the course of the execution of their contracts with the NHIF, used in hospital medical care and fully and partially paid for by the NHIF;
10. (new, SG No. 98/2015, effective 1.01.2016) to check the correspondence between the medical and/or dental care provided and the amounts paid for it by the NHIF;
11. (new, SG No. 102/2018, effective 1.01.2019) to check whether the medical and/or dental care providers have issued the patients financial documents for all amounts paid by them in connection with the medical care provided thereto;
12. (new, SG No. 102/2018, effective 1.01.2019) to carry out compliance checks on the structure and activities of the medical care institutions providers of medical care and the organisation of the medical care therein with the requirements of the Health Act, the Medical-Treatment Facilities Act and the regulations for their implementation on the occasion of specific activity carried out by the respective medical care institutions under a contract with a RHIF;
13. (new, SG No. 102/2018, effective 1.01.2020, regarding the words "aids, appliances and equipment for people with disabilities") to carry out compliance checks on the prescription of medicinal products, medical devices, dietetic foods for special medical purposes, aids, appliances and equipment for people with disabilities, highly specialized appliances and apparatuses for personal use paid by the NHIF, including the approved pharmaco-therapeutic guidelines.

(2) (Amended, SG No. 98/2015, effective 1.01.2016) For the purpose of performing the activities covered under Paragraph (1), control authorities referred to in Article 72, Paragraph 2 shall have the right to access to information from the employers, the health insured and the providers.

(3) (Amended, SG No. 98/2015, effective 1.01.2016) Control authorities referred to in Article 72, Paragraph 2 shall have no right to disclose any information which has come to the knowledge thereof in the course of performing the activities covered under Paragraph (1) except in the instances prescribed by statute.

(4) (New, SG No. 107/2002, amended, SG No. 101/2009, effective 1.01.2010, SG No. 48/2015, repealed, SG No. 98/2015, effective 1.01.2016, new, SG No. 102/2018, effective 1.01.2020, regarding the words "and the persons carrying out activities for provision and repair of medical devices, aids, appliances and equipment for people with disabilities, registered as traders and entered in the register of the persons carrying out activities for provision and repair of aids, appliances, equipment and medical devices for people with disabilities" and "and aids, appliances and equipment for people with disabilities") Medical and/or dental care providers, wholesalers and retailers of medicinal products and the persons carrying out activities for provision and repair of medical devices, aids, appliances and equipment for people with disabilities, registered as traders and entered in the register of the persons carrying out activities for provision and repair of aids, appliances, equipment and medical devices for people with disabilities, must grant the officials under Article 72, Paragraph 2, access to the premises where the activities under the concluded contract are being carried out, respectively documents, medicinal products, dietary foods for special medical purposes, medical devices and/or highly specialized appliances/apparatuses for individual use and aids, appliances and equipment for people with disabilities are being stored in compliance with the health requirements.

(5) (New, SG No. 107/2014, effective 1.01.2015, repealed, SG No. 98/2015, effective 1.01.2016, new, SG No. 102/2018, effective 1.01.2019) The persons under Paragraph 4 must provide the officials under Article 72, paragraph 2, with any requested inventories,, references, statements, declarations, explanations, recapitulations and other documents and information, as well as to assist them in the fulfillment of their official duties.

(6) (New, SG No. 107/2014, effective 1.01.2015, repealed, SG No. 98/2015, effective 1.01.2016).

Article 73a. (New, SG No. 110/1999, amended, SG No. 105/2005) Financial control over the revenues of the National Health Insurance Fund from health insurance contributions and due interest shall be exercised by the controlling authorities of the National Revenue Agency according to the procedure established by the Tax and Social-Insurance Procedure Code.

Article 74. (1) (Amended, SG No. 101/2009, effective 1.01.2010, supplemented, SG No. 48/2015, repealed, SG No. 98/2015, effective 1.01.2016).

(2) (Supplemented, SG No. 101/2009, effective 1.01.2010, amended, SG No. 98/2015, effective 1.01.2016) Control authorities referred to in Article 72, Paragraph 2 shall perform their activities through planned and surprise inspections and acting on complaints lodged.

(3) (Amended, SG No. 101/2009, effective 1.01.2010, SG No. 48/2015, SG No. 98/2015, effective 1.01.2016) Upon ascertainment of any violation covered under Article 73, Paragraph 1, the corresponding official referred to in Article 72, Paragraph 2 shall draw up and sign a record describing the facts ascertained. A counterpart of the record shall be provided to the person inspected, who shall sign it, and copies thereof shall be sent to the NHIF Governor, respectively to the Director of the RHIF and the relevant regional college of the professional organisation of medical doctors or dentists.

(4) (Amended, SG No. 101/2009, effective 1.01.2010, SG No. 48/2015, amended and supplemented, SG No. 98/2015, effective 1.01.2016, supplemented, SG No. 102/2018, effective 1.01.2019) The person subject to inspection shall have the right to submit written observations to the NHIF Manager, respectively to the Director of the RHIF with whom it has concluded a contract, on the findings made by the official under Paragraph 3 within 7 days of being served the record under Paragraph 3.

(5) (New, SG No. 48/2015, amended and supplemented, SG No. 98/2015, effective 1.01.2016) When the person subject to inspection fails to submit observations as provided for in Paragraph 4 or the observations made contain no objections as regards the findings made by the official referred to in Paragraph 3, the NHIF Governor, respectively the Director of the RHIF shall issue an order imposing a penalty.

Article 75. (Repealed, SG No. 101/2009, effective 1.01.2010, new, SG No. 48/2015) (1) (Amended and supplemented, SG No. 98/2015, effective 1.01.2016) Where the person concerned challenges the findings made by the relevant official referred to in Article 72, Paragraph 2, respectively the NHIF Governor, the Director of the RHIF shall, within 7 days of receiving the written observations referred to in Article 74(4), refer the dispute to an arbitration committee to resolve. Where the findings are challenged before the NHIF Governor, the dispute shall be resolved by the arbitration committee of the RHIF, with the Director of which the medical or dental care provider subject to the inspection has concluded its contract.

(2) The arbitration committee shall consist of representatives of the RHIF, of the relevant regional colleges of the professional organisations of medical doctors or dentists, of the relevant regional colleges of the professional organisations of masters of pharmacy and of nurses, obstetricians and associated medical specialists.

(3) (Amended, SG No. 98/2015, effective 1.01.2016) For each specific case, the arbitration committee shall be joined by representatives of those professional organisations who have a relation to the facts described and findings made in the record drawn up by the relevant official referred to in Article 72, Paragraph 2 under Article 74(3).

(4) The number of representatives of the RHIF in the composition of each arbitration committee shall equal the total number of representatives of the professional organisations referred to in Paragraph 2.

(5) (Amended, SG No. 102/2018, effective 1.01.2019) The establishment of an arbitration committee for each specific case shall be arranged by the Director of the respective RHIF, and such committee shall perform its activities under the conditions and according to the procedure laid down in the NFA, and under the conditions and according to the procedure for conclusion of individual contracts for the payment of medicinal products under Item 1 of Article 262(6) of the Medicinal Products in Human Medicine Act, as provided for in Article 45(17).

(6) (New, SG No. 77/2018, effective 1.01.2019) The arbitration referred to in Paragraphs 1–4 shall not be mandatory, except where the arbitration committee has been established under the conditions of Paragraph 5 within two weeks of the invitation in writing from the Director of the relevant RHIF to the persons and organisations concerned.

(7) (Renumbered from Paragraph 6, amended, SG No. 77/2018, effective 1.01.2019) The arbitration committee shall issue a resolution within two weeks of receiving the file.

Article 76. (Amended, SG No. 30/2006, effective 12.07.2006, repealed, SG No. 101/2009, effective 1.01.2010, new, SG No. 48/2015) (1) (Amended, SG No. 98/2015, effective 1.01.2016) Where the arbitration committee confirms the findings made by the official referred to in Article 72, Paragraph 2, the penalties provided for in the contract between the RHIF and the medical or dental care provider shall be applied.

(2) (Amended, SG No. 98/2015, effective 1.01.2016) The penalties shall be imposed by virtue of an order by the NHIF Governor, respectively the Director of the RHIF, which shall be issued within a month after the arbitration committee notifies the NHIF Governor, respectively the Director of the RHIF that the findings made by the official referred to in Article 72, Paragraph 2 have been confirmed, and such order shall be notified to the person subject to inspection. Where the violation has been ascertained by officials – controllers of RHIF, the proposal to the NHIF Governor for the issuance of such order shall be made by the Director of the corresponding RHIF.

(3) (New, SG No. 102/2018, effective 1.01.2019) In the event that the arbitration committee does rule within the period under Article 75, Paragraph 7, or there is an equal number of votes and therefore no decision has been rendered, the NHIF Manager, respectively the RHIF Director, shall issue a reasoned order by which he/she may impose the sanctions.

(4) (New, SG No. 102/2018, effective 1.01.2019) In the event that the relevant regional colleges of the professional organisations of medical doctors or dentists, of the relevant regional colleges of the professional organisations of masters of pharmacy and of nurses, obstetricians and associated medical specialists have not designated their representatives within the time limits under Article 75, Paragraph 6 for the establishment of an arbitration committee, the NHIF Manager, respectively the RHIF Director, shall issue a motivated order, by which he/she may impose the sanctions without the need for the observations under Article 74, Paragraph 4 to be considered by this committee.

(5) (Renumbered from paragraph 3, SG No. 102/2018, effective 1.01.2019) The penalties shall be subject to appeal in court in accordance with the procedure provided for by the Administrative Procedure Code.

Article 76a. (New, SG No. 101/2009, effective 1.01.2010) (1) (Supplemented, SG No. 48/2015) In the cases when the medical and/or dental care provider has received sums without there being a legal basis for this and which are not related to a violation of this Act or the NFA and the former has been detected during a check by the control bodies under Article 72, Paragraph 2, the medical care provider shall be obliged to repay the amounts.

(2) (Supplemented, SG No. 98/2015, effective 1.01.2016) In the cases under Paragraph 1 a findings document for amounts received unduly shall be drawn up. The person who is the object of the check shall be entitled to submit a written objection to the NHIF Governor, respectively to the RHIF Director within 7 days of receipt of the document.

(3) (Supplemented, SG No. 98/2015, effective 1.01.2016) After the deadline for objections under Paragraph 2 has lapsed, the NHIF Governor, respectively the RHIF Director shall issue a written invitation for the repayment of the sums received without legal grounds, which will be served to the medical and/or dental care provider.

(4) The invitation to repay the sums under Paragraph 1 shall be appealable following the procedure of the Administrative Procedure Code.

Article 76b. (New, SG No. 101/2009, effective 1.01.2010, amended, SG No. 48/2015) (1) (Supplemented, SG No. 98/2015, effective 1.01.2016) When the medical and/or dental care provider has received amounts without legal grounds as a result of a violation of the present Act or the NFA, the NHIF Governor, respectively the RHIF Director shall withhold the sums unduly paid, and the offender shall be imposed the penalties laid down in this Act or the NFA.

(2) (Supplemented, SG No. 98/2015, effective 1.01.2016) In the cases referred to in Paragraph 1, the NHIF Governor, respectively the Director of the RHIF shall issue a written invitation for reimbursement of the amounts received on no legal grounds after the entry into effect of the penal decree and/or the order imposing the penalty.

Article 76c. (New, SG No. 48/2015, amended, SG No. 102/2018, effective 1.01.2019) The records under Article 74, Paragraph 3 and Article 76a, Paragraph 2, as well as the records in the cases of established violation involving the receipt of amounts without legal grounds under Article 76b, shall be served under the procedure of the Tax and Social Insurance Procedure Code.

Article 77. (Supplemented, SG No. 110/1999, amended, SG No. 105/2005) Any natural and legal person shall be obligated to provide the controlling authorities of the National Health Insurance Fund and of the National Revenue Agency any documents, information, information sheets, declarations, explanations and other data mediums relating to the implementation of health insurance as the said authorities may request, and to cooperate with the said authorities in the performance of the official duties thereof.

Article 78. The National Health Insurance Fund may conduct expert evaluations should the need arise of:

1. medical care whereof the value exceeds the national minimum monthly wage 200 times;
2. (amended, SG No. 101/2009, effective 1.01.2010) expensive medicinal products in the instances provided for by the National Framework Agreement;
3. (repealed, SG No. 1/2014, effective 3.01.2014).

Article 79. (Amended, SG No. 67/2020) Any expert evaluation under Article 78 herein shall be conducted by commissions at the Head Office of the NHIF and RHIF according to a procedure established in the Rules of Organization and Operation of the NHIF within two months of receipt of an application, which requires an expert evaluation to be conducted.

Article 80. (Repealed, SG No. 101/2009, effective 1.01.2010, new, SG No. 48/2015) Any disputes related to the performance of the contracts between the RHIF and the medical or dental care providers shall be resolved in court, should no agreement be reached through arbitration.

Section XI

(New, SG No. 95/2006)

Issuance of Documents Required for Exercise of Health Insurance Entitlement according to Rules for Coordination of Social Security Schemes

Article 80a. (New, SG No. 95/2006) (1) (Amended, SG No. 60/2012, effective 7.08.2012, SG No. 102/2018, effective 1.01.2019) The National Health Insurance Fund shall issue documents required according to the rules for coordination of social security schemes for exercise of the health insurance entitlement of the persons, within thirty days after the date of submission of a request by the interested parties.

(2) Any such request shall be submitted by the interested parties care of the Regional Health Insurance Funds.

(3) Acting on a motion by the Manager of the National Health Insurance Fund, the Minister of Health shall issue an ordinance establishing the procedure for the issuance of the certifying documents referred to in Paragraph (1).

(4) (New, SG No. 102/2018, effective 1.01.2019) The documents under Paragraph 1 shall also be issued in the cases under Article 82, Paragraphs 1a, 3 and 6 of the Health Act.

Article 80b. (New, SG No. 95/2006) (1) The Manager of the National Health Insurance Fund or an official authorized thereby shall issue a European health insurance card with a validity period of one year.

(2) In case the applicant has not attained the age of 18 years, the validity period of the European health insurance card shall be until attainment of the age of 18 years but in any case not less than one year and not more than five years.

(3) Where the applicant is a recipient of a contributory-service and retirement-age pension, the validity period of the European health insurance card shall be ten years, and if the person receives an invalidity pension, the said validity period shall be for the period of the pension as granted but in any case not less than ten years.

Article 80c. (New, SG No. 95/2006) A European health insurance card as issued shall be declared invalid by the Manager of the National Health Insurance Fund or by an official authorized thereby where:

1. the health insured person states that the card has been lost, stolen or destroyed;

2. the health insured person has died;

3. the person has lost the entitlement to payment by the National Health Insurance Code of the medical care delivered thereto under the terms established by Article 109 (1) herein, except if the said person is reinstated in the health insurance entitlement thereof, as well as in the cases referred to in Article 40a (1) herein.

Article 80d. (New, SG No. 95/2006) (1) (Previous text of Article 80d, SG No. 101/2009, effective 18.12.2009) A European health insurance card shall not be issued to any persons referred to in Article 40a (1) and Article 109 (1) herein.

(2) (New, SG No. 101/2009, effective 18.12.2009, amended, SG No. 26/2010, SG No. 98/2010, effective 1.01.2011) The health insurance card under Paragraph 1 shall be recommended for the health insured persons under this Act during their temporary stay in a European Union Member State, a country in the European Economic Area and the Swiss Confederation.

Section XII

(New, SG No. 1/2014, effective 3.01.2014)

Cross-border Healthcare

Article 80e. (New, SG No. 1/2014, effective 3.01.2014) (1) Health insured persons are entitled to access to safe and high-quality cross-border healthcare regardless of the manner of its organisation, provision and financing.

(2) Cross-border healthcare means healthcare provided or prescribed in a EU Member State other than the Member State of affiliation;

(3) Persons referred to in Paragraph 1 can exercise their right to cross-border healthcare where such healthcare is included in the healthcare activities package, financed from the budget of the NHIF or the budget of the Ministry of Health.

(4) The right to cross-border healthcare shall not include:

1. allocation of and access to organs for the purpose of organ transplants;

2. long-term care for patients with chronic physical or mental disorders, including services the purpose of which is to support and assist people in carrying out routine, everyday tasks over an extended period of time;

3. national and municipal vaccination programmes;

4. the cases where the mechanisms for coordination of social security systems or extant bilateral agreements with other Member States, covering healthcare, are applied.

Article 80f. (New, SG No. 1/2014, effective 3.01.2014) (1) When exercising their right to cross-border healthcare, persons covered by compulsory health insurance shall pay the medical-treatment facility in the Member State of treatment the value of the healthcare provided.

(2) Persons referred to in Paragraph 1 shall be entitled to reimbursement of the costs of the healthcare provided to them in the Member State of treatment up to the amount of expenditure the NHIF or the Ministry of Health pays for the corresponding

healthcare in the Republic of Bulgaria, but not more than the actual costs incurred.

(3) The right to reimbursement of costs under Paragraph 2 shall not apply to healthcare provided to persons, covered by compulsory health insurance in the Republic of Bulgaria, by medical-treatment institutions in its territory, that have not concluded contracts for provision of medical care with the NHIF and are not financed or subsidised with funds from the budget of the Ministry of Health.

(4) The terms, conditions and procedure for exercising the right to cross-border healthcare shall be defined in an ordinance of the Minister of Health.

Article 80g. (New, SG No. 1/2014, effective 3.01.2014) (1) Upon a proposal by the NHIF Manager, the ordinance referred to in Article 80f, Paragraph 4, shall specify the healthcare services, the medicinal products and the medical products, with regard to which prior authorisation is required for reimbursement of the costs for cross-border healthcare, and the terms, conditions and procedure for granting such prior authorisation.

(2) The healthcare services, medicinal products and medical products referred to in Paragraph 1, and the terms, conditions and procedure for granting such prior authorisation shall also be announced on the web site of the National Contact Point under Article 80h, Paragraph 1.

(3) Prior authorisation under Paragraph 1 can be required with regard to healthcare which:

1. is made subject to planning requirements relating to the object of ensuring sufficient and permanent access to a certain high-quality treatment in the Republic of Bulgaria or to the wish to control costs and avoid any waste of financial, technical and human resources, and involves overnight hospital accommodation of the patient in question for at least one night or requires use of highly specialised and cost-intensive medical infrastructure or medical equipment;

2. involves treatments presenting a risk for the patient or the population;

3. is provided by a medical-treatment institution that, on a case-by-case basis, could give rise to serious and specific concerns relating to the quality or safety of the care, with the exception of healthcare which is subject to Union legislation ensuring a minimum level of safety and quality throughout the Union.

(4) When a request for prior authorisation is filed, the NHIF or the Ministry of Health shall check whether the conditions specified in Regulation (EC No 883/2004 have been satisfied with regard to the requests of the person for prior authorisation of cross-border healthcare. Where these conditions have been satisfied, prior permission shall be granted in accordance with the said Regulation, unless the patient requests otherwise.

(5) The National Health Insurance Fund or the Ministry of Health shall refuse a prior authorisation where:

1. the patient will, according to a conclusion of a health professional, be exposed to a patient-safety risk that cannot be regarded as medically acceptable, taking into account the potential benefit for the patient of the sought cross-border healthcare;

2. the general public will be exposed with reasonable certainty to a substantial safety hazard as a result of the cross-border healthcare in question;

3. this healthcare is to be provided by a medical-treatment institution that raises serious and specific concerns relating to the respect of standards and guidelines on quality of care and patient safety, including provisions on supervision, whether these standards and guidelines are laid down by laws and regulations or through accreditation systems established by the Member State of treatment;

4. this healthcare can be provided on the territory of the Republic of Bulgaria within a time limit which is medically justifiable, taking into account the current state of health and the probable course of the illness of the patient concerned.

(6) The National Health Insurance Fund or the Ministry of Health may not refuse a prior authorisation when the healthcare is included in the healthcare activities, guaranteed from the budget of the NHIF or the Ministry of Health, and when this healthcare cannot be provided on the territory of the Republic of Bulgaria within a time limit which is medically justifiable, based on an objective medical assessment of the patient's medical condition, the history and probable course of the patient's illness, the degree of the patient's pain and/or the nature of the patient's disability at the time when the request for authorisation was made.

(7) (Supplemented, SG No. 77/2018, effective 1.01.2019) A refusal under Paragraph 6, when issued by the Minister of Health, shall be subject to appeal before the relevant administrative court in accordance with the procedure of the Administrative Procedure Code.

Article 80h. (New, SG No. 1/2014, effective 3.01.2014) (1) The National Health Insurance Fund is the national contact point on the matters of cross-border healthcare.

(2) The national contact point shall provide to the patients relevant information on the cross-border treatment and shall establish contacts with the other national contact points and the European Commission.

(3) The Ministry of Health, the regional health inspectorates, the Agency for People with Disabilities, the medical-treatment facilities and the professional organisations shall provide to the NHIF the information required for its functioning as a national contact point.

(4) The Bulgarian Medical Association, the Bulgarian Dental Association, the Bulgarian Association of Healthcare Professionals and the Bulgarian Pharmaceutical Union shall provide, when requested, to the national contact point information on the right to practise of health professionals listed in their registers, including information on specific rights to provide services and any restrictions with regard to their activity.

(5) The institutions referred to in Paragraphs 3 and 4 shall submit the information requested to the NHIF within two days of receiving the request.

(6) The information referred to in Paragraphs 3 and 4 and the terms, conditions and procedure for its provision shall be determined in the ordinance referred to in Article 80h, Paragraph 4.

Chapter Three

VOLUNTARY HEALTH INSURANCE

Section I

General Dispositions

(Heading amended, SG No. 107/2002)

Article 81. (Amended, SG No. 107/2002, SG No. 60/2012, effective 7.08.2012) This Chapter regulates the voluntary health insurance.

Article 82. (Amended, SG No. 107/2002, SG No. 85/2004, SG No. 103/2005, SG No. 101/2009, effective 18.12.2009, SG No. 60/2012, effective 7.08.2012) (1) (Amended, SG No. 102/2015, effective 1.01.2016) Voluntary health insurance shall be performed on the grounds of a medical insurance contract in the meaning of Chapter Forty, Section IV of the Insurance Code.

(2) Medical insurance contracts, concluded in connection with travels outside the territory of the Republic of Bulgaria, shall not be voluntary health insurance.

(3) The following shall not be treated as voluntary health insurance: the work performed by medical care providers under contracts with natural and legal persons for provision of medical services, where the said services are of a specified type, amount and prices.

Article 83. (Amended, SG No. 107/2002) (1) (Amended, SG No. 60/2012, effective 7.08.2012) Activities related to voluntary health insurance may be carried out by insurance joint-stock companies, licensed for the insurance types specified in Item 2 or Items 1 and 2 of Section II, Letter "A" of Annex No. 1 to the Insurance Code.

(2) (Amended, SG No. 60/2012, effective 7.08.2012) In the course of performing their obligations under health insurance contracts, insurers shall be entitled to require from medical care providers and suppliers of healthcare goods written information and documents regarding the healthcare service provided thereby or the healthcare good delivered thereby to the insured person. The information referred to in the first sentence shall include diagnosis, prescribed treatment, medical documentation related to the treatment, medicines, medical products, consumables and materials used for the treatment, type and scope of the service, and the effective price list for the service, available at the provider/supplier.

(3) (Repealed, SG No. 60/2012, effective 7.08.2012).

(4) (Repealed, SG No. 60/2012, effective 7.08.2012).

Article 84. (Amended, SG No. 107/2002, repealed, SG No. 60/2012, effective 7.08.2012).

Article 85. (Amended, SG No. 107/2002) (1) The activity comprehended in the provision of health-care services shall be performed by medical care providers.

(2) (Amended, SG No. 60/2012, effective 7.08.2012) The type, prices, terms and procedure for provision of the health-care services referred to in Paragraph (1) shall be established in contracts between the medical care providers and the insurers specified in Article 83 (1) herein.

(3) (Repealed, SG No. 60/2012, effective 7.08.2012).

Article 86. (Amended, SG No. 107/2002, SG No. 8/2003, repealed, SG No. 60/2012, effective 7.08.2012).

Section II

(New, SG No. 107/2002, repealed, SG No. 60/2012, effective 7.08.2012)

Activity Comprehended in Voluntary Health Insurance

Article 87. (Amended, SG No. 107/2002, repealed, SG No. 60/2012, effective 7.08.2012).

Article 88. (Amended, SG No. 107/2002, supplemented, SG No. 8/2003, amended, SG No. 39/2005, SG No. 34/2006, repealed, SG No. 60/2012, effective 7.08.2012).

Article 88a. (New, SG No. 100/2007, repealed, SG No. 60/2012, effective 7.08.2012).

Article 89. (Amended, SG No. 107/2002, repealed, SG No. 60/2012, effective 7.08.2012).

Article 90. (Amended, SG No. 107/2002, repealed, SG No. 60/2012, effective 7.08.2012).

Article 90a. (New, SG No. 107/2002, amended, SG No. 8/2003, repealed, SG No. 60/2012, effective 7.08.2012).

Article 90b. (New, SG No. 107/2002, repealed, SG No. 60/2012, effective 7.08.2012).

Article 90c. (New, SG No. 107/2002, amended, SG No. 8/2003, repealed, SG No. 60/2012, effective 7.08.2012).

Article 90d. (New, SG No. 107/2002, amended, SG No. 8/2003, repealed, SG No. 60/2012, effective 7.08.2012).

Article 90e. (New, SG No. 107/2002, repealed, SG No. 60/2012, effective 7.08.2012).

Article 90f. (New, SG No. 107/2002, repealed, SG No. 60/2012, effective 7.08.2012).

Article 90g. (New, SG No. 107/2002, amended, SG No. 8/2003, repealed, SG No. 60/2012, effective 7.08.2012).

Article 90h. (New, SG No. 107/2002, repealed, SG No. 60/2012, effective 7.08.2012).

Article 90i. (New, SG No. 107/2002, repealed, SG No. 60/2012, effective 7.08.2012).

Section III

(Renumbered from Section II, SG No. 107/2002, repealed, SG No. 60/2012, effective 7.08.2012)

Health Insurance Companies and Licensing (Heading amended, SG No. 107/2002)

Article 91. (Amended, SG No. 113/1999, SG No. 107/2002, repealed, SG No. 60/2012, effective 7.08.2012).

Article 92. (Amended, SG No. 107/2002, repealed, SG No. 60/2012, effective 7.08.2012).

Article 93. (Amended, SG No. 113/1999, SG No. 107/2002, repealed, SG No. 60/2012, effective 7.08.2012).

Article 94. (Amended, SG No. 65/1999, SG No. 107/2002, SG No. 103/2005, repealed, SG No. 60/2012, effective 7.08.2012).

Article 95. (Amended, SG No. 107/2002, SG No. 8/2003, SG No. 85/2004, SG No. 39/2005, SG No. 103/2005, SG No. 34/2006, supplemented, SG No. 43/2010, repealed, SG No. 60/2012, effective 7.08.2012).

Article 96. (Amended, SG No. 107/2002, SG No. 8/2003, repealed, SG No. 60/2012, effective 7.08.2012).

Article 97. (Amended, SG No. 107/2002, supplemented, SG No. 8/2003, amended, SG No. 103/2005, repealed, SG No. 60/2012, effective 7.08.2012).

Article 97a. (New, SG No. 103/2005, supplemented, SG No. 97/2007, repealed, SG No. 60/2012, effective 7.08.2012).

Article 97b. (New, SG No. 103/2006, repealed, SG No. 60/2012, effective 7.08.2012).

Article 97c. (New, SG No. 103/2005, repealed, SG No. 60/2012, effective 7.08.2012).

Article 98. (Amended, SG No. 107/2002, SG No. 8/2003, repealed, SG No. 60/2012, effective 7.08.2012).

Article 99. (Amended, SG No. 107/2002, amended and supplemented, SG No. 8/2003, supplemented, SG No. 34/2006, repealed, SG No. 60/2012, effective 7.08.2012).

Article 99a. (New, SG No. 107/2002, supplemented, SG No. 43/2010, repealed, SG No. 60/2012, effective 7.08.2012).

Article 99b. (New, SG No. 107/2002, supplemented, SG No. 8/2003, amended, SG No. 85/2004, repealed, SG No. 60/2012, effective 7.08.2012).

Article 99c. (New, SG No. 107/2002, supplemented, SG No. 8/2003, repealed, SG No. 60/2012, effective 7.08.2012).

Article 99d. (New, SG No. 107/2002, repealed, SG No. 8/2003).

Article 99e. (New, SG No. 107/2002, amended and supplemented, SG No. 8/2003, repealed, SG No. 60/2012, effective 7.08.2012).

Section IV

(New, SG No. 107/2002, repealed, SG No. 60/2012, effective 7.08.2012)

Transformation, Dissolution, Liquidation and Bankruptcy of Health Insurance Companies

Article 99f. (New, SG No. 107/2002, repealed, SG No. 60/2012, effective 7.08.2012).

Article 99g. (New, SG No. 107/2002, amended and supplemented, SG No. 8/2003, SG No. 103/2005, repealed, SG No. 60/2012, effective 7.08.2012).

Article 99h. (New, SG No. 107/2002, amended, SG No. 8/2003, SG No. 103/2005, repealed, SG No. 60/2012, effective 7.08.2012).

Article 99i. (New, SG No. 107/2002, supplemented, SG No. 8/2003, amended, SG No. 103/2005, repealed, SG No. 60/2012, effective 7.08.2012).

Section V

(New, SG No. 107/2002, repealed, SG No. 60/2012, effective 7.08.2012)

State Supervision over Activity Comprehended in Voluntary Health Insurance (Heading amended, SG No. 8/2003)

Article 99j. (New, SG No. 107/2002, amended, SG No. 8/2003, SG No. 85/2004, repealed, SG No. 60/2012, effective 7.08.2012).

Article 99k. (New, SG No. 107/2002, amended, SG No. 8/2003, amended and supplemented, SG No. 103/2005, repealed, SG No. 60/2012, effective 7.08.2012).

Article 99l. (New, SG No. 107/2002, supplemented, SG No. 8/2003, repealed, SG No. 60/2012, effective 7.08.2012).

Article 99m. (New, SG No. 107/2002, amended, SG No. 8/2003, repealed, SG No. 60/2012, effective 7.08.2012).

Chapter Four

MEDICAL CONTROL

(Heading amended, SG No. 107/2002, SG No. 41/2009, effective 2.06.2009)

Article 100. (Amended, SG No. 107/2002, SG No. 41/2009, effective 2.06.2009, repealed, SG No. 101/2009, effective 1.01.2010).

Article 101. (Amended, SG No. 107/2002, SG No. 41/2009, effective 2.06.2009, SG No. 101/2009, effective 1.01.2010, SG No. 102/2018, effective 1.01.2019) The Medical Supervision Executive Agency shall:

1. (amended, SG No. 41/2009, effective 2.06.2009, supplemented, SG No. 101/2009, effective 1.01.2010, amended, SG No. 48/2015) see to ensuring the provision by NHIF of the package of health-care activities guaranteed by the budget of the National Health Insurance Fund;

2. (amended, SG No. 41/2009, effective 2.06.2009, amended and supplemented, SG No. 101/2009, effective 1.01.2010, amended, SG No. 60/2012, effective 7.08.2012) see to ensuring the provision by insurers specified in Article 83 (1) herein of the health care services in compliance with the insurance contract;

3. (amended, SG No. 101/2009, effective 1.01.2010, SG No. 60/2012, effective 7.08.2012) submit to the Deputy Chairperson of the Financial Supervision Commission in charge of the Insurance Supervision Department information obtained in the course of exercise of the powers vested in the Directorate under this Act regarding any natural or legal persons, medical-treatment institutions, who or which perform activities comprehended in voluntary health insurance without a licence;

4. (amended, SG No. 60/2012, effective 7.08.2012, SG No. 102/2015, effective 1.01.2016) prepare an opinion on the contents and feasibility of the insurance contracts for medical insurance in the meaning of Chapter Forty, Section IV of the Insurance Code, offered by the insurers, within seven days after being requested to do so by the Deputy Chairperson of the Financial Supervision Commission in charge of the Insurance Supervision Department;

5. prepare an annual report to the Minister of Health on the state and overall performance of health insurance;

6. (new, SG No. 67/2020) check the observance of patients' rights and of medical treatment facilities' obligations under Article 52.

Article 102. (Amended, SG No. 107/2002) (1) (Amended, SG No. 101/2009, effective 1.01.2010, SG No. 102/2018, effective 1.01.2019) For the purpose of execution of the powers vested therein under this Act, the Medical Supervision Executive Agency shall have the right to require and inspect any contracts between:

1. Regional Health Insurance Funds and medical care providers;

2. (amended, SG No. 60/2012, effective 7.08.2012) insurers specified in Article 83 (1) herein and medical care providers;

3. (repealed, SG No. 101/2009, effective 1.01.2010).

(2) (Amended, SG No. 101/2009, effective 1.01.2010, SG No. 60/2012, effective 7.08.2012, SG No. 102/2018, effective 1.01.2019) The National Health Insurance Fund and the insurers specified in Article 83 (1) herein shall be obligated to submit a semi-annual reference brief to the Medical Supervision Executive Agency not later than at the end of the month next succeeding the lapse of the reporting semi-annum. Any such reference brief shall be compiled in a standard form as endorsed by the Minister of Health and shall state particulars of the number of persons attended to, the type and amount of services provided under contracts with Regional Health Insurance Funds and the insurers specified in Article 83(1) herein.

(3) (Amended, SG No. 101/2009, effective 1.01.2010, SG No. 60/2012, effective 7.08.2012, SG No. 102/2018, effective

1.01.2019) Insurers specified in Article 83(1) herein shall submit to the Medical Supervision Executive Agency a list of the medical care providers wherewith the said companies have concluded contracts, as well as information as shall be necessary for health statistics and monitoring of the health status of the population in a format and contents as shall be determined by an order of the Minister of Health.

(4) (Amended, SG No. 101/2009, effective 1.01.2010) Access to any personalized information referred to in Paragraphs (2) and (3) shall be restricted to the employees of the agency, and the said information may be used in this form solely by the said employees for performance of the controlling functions thereof under this Act. The said information shall be processed and used for the purposes of health statistics.

(5) (Amended, SG No. 101/2009, effective 1.01.2010, SG No. 60/2012, effective 7.08.2012, SG No. 102/2018, effective 1.01.2019, supplemented, SG No. 67/2020) The employees of the Medical Supervision Executive Agency shall have the right to conduct on-site inspections at the National Health Insurance Fund, the Regional Health Insurance Funds, the insurers specified in Article 83(1) herein and the medical treatment facilities as well as to require and obtain the requisite documents and information in connection with the performance of the powers vested therein under this Act.

(6) (Amended, SG No. 101/2009, effective 1.01.2010, SG No. 60/2012, effective 7.08.2012, SG No. 102/2018, effective 1.01.2019, supplemented, SG No. 67/2020) The National Health Insurance Fund, the Regional Health Insurance Funds, the insurers specified in Article 83 (1) herein and the medical treatment facilities shall be obligated to cooperate with the employees of the Medical Supervision Executive Agency and to submit thereto any documents, information, reference briefs and other mediums of information as the said employees may request in connection with the performance of the powers vested therein under this Act.

(7) (Amended, SG No. 101/2009, effective 1.01.2010, SG No. 102/2018, effective 1.01.2019) The employees of the Medical Supervision Executive Agency shall be bound by the obligation to respect the confidentiality of any information as shall come to the knowledge thereof in the course of exercise of the powers vested therein under this Act. Any such information may be disclosed solely with the consent of the persons who provided it, as well as in the cases expressly provided for by statute.

Chapter Five

ADMINISTRATIVE PENALTY PROVISIONS

Article 103. (1) (Supplemented, SG No. 101/2009, effective 1.01.2010) Any employer's officer or any employer, who fails to submit any information as required under this Act or who discloses any false information regarding the insurance relationship thereof with the National Health Insurance Fund, shall be liable to a fine of BGN 500 or exceeding this amount but not exceeding BGN 1,000 for natural persons, with a pecuniary sanction of BGN 500 to BGN1000 for sole traders and with a pecuniary sanction of BGN 2000 to BGN 4000 for legal persons.

(2) (Supplemented, SG No. 101/2009, effective 1.01.2010) Any repeated and each subsequent violation shall be punishable by a fine of BGN 2,000 for natural persons, and the pecuniary sanction shall be BGN 2000 for sole traders and BGN 8000 for legal persons.

(3) (Amended, SG No. 101/2009, effective 1.01.2010) Should the violation referred to in Paragraph (1) be committed by an insured person, the fine shall be BGN 300 or exceeding this amount but not exceeding BGN 500, and in the cases referred to in Paragraph (2), the said fine shall be BGN 150.

Article 104. (Amended, SG No. 110/1999, amended and supplemented, SG No. 107/2002, SG No. 101/2009, effective 1.01.2010) (1) Any employer's official or any employer, who fails to pay the insurance contributions in respect of any person he is under the obligation to pay, shall be liable to a fine of BGN 2000 to BGN 4000 for natural persons or pecuniary sanction for the sole traders and legal persons of BGN 4000 to 8000.

(2) Any repeated violation shall be punishable by a fine of BGN 4000 to BGN 8000 and the pecuniary sanction shall be from BGN 10 000 to BGN 15 000.

(3) Any self-insured person, who fails to pay the insurance contribution due during a period exceeding three months, shall be liable to a fine of BGN 500 or exceeding this amount but not exceeding BGN 1000, and any repeated violation shall be punishable by a fine of BGN 1000 or exceeding this amount but not exceeding BGN 3000.

(4) Any person who does not fulfil their obligation to file a statement under Article 40, Paragraph 5, item 2 shall be punishable

by a fine of BGN 500 up to BGN 1000 and for repeat violations - a fine of BGN 1000 up to BGN 3000.

Article 105. (1) (Amended, SG No. 110/1999, SG No. 107/2002, SG No. 105/2005) Any violations covered under Article 103 and 104 herein shall be ascertained by written statements drawn up by the controlling authorities of the National Revenue Agency.

(2) (Amended, SG No. 110/1999, SG No. 107/2002, SG No. 105/2005) The penalty decrees shall be issued by the Executive Director of the National Revenue Agency or an official authorized thereby.

Article 105a. (New, SG No. 101/2009, effective 1.01.2010, repealed, SG No. 48/2015).

Article 105b. (New, SG No. 101/2009, effective 1.01.2010, repealed, SG No. 48/2015).

Article 105c. (New, SG No. 101/2009, effective 1.01.2010, repealed, SG No. 48/2015).

Article 105d. (New, SG No. 101/2009, effective 1.01.2010, repealed, SG No. 48/2015).

Article 105e. (New, SG No. 101/2009, effective 1.01.2010) Any medical care provider who violates the established requirements for information provision under Article 64a, shall be punishable by a fine of BGN 20 to BGN 50 for natural persons or pecuniary sanction of BGN 20 to BGN 50 for sole traders and legal persons

Article 105f. (New, SG No. 101/2009, effective 1.01.2010) (1) Any medical care provider who obstructs the NHIF and RHIF officers in exercising their rights and discharging their duties under this Act shall be punishable by a fine of BGN 50 to BGN 150 for natural persons or pecuniary sanction of BGN 50 to BGN 150 for sole traders and legal persons

(2) Any repeat violations shall be punishable by a fine of BGN 100 to BGN 300 for natural persons and a pecuniary sanction of BGN 100 to BGN 300 for sole traders and legal persons.

Article 105g. (New, SG No. 101/2009, effective 1.01.2010, repealed, SG No. 48/2015).

Article 105h. (New, SG No. 101/2009, effective 1.01.2010) (1) (Amended, SG No. 48/2015, supplemented, SG No. 98/2015, effective 1.01.2016) The acts ascertaining administrative violations under Articles 105e and 105f shall be drawn up by the NHIF Governor, respectively the officials under Article 72, Paragraph 2.

(2) The penal decrees shall be drawn by the RHIF Director or by officials authorized by him.

Article 105i. (New, SG No. 67/2020) (1) Whoever violates a patient's right or fails to fulfill an obligation under Article 52, shall be punished by a fine in the amount of BGN 2,000 to BGN 4,000 and, respectively, a pecuniary sanction in the amount of BGN 4,000 to BGN 8,000 shall be imposed on him.

(2) In case of repeated and any subsequent violation under Paragraph 1, the fine shall amount to BGN 4,000 and, respectively, the pecuniary sanction shall amount to BGN 8,000.

(3) Any violations covered under Paragraphs 1 and 2 shall be ascertained by written statements drawn up by officials of the Medical Supervision Executive Agency, and the penalty decrees shall be issued by the Executive Director of the Medical Supervision Executive Agency.

Article 106. (1) (New, SG No. 107/2002, amended, SG No. 101/2009, effective 1.01.2010) Any Director of a Regional Health Insurance Fund, who wrongfully refuses to conclude a contract with any medical care provider, and should any such refusal be revoked according to the procedure established by Article 59b, Paragraph 3 herein, shall be liable to a fine of BGN 300 or exceeding this amount but not exceeding BGN 500, and any repeated violation shall be punishable by a fine of BGN 600 or exceeding this amount but not exceeding BGN 1,000.

(2) (New, SG No. 107/2002) Any officer of a Regional Health Insurance Fund, who shall breach the provisions of Article 59 herein, will be liable to a fine of BGN 100 or exceeding this amount but not exceeding BGN 300, and any repeated violation shall be punishable by a fine of BGN 200 or exceeding this amount but not exceeding BGN 600.

(3) (Renumbered from Paragraph (1) and amended, SG No. 107/2002, supplemented, SG No. 101/2009, effective 1.01.2010, amended, SG No. 48/2015, SG No. 67/2020) Any violation of the provisions of this Act or of the statutory instruments for the application thereof, which is not covered under Paragraphs 1 and 2, Articles 103 and 104, 105e, 105f and 105i herein and Chapter Three herein, shall be punishable by a fine of BGN 100 or exceeding this amount but not exceeding BGN 500, and any repeated violation shall be punishable by a fine of BGN 200 or exceeding this amount but not exceeding BGN 1,000.

(4) (New, SG No. 48/2015) Where the violation referred to in Paragraph 3 has been committed by a legal entity or a sole trader, a pecuniary sanction of BGN 500 to BGN 1000 shall be imposed, and in case of repeated violation, the amount of the sanction shall be BGN 1000 to BGN 2000.

(5) (Renumbered from Paragraph (2), amended and supplemented, SG No. 107/2002, amended, SG No. 41/2009, effective 2.06.2009, SG No. 101/2009, effective 1.01.2010, renumbered from Paragraph 4, amended, SG No. 48/2015, SG No. 102/2018, effective 1.01.2019) Any violations covered under Paragraphs(1), (2), (3) and(4) shall be ascertained by written statements drawn up by officials of the Medical Supervision Executive Agency, and the penalty decrees shall be issued by the Executive Director of the Medical Supervision Executive Agency.

Article 106a. (New, SG No. 107/2002, repealed, SG No. 8/2003, new, SG No. 98/2015, effective 1.01.2016) (1) Any Director of a RHIF, who purchases and/or pays for health care activities in violation of the values for the corresponding RHIF, defined in accordance with the NHIF Budget Act for the corresponding year, shall be liable to a fine of BGN 600 or exceeding this amount but not exceeding BGN 1,000, and any repeated violation shall be punishable by a fine of BGN 1,000 or exceeding this amount but not exceeding BGN 2,000.

(2) Any violations covered under Paragraph 1 shall be ascertained by written statements drawn up by NHIF officers, determined by an order of the NHIF, and the penalty decrees shall be issued by the NHIF Governor.).

Article 106b. (New, SG No. 107/2002) (1) (Amended, SG No. 60/2012, effective 7.08.2012) Any person, who performs or allows others to perform activities related to voluntary health insurance without having obtained a licence in accordance with the procedure set out in the Insurance Code, shall be liable to:

1. a fine in the amount between BGN 2,000 and BGN 10,000 - for natural persons;

2. a pecuniary sanction in the amount between BGN 50,000 and BGN 200,000 for legal entities or sole proprietors.

(2) (Amended, SG No. 60/2012, effective 7.08.2012) In the event of repeated violation, the administrative penalty under Item 1 of Paragraph (1) shall be from BGN 4,000 to BGN 20,000, and under Item 2 of Paragraph (1) - from BGN 100,000 to BGN 400,000.

(3) (Amended, SG No. 8/2003, SG No. 60/2012, effective 7.08.2012) The violations under Paragraphs (1) and (2) shall be ascertained by written statements by officials of the administration of the Financial Supervision Commission, authorized to do so by the Deputy Chairperson of the said Commission in charge of the Insurance Supervision Department. The penalty decrees shall be issued by the Deputy Chairperson of the Financial Supervision Commission in charge of the Insurance Supervision Department.

(4) (Repealed, SG No. 60/2012, effective 7.08.2012).

(5) (Repealed, SG No. 60/2012, effective 7.08.2012).

(6) (Repealed, SG No. 60/2012, effective 7.08.2012).

(7) (Amended, SG No. 8/2003, repealed, SG No. 60/2012, effective 7.08.2012).

(8) (Amended, SG No. 8/2003, repealed, SG No. 60/2012, effective 7.08.2012).

(9) (Amended, SG No. 8/2003, repealed, SG No. 60/2012, effective 7.08.2012).

Article 107. (Amended, SG No. 110/1999) Imposition of any penalty under Articles 103 and 104 herein shall not excuse the offender from the obligation to pay the contributions due with period legal interest as applicable.

Article 108. (1) The drawing up of written statements and the issuance, appeal against and execution of penalty decrees under

this Act shall follow the procedure established by the Administrative Violations and Sanctions Act.

(2) (Supplemented, SG No. 107/2002, SG No. 8/2003, amended, SG No. 60/2012, effective 7.08.2012, SG No. 15/2013, effective 1.01.2014) The proceeds from any fines as imposed shall be credited in revenue to the National Health Insurance Fund or, if the fine is imposed on an employee of the National Health Insurance Fund or a Regional Health Insurance Fund, the proceeds shall be credited to State Budget revenue. The fines and the pecuniary penalties, imposed for violations under Chapter Three of the Act, shall likewise be credited to State Budget revenue.

(3) (New, SG No. 107/2002, amended, SG No. 105/2006, repealed, SG No. 15/2013, effective 1.01.2014).

Article 109. (Amended, SG No. 110/1999, SG No. 111/2004, SG No. 101/2009, effective 1.02.2010) (1) Any insurance entitlements of persons, who are obligated to remit insurance contributions for their own account, shall be terminated in the cases when the persons have failed to remit more than three outstanding monthly insurance contributions for a period of 36 months until the beginning of the month preceding the month of provision of medical care. Any such persons with terminated health insurance rights shall pay for medical care provided.

(2) (Amended, SG No. 48/2015, effective 28.12.2015) The health insurance entitlements of persons under Paragraph 1 shall be reinstated when the person has remitted all health insurance contributions due for the last 60 months.

(3) The health insurance entitlements of persons under Paragraph 1 shall be reinstated as of the date of remittance of the contributions due under Paragraph 2 and the sums paid for medical care rendered shall not be reimbursed.

(4) Where the obligation to remit the insurance contributions rests with the employer or with another person, the insured person shall not be deprived of health insurance entitlement thereof through non-remittance of any such insurance contributions.

(5) Paragraphs 1 and 3 shall not apply to any persons referred to in Article 40a herein.

Article 110. (Amended, SG No. 110/1999) Any health insured, who shall fail to report for the preventive examinations as regulated in the National Framework Agreement, shall forfeit the insurance entitlement thereof for a period of one month.

Article 111. (Amended, SG No. 107/2002) (1) (Amended, SG No. 67/2020) The resources paid by the National Health Insurance Fund on treatment in case of injury to a person's own health or the health of other persons in a premeditated criminal offence, as well as in case of injury to the health of other parties committed in a state of alcoholic intoxication or use of narcotic or anaesthetic substances, shall be restored to the National Health Insurance Fund by the injurer with legal interest and with the expenses incurred on the recovery.

(2) (Amended, SG No. 59/2007) In respect of the amount due under Paragraph (1), the Regional Health Insurance Fund shall have the option to move for the issuance of an immediate enforcement order according to the procedure established by Article 418 of the Code of Civil Procedure on the basis of an abstract of the books of account of the said Fund.

(3) (New, SG No. 67/2020) The administrative bodies and the bodies of the judiciary, before which circumstances and persons under Paragraph 1 have been established by an entered into force act, shall provide to the NHIF, within one month, the information necessary for the actions for reimbursement of the amounts to the NHIF or the RHIF.

(4) (New, SG No. 67/2020) The National Health Insurance Fund shall create and maintain a register in which the data under Paragraph 3 shall be entered. The rules for creation, keeping and accessing the register and for the data storage shall be approved by the NHIF Governor.

SUPPLEMENTARY PROVISIONS

(Title amended, SG No. 62/2010, effective 30.09.2011)

§ 1. (Amended and supplemented, SG No. 110/1999, amended, SG No. 107/2002) Within the meaning given by this Act:

1. "Highly specialized medical procedure" shall be a procedure which requires special medical skills and equipment required for handling of complicated diagnostic and treatment cases.

2. (Amended, SG No. 48/2015) "Package of health-care activities guaranteed by the budget of the National Health Insurance Fund" shall be activities specified in terms of type and scope, disaggregated by specialty, activities for treatment of specified diseases or of groups of diseases, which are accessible to all health insured persons in an amount, under terms, and according

to a procedure determined in the National Framework Agreement.

3. "Health-care activity" shall be any activity intended to protect, preserve and restore health.

4. (Repealed, SG No. 60/2012, effective 7.08.2012).

5. "Health insurance contribution" shall be the sum which a natural or legal person shall remit for compulsory health insurance and which is calculated as a percentage of the contributory income as defined in this Act.

6. (Repealed, SG No. 60/2012, effective 7.08.2012).

7. "Person in respect of whom a procedure for recognition of refugee status has been initiated" shall be a foreign citizen or a stateless person who has applied for a refugee status in the Republic of Bulgaria until conclusion of the procedure by an effective determination of the application thereof.

8. "Personal professional code" shall be an alphanumeric means of identification regarding data on a medical care provider.

9. "Medical care" shall represent a system of diagnostic, therapeutic, rehabilitative and preventive procedures provided by medical specialists.

10. "Amount of medical care" shall be the quantity of medical procedures, services and goods accessible to the insured persons under specific terms regulated in the National Framework Agreement and in the voluntary health insurance contracts.

11. (Amended, SG No. 60/2012, effective 7.08.2012) "Scope of medical care" shall be the specific types of preventive, diagnostic, therapeutic, rehabilitative procedures and services performed by providers and the types of health-care goods provided, which are fully or partly covered by the National Health Insurance Fund or by the insurers specified in Article 83 (1) herein.

12. (Repealed, SG No. 60/2012, effective 7.08.2012).

13. "Health insured person" shall be a natural person in respect of whom health insurance is paid according to the procedure established by this Act.

14. (Amended, SG No. 60/2012, effective 7.08.2012) "Health insurer" shall be the National Health Insurance Fund or an insurer specified in Article 83 (1) herein.

15. "Health insurance contributor" shall be a natural or legal person who or which pays the full amount or part of the health insurance contribution or premium in respect of a third party.

16. "Repeated administrative violation" shall be any administrative violation which is committed within one year after the entry into force of a penalty decree whereby the offender was penalized for a violation of the same kind.

17. "Enterprise" shall refer to any legal person, sole trader and unincorporated association which or who carries on commercial activities.

18. "Self-insured person" shall be a natural person who pays the full amount of a health insurance contribution or premium in respect of himself or herself.

19. (Repealed, SG No. 60/2012, effective 7.08.2012, new, SG No. 48/2015, amended, SG No. 102/2018, effective 1.01.2019) "Systematic violation" shall mean three or more violations of the quality requirements laid down in the NFA for 6 months during the period of validity of the contract under Article 59, Paragraph 1.

19a. (New, SG No. 48/2015, amended, SG No. 102/2018, effective 1.01.2019) "Systematic dissatisfaction" shall mean three or more instances of ascertained patients' dissatisfaction as provided for in the Ordinance referred to in Item 15 of Article 19(7) with the activities of a medical care provided for 6 months during the period of validity of the contract under Article 59, Paragraph 1.

19b. (New, SG No. 48/2015) "Patient's satisfaction with the medical activities related to the delivered medical care" shall mean correspondence between the patient's expectations and needs and the medical care actually rendered to the patient, and shall be an indicator for medical care quality assessment based on surveying patients' attitudes and opinions.

20. "Family member" shall be a spouse and any child who has not attained the age of 18 years or, if pursuing the studies thereof, who has not attained the age of 26 years or, if legally incapable or permanently disabled, irrespective of age.
21. (New, SG No. 111/2004) "Dietetic foods for special medical purposes" shall be a group of special-purpose foods, which are produced or constituted for satisfaction of the specific nutritional requirements of patients and which are used under medical observation.
22. (New, SG No. 95/2006) "Rules for coordination of social security schemes" shall be the rules introduced by Council Regulation (EEC) No. 1408/71 on the application of social security schemes to employed persons, to self-employed persons and to members of their families moving within the Community, who are not covered by compulsory health insurance on another ground, by Council Regulation (EEC) No. 574/72 laying down the procedure for implementing Council Regulation (EEC) No. 1408/71, and by all other regulations which supersede, supplement or amend the said regulations.
23. (New, SG No. 99/2009, effective 1.01.2010) A sea man shall be a natural person pursuant to the Social Insurance Code.
24. (New, SG No. 59/2010, effective 31.07.2010) "Basic employment contract" shall be the basic employment contract within the meaning given by Item 7 of § 1 of the Supplementary provision of the Medical Treatment Facilities Act.
25. (New, SG No. 98/2015, effective 1.01.2016) "Sudden control" shall mean the control relating to payments for medical/dental care provided in pursuance of a contract with the NHIF and to the compliance of the activities of medical and dental care providers with the criteria of accessibility and quality of medical care regulated in the NFAs, exercised at the time of provision of medical care to the health insured person.
26. (New, SG No. 98/2015, effective 1.01.2016) "Pre-payment control of the medical and/or dental care provided" shall mean an inspection in the medical treatment facility or examination of documents relating to an activity reported to the RHIF before the execution of payments related thereto.
27. (New, SG No. 98/2015, effective 1.01.2016) "Ex-post control" shall mean an inspection in the medical treatment facility or examination of documents relating to an activity reported to the RHIF after the execution of payments related thereto.
28. (New, SG No. 102/2018, effective 1.01.2019) "Cost effectiveness of a medicinal product/course of treatment" is the ratio between achieving a therapeutic result of a medicinal product/drug therapy and spending funds from the NHIF budget for the same product/therapy when compared to other medicinal product/s or drug therapy/therapies representing therapeutic alternatives and being paid in full or in part by the NHIF.
29. (New, SG No. 99/2019, effective 1.01.2020) "Mechanism ensuring the predictability and sustainability of the NHIF budget" is a compensatory measure applied in the event of exceeding the corresponding funds for health insurance payments for medicinal products specified in the NHIF Budget Act for the respective year in order to ensure access for health insured persons to treatment with medicinal products.

§ 1a. (New, SG No. 62/2010, effective 30.09.2011) (1) (Amended and supplemented, SG No. 85/2017) The National Health Insurance Fund, the Regional Health Insurance Funds and the Financial Supervision Commission shall avail the provision of information and the acceptance of applications and documents under this Act electronically, under the conditions and according to the procedure of the Electronic Document and Electronic Trust Services Act and the Electronic Government Act. The applications shall be signed with an advanced electronic signature, advanced electronic signature based on a qualified certificate for electronic signatures, or qualified electronic signature pursuant to the requirements of Regulation (EU) No. 910/2014 of the European Parliament and of the Council of 23 July 2014 on electronic identification and trust services for electronic transactions in the internal market and repealing Directive 1999/93/EC (OJ, L 257/73 of 28.8.2014), referred to hereinafter "Regulation (EU) No. 910/2014", and of the Electronic Document and Electronic Trust Services Act.

(2) The provision of information and the acceptance of applications and documents electronically shall be performed after the respective technical and organizational conditions have been provided, as well as the respective software.

§ 1b. (New, SG No. 1/2014, effective 3.01.2014) In the meaning of Chapter Two, Section XII:

1. "Healthcare" means health services provided by health professionals to patients to assess, maintain or restore their state of health, including the prescription, dispensation and provision of medicinal products and medical devices.
2. "Insured person" means:

a) persons, including members of their families and their survivors, who are covered by Article 2 of Regulation (EC) No. 883/2004 and who are insured persons within the meaning of Article 1(c) of that Regulation; and

b) nationals of a third country who are covered by Council Regulation (EC) No. 859/2003 of 14 May 2003 extending the provisions of Regulation (EEC) No. 1408/71 and Regulation (EEC) No. 574/72 to nationals of third countries who are not already covered by those provisions solely on the ground of their nationality or Regulation (EU) No. 1231/2010 of the European Parliament and of the Council of 24 November 2010 extending Regulation (EC) No. 883/2004 and Regulation (EC) No. 987/2009 to nationals of third countries who are not already covered by these Regulations solely on the ground of their nationality (OJ, L 344/1 of 29 December 2010), or who satisfy the conditions of the legislation of the Member State of affiliation for entitlement to benefits.

3. "Member State of affiliation" means:

a) for persons referred to in point (2)(a), the Member State that is competent to grant to the insured person a prior authorisation to receive appropriate treatment outside the Member State of residence according to Regulation (EC) No. 883/2004 and Regulation (EC) No. 987/2009;

b) for persons referred to in point (2)(b), the Member State that is competent to grant to the insured person a prior authorisation to receive appropriate treatment in another Member State according to Regulation (EC) No. 859/2003 or Regulation (EU) No. 1231/2010. If no Member State is competent according to those Regulations, the Member State of affiliation shall be the Member State where the person is insured or has the rights to sickness benefits according to the legislation of that Member State.

4. "Member State of treatment" means the Member State on whose territory healthcare is actually provided to the patient. In the case of telemedicine, healthcare is considered to be provided in the Member State where the healthcare provider is established.

5. "Health professional" means a person exercising the medical profession in accordance with Article 183, Paragraph 1 of the Health Act.

6. "Patient" means a natural person who seeks to receive or receives healthcare in a Member State.

7. "Medicinal product" means a medicinal product as defined by the Medicinal Products in Human Medicine Act.

8. "Medical device" means a medical device as defined by the Medical Devices Act.

9. "Medical prescription" means a medical prescription as defined by the Medicinal Products in Human Medicine Act.

TRANSITIONAL AND FINAL PROVISIONS

§ 2. (1) Payment of health insurance contributions under Article 41 herein shall commence on the 1st day of July 1999.

(2) The Minister of Health and the Minister of Finance may designate health-care facilities and medical offices where payment shall be effected in pursuance of contracts prior to the introduction of health insurance.

§ 3. (1) (Amended, SG No. 62/1999, SG No. 113/1999) Performance of contracts between Regional Health Insurance Funds and non-hospital care providers shall commence on the 1st day of July 2000.

(2) (Amended, SG No. 113/1999) Performance of contracts between Regional Health Insurance Funds and hospitals shall commence on the 1st day of July 2001.

(3) (Amended, SG No. 113/1999) Until commencement of performance of contracts between Regional Health Insurance Funds and medical care providers covered under Paragraphs (1) and (2), state-owned and municipal-owned medical-treatment and health-care facilities shall be financed from the Executive Budget and the municipal budgets in a manner applied prior to the transformation of the said facilities.

(4) (New, SG No. 41/2001) Any medical-treatment facilities for hospital treatment, which are commercial corporations wherein the State and/or a municipality holds an interest, shall be financed for the activity performed thereby from the Executive Budget or the municipal budgets according to Article 106 of the Medical-Treatment Facilities Act and by the National Health

Insurance Fund by means of payment under contracts with the said facilities. Subsidization shall be provided proceeding from a one-year contract between the financing authority and the medical-treatment facility in accordance with the State Budget of the Republic of Bulgaria Act for the relevant year. Financing of the National Health Insurance Fund shall be effected proceeding from contracts in accordance with the budget of the National Health Insurance Fund.

§ 4. The draft of a 2000 National Health Insurance Fund Budget Act shall be laid before the Council of Ministers in 1999 within the time limits provided for introduction of the draft of a 2000 State Budget of the Republic of Bulgaria Act.

§ 5. Upon entry of this Act into force, the Minister of Health shall commence development of the structures and bodies therein provided. After constitution of the bodies of the National Health Insurance Fund, the said bodies themselves shall take over the development of structures and the performance of activities relating to compulsory health insurance.

§ 6. The Council of Ministers, the regional meetings and the representative employer and trade union organizations shall designate the representatives thereof to the Meeting of Representatives of the National Health Insurance Fund within three months after the entry of this Act into force.

§ 7. (1) The Meeting of Representatives of the National Health Insurance Fund shall hold its first sitting for election of a Governing Board and of a Review Board within five months after the entry of this Act into force.

(2) Rules of Organization and Operation of the National Health Insurance Fund shall be adopted within one month after constitution of the Meeting of Representatives.

(3) A competitive examination procedure for appointment of a Manager of the NHIF shall be conducted within one month after constitution of the Governing Board.

§ 8. (1) The Governing Board shall initiate a procedure for drafting and negotiation of a National Framework Agreement within one month after constitution of the bodies of the National Health Insurance Fund.

(2) The rules specified in this Act shall be drafted and adopted within three months after constitution of the bodies of the National Health Insurance Fund.

§ 9. (1) The Council of Ministers, the regional governors and the municipalities shall provide buildings and other logistical facilities for the Head Office of the National Health Insurance Fund and for the Regional Health Insurance Funds within six months after the entry of this Act into force.

(2) Acting on motion by the Minister of Health, the Minister of Finance shall ensure financial resources for organization of the process of establishment of the National Health Insurance Fund and the Regional Health Insurance Funds.

§ 10. (Amended, SG No. 101/2009, effective 18.12.2009) The Bulgarian National Bank shall open capital accounts of the health insurance companies covered under Article 3 herein, and the interest on such accounts shall be the base interest rate for the period.

§ 11. (Repealed, SG No. 111/2004, new, SG No. 11/2007) The following shall apply in respect of 2007, effective as from the 1st day of January:

1. the rules of the 2006 National Framework Agreement under Items 3, 5, 7, 8, 9, 10 and 11 of Article 55 (2) herein;
2. the conditions determined by the Governing Board of the National Health Insurance Fund which the medical care providers must satisfy, the procedure for conclusion of contracts therewith and other terms under Items 2, 4 and 6 of Article 55 (2) herein.

§ 11a. (New, SG No. 113/2007) If the National Framework Agreement for 2008 is not concluded until the 15th day of January 2008, the rules referred to in Items 1 and 2 of Article 55 and Article 55 (6) herein shall apply effective as of the 1st day of January 2008.

§ 12. Within the time limits established under § 4 herein, the administrative costs of the National Health Insurance Fund and the Regional Health Insurance Funds shall be borne by the Executive Budget.

§ 12a. (New, SG No. 98/2010, effective 1.01.2011, repealed, SG No. 99/2011, effective 1.01.2012).

§ 12b. (New, SG No. 98/2010, effective 1.01.2011) (1) For the purpose of carrying out the activities envisaged in this Act, a

National Framework Agreement for Medical Activities and a National Framework Agreement for Dental Activities, entered into prior to 31 December 2010 as per the conditions and procedures set out in Articles 54 and 55, shall apply in 2011.

(2) If the national framework agreements under Paragraph 1 are not signed, the 2010 National Framework Agreement shall apply in 2011, excluding the volumes, prices and methodologies for pricing and payment of medical care adopted in accordance with the procedure set out in Article 55c.

§ 13. In Paragraph (1) of Article 6 of the Transformation and Privatization of State-Owned and Municipal-Owned Enterprises Act (promulgated in the State Gazette No. 38 of 1992; amended and supplemented in No. 51 of 1994, Nos. 45, 57 and 109 of 1995, Nos. 42, 45, 68 and 85 of 1996; corrected in No. 86 of 1996; amended in Nos. 55, 61, 89, 98 and 122 of 1997, No. 39 of 1998; corrected in No. 41 of 1998), there shall be added the following item:

"7. for the National Health Insurance Fund: from the proceeds under Item 5, but not less than 50 per cent thereof."

§ 14. In the Public Health Act (promulgated in the State Gazette No. 88 of 1973; corrected in No. 92 of 1973; amended and supplemented in No. 63 of 1976, No. 28 of 1983, No. 66 of 1985, No. 27 of 1986, No. 89 of 1988, Nos. 87 and 99 of 1989, No. 15 of 1991; corrected in No. 24 of 1991; amended in No. 64 of 1993, No. 31 of 1994, No. 36 of 1995, Nos. 12, 87 and 124 of 1997, No. 21 of 1998) shall be amended and supplemented as follows:

1. In Article 2, Paragraph (1) shall be amended to read as follows:

"(1) Every Bulgarian citizen shall be entitled to affordable medical care and to health insurance regulated by statute."

2. There shall be inserted a new article to read as follows:

"Article 3a. The Executive Budget and the municipal budgets shall finance the health-care activities which citizens shall have the right to use at no charge and which are related to:

1. emergency medical care;
2. in-patient psychiatric care;
3. blood transfusion;
4. compulsory immunizations and compulsory treatment under the Public Health Act;
5. epidemiologic and epidemic-control studies and procedures;
6. health programmes and projects of national, regional and local importance;
7. state sanitary control;
8. investment expenditures;
9. education, science and training;
10. construction, overhaul, updating, improvements and remodelling of health-care facilities, as well as procurement of medical apparatus to a value exceeding BGN 10,000;
11. health care administration;
12. national centres and institutes which do not provide directly in therapeutic activities
13. costly treatment beyond the scope of compulsory health insurance according to a procedure established by the Minister of Health;
14. expenses incurred on public health care;
15. expert certification of permanent disability and occupational disease."

3. Article 3a shall be renumbered to become Article 3b.

4. Article 4 shall be amended and supplemented as follows:

(a) in Item 1 of Paragraph (2), after the words "medical services" there shall be added "in respect of the activities covered under Article 3a herein";

(b) Paragraph (3) shall be repealed.

5. In Article 4b (1), after the words "the municipal budgets" there shall be added "proceeds from health insurance and cash payments";

6. In Article 25i, there shall be added a new Paragraph to read as follows:

"(4) The rules referred to in Paragraph (3) shall be inapplicable to any services under contracts with the National Health Insurance Fund."

7. Article 26 shall be amended and supplemented as follows:

(a) Paragraph (1) shall be amended to read as follows:

"(1) The persons covered under Article 2 (1) herein shall have the right to free choice and treatment by a physician and dentist for primary and specialist non-hospital care within the territory serviced by the relevant Regional Health Insurance Fund.";

(b) Paragraphs (2), (3), (4) and (5) shall be repealed.

8. In Article 53 (2), the words "the procedure established by Article 26 (5) herein" shall be replaced by "a procedure established by the Minister of Health".

9. In Article 55 (4), the words "and medical treatments" shall be deleted.

§ 15. In Paragraph (2) of Article 161 of the Commerce Act (promulgated in the State Gazette No. 48 of 1991; amended and supplemented in No. 25 of 1992, Nos. 61 and 103 of 1993, No. 63 of 1994, No. 63 of 1995, Nos. 42, 59, 83, 86 and 104 of 1996, Nos. 58, 100 and 124 of 1997, and No. 52 of 1998) the words "or insurance business" shall be replaced by "insurance business, or activity comprehended in voluntary health insurance".

§ 16. In Littera (c) of Article 237 of the Code of Civil Procedure (promulgated in Transactions of the Presidium of the National Assembly No. 12 of 1952; amended and supplemented in No. 92 of 1952, No. 89 of 1953, No. 90 of 1955, No. 90 of 1956, No. 90 of 1958, Nos. 50 and 90 of 1961; corrected in No. 99 of 1961; amended and supplemented in the State Gazette No. 1 of 1963, No. 23 of 1968, No. 27 of 1973, No. 89 of 1976, No. 36 of 1979, No. 28 of 1983, No. 41 of 1985, No. 27 of 1986, No. 55 of 1987, No. 60 of 1988, Nos. 31 and 38 of 1989, No. 31 of 1990, No. 62 of 1991, No. 55 of 1992, Nos. 61 and 93 of 1993, No. 87 of 1995, and Nos. 12, 26, 37, 44 and 104 of 1996, Nos. 43, 55 and 124 of 1997), after the words "the banks" there shall be added "the Head Office of the National Health Insurance Fund and the Regional Health Insurance Funds".

§ 17. The Republic of Bulgaria Defence and Armed Forces Act (promulgated in the State Gazette No. 112 of 1995; amended and supplemented in No. 67 of 1996 and No. 122 of 1997) shall be amended as follows:

1. In Article 242, Paragraphs (1) and (2) shall be repealed.

2. In Article 243, Paragraphs (1), (2) and (3) shall be repealed.

§ 18. In the Ministry of Interior Act (promulgated in the State Gazette No. 122 of 1997; modified by Constitutional Court Judgment No. 3 of 1998, promulgated in No. 29 of 1998), Article 224 shall be repealed.

§ 19. (1) (Redesignated from § 19, SG No. 110/1999) The Council of Ministers, acting on motion by the Minister of Health, shall adopt the statutory instruments of secondary legislation related to the application of this Act within six months after the entry of the said Act into force.

(2) (New, SG No. 110/1999, repealed, SG No. 105/2005).

§ 19a. (New, SG No. 114/2003) (1) (Supplemented, SG No. 49/2004) Any persons owing more than three health insurance contributions for the period ending on the 31st day of December 2003 in respect of themselves and/or any members of the

families thereof may submit a request in writing not later than the 30th day of September 2004 that the amounts due be rescheduled until the 31st day of December 2004.

(2) The procedure established by Paragraph (1) shall apply to rescheduling of arrears of health insurance contribution to an amount of the principal exceeding BGN 50.

(3) Such persons shall submit a request for rescheduling at the local division of the National Social Security Institute, specifying a time limit for payment of the arrears thereof.

(4) The arrears shall be rescheduled as from the date of submission of the request by a decision of the head of the local division of the National Social Security Institute or of officials authorized thereby. Any such decision shall state the amount of the arrears, the time limit for payment of the arrears as rescheduled, and the total amount due until expiry of the said time limit. A copy of the said decision shall be served on the person.

(5) Any persons whereof the arrears have been rescheduled shall retain the entitlement thereof as health insured persons.

(6) Should the persons fulfil the conditions under Paragraphs (1) to (4), fines under Article 104 (3) herein shall not be imposed on the said person and the provision of Article 109 (1) herein shall not be applied.

(7) A person shall lose the health insurance entitlement thereof if the said person:

1. fails to redeem the arrears thereof under Paragraph (4) within the time limit of the rescheduling;

2. fails to remit more than three health insurance contributions due for 2004; in such case, the effect of the rescheduling shall lapse as well.

(8) Interest at the monthly rate of 1 per cent shall accrue on the amount due and the limitation applicable to the rescheduled arrears shall be tolled for the period of the rescheduled payment.

(9) (Amended, SG No. 111/2004) Any persons working under an employment relationship or a civil-service relationship shall retain the health insurance entitlement thereof if the contributions have not been remitted by the employer.

(10) No fines under Article 104 (1) and (2) herein shall be imposed on any employers who or which remit the health insurance contributions due for the period until the 31st day of December 2003 on or before the 31st day of December 2004.

§ 19b. (New, SG No. 28/2004) The Council of Ministers shall adopt and promulgate in the State Gazette the ordinance referred to in Article 45 (4) herein not later than the 30th day of April 2004.

§ 19c. (New, SG No. 45/2005, effective 1.06.2005) (1) Any Bulgarian citizens, who resided abroad for more than 183 days within a calendar year during the period commencing on the 1st day of January 2000 and ending on the 31st day of December 2004 and who are in arrears with health insurance contributions for their own account for the time of residence thereof abroad, may be exempt from the obligation to pay the said contributions if they have not made a free choice of a medical care provider who has concluded a contract with a Regional Health Insurance Fund under Article 4 (1) herein for the relevant calendar year.

(2) (Amended, SG No. 105/2005) In the cases referred to in Paragraph (1), the persons, acting personally or through an authorized representative, may submit a statement application not later than the 31st day of December 2006, completed in a standard form endorsed by the Executive Director of the National Revenue Agency, consulted with the Manager of the National Health Insurance Fund.

(3) The persons referred to in Paragraph (1) shall be reinstated to the health insurance entitlement thereof according to the procedure established by Article 40a herein.

§ 19d. (New, SG No. 45/2005, effective 1.06.2005) (1) Any persons, who are in arrears with health insurance contributions for their own account until the 1st day of June 2005, may request that the amounts due be rescheduled until the 31st day of December 2006 if the said persons had an average monthly income per family member not exceeding BGN 200 for the period commencing on the 1st day of October 2004 and ending on the 31st day of March 2005.

(2) The procedure established by Paragraph (1) shall apply to rescheduling of arrears of health insurance contributions to an amount of the principal exceeding BGN 50.

(3) (Amended, SG No. 99/2005, SG No. 105/2005) For rescheduling of the amounts due, not later than the 31st day of

December 2005 the persons referred to in Paragraph (1) shall submit a statement application to the National Revenue Agency territorial directorates, completed in a standard form endorsed by the Executive Director of the National Revenue Agency.

(4) The arrears shall be rescheduled as from the date of submission of the request by a decision of the head of the local division of the National Social Insurance Institute or of persons authorized thereby. Any such decision shall state the amount due, the time limit for payment of the amount due as rescheduled, and the total amount due until expiry of the said time limit. One copy of the said decision shall be served on the person.

(5) (Amended, SG No. 95/2006, effective 1.01.2007) Upon determination of the income referred to in Paragraph (1), account shall be taken of all gross income accruing to the family which is taxable under the Income Taxes on Natural Persons Act, as well as the pensions, benefits, allowances and study grants received, with the exception of the monthly social integration benefits paid under the Integration of Persons with Disabilities Act, the personal attendant benefit under Article 103 of the Social Insurance Code, the study grants of schoolchildren until completion of secondary education but not later than attainment of the age of 20 years, as well as the allowances received under the Family Allowances Act.

(6) The persons referred to in Paragraph (1), who fail to pay more than three health insurance contributions for the period of rescheduling, shall pay the providers for the medical care provided thereto.

(7) The limitation applicable to the rescheduled arrears shall be tolled for period of rescheduling.

(8) Fines under Article 104 (3) herein shall not be imposed on the persons, the provision of Article 109 (1) herein shall not apply, and coercive measures for collection of the arrears shall not be taken if the conditions covered under Paragraphs (1) to (4) are fulfilled.

§ 19e. (New, SG No. 45/2005, effective 1.06.2005) No interest shall accrue for the period commencing on the 1st day of June 2005 and ending on the 31st day of December 2006 on any arrears of health insurance contributions due from persons for their own account which arose until the 1st day of June 2005.

§ 19f. (New, SG No. 102/2005) The Council of Ministers shall lay the drafts referred to in Article 22 (3) herein before the National Assembly for adoption if the 2006 National Framework Agreement is not signed until the 18th day of December 2005.

§ 19g. (New, SG No. 103/2005) (1) The ordinance referred to in Item 5 of Article 97a (2), Article 97a (3) and Article 97c (6) herein shall be adopted within one year after the entry into force of the Insurance Code. The first examination for attainment of licensed actuarial competence shall be held within six months after the entry into force of the said ordinance.

(2) Within three years after the entry into force of the Insurance Code, the health insurance companies shall be obligated to conclude contracts for actuarial services with persons possessing a recognized responsible actuary licensed competence.

(3) Prior to expiry of the time limit referred to in Paragraph (2), any persons, who have been approved as actuaries of a health insurance company in approval issuance proceedings under Article 97 herein or according to the procedure established by Article 99 herein, may perform the duties of a responsible actuary upon performance of the actuarial services for health insurance companies, as well as be eligible as responsible actuaries of health insurance companies. Until expiry of the time limit referred to in Paragraph (2), any persons, who have been approved as actuaries of insurers or reinsurers or who have received a licence as actuaries of retirement insurance companies and the supplementary retirement insurance funds managed thereby, shall be eligible for the position of responsible actuary of health insurance companies.

§ 19h. (New, SG No. 100/2007) (1) Not later than the 30th day of September 2012, the Financial Supervision Commission shall adopt a report on the application of Article 88a (1) herein, which shall contain conclusions regarding the use of sex as an actuarial factor in the calculation of health insurance premiums, taking into account the latest actuarial data and statistical data, as well as the report of the European Commission on the application of Article 5 of Council Directive 2004/113/EC implementing the principle of equal treatment between men and women in the access to and supply of goods and services.

(2) The report referred to in Paragraph (1) shall be provided to the Minister of Labour and Social Policy for the purposes of notifying the European Commission.

§ 19i. (New, SG No. 37/2008) (1) Any Bulgarian citizens, who resided outside Bulgaria for more than 183 days during the period commencing on the 1st day of July 1999 and ending on the 31st day of December 2007 and who owe health insurance contributions for their own account for the time of the residence thereof abroad, shall be exempted from the obligation to remit

the said contributions if the said citizens have not used any medical care paid by the National Health Insurance Fund.

(2) (Amended, SG No. 100/2010, effective 1.07.2011) In the cases referred to in Paragraph (1) the persons, acting personally or through an authorized representative, shall submit a statement completed in a standard form, endorsed by an order issued by the Minister of Finance, to the competent National Revenue Agency territorial directorate. The statement may alternatively be submitted through a licensed postal operator or electronically, using a qualified electronic signature of the sender.

(3) (Amended, SG No. 101/2009, effective 1.01.2010, SG No. 19/2010) The persons referred to in Paragraph (1) shall be reinstated to the health insurance entitlement thereof according to the procedure established by Article 40a (2) and (3) herein.

(4) (Repealed, SG No. 101/2009, effective 1.01.2010).

§ 19j. (New, SG No. 49/2010, effective 1.07.2010, amended, SG No. 62/2010, effective 10.08.2010, SG No. 98/2010, effective 1.01.2011, SG No. 100/2011, effective 1.01.2012) For the period until 31 December 2012 the health insurance contributions on remunerations under § 22n, item 1 of the transitional and final provisions of the Social Insurance Code shall be due under the procedure of Article 40, par 1, item 1.

§ 19k. (New, SG No. 58/2010) Until 31 December 2010 for the persons on unpaid leave granted under § 3e, Paragraph (1) of the Transitional Provisions of the Labour Code and who are not subject to health insurance on another ground, the health insurance contribution as fixed under Article 29 (3) shall be paid entirely for the account of the employer. The health insurance contribution shall be charged on one half of the minimum amount of contributory monthly income applicable to self-insured persons, as fixed by the Public Social Insurance Budget Act for 2010, and shall be remitted care of the relevant enterprise or organization prior to the end of the month next succeeding the month wherefor the said contribution is due.

§ 19l. (New, SG No. 98/2010, effective 14.12.2010) The provisions of Article 55a and 55b shall not apply before 28 February 2011.

§ 19m. (New, SG No. 98/2010, effective 14.12.2010) In 2011, the medical care under Article 55, paragraph 2, item 2 shall be paid for in accordance with the volumes, prices and methodologies determined in the decrees of the Council of Ministers under Article 55c(1). The adopted volumes, prices and methodologies may be modified and supplemented, when necessary, upon the proposal of the Minister of Finance, subject to coordination with the Minister of Health.

§ 19n. (New, SG No. 98/2010, effective 14.12.2010, amended, SG No. 99/2011, effective 16.12.2011) (1) In 2012, the medical care under Article 55(2)(2) shall be paid for in accordance with the volumes, prices and methodologies determined as per the procedures set out in Articles 55d to 55f.

(2) In the event that the procedures referred to in Articles 55d - 55f are not performed in 2012, the medical care under Article 55, Paragraph 2, Item 2 shall be paid for based on volumes and prices and methodologies, determined in the Council of Ministers Decree, referred to in Article 55c, Paragraph 1.

(3) The volumes, process and methodologies in the extant decree shall be amended and supplemented by the Council of Ministers within one month of the promulgation of the 2012 National Health Insurance Fund Budget Act, as well as whenever necessary.

(4) Proposals for amendments and supplements under Paragraph 3 shall be made on the initiative of the governing bodies of the NHIF and shall be put forward before the Council of Ministers by the Minister of Finance in coordination with the Minister of Health.

§ 19o. (New, SG No. 99/2011, effective 1.01.2012) (1) The individuals referred to in Article 40a, who have left Bulgaria before 31 December 2011 and have not filed an application in advance, can file the application by 31 December 2012. The individuals shall enclose with the application a declaration in a standard form, prepared by the National Revenue Agency, regarding the date on which they have left the country.

(2) The application and declaration shall be filed with the competent Territorial Directorate of the National Revenue Agency in person, through an authorised person, by mail or by electronic means using a qualified electronic signature of the sender.

§ 20. (Amended, SG No. 105/2005) The implementation of this Act shall be entrusted to the Minister of Health, to the bodies of the National Health Insurance Fund which represent the said Fund, and to the National Revenue Agency in the part relating to the collection of health insurance contributions.

TRANSITIONAL AND FINAL PROVISIONS

to the Lev Re-denomination Act

(SG No. 20/1999, supplemented, SG No. 65/1999, effective 5.07.1999)

§ 4. (1) (Supplemented, SG No. 65/1999) Upon the entry of this Act into force, all figures expressed in old lev terms as indicated in the laws which will have entered into force prior to the 5th day of July 1999 shall be replaced by figures expressed in new lev terms, reduced by a factor of 1,000. The replacement of all figures expressed in old lev terms, reduced by a factor of 1,000, shall furthermore apply to all laws passed prior to the 5th day of July 1999 which have entered or will enter into force after the 5th day of July 1999.

(2) The authorities, which have adopted or issued any statutory instruments of secondary legislation which will have entered into force prior to the 5th day of July 1999 and which contain figures expressed in lev terms, shall amend the said acts to bring them in conformity with this Act so that the amendments apply as from the date of entry of this Act into force.

§ 7. This Act shall enter into force on the 5th day of July 1999.

TRANSITIONAL AND FINAL PROVISIONS

to the Act to Amend and Supplement the Social Insurance Code

(Promulgated, SG No. 1/2002, effective 1.01.2002)

§ 92. The Health Insurance Act (promulgated in the State Gazette No. 70/1998; amended in Nos. 93 and 153/1998, Nos. 62, 65, 67, 69, 110 and 113/1999, No. 64/2000 and No. 41/2001) shall be amended and supplemented as follows:

2. In Article 40:

(a) in Item 8 of Paragraph (1), the words "Occupational Training and Unemployment Fund" shall be replaced by "Unemployment Fund";

(b) throughout the item, the words "the double amount of the national minimum (monthly) wage" shall be replaced by "the minimum amount of the contributory income as fixed by the Public Social Insurance Budget Act", the words "the single amount of the national minimum (monthly) wage" shall be replaced by "one half of the minimum contributory income as fixed by the Public Social Insurance Budget Act", and the words "the ten-fold amount of the national minimum (monthly) wage" shall be replaced by "the maximum amount of the contributory income as fixed as fixed by the Public Social Insurance Budget Act."

TRANSITIONAL AND FINAL PROVISIONS

to the Act to Amend and Supplement the Health Insurance Act

(Promulgated, SG No. 107/2002, supplemented, SG No. 119/2002, effective 27.12.2002, amended and supplemented, SG No. 8/2003, effective 1.03.2003)

§ 94. (1) The Council of Ministers, the representative trade union and employers organizations, the National Association of Municipalities and the representative organizations for protection of patient rights shall designate the representatives thereof to

the Meeting of Representatives of the National Health Insurance Fund within fifteen days after the entry of this Act into force.

(2) The first sitting of the Meeting of Representatives for election of a new Governing Board and Review Board shall be held within ten days after the expiry of the time limit established by Paragraph (1). The Meeting shall be convened by the Governing Board of the National Health Insurance Fund.

(3) Within fifteen days after the conduct of the first sitting of the Meeting of Representatives, the said Meeting, acting on a motion by the Governing Board, shall adopt rules for conduct of a competitive examination procedure for Director of the National Health Insurance Fund, and the Governing Board shall announce the procedure.

(4) Within one month after election of a Director of the National Health Insurance Fund, the Governing Board shall establish eligibility requirements, rules for conduct of competitive examination procedures, and shall announce competitive examination procedures for directors of Regional Health Insurance Funds.

(5) The organizations covered under Paragraph (1), which have failed to designate the representatives thereof to the Meeting of Representatives in accordance with the requirements and according to the procedure established by this Act, shall become entitled to participate in the said Meeting after designation of the said representatives. The Meeting shall be legitimate even without the participation of any such representatives, provided that the requirements of Article 11 (of the Health Insurance Act) are complied with.

§ 95. (Supplemented, SG No. 8/2003) The Council of Ministers or the Financial Supervision Commission, as the case may be, shall adopt and amend the statutory instruments of secondary legislation for the application of this Act within two months after the entry of the said Act into force.

§ 96. The Minister of Health shall issue the ordinances referred to in Article 45 (2) and (3) (of the Health Insurance Act) and the other statutory instruments of secondary legislation and the amendments thereof, related to the application of this Act, within one month after the entry of the said Act into force.

§ 97. The Ministry of Health and the State Social Insurance Supervision Agency shall deliver the registers and files of the companies referred to in § 101 and 102, kept thereat, to the Insurance Supervision Agency within one month after the entry of this Act into force.

§ 98. (Amended, SG No. 8/2003) The Financial Supervision Commission or, respectively, the Deputy Chairperson of the said Commission in charge of the Insurance Supervision Department, shall adopt and amend the internal instruments related to the application of this Act within three months after the entry of this Act into force.

§ 99. The National Framework Agreement for 2003 shall be adopted in accordance with the provisions of this Act.

§ 100. The National Health Insurance Fund shall bring the rules thereof and the other internal departmental instruments into conformity with the provisions of this Act not later than the 31st day of December 2002.

§ 101. (1) (Amended, SG No. 8/2003) Any applications for licensing of voluntary health insurance companies, which were submitted prior to the entry of this Act into force and whereon no licence for provision of voluntary health insurance has been granted or refused to be granted by the State Social Insurance Supervision Agency, shall be considered by the Financial Supervision Commission under the terms and according to the procedure established by this Act.

(2) To obtain a licence under this Act, any company referred to in Paragraph (1) shall be obligated to bring the organization and activity thereof into conformity with the requirements of the said Act.

§ 102. (1) Any licences for provision of voluntary health insurance in respect of individual packages of activities, which were granted by the State Social Insurance Supervision Agency prior to the entry of this Act into force, shall remain in effect, with the companies holding any such licences being obligated to bring the organization and activity thereof into conformity with the requirements of this Act within nine months after the entry of the said Act into force.

(2) (Amended, SG No. 8/2003) Within the time limit established by Paragraph (1), the licensed health insurance companies shall submit to the Financial Supervision Commission the documents and the information required for the grant of a licence under this Act.

§ 103. (1) Any natural or legal person, who or which carries on activity comprehended in voluntary health insurance without having obtained an appropriate licence, irrespective of whether this business is expressly listed among the objects thereof, shall

be obligated to bring the instruments of incorporation and organization thereof, as well as the business thereof, into conformity with this Act and to submit an application for licensing within six months after the entry of this Act into force.

(2) Any person referred to in Paragraph (1), who or which shall fail to submit an application for licensing within the time limit established by Paragraph (1) or who or which shall be refused a licence, shall have no right to provide voluntary health insurance.

§ 103a. (New, SG No. 8/2003) During the period commencing upon the receipt of a licence for activity comprehended in voluntary health insurance and ending upon the increase of capital to BGN 2 million, a health insurance company shall be obligated to invest part of its own funds to an amount equal to one third of the solvency limit, under the terms and according to the procedure established by Article 90e of the Health Insurance Act.

§ 104. (1) Item 2 of § 3 and Item 2 of § 31 herein shall enter into force on the 1st day of January 2004. Until the entry into force of Item 2 of § 31 herein, the National Health Insurance Fund may require that the source medical documents referred to in Article 68 (3) (of the Health Insurance Fund) cite, inter alia, the Standard Public Registry Personal Numbers of the physicians and dentists.

(2) Item 3 of § 26 herein in reference to Litterae (a), (b) and (c) of Item 2 of Article 55 (7) (of the Health Insurance Act) shall apply until the 1st day of January 2004.

(3) (New, SG No. 119/2002) § 21 shall enter into force on the 1st day of January 2003.

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FINAL PROVISIONS

to the 2003 National Health Insurance Fund Budget Act

(Promulgated, SG No. 119/2002, effective 1.01.2003)

.....

§ 7. In the Act to Amend and Supplement the Health Insurance Act (State Gazette No. 107/2002), in § 104 of the Transitional and Final Provisions, there shall be added the following new paragraph to read as follows:

"(3) § 21 shall enter into force on the 1st day of January 2003."

.....

§ 11. This Act shall enter into force on the 1st day of January 2003, with the exception of § 7, which shall enter into force as from the date of promulgation of this Act in the State Gazette.

TRANSITIONAL AND FINAL PROVISIONS

to the Financial Supervision Commission Act

(Promulgated, SG No. 8/2003, effective 1.03.2003)

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§ 5. The statutory instruments of secondary legislation adopted on the application of the Public Offering of Securities Act, the Insurance Act, the Social Insurance Code, the Supplementary Voluntary Retirement Insurance Act, the Health Insurance Act and the Protection in Unemployment and Employment Promotion Act shall continue in effect insofar as they do not come into conflict with this Act.

.....

§ 12. (1) The Health Insurance Act (promulgated in the State Gazette No. 70/1998; amended in Nos. 93 and 153/1998, Nos. 62, 65, 67, 69, 110 and 113/1999, Nos. 1, 31, and 64/2000, No. 41/2001, Nos. 1, 54, 74, 107 and 112/2202) shall be amended and supplemented as follows:

.....

25. Throughout the Health Insurance Act, the words "Insurance Supervision Agency" and "the Agency" shall be replaced by "the Deputy Chairperson of the Financial Supervision Commission in charge of the Insurance Supervision Department."

.....

FINAL PROVISIONS

to the Act to Amend and Supplement the Health Insurance Act

(Promulgated, SG No. 49/2004)

§ 3. The words "the Compulsory Social Insurance Code" shall be replaced by "the Social Insurance Code" throughout this Act.

§ 4. Any registered agricultural producer and tobacco grower producing unprocessed plant and/or animal produce shall not establish a final amount of contributory income in respect of such activity for 2004.

.....

TRANSITIONAL AND FINAL PROVISIONS

to the Act to Amend and Supplement the Health Insurance Act

(Promulgated, SG No. 111/2004, effective 21.12.2004,

amended, SG No. 46/2005, effective 1.06.2005)

§ 13. (1) Any persons, who are in arrears with more than three health insurance contributions upon the entry of this Act into force, shall be reinstated to the health insurance entitlement thereof if they pay, on or before the 31st day of January 2005, a lump sum to the amount of three health insurance contributions, at a rate set according to the procedure established by Article 29 (3) herein, on the minimum monthly amount of contributory income applicable to self-insured persons, as fixed by the Public Social Insurance Budget Act at the time of remittance of the contributions.

(2) (Amended, SG No. 45/2005) The sums paid under Paragraph (1) shall be deducted from the amount of arrears in respect of health insurance contributions.

(3) The sums referred to in Paragraph (1) shall be remitted according to the procedure established by Article 41 herein.

§ 14. (1) In respect of any persons who have been reinstated to the health insurance entitlement thereof according to the procedure established by § 13 herein, Article 109 (1) of the Health Insurance Act shall apply as from the 1st day of January 2006.

(2) Any health insured persons referred to in Paragraph (1), who fail to pay more than three health insurance contributions for the period commencing on the 1st day of February 2005 and ending on the 1st day of January 2006, shall pay for the medical care delivered thereto to the providers.

§ 15. Any persons referred to in Item 4 of Article 40 (2) of the Health Insurance Act, who are in arrears with more than three health insurance contributions upon the entry of this Act into force, shall be reinstated to the health insurance entitlement thereof after the 1st day of January 2005 upon remittance of the first contribution for the account of the Executive Budget.

§ 16. Any Bulgarian citizens, who are obligated to pay health insurance in respect of themselves and who reside abroad for more than 183 days within a calendar year, may be reinstated to the health insurance entitlement thereof under the terms and according to the procedure established by Article 40a of the Health Insurance Act without submitting an application to the National Social Security Institute.

.....

§ 19. This Act shall enter into force as from the date of promulgation thereof in the State Gazette, with the exception of Item 1 (b) of § 4 (regarding Item 3 of Article 40 (1) of the Health Insurance Act) and Item 2 (a) of § 4 (regarding Item 4 of Article 40 (2) of the Health Insurance Act), which shall enter into force as from the 1st day of January 2005.

TRANSITIONAL AND FINAL PROVISIONS

to the Act to Amend the Doctors' and Dentists' Professional Organizations Act

(SG No. 76/2005, effective 1.01.2007)

.....

§ 4. In the Health Insurance Act (promulgated in the State Gazette No. 70 of 1998; amended in Nos. 93 and 153 of 1998, Nos. 62, 65, 67, 69, 110 and 113 of 1999, Nos. 1, 31 and 64 of 2000, No. 41 of 2001, Nos. 1, 54, 74, 107, 112, 119 and 120 of 2002, Nos. 8, 50, 107 and 114 of 2003, Nos. 28, 38, 49, 70, 85 and 111 of 2004, Nos. 39 and 45 of 2005), the words "stomatologist", "stomatological", "the stomatologist", "stomatologists" and "the Union of Stomatologists in Bulgaria" shall be replaced passim by "dental", "the dentist", "dentists" and "the Bulgarian Dental Association", respectively.

.....

TRANSITIONAL AND FINAL PROVISIONS

to the Act to Amend and Supplement the Health Insurance Act

(SG No. 99/2005, effective 1.11.2005)

§ 2. (1) By 31 December 2005 the territorial units of the National Social Security Institute shall forward mandatory instructions to persons, who had not exercised their rights under § 19d, paragraph 1 and their health insurance rights had not been re-established by 31 October 2005. These instructions shall show the amounts of liabilities and the time periods, to which they relate.

(2) Forwarding the mandatory instructions shall suspend any prescription rights.

.....

(*)ACT to Amend the Commercial Register Act

(SG No. 80/2006, effective 3.10.2006)

§ 1. In § 56 of the Transitional and Final Provisions the words "1 October 2006" shall be replaced by "1 July 2007".

.....

TRANSITIONAL AND FINAL PROVISIONS

to the Act to Amend and Supplement the Health Insurance Act

(Promulgated, SG No. 95/2006, effective 24.11.2006)

§ 13. Not later than the 1st day of December 2006:

1. the Minister of Health shall issue the ordinance referred to in Article 80a (3) herein;
2. the Director of the National Health Insurance Fund shall endorse a standard form of a European health insurance card.

.....

§ 15. This Act shall enter into force as from the day of promulgation thereof in the State Gazette, with the exception of § 2, 3, 4, 5, 6, 7 and 10 herein, which shall enter into force as from the day of entry into force of the Treaty concerning the Accession of the Republic of Bulgaria to the European Union.

TRANSITIONAL AND FINAL PROVISIONS

to the Income Taxes on Natural Persons Act

(Promulgated, SG No. 95/2006, effective 1.01.2007)

§ 13. In the Health Insurance Act (promulgated in the State Gazette No. 70/1998; amended in Nos. 93 and 153/1998, Nos. 62, 65, 67, 69, 110 and 113/1999, Nos. 1, 31 and 64/2000, No. 41/2001, Nos. 1, 54, 74, 107, 112, 119 and 120/2002,

Nos. 8, 50, 107 and 114/2003, Nos. 28, 38, 49, 70, 85 and 111/2004, Nos. 39, 45, 76, 99, 102, 103 and 105/2005, Nos. 17, 18, 30, 33, 34 and 59/2006), in Article 42 (1) and (3) and § 19d (5) of the Transitional and Final Provisions, the words "the Personal Income Tax Act" shall be replaced by "the Income Taxes on Natural Persons Act".

.....
§ 21. This Act shall enter into force on the 1st day of January 2007, with the exception of § 10, which shall enter into force on the day of promulgation of the Act in the State Gazette.

TRANSITIONAL AND FINAL PROVISIONS

to the Medicinal Products in Human Medicine Act

(SG No. 31/2007, effective 13.04.2007)

.....
§ 18. (1) The Positive Drug List for 2008 shall be produced in pursuance hereof and it shall enter into force one year after the entry of this Act into force.

(2) Until the entry into force of the Positive Drug List under paragraph 1, medicinal products shall be negotiated in pursuance of Article 45, paragraphs 4 and 5 Health Insurance Act at least once a year, based on the effective Positive Drug List as of the moment of opening negotiations.

.....
§ 37. This Act shall become effective on the day of its publication in the State Gazette with the exception of § 22, which shall enter into force one year after the entry of this Act into force.

(**) ACT to Amend the Commercial Register Act

(SG No. 53/2007, effective 30.06.2007)

§ 1. In § 56 of the Transitional and Final Provisions the words "1 July 2007" shall be replaced by "1 January 2008".

.....
FINAL PROVISIONS

to the 2008 National Health Insurance Fund Budget Act

(Promulgated, SG No. 113/2007, effective 1.01.2008)

.....
§ 18. This Act shall enter into force on the 1st day of January 2008, with the exception of Items 5 and 6 of § 15 herein, which shall enter into force on the 1st day of December 2007.

TRANSITIONAL AND FINAL PROVISIONS

to the Act to Amend and Supplement the Health Act

(SG No. 41/2009, effective 2.06.2009)

.....
§ 72. In the Health Insurance Act (promulgated, State Gazette No. 70/1998, amended, SG No. 93/1998, SG No. 153/1998, SG No. 62/1999, SG No. 65/1999, amended and supplemented, SG No. 67/1999, amended, SG No. 69/1999, amended and supplemented, SG No. 110/1999, SG No. 113/1999, SG No. 64/2000, supplemented, SG No. 41/2001, amended and supplemented, SG No. 1/2002, SG No. 54/2002, supplemented, SG No. 74/2002, amended and supplemented, SG No. 107/2002, supplemented, SG No. 112/2002, amended and supplemented, SG No. 119/2002, amended, SG No. 120/2002, amended and supplemented, SG No. 8/2003, supplemented, SG No. 50/2003, amended, SG No. 107/2003, supplemented,

SG No. 114/2003, amended and supplemented, SG No. 28/2004, supplemented, SG No. 38/2004, amended and supplemented, SG No. 49/2004, amended, SG No. 70/2004, amended and supplemented, SG No. 85/2004, SG No. 111/2004, amended, SG No. 39/2005, amended and supplemented, SG No. 45/2005, amended, SG No. 76/2005, SG No. 99/2005, amended and supplemented, SG No. 102/2005, SG No. 103/2005, SG No. 105/2005, supplemented, SG No. 17/2006, amended and supplemented, SG No. 18/2006, SG No. 30/2006, amended, SG No. 33/2006, amended and supplemented, SG No. 34/2006, SG No. 59/2006, amended and supplemented, SG No. 95/2006, SG No. 105/2006, supplemented, SG No. 11/2007; Judgment No. 3/2007 of the Constitutional Court of the Republic of Bulgaria - SG No. 26/2007; amended, SG No. 31/2007, SG No. 46/2007, SG No. 59/2007, supplemented, SG No. 97/2007, SG No. 100/2007, amended and supplemented, SG No. 113/2007, SG No. 37/2008, SG No. 71/2008, amended, SG No. 110/2008, SG No. 35/2009) shall be amended and supplemented as follows:

.....
8. Everywhere in the Act the words "the Specialized Medical Supervision Directorate" shall be replaced by "the Medical Inspectorate Executive Agency".

.....
TRANSITIONAL AND FINAL PROVISIONS

to the Act to Amend and Supplement the Health Insurance Act

(SG No. 101/2009, effective 18.12.2009, amended, SG No. 19/2010, effective 28.02.2010,

SG No. 59/2010, effective 31.07.2010, SG No. 62/2010, effective 10.08.2010)

§ 65. (1) Within two months of the entry into force of this Act the National Assembly shall elect a Director of the NHIF under the conditions and procedure herein and the decision shall be promulgated in the State Gazette.

(2) The mandate of the NHIF Director which has not expired as per the date of entry into force of this Act shall be terminated as of the date of promulgation of the decision in the State Gazette.

§ 66. (1) Within 20 days of the entry into force of this Act the Council of Ministers, the representative organizations for the protection of patients rights, the representative organizations of the workers and employees and the representative organizations of employers under Article 13 shall designate their representatives to the NHIF Supervisory Board and shall notify the NHIF Director of the designated representatives.

(2) The organizations under Paragraph 1 which have not managed to designate a representative to the Supervisory Board in line with the requirements and procedure laid down in this Act shall be entitled to be part of it after designating them. The NHIF Supervisory Board sittings shall be deemed legitimate without their participation in keeping the quorum requirements under Article 16, Paragraph 3.

(3) Within 14 days from the promulgation of the decision under § 65, Paragraph 1 the NHIF Supervisory Board shall be constituted in compliance with the requirements of this Act by calling and holding its first sitting.

(4) The first sitting of the NHIF Board under Paragraph 3 shall be called by the NHIF Director who within 7 days after the promulgation of the decision under § 65, Paragraph 1 shall send invitations to the members of the Board elected under the procedure of Paragraph 1.

(5) The powers of the members of the NHIF management bodies until then - the assembly of representatives, the governing board and the control board, shall be terminated with the constitution of the NHIF Supervisory Board under the terms of Paragraph 3.

§ 67. (1) (Amended, SG No. 62/2010, effective 10.08.2010) Within three months after the entry into force of this Act the NHIF Manager shall announce and hold the competitions for the positions of RHIF Directors under the terms of Article 15, Paragraph 1, item 11.

(2) The persons holding the office of RHIF Directors until the entry into force of this Act shall preserve their rights until the holding of a competition under Paragraph 1 for the respective position but no longer than three months from the entry into force of this Act.

§ 68. (1) For the implementing of the activities laid down in this Act, in 2010 the National Framework Agreement for 2010 shall be applied as concluded by 23.12.2009 between the NHIF, the Bulgarian Medical Association and the Bulgarian Dental Association by not less than 8 NHIF representatives and 8 representatives of the professional associations of medical doctors and dental medicine physicians. The agreement shall be signed by the Minister of Health and promulgated in the State Gazette by 29.12.2009.

(2) The National Framework Agreement under Paragraph 1 shall contain the following:

1. the conditions to be met by the medical care providers as well as the terms for concluding contracts with them;
2. the individual types of medical care pursuant to Article 45;
3. the conditions and procedure for rendering the care under Paragraph 2;
4. the volume, prices and methodology for payment of the medical assistance under Paragraph 2;
5. the quality and accessibility of the contracted medical assistance;
6. documentation and documentation turnover;
7. the obligations of the parties as to the information provision and the information exchange;
8. other issues which are of importance for health insurance.

(3) In the case when no National Framework Agreement is signed under the terms of Paragraph 1 the NFA for 2006 shall be applied in 2010 as well as Decision ПД-УС-04-17 of NHIF of 20.01.2009 on defining the conditions to be met by the medical and dental care providers, the procedure for contracting them and other conditions under Article 55, Paragraph 2, items 2, 4, 6 and 7 HIA (promulgated, SG No. 8/2009; amended, SG No. 37 and 43/2009) except for the provisions on:

1. the lists on the medical items and dietetic foodstuffs for special medical purposes and the prices for full or partial NHIF reimbursement; the conditions for the prescription and receipt of medicines, medical items and dietetic foodstuffs for special medical purposes;
2. the conditions and terms for controlling contractual performance;
3. sanction in cases of non-performance.

(4) (Amended, SG No. 62/2010, effective 10.08.2010) The powers of the Governing Board provided for in the acts under Paragraphs 1 and 3 shall be discharged by the Supervisory Board or by the NHIF Manager in compliance with the powers laid down herein.

§ 69. (Effective 1.01.2010 - SG No. 101/2009, amended, SG No. 19/2010, effective 28.02.2010) The persons whose obligation for insurance under Article 40, Paragraph 3 has been effected before 1.01.2010 shall be obliged to file a declaration under Article 40, Paragraph 5, item 2 by 30.06.2010.

§ 70. (1) The litigations started before 1.01.2010 for the imposition of sanction by the NHIF control bodies shall be seen through by these same bodies following the procedure used until then.

(2) The litigations started before 1.01.2010 for protesting imposed sanctions shall be seen through following the procedures used until then.

§ 71. In the case of non execution of the income part of the budget of NIHF for 2009 the reduction of the positive balance shall be at the expense of operations in the funding part, including changes in funds in accounts.

.....

§ 76. (1) The Council of Ministers shall adopt before 31.01.2010 the Statute on the Organisation under Article 116a, Paragraph 4 of the Health Act.

(2) The Economic Analysis and Forecasts Agency shall develop before 01.11.2010 the volumes, prices and costing and paying methodologies for medical care under Article 55, Paragraph 2, item 2.

§ 77. The Act shall enter into force on the date of its promulgation in the State Gazette except for:

1. Paragraphs 4, 5, 10 (as to Article 15, Paragraph 1, item 2), 26, 27 (item 1, letter "b", item 2, 4, 5 and 6), 28, 29, 30, 33, 34, 35, 37, 38, 39, 40, 41, 42, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 56, 57, 58, 59, 60, 61, 62, 64 (item 2), 69, 72 (item 3, 4, 5, 6, 7 and 8), 73 and 75, which shall enter into force on 1.01.2010.
2. Paragraphs 25 and 27, item 1, letter "a" which shall enter into force on 2.01.2010.
3. Paragraph 63 which shall enter into force on 1.02.2010.
4. Paragraph 36 (as regards Article 55c) which shall enter into force on 01.01.2011.
5. Paragraphs 31 and 43 (item 1) which shall enter into force on 1.01.2012.
6. Paragraph 27, item 3 which shall enter into force on 1.01.2013.
7. (Repealed, SG No. 59/2010, effective 31.07.2010).

TRANSITIONAL AND FINAL PROVISIONS

to the Act amending and supplementing the Social Insurance Code

(SG No. 19/2010)

.....

§ 17. Paragraph 2 shall become effective 6 months following entry into force of this Act and shall be applied to persons on business leave, under Bulgarian legislation, defined as applicable in accordance with Regulation (EEC) No. 1408/71 of the Council, dated 14 June 1971 referring to the application of social insurance schemes to employed persons and members of their families, who are within the Community, and Paragraph 16, Item 2 shall enter into force on 28 February 2010.

ACT to Amend and Supplement the Health Insurance Act

(SG No. 62/2010, effective 10.08.2010)

.....

§ 7. Throughout the text of the Act the following replacements shall be made: "The Director of the National Health Insurance Fund", "the Director of the National Health Insurance Fund", "The Director of NHIF", "the Director of NHIF", "The NHIF Director", "the NHIF Director", "NHIF Director", "a Director of the NHIF" shall be replaced by: "The Manager of the National Health Insurance Fund", "the Manager of the National Health Insurance Fund", "The Manager of NHIF", "the Manager of NHIF", "The NHIF Manager", "the NHIF Manager", "NHIF Manager", "a Manager of the NHIF" respectively.

.....

Transitional and final provisions

§ 12. (1) The powers of the NHIF Manager shall be exercised by the NHIF Director in office at the time of entry into force of this Act until his/her mandate expires.

(2) The employment contracts of the NHIF Deputy Directors in office at the time of entry into force of this Act shall be terminated with a prior written notice under Item 2 of Article 328 (1) of the Labour Code.

.....

§ 18. This Act shall enter into force on the date of its promulgation in the State Gazette with the exception of the following:

1. Paragraph 6, which shall enter into force on 30 September 2011.
2. Paragraph 8, which shall enter into force on 30 September 2011.

TRANSITIONAL AND FINAL PROVISIONS

to the National Audit Office Act

(SG No. 98/2010)

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§ 102. In the Health Insurance Act (promulgated, State Gazette No. 70/1998, amended, SG No. 93/1998, SG No. 153/1998, SG No. 62/1999, SG No. 65/1999, amended and supplemented, SG No. 67/1999, amended, SG No. 69/1999, amended and supplemented, SG No. 110/1999, SG No. 113/1999, SG No. 64/2000, supplemented, SG No. 41/2001, amended and supplemented, SG No. 1/2002, SG No. 54/2002, supplemented, SG No. 74/2002, amended and supplemented, SG No. 107/2002, supplemented, SG No. 112/2002, amended and supplemented, SG No. 119/2002, amended, SG No. 120/2002, amended and supplemented, SG No. 8/2003, supplemented, SG No. 50/2003, amended, SG No. 107/2003, supplemented, SG No. 114/2003, amended and supplemented, SG No. 28/2004, supplemented, SG No. 38/2004, amended and supplemented, SG No. 49/2004, amended, SG No. 70/2004, amended and supplemented, SG No. 85/2004, SG No. 111/2004, amended, SG No. 39/2005, amended and supplemented, SG No. 45/2005, amended, SG No. 76/2005, SG No. 99/2005, amended and supplemented, SG No. 102/2005, SG No. 103/2005, SG No. 105/2005, supplemented, SG No. 17/2006, amended and supplemented, SG No. 18/2006, SG No. 30/2006, amended, SG No. 33/2006, amended and supplemented, SG No. 34/2006, SG No. 59/2006, amended and supplemented, SG No. 95/2006, No. 105/2006, supplemented, SG No. 11/2007; Judgment No. 3/2007 of the Constitutional Court of the Republic of Bulgaria - SG No. 26/2007; amended, SG No. 31/2007, SG No. 46/2007, SG No. 59/2007, supplemented, SG No. 97/2007, SG No. 100/2007, amended and supplemented, SG No. 113/2007, SG No. 37/2008, SG No. 71/2008, amended, SG No. 110/2008, SG No. 35/2009, 41/2009, 42/2009, 93/2009, 101/2009 and No. 19/2010, 26/2010, 43/2010, 49/2010, 58/2010, 59/2010 and 62/2010) in Article 72, paragraph 1 the words "a decision of the National Audit Office on enforcement of accountability, attaching thereto records of the audit or the audit report under Article 51 (1) of the National Audit Office Act" shall be replaced with "the audit report by the President of the National Audit Office under Article 55, Paragraph 1 of the National Audit Office Act on enforcement of pecuniary or administrative penal liability".

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TRANSITIONAL AND FINAL PROVISIONS

to the Act Amending and Supplementing the Health Act

(SG No. 98/2010, effective 1.01.2011)

.....

§ 102. In the Health Insurance Act (promulgated, State Gazette No. 70/1998, amended, SG No. 93/1998, SG No. 153/1998, SG No. 62/1999, SG No. 65/1999, amended and supplemented, SG No. 67/1999, amended, SG No. 69/1999, amended and supplemented, SG No. 110/1999, SG No. 113/1999, SG No. 64/2000, supplemented, SG No. 41/2001, amended and supplemented, SG No. 1/2002, SG No. 54/2002, supplemented, SG No. 74/2002, amended and supplemented, SG No. 107/2002, supplemented, SG No. 112/2002, amended and supplemented, SG No. 119/2002, amended, SG No. 120/2002, amended and supplemented, SG No. 8/2003, supplemented, SG No. 50/2003, amended, SG No. 107/2003, supplemented, SG No. 114/2003, amended and supplemented, SG No. 28/2004, supplemented, SG No. 38/2004, amended and supplemented, SG No. 49/2004, amended, SG No. 70/2004, amended and supplemented, SG No. 85/2004, SG No. 111/2004, amended, SG No. 39/2005, amended and supplemented, SG No. 45/2005, amended, SG No. 76/2005, SG No. 99/2005, amended and supplemented, SG No. 102/2005, SG No. 103/2005, SG No. 105/2005, supplemented, SG No. 17/2006, amended and supplemented, SG No. 18/2006, SG No. 30/2006, amended, SG No. 33/2006, amended and supplemented, SG No. 34/2006, SG No. 59/2006, amended and supplemented, SG No. 95/2006, No. 105/2006, supplemented, SG No. 11/2007; Judgment No. 3/2007 of the Constitutional Court of the Republic of Bulgaria - SG No. 26/2007; amended, SG No. 31/2007, SG No. 46/2007, SG No. 59/2007, supplemented, SG No. 97/2007, SG No. 100/2007, amended and supplemented, SG No. 113/2007, SG No. 37/2008, SG No. 71/2008, amended, SG No. 110/2008, SG No. 35/2009, 41/2009, 42/2009, 93/2009, 101/2009 and No. 19/2010, 26/2010, 43/2010, 49/2010, 58/2010, 59/2010 and 62/2010) the following amendments shall be made:

.....

§ 121. This Act shall take effect on 1 January 2011, except for:

1. § 1, 16, 20, 29, 30, 32, 33, 34, 35, 42, 44, § 56, Items 1 and 2, § 65, 68, 70, 76, 80, 81, 90, 92, 96, § 102, Items 3, 4, 5, 7 and 8, § 105, Items 1, 3 and 5, § 107, Items 1, 2, 3, 4, 6(a), 7, 10, 11, 13 and 15(a), § 109, 110, 112, 113, § 115, Item 5, § 116, Items 4 and 6, § 117, Items 5 and 7 and § 118, Item 1, which shall take effect on the day of the Act's promulgation in the State Gazette;

2. § 102, Items 1, 2 and 6, which shall take effect on 1 March 2011;

.....

TRANSITIONAL AND FINAL PROVISIONS

to the Act Amending and Supplementing the

Electronic Document and Electronic Signature Act

(SG No. 100/2010, effective 1.07.2011)

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§ 51. In Health Insurance Act (promulgated, State Gazette No. 70/1998, amended, SG No. 93/1998, SG No. 153/1998, SG No. 62/1999, SG No. 65/1999, amended and supplemented, SG No. 67/1999, amended, SG No. 69/1999, amended and supplemented, SG No. 110/1999, SG No. 113/1999, SG No. 64/2000, supplemented, SG No. 41/2001, amended and supplemented, SG No. 1/2002, SG No. 54/2002, supplemented, SG No. 74/2002, amended and supplemented, SG No. 107/2002, supplemented, SG No. 112/2002, amended and supplemented, SG No. 119/2002, amended, SG No. 120/2002, amended and supplemented, SG No. 8/2003, supplemented, SG No. 50/2003, amended, SG No. 107/2003, supplemented, SG No. 114/2003, amended and supplemented, SG No. 28/2004, supplemented, SG No. 38/2004, amended and supplemented, SG No. 49/2004, amended, SG No. 70/2004, amended and supplemented, SG No. 85/2004, SG No. 111/2004, amended, SG No. 39/2005, amended and supplemented, SG No. 45/2005, amended, SG No. 76/2005, SG No. 99/2005, amended and supplemented, SG No. 102/2005, SG No. 103/2005, SG No. 105/2005, supplemented, SG No. 17/2006, amended and supplemented, SG No. 18/2006, SG No. 30/2006, amended, SG No. 33/2006, amended and supplemented, SG No. 34/2006, SG No. 59/2006, amended and supplemented, SG No. 95/2006, No. 105/2006, supplemented, SG No. 11/2007; Judgment No. 3/2007 of the Constitutional Court of the Republic of Bulgaria - SG No. 26/2007; amended, SG No. 31/2007, SG No. 46/2007, SG No. 59/2007, supplemented, SG No. 97/2007, SG No. 100/2007, amended and supplemented, SG No. 113/2007, SG No. 37/2008, SG No. 71/2008, amended, SG No. 110/2008, SG No. 35/2009, 41/2009, 42/2009, 93/2009, 101/2009 and No. 19/2010, 26/2010, 43/2010, 49/2010, 58/2010, 59/2010, 62/2010, and 96/2010) in § 19i, paragraph 2 from transitional and final provisions the word "universal" shall be replaced with "qualified".

.....

§ 54. This Act shall take effect on 1 July 2011, with the exception of § 31, regarding Article 38, paragraph 4, which shall enter into force as from the date of promulgation of this Act in the State Gazette.

TRANSITIONAL AND FINAL PROVISIONS

to the Act Amending and Supplementing Social Insurance Code

(SG No. 100/2010, effective 1.01.2011)

.....

§ 55. In Health Insurance Act (promulgated, State Gazette No. 70/1998, amended, SG No. 93/1998, SG No. 153/1998, SG No. 62/1999, SG No. 65/1999, amended and supplemented, SG No. 67/1999, amended, SG No. 69/1999, amended and supplemented, SG No. 110/1999, SG No. 113/1999, SG No. 64/2000, supplemented, SG No. 41/2001, amended and supplemented, SG No. 1/2002, SG No. 54/2002, supplemented, SG No. 74/2002, amended and supplemented, SG No. 107/2002, supplemented, SG No. 112/2002, amended and supplemented, SG No. 119/2002, amended, SG No. 120/2002, amended and supplemented, SG No. 8/2003, supplemented, SG No. 50/2003, amended, SG No. 107/2003, supplemented, SG No. 114/2003, amended and supplemented, SG No. 28/2004, supplemented, SG No. 38/2004, amended and supplemented, SG No. 49/2004, amended, SG No. 70/2004, amended and supplemented, SG No. 85/2004, SG No. 111/2004, amended, SG No. 39/2005, amended and supplemented, SG No. 45/2005, amended, SG No. 76/2005, SG No.

99/2005, amended and supplemented, SG No. 102/2005, SG No. 103/2005, SG No. 105/2005, supplemented, SG No. 17/2006, amended and supplemented, SG No. 18/2006, SG No. 30/2006, amended, SG No. 33/2006, amended and supplemented, SG No. 34/2006, SG No. 59/2006, amended and supplemented, SG No. 95/2006, SG No. 105/2006, supplemented, SG No. 11/2007; Judgment No. 3/2007 of the Constitutional Court of the Republic of Bulgaria - SG No. 26/2007; amended, SG No. 31/2007, SG No. 46/2007, SG No. 59/2007, supplemented, SG No. 97/2007, SG No. 100/2007, amended and supplemented, SG No. 113/2007, SG No. 37/2008, SG No. 71/2008, amended, SG No. 110/2008, SG No. 35/2009, 41/2009, 42/2009, 93/2009, 101/2009 and No. 19/2010, 26/2010, 43/2010, 49/2010, 58/2010, 59/2010, 62/2010, 96/2010, and 97/2010) in Article 40, paragraph 1, item 5, the words "Article 40, Paragraph 4 of the Social Security Code" shall be replaced with "Article 40, Paragraph 5 of the Social Security Code".

.....
§ 65. This Act shall take effect on 1 January 2011, with the exception of § 32, 33, 36 and 51, which shall enter into force from 1 January 2012.

TRANSITIONAL AND FINAL PROVISIONS

to the Budget Act of the National Health Insurance Fund for 2012

(SG No. 99/2011, effective 1.01.2012)

§ 1. Over-income health insurance under Article 1, paragraph 1, row 1 is allocated to health insurance payments in the manner determined by the Supervisory Board of the National Health Insurance Fund.

§ 2. Ministry of Health on a monthly basis until the end of this month provides a transfer to the budget of the National Health Insurance Fund of Article 1, paragraph 1, line 5 in the amount of absorbed month commitment to the hospitals by reason of their obstetrical care under Article 82, paragraph 1, item 2 of the Health Act and Article 1, paragraph 1, line 6 for the cost of vaccines in national programs for prevention of cervical cancer for a population of Article 82, paragraph 2, item 3 of the Health Act. The funds are stated at Article 1, paragraph 2, line 1.5.6.1 and 1.5.6.2 of the budget line of the National Health Insurance Fund.

§ 3. From the state budget through the budget of the Ministry of Health may be obtained from the budget of the National Health Insurance Fund subsidies of Article 23, paragraph 1, item 11 of the Law on health insurance than those under Article 1, paragraph 1 for implementing the obligations resulting from the application of the rules on coordination of social security and benefits in kind for medical care outside of Article 45 of the Health Insurance Act. With costs for these benefits are increased amounts of Article 1, paragraph 2, rows 1, 1.5, 1.5.7.

§ 4. Funds on contracts for hospital care, concluded between spending and the National Health Insurance Fund are recorded as transfers of Article 1, paragraph 2, line 4.

§ 5. (1) In 2012, medical activities, medicines and medical devices in 2011 were financed through the budget of the Ministry of Health, shall be paid by means of Article 1, paragraph 2, line 5.

(2) The resources of Article 1, paragraph 2, line 5 is transferred monthly to the end of this month.

§ 6. Reliance on the amounts due in accordance with Article 24, item 6 of the Health Insurance Act of the National Health Care Fund budget to the National Revenue Agency shall be made at the end of each month at the rate 0.2 per cent of the funds raised during the previous month health insurance contributions. Funds are reported as transfers between budget accounts of Article 1, paragraph 2, line 4.

§ 7. The Supervisory Board of the National Health Insurance has the right to offset changes in internal loans between the elements of expenditure and transfers of article 1, paragraph 2, which are within the approved budget.

§ 8. The Supervisory Board of the National Health Insurance Fund pursuant to Article 26, paragraph of the Health Insurance Act is entitled to expend funds from the Reserve for Contingency article 1, paragraph 2, line 3.

§ 9. The Supervisory Board of the National Health Insurance Fund may decide that the revenue from sale of fixed assets to be used for acquisition of such assets in excess of the approved cost of the Article 1, paragraph 2, line 2.

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§ 12. This Act shall enter into force on 1 January 2012 except for § 10, item 6, letter "b", which came into force on the day of its publication in "State Gazette".

TRANSITIONAL AND FINAL PROVISIONS

to the Budget Law on State Social Insurance for 2012

(SG No. 100/2011, effective 1.01.2012)

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§ 11. Cash benefits for temporary disability, maternity, unemployment and labor adjustment granted a starting date to December 31, 2011, continue to be paid within the set so far up to the expiration of their term.

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TRANSITIONAL AND FINAL PROVISIONS

to the Act to Amend and Supplement the Civil Servants Act

(Promulgated, SG No. 38/2012, effective 1.07.2012)

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§ 84. (Effective 18.05.2012 - SG No. 38/2012) Within one month after the promulgation of this Act in the State Gazette:

1. the Council of Ministers shall bring the Classifier of Positions in the Administration into conformity with this Act;
2. the competent authorities shall bring the organic acts of the respective administration into conformity with this Act.

§ 85. (1) The legal relationships with the persons of the administrations under the Radio and Television Act, the Independent Financial Audit Act, the Electronic Communications Act, the Financial Supervision Commission Act, the Access to and Disclosure of the Documents and Announcing the Affiliation of Bulgarian Citizens with the State Security Service and the Intelligence Services of the Bulgarian Popular Army Act, the Criminal Assets Forfeiture Act, the Conflict of Interest Prevention and Ascertainment Act, the Social Insurance Code, the Health Insurance Act, the Agricultural Producers Support Act and the Roads Act shall be settled under the terms established by § 36 of the Transitional and Final Provisions of the Act to Amend and Supplement the Civil Servants Act (State Gazette No. 24 of 2006).

(2) The act on appointment of the civil servant shall:

1. award the lowest rank designated in the Classifier of Positions in the Administration for occupation of the position, unless the servant holds a higher rank;

2. fix an individual monthly basic salary.

(3) The additional resources required for social and health insurance contributions of the persons referred to in Paragraph (2) shall be provided within the limits of the expenditures on salaries, remunerations and compulsory social and health insurance contributions under the budgets of the spending units concerned.

(4) The Council of Ministers shall effect the requisite modifications under the off-budget account of State Fund Agriculture arising from this Act.

(5) The governing bodies of the National Social Security Institute and of the National Health Insurance Fund shall effect the requisite modifications under the respective budgets arising from this Act.

(6) Any unused leaves under the employment relationships shall be retained and shall not be compensated by cash compensations.

§ 86. (1) Within one month after the entry into force of this Act, the individual monthly basic salary of the servant shall be fixed in such a way that the said salary, net of the tax due and the compulsory social and health insurance contributions for the account of the insured person, if they were due, would not be lower than the gross monthly salary received theretofore, net of the compulsory social and health insurance contributions for the account of the insured person, if they were due, and the tax

due.

(2) The gross salary referred to in Paragraph (1) shall include:

1. the monthly basic salary or the monthly basic remuneration;
2. supplementary remunerations which are paid constantly together with the monthly basic salary or monthly basic remuneration due and which are contingent solely on the time worked.

§ 87. This Act shall enter into force as from the 1st day of July 2012 with the exception of § 84 herein, which shall enter into force as from the day of promulgation of the Act in the State Gazette.

TRANSITIONAL AND FINAL PROVISIONS

to the Act amending and supplementing the Health Insurance Act

(SG No. 60/2012, effective 7.08.2012, amended and supplemented, SG No. 20/2013)

§ 28. Until the decree specified in Article 37 (1) enters into force, the former Paragraph (1) of the same article shall apply.

§ 29. (1) Within one year of the entry of this Act into force, the existing health insurance companies holding licences for activities related to voluntary health insurance issued under the procedure of the Health Insurance Act shall bring their operations in line with the Insurance Code and shall submit before the Financial Supervision Commission applications for licences to perform insurance activities under Item 2 or Items 1 and 2 of Section II, Letter "A" of Annex No. 1 to the Insurance Code.

(2) The Financial Supervision Commission may refuse to issue a licence on the grounds specified in Article 34 of the Insurance Code.

(3) The licences to perform activities related to voluntary health insurance, issued prior to the entry of this Act into force, shall be valid until the operations are brought in line with the Insurance Code and the Financial Supervision Commission expresses an opinion, respectively until the deadline for bringing the operations of the existing health insurance companies in line with the Insurance Code expires, where no evidence have been provided for achieving compliance with the Insurance Code.

(4) Health insurance companies shall not owe state fees for the issuing of a licence in accordance with the procedure under Paragraph (1).

§ 30. (Amended and supplemented, SG No. 20/2013) Until obtaining a licence to perform insurance activities, respectively until the deadline for bringing their operations in line with the Insurance Code in accordance with § 29 (1) expires, the existing health insurance companies holding licences for activities related to voluntary health insurance issued under the procedure of the Health Insurance Act shall perform their operations in accordance with the previously existing procedures and the hitherto provisions of Articles 81 - 88, Articles 89 - 90d, Article 90f, Article 90h - 97c, Article 99b, Articles 99f - 99n and Article 106b. The Insurance Code shall apply to the investments of technical reserves of health insurance companies.

§ 31. (1) Within one month after the expiry of the deadline specified in § 29 (1), the existing health insurance companies, which have not brought their operations in line with the Insurance Code, shall file with the Financial Supervision Commission applications for:

1. transformation through merger with or joining an insurer, which has obtained a licence to perform insurance activities under Section II of Annex No. 1 of the Insurance Code, including for full or partial transfer of their health insurance contracts portfolio within the transformation procedure, or
2. full transfer of their health insurance contracts portfolio or part thereof to an insurer, which has obtained a licence to perform insurance activities under Item 2 or Items 1 and 2 of Section II, Letter "A" of Annex No. 1 to the Insurance Code, outside the procedure under Item 1, and for launching a termination procedure, or
3. termination of its operations in accordance with the procedure of the Insurance Code, regardless of whether the existing health insurance company has transferred the health insurance contracts portfolio or not.

(2) Applications under Paragraph (1) can be also filed within the deadline specified in § 29 (1).

- (3) After a health insurance contracts portfolio is transferred to an insurer, the contracts shall be regarded as health insurance contracts under Item 2 of Section II of Annex No. 1 to the Insurance Code, and all conditions under them shall remain in force.
- (4) Existing health insurance companies, which have not brought their operations in line with the Insurance Code within the deadline, specified in § 29 (1) or have not filed applications within the deadlines specified in paragraphs 1 or 2, shall be subject to mandatory termination in accordance with the procedure set out in Article 123 of the Insurance Code.
- (5) Termination and procedures for transformation, transfer of health insurance contracts portfolios, liquidation and insolvency shall be carried out in accordance with the procedures set out in the Insurance Code.

§ 32. (1) Voluntary health insurance contracts, which are in force as at the date of entry of this Act into force, shall continue to be in force until the expiry of the term, for which they have been concluded, but not later than one year of the entry of this Act into force.

(2) Where a mandatory health insurance contract, which is in force at the time of entry of this Act into force, expires on a date, preceding the day when the one-year period of the entry of this Act into force expires, the contract can be renewed for a new term, not longer than one year after the entry of this Act into force, unless where at the renewal date the voluntary health insurance company, renewing the contract, has obtained a licence for insurance activities in accordance with § 29.

(3) Paragraph 2 shall apply respectively to the conclusion of new voluntary health insurance contracts.

(4) (New, SG No. 20/2013) Contracts for health insurance under paragraphs 1, 2 and 3, Article 65a, 104a and § 11b of the transitional and final provisions of the Insurance Code.

§ 33. The contracts under Items 4 and 6 of Section I and Item 2 of Section II, Letter "A" of Annex No. 1 to the Insurance Code, which are in force as at the date of entry into force of this Act, shall remain in force until the expiry of the term, for which they have been concluded, and their term cannot be extended.

§ 34. (1) The National Health Insurance Fund shall negotiate the value of medical products for diseases, included in the list under the ordinance, referred to in Article 45 (3) herein, under conditions and in accordance with a procedure, approved by the NHIF Supervisory Board at a motion by the NHIF Manager.

(2) The National Health Insurance Fund shall negotiate the value of medical products, paid in the conditions of hospital medical care, under conditions and in accordance with a procedure, approved by the NHIF Supervisory Board at a motion by the NHIF Manager.

(3) The values negotiated under paragraph 1 shall be paid by the NHIF until the completion of the procedure for determining the value, up to which the NHIF pays the medical products belonging to one group in accordance with the procedure of the Ordinance referred to in Article 30a (3) of the Medical Products Act.

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§ 44. This Act shall enter into force as from the date of promulgation thereof in the State Gazette.

TRANSITIONAL AND FINAL PROVISIONS

to the Act amending and supplementing the Value Added Tax Act

(SG No. 94/2012, effective 1.01.2013)

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§ 49. The health insurance contributions of persons, who have submitted declarations under Article 40, Paragraph 5, Item 2 of the Health Insurance Act before the entry of this Act into force, shall be determined on the basis of one half of the minimum contributory income applicable to self-insured persons as fixed by the Public Social Insurance Budget Act. Persons who at their own choice wish to insure themselves on the basis of a contributory income, higher than one half of the minimum contributory income applicable to self-insured persons as fixed by the Public Social Insurance Budget Act, shall submit new declarations by 31 January 2013.

§ 50. Article 41, Paragraph 2 of the Health Insurance Act shall also apply to unpaid liabilities, the deadline for payment of which has expired before the entry of this Act into force.

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TRANSITIONAL AND FINAL PROVISIONS

to the 2013 National Health Insurance Fund Budget Act

(SG No. 101/2012, effective 1.01.2013)

§ 1. The over-implementation of the health insurance revenues specified in Article 1, Paragraph 1, line 1 shall be allocated for health insurance payments in accordance with a procedure determined by the NHIF Supervisory Board.

§ 2. The Ministry of Health shall monthly, by the end of the current month, provide transfers to the budget of the NHIF under Article 1, Paragraph 1, line 5 in the amount of the liability to the medical institutions undertaken during the month for the obstetrics care provided by them as per Article 82, Paragraph 1, Item 2 of the Health Act and for financing the expenses on vaccines under national programmes for prevention of cervical cancer for a certain population as per Article 82, Paragraph 2, Item 3 of the Health Act. The funds shall be accounted for as per Article 1, Paragraph 2, line 1.1.3.5.3 and line 1.1.3.7.1 of the NHIF budget.

§ 3. From the executive budget via the budget of the Ministry of Health earmarked subsidies may be received into the budget of the NHIF according to Article 23, Paragraph 1, Item 11 of the Health Insurance Act, outside those under Article 1, Paragraph 1, for the execution of obligations stemming from the application of the rules for coordination of the social security systems and intended for in-kind compensations outside the medical care under Article 45 of the Health Insurance Act. The amounts under Article 1, Paragraph 2, lines 1, 1.1.3, 1.1.3.8 and 1.1.3.8.1 shall be increased with the expenditure incurred for these compensations.

§ 4. The funds under hospital care contracts, executed between spenders of budgetary appropriations and the NHIF, shall be accounted for as transfers under Article 1, Paragraph 2, line 2.

§ 5. The calculation, planning and distribution of the amounts due in accordance with the requirements of Article 24, Item 6 of the Health Insurance Act from the NHIF budget to the National Revenue Agency budget shall be done at the end of every calendar month in the amount of 0.2 percent of the health insurance contributions raised during the preceding month. The funds shall be accounted for as transfers between budget accounts according to Article 1, Paragraph 2, line 2.

§ 6. The NHIF Supervisory Board shall have the right to make internal offset changes in the allocations between the components of the total expenditure and transfers, specified in Article 1, Paragraph 2, where the changes must be within the budget approved, except for the personnel costs under Article 1, Paragraph 2, Item 1.1.1.

§ 7. On the grounds of Article 26, Paragraph 2 of the Health Insurance Act the NHIF Supervisory Board shall have the right to spend funds from the reserve, including for unforeseen and emergency expenditures under Article 1, Paragraph 2, line 1.3.

§ 8. The NHIF Supervisory Board may make a decision that the revenues from the sale of tangible long-term assets are to be used for the acquisition of such assets above the approved expenditure according to Article 1, Paragraph 2, line 1.2.

§ 9. (1) The Supervisory Board, upon a proposal by the NHIF Manager, shall approve the required changes in individual items of expenditure, incurred by the NHIF and financed with funds from transfers from the Ministry of Health, not envisaged in this Act, without disrupting the balance of the NHIF budget.

(2) The transfers from the Ministry of Health, referred to in Paragraph 1, shall be for individuals with no health insurance and shall include:

1. activities related to the ambulatory follow-up of patients with mental disorders;
2. activities related to the ambulatory follow-up of patients with skin and venereal diseases;
3. intensive care;
4. one preventive check-up and tests for all women with no health insurance, regardless of the type of delivery, in accordance with Article 82, Paragraph 1, Item 2 of the Health Act.

(3) The amount of the transfers referred to in Paragraph 2 shall be determined and provided by the Ministry of Health for individuals with no health insurance under conditions and in accordance with a procedure, defined by the Minister of Health and

the NHIF Manager.

§ 10. The vaccines for mandatory immunisations and re-immunisations, provided by the Ministry of Health in 2012, shall be financed in 2013 by the Ministry of Health under the existing procedure until they start being provided by the NHIF, but not later than 1 April 2013.

§ 11. (1) The medical institutions, which have been subsidised in 2012 by the Ministry of Health in accordance with the procedure of the Methodology for Subsidising Medical Institutions in 2012, shall be subsidised in 2013 by the Ministry of Health under the existing procedure, if by 31 December 2012 they have provided reports and statements in accordance with the concluded contracts for the activities, which shall be transferred for financing to the NHIF in 2013.

(2) The activities referred to in Paragraph 1 shall be paid for by the Ministry of Health after the final amount of the subsidy for the fourth quarter of 2012 is determined.

§ 12. (1) In 2013 the funds for medicines under Article 4, Item 1 of the War Veterans Act and Article 15, Paragraphs 1 and 2 of the Disabled Veterans and People Injured in Wars Act shall be covered from the executive budget and shall be paid by the Social Assistance Agency through the NHIF.

(2) The Social Assistance Agency shall transfer to the NHIF the funds required for payment of the amounts, requested by pharmacies, which have concluded contracts with the NHIF, for medicines provided to war veterans, disabled veterans and people injured in wars.

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TRANSITIONAL AND FINAL PROVISIONS

to the 2013 State Budget of the Republic of Bulgaria Act

(SG No. 102/2012, effective 1.01.2013)

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§ 77. The implementation of the present Act is assigned to the Council of Ministers.

§ 78. This Act becomes effective from the 1st of January 2013 with the exception of § 61, 68 and 73, which become effective from the date of the promulgation of the Act in the State Gazette.

TRANSITIONAL AND FINAL PROVISIONS

to the Act amending and supplementing the Health Added

(SG No. 1/2014, effective 3.01.2014)

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§ 15. In the Health Insurance Act (promulgated, SG No. 70/1998, amended, SG No. 93 and 153/1998, SG No. 62, 65, 67, 69, 110 and 113/1999, SG No. 1 and 64/2000, SG No. 41/2001, SG No. 1, 54, 74, 107, 112, 119 and 120/2002, SG No. 8, 50, 107 and 114/2003, SG No. 28, 38, 49, 70, 85 and 111/2004, SG No. 39, 45, 76, 99, 102, 103 and 105/2005, SG No. 17, 18, 30, 33, 34, 59, 80, 95, 105/2006, SG No. 11/2007; Decision No. 3 of the Constitutional Court of 2007 - SG No. 26/2007; amended, SG No. 31, 46, 53, 59, 97, 100 and 113/2007, SG No. 37, 71 and 110/2008, SG No. 35, 41, 42, 93, 99 and 101/2009, SG No. 19, 26, 43, 49, 58, 59, 62, 96, 97, 98 and 100/2010, SG No. 9, 60, 99, 100/2011, SG No. 38, 60, 94, 101 and 102 of 2012, SG No. 4, 15, 20, 23 and 106/2013) the following amendments:

.....
§ 17. Within one month of the entry of this Act into force the Minister of Health shall publish the ordinances referred to in:

1. Article 37, Paragraph 8, Article 52 and Article 114a, Paragraph 2;

2. Article 80h, Paragraph 4 of the Health Insurance Act.
.....

§ 19. This Act shall enter into force as from the date of its promulgation in the State Gazette.

TRANSITIONAL AND FINAL PROVISIONS

to the Act to Amend and Supplement to the Social Security Code

(SG No. 1/2014, effective 1.01.2014)

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§ 11. In the Health Insurance Act (promulgated, SG No. 70/1998, as amended, SG No. 93 and 153/1998, SG No. 62, 65, 67, 69, 110 and 113/1999, SG No. 1 and 64/2000, SG No. 41/2001, SG No. 1, 54, 74, 107, 112, 119 and 120/2002, SG No. 8, 50, 107 and 114/2003, SG No. 28, 38, 49, 70, 85 and 111/2004, SG No. 39, 45, 76, 99, 102, 103 and 105/2005, SG No. 17, 18, 30, 33, 34, 59, 80, 95, 105/2006, SG No. 11/2007; Decision No. 3 of the Constitutional Court of 2007 - SG No. 26/2007; amended, SG No. 31, 46, 53, 59, 97, 100 and 113/2007, SG No. 37, 71 and 110/2008, SG No. 35, 41, 42, 93, 99 and 101/2009, SG No. 19, 26, 43, 49, 58, 59, 62, 96, 97, 98 and 100/2010, SG No. 9, 60, 99, 100/2011, SG No. 38, 60, 94, 101 and 102 of 2012, SG No. 4, 15, 20, 23 and 106/2013) in Article 40, para. 1, item 5, the first sentence is amended as follows: "For individuals with temporary incapacity due to illness, pregnancy and childbirth leave for raising a child under Article 164, paragraph 1 and 3 of the Labour Code and leave at adoption of a child from 2- to 5-years under Article 164b, paragraph 1 and 4 of the Labour Code - the minimum insurance income for the self employed."

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§ 12. This Act shall enter into force on January 1, 2014.

TRANSITIONAL AND FINAL PROVISIONS

to the Act amending and supplementing the

2015 National Health Insurance Fund Budget Act

(SG No. 107/2014, effective 1.01.2015)

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§ 11. Medical institutions, which have received for the first time a permit for an activity under Article 48, Paragraph 1 of the Medical Institutions Act after 31 December 2014, and medical institutions, in the permission for operation of which new activities have been included after 31 December 2014, can not conclude in 2015 agreements or additional agreements with the NHIF for the corresponding activities.

TRANSITIONAL AND FINAL PROVISIONS

to the Act to Amend and Supplement the Health Insurance Act

(SG No. 48/2015)

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§ 40. (1) The Minister of Health shall determine the criteria under Article 45(3) within three months of this Act's entry into force.

(2) The Supervisory Board of the NHIF shall approve the list under Article 45(4) within three months after the criteria referred to in Paragraph 1 are determined.

(3) Within one month of the entry into force of the list under Article 45(4) the National Council on Prices and Reimbursement of Medicinal Products shall ex officio exclude from the Positive Drug List the medicinal products designated for treatment of diseases not included in the list.

(4) The National Health Insurance Fund shall pay for the medicinal products, medical products and dietetic foods for special medical purposes designated for the diseases under the ordinance referred to in the previous Article 45(3) prescribed until the

expiry of the period referred to in Paragraph 3.

(5) No appeal against the acts or deeds of the National Council on Prices and Reimbursement of Medicinal Products referred to in Paragraph 3 shall halt the enforcement thereof.

§ 41. Until a basic and supplementary package is established in accordance with the procedure provided for by Article 45(2), the basic package applicable as at the time of this Act's entry into force shall apply.

§ 42. (1) In relation to medicinal products under Article 45(10), (13) and (19) included in the Positive Drug List for which no discounts have been agreed upon, discounts shall be agreed upon within 6 months of this Act's entry into force.

(2) Within one month of the expiry of the time limit referred to in Paragraph 1, the National Council on Prices and Reimbursement of Medicinal Products shall ex officio exclude from the Positive Drug List any medicinal products for which no discounts have been agreed upon.

(3) No appeal against the acts or deeds of the National Council on Prices and Reimbursement of Medicinal Products referred to in Paragraph 2 shall halt the enforcement thereof.

§ 43. Under contracts between medical treatment facilities and medicinal product suppliers on hospital treatment of malignant diseases, the NHIF shall pay the cost of the medicinal products, regardless of whether discounts have been agreed upon in respect thereof, until the expiry of the period agreed upon in the contracts as at the time of this Act's entry into force, but for no more than 6 months thereafter.

§ 44. (1) The National Framework Agreements, the volumes and prices of medical and dental activities, the methods for estimation of the value of and payment for medical care and the resolutions under Article 54(8) and/or (9) applicable as at the time of this Act's entry into force shall apply until new National Framework Agreements are adopted.

(2) Until new National Framework Agreements are adopted, the NHIF shall pay for the medical care referred to in Item 2 of Article 55(2) within the volumes applicable as at the time of this Act's entry into force.

§ 45. (1) Until new National Framework Agreements are adopted under Article 53(1), checks by financial inspectors, medical doctors and dentists acting as controllers shall be performed, and penalties shall be imposed and appealed against, in accordance with the hitherto applicable procedure.

(2) Any checks as referred to in Paragraph 1, any imposition of sanctions and any appeals against such sanctions which have started prior to the adoption of new National Framework Agreements under Article 53(1) shall be finalised in accordance with the hitherto applicable procedure.

§ 46. (1) Within three months of this Act's entry into force medical research societies shall provide the National Council on Prices and Reimbursement of Medicinal Products with the manuals and algorithms under Item 4 of Article 259(1) of the Medicinal Products in Human Medicine Act.

(2) Where medical research societies fail to provide the manuals and algorithms under Item 4 of Article 259(1) of the Medicinal Products in Human Medicine Act within the time limit referred to in Paragraph 1, the National Council on Prices and Reimbursement of Medicinal Products shall arrange for them to be drawn up by the national consultants or other medical specialists experienced in the relevant field.

(3) The National Council on Prices and Reimbursement of Medicinal Products shall endorse the manuals and algorithms under Item 4 of Article 259(1) of the Medicinal Products in Human Medicine Act within three months of the expiry of the time limit referred to in Paragraph 1.

§ 47. (1) Within three months of this Act's entry into force the Minister of Health shall issue the ordinance under Article 262(4) of the Medicinal Products in Human Medicine Act.

(2) Within 6 months of this Act's entry into force, medicinal products with new International Nonproprietary Names may be included in the Positive Drug List without a health technology assessment.

§ 48. Item 2 of § 9 shall take effect as of 1 January 2016, and § 37 shall take effect 6 months after this Act is promulgated in the State Gazette.

TRANSITIONAL AND FINAL PROVISIONS

to the Act to Amend and Supplement the Social Insurance Code

(SG No. 61/2015, effective 1.01.2016)

§ 60. This Code shall enter into force on the 1st day of January 2016, with the exception of:

- 1. § 3 concerning Item 6 of Article 4a (3), § 4, § 7 concerning Item 10 of Article 6(3), Item 2 of § 8 concerning the amendment to Article 9(6), § 16, Items 5 to 9 of § 25, § 31 – 36, § 47 – 51, § 54, § 55, Item 2 of § 56 concerning the amendment to Item 9 of Article 40(3), which shall take effect three days after this Act’s promulgation in the State Gazette;
- 2. § 45, which shall take effect 12 months after this Act’s promulgation in the State Gazette;
- 3. § 57, which shall take effect as of 1 April 2015;
- 4. § 58, which shall take effect as of 17 July 2015.

TRANSITIONAL AND FINAL PROVISIONS

to the Act to Amend and Supplement the Medical-Treatment Facilities Act

(SG No. 72/2015)

§ 72. Item 3 of § 24 and Item 2 of § 67 shall take effect as of 1 January 2016.

TRANSITIONAL AND FINAL PROVISIONS

to the 2016 National Health Insurance Fund Budget Act

(SG No. 98/2015, effective 1.01.2016)

§ 13. The National Framework Agreement for Medical Activities for 2015 (SG No. 6/2015) and the National Framework Agreement for Dental Activities for 2015 (SG No. 6/2015) shall continue being effective until 31 March 2016, except in the cases referred to in Article 54, Paragraph 8 of the Health Insurance Act, where they shall continue being effective until new national framework agreements are adopted.

TRANSITIONAL AND FINAL PROVISIONS

to the 2018 National Health Insurance Fund Budget Act

(SG No. 101/2017, effective 1.01.2018)

§ 2. (1) Every month, by the end of the month following the reporting month, the Ministry of Health, based on a request received from the NHIF, shall make a transfer to the NHIF budget under Article 1, Paragraph 1, line 3 to finance the expenditure on medicines – vaccines and activities related to their administering under Article 82, Paragraph 2, Item 3 of the Health Act; activities for individuals with no health insurance, including: complex dispensary (outpatient) follow-up of patients with skin and venereal diseases and mental disorders; intensive care; activities under Article 82, Paragraph 1, Item 2 of the Health Act, and with regard to the amounts under Article 37, Paragraph 6 of the Health Insurance Act. The funds shall be accounted for in Article 1, Paragraph 2, line 1.1.4 of the NHIF budget.

(2) The transfer under Paragraph 1 shall amount to the liability undertaken by the NHIF during the month to the medical

institutions for the activities performed thereby, respectively to the holders of authorisations for wholesale trade in medicines for the delivered and administered vaccines.

(3) Transfers exceeding the amount specified in Article 1, Paragraph 1, line 3 shall be determined and provided by the Ministry of Health under conditions and in accordance with a procedure approved by the Minister of Health and the NHIF Governor, following their approval by the NHIF Supervisory Board, without disrupting the balance of the NHIF budget.

(4) In the cases referred to in Paragraph 3, every month after the reporting of the payments made during the previous month the NHIF Governor shall approve compensated changes in the indicators under Article 1, Paragraph 1, line 3 and Paragraph 2, line 1.1.4, without disrupting the balance of the NHIF budget.

§ 3. From the executive budget via the budget of the Ministry of Health earmarked subsidies may be received into the NHIF budget according to Article 23, Paragraph 1, Item 9 of the Health Insurance Act, outside those under Article 1, Paragraph 1, for the execution of obligations stemming from the application of the rules for coordination of the social security systems and intended for in-kind compensations outside the medical care under Article 45 of the Health Insurance Act. The amounts under Article 1, Paragraph 2, lines 1, 1.1.3, 1.1.3.8 and 1.1.3.8.1 shall be increased with the expenditure incurred for these compensations.

§ 4. (1) Health insurance payments made using funds under Article 1, Paragraph 2, line 1.1.3, and payments from transfers from the Ministry of Health under Article 1, Paragraph 2, line 1.1.4 under contracts concluded on the grounds of Article 59, Paragraph 1 of the Health Insurance Act between spenders of budgets and the NHIF shall be accounted for as transfers under Article 1, Paragraph 2, line 2.

(2) In the cases referred to in Paragraph 1, every month after the reporting of the payments made during the previous month the NHIF Governor shall approve compensated changes between the indicators under Article 1, Paragraph 2, line 1.1.3 and line 1.1.4 and under Article 1, Paragraph 2, line 2.

§ 5. (1) Discounts relating to medicinal products, negotiated on the grounds of Article 45, Paragraphs 10 and 19 of the Health Insurance Act and subject to refunding directly to the NHIF by marketing authorisation holders and/or their authorised representatives, shall be accounted for as a decrease in the expenditure incurred by the NHIF from the funds under Article 1, Paragraph 2, lines 1, 1.1.3 and 1.1.3.5.

(2) Discounts received under Paragraph 1 shall be accounted for as a decrease in the expenditure incurred by the NHIF from the funds under Article 1, Paragraph 2, lines 1.1.3.5.1 and 1.1.3.5.2 based on the discount defined for each medicine pursuant to the Medicinal Products in Human Medicine Act, the Health Act and the Health Insurance Act.

(3) For medicinal products with new international nonproprietary names, for which an application for inclusion in the positive medicines list under Article 262, Paragraph 6, Item 1 or 2 of the Medicinal Products in Human Medicine Act is filed after 15 October 2018, proposals shall be considered and the discounts on the grounds of Article 45, Paragraphs 10 and 19 of the Health Insurance Act shall be negotiated from the beginning of the next succeeding calendar year.

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§ 7. The amounts due in accordance with the requirement of Article 24, Item 6 of the Health Insurance Act from the NHIF budget to the National Revenue Agency budget shall be calculated, planned and distributed at the end of each calendar month in the amount of 0.2 percent of the health insurance contributions raised during the preceding month. The funds shall be accounted for as transfers between budget accounts in Article 1, Paragraph 2, line 2.

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§ 10. The NHIF Supervisory Board shall make decisions for allocation of the funds under Article 1, Paragraph 2, line 1.3 "Reserve, including for unforeseen and emergency expenditure" for health insurance payments after the adoption of the National Framework Agreement for Medical Activities for 2018 and the National Framework Agreement for Dental Activities for 2018, and where such framework agreements have not been adopted – of the decision under Article 54, Paragraph 9 of the Health Insurance Act, and the first decision for allocation of part of the funds under Article 1, Paragraph 2, line 1.3 shall be made no earlier than 31 March 2018.

.....

§ 14. This Act shall enter into force on the 1st day of January 2018, with the exception of § 12, item 5 herein regarding Item Article 45 (2), which shall enter into force on the day of promulgation of the Act in the State Gazette.

TRANSITIONAL AND FINAL PROVISIONS

to the Act to Amend and Supplement the State Gazette Act

(SG No. 40/2018, effective 15.05.2018)

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§ 6. The Annexes to the National Framework Contracts for 2018 under Article 54, paragraphs 1 and 2 of the Health Insurance Act presented before the entry into force of this Promulgation Act in the Supplement of the State Gazette shall be published as an addendum only on the website of State Gazette.

TRANSITIONAL AND FINAL PROVISIONS

to the 2019 National Health Insurance Fund Budget Act

(SG No. 102/2018, effective 1.01.2019)

§ 30. (Effective 11.12.2018 - SG No. 102/2018) (1) No National Framework Agreements shall be adopted for 2019.

(2) The National Framework Agreement for Medical Activities for 2018, respectively the National Framework Agreement for Dental Activities for 2018, shall apply for 2019.

(3) The National Health Insurance Fund and the Bulgarian Medical Association shall sign an Annex to the National Framework Agreement for Medical Activities for 2018 by 31 December 2018, respectively the National Health Insurance Fund and the Bulgarian Dental Association sign an Annex to the National Framework Agreement for Dental Activities for 2018 by 31 January 2019, under the procedure of Article 54 of the Health Insurance Act. The Annexes shall enter into force on 1 January 2019.

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§ 43. This Act shall enter into force on 1 January 2019, with the exception of:

1. Paragraph 29, item 13, litterae "b", items 14 and 15, § 30 and § 42, item 2 which shall enter into force from the date of this Act being promulgated in State Gazette;

2. Paragraph 28, Items 6 through 12 and Items 14 through 19, § 35, Item 3, with the exception of Article 7a, Paragraph 4 and Article 7c, Paragraph 4, Items 5 and 6, Items 8 through 22 and Items 36 through 40, § 41, Items 2 through 8, Item 9, litteraes "a" and "c" and item 10, which shall enter into force on 1 April 2019;

3. Paragraph 29, Item 5, letter "a" regarding the words "and through Ministry of Health's budget for payment of the medical devices, aids, appliances and equipment for people with disabilities", Item 9, letter "a" regarding the words "as well as medical devices, aids, appliances and equipment for people with disabilities", Item 9, letter "d" regarding the words "and the aids, appliances and equipment for people with disabilities" and regarding the words "as well as with the persons carrying out activities for provision and repair of medical devices, aids, appliances and equipment for people with disabilities, registered as traders and entered in the register of the persons carrying out activities for provision and repair of aids, appliances, equipment and medical devices for people with disabilities" and Item 9, letter "e" regarding Paragraph 15, item 3 and Paragraph 16 regarding the words "as well as with the persons carrying out activities for provision and repair of aids, appliances, equipment and medical devices for people with disabilities, registered as traders and entered in the register of the persons carrying out activities of provision and repair of aids, appliances, equipment and medical devices for people with disabilities – for the payment of medical devices, aids, appliances and equipment for people with disabilities/, Item 25, letter "a" – Paragraph 1, Item 13 regarding the words /aids, appliances and equipment for people with disabilities/ and Item 25, letter "b" concerning paragraph 4 regarding the words "and the persons carrying out activities for provision and repair of medical devices, aids, appliances and equipment for people with disabilities, registered as traders and entered in the register of the persons carrying out activities for provision and repair of aids, appliances, equipment and medical devices for people with disabilities" and "and

aids, appliances and equipment for people with disabilities", § 36 and § 37 concerning Article 14, Paragraph 8, Item 2, letter "b", which shall enter into force on 1 January 2020.

TRANSITIONAL AND FINAL PROVISIONS

to the Social Services Act

(SG No. 24/2019, effective 1.07.2020 - amended, SG No. 101/2019)

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§ 41. (1) The provisions of the Health Act, the Health Insurance Act, the Employment Promotion Act, the Legal Aid Act, the Local Taxes and Fees Act, the Veterinary Practices Act, the Bulgarian Personal Documents Act, the Civil Registration Act and the Environmental Protection Act that are applicable to social and integrated health and social services for residential care, to the heads of such services and to the persons who use such services shall apply mutatis mutandis to the homes for children deprived of parental care, their heads and the persons placed in them until said homes are closed down.

(2) The provisions of the Health Act, the Health Insurance Act, the Legal Aid Act, the Employment Promotion Act, the Veterinary Practices Act, the Environmental Protection Act, the War Invalids and Victims Act, the Persons with Disabilities Act and the Local Taxes and Fees act that are applicable to the social and integrated health and social services for residential care and to the persons who use such services shall apply mutatis mutandis to the homes for adults with mental retardation, homes for adults with mental disorders, homes for adults with physical disabilities, homes for adults with sensory disorders and homes for adults with dementia and to the persons placed in them until said homes are closed down.

(3) Until the homes for medical and social care for children are closed down, Article 124(2) of the Health Act shall apply to the children placed in said homes.

(4) Until the homes for children deprived of parental care and the homes for medical and social care for children are closed down, Article 8e(6) of the Family Allowances for Children Act, Article 22c(2)(3) and Article 22d(2)(3) of the Income Taxes on Natural Persons Act shall apply when children are placed in said homes.

(5) The provisions of the Income Taxes on Natural Persons Act and the Corporate Income Tax Act that are applicable to donations to the benefit of social and integrated health and social services for residential care shall apply mutatis mutandis to the donations to homes for children deprived of parental care, homes for adults with mental retardation, homes for adults with mental disorders, homes for adults with physical disabilities, homes for adults with sensory disorders and homes for adults with dementia until said homes are closed down.

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§ 45. (Amended, SG No. 101/2019) This Act shall enter into force on 1 July 2020 with the exception of:

1. Paragraph 6, subparagraph 5(a), Paragraph 7, subparagraph 2(a) and (b), subparagraph 3, subparagraph 6(a), subparagraph 9 and subparagraph 10, Paragraph 18(2) in the part concerning the "homes for medical and social care for children in accordance with the Medical Treatment Facilities Act" and Paragraph 20, subparagraph 2 in the part concerning the deleting of the text "and the homes for medical and social care for children" and subparagraph 5(c), which shall enter into force on 1 January 2021;

2. Paragraph 3(4)(f), (g) and (h) and Paragraph 28, subparagraph 1(a) and subparagraphs 2 and 5, which shall enter into force on 1 January 2019;

3. Article 22(4), Article 40, Article 109(1), Article 124, Article 161(2), Paragraphs 3(6), 30, 36, 37 and 43, which shall enter into force as from the day of promulgation of this Act in the State Gazette.

TRANSITIONAL AND FINAL PROVISIONS

to the Act to Amend and Supplement the

Medicinal Products in Human Medicine Act

(SG No. 67/2020)

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§ 78. (1) The statutory instruments of secondary legislation for the implementation of this Act, the Health Insurance Act, the Medical Devices Act, the Persons with Disabilities Act shall be adopted, respectively published and aligned within three months from the entry of this Act into force.

(2) Until the statutory instruments of secondary legislation referred to in Paragraph 1 are adopted or, respectively, published and aligned, the statutory instruments of secondary legislation in force shall apply, to the extent to which they are not contrary to the respective act.

TRANSITIONAL AND FINAL PROVISIONS

to the Act Amending and Supplementing the Health Insurance Act

(SG No. 21/2021, effective 12.03.2021)

§ 2. (1) As an exception in 2021 in case of declared emergency epidemic situation due to epidemic spread of contagious diseases under Article 61, Paragraph 1 or 3 of the Health Act or in case of declared emergency epidemic situation due to epidemic spread of a contagious disease under Article 61, Paragraph 1 of the Health Act, the mechanism under Article 45, Paragraph 31 shall not be applied for the medicinal products, obtained from human plasma or from human blood - immunoglobulins, included in the Positive Drug List under Article 262, Paragraph 6, Items 1 and 2 of the Medicinal Products in Human Medicine Act, paid by the NHIF:

1. fully or partially for home treatment on the territory of the country;
2. in hospital medical care beyond the value of the provided medical services.

(2) The expenses of the NHIF for the medicinal products under Paragraph 1 above the determined target funds in the 2021 National Health Insurance Fund Budget Act, taking into account the share of the reserve in case of a decision of the Supervisory Board of the NHIF under Article 15, Paragraph 1, item 7, shall not be subject to reimbursement by the holders of marketing authorizations/their authorized representatives of the medicinal products for which the mechanism under Article 45, Paragraph 31 applies.

(3) The provisions of Paragraphs 1 and 2 shall be applied until the lifting of the state of emergency, respectively of the emergency epidemic situation.

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Annex

to Article 6 (2)

(Amended and supplemented, SG No. 113/1999)

Regional Health Insurance Funds

1. Blagoevgrad: municipalities of Bansko, Belitsa, Blagoevgrad, Gotse Delchev, Gurmen, Kresna, Petrich, Razlog, Sandanski, Satovcha, Simitli, Stroumyani, Hadjidimovo, Yakorouda.
2. Bourgas: municipalities of Aytos, Primorsko, Bourgas, Kameno, Karnobat, Malko Turnovo, Nessebur, Pomorie, Rouen, Sozopol, Sredets, Sungurlare, Tsarevo.
3. Varna: municipalities of Avren, Axakovo, Beloslav, Byala, Varna, Vetrino, Vulchi Dol, Devnya, Dolni Chiflik, Dulgopol, Provadia, Souvorovo.
4. Veliko Turnovo: municipalities of Veliko Turnovo, Gorna Oryahovitsa,

Elena, Zlataritsa, Lyaskovets, Pavlikeni, Polski Trumbesh, Svishtov, Strazhitsa, Souhindol.

5. Vidin: municipalities of Belogradchik, Boynitsa, Bregovo, Vidin, Gramada, Dimovo, Koula, Makresh, Novo Selo, Rouzhintsi, Chouprene.

6. Vratsa: municipalities of Borovan, Byala Slatina, Vratsa, Knezha, Kozlodui, Krivodol, Mezdra, Miziya, Oryahovo, Roman, Hayredin.

7. Gabrovo: municipalities of Gabrovo, Dryanovo, Sevlievo, Tryavna.

8. Dobrich: municipalities of Balchik, General Toshevo, Dobrich, Dobrich Rural, Kavama, Kroushari, Tervel, Shabla.

9. Kurdjali: municipalities of Ardino, Djebel, Ivailovgrad, Kirkovo, Kroumovgrad, Kurdjali, Momchilgrad, Chernoochene.

10. Kyustendil: municipalities of Bobovdol, Boboshevo, Kocherinovo, Kyustendil, Nevestino, Rila, Sapareva Banya, Doupnitsa, Treklyano.

11. Lovech: municipalities of Apriltsi, Letnitsa, Lovech, Loukovit, Teteven, Troyan, Ugarchin, Yablanitsa.

12. Montana: municipalities of Berkovitsa, Boychinovtsi, Broussartsi, Vulchedrum, Vurshets, Georgi Damyanovo, Lom, Medkovets, Montana, Chiprovtsi, Yakimovo.

13. Pazardjik: municipalities of Batak, Belevo, Bratsigovo, Velingrad, Lesichovo, Pazardjik, Panagyurishte, Peshtera, Rakitovo, Septemvri, Strelcha.

14. Pernik: municipalities of Breznik, Zemen, Kovachevtsi, Pernik, Radomir, Trun.

15. Pleven: municipalities of Belene, Goulyantsi, Dolna Mitropolia, Dolni Dubnik, Levski, Nikopol, Pelovo, Pleven, Pordim, Cherven Bryag.

16. Plovdiv: municipalities of Asenovgrad, Brezovo, Kaloyanovo, Karlovo, Luki, Maritsa, Plovdiv, Purvomay, Rakovski, Rodopi, Sadovo, Suedinenie, Hissarya.

17. Razgrad: municipalities of Zavet, Isperih, Koubrat, Loznitsa, Razgrad, Samouil, Tsar Kaloyan.

18. Rousse: municipalities of Borovo, Byala, Vetovo, Dve Mogili, Ivanovo, Rousse, Slivo Pole, Tsenovo.

19. Silistra: municipalities of Alfatar, Glavnitsa, Doulovo, Kaynardja, Silistra, Sitovo, Toutrakan.

20. Sliven: municipalities of Kotel, Nova Zagora, Sliven, Tvurditsa.

21. Smolyan: municipalities of Banite, Borino, Devin, Dospat, Zlatograd, Madan, Nedelino, Roudozem, Smolyan, Chepelare.

22. Sofia City: boroughs of Bankya, Vitosha, Vrubnitsa, Vuzrazhdane, Izgrev, Ilinden, Iskur, Kremikovtsi, Krasna Polyana, Krasno Selo, Lozenets, Lyulin, Mladost, Nadezhda, Novi Iskur, Oborishte, Ovcha Koupel, Pancharevo, Poduyane, Serdika, Slatina, Sredets, Stoudentski, Triaditsa.

23. Sofia: municipalities of Anton, Bozhourishte, Botevgrad, Godech, Gorna Malina, Dolna Banya, Dragoman, Elin Pelin, Etropole, Ihtiman, Koprivshtitsa, Kostenets, Kostinbrod, Mirkovo, Pravets, Samokov, Svoqe, Slivnitsa, Zlatitsa, Pirdop, Chavdar, Chelopech.

24. Stara Zagora: municipalities of Bratya Daskalovi, Gulubovo, Gourkovo, Kazanluk, Muglzh, Opan, Pavel Banya, Radnevo, Stara Zagora, Topolovgrad, Chirpan.

25. Turgovishte: municipalities of Antonovo, Omourtag, Opaka, Popovo, Turgovishte.

26. Haskovo: municipalities of Dimitrovgrad, Lyubimets, Madjarovo, Mineralni Bani, Svilengrad, Simeonovgrad, Stambolovo, Harmanli, Haskovo.

27. Shoumen: municipalities of Veliki Preslav, Venets, Vurbitsa, Kaolinovo, Kaspichan, Nikola Kozlevo, Novi Pazar, Smyadovo, Hitrino, Shoumen.

28. Yambol: municipalities of Bolyarovo, Elhovo, Straldja, Toundja, Yambol.