

HEALTH INSURANCE ACT

Prom. SG. 70/19 Jun 1998, amend. SG. 93/11 Aug 1998, amend. SG. 153/23 Dec 1998, amend. SG. 62/9 Jul 1999, amend. SG. 65/20 Jul 1999, amend. SG. 67/27 Jul 1999, amend. SG. 69/3 Aug 1999, amend. SG. 110/17 Dec 1999, amend. SG. 113/28 Dec 1999, amend. SG. 1/4 Jan 2000, amend. SG. 64/4 Aug 2000, suppl. SG. 41/24 Apr 2001, amend. SG. 1/4 Jan 2002, amend. SG. 54/31 May 2002, amend. SG. 74/30 Jul 2002, amend. SG. 107/15 Nov 2002, amend. SG. 112/29 Nov 2002, amend. SG. 119/27 Dec 2002, amend. SG. 120/29 Dec 2002, amend. SG. 8/28 Jan 2003, suppl. SG. 50/30 May 2003, amend. SG. 107/9 Dec 2003, suppl. SG. 114/30 Dec 2003, amend. SG. 28/6 Apr 2004, suppl. SG. 38/11 May 2004, amend. SG. 49/8 Jun 2004, amend. SG. 70/10 Aug 2004, amend. SG. 85/28 Sep 2004, amend. SG. 111/21 Dec 2004, amend. SG. 39/10 May 2005, amend. SG. 45/31 May 2005, amend. SG. 76/20 Sep 2005, amend. SG. 99/9 Dec 2005, amend. SG. 102/20 Dec 2005, amend. SG. 103/23 Dec 2005, amend. SG. 105/29 Dec 2005, amend. SG. 17/24 Feb 2006, amend. SG. 18/28 Feb 2006, amend. SG. 30/11 Apr 2006, amend. SG. 33/21 Apr 2006, amend. SG. 34/25 Apr 2006, amend. SG. 59/21 Jul 2006, amend. SG. 95/24 Nov 2006, amend. SG. 105/22 Dec 2006, amend. SG. 11/2 Feb 2007, amend. SG. 26/27 Mar 2007, amend. SG. 31/13 Apr 2007, amend. SG. 46/12 Jun 2007, amend. SG. 59/20 Jul 2007, amend. SG. 97/23 Nov 2007, amend. SG. 100/30 Nov 2007, amend. SG. 113/28 Dec 2007, amend. SG. 37/8 Apr 2008, amend. SG. 71/12 Aug 2008, amend. SG. 110/30 Dec 2008, amend. SG. 35/12 May 2009, amend. SG. 41/2 Jun 2009, amend. SG. 42/5 Jun 2009, amend. SG. 93/24 Nov 2009, amend. SG. 99/15 Dec 2009, amend. SG. 101/18 Dec 2009, amend. SG. 19/9 Mar 2010, amend. SG. 26/6 Apr 2010, amend. SG. 43/8 Jun 2010, amend. SG. 49/29 Jun 2010, amend. SG. 58/30 Jul 2010, amend. SG. 59/31 Jul 2010, amend. SG. 62/10 Aug 2010, amend. SG. 96/7 Dec 2010, amend. SG. 97/10 Dec 2010, amend. SG. 98/14 Dec 2010, amend. SG. 100/21 Dec 2010, amend. SG. 9/28 Jan 2011, amend. SG. 60/5 Aug 2011, amend. SG. 99/16 Dec 2011, amend. SG. 100/20 Dec 2011, amend. SG. 38/18 May 2012, amend. SG. 60/7 Aug 2012, amend. SG. 94/30 Nov 2012, amend. SG. 101/18 Dec 2012, amend. SG. 102/21 Dec 2012, amend. SG. 4/15 Jan 2013, amend. SG. 15/15 Feb 2013, amend. SG. 20/28 Feb 2013, amend. SG. 23/8 Mar 2013, amend. SG. 106/10 Dec 2013, amend. SG. 1/3 Jan 2014, amend. SG. 18/4 Mar 2014, amend. SG. 35/22 Apr 2014, amend. SG. 53/27 Jun 2014, amend. SG. 54/1 Jul 2014, amend. SG. 107/24 Dec 2014, amend. SG. 12/13 Feb 2015, amend. and suppl. SG. 48/27 Jun 2015, suppl. SG. 54/17 Jul 2015, amend. SG. 61/11 Aug 2015, amend. and suppl. SG. 72/18 Sep 2015, suppl. SG. 79/13 Oct 2015, amend. and suppl. SG. 98/15 Dec 2015, amend. SG. 102/29 Dec 2015, amend. SG. 20/15 Mar 2016, amend. SG. 98/9 Dec 2016, amend. and suppl. SG. 85/24 Oct 2017, amend. and suppl. SG. 101/19 Dec 2017, suppl. SG. 103/28 Dec 2017, amend. SG. 7/19 Jan 2018, amend. SG. 17/23 Feb 2018, amend. SG. 30/3 Apr 2018, suppl. SG. 40/15 May 2018, amend. and suppl. SG. 77/18 Sep 2018, suppl. SG. 92/6 Nov 2018, amend. and suppl. SG. 102/11 Dec 2018, amend. SG. 105/18 Dec 2018, amend. SG. 24/22 Mar 2019, amend. and suppl. SG. 99/17 Dec 2019, amend. SG. 101/27 Dec 2019, suppl. SG. 54/16 Jun 2020, amend. and suppl. SG. 67/28 Jul 2020, amend. and suppl. SG. 103/4 Dec 2020, amend. and suppl. SG. 21/12 Mar 2021, amend. and suppl. SG. 18/4 Mar 2022, amend. and suppl. SG. 32/26 Apr 2022, amend. SG. 62/5 Aug 2022, amend. and suppl. SG. 8/25 Jan 2023, suppl. SG. 13/7 Feb 2023, amend. SG. 64/26 Jul 2023, amend. and suppl. SG. 66/1 Aug 2023, amend. and suppl. SG. 82/29 Sep 2023, amend. SG. 84/6 Oct 2023

Chapter one.

GENERAL PROVISIONS

Art. 1. (1) (prev. text of Art. 1 – SG 101/09, in force from 18.12.2009) This Act shall regulate

the health insurance in the Republic of Bulgaria and the public relations connected with it.

(2) (new – SG 101/09, in force from 18.12.2009; amend. – SG 60/12, in force from 07.08.2012; amend. and suppl. - SG 48/15) The health insurance is an activity related to collecting health insurance instalments and premium, the management of the collected resources and their spending for purchase of health activities, services and payment for commodities, stipulated by this Act, by the National Frame Agreements (NFA) and by the insurance contracts.

(3) (new – SG 101/09, in force from 18.12.2009) The health insurance is obligatory and voluntary.

Art. 2. (amend. – SG 101/09, in force from 18.12.2009) (1) (amend. - SG 48/15) The obligatory health insurance is an activity related to management and spending of resources from obligatory health insurance instalments for purchase of health care activities, which is carried out by the National Health Insurance Fund (NHIF) and by its territorial units - regional health insurance funds (RHIF). The obligatory health insurance shall provide a package of health care activities guaranteed by the budget of NHIF.

(2) Raising funds from obligatory health insurance instalments which are fixed by an Act shall be carried out by the National Revenue Agency.

(3) (new - SG 98/15, in force from 01.01.2016) The National Health Insurance Fund shall purchase from the medical aid providers healthcare activities under Para 1, specified in their type, volume, price and corresponding to quality and accessibility criteria in compliance with this Act.

Art. 3. (amend. – SG 101/09, in force from 18.12.2009; amend. – SG 60/12, in force from 07.08.2012) The voluntary health insurance is an activity of covering risks related to financial securing of certain health care services and goods against payment of premiums on the grounds of insurance contracts.

Chapter two. OBLIGATORY HEALTH INSURANCE

Section I. General Provisions

Art. 4. (1) (Prev. text of art. 4 - amend., SG 107/02) The obligatory health insurance guarantees to the insured persons accessible medical care through a definite type, range and volume of package of health activities, as well as a free choice of a provider who has concluded a contract with a regional health insurance fund.

(2) (New, SG 107/02 - in force from January 1, 2004) The right of choice shall be valid for the whole territory of the country and it cannot be restricted on geographic and/or administrative grounds.

(3) (new – SG 101/09, in force from 18.12.2009) The terms and the procedure for exercising the right of access and free choice of insured persons to medical care shall be set forth in the ordinance as per Art. 81, para 3 of the Health Act and in the national frame agreements.

Art. 4a. (new – SG 101/09, in force from 18.12.2009) The National Frame Agreement is a normative administrative act which is effective on the territory of the whole state for e set time period and is obligatory to NHIF, RHIF, medical care providers, insured persons and insurers.

Art. 5. The obligatory health insurance shall be carried out on the principles of:

1. (Suppl., SG 107/02) obligatory participation in collecting the instalments;
2. (Amend., SG 107/02) participation of the state, the insured persons and the employers in the management of NHIF;
3. solidarity of the insured persons in using the raised resources;
4. responsibility of the insured persons for their own health;
5. equality in using medical care;
6. (New, SG 107/02) equality of the providers of medical care in concluding contracts with RHIF;
7. (Prev. item 6 - SG 107/02) self-management of NHIF;
8. (Prev. item 7 - SG 107/02) contracting the relations between NHIF and the providers of the medical care;
9. (New, SG 107/02; amend. - SG 48/15) a package of health care activities guaranteed by the budget of NHIF;
10. (New, SG 107/02) free choice by the insured persons of providers of medical care;
11. (Prev. item 8 - amend., SG 107/02) publicity of the activity of NHIF and public control over the expenses incurred by it.

Section II.

National Health Insurance Fund

Art. 6. (1) Established is National State Insurance Fund as a corporate body with headquarters in Sofia and subject of activity - providing the obligatory health insurance.

(2) (amend., SG 110/99, amend. SG 111/04; amend. - SG 62/10, in force from 10.08.2010) The National health insurance fund shall consist of central management, regional health insurance funds and divisions of the health insurance funds. The headquarters of the health insurance funds shall be determined according to a list, approved by the Council of Ministers and the headquarters of their divisions shall be determined with an order by the Governor of the National health insurance fund.

(3) (amend., SG 110/99; amend. – SG 101/09, in force from 18.12.2009) Bodies of management of NHIF are:

1. supervisory committee;
2. (amend. - SG 62/10, in force from 10.08.2010, suppl. - SG 82, in force from 29.09.2023) the governor and deputy governor.

(4) (new - SG 38/12, in force from 01.07.2012) The employees of the Head Office, the Regional Health Insurance Funds and the units of the Regional Health Insurance Funds shall occupy positions under a civil service or an employment relationship. The provisions of Art. 107a of the Labour Code shall apply to persons working under an employment relationship.

(5) (new – SG 38, in force from 01.07.2012) Inasmuch as it is not provided otherwise in this Act, the Administration Act shall apply to the structural units under para 2 of NHIF.

(6) (prev. text of para 4 – SG 38, in force from 01.07.2012) The National Health Insurance Fund cannot carry out voluntary health insurance.

Art. 7. (Amend., SG 107/02; revoked – SG 101/09, in force from 18.12.2009)

Art. 7a. (New, SG 107/02; revoked – SG 101/09, in force from 18.12.2009)

Art. 7b. (new – SG 37/08; revoked – SG 101/09, in force from 18.12.2009)

Art. 8. (revoked – SG 101/09, in force from 18.12.2009)

Art. 9. (revoked – SG 101/09, in force from 18.12.2009)

Art. 10. (revoked – SG 101/09, in force from 18.12.2009)

Art. 11. (revoked – SG 101/09, in force from 18.12.2009)

Art. 12. (revoked – SG 101/09, in force from 18.12.2009)

Art. 13. (amend. – SG 101/09, in force from 18.12.2009) (1) (amend. – SG 98/10, in force from 01.01.2011) The supervisory board of NHIF consists of 9 members – one representative of the representative organizations for protection of patients' rights, two representatives of the representative organizations of workers and employees, two representatives of the representative organizations of employers and 4 representatives of the state, one of them being the Executive director of the National Revenue Agency.

(2) The representatives of para 1 of the representative organizations for protection of patients' rights shall be elected and dismissed by the organizations acknowledged pursuant to Art. 86c of the Health Act.

(3) The representatives under para 1 of the representative organizations of workers and employees and of the representative organizations of employers shall be elected and dismissed by the organizations acknowledged pursuant to Art. 3 of the Labour Code.

(4) (amend. – SG 98/10, in force from 01.01.2011) The chairperson of the supervisory board and the other three representatives of the state in the supervisory board shall be appointed and dismissed by a decision of the Council of Ministers upon proposal by the Minister of Health.

Art. 14. (amend. – SG 101/09, in force from 18.12.2009) (1) The supervisory board shall be elected for a period of 5 years.

(2) Release, ahead of term, of a member of the supervisory board shall be carried out:

1. upon his/her request;
2. in case of objective inability to fulfil his/her duties for a period longer than 6 months;
3. if the grounds under art. 18 are present;
4. by a decision of the Council of Ministers or the respective organizations as per Art. 13, para 2 and 3.

(3) Elected in the place of the member of the supervisory board released ahead of term or in case of death a new member shall be elected under Art. 13 until the end of the mandate of the board.

Art. 15. (amend. – SG 101/09, in force from 18.12.2009) (1) The supervisory board shall:

1. (amend. - SG 62/10, in force from 10.08.2010) adopt Regulations on the structure and activity of NHIF upon proposal by the Governor;
2. (in force from 01.01.2010) take part in the working out and adoption of the NFA;
3. approve the draft annual budget of NHIF after the Minister of Health gives a statement

pursuant to Art. 19, para 7, item 3;

4. approve the annual financial report, the annual report on implementation of the budget of NHIF and annual report on NHIF's activity;

4a. (new - SG 99/19, in force from 01.01.2020, amend. - SG 103/20, in force from 01.01.2021, amend. and suppl. - SG 82, in force from 29.09.2023) adopt a mechanisms guaranteeing the predictability and sustainability of the NHIF budget under Art. 45, para. 31 and 35;

5. (amend. - SG 62/10, in force from 10.08.2010; suppl. – SG 107/14, in force from 01.01.2015, amend. - SG 82, in force from 29.09.2023) exercise control on the operative activity of the Governor in fulfilment of the budget, NFA and the activity of NHIF, as well as on the activities of Deputy Governor and directors of RHIF, including the implementation of Art. 44a;

5a. (new - SG 98/16, in force from 01.01.2017) approve an annual overall cost of health insurance payments for each RHIF in accordance with the budget of NHIF for the corresponding year;

5b. (new - SG 101/17, in force from 01.01.2018) approve the cost of the item. 5 distributed by months and by providers of hospital medical care on a proposal of the RHIF directors in accordance with the NHIF budget for the respective year;

6. (amend. - SG 62/10, in force from 10.08.2010) adopt decisions for temporary assignment to the Vice-Governor of NHIF to execute the position of Governor of the NHIF in the cases of Art. 19, para 4;

7. adopt decisions for spending resources from the reserve of NHIF;

8. (amend. – SG 101/12, in force from 01.01.2013; revoked – SG 15/13, in force from 01.01.2014)

9. adopt decisions for conclusion of transactions above the size determined by the Regulations on the structure and activity of NHIF.

10. take decisions for conclusion of loan contracts and their funding;

11. (suppl. - SG 101/17, in force from 01.01.2018) determine the requirements for occupying the position in accordance with the requirements of the law, rules for holding competitions and announce competitions for directors of RHIF;

12. (new – SG 98/10, in force from 01.01.2011; amend. - SG 48/15) adopt a decision determining the list of diseases under Art. 45, Pa ar 3 at the proposal of the Governor;

13. (new – SG 98/10, in force from 01.01.2011; revoked - SG 48/15, new - SG 102/18, in force from 01.01.2019) adopt a decision on the conclusion of contracts under Art. 59, Para. 12a, at the proposal of the directors of the Regional Health Insurance Funds;

14. (new - SG 18/14, amend. - SG 102/18, in force from 01.01.2019) appoint the representatives of the NHIF, who coordinate terms and conditions of Art. 45, para. 17.

(2) The members of the supervisory board shall be jointly liable for damages caused intentionally to NHIF.

(3) (new – SG 98/10, in force from 01.01.2011) The members of the supervisory board shall not receive any remuneration for their participation in sessions of the board.

Art. 16. (amend. – SG 101/09, in force from 18.12.2009) (1) The supervisory board holds regular sessions at least once a month. The sessions shall be summoned by its chairperson.

(2) (amend. - SG 62/10, in force from 10.08.2010) Extraordinary meetings of the supervisory board may be summoned by its chairperson, by one third of its members, by the Governor of the NHIF and by the Minister of Health, the agenda being also proposed by them.

(3) The supervisory board adopts its decisions in the presence of at least two thirds of its members, with a majority of minimum 5 positive votes, except for the cases of Art. 15, para 1, items 1, 2 and 5, where decisions are adopted by a simple majority.

(4) (amend. - SG 62/10, in force from 10.08.2010) The Governor of NHIF shall take part in the

sessions of the supervisory board, however the latter is not entitled to vote.

(5) (new - SG 48/15, amend. - SG 103/20, in force from 01.01.2021) Stenographic protocols shall be drawn up for the sessions of the Supervisory Board. The decisions of the Supervisory Board and the protocols of its sessions shall be published on the website of NHIF. The decisions shall be published no later than the day following their adoption, and the protocols - within 7 days from the date of the session.

(6) (prev. text of Para 05 - SG 48/15) The organization of work of the supervisory board shall be set forth in the Regulations for the structure and activity of NHIF in compliance with the legislation in force.

Art. 17. (revoked - SG 101/09, in force from 18.12.2009)

Art. 18. (amend. – SG 101/09, in force from 18.12.2009) (1) Cannot be members of the supervisory board persons who are:

1. parliamentary representatives or ministers;

2. (amend. – SG 101/09, in force from 18.12.2009) members of managing or control bodies of medical establishments, shareholders or stockholders possessing over 5 percent of the capital of the medical establishments, including the persons who have founded the medical establishments as per Art. 8, para 1, item 1 and item 2, letter "a" and "b" of the Medical Establishments Act, or persons working under employment contract at a medical establishment;

3. (revoked - SG 101/09, in force from 18.12.2009; new – SG 98/10, in force from 01.01.2011) owners, members of managing and control bodies of trade companies or sole traders whose main activity is production, import, wholesale or retail trade in medicinal products; associates or shareholders having over 5 percent of the capital of the trading companies whose main activity is production, import, wholesale or retail trade in medicinal products or persons who are employees in such companies.

4. (suppl. – SG 42/09) directors of RHIF, their spouses or persons with which they are in factual cohabitation or their relatives on descending and collateral line up to fourth degree including;

5. (new – SG 37/08) employees working under legal terms of employment in the NHIF and RHIF;

6. (prev. item 5 – SG 37/08) who have been members of managing or control bodies of trade company or unlimited responsible partners in companies which a closed due to insolvency whereupon unsatisfied creditors have remained;

7. (prev. item 6 – SG 37/08) sole entrepreneurs who have got into insolvency whereupon unsatisfied creditors have remained;

8. (prev. item 7 – SG 37/08) persons deprived of the right to occupy materially responsible positions;

9. (prev. item 8 – SG 37/08) who have been convicted for premeditated crime of general nature.

(2) (amend. – SG 101/09, in force from 18.12.2009; amend. – SG 60/12, in force from 07.08.2012) The prohibition set forth in para 1 shall be applied for a period of three months after the grounds of para 1, item 2 drop out.

(3) (new - SG 103/17, in force from 01.01.2018) The circumstances under para. 1, item 9 for the members of the Supervisory Board representatives of the state, representatives of representative workers' and employees' organizations and the representative organizations of employers shall be established ex officio by the Minister of Health.

Art. 19. (Amend., SG 107/02; amend. – SG 101/09, in force from 18.12.2009; amend. - SG 62/10, in force from 10.08.2010; suppl. - SG 98/15, in force from 01.01.2016) (1) (Amend. - SG 82, in force from 29.09.2023) The Governor and the Deputy Governor of NHIF shall be elected by the National

Assembly for a period of 5 years. Upon expiry of their mandate the governor of and the Deputy Governor NHIF shall continue performing their functions until the election of a new governor respectively a new Deputy Governor.

(2) (amend. - SG 62/10, in force from 10.08.2010, suppl. - SG 82, in force from 29.09.2023) Nominations for election of Governor and Deputy Governor of NHIF can be made by the parliamentary groups.

(3) (amend. - SG 62/10, in force from 10.08.2010) Governor of NHIF can be a person meeting the following requirements:

1. has graduated higher education with educational and qualification degree "Master";
2. has a minimum of three years of professional experience in the sphere of health care management, banking, insurance or assurance activity.

(3a) (New - SG 82, in force from 29.09.2023) A Deputy Governor of the NHIF can be a person who meets the following requirements:

1. has acquired a higher education with a master's degree;
2. has at least one year of professional experience in the field of health care management, banking, insurance or social security.

(4) (amend. - SG 62/10, in force from 10.08.2010, suppl. - SG 82, in force from 29.09.2023) Termination of the mandate of the Governor of NHIF respectively of the Deputy Governor shall be carried out by a decision of the National Assembly in the following cases:

1. final sentence for intentional crime of general character;
2. (amend. - SG 97/10, in force from 10.12.2010, amend. - SG 7/18, amend. - SG 84/23, in force from 06.10.2023) upon entry into force of an act with which a conflict of interest has been found pursuant to the Act on Counteracting Corruption;
3. systematic offences of his/her obligations, non-fulfilment of a decision of the supervisory board, committing or allowing other persons to commit serious or systematic offences of the compulsory health insurance;
4. (amend. - SG 62/10, in force from 10.08.2010, suppl. - SG 82, in force from 29.09.2023) objective inability to fulfil his/her obligations as a Governor respectively as a Deputy Governor for a period exceeding three months;
5. submitting a resignation;
6. death.

(5) (Amend. - SG 62/10, in force from 10.08.2010, amend. - SG 8/23, in force from 25.01.2023, amend. and suppl. - SG 64/23, in force from 12.07.2023) In the cases of Para. 4, the supervisory board shall assign the Vice Governor of the NHIF to temporarily act as Governor of the NHIF until the election of a new Governor.

(5a) (New - SG 82, in force from 29.09.2023) In the case of premature termination of the mandate of the governor of the NHIF, respectively of the Deputy Governor of the NHIF, the National Assembly elects a new governor, respectively a new Deputy Governor for the remainder of the mandate under para. 1, sentence one.

(6) (Amend. - SG 62/10, in force from 10.08.2010, amend. - SG 82, in force from 29.09.2023) The relations between the NHIF and the Governor respectively the Deputy Governor are regulated by a management contract, which shall be concluded in a manner defined by the supervisory board.

- (7) (amend. - SG 62/10, in force from 10.08.2010) The Governor of the NHIF shall:
1. represent NHIF in the country and abroad;
 2. organise and manage in operative respect the activity of NHIF in compliance with the law, the Regulations on the structure and activity 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 afterwards submit the NHIF annual budget bill along with the opinion of the Minister of Health for

consideration and approval to the supervisory board;

4. prepare an annual financial report, an annual report on 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 48/15) announce on monthly basis on the website of NHIF the resources spent during the preceding month for hospital medical care according to medical establishments, as well as medicinal products according to international nonproprietary name, medical products and dietic food for special medical needs;

5. submit the draft Regulations on the structure and activity of NHIF, approved by the supervisory board, through the Minister of Health to the Council of Ministers;

6. work out and submit to the supervisory board a draft of the Regulations on the structure and activity of NHIF and after its approval promulgate it in the State Gazette;

7. suggest to the Supervisory Board a draft decision for spending resources from 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 transactions amounting up to a ceiling laid down in the Regulations on the structure and activity of NHIF;

10. propose to the supervisory board the concluding of transactions exceeding the amount set in item 9;

11. (amend. - SG 62/10, in force from 10.08.2010, amend. – SG 38, in force from 01.07.2012, amend. - SG 82, in force from 29.09.2023) announce and conduct competitions for RHIF directors in compliance with the requirements and rules of Art. 15, para 1, item 11, conclude, amend and discontinue the employment contracts of RHIF Directors.

11a. (new – SG 38, in force from 01.07.2012) performs the functions of:

a) appointing body as regards to civil servants;

b) an employer as regards to employees working under an employment relationship at NHIF's administration.

12. (new – SG 98/10, in force from 01.03.2011; amend. - SG 48/15) propose for adoption by the Supervisory Board the list referred to in Art. 45, Para 4;

13. (new – SG 98/10, in force from 01.03.2011; revoked - SG 48/15, new - SG 102/18, in force from 01.01.2019) submit to the Supervisory Board for approval the values of the expenses under Art. 15, Para. 1, item 5a, broken down by months and by providers of hospital medical aid, proposed by the directors of the Regional Health Insurance Funds in accordance with the NHIF budget for the respective year;

14. (new – SG 98/10, in force from 01.03.2011; amend. - SG 48/15) promulgate in the State Gazette the decision referred to in Art. 45, Para 4;

15. (new – SG 98/10, in force from 01.03.2011; amend. – SG 60/12, in force from 07.08.2012; amend. - SG 48/15) survey the satisfaction of the patients with the medical activities related to the rendered medical aid paid by NHIF; the order, manner and criteria for surveying the satisfaction of the patients shall be determined in an ordinance of the Minister of Health;

16. (new – SG 98/10, in force from 01.03.2011; revoked - SG 48/15)

17. (new – SG 98/10, in force from 01.03.2011; revoked - SG 48/15)

18. (new - SG 18/14, amend. - SG 102/18, in force from 01.01.2019, suppl. - SG 99/19, in force from 01.01.2020, amend. - SG 103/20, in force from 01.01.2021, amend. - SG 82, in force from 29.09.2023) promulgate in the State Gazette the terms and the procedures under Art. 45, para 17 and the mechanisms under Art. 45, para. 31 and 35.

(8) (New - SG 82, in force from 29.09.2023) The Deputy Governor of the NHIF:

1. assists the manager of the NHIF in the exercise of his powers;
 2. supports the activities of the manager in organizing and managing the operational activities of the NHIF;
 3. supports the activities of the Governor in the preparation of the bill on the annual budget of the National Health Insurance Fund, the annual report on the implementation of the budget of the National Health Insurance Fund and the annual report on the activities of the National Health Insurance Fund;
 4. agrees the documents that the manager submits for consideration and approval by the supervisory board of the NHIF;
 5. participates in the negotiations for the conclusion of the national framework contracts under Art. 53, para. 1 and the terms and conditions for concluding individual contracts under Art. 45, para. 17;
 6. coordinates the activities of the permanent commissions in the central administration of the NHIF and in the RHIF;
 7. supervises the work of the commissions under Art. 79;
 8. coordinates the interaction of the NHIF with representatives of the professional organizations, patient organizations, scientific medical societies and with other persons on issues related to the activity of the NHIF;
 9. performs the position of Governor of the NHIF in the absence of the Governor;
 10. temporarily fulfills the position of Governor of the NHIF in the cases under para. 4;
 11. performs other powers assigned to him by the Governor.
- (9) (New - SG 82, in force from 29.09.2023) When exercising its powers under para. 8 the Deputy Governor is assisted by the administration of the NHIF and has the right of access to the information related to the activity of the NHIF.

Art. 19a. (New, SG 107/02) (1) (suppl. – SG 101/09, in force from 18.12.2009; amend. - SG 62/10, in force from 10.08.2010, suppl. - SG 102/18, in force from 01.01.2019, repealed - SG 82, in force from 29.09.2023)

- Art. 20. (amend. – SG 101/09, in force from 18.12.2009) (1) The director of RHIF shall:
1. represent NHIF on the territorial level;
 2. (amend. - SG 62/10, in force from 10.08.2010) organise and manage the activity of RHIF in compliance with the law, the Regulations on the structure and activity of NHIF, the decisions of the supervisory board, and the acts of the Governor of NHIF;
 3. (revoked – SG 38, in force from 01.07.2012)
 4. conclude, amend and discontinue the contracts with the medical care executives on the territory serviced by RHIF according to the law, the NFA and the regulations on the structure and activity of NHIF and RHIF respectively;
 5. (new - SG 98/15, in force from 01.01.2016, amend. - SG 102/18, in force from 01.01.2019) conclude, amend and terminate the contracts for the medicinal products under Art. 262, Para 6, Item 1 of the Act on the Medicinal Products in the Human Medicine, for the medical products and for diet foods for special medical purposes for home treatment on the territory of the country with the holders of retail marketing authorisations in a pharmacy in compliance with the conditions and order under Art. 45, Para 17;
 6. (new - SG 98/15, in force from 01.01.2016; amend. - SG 98/16, in force from 01.01.2017) purchase from the medical care providers healthcare activities under Art. 2, Para 1 within the limits of amounts determined in Art. 15, Para 1, Item 5a for the respective RHIF.
- (2) The director of RHIF shall be a person meeting the following requirements:
1. has graduated higher education with a Master's degree;
 2. has at least three years of relevant professional experience in the sphere of healthcare,

banking, insurance or social insurance management.

(3) The position referred to in para 1 shall be taken up following a competition held as per the Labour Code.

Art. 21. (Amend., SG 107/02) (1) (amend. - SG 62/10, in force from 10.08.2010) The Governor and Vice Governor of NHIF, and the a Director and Deputy Directors of RHIF, cannot be persons who:

1. are not Bulgarian citizens;
2. are placed under judicial disability;
3. have been convicted for deliberate indictable crime or divested, by a respective order, from the right to occupy material responsibility position;
4. (amend. – SG 101/09, in force from 18.12.2009) are members of the supervisory board;
5. are spouses, persons who are in factual cohabitation, relatives on the direct line, on the collateral line up to fourth degree inclusive, or by marriage up to second degree inclusive with any of the persons referred to in item 4;
6. (amend. – SG 42/09) are sole entrepreneurs, general partners in a trade company, managers, trade attorneys, trade representatives, procurators, trade agents, liquidators or trustees in bankruptcy, members of managing or control body of a trade company or cooperation;
7. (amend. – SG 42/09) are members of managing or control bodies or share holders in a trade company with subject of activity voluntary health insurance;
8. are national representatives, ministers or deputy ministers;
9. are mayors of municipalities;
10. occupy managerial or control position in a political party;
11. work under legal terms of employment, except as lecturers in a higher school.

(2) (amend. - SG 62/10, in force from 10.08.2010) Persons envisaged in Para 1 and employees of RHIF and NHIF may not carry out competitive activity and may not be providers of medical care under this Act.

(3) (new - SG 103/17, in force from 01.01.2018) The circumstances under par. 1, item 3 shall be established ex officio by the body that determines or selects the persons under para. 1.

Section III.

Financial structure of the National Health Insurance Fund

Art. 22. (1) (prev. art. 22 - SG 102/05) The budget of NHIF is a basic financial plan for raising and spending of the monetary resources of the obligatory health insurance and shall be separated from the state budget.

(2) (new – SG 102/05; amend. – SG 105/06, in force from 01.01.2007) The annual value of the expenses for the kinds of medical care paid by NHIF shall be integral part of the budget of NHIF for the respective year.

(3) (new – SG 102/05; revoked – SG 113/07, in force from 01.01.2008)

Art. 23. (1) The revenue of NHIF shall be raised from:

1. insurance instalments;
2. (new – SG 113/07, in force from 01.01.2008; amend. – SG 110/08, in force from 01.01.2009; amend. – SG 15/13, in force from 01.01.2014) transfers from the state budget for the insurance instalments of the persons referred to in Art. 40, Para 1, Items 4 and 8 and Para 2 and 3;
3. (prev. text of Item 02 – SG 113/07, in force from 01.01.2008) interest and receipts from the

management of the property of the fund;

4. (prev. text of Item 03 – SG 113/07, in force from 01.01.2008) revenue stipulated by other laws in favour of the health insurance;

5. (prev. text of Item 04 – SG 113/07, in force from 01.01.2008) reimbursement of insurance expenses in the cases stipulated by normative acts;

6. (prev. text of Item 05 – SG 113/07, in force from 01.01.2008) fines and penalty interest;

7. (prev. text of Item 06 – SG 113/07, in force from 01.01.2008) taxes determined by a tariff of the Council of Ministers;

8. (prev. text of Item 07 – SG 113/07, in force from 01.01.2008) liquidation shares of trade companies - debtors, declared for liquidation;

9. (new – SG 95/06, in force from 01.01.2007; prev. text of Item 08 – SG 113/07, in force from 01.01.2008) target subsidies from the state budget with respect to fulfilment of obligations, ensuing from the application of the rules for coordination of the social security schemes;

10. (prev. text of item 8 – SG 95/06, in force from 01.01.2007; prev. text of Item 09 – SG 113/07, in force from 01.01.2008) donations and inheritance;

11. (amend. - SG 59/06, in force from 01.01.2007, prev. text of item 9 – SG 95/06, in force from 01.01.2007; prev. text of Item 10 – SG 113/07, in force from 01.01.2008; amend. – SG 60/12, in force from 07.08.2012; amend. – SG 15/13, in force from 01.01.2014, amend. and suppl. - SG 102/18 (*)) other sources including subsidies (transfers) from the state budget including through the budget of the Ministry of Health according to Art. 82, Para 1, item 1a, 2, 3a, 6b, Para. 1a, Para. 2, item 3, Para. 3 and 6 of the Health Act and through the budget of the Ministry of Healthcare for the payment of medical devices, aids, devices and facilities for people with disabilities.

(2) (amend., SG 110/99; amend. – SG 15/13, in force from 01.01.2014) In cases of shortage of resources can be used short-term interest free loans from the state budget.

(3) (New - SG 102/18, in force from 01.01.2019) Transfers for the financing of expenditures for activities under Art. 82, Para. 1a, 3 and 6 of the Health Act for the respective year shall also include expenditure for activities carried out in previous years.

(4) (New - SG 102/18, in force from 01.01.2019) The Minister of Health and the Governor of the National Health Insurance Fund, after approval by the Supervisory Board of the NHIF, shall approve the terms and conditions for determining and providing transfers for financing expenditures for activities under Art. 82, Para. 1a, 3 and 6 of the Health Act.

(5) (New - SG 102/18, in force from 01.01.2019) Upon request by the NHIF to the Ministry of Health to provide a transfer to finance expenditures for activities under Art. 82, Para. 1a, 3, and 6 of the Health Act, the NHIF shall specify separately according to patients and types, and the value of the activities under the Social Security Coordination Rules authorized by it in the same cases.

Art. 24. The resources of NHIF shall be spent for:

1. (amend. - SG 48/15) purchase of medical care according to Art. 45, contracted by the NFA and by the contracts with the executives;

2. (amend. – SG 113/07, in force from 01.01.2008) support of the administrative activities related to the health insurance amounting up to 3 percent of the expenses for the relevant year stipulated by the law of the NHIF budget;

3. (new – SG 113/07, in force from 01.01.2008) issue of documents under Art. 80a, Para 1;

4. (prev. text of Item 03 – SG 113/07, in force from 01.01.2008; revoked – SG 107/14, in force from 01.01.2015)

5. (prev. text of Item 04 – SG 113/07, in force from 01.01.2008; amend. – SG 107/14, in force from 01.01.2015, amend. - SG 101/17, in force from 01.01.2018) investment expenditures for the needs of

NHIF, including acquisition of real estate;

6. (new – SG 1/02, amend. - SG 105/05, in force from 01.01.2006; prev. text of Item 05 – SG 113/07, in force from 01.01.2008, revoked - SG 103/20, in force from 01.01.2021)

7. (new – SG 95/06, in force from 01.01.2007; prev. text of Item 06 – SG 113/07, in force from 01.01.2008) medical care, rendered in accordance with the rules for coordination of the social security schemes;

8. (new – SG 98/10, in force from 01.01.2011; amend. – SG 99/11, in force from 01.01.2012; amend. - SG 48/15) purchase of medical activities, including the provision of medicinal products and devices for them, specified in the Act on the Budget of NHIF for the respective calendar year;

9. (new - SG 67/20, amend. - SG 18/22, in force from 01.01.2022) payment to the persons who have received a permit for retail trade in medicinal products for each reported electronic prescription form with prescribed medicinal products included in the Positive Medicinal List under Art. 262, Para. 6, item 1 of the Medicinal Products in Human Medicine Act, with a level of payment of 100 percent;

10. (prev. 5 – SG 1/02, prev. text of item 6 – SG 95/06, in force from 01.01.2007; prev. text of Item 07 – SG 113/07, in force from 01.01.2008; prev. text of item 8 – SG 98/10, in force from 01.01.2011, previous item 9 - SG 67/20) other expenses.

Art. 25. (amend. – SG 101/09, in force from 18.12.2009) The NHIF budget shall obligatory form a reserve which shall also cover incidental and urgent expenses.

Art. 26. (1) (amend. – SG 101/09, in force from 18.12.2009) The reserve of NHIF as per Art. 25 shall be set to amount to the total of:

1. (amend., SG 107/02; amend. – SG 113/07, in force from 01.01.2008; amend. – SG 99/09, in force from 01.01.2010; amend. – SG 98/10, in force from 01.01.2011, amend. - SG 101/17, in force from 01.01.2018) 3 percent of the collected revenue of health insurance instalments and the transfers for health insurance instalments from other budgets;

2. other income.

(2) (amend. – SG 98/10, in force from 01.01.2011; amend. – SG 101/12, in force from 01.01.2013) The resources of the reserve shall be used for expenses in case of a considerable deviations from the even spending of the funds intended for health insurance payments.

(3) (Revoked, SG 107/02)

Art. 27. (1) (revoked, SG 107/03)

(2) (amend. – SG 101/09, in force from 18.12.2009) The temporary free resources of NHIF shall be kept at the Bulgarian National Bank and can only be deposited in accounts, serviced by the Bulgarian National Bank or for the acquisition on the primary market of state securities emitted by the Bulgarian Government.

(3) (amend. – SG 101/09, in force from 18.12.2009; amend. - SG 62/10, in force from 10.08.2010) The banks having the right to operate with the resources of NHIF shall be determined jointly with by the Bulgarian National Bank and the Ministry of Finance. Among the banks determined by the Bulgarian National Bank and the Ministry of Finance the supervisory board upon proposal by the Governor of NHIF shall choose those to which it shall assign the right to operate with the resources of NHIF.

Art. 28. (amend. - SG 62/10, in force from 10.08.2010)First-degree administrator with the resources of NHIF shall be the Governor of NHIF and the directors of RHIF shall be second degree administrators with them.

Art. 29. (1) (Suppl., SG 107/02; amend. – SG 101/09, in force from 18.12.2009; amend. – SG 101/09, in force from 18.12.2009; amend. - SG 62/10, in force from 10.08.2010) The Governor of NHIF shall present through the Minister of Health at the Council of Ministers a draft Act of the budget of NHIF within the period stipulated for presentation of a draft Act of the state budget of the Republic of Bulgaria for the next calendar year.

(2) (amend., SG 110/99) The draft Act of the annual budget of NHIF shall be considered by the National Assembly simultaneously with the draft laws for the budget and for the budget of the state public insurance.

(3) (Amend., SG 107/02) The Act on the budget of NHIF shall obligatorily determine the amount of the obligatory health insurance instalment, the revenue and expenses according to budget classification, as well as the differentiated expenses related to the health insurance payments for:

1. (Amend. SG 119/02) primary non hospital medical care;

2. specialised non-hospital medical care;

3. dental care;

4. medical diagnostic activities;

5. (amend. SG 111/04; amend. – SG 101/12, in force from 01.01.2013; amend. – SG 107/14, in force from 01.01.2015; suppl. - SG 98/15, in force from 01.01.2016) medicinal products, medical devices and dietary foods for special medical purposes intended for home treatment on the territory of the country, as well as medicinal products against malignancies for treatment under hospital care conditions, which the NHIF pays over the value of rendered medical activities;

5a. (new – SG 101/12, in force from 01.01.2013; suppl. – SG 107/14, in force from 01.01.2015) medical devices, used in hospital medical care;

6. hospital medical care;

6a. (new – SG 107/14, in force from 01.01.2015; revoked - SG 98/15, in force from 01.01.2016)

7. (suppl. - SG 102/18, in force from 01.01.2019) other health insurance payments stipulated by the NFA, and payments from transfers by the Ministry of Health;

8. (new – SG 95/06, in force from 01.01.2007) medical care, rendered in accordance with the rules for coordination of the social security schemes.

(4) (new, SG 110/99) In case that the draft Act on the budget of the national health insurance fund is not adopted by the National Assembly until the beginning of the budget year the insurance income shall be collected and the insurance expenses shall be made according to the budget approved for the preceding year, and spent for the support of the national health insurance fund shall be monthly 1/12 of the expenses provided by the budget for the preceding year.

Art. 30. (1) (Amend., SG 107/02; amend. – SG 101/09, in force from 18.12.2009; amend. - SG 62/10, in force from 10.08.2010; suppl. – SG 101/12, in force from 01.01.2013) The annual report on the fulfilment of the budget and the report on the activity of NHIF shall be presented by the Governor of NHIF through the Minister of Health and the Council of Ministers at the National Assembly not later than June 30 of the next year.

(2) (Suppl., SG 107/02) The decision of the National Assembly for adopting the report on the fulfilment of the budget and the report on the activity of NHIF shall be promulgated in the State Gazette.

Art. 31. (amend. – SG 101/09, in force from 18.12.2009) The National Health Insurance Fund cannot possess any medical and health care establishments and pharmacies.

Art. 32. (Revoked, SG, No 153 of 1998; new - SG 59/06, in force from 01.01.2007; amend. - SG 98/15, in force from 01.01.2016) The National Health Insurance Fund shall carry out the collection, processing and the control of the reports of the providers of hospital medical care regarding the activities subject matter of the National Frame Agreement.

Section IV. Insured persons. Rights and obligations

Art. 33. (1) (amend., SG 110/99; prev. text of Art. 33 – SG 95/06, in force from 01.01.2007) Obligatory insured by the National Health Insurance Fund shall be:

1. all Bulgarian citizens who are not also citizens of another country;
2. the Bulgarian citizens who are also citizens of other country and permanently reside on the territory of the Republic of Bulgaria;
3. (amend. - SG 18/06, in force from 01.01.2007; suppl. - SG 9/11) the foreign citizens or the persons without citizenship with permitted long-term or permanent stay on the territory of the Republic of Bulgaria, unless provided otherwise by an international agreement party to which is the Republic of Bulgaria;
4. (amend. SG 54/02) the persons with a status of refugee, humanitarian status or granted right to asylum.
 - 4a. (new - SG 32/22, in force from 26.04.2022) the persons with granted temporary protection and the persons under Art. 39, para. 6, item 2;
 - 4b. (new - SG 8/23) the foreign citizens who have been issued a residence and work permit of the "EU Blue Card" type;
5. (new - SG 18/06, in force from 01.01.2007) the foreign students and doctorants admitted to universities or science organizations in the country by the order of Decree of the Council of Ministers No. 103 of 1993 for Implementation of Educational Activities Among the Bulgarians Abroad (prom. – SG 48/93; amend. SG 52/93; amend – SG 54/95, SG 20/96, SG 38 and 73/99, SG 101/02, SG 89/04) and Decree of the Council of Ministers No. 228 of 1997 for Admittance of citizens of the Republic of Macedonia in the state universities of the Republic of Bulgaria (prom. – SG 42/97; amend. SG 72/99, SG 101/02);
6. (new – SG 95/06, in force from 01.01.2007) the persons, out of the scope of the ones referred to in items 1 through 5, with regards to whom the legislation of the Republic of Bulgaria is applied in compliance with the rules for coordination of the social security schemes.
 - (2) (new – SG 95/06, in force from 01.01.2007) Shall not be obligatorily insured by the National Health Insurance Fund the persons, who are subject to health insurance in another Member State according to the rules for coordination of the social security schemes.

Art. 34. (1) The obligation for insurance occurs:

1. for all Bulgarian citizens - from entry into force of the Act, as regards to the newly born - from the date of birth;
2. (Amend., SG 107/02; amend. – SG 95/06, in force from 01.01.2007; suppl. - SG 9/11) according to Art. 33, para 1, item 3 - from the date of obtaining permit for long-term or permanent residence;
3. (amend. SG 54/02; amend. – SG 95/06, in force from 01.01.2007, suppl. - SG 32/22, in force from 26.04.2022) according to Art. 33, para 1, item 4 - from the date of opening procedures for granting status of refugee, humanitarian status or right of asylum.
 - 3a. (new - SG 32/22, in force from 26.04.2022) under Art. 33, para. 1, item 4a - from the date,

determined in the decree of the Council of Ministers under Art. 40, para. 10;

4. (*) (new - SG 18/06, in force from 01.01.2007; amend. – SG 95/06, in force from 01.01.2007) according to Art. 33, para 1, item 5 – from the date of enrolment at the respective university or science organization;

5. (new – SG 95/06, in force from 01.01.2007) as per Art. 33, para 1, item 6 – from the date of occurrence of the ground of insurance;

(2) (suppl. – SG 95/06, in force from 01.01.2007) The rights of the insured under Art. 33, para 1 shall occur:

1. for the newly born - from the date of birth;

2. (new – SG 54/02; amend. – SG 95/06, in force from 01.01.2007, suppl. - SG 32/22, in force from 26.04.2022) for the persons of Art. 33, para 1 item 4 – from the date of opening of the procedures for conceding statute of refugee, humanitarian status or right to asylum;

2a. (new - SG 32/22, in force from 26.04.2022) for the persons under Art. 33, para. 1, item 4a - from the date, determined in the decree of the Council of Ministers under Art. 40, para. 10;

2b. (new - SG 8/23) for the persons under Art. 33, para. 1, item 4b - from the date of obtaining a residence and work permit type "EU Blue Card";

3. (*) (new - SG 18/06, in force from 01.01.2007; amend. – SG 95/06, in force from 01.01.2007) for the individuals of Art. 33, para 1, item 5 – from the date of enrolment at the respective university or science organization.

4. (prev. item 2 – SG 54/02, in force from 01.12.2002; prev. item 3 – SG 18/06, in force from 01.01.2007) for all the others - from the date of payment of the health insurance instalment.

(3) (New - SG 32/22, in force from 26.04.2022) The persons with granted temporary protection under Art. 1a, para. 3 of the Asylum and Refugees Act and refugees have the right to medical care and medical services under this Act and under the Health Act under the terms and conditions for Bulgarian citizens, with the exception of medical care provided in accordance with the rules for coordination of social security systems.

(4) (Prev. para. 3 - SG 32/22, in force from 26.04.2022) The rights of the insured shall be personal and cannot be ceded (transferred).

Art. 35. (1) (prev. text of Art. 35 - SG 48/15) The obligatory insured shall have the right:

1. (Amend., SG 107/02; amend. - SG 48/15) to medical care within the range of the package of health care activities guaranteed by the budget of NHIF;

2. (amend. – SG 101/09, in force from 18.12.2009) to choose a physician from a primary medical care establishment that has concluded a contract with RHIF;

3. to emergency medical care wherever it is needed;

4. to receive information from RHIF about the contracts concluded by it with the medical care executives;

5. to participate in the management of NHIF through their representatives;

6. to file appeals to the director of the respective RHIF for violations of the law and the contracts.

7. (new – SG 95/06, in force from 01.01.2007) to receive a document required for exercising their health insurance rights in compliance with the rules for coordination of the social security schemes;

8. (new - SG 01/14, in force from 03.01.2014) of cross-border healthcare under Chapter Two, Section XI.

(2) (new - SG 48/15) The obligatorily insured persons shall have the right to appeal before the director of the corresponding RHIF, where they are not satisfied by the medical activities related to the rendered medical aid. The appeal shall be filed as set out in Chapter Two, Section X, stating the reasons and

indicating at least one of the following grounds:

1. reported medical activity but not rendered;
2. quality of the medical aid not meeting the quality criteria specified in the national framework agreements;
3. refused access to medical documentation;
4. amounts received from a provider of medical or dental aid without legal grounds.

Art. 36. (revoked – SG 1/14, in force from 03.01.2014)

Art. 37. (1) (amend. SG 76/05; amend. – SG 37/08; amend. – SG 60/12, in force from 07.08.2012) The persons referred to in Art. 33 shall pay to the physician, the dental doctor or to the medical establishment certain amounts, defined by a decree of the Council of Ministers, for each visit, as well as for each day of hospitalization, however not more than 10 days a year.

(2) (new – SG 106/13, in force from 01.01.2014) By the Decree under par. 1 lower amounts are fixed for every visit to the doctor or to the dental medicine doctor payable by the persons having exercised their right to pension for years of service and age.

(3) (New, SG 107/02; prev. par. 2, suppl. – SG 106/13, in force from 01.01.2014) The amounts under para 1 and 2 shall be payable for provided medical care.

(4) (Prev. para 2 - amend., SG 107/02, amend. SG 120/02; suppl. - SG 17/06, in force from 01.05.2006; amend. - SG 46/07, in force from 01.01.2008; amend. – SG 37/08, in force from 01.07.2008; prev. par. 3. – SG 106/13, in force from 01.01.2014; amend. – SG 53/14; amend. and suppl. – SG 54/14, in force from 01.07.) Exempt from payment of the sums under para 1 shall be persons with diseases determined according to a list to NFA, as well as minors and underage and unemployed members of the family; war veterans, military disabled, battle-scarred; detained on the ground of Art. 72 of the Ministry of Interior Act or convicted persons; socially weak receiving help according to the Regulation for implementation of the Social Support Act; persons accommodated in homes under Art. 36, par. 3, item 1 of the same Regulation; medical specialists.

(5) (Prev. para 3 - SG 107/02, amend. SG 76/05; amend. – SG 37/08, in force from 01.07.2008; prev. par. 4, suppl. – SG 106/13, in force from 01.01.2014) The physician, the dental doctor or the medical establishment shall issue to the persons under para 1 and 2 a document for the paid sums.

(6) (new –SG 106/13, in force from 01.01.2014, suppl. - SG 101/17, in force from 01.01.2018) The difference in the amounts under par. 1 and 2 shall be paid to the doctor or to the dental medicine doctor from the state budget according to a procedure, determined by the Decree referred to in para 1 after submission of a reporting document which shall indicate the numbers of the issued documents for the amounts paid under para. 5.

Art. 38. The insured shall be obliged to observe the prescriptions of the medical care executives and the requirements for prophylactics of the diseases in compliance with NFA and the contracts with the executives.

Art. 39. (amend., SG 110/99) (1) (suppl. SG 111/04, amend. - SG 105/05, in force from 01.01.2006; amend. – SG 95/06, in force from 24.11.2006; amend. – SG 101/09, in force from 18.12.2009) Persons who are obliged to pay insurance installments to the National Health Insurance Fund, except the ones who have not reached 18 years of age and the persons referred to in Art. 40, para 5, shall provide monthly the National Revenue Agency with certain information from the moment of occurrence of the grounds for health insurance, following a procedure set out in an ordinance of the Minister of Finance.

(2) (new – SG 101/09, in force from 18.12.2009) Any persons who are obliged according to this Act to pay insurance installments, except for the persons referred to in Art. 40, para 5, shall submit declarations for the amounts of the health insurance installments due according to a procedure set forth in the ordinance as per para 1.

(3) (amend. - SG 105/05, in force from 01.01.2006; prev. text of para 2, amend. – SG 101/09, in force from 18.12.2009) Persons paying health insurance for members of their families according to this Act shall provide information about such members in declarations completed in a standard form approved by the ordinance mentioned in para 1.

(4) (suppl. SG 111/04, amend. - SG 105/05, in force from 01.01.2006; prev. text of para 3, amend. – SG 101/09, in force from 18.12.2009) In the cases when the persons of para 1 pay in advance instalments according to this Act they shall submit declarations at the National Revenue following a procedure laid down in the ordinance of para 1.

(5) (Prev. text of para 4, suppl. – SG 101/09, in force from 18.12.2009, amend. - SG 32/22, in force from 26.04.2022) Foreigners staying for a long or short term in the Republic of Bulgaria shall pay the value of the rendered medical care, unless an international agreement party to which is the Republic of Bulgaria.

(6) (New - SG 32/22, in force from 26.04.2022) The persons with dual Bulgarian and foreign citizenship who are not insured by the order of this Act who are not insured under this law, pay the value of medical care provided to them, unless:

1. an international agreement is in force for them, to which the Republic of Bulgaria is a party or
2. arrive from a country from which foreigners have been granted temporary protection.

(7) (New - SG 98/15, in force from 01.01.2016, prev. para. 6 - SG 32/22, in force from 26.04.2022) The health insurance status required for the exercise of the health insurance rights of the persons under Art. 33 shall be formed on the basis of the health insurance information from applications and declarations under the present Act, entries in official public registers, written evidence provided by the persons and paid or due health insurance payments.

Section V.

Health insurance instalments

Art. 40. (Amend., SG 107/02) (1) The health insurance instalment of the insured person, determined by the order of Art. 29, para 3 shall be calculated over an income and shall be paid as follows:

1. (amend. SG 49/04, suppl. SG 111/04; amend. and suppl. – SG 105/06, in force from 01.01.2007; amend. – SG 110/08, in force from 01.01.2009; amend. And suppl. – SG 99/09, in force from 01.01.2010; amend. – SG 101/09, in force from 18.12.2009; amend. – SG 107/14, in force from 01.01.2015; suppl. - SG 54/15, in force from 17.07.2015) as regards to persons referred to in Art. 4, para 1 and 10 of the Code of Social Insurance - the income on which instalments are due for state public insurance determined by the Code of Social Insurance; the instalment shall be allocated by the employer or the respective department and by the insured person in the following proportion:

- 2000 - 2001 - 80:20;
- 2002 - 2004 - 75:25;
- 2005 - 70:30;
- 2006 - 65:35;
- 2007 - 65:35;
- 2008 - 60:40;
- 2009 – 55:44;

- 2010 and the following years - 60:40.

a) the insurance instalments shall be for the account of the employer or administrative body where stipulated by a law;

b) (amend. SG 49/04; suppl. – SG 101/09, in force from 18.12.2009; amend. - SG 94/12, in force from 01.01.2013, amend. - SG 30/18, in force from 01.07.2018) for the persons using unpaid leave, who are not subject to insurance on other grounds, the instalment shall be determined for half of the minimal size of the insurance income for the self insuring persons, determined by the Act on the budget of the state public insurance; the instalment shall be entirely for the account of the insured person – when the unpaid leave is upon his wish, and for the account of the employer – when the unpaid leave is for raising a child according to Art. 167a of the Labour Code or due to production need and stay; the instalment shall be paid through the respective enterprise or organisation by 25th of the month, following the one it refers to;

c) (amend. – SG 105/06, in force from 01.01.2007, amend. - SG 99/19, in force from 01.01.2020) the insurance instalments for health insurance shall be paid within the terms under Art. 7 of the Code of Social Insurance;

d) (new – SG 50/03; revoked – SG 46/07, in force from 01.01.2008)

2. (amend. SG 49/04; suppl. – SG 105/06, in force from 01.01.2007; amend. – SG 101/09, in force from 18.12.2009; amend. - SG 94/12, in force from 01.01.2013; amend. – SG, 12/2015; amend. -SG 61/15, in force from 01.01.2016) the persons referred to in Art. 4, para 3, items 1, 2 and 4 from the Code of Social Insurance shall be insured in advance on a monthly income, which cannot be less than the minimum monthly amount of the insurance income applicable to self-insured persons and the registered farmers and tobacco producers as fixed by the Act on the State Public Insurance Budget, and finally on the income from the activity and the income set out in item 3 during the calendar year according to the data of the tax declaration by the order of Art. 6, para 9 of the Code of Social Insurance; the registered farmers and tobacco producers, manufacturing unprocessed plant and/or animal produce shall not establish a final amount of insurance income in respect of such activity; the installments shall be remitted at the expense of the self-insured persons by 25th of the month following the month the said installments refer to and the final insurance installment at latest during the term for the filing of the tax returns under Art. 50 of the Income Taxes on Natural Persons Act;

2a. (new – SG 99/09, in force from 01.01.2010; amend. – SG 99/11, in force from 01.01.2012) maritime persons shall be fully self-insured based on the chosen monthly insurance income referred to in Art. 4a of the Code of Social Insurance, whereas they shall not determine the final amount of the insurance income for the income from legal terms of employment as maritime persons; the contribution shall be deducted and paid by the employer of the persons following the provisions of Art. 4a, par. 7 of the Code of Social Insurance;

3. (amend. SG 111/04) for the persons, working without legal terms of employment:

a) (amend. – SG 113/07, in force from 01.01.2008; amend. – SG 99/09, in force from 01.01.2010; amend. – SG 101/09, in force from 18.12.2009) if they are not insured by the order of items 1, 2 and 2a and receive remuneration equal or bigger than the minimum salary for the country, on the leviable income, after reducing it with the expenses needed for the activity; when remuneration is received below the minimum salary for the country, after reducing it with the expenses needed for the activity, the insurance shall be implemented by the order of para 5;

b) (amend. – SG 101/09, in force from 18.12.2009, suppl. - SG 102/18, in force from 01.01.2019) if they are not insured by the order of item 1 and 2a, the insurance instalments shall be paid for the leviable income after reducing it with the expenses needed for the activity, regardless of the extent of the received remuneration;

c) (amend. – SG 99/11, in force from 01.01.201; amend. - SG 94/12, in force from 01.01.2013) the insurance instalments shall be paid in the ratio of item 1 by the assignor by 25th of the month, following the month for payment of the remuneration;

4. (suppl. – SG 101/09, in force from 18.12.2009; amend. – SG 15/13, in force from 01.01.2014) as regards to pensioners from the public insurance or from an occupational pension fund: - the amount of the pension or the sum of pensions, without the additions to them; the instalments shall be for the account of the state budget and shall be made by the 10th of the month following the month for which they are made;

5. (amend. – SG 105/06, in force from 01.01.2007; amend. – SG 101/09, in force from 18.12.2009; amend. - SG 100/10, in force from 01.01.2011; amend. - SG 94/12, in force from 01.01.2013; suppl. – SG 23/13, in force from 08.03.2013; amend. - SG 1/14, in force from 03.01.2014; amend. – SG, 12/2015, amend. - SG 30/18, in force from 01.07.2018, amend. - SG 62/22, in force from 01.08.2022) for persons in temporary labour incapacity due to illness, pregnancy and childbirth, on leave for care of child up to 2 years of age according to Art. 164, para 1 and para 3 of the Labour Code, on leave in case of adoption of a child up to 5-year old according to the provision of Art. 164b, par. 1 and 5 of the Labor Code and leave to raise a child up to the age of 8 from the father (adoptive father) in accordance with Art. 164c of the Labour Code the minimum insurance income of the self-insured persons; the instalments shall be for the account of the employer and shall be equal to the part of the instalment due by him, being deposited by the 25th of the month following the month for which they refer to; of the same size shall be the insurance instalments of the persons who insure themselves for their account, except for the persons referred to in Art. 4, para 9 of the Code of Social Insurance, as the instalments shall be made by the 25th of the month following the month for which they refer to, over minimum insurance income regarding the self-insured persons, respectively the registered farmers and tobacco producers, this income being specified by the Act on the Budget of the State Public Insurance for the respective year. As regards to the remuneration of Art. 40, para 5 of the Code of Social Insurance, insurance instalments shall be due under the terms of item 1;

6. (amend. SG 49/04; amend. – SG 99/09, in force from 01.01.2010; amend. -SG 61/15, in force from 01.01.2016) for the persons receiving income on various grounds, indicated under item 1, 2, 2a, 3, 4 and 5 the instalments shall be made on the sum of the insurance income and by the deadlines determined for them, by the order determined by art. 4.a, par. 6 and art.6, para 11 of the Code for the social insurance;

7. (amend. SG 111/04; amend. - SG 94/12, in force from 01.01.2013) for the employees of the Bulgarian Orthodox Church and other religions, recognised by a normative order, who do not receive remunerations for implemented activity - the minimal insurance income for the self insured persons determined by the Act on the budget of the state public insurance; the instalments shall be made by the 25th of the month following the month for which they are made, by the central management of the respective religion;

8. (amend. – SG 110/08, in force from 01.01.2009; amend. – SG 15/13, in force from 01.01.2014) for the persons receiving compensation for unemployment - the size of the paid compensation; the instalments shall be for the account of the state budget and shall be made by the 10th of the month following the month for which they are made;

(2) (new – SG 95/06, in force from 24.11.2006; amend. – SG 15/13, in force from 01.01.2014; amend. and suppl. – SG 54/14, in force from 01.07.2014; amend. - SG 48/15; suppl. - SG 79/15, in force from 01.11.2015, amend. - SG 17/18, in force from 23.02.2018) Shall be insured for the account of the state budget: veterans from the wars, the military disabled persons, battle-scarred, who are not insured under another procedure; the persons with disabilities, who have been injured in the event of natural disasters and accidents; the employees of the Ministry of Interior, who have been affected in fulfilment of their official duty; civil servants injured in the performance of their duties by the State Intelligence Agency Act; civil servants injured in the performance of their duties by the Act on the National Service for Protection and the civil servants.

(3) (prev. text of para 2 – SG 95/06, in force from 24.11.2006; amend. – SG 15/13, in force from 01.01.2014) Insured for the account of the state budget, unless insured by the order of para 1, shall be:

1. (Suppl. SG 119/02; suppl. - SG 98/15, in force from 01.01.2016, suppl. - SG 92/18) the persons under 18 years of age and after this age if they study regularly – till the graduation of high

education, however not after their 22nd year; students involved in learning through work (dual system of education) for the duration of the training according to the relevant curriculum organized under the terms and procedures of VETA regardless of the occurrence of the ground to provide under para. 1;

2. the students in the regular form of education in higher schools until the accomplishment of 26 years of age, and the doctorants of regular studies by a state order;

3. (new - SG 18/06, in force from 01.01.2007) the foreign students – in regular form of education until accomplishment of 26 years of age and the doctorants in regular form of education admitted to universities or science organizations in the country by the order of Decree of the Council of Ministers No. 103 of 1993 for Implementation of Educational Activities Among the Bulgarians Abroad and Decree of the Council of Ministers No. 228 of 1997 for Admittance of citizens of the Republic of Macedonia in the state universities of the Republic of Bulgaria.

4. (prev. item. 3 - SG 18/06, in force from 01.01.2007; revoked – SG 46/07, in force from 01.01.2008)

5. (Suppl. SG 119/02, amend. SG 111/04; prev. item. 4 - SG 18/06, in force from 01.01.2007; suppl. – SG 41/09, in force from 02.06.2009; suppl. – SG 101/09, in force from 01.01.2010, amend. - SG 24/19, in force from 01.07.2020, amend. on entry into force - SG 101/19) the citizens, who meet the conditions for receiving monthly social support and purposed support for heating by the order of the Social Support Act, if they are not insured on other ground, as well as those who use social or integrated health and social services for residential care and social services to provide shelter, financed by the state budget;

6. (prev. item. 5 - SG 18/06, in force from 01.01.2007) the persons under arrest or imprisoned;

7. (prev. item. 6 - SG 18/06, in force from 01.01.2007, suppl. - SG 32/22, in force from 26.04.2022) the persons under proceedings for granting refugee status, humanitarian status or right to asylum;

8. (prev. item. 7 - SG 18/06, in force from 01.01.2007; revoked – SG 95/06, in force from 24.11.2006);

9. (prev. item. 8 - SG 18/06, in force from 01.01.2007; amend. -SG 61/15, in force from 01.01.2016, amend. – SG 105/18, in force from 01.01.2020) the parents, adoptive parents, spouses or one of mother's/father's parents who take care for a person with a disability of 50% or above in type and degree of disability, or permanently impaired ability to work with determined outside assistance;

10. (new – SG 111/04; prev. item. 9 - SG 18/06, in force from 01.01.2007, amend. - SG 35/09, in force from 12.05.2009; amend. – SG 99/11, in force from 01.01.2012) the persons, receiving indemnifications under art. 230 and 231 of the Act on the Defence and Armed Forces of the Republic of Bulgaria – for the period of receiving of the indemnification.

(4) (amend. SG 111/04; amend. - SG 18/06, in force from 01.01.2007; prev. text of para 3 – SG 95/06, in force from 24.11.2006; amend. – SG 113/07, in force from 01.01.2008; amend. – SG 37/08; amend. – SG 101/09, in force from 01.01.2013; revoked – SG 102/12, in force from 21.12.2012)

(4a) (new – SG 102/12, in force from 21.12.2012; amend. - SG 48/15, in force from 01.01.2016) As regards to the persons under para 3 the insurance instalments shall be paid in the amount determined by the Act on the budget of the National Health Insurance Fund for the respective year on 55 percent of the minimum insurance income for self-insured persons from 1 January 2016, which shall be increased every subsequent year by 5 percent until reaching the minimal insurance income of self-insured persons.

(5) (suppl. SG 49/04; prev. text of para 4 – SG 95/06, in force from 24.11.2006; amend. – SG 113/07, in force from 01.01.2008; amend. – SG 101/09, in force from 01.01.2010) The persons who are not subject to insurance under para 1, 2 and 3 shall be obliged to:

1. (amend. - SG 94/12, in force from 01.01.2013) pay insurance instalments on an insurance income not less than half of the minimal size of the insurance income applicable to self-insured persons as fixed by the Act on State Public Insurance Budget by the 25th day of the month following the month they refer to and shall make annual equalisation of the insurance income according to the tax return dataq

provided that the final insurance instalments are submitted within the term of submission;

2. (amend. - SG 94/12, in force from 01.01.2013) submit a declaration by the 25th of the month following the month in which the circumstance occurred 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 insurance income selected.

(6) (new – SG 101/09, in force from 01.01.2010) The amount of the health insurance instalment due shall be announced to the persons referred to in para 5, item 1 by the mass media or by an official upon submission of the declaration. In those cases where no declaration has been filed or the instalments have not been remitted within the fixed term, an act can be issued for establishing the liability by the revenue bodies without an audit. The act may be subject to appeal as laid down in Art. 107, para 4 of the Tax-Insurance Procedure Code.

(7) (prev. text of para 5 – SG 95/06, in force from 24.11.2006; prev. text of para 6 – SG 101/09, in force from 01.01.2010) The maximum amount of the monthly income on which the health insurance instalment is calculated shall be the maximal income fixed by the Act on the budget of the state public insurance.

(8) (prev. text of para 6 – SG 95/06, in force from 24.11.2006; prev. text of para 7 – SG 101/09, in force from 01.01.2010) As regards to the persons under para 1, item 6 the instalments shall be made on the total of insurance income by the order stipulated for the respective type of income, but on no more than the maximal size of the insurance income as fixed by the Act on the State Public Insurance Budget.

(9) (new – SG 101, in force from 18.12.2009; amend. – SG 15/13, in force from 01.01.2014) For the persons under para 2 and para 3, item 9, the insurance shall be carried out at the expense of the state budget after submission to the National Revenue Agency of documents, issued by a competent authority, which verify the presence of the circumstances under paras 2 and 3, item 9.

(10) (New - SG 32/22, in force from 26.04.2022) For the persons with granted temporary protection, the persons under Art. 39, para. 6, item 2 and the persons under Art. 40a, para. 3a the following shall be determined by a decree of the Council of Ministers:

1. the income on which health insurance installments are due;
2. the term for which health insurance installments are paid;
3. the date from which the obligation for health insurance arises;
4. the date from which the rights of the health insured persons arise;
5. the procedure for payment of the health insurance installments;
6. the source of funding.

Art. 40a. (new – SG 111/04) (1) (amend. - SG 105/05, in force from 01.01.2006; amend. – SG 99/11, in force from 01.01.2012; amend. – SG 23/13, in force from 08.03.2013) The Bulgarian citizens who are obliged to insure themselves and stay abroad more than 183 days in one calendar year, may not pay health insurance installments till the end of the respective calendar year, assumed from the date of leaving the country, and for each following calendar year after submitted application to the National Revenue Agency.

(2) The health insurance rights of the persons of para 1 after their returning to the country shall be restored after the elapse of 6 subsequent months, during which the person is insured by the order of art. 40.

(3) Out of the cases of para 2 the health insurance rights of the persons of para 1 after their returning in the country may be restored after one time payment of sum in extent of 12 health insurance installments, determined by the order of art. 29, para 3 on minimum monthly extent of the insurance income for the self insured persons, determined with the Act on the budget of the state social insurance by the moment of payment of the installments.

(3a) (New - SG 32/22, in force from 26.04.2022) Outside the cases under para. 1 and 2 the health insurance rights of the persons under para. 1 after their return to the country may be restored under the conditions and in accordance with the procedure laid down in the Council of Ministers Decree referred to in Art. 40, para. 10, when they arrive from a country, foreign nationals from which temporary protection has been granted.

(4) (Suppl. - SG 94/12, in force from 01.01.2013, suppl. - SG 32/22, in force from 26.04.2022) The sums of para 3 and 3a shall be paid pursuant to the procedure laid down in Art. 41 following a submission of declaration according to an ordinance issued by the Minister of Finance.

(5) Till the restoration of the insurance rights the persons of para 1 shall pay the value of the medical care, rendered to them in the country, to the executors.

Art. 40b. (amend. – SG 60/12, in force from 07.08.2012) (1) (Amend. - SG 102/18, in force from 01.01.2019) Compulsorily health insured persons, to whom is applicable the health insurance scheme of the European Union pursuant to Article 72 of the Staff Regulations of the European Union and the Conditions of Employment of other servants of the European Communities, set out in 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 instalments for the time period during which the health insurance scheme of the European Union is applied, following an application submitted to the National Revenue Agency.

(2) The persons under para 1 shall pay for the medical services provided to them at prices defined by the respective medical facility, while reimbursement of expenses made shall be carried out under the terms and following the procedure under Art. 72 and Appendix VII of the Staff Regulations of the European Union.

Art. 40c. (new – SG 23/13, in force from 08.03.2013) Bulgarian citizens, who are also nationals of another country and live abroad for more than 183 days in a calendar year, may declare that they do not owe health insurance installments by submitting to the National Revenue Agency a declaration in a form approved by the Minister of Finance.

Art. 41. (amend., SG 110/99; amend. - SG 94/12, in force from 01.01.2013) (1) The insurance instalments under this Act shall be deposited in the respective account at the relevant territorial directorate of the National Revenue Agency.

(2) (amend. - SG 18/14, in force from 04.03.2014, suppl. - SG 32/22, in force from 26.04.2022) In those cases where several public liabilities exist, self-insured persons under Art. 40, Para 1, Item 2 and para 5, and Art. 40a, para. 3 and 3a may state under the procedure laid down in an ordinance of the Minister of Finance which liabilities for insurance instalments under this Act they will pay off. In this case Art. 169, para 5 and 6 of the Tax-Insurance Procedure Code shall not apply.

Art. 42. (1) (amend., SG 110/99; amend. – SG 95/06, in force from 01.01.2007; suppl. – SG 101/09, in force from 18.12.2009) The insurance income on which the instalment is calculated shall be established by the payrolls and other documents for paid or accrued but still not paid remuneration, by the pension cards, the paid patient charts, the paid compensations for unemployed and by the tax declarations according to the Income Taxes on Natural Persons Act.

(3) (amend., SG 110/99; amend., SG 107/02; amend. – SG 95/06, in force from 01.01.2007) The annual declaration under the Income Taxes on Natural Persons Act shall present the health insurance

instalments paid during the year and the due sums upon the annual adjustment, if any.

(4) (new., SG 110/99, amend. - SG 105/05, in force from 01.01.2006) The employers, the municipal authorities, the administrative bodies, the assignors and the self-insured shall be obliged to present to the National Revenue Agency and to NHIF the necessary information under Art. 42, para 1 and 3.

Art. 43. (amend., SG 110/99; amend., SG 107/02; amend. – SG 113/07, in force from 01.01.2008) The insured under Art. 40, para 1, item 2, item 5, third sentence and para 5 can pay the health insurance instalments in advance, for a period chosen by them.

Art. 44. (amend., SG 110/99) The instalments shall be paid:

1. through a bank;
2. by post order;

Art. 44a. (New - SG 96/10) The income raised to the budget of the National Insurance Fund from health insurance installments pursuant to this Section for the respective year shall only be spent for implementation of the activities referred to in Art. 24.

Section VI.

Range of the medical care for the obligatory health insurance

Art. 45. (1) (amend. - SG 48/15) The National health insurance fund shall pay the following medical services:

1. medical and dental services for prevention against diseases;
2. medical and dental services for early discovery of diseases;
3. out-patient and hospital medical care for diagnostics and treatment of a disease;
4. (amend. – SG 101/09, in force from 18.12.2009) further treatment, long-term treatment and medical rehabilitation;
5. emergency medical care;
6. medical care for pregnancy, labour and motherhood;
7. (new - SG 59/06, in force from 01.01.2007; revoked - SG 98/15, in force from 01.01.2016)
8. (prev. text of item 07 - SG 59/06, in force from 01.01.2007) abortions for medical indications and for pregnancy as a result of rape;
9. (prev. text of item 08 - SG 59/06, in force from 01.01.2007; amend. – SG 59/2010, in force from 31.07.2010) dental services;
10. (prev. text of item 09 - SG 59/06, in force from 01.01.2007) medical care in cases of home treatment;
11. (amend., SG 107/02; prev. text of item 10 - SG 59/06, in force from 01.01.2007) prescription and dispensing of permitted medicines for home treatment on the territory of the country;
12. (new – SG 111/04; prev. text of item 11 - SG 59/06, in force from 01.01.2007; amend. – SG 101/12, in force from 01.01.2013) prescription and dispensing of medical products and dietetic foods for special medical purposes, designated for home treatment throughout the country, as well as medical devices used in hospital care;
13. (prev. 11 – SG 111/04; prev. text of item 12 - SG 59/06, in force from 01.01.2007) medical expertise of the labour capacity;
14. (prev. 12 – SG 111/04; prev. text of item 13 - SG 59/06, in force from 01.01.2007) transport

services for medical indications;

15. (new – SG 60/12, in force from 07.08.2012; amend. - SG 98/15, in force from 01.01.2016, amend. - SG 102/18 (*)) medical activities, medicinal products, dietary foods for special medical purposes, medical devices and highly specialized apparatus/appliances for individual use under Art. 82, Para. 1, items 1a, 2, 3a, 6b and Para. 1a and 3 of the Health Act, as well as medical devices, aids, mechanisms and facilities for people with disabilities outside the scope of the compulsory health insurance, funded by a transfer of the Ministry of Health according to the act on the budget of NHIF for the respective year;

16. (new – SG 101/12, in force from 01.01.2013; revoked. – SG 106/13, in force from 01.01.2014);

17. (new – SG 101/12, in force from 01.01.2013; revoked – SG 106/13, in force from 01.01.2014).

(2) (Amend., SG 107/02; amend. – SG 41/09, in force from 02.06.2009; suppl. – SG 101/09, in force from 18.12.2009; amend. – SG 60/12, in force from 07.08.2012; amend. - SG 48/15; declared anti-constitutional - Decision of the Constitutional Court, SG No 3 2016 – SG 20/16, amend. - SG 101/17, in force from 01.01.2018) The medical care under para 1, with exception of items 11, 12 and 15, is determined as a package guaranteed by the budget of NHIF with an ordinance of the Minister of Health.

(2a) (New - SG 13/23, in force from 07.02.2023) With the ordinance under Art. 81, Para. 3 of the Health Act, criteria shall be defined for classifying priority multi-specialty medical facilities for hospital care, which provide access to activities from the package guaranteed by the NHIF budget.

(3) (New, SG 107/02, amend. SG 111/04; amend. – SG 60/12, in force from 07.08.2012; amend. - SG 48/15) The ordinance referred to in Para 2 shall set out also the criteria for determining a list of the diseases for the home treatment of which NHIF shall pay, in full or in part, for medicinal products, medicinal devices and dietetic foods for special medical purposes.

(4) (New, SG 107/02; amend., SG 28/04; revoked – SG 31/07, in force from 14.04.2008; new - SG 48/15) The list of diseases referred to in Para 3 shall be determined in a decision of the Supervisory Board of NHIF according to the criteria specified in the ordinance under Para 2, which shall be promulgated in the State Gazette.

(5) (New, SG 107/02; amend., SG 28/04, amend. SG 76/05; revoked – SG 31/07, in force from 14.04.2008; new - SG 48/15) All changes in the list referred to in Para 4, which require increase of the expenses of NHIF for medicinal products, medical devices and dietetic foods for special medical purposes, shall not enter into force before the amendment of the act of the budget of NHIF for the respective year or from entry into force of the act on the budget of NHIF for the subsequent budget year.

(6) (new, SG 28/04; revoked – SG 31/07, in force from 14.04.2008)

(7) (new – SG 111/04; revoked – SG 31/07, in force from 14.04.2008)

(8) (new – SG 99/11, in force from 01.01.2012; revoked - SG 48/15)

(9) (new – SG 111/04; amend – SG 31/07, in force from 14.04.2008; amend. – SG 71/08, in force from 12.08.2008; amend. – SG 101/09, in force from 18.12.2009; amend. – SG 60/11, in force from 05.08.2011; prev. text of Para 08 – SG 99/11, in force from 01.01.2012, suppl. – SG 60/12, in force from 07.08.2012; amend. - SG 102/12, in force from 21.12.2012, amend. - SG 102/18, in force from 01.01.2019, amend. - SG 67/20) The conditions, the order, the mechanism and the criteria for payment of the respective medicinal products, medical devices, dietary foods for special medical purposes and highly specialized apparatus/appliances for individual use under Para. 1, items 11, 12, 15 and 20 shall be determined by an ordinance issued by the Minister of Health on a proposal of the Supervisory Board of the NHIF.

(10) (new – SG 98/10, in force from 01.01.2011; amend. – SG 60/11, in force from 05.08.2011; prev. text of Para 09, amend. – SG 99/11, in force from 01.01.2012; amend. – SG 60/12, in force from 07.08.2012; amend. - SG 102/12, in force from 21.12.2012; amend. - SG 48/15, amend. - SG 102/18, in force from 01.01.2019, amend. - SG 99/19, in force from 01.01.2020) For medicines for home treatment on the territory of the country, for which the value paid by the budget of the NHIF is calculated by grouping,

which does not include medicinal products of other holders of an authorisation for use, and as regards those with a new international non-patent name, included or filed for inclusion in the Positive medicines list as per Art. 262, para 6, item 1 of the Medicinal Products in Human Medicine Act, the NHIF and the authorisation holders or their authorized representatives shall carry out a mandatory annual centralised negotiation of discounts, with the exception of generic medicinal products within the meaning of the Medicinal Products in Human Medicine Act and medicinal products under Art. 29 of the Medicinal Products in Human Medicine Act. The types of discounts, the terms and conditions for their negotiation and payment shall be determined by the ordinance under Para. 9.

(11) (new – SG 60/12, in force from 07.08.2012; amend. - SG 48/15) The agreed discount under para 10 shall be allocated between the NHIF and the health insured persons under criteria and procedures specified by the ordinance under par. 9.

(12) (new – SG 60/12, in force from 07.08.2012) Pharmacies who have concluded contracts with the NHIF may not charge the amount of the agreed discount under par. 10 on the amount paid by the person with medical insurance, from the value NHIF pays.

(13) (new – SG 60/12, in force from 07.08.2012; amend. - SG 48/15) As regards to medicinal products needed for the health care activities under Art. 82, para 2, item 3 from the Health Act, NHIF and the authorisation holders or authorized representatives of theirs shall carry out a mandatory annual centralised negotiation of discounts under terms, procedure and criteria, set out by the ordinance under para 9.

(14) (new – SG 60/12, in force from 07.08.2012; amend. - SG 48/15, new - SG 102/18 (*), amend. - SG 67/20) As regards to medical devices, included in the list under Art. 30a of the Medical devices Act, the highly specialized apparatus/appliances for individual use, medical aids, mechanisms and facilities for people with disabilities, the NHIF shall negotiate with the producers or wholesalers and/or authorized representatives of theirs, as well as with the persons performing activities in the area of provision and repair of medical devices, aids, mechanisms and facilities for people with disabilities, registered as traders and entered in the register of the persons carrying out activities for provision and repair of aids, devices, mechanisms and medical devices for people with disabilities, discounts from the price of the respective group of medical devices, highly specialized apparatus/appliances for individual use, medical aids, mechanisms and facilities for people with disabilities, under terms, by criteria and following a procedure, set out by the ordinance under Art. 30a, Para 4 of the Medical Devices Act. The value of the highly specialized apparatus/appliances paid by the NHIF can not be higher than the price paid in the previous calendar year for a highly specialized apparatus/appliance with the same technical characteristics.

(15) (New - SG 102/18, in force from 01.01.2019) The National Health Insurance Fund shall pay:

1. for medical devices intended for home use - to holders of permits for retail sale for medicinal products;
2. for medical devices applied in hospital medical care - to the providers of hospital medical care, to manufacturers or wholesalers of medical devices / their authorized representatives;
3. (*) for medical devices, aids, mechanisms and equipment for persons with disabilities – to persons engaged in providing and repairing aids, devices, mechanisms and medical devices for persons with disabilities, registered as traders and listed in the register of persons performing activities of provision and repair of aids, devices, mechanisms and medical devices for people with disabilities.

(16) (New - SG 102/18 (*)) The terms and procedure for payment and for the conclusion of individual contracts with manufacturers or wholesalers of medical devices / their authorized representatives for the delivery and payment of medical devices for hospital application, as well as with the persons performing activities for provision and repair of auxiliary means, devices, equipment and medical devices for persons with disabilities, registered as traders and listed in the register of the persons performing the activities of providing and repairing aids, devices, equipment and medical devices for people with

disabilities - to pay for the medical devices, aids, appliances and facilities for people with disabilities shall be determined by the ordinance under Para. 9.

(17) (New – SG 101/09, in force from 18.12.2009; prev. text of item 9 – SG 98/10, in force from 01.01.2011; amend. – SG 60/11, in force from 05.08.2011; prev. text of Para 10, amend. – SG 99/11, in force from 01.01.2012; prev. text of para 11 – SG 60/12, in force from 07.08.2012; amend. - SG 102/12, in force from 21.12.2012; suppl. – SG 18/14; suppl. - SG 48/15, previous Para. 15 - SG 102/18, in force from 01.01.2019) The terms and the procedure for concluding individual contracts for disbursement of medicinal products as per Art. 262, para 6, item 1 of the Medicinal Products in Human Medicine Act, of medical devices and of dietary foods for special medical purposes between the director of RHIF and the holders of an authorization for retail trade in medicinal products shall be coordinated by 9 NHIF representatives and 9 representatives of the Bulgarian Pharmaceutical Union, determined respectively by the NHIF supervisory board and the management board of the Bulgarian Pharmaceutical Union according to the ordinance under para 9. The conditions and order of signing the individual contracts shall contain:

1. the conditions to be met by the retailers of medicinal products and the procedure of concluding contracts with them;

2. the rights and obligations of the contracting parties;

3. the conditions and order of carrying out the activities by retailers of medicinal products;

4. the criteria of quality and accessibility of the activities under Item 3;

4a. (new - SG 13/23, in force from 07.02.2023) prices of the activities of dispensing medicinal products, medical devices and dietary foods for special medical purposes for home treatment, paid 100 percent from the budget of the NHIF.

4b. (new - SG 13/23, in force from 07.02.2023) methodology for financing pharmacies that perform activities under a contract with the NHIF in remote, hard-to-reach areas or are the only contractor for the relevant activity in a municipality, as well as with a 24/7 working mode.

5. documentations and accountancy;

6. obligations of the parties related to the availability of information and exchange of information;

7. types of sanctions for breach of the contracts and the order of imposing them.

(18) (new – SG 18/14, previous Para. 16 - SG 102/18, in force from 01.01.2019, amend. - SG 67/20) The terms and the procedure under para 17 shall be promulgated in the State Gazette by the Manager of the NHIF.

(19) (new - SG 62/10, in force from 10.08.2010;prev. text of item 10 – SG 98/10, in force from 01.01.2011; prev. text of Para 11 – SG 99/11, in force from 01.01.2012; prev. text of para 12, amend. – SG 60/12, in force from 07.08.2012; prev. text of para 16 – SG 18/14; amend. - SG 48/15, previous Para. 17 - SG 102/18, in force from 01.01.2019) For dental activities included in the package, as determined in the Ordinance under Para 2, payment and or additional payment by the obligatory health –insured persons shall be admitted under the conditions and observing the procedure in the national framework agreement on dental activities.

(20) (New – SG 99/11, in force from 01.01.2012; prev. text of para 13 – SG 60/12, in force from 07.08.2012; prev. text of para 17 – SG 18/14; amend. - SG 48/15, previous Para. 18, suppl. - SG 102/18, in force from 01.01.2019) In the package determined in the ordinance referred to in Para 2 may be included medicinal products intended for medication of malignant diseases within hospital medical care and medicinal products in life-threatening haemorrhages and emergency surgical and invasive interventions in patients with congenital coagulopathies.

(21) (New – SG 60/12, in force from 07.08.2012; prev. text of para 18 – SG 18/14; amend. - SG 48/15, previous Para. 19, amend. - SG 102/18, in force from 01.01.2019, amend. - SG 99/19, in force from 01.01.2020) For medicinal products under Para. 20, paid in the course of the hospital medical care in addition to the medical services rendered, whose value paid by the NHIF budget, shall be calculated by

grouping, excluding medicinal products of other use authorisations holders, and also medicinal products with a new international non-patent name, included or subject of an application for inclusion in the Positive List pursuant Art. 262, para 6 of the Medicinal Products in Human Medicine Act, the NHIF and the holders of a usage permits, or their authorized representatives, shall annually carry out mandatory centralized bargaining of discounts, with the exception of generic medicinal products within the meaning of the Medicinal Products in Human Medicine Act, and medicinal products under Art. 29 of the Medicinal Products in Human Medicine Act. The types of discounts, the terms and conditions for their negotiation and payment shall be determined by the ordinance under Para. 9.

(22) (New - SG 48/15, previous Para. 20, amend. - SG 102/18, in force from 01.01.2019) Following the negotiations under Para 10, 13 and 21 shall be concluded contracts with license holders of the respective medicinal products or with their authorized representatives. The agreed discounts shall be mandatory for the term of the contracts and shall not be amended in a way resulting in increase of the costs for NHIF.

(23) (New - SG 48/15, previous Para. 21, amend. - SG 102/18, in force from 01.01.2019, amend. and suppl. - SG 99/19, in force from 01.01.2020) The National Health Insurance Fund may negotiate a payment, based on the outcome of the therapy, for the medicinal products for which the monitoring of the effect of the therapy is scheduled according to Art. 259, Para. 1, item 10 of the Medicinal Products in Human Medicine Act, under the conditions and by order determined in the Ordinance under Para. 9. In the absence of a result, the funds paid by the NHIF may be refunded to the NHIF by the holders of the marketing permits/their authorized representatives under the conditions and in the order specified in the ordinance under para. 9.

(24) (New - SG 102/18, in force from 01.01.2019, amend. - SG 67/20, amend. - SG 18/22, in force from 01.01.2022, repealed - SG 66/23, in force from 01.01.2023)

(25) (New - SG 102/18, in force from 01.01.2019) Holders of permits for the use of medicinal products, paid in full or in part from the budget of the NHIF, shall be obliged, upon request by the NHIF, to provide timely information related to the payment and negotiation of discounts on the medicinal products concerned.

(26) (New - SG 102/18, in force from 01.01.2019) Medicinal products, for which, according to the ordinance under Para. 9 is provided for obligatory centralized bargaining of discounts, but these are not negotiated, shall not be paid by the NHIF.

(27) (New - SG 48/15, previous Para. 22, amend. - SG 102/18, in force from 01.01.2019) The agreed discounts under Para 10, 13 and 21 may not be lower than the agreed discounts during the preceding year.

(28) (New - SG 48/15, previous Para. 23, amend. - SG 102/18, in force from 01.01.2019) The medical care providers may not purchase the medicinal products under Para 21 for prices exceeding the prices resulting from the agreed discounts under Para 21.

(29) (New - SG 103/20, in force from 01.01.2021, amend. - SG 18/22, in force from 01.01.2022) For each of the medicinal products used in the hospital medical care, which are paid by the NHIF outside the value of the provided medical services, the NHIF pays the lowest value of all agreed values in the framework agreements concluded by the Minister of Health, in his capacity of Central Purchasing Authority in the Health Sector, and the value at which the medicinal product is delivered to the contractors of hospital medical care, regardless of whether he is a contracting authorities under the Public Procurement Act.

(29a) (New - SG 66/23, in force from 01.01.2023) In the cases under para. 29 and when there are no valid framework agreements for the previous year, the National Health Insurance Fund pays the medicinal products at a price equal to the lowest price per unit quantity of medicinal substance for the same medicinal product delivered to all contractors of hospital medical care who have concluded a contract with the National Health Insurance Fund in the month preceding the month to which the report of the medical facility refers. The price cannot be higher than the approved price in the list under Art. 262, para. 6, item 2

of the Medicinal Products in Human Medicine Act or from the delivery price for the relevant medicinal product in the medical facility. The payment amount is determined by the price and quantity of administered medicinal substance. For the purpose of predictability and control, the prices per unit of active substance for medicinal products are published in a prominent place every month on the website of the NHIF. Contractors of hospital care agree with wholesalers the terms and conditions for payment, taking into account the current legislation and within the limits of the values paid by the NHIF. The conditions and procedure for providing the information by the providers of hospital care are determined by the supervisory board of the National Health Insurance Fund and published in the State Gazette by the manager of the National Health Insurance Fund, as well as published on the website of the National Health Insurance Fund. In the event that the lowest price cannot be determined for a given medicinal product during the reference period, the approved price, no higher than that in the list under Art. 262, para. 6, item 2 of the Medicinal Products in Human Medicine Act.

(30) (New - SG 103/20, in force from 01.01.2021) The National Health Insurance Fund may not pay to providers of hospital medical care and to holders of retail marketing authorizations for medicinal products a value that is higher than the maximum value determined for payment with public funds by the order of the ordinance of Art. 261a, para. 5 of the Medicinal Products in Human Medicine Act.

(31) (New - SG 99/19, in force from 01.01.2020, prev. para. 29 - SG 103/20, in force from 01.01.2021, amend. and suppl. - SG 18/22, in force from 01.01.2022) For medicinal products paid in full or in part by the NHIF, a mechanism is in place to guarantee the predictability and sustainability of the NHIF budget, which is adopted annually by a decision of the Supervisory Board of the NHIF according to the funds for health insurance payments for medicinal products specified in the NHIF budget Act for the respective year. The Supervisory Board of the National Health Insurance Fund adopts with a decision a methodology for application of the mechanism. The mechanism and methodology for its implementation are adopted after the promulgation in the State Gazette of the budget law of the NHIF for the respective year, but not later than January 31 of the year to which it applies. The mechanism and methodology for its implementation are published in the State Gazette by the Governor of the NHIF.

(32) (New - SG 99/19, in force from 01.01.2020, prev. para. 30, amend. - SG 103/20, in force from 01.01.2021) The mechanism of para. 31 shall apply:

1. to the medicinal products included in the Positive Medicinal List under Art. 262, para. 6, item 1 of the Medicinal Products in Human Medicine Act, paid in full or in part by the NHIF for home treatment on the territory of the country, and for the medicinal products included in the Positive Medicinal List under Art. 262, para. 6, item 2 of the Medicinal Products in Human Medicine Act and paid by the NHIF for inpatient care beyond the cost of the medical services provided, and

2. for the holders of the marketing permits / their authorized representatives of the medicinal products under item 1, for which the mechanism is applicable subject to the reasons and conditions laid down therein, and

3. for the calendar year for which it has been adopted.

(33) (New - SG 99/19, in force from 01.01.2020, prev. para. 31, amend. - SG 103/20, in force from 01.01.2021) For the implementation of the mechanism under para. 31 the NHIF and the marketing authorization holders or their authorized representatives annually conclude contracts by 1 April of the respective year, effective January 1 of the year. The medicinal products under para. 32, item 1, for which no contracts have been concluded by April 1 of the respective year, are not paid by the NHIF

(34) (New - SG 99/19, in force from 01.01.2020, prev. para. 32, amend. - SG 103/20, in force from 01.01.2021) The holders of the marketing authorizations for the medicinal products under para. 32, item 1 shall reimburse the excess funds established during the implementation of the mechanism, under the conditions and by the order of the ordinance under para. 9. The reimbursement is the full cost of the NHIF for medicinal products over the designated target funds in the NHIF budget Act for the respective year, taking into account the share of the reserve in the decision of the Supervisory Board of NHIF under Art. 15, para. 1, item 7.

(35) (New - SG 103/20, in force from 01.01.2021, amend. - SG 18/22, in force from 01.01.2022) For medical devices used in hospital medical care, which are paid completely outside the value of the medical services provided is applied a mechanism to ensure predictability and sustainability of the NHIF budget which is adopted annually by a decision of the Supervisory Board of the NHIF in accordance with the funds for health insurance payments for medical devices, defined in the Act on the budget of the National Health Insurance Fund for the respective year. The Supervisory Board of the National Health Insurance Fund adopts with a decision a methodology for application of the mechanism. The mechanism and methodology for its implementation shall be adopted after the promulgation in the State Gazette of the Act on the NHIF budget for the respective year, but not later than January 31 of the year for which it is applied. The mechanism and the methodology for its implementation shall be published in the State Gazette by the NHIF Governor.

(36) (New - SG 18/22, in force from 01.01.2022) The mechanism under para. 35 applies to:

1. the medical devices, included in the list under Art. 30a, para. 1 of the Medical Devices Act applied in hospital medical care and paid in full by the NHIF outside the value of the provided medical services, and

2. manufacturers or wholesalers of medical devices under item 1, or their authorized representatives, for whom the mechanism is applicable in the presence of the grounds and conditions established therein, and

3. the calendar year for which it was adopted.

(37) (New - SG 18/22, in force from 01.01.2022) For the application of the mechanism under para. 35 of the National Health Insurance Fund and the producers or wholesalers, or their authorized representatives, annually conclude contracts by April 1 of the respective year which come into force on January 1 of the year. The medical devices under par. 36, item 1, for which contracts have not been concluded by April 1 of the respective year, shall not be paid by the NHIF.

Art. 45a. (new - SG 77/18, in force from 01.01.2019) (1) (Amend. - SG 102/18, in force from 01.01.2019) The administrative contract with natural or legal persons under Art. 45 shall be concluded, amended and terminated in accordance with the law, the national frame Agreements and the annexes thereto, adopted pursuant to this Act, and for contracts for the medicinal products under Art. 262, para. 6, item 1 of the Medicinal Products in Human Medicine Act for medical devices and for dietetic foods for special medical purposes for domestic treatment on the territory of the country with the holders of permits for retail of medicinal products at a pharmacy, in accordance with the terms and procedure under Art. 45, para. 17.

(2) If, for the conclusion of the administrative contract, a special Act or acts of secondary legislation requires prior consent or the opinion of another administrative authority the contract shall take effect once the relevant administrative authority has given its consent or opinion in the form provided for in the law.

(3) If the other administrative authority fails to pronounce within the prescribed by the special Act term, Art. 53 of the Administrative Procedure Code shall apply.

(4) The contracts concluded between the National Health Insurance Fund, respectively the Regional Health Insurance Fund under Art. 45 with natural or legal persons are administrative contracts. For them art. 19b and Art. 19c of the Administrative Procedure Code do not apply.

Art. 46. (1) (Amend., SG 107/02) The requirements for the contractors and the extent of the medical care for the individual types of medical care under Art. 45 shall be determined by the NFA and by the contracts between RHIF and the executives.

(2) (Amend., SG 107/02; amend. - SG 48/15, amend. - SG 102/18, in force from 01.01.2019) The quality of the rendered medical services, purchased by NHIF must correspond to the medical standards approved by the order of Art. 6, Para. 1 of the Medical Establishments Act and to the rules for the good

medical practice.

(3) (repealed - SG 102/18, in force from 01.01.2019)

Art. 47. (amend. and suppl. - SG 48/15) The purchase of the medical care rendered to the insured person shall be made by RHIF, where by the funds shall be transferred to the executive who has rendered it.

Art. 48. The NHIF shall be obliged to inform systematically the insureds regarding the measures of protecting and improvement of their health.

Art. 49. (amend., SG 70/04; revoked – SG 101/09, in force from 01.01.2010)

Art. 50. (amend. – SG 101/09, in force from 18.12.2009; amend. – SG 99/11, in force from 01.01.2012) When using medical care, the insured persons shall be obliged to present an identity document, and the providers of medical and dental care shall verify their health insurance status according to information of the National Revenue Agency.

Art. 51. (amend. - SG 48/15; suppl. - SG 98/15, in force from 01.01.2016) The medical care, outside the range of Art. 45 and the contracted conditions in the NFA as well as the costs for clinical trial of medicinal products and medical articles shall not be purchased by NHIF.

Art. 52. (suppl. – SG 101/09, in force from 18.12.2009, suppl. - SG 102/18, in force from 01.01.2019, amend. - SG 67/20) (1) The medical aid providers, who have concluded contracts with the National Health Insurance Fund for rendering medical aid included in the package, determined by the ordinance of Art. 45, Para. 2, shall be obliged to render to the obligatorily health-insured persons, without requiring and accepting from them payment and / or additional payment, the respective medical aid in observance of the approved medical standards under Art. 6, Para. 1 of the Medical Establishments Act, of the rules for good medical practice, the pharmaco-therapeutic guidelines under Art. 259, Para. 1, item 4 of the Medicinal Products in Human Medicine Act and ensuring protection of the patient's rights.

(2) The uninsured persons under this Act shall pay the rendered medical aid at prices determined by the medical establishments, with the exception of the provided to them medical and other services under Art. 82 of the Health Act.

(3) In the ordinance under Art. 4, Para. 3 shall also be determined the conditions and the order for the provision of the additional services outside the rendered medical aid under Para. 1.

Section VII.

National Frame Agreement

Art. 53. (amend. – SG 101/09, in force from 18.12.2009) (1) For carrying out the activities provided for in this Act, NHIF and the Bulgarian Medical Association shall adopt and sign the National Frame Agreement for the medical activities, and the NHIF and the Bulgarian Dental Association a National Framework Agreement for the dental activities.

(2) (amend. – SG 98/10, in force from 14.12.2010, amend. - SG 102/18, in force from 01.01.2019) National Frame Agreements under Para. 1 shall be adopted for a period of three years, whereby if necessary or at the request of each of the parties, they are to be updated by the order of their adoption under Art. 54.

(3) (New - SG 102/18, in force from 11.12.2018) Every year, the National Health Insurance Fund and the Bulgarian Medical Association, respectively the Bulgarian Dental Association, shall re-negotiate - by signing an annex - the respective National Frame Agreement in the part under Art. 55, Para. 2, items 3a and 6b, and for the remainder the National Frame Agreements are to be re-negotiated as necessary or at the request of each of the parties within the term under Para. 2.

Art. 54. (Amend. – SG 101/09, in force from 01.01.2010) (1) (Amend. - SG 102/18, in force from 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 the adoption of the medium-term budgetary forecast under the Public Finances Act.

(2) (Amend. - SG 102/18, in force from 11.12.2018) The NFA for dental activities shall be drafted by 10 representatives of the NHIF and 10 representatives of the Bulgarian Dental Association within the time limits for the adoption of the medium-term budgetary forecast under the Public Finances Act.

(3) (Amend. - SG 102/18, in force from 11.12.2018) The status of the professional organizations under para 1 and para 2 and the procedure for the designation of their representatives for involvement in the preparing and adoption of the NFA shall be laid down in the Act on Professional Organisations of Physicians and Doctors in Dental Medicine.

(4) (amend. - SG 62/10, in force from 10.08.2010) Representatives of NHIF as of para 1 and para 2 shall be members of the supervisory board, including the NHIF Governor.

(5) The National Framework Agreements under para 1 and para 2 shall be adopted by a majority of at least 7 NHIF representatives and 7 representatives of the professional organizations of physicians, respectively dental medicine doctors.

(5a) (New - SG 102/18, in force from 11.12.2018) The re-negotiating with annexes as per Art. 53, Para. 3 shall be done pursuant to Para. 1-5.

(6) (suppl. - SG 48/15; amend. - SG 98/15, in force from 01.01.2016, amend. - SG 102/18, in force from 11.12.2018) National Frame Agreements under Art. 53, Para. 1, respectively the annexes under Art. 53, Para. 3, shall be adopted no later than the last working day of the respective current year, and shall enter into force on 1 January of the respective next calendar year, and must be in accordance with the NHIF budget for the year, to which they relate.

(7) (suppl. - SG 40/18, in force from 15.05.2018, amend. - SG 102/18, in force from 01.01.2019) The Minister of Health shall coordinate the National Frame Agreements and the annexes thereto, adopted pursuant to paras 1-5 within 14 days from their submission and shall promulgate them in the State Gazette, as the Appendices to the National Framework Contracts shall be published as an addendum only on the website of the State Gazette.

(8) (Amend. - SG 102/18, in force from 11.12.2018) Where the National Framework Agreement for medical activities, respectively dental ones, and the annexes thereto are not adopted under the conditions and within the terms set out in this Act, the applicable National Frame Agreements and annexes thereto currently in force shall apply.

(9) (new – SG 4/13, in force from 15.01.2013; amend. - SG 98/15, in force from 01.01.2016, suppl. - SG 102/18, in force from 11.12.2018) In the cases referred to in para 8, where changes in the applicable legislation require amendment or supplementation of the NFA requirements under Art. 55, para 2, respectively of the annexes under art. 53, Para. 3, these grants shall be regulated by a decision of the Supervisory Board of the NHIF upon proposal by the manager of NHIF.

(10) (new – SG 4/13, in force from 15.01.2013; amend. - SG 48/15; revoked - SG 98/15, in force from 01.01.2016, new - SG 102/18, in force from 11.12.2018) National Framework Agreements, respectively the annexes thereto, shall be updated as necessary or at the request of either party.

(11) (new – SG 4/13, in force from 15.01.2013; amend. - SG 98/15, in force from 01.01.2016)

The Minister of Health shall approve the decision under para 9 within 7-days term from submission thereof and shall promulgate it in the State Gazette.

Art. 55. (amend. – SG 101/09, in force from 01.01.2010) (1) (amend. - SG 98/15, in force from 01.01.2016; amend. - SG 98/16, in force from 01.01.2017, amend. - SG 102/18, in force from 11.12.2018) The National Framework Agreements adopted by the order of Art. 54, respectively the annexes thereto, shall enter into force on 1 January of the following calendar year.

(2) The National Frame Agreements shall contain:

1. the requirements to be met by the providers of medical care, as well as the procedure for concluding contracts with them;

2. the particular types of medical care as per Art. 45;

3. the conditions and the procedure for providing the care under item 2;

3a. (new - SG 48/15) the volumes, prices and methodologies of evaluation and purchase of the types of medical care under Item 2;

3b. (new - SG 13/23, in force from 07.02.2023) requirements regarding the basic wages of medical specialists working in medical facilities for hospital care in fulfillment of contracts with the National Health Insurance Fund, which are no less favourable than those provided for in a collective labour agreement in the "Healthcare" sector;

3c. (new - SG 13/23, in force from 07.02.2023) methodology for financing the provision of medical personnel in medical facilities that perform medical activities in remote, hard-to-reach areas or are the only ones that perform the relevant activity in the municipality, as well as in medical facilities for hospital care under Art. 45, Para. 2a;

4. (suppl. - SG 102/18, in force from 11.12.2018) quality and accessibility criteria of the care under item 2, including specific indicators for assessing the quality of patients' treatment;

5. the documentation and document flow;

6. the obligations of the parties to the informational services and the information exchange;

6a. (new - SG 48/15) the conditions and order of control of the performance of contracts;

6b. (new - SG 48/15) sanctions of non-performance of contracts;

7. other issues of importance for the health insurance.

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

1. a minimum number of health insured persons to be registered by a primary non-hospital care provider;

2. terms impeding the insured person's free choice of medical care providers who have concluded contracts with RHIF;

3. (amend. - SG 48/15) carrying out highly specialized medical activities beyond the package covered by the budget of NHIF by the specialist outpatient care providers;

4. additional requirements to pharmacies, wholesale traders and manufacturers of medicines other than the ones provided for in the Medicinal Products in Human Medicine Act;

5. (revoked - SG 98/15, in force from 01.01.2016)

6. (revoked - SG 48/15)

(4) (New - SG 102/18, in force from 11.12.2018) National Framework Agreements can not contain requirements that are regulated by the medical, health information standards and standards for financial activity under Art. 6 of the Medical Establishments Act, and by the rules of good medical practice, respectively the rules of good medical practice of doctors of dentistry.

(5) (New - SG 102/18, in force from 11.12.2018) The changes in the NFAs under Art. 53, Para. 3 and Art. 54, Para. 10 shall be made with annexes to them, adopted by the order of adoption of the NFAs under Art. 54.

Art. 55a. (1) (new – SG 101/2009, in force from 18.12.2009; revoked – SG 60/12, in force from 07.08.2012; new - SG 48/15; suppl. - SG 98/15, in force from 01.01.2016; amend. - SG 98/16, in force from 01.01.2017, previous text of Art. 55a - SG 102/18, in force from 01.01.2019) The National Health Insurance Fund shall plan, negotiate and purchase for the health insured persons medical care under Art. 55, Para 2, Item 2 within the limits of the volumes agreed in the national framework contracts and in compliance with the budget of NHIF for the respective year.

(2) (New - SG 102/18, in force from 01.01.2019) The National Health Insurance Fund shall not pay for medical and dental care provided by the medical establishments in violation of the volumes and values stipulated in their contracts under Art. 59, Para. 1.

Art. 55b. (new – SG 101/2009, in force from 18.12.2009; revoked – SG 60/12, in force from 07.08.2012)

Art. 55c. (new – SG 101/2009, in force from 01.01.2011; revoked – SG 60/12, in force from 07.08.2012)

Art. 55d. (new – SG 98/10, in force from 01.03.2011; revoked - SG 48/15)

Art. 55e. (new – SG 98/10, in force from 01.03.2011; revoked - SG 48/15)

Art. 55e. (new – SG 98/10, in force from 01.03.2011; revoked - SG 48/15)

Art. 56. (amend. – SG 101/2009, in force from 01.01.2010) (1) (amend. – SG 60/11, in force from 05.08.2011; amend. - SG 102/12, in force from 21.12.2012, amend. - SG 102/18, in force from 01.01.2019) Physicians and doctors in dental medicine, working in the medical establishments providing medical care, shall prescribe to compulsory insured persons, in compliance with the approved pharmacotherapeutic guides under Art. 259, Para. 1, item 4 of the Medicinal Products in Human Medicine Act, the following products for full or partial payment by the NHIF:

1. medicinal products under Art. 262, Para. 6, item 1 of the Medicinal Products in Human Medicine Act for home treatment on the territory of the country - for diseases from the list under Art. 45, Para. 4;

2. medicinal products under Art. 262, Para. 6, item 2 of the Medicinal Products in Human Medicine Act for treatment of malignancies, and medicinal products in life-threatening haemorrhages and emergency surgical and invasive interventions in patients with congenital coagulopathies - in the conditions of the hospital medical assistance from the package under Art. 45, Para. 2.

(2) (New - SG 102/18, in force from 01.01.2019) In the cases under Para. 1, the physician/dental practitioner may prescribe the medicinal product / the therapeutic course according to its cost-effectiveness, where there are therapeutic alternatives in the specific case, the medicinal products have proven similar therapeutic efficacy and safety to treat the condition of compulsory insured person, there is a similar clinical flow and weight according to the product/products summary. The conditions, the order and the principles, according to which medicinal products are prescribed according to their cost effectiveness shall be determined by the ordinance under Art. 221, Para. 1 of the Medicinal Products in Human Medicine Act.

(3) (Revoked - SG 48/15, previous Para. 3, amend. - SG 102/18, in force from 01.01.2019) Physicians and doctors in dental medicine, working in the medical establishments providing medical care

may prescribe to compulsory insured persons - for full or partial payment by the NHIF - the medical devices and dietetic foods for special medical purposes, determined by the NHIF Supervisory Board.

Art. 57. (Revoked, SG 107/02)

Section VIII.

Contract between the National health insurance fund and medical care executive

Art. 58. (Amend., SG 62/99; amend., SG 70/04; amend. - SG 72/15, suppl. - SG 54/20, in force from 16.06.2020) Providers of medical care in the context of this Act are medical establishments or associations thereof according to the Medical Establishments Act with the exception of the medical establishments under Art. 8, para. 1, item 5 of the Medical Establishments Act and national centres for the problems of the public health according to the Health Act.

Art. 58a. (new – SG 41/09, in force from 02.06.2009; revoked – SG 99/09, in force from 01.01.2010)

Art. 59. (1) (amend. – SG 101/09, in force from 01.01.2010; suppl. – SG 4/13, in force from 15.01.2013; amend. and suppl. - SG 48/15; amend. - SG 98/15, in force from 01.01.2016, suppl. - SG 102/18, in force from 01.01.2019) The contracts under Art. 20, para 1, item 4 for medical care under this Act and shall be concluded between the director of RHIF and the medical care providers in compliance with the NFA, the annexes thereto, with the decision under Art. 54, para 9 and with the present Act.

(1a) (new - SG 72/15, in force 01.01.2016, amend. - SG 102/18, in force from 01.01.2019, amend. and suppl. - SG 67/20) One can not conclude contracts under para 1 with new medical establishments for hospital care for new medical activities carried out by medical establishments for hospital care, if in the procedure under Art. 37a or Art. 37b of the Medical Establishments Act, the medical establishment has provided information that it will not use the NHIF's funds as a source of funding for its activity or the NHIF has given an opinion that it is impossible to finance the respective activities. The prohibition shall not apply in newly emerged circumstances and established insufficiency of the respective hospital medical care on the territory of the region at the moment of submitting an application for concluding a contract under Art. 59a, Para. 1 established on the basis of an assessment of the needs according to the National Health Card. The assessment of insufficiency of the respective hospital medical care shall be performed by the Executive Agency "Medical Supervision".

(2) (amend. – SG 101/09, in force from 01.01.2010) The contracts under para 1 cannot be concluded under conditions less favourable than those adopted by NFA.

(3) (amend. – SG 101/09, in force from 01.01.2010; amend. – SG 98/10, in force from 01.03.2011; suppl. – SG 4/13, in force from 15.01.2013; amend. - SG 98/15, in force from 01.01.2016, amend. - SG 102/18, in force from 01.01.2019) The contracts under para 1 shall be concluded in writing for the term of validity of the annex to the National Frame Agreement under Art. 54, Para. 6 and shall be effective till the adoption of a new NFA, respectively an annex thereto, or in the event of changes in the NFA presently in force, respectively the annex thereto. In the cases referred to in Art. 54, para 9, as well as upon amendments in the legislation in force, shall be concluded annexes to the contracts under para 1. Where no applications have been submitted and/or no annexes have been concluded within the terms fixed as per Art. 59a and Art. 59b, the contracts under para 1 shall be terminated.

(4) (new – SG 59/10, in force from 31.07.2010) Controlling bodies of the RHIF and these of the

Ministry of Health shall conduct inspection for compliance of the activity of the health services performers – health establishments for hospital aid, with the criteria for availability and accessibility of the medical aid as per Art. 59c at least once annually.

(5) (new – SG 59/10, in force from 31.07.2010; amend. – SG 15/13, in force from 01.01.2014) With sources from the state budget or from the budget of the National Health-Insurance Fund activity of clinics and units of medical establishments for hospital aid, about which compliance with the criteria of Art. 59c is established, shall be funded only.

(6) (new – SG 59/10, in force from 31.07.2010) In case that incompliance with the criteria of Art. 59c is found, the change of funding of the activity of the medical aid contractors – medical establishments for hospital aid shall be done by way of amendment and supplementation of the contract envisaged in Para 1.

(7) (amend. – SG 101/09, in force from 01.01.2010; previous Para 4 – SG 59/10, in force from 31.07.2010) The contracts under para 1 shall specify the requirements and the conditions stipulated by Art. 55, para 2, items 2 - 7, for implementation on the respective territory. The contracts shall specify the relations between the medical care providers and between them and other persons, for fulfilment of the medical care as of Art. 55, para 2, item 2.

(8) (New, SG 107/02; amend. – SG 101/09, in force from 01.01.2010; previous Para 5 – SG 59/10, in force from 31.07.2010) The National Health Insurance Fund and the Regional Health Insurance Funds shall be obligated to inform the providers of any changes ensuing from decisions of their managing bodies or from amendments in the National Frame Agreement, as well as to give providers the instructions required necessary for application of such changes. The terms, procedure and time limits for provision of such information shall be regulated in the National Frame Agreement and in the contracts with the providers.

(9) (Prev. para 5 - SG 107/02; revoked – SG 101/09, in force from 01.01.2010)

(10) (new – SG 99/09, in force from 01.01.2010) Every medical establishment for hospital care may conclude a contract under par. 1 only for such operations for provision of hospital care under Art. 45, in which there is a specialist(s), working under a basic employment contract.

(10a) (New - SG 102/18, in force from 01.01.2019) No payment shall be allowed for the provision of hospital medical care, performed by a doctor not mentioned in the contract under Para. 1 as a specialist on a basic employment contract, except for the cases under Para. 12 and 12a.

(11) (new – SG 99/09, in force from 01.01.2010; amend. – SG 98/10, in force from 01.03.2011; suppl. - SG 48/15) The director of the respective regional health insurance fund shall terminate the contracts with the providers of medical care or impose a financial sanction, specified in the effective NFA in the following cases:

1. (amend. - SG 48/15; amend. - SG 98/15, in force from 01.01.2016) when operations are accounted, without being carried out and also when performing and accounting medical activities, of which there are no relevant medical indications, established as set out in Art. 72, Para 2:

a) by a provider of non-hospital medical care for a certain package - partially, in respect of the physician/dentist, who has not performed such activity;

b) by a provider of hospital medical care - partially, for the respective medical activity of the package, with regard to which the performed activity has been accounted;

2. (amend. - SG 98/15, in force from 01.01.2016) in case of repeated commission of the violation under Item 1, the contract with the executor shall be terminated entirely;

3. (new - SG 48/15) in case of systematic violation of the quality of medical care criteria, regulated in the national framework agreements;

4. (new - SG 48/15) in case of systematic dissatisfaction of the patients by the rendered medical activities related to the provided medical care paid by the NHIF budget, established as set out in the ordinance referred to in Art. 19, Para 7, Item 15, and following an evaluation of the criteria of medical care

quality, specified in the NFA, and establishing their violation.

(12) (new – SG 101/09, in force from 01.01.2010, amend. - SG 102/18, in force from 01.01.201) Medical institutions for hospital care which do not meet the requirement of para 10 may conclude employment contracts for extra work 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 102/18, in force from 01.01.2019) As an exception, the medical establishments for hospital care which do not meet the requirement under Para. 10, may conclude a contract under Para. 1 upon a decision of the Supervisory Board of the NHIF after a motivated proposal by the director of the respective RHIF in cases where the access to medical assistance in the territory of the respective RHIF is hampered due to a shortage of relevant medical specialists, according to the needs of the population at the time of filing the application for the conclusion of the contract under Para. 1.

(13) (new - SG 48/15; amend. - SG 98/15, in force from 01.01.2016) The governor of NHIF, respectively the director of RHIF shall terminate party or in full the contracts with the providers of medical and/or dental care in the cases of Para 11, Items 1 and 2, and in the cases of Para 11, Items 3 and 4, shall impose a financial sanction according to the effective NFA. The order for termination of the contract or imposing of a financial sanction shall be subject to contesting as set out in the Administrative Procedure Code.

(14) (new – SG 72/15, in force from 01.01.2016, amend. - SG 102/18, in force from 01.01.2019) For illnesses, for which the package of Art. 45, para. 2 provides comprehensive treatment insurance (each individual part of the overall treatment process is covered by insurance), the director of the Regional Health Insurance Fund shall enter into contracts only with those hospitals or groups thereof, who have guaranteed comprehensive treatment of these diseases.

Art. 59a. (new – SG 101/09, in force from 01.01.2010) (1) (Suppl. - SG 102/18, in force from 01.01.2019) Within 30 days from the entry into force of the NFA, respectively of the annex as per Art. 53, Para. 3 to it, the medical establishments shall submit applications to the RHIF in order to sign contracts.

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

(3) (suppl. – SG 4/13, in force from 15.01.2013) NHIF, RHIF and their employees may not require from providers to submit documents and to set conditions which are not included in the NFA, except in the cases under Art. 6 and those under Art. 59, Para. 3, sentence two.

(4) (new – SG 4/13, in force from 15.01.2013; amend. - SG 98/15, in force from 01.01.2016) In the cases referred to in Art.54, para 9 the time period shall commence as of the date of promulgation of the NHIF Supervisory Board's decision in the State Gazette.

(5) (new – SG 4/13, in force from 15.01.2013) Where, due to amendments in the legislation in force, annexes have to be signed, the applications under para 1 shall be submitted within 30-days term from the entry into force of the relevant amendment.

(6) (new – SG 4/13, in force from 15.01.2013) In the cases under Art.54, para 8 the medical establishments which have not been medical care providers, shall submit the applications under para 1 within time limits fixed by a decision of the NHIF Supervisory Board.

Art. 59b. (new – SG 101/09, in force from 01.01.2010) (1) (suppl. – SG 4/13, in force from

15.01.2013) Within 30 days from the application submission the RHIF Director shall sign a contract or, respectively, an annex with the health care providers meeting the criteria set forth in Art. 55, para 2, item 1 and the criteria for the provision of accessibility and quality of medical care under Art. 59c.

(2) (suppl. – SG 4/13, in force from 15.01.2013) Within the term fixed in para 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 those cases where the medical establishment does not meet the terms and criteria under para 1.

(3) The order under para 2 shall be subject to appeal pursuant to the Administrative Procedure Code, provided that the appeal shall not suspend the execution of the order.

(4) (new - SG 48/15) The director of NHIF shall not conclude contracts, respectively supplementary agreements, with medical establishments, which did not file applications within the time limits under Art. 59a, Para 1, 4, 5 and 6, irrespective of the reasons thereof.

(5) (new - SG 48/15) The subject of the contracts and the supplementary agreements, concluded by RHIF, may not be expanded.

(6) (New - SG 48/15; amend. - SG 98/15, in force from 01.01.2016, suppl. - SG 102/18, in force from 01.01.2019) The prohibitions in Para 4 and 5 shall apply to the term of validity of the NFA in the part under Art. 55, Para, 2, item 3, and the decision under Art. 54, Para 9, applicable during the corresponding period.

(7) (New - SG 98/15, in force from 01.01.2016, amend. - SG 67/20) Para. 4 and 5 shall not apply to medical establishments for hospital care and complex oncological centers, which have received a permit to carry out medical activity after carrying out the procedure under Art. 37a, respectively under Art. 37b of the Medical Establishments Act, in which the NHIF has given a positive opinion on financing of the respective activities, as well as for outpatient care establishments in cases when insufficiency of the respective outpatient care has been established on the basis of needs assessment according to the National Health Card.

(8) (New - SG 67/20) For carrying out an assessment of the needs for outpatient care in the cases under Para. 7, the Director of the RHIF shall send ex officio a request to the Director of the respective regional health inspection. The Director of the regional health inspection shall perform the assessment and send to the RHIF a certificate on the presence or absence of a need for the respective medical care within 14 days from the receipt of the request.

(9) (New - SG 67/20) The provision of Para. 7 shall be applied insofar as the act on the budget of the National Health Insurance Fund for the respective year has not established otherwise.

Art. 59c. (new – SG 101/09, in force from 01.01.2010) Criteria for accessibility and quality of the medical care shall be considered the following:

1. financial security of the medical establishment under Art. 9 of the Medical Establishments Act with medical specialists on a primary employment contract;

1a. (new - SG 102/18, in force from 01.01.2019) compliance with the requirement under Art. 59, Para. 10, except in the cases under Art. 59, Para. 12 and 12a;

2. availability of the statutory medical equipment and technology which are operational and are on the grounds of the respective medical establishment;

3. provision by the medical establishment under Art. 9 of the Medical Establishments Act of non-stop 24-hour medical care in emergency cases;

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

Art. 60. (1) (prev. text of art. 60 - SG 30/06) Subject to agreement and payment on the part of

NHIF shall not be the scientific activity and the education of medical specialists, carried out in health establishments.

(2) (new - SG 30/06) Subject to agreement and payment on the part of NHIF shall not be the medical activity of dentistry for the education of students, doctorants and specialists.

Art. 61. (amend. SG 76/05; amend. - SG 48/15) The director of RHIF can also conclude contracts with physicians and dental doctors practising out of hospitals who have contracts with a hospital on the same territory. The contract shall determine the conditions and the order of purchase the medical care provided in the hospital.

Art. 62. (1) (Amend. SG 76/05, in force from 01.01.2007, previous text of Art. 62 - SG 67/20) The director of the RHIF may conclude a contract for outpatient care with doctors and dentists working in a hospital, provided that there are not enough outpatient doctors of the same specialty in the same territory and the activity of the hospital is not violated.

(2) (New - SG 67/20) For the purposes of concluding a contract under Para. 1, the Director of the RHIF shall send ex officio a request to the Director of the respective regional health inspection to carry out an assessment of insufficiency. The assessment of insufficiency shall be made on the basis of the needs for medical care according to the National Health Card.

(3) (New - SG 67/20) The Director of the Regional Health Inspection shall carry out the assessment under Para. 2 and shall send ex officio to the RHIF a certificate regarding the presence or absence of insufficiency of the respective specialists within 14 days from the receipt of the request.

Section IX.

Informational provision of the activity of the National Health Insurance Fund

Art. 63. (1) (prev. text of Art. 63 – SG 101/09, in force from 01.01.2010) The National Health Insurance Fund shall establish an information system which shall contain:

1. (amend., SG 110/99; suppl. – SG 95/06, in force from 01.01.2007) register of the insured persons including: passport data; unique identification number; grounds for insurance under Art. 33; paid instalments; the ground of payment by NHIF of the medical care rendered to the insured persons in another Member State in accordance with the rules for coordination of the social security schemes;

2. (new – SG 95/06, in force from 01.01.2007) register of the persons, insured in another Member State, who are entitled to medical care in the state for the account of NHIF in accordance with the rules for coordination of the social security schemes;

3. (amend., SG 110/99; prev. text of para 2 – SG 95/06, in force from 01.01.2007) register of the medical care executives with the passport and professional data of the executive, the contract concluded with him.

3a. (new - SG 48/15) a register of the specialists, working at the medical establishments pursuant to contracts with NHIF with their names and professional data; acquired speciality, the NHIF contracts pursuant to which they work; the type of medical care rendered in performance of the corresponding contract; number of contracts, pursuant to which they are working;

4. (amend., SG 110/99; prev. text of para 2 – SG 95/06, in force from 01.01.2007) register of producers, importers and distributors of medical supplies and pharmacies having concluded contracts with the NHIF;

5. (prev. text of para 2 – SG 95/06, in force from 01.01.2007) information from the activity of the control bodies;

6. (prev. text of para 5 – SG 95/06, in force from 01.01.2007) administrative information providing the activity of NHIF.

(2) (new – SG 101/09, in force from 01.01.2010, amend. - SG 18/22, in force from 01.01.2022) The National Health Insurance Fund shall provide access to the Ministry of Health to the informational system as of para 1 by the order of Art. 68, para. 7.

Art. 64. (amend., SG 110/99) (1) (Prev. text of art. 64 - SG 107/02, suppl. - SG 101/17, in force from 01.01.2018) Every insured person shall have the right to receive from NHIF the available information about the medical and dental care and its price received by him during the last 5 years and its price by an order determined by the fund.

(2) (New, SG 107/02) Every insured person shall have the right, upon request, to obtain access with the respective RHIF to the necessary information for the providers of medical care and pharmacies having concluded contracts with RHIF in the respective region, containing the following data:

1. (amend. SG 76/05) for non-hospital care - name, kind of the medical establishment, address, managing bodies, physicians and dental doctors working in it, their specialities, business telephone numbers, highly qualified medical activities under NFA;

2. (amend. - SG 102/18, in force from 01.01.2019) for hospital care - name, type of the hospital, address, managing bodies, telephone numbers, departments, medical activities according to the NFA;

3. for pharmacies - name, address, manager, telephone numbers, business hours, dispensed groups of medicines, according to the individual contract with NHIF.

(3) (New, SG 107/02) The information under para 2 shall be public and shall be maintained, distributed and submitted by an order determined by the Regulations for the structure and activity of NHIF.

Art. 64a. (new – SG 101/09, in force from 01.01.2010) (1) The medical establishments that are providers of medical care shall be obliged to announce in public places of their building information concerning:

1. the health care activities guaranteed by the NHIF budget;

2. (amend. - SG 48/15) the price for which NHIF purchases the health care activities under para 1;

3. the free medical services as per Art. 82 of the Health Act;

4. (amend. – SG 15/13, in force from 01.01.2014) the cases when a person is entitled to earmarked funds from the state budget and the procedure for allocation;

5.(suppl. - SG 102/18, in force from 01.01.2019) the cases when a person has to pay for medical care not covered by compulsory health insurance and its price, under the conditions and by order, determined by the ordinance under Art. 81, Para. 3 of the Health Act;

6. (amend. – SG 60/12, in force from 07.08.2012) information about the insurers under Art. 83, para 1 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 Art. 37, para 1.

(2) (Suppl. - SG 102/18, in force from 01.01.2019) The information as of para 1 shall also be published on the website of the medical establishments or shall be announced in another customary manner. Information under Para. 1 shall also be published on the official website of the Ministry of Health according to the requirements of the Medical Establishments Act.

(3) (New - SG 102/18, in force from 01.01.2019) The medical establishments under Para. 1 shall be required to provide patients with a financial document for any sums paid by them in connection with their servicing.

Art. 65. (amend. – SG 60/12, in force from 07.08.2012) The medical care executives shall be obliged to provide NHIF/RHIF with information about the activity carried out by them according to terms, procedure and range defined by NFA.

Art. 66. (1) (Prev. text of art. 66 - SG 107/02) The informational system of the obligatory health insurance shall use the codes and nomenclature for registration and accounting the health care services used in the country.

(1a) (New - SG 66/23, in force from 01.01.2023) Contractors of hospital medical care and holders of permits for retail sale of medicinal products in a pharmacy, who have entered into a contract with the NHIF, are obliged to submit to the National Register under Art. 32, item 1, letter "b" information about the product code under Art. 4, letter "b" of Commission Delegated Regulation (EU) 2016/161 of 2 October 2015 supplementing Directive 2001/83/EC of the European Parliament and of the Council by laying down detailed rules for the safety features appearing on the packaging of medicinal products for human use (OB, L 32/1 of 9 February 2016), hereinafter referred to as "Delegated Regulation (EU) 2016/161". The data from the National Register under Art. 32, item 1, letter "b" of Delegated Regulation (EU) 2016/161 are exchanged automatically with the information system of the NHIF and with the National Health Information System, as the NHIF does not pay for dispensed medicinal products for which information has not been submitted to the National register under Art. 32, item 1, letter "b" of Delegated Regulation (EU) 2016/161. In order to carry out the exchange of information, an agreement is concluded between the Bulgarian Organization for the Verification of Medicines, the NHIF and the Ministry of Health, which defines the requested data, their content and the order of providing the information, subject to compliance with the requirements of the regulation under Art. 3, para. 2 of the Cyber Security Act.

(2) (New, SG 107/02 - in force from January 1, 2004; revoked – SG 60/12, in force from 07.08.2012)

(3) (New, SG 107/02 amend. – SG 60/12, in force from 07.08.2012) The data and the documentation required by NFA can be submitted by the providers to RHIF only on electronic or magnetic carrier in a format approved by NHIF.

Art. 67. (amend. – SG 101/09, in force from 01.01.2010; amend. - SG 98/15, in force from 01.01.2016) The data for the insured persons shall be kept in NHIF for a period of 5 years from conclusion of their health insurance, and those for the executives - 10 years from discontinuance of the respective contract with NHIF.

Art. 68. (1) Data related to the personality of the insured can only be used for:

1. establishing the insurance relations with NHIF;
2. payment to the medical care executive;
3. (amend. – SG 101/09, in force from 01.01.2012) issuance of electronic health insurance card, medical or financial document;
4. establishment of sums subject to collection or reimbursement to the payer of the instalments or to the medical care executive;
5. establishment of caused damages to the insured during medical operations;
6. (suppl. – SG 101/09, in force from 18.12.2009) exercising financial and medical control.

(2) Data related to the medical care executive can only be used for:

1. keeping register of the medical care executives;
2. (amend. - SG 48/15) purchase of the medical services rendered by him;
3. (Amend., SG 107/02) exercising control over the fulfilment of the contracts.

(3) (New, SG 107/02, amend. SG 76/05) The National health Insurance Fund may not require including in the primary medical documents, access to which have insured and third persons, other data regarding the physicians and dental doctors besides name, speciality, address, telephone number of the practice, personal professional code and registration number of the medical establishment.

(4) (Prev. para 3 - SG 107/02) Besides the cases under para 1 and 2 NHIF can submit data to state bodies about the personality of the insured or about the executive if this is stipulated by a law.

(5) (Prev. para 4 - SG 107/02) The employees of the central management of NHIF or RHIF shall not have the right to spread information related to the personality of the insured, the medical care executive or an employee except in the cases stipulated by a law.

(6) (New, SG 107/02) The bodies of management and the employees of NHIF and RHIF shall not have the right to give a professional evaluation and comment the activity of the providers of medical care, as well as make recommendations, directly or indirectly, and direct patients to definite providers.

(7) (New, SG 107/02, suppl. - SG 18/22, in force from 01.01.2022) The National health Insurance Fund and RHIF shall be obliged to submit the information required by the Ministry of Health. An agreement is concluded between the NHIF and the Ministry of Health for the provision of the requested information, in which the requested data, their content and the procedure for providing the information are determined in compliance with the requirements of the ordinance under Art. 3, para. 2 of the Cyber Security Act.

(8) (New - SG 18/22, in force from 01.01.2022) After signing a framework agreement or amending this framework agreement, made in accordance with the Public Procurement Act the Minister of Health in his capacity of Central Purchasing Authority in the Health Sector sends information to the NHIF.

(9) (New - SG 66/23, in force from 01.01.2023) When purchasing the medical care provided under the contract with the NHIF and when paying under the contract with the NHIF for medicinal products under Art. 262, para. 6, items 1 and 2 of the Medicinal Products in Human Medicine Act, Medical Devices and Dietary Foods for Special Medical Purposes, the correspondence between medical aid and medicinal products reported in the NHIF under Art. 262, para. 6, items 1 and 2 of the Medicinal Products in Human Medicine Act, Medical Devices and Dietary Foods for Special Medical Purposes with the information submitted to the information system of the NHIF is carried out through an exchange of information between the NHIF and the Ministry of Health. In order to carry out the exchange of information, an agreement is concluded between the NHIF and the Ministry of Health, which defines the requested data, their content and the order of providing the information, subject to compliance with the requirements of the regulation under Art. 3, para. 2 of the Cyber Security Act.

Art. 69. (Amend., SG, No 93 of 1998, SG 110/99, amend. - SG 105/05, in force from 01.01.2006; amend. – SG 101/09, in force from 01.01.2010; amend. - SG 62/10, in force from 10.08.2010) The Executive Director of the National Revenue Agency shall draft and submit to the Ministry of Health and NHIF information about the insured persons, the amount of the health insurance installments collected and the collectability trends following a procedure laid down in an instruction, issued by the Executive Director of the National Revenue Agency and the NHIF Governor.

Section X.

Control, expertise and disputes

Art. 70. (1) (Prev. text of art. 70 - SG 107/02) The control over the fulfilment of the budget of NHIF shall be carried out by the Audit Office.

(2) (New - SG 21/21, in force from 12.02.2021) In carrying out the control under para. 1 The

National Audit Office in the report under Art. 6, para. 5 of the National Audit Office Act also expresses an opinion on the manner of application of the mechanisms guaranteeing predictability and sustainability of the budget of the National Health Insurance Fund under Art. 45, para. 31 and 35, and the methodologies for their application.

(3) (New - SG 21/21, in force from 12.02.2021) The National Audit Office shall send for information the report under para. 2 to the Minister of Health.

(4) (New - SG 21/21, in force from 12.02.2021) Based on the report of the National Audit Office under para. 2, the Minister of Health may send a proposal to the Supervisory Board of the National Health Insurance Fund for amendment and / or supplement of the mechanisms, guaranteeing predictability and sustainability of the budget of NHIF under Art. 45, para. 31 and 35, and the methodologies for their application.

(5) (New, SG 107/02, amend. - SG 33/06, prev. para. 2 - SG 21/21, in force from 12.02.2021) The entire financial control of NHIF shall be carried out by the order of the Public Financial Inspection Act.

Art. 71. (Amend. – SG 101/09, in force from 01.01.2010; amend. - SG 62/10, in force from 10.08.2010; suppl. – SG 107/14, in force from 01.01.2015, suppl. - SG 82, in force from 29.09.2023) The control over the activity of the Governor and Deputy Governor of NHIF and the directors of RHIF, including for implementation of Art. 44a, shall be carried out by the supervisory board according to the provisions of this Act and the Regulations on the structure and activity of NHIF.

Art. 72. (1) (Amend., SG 107/02, suppl. SG 38/04; amend. - SG 62/10, in force from 10.08.2010; amend. – SG 98/10; amend. – SG 35/14; amend. – SG, 12/2015) The Governor of NHIF shall carry out complete control over the activity of the obligatory health insurance. The Governor of NHIF shall obligatorily assign check in 14 days term from the receipt of the audit report of the Chairperson of the Audit Office as per art. 57, para 1 of the National Audit Office Act regarding initiating financial and administrative and penal liability.

(2) (amend. – SG 101/09, in force from 01.01.2010; suppl. – SG 107/14, in force from 01.01.2015; amend. - SG 98/15, in force from 01.01.2016) The dcontrol under the contracts with NHIF for providing medical and/or dental care shall be exercised by means of inspections, carried out by NHIF officials determined by an order of the NHIF governor or an official authorised by him, and by RHIF officials - controllers. The NHIF governor or an official authorised by him may order an inspection by the RHIF controllers with the participation of NHIF officials.

(3) (new - SG 98/15, in force from 01.01.2016; amend. - SG 98/16, in force from 01.01.2017) The NHIF officials referred to in Para 2 may conduct inspections on the territory of the entire country at the order of the NHIF governor or an official authorised by him. The RHIF officials - controllers, may conduct inspections on the territory of the corresponding RHIF at the order of its director or an official authorised by him as well as conduct inspections on the territory of the corresponding RHIF or on the territory of another RHIF at the order of the NHIF governor or an official authorised by him. In relation to the issue of the order of the NHIF governor for conducting an inspection on the territory of another RHIF, the controllers shall be determined at the proposal of the RHIF director, where they are employed.

(4) (new - SG 98/15, in force from 01.01.2016) The inspections under Para 3 may be attended by experts from the professional organisations of the physicians and the dentists, which are not in contractual relations with the inspected medical care provider. The experts shall provide written opinions, which shall form integral part of the protocol under Art. 74, Para 3.

(5) (new - SG 98/15, in force from 01.01.2016) The NHIF officials under Para 2 and the controllers shall perform sudden control of the performance of the contracts with the medical and/or dental care providers, control prior to payment of the rendered medical and/or dental care and subsequent control.

(6) (new - SG 48/15; revoked, prev. text of Para 03, amend. - SG 98/15, in force from 01.01.2016) The control under Para 2 may be carried out also through checks upon appeals filed by health insured persons in the cases of Art. 35, Para 2.

(7) (new - SG 48/15; prev. text of Para 04, amend. - SG 98/15, in force from 01.01.2016, revoked - SG 103/20, in force from 01.01.2021)

(8) (new - SG 48/15; prev. text of Para 05, amend. - SG 98/15, in force from 01.01.2016, amend. - SG 18/22, in force from 01.01.2022) The checks referred to in Para 6 shall be carried out within two months from filing the appeal, whereas the appellant shall be notified of the results of the check.

(9) (new – SG 101/09, in force from 01.01.2010; amend. - SG 62/10, in force from 10.08.2010; prev. text of Para 04, amend. - SG 48/15; prev. text of Para 07 - SG 98/15, in force from 01.01.2016, suppl. - SG 102/18, in force from 01.01.2019) The control as regards to execution of the contracts for the prescription of medicinal products, medical items and dietetic foods for special medical purposes, reimbursed by the NHIF fully or partially for home treatment on the territory of the country, as well as of highly specialized apparatus / appliances for individual use, shall be exercised by the persons in Para 2 as stipulated in the act under Art. 45, Para 17, setting out the conditions and order of entering into individual agreements for payment of medicinal products under Art. 262, Para 6, Item 1 of the Act on the Medicinal Products in the Human Medicine.

(10) (new – SG 101/09, in force from 01.01.2010; amend. - SG 62/10, in force from 10.08.2010; prev. text of Para 05, amend. - SG 48/15; prev. text of Para 08, amend. - SG 98/15, in force from 01.01.2016) The terms and the procedure for exercising the control under paras 2, 3, 4, 5, 6, 7, 8 and 9 shall be laid down in an instruction issued by the NHIF Governor.

Art. 73. (1) (amend. - SG 98/15, in force from 01.01.2016) The control authorities under Art. 72, Para 2 shall have the right:

1. (revoked, SG 110/99; new - SG 98/15, in force from 01.01.2016) to inspect the payments from NHIF to the medical/dental care providers and the related documentation;

2. (Suppl., SG 107/02; suppl. – SG 101/09, in force from 01.01.2010) to inspect the reporting documents of the medical and/or dental care executives stipulated by NFA;

3. (Amend., SG 107/02) to carry out control over the lawfulness of the financial activity of the providers of medical and dental care according to their contracts with RHIF;

4. (Suppl., SG 107/02; suppl. - SG 98/15, in force from 01.01.2016) to carry out inspections on appeals of insured persons and employers related to financial violations, committed by the medical and/or dental care providers by virtue of their contracts with NHIF;

5. (new - SG 98/15, in force from 01.01.2016) to check the existence of payments from compulsory health insured persons to the providers, their size and grounds, where medical and/or dental care was provided by virtue of a contract with NHIF;

6. (new - SG 98/15, in force from 01.01.2016) to check the contracts of the medical and/or dental care providers, signed with other medical establishments for performance of a part of the activities under the agreement with NHIF in the cases provided for in the NFA;

7. (new - SG 98/15, in force from 01.01.2016) to check the compliance of the activities of the providers with the criteria for accessibility and quality of the medical care set out in the NFA in compliance with Art. 59c;

8. (new - SG 98/15, in force from 01.01.2016) to check the type and quantity of the provided medical and/or dental care under a contract with NHIF;

9. (new - SG 98/15, in force from 01.01.2016) to check the type and quantities of the medical articles purchased by the hospital medical care providers and used at the performance of the NHIF contract,

applied under the conditions of hospital medical care, fully or partially paid by NHIF;

10. (new - SG 98/15, in force from 01.01.2016) to verify the compliance between the rendered medical and/or dental care and the amounts paid by it from NHIF.

11. (new - SG 102/18, in force from 01.01.2019) to check that those providing medical and/or dental help to patients issue financial documents for all amounts paid by the patient in connection with the medical assistance provided to them;

12. (new - SG 102/18, in force from 01.01.2019) to carry out checks on the conformity of the structure and activities of the medical establishments providing medical help, and the organization of the medical help in them with the requirements of the Health Act, the Medical Establishments Act and the secondary legislation for their implementation on the occasion of a specific activity performed by the respective medical establishments under a contract with the Regional Health Insurance Fund;

13. (new - SG 102/18 (*)) to carry out checks on compliance with requirements and prescriptions for medicinal products, medical devices, dietary foods for special medical purposes, aids, devices and equipment for people with disabilities, highly specialized devices and personal use appliances paid by the NHIF, including approved pharmaco-therapeutic guides.

(2) (amend. - SG 98/15, in force from 01.01.2016) For fulfilment of the activities under para 1 the control authorities under Art. 72, Para 2 shall have the right of access to information from the employers, the insured and the executives.

(3) (amend. - SG 98/15, in force from 01.01.2016) The control authorities under Art. 72, Para 2 shall not have the right to disseminate information having become known to them in connection with the activity under para 1 except in the cases provided by a law.

(4) (New, SG 107/02; amend. – SG 101/09, in force from 01.01.2010; amend. - SG 48/15; revoked - SG 98/15, in force from 01.01.2016, new - SG 102/18 (*)) Those providing medical and/or dental care, wholesalers and retailers of medicinal products, and persons performing activities of providing and repairing aids, devices, equipment and medical devices for persons with disabilities registered as traders and entered in the register of the persons carrying out activities for provision and repair of aids, devices, equipment and medical devices for people with disabilities, shall be obliged to ensure access of the officials under Art. 72, Para. 2 to the premises in which the activity under the concluded contract is carried out, respectively, documents are stored, as well as medicinal products, dietetic foods for special medical purposes, medical devices and/or highly specialized appliances/apparatus for individual use and auxiliary means, devices and equipment for people with disabilities in compliance with health requirements.

(5) (new – SG 107/14, in force from 01.01.2015; revoked - SG 98/15, in force from 01.01.2016, new - SG 102/18, in force from 01.01.2019) The persons under Para. 4 shall be obliged to present to the officials under Art. 72, Para. 2 the inquiries, references, statements, declarations, explanations, recapitulations and other documents and information requested from them, as well as to assist in the fulfillment of their official duties.

(6) (new – SG 107/14, in force from 01.01.2015; revoked - SG 98/15, in force from 01.01.2016)

Art. 73a. (New, SG 110/99, amend. SG 49/04, amend. - SG 105/05, in force from 01.01.2006) The financial control over the revenue of NHIF from health insurance instalments and the due interest shall be exercised by the control bodies of the National Revenue Agency by the order of the Tax-insurance Procedure Code.

Art. 74. (1) (suppl. - SG 48/15; revoked - SG 98/15, in force from 01.01.2016)

(2) (suppl. – SG 101/09, in force from 01.01.2010; amend. - SG 98/15, in force from 01.01.2016) The control authorities under Art. 72, Para 2 shall perform their activities through planned and sudden inspections and following filed appeals.

(3) (amend. SG 76/05; amend. – SG 101/09, in force from 01.01.2010; amend. - SG 48/15; amend. - SG 98/15, in force from 01.01.2016) Upon ascertainment of any violation under Art. 73, Para 1 the corresponding official under Art. 72, Para 2 shall draw up and sign a protocol describing the established facts. A copy of the protocol shall be provided to the person subject to inspection who shall sign it, and copies of it shall be sent to the NHIF governor, respectively to the director of the RHIF and the corresponding regional collegium of the professional organisation of physicians or dental medicine physicians.

(4) (amend. – SG 101/09, in force from 01.01.2010; amend. - SG 48/15; amend. and suppl. - SG 98/15, in force from 01.01.2016, suppl. - SG 102/18, in force from 01.01.2019) The person subject to inspection shall have the right to provide a written opinion before the NHIF governor, respectively the director of RHIF, with whom the person has concluded a contract, concerning the findings of the official under Para 3 within 7 days of delivery of the protocol as referred to in Para 3.

(5) (new - SG 48/15; amend. and suppl. - SG 98/15, in force from 01.01.2016) Where the person subject to inspection fails to provide an opinion under Para 4 or the expressed opinion does not contain objections to the findings made by the official under Para 3, the NHIF governor, respectively the RHIF director, shall issue an order for imposing sanctions.

Art. 75. (revoked – SG 101/09, in force from 18.12.2009; new - SG 48/15) (1) (amend. and suppl. - SG 98/15, in force from 01.01.2016) In the cases where the person challenges the findings of the respective official under Art. 72, Para 2, the NHIF governor, respectively the RHIF director shall refer the dispute to be resolved by an arbitration commission within 7 days of receipt of the written opinion under Art. 74, Para 4. Where the findings were contested before the NHIF governor, the dispute shall be resolved by the arbitration commission of that RHIF, with which director the medical or dental care provider that is subject of inspection has effected a contract.

(2) The arbitration commission shall consist of representatives of RHIF, of the respective regional collegia of professional organisations of physicians and dentists, of the respective regional collegia of the professional organisations of the master-pharmacists and of the nurses, the obstetricians and the associated medical specialists.

(3) (amend. - SG 98/15, in force from 01.01.2016) For each particular case in the arbitration commission shall be included representatives of these professional organisations, which have a relation to the described facts and findings in the protocol of the respective official under Art. 72, Para 2, under Art. 74, Para 3.

(4) The number of the RHIF representatives in the composition of each arbitration commission shall be equal to the total number of representatives of professional organisations under Para 2.

(5) (Amend. - SG 102/18, in force from 01.01.2019) The formation of an arbitration commission for each particular case shall be organised by the director of the respective RHIF and it shall carry out its activity under the conditions and order, specified in the NFA and the conditions and order for conclusion of individual contracts for payment of medicinal products under Art. 262, Para 6, Item 1 of the Act on the Medicinal Products in the Human Medicine under Art. 45, Para 17.

(6) (new - SG 77/18, in force from 01.01.2019) Arbitration under para. 1-4 is optional, unless the arbitration commission has been formed under the terms of para. 5 within two weeks of the written invitation of the director of the relevant RHIF to the respective persons and organizations.

(7) (prev. para. 6, amend. - SG 77/18, in force from 01.01.2019) The arbitration commission shall deliver a decision within two weeks from receipt of the file.

Art. 76. (revoked – SG 101/09, in force from 18.12.2009; new - SG 48/15) (1) (amend. - SG

98/15, in force from 01.01.2016) In case the arbitration commission upholds the findings of the official under Art. 72, Para 2, shall apply the sanctions specified in the contract between RHIF and the provider of medical or dental care.

(2) (amend. - SG 98/15, in force from 01.01.2016) The sanctions shall be imposed in an order of the NHIF governor, respectively the RHIF director, which shall be issued within one month from notifying the NHIF governor, respectively the RHIF director, by the arbitration commission that the findings of the official under Art. 72, Para 2 have been upheld, and shall be notified to the person that is subject to inspection. Where the violation is established by officials that are RHIF controllers, the proposal to the NHIF governor for its issue shall be made by the director of the respective RHIF.

(3) (New - SG 102/18, in force from 01.01.2019) In case where the arbitration commission does not rule with a decision within the term under Art. 75, Para. 7, or there is an equal number of votes and therefore there is no decision, the Governor of the NHIF, respectively the director of the RHIF, shall issue a motivated order with which he may impose the sanctions.

(4) (New - SG 102/18, in force from 01.01.2019) In case the respective regional colleges of the professional organizations of the doctors and the doctors of dentistry, of the respective regional colleges of the professional organizations of the master-pharmacists or of the nurses, midwives and associated medical specialists have not appointed their representatives within the terms of Art. 75, Para. 6 for the establishment of an arbitration commission, the Governor of the NHIF, respectively the director of the Regional Health Insurance Fund, shall issue a motivated order with which he may impose the sanctions without the need of the opinion under Art. 74, Para. 4 to be considered by such a commission.

(5) (Previous Para. 3 - SG 102/18, in force from 01.01.2019) The sanctions shall be subject to judicial appeal as set out in the Administrative Procedure Code.

Art. 76a. (new – SG 101/09, in force from 01.01.2010) (1) (suppl. - SG 48/15) In those cases where the medical and/or dental care provider has received funds without any legal basis for this, provided that the said sums are not related to a violation of this Act or of the NFA which has been ascertained during an inspection by the control bodies of Art. 72, para 2, the medical care provider shall be obliged to repay the amounts.

(2) (suppl. - SG 98/15, in force from 01.01.2016) In the cases referred to in para 1 a record shall be drawn up for unduly received amounts. The inspected person shall be entitled to submit a written objection to the NHIF governor, respectively the RHIF Director within 7 days from receiving the record.

(3) (suppl. - SG 98/15, in force from 01.01.2016) After the deadline for objections under para 2 has expired, the NHIF governor, respectively the RHIF Director shall issue a written invitation for repayment of the sums received without legal grounds, which will be delivered to the medical and/or dental care provider.

(4) The invitation to repay the sums under para 1 shall be subject to appeal following the procedure set out in the Administrative Procedure Code.

Art. 76b. (new – SG 101/09, in force from 01.01.2010; amend. - SG 48/15) (1) (suppl. - SG 98/15, in force from 01.01.2016) 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 of the NFA, the NHIF governor, respectively the RHIF Director, shall deduct the unduly paid amounts, while the violators shall be imposed penalties laid down in this Act or in the NFA.

(2) (suppl. - SG 98/15, in force from 01.01.2016) In the cases referred to in para 1 the NHIF governor, respectively the RHIF Director, shall issue an invitation in writing for the repayment of the sums received without legal grounds, after the entry into force of the penal decree and/or of the order of imposing a sanction.

Art. 76c. (new - SG 48/15, amend. - SG 102/18, in force from 01.01.2019) The Protocols under Art. 74, Para. 3 and Art. 76a, Para. 2, and the protocols in the cases of any established violation with receiving sums without legal basis under Art. 76b shall be served under the procedure of the Tax-Insurance Procedure Code.

Art. 77. (amend., SG 110/99, amend. - SG 105/05, in force from 01.01.2006) The individuals and the corporate bodies shall be obliged to submit to the control bodies of NHIF and of the National Revenue Agency the requested documents, information, references, declarations, explanations and other carriers of information related to the health insurance and to render assistance in fulfilment of their official duties.

Art. 78. The national health insurance fund can perform expertise in case of necessity of:

1. medical care, if its cost exceeds 200 times the minimal monthly salary for the country;
2. (amend. – SG 101/09, in force from 01.01.2010) expensive medicinal products in the cases not stipulated by NFA;
3. (revoked - SG 1/14, in force from 03.01.2014)

Art. 79. (Amend. - SG 67/20) The expertise under Art. 78 shall be performed by commissions in the central management of the NHIF and the RHIF in accordance with the procedure set forth in the regulations for the structure and activity of the NHIF, within two months from the receipt of an application requiring the performance of the expertise.

Art. 80. (revoked – SG 101/09, in force from 18.12.2009; new - SG 48/15) The disputes related to the implementation of the contract between the RHIF and the providers of medical or dental care shall be resolved by the courts unless an agreement is achieved through arbitration.

Section XI.

Issue of documents, required for exercising health insurance rights according to the rules for coordination of the social security schemes (New – SG 95/06, in force from 24.11.2006)

Art. 80a. (New – SG 95/06, in force from 24.11.2006) (1) (amend. – SG 60/12, in force from 07.08.2012, amend. - SG 102/18, in force from 01.01.2019) The National Health Insurance Fund shall issue documents, which are required for exercising health insurance rights of the persons according to the rules for coordination of the social security schemes, in 30-day term of the date of filing an application by the interested persons.

(2) The application shall be filed by the interested persons through RHIF.

(3) (amend. - SG 62/10, in force from 10.08.2010)The Minister of Health shall set forth the procedure of issuing the certification documents referred to in para 1, upon proposal by the Governor of NHIF.

(4) (New - SG 102/18, in force from 01.01.2019) Documents under Para. 1 shall also be issued in the cases under Art. 82, Para. 1a, 3 and 6 of the Health Act.

Art. 80b. (New – SG 95/06, in force from 24.11.2006) (1) (amend. - SG 62/10, in force from 10.08.2010)The Governor of NHIF or an official, authorised by him/her, shall issue European health

insurance card having a validity period of one year.

(2) In case the applicant is under age, the European health insurance card shall be valid till his/her coming of age, however, for not less than one year and not more than five.

(3) Where the applicant is a person, who receives a pension for insured service and age, the European health insurance card shall be valid for ten years, and in case the person receives disability pension – for the term of the pension granted, but not more than 10 years.

Art. 80c. (New – SG 95/06, in force from 24.11.2006; amend. - SG 62/10, in force from 10.08.2010) Issued health insurance card shall be announced invalid by the Governor of NHIF or by official, authorised by him/her, in case:

1. the health insured person declares that the card has been lost, stolen or destroyed;
2. the health insured person has passed away;
3. the person no longer has the right NHIF to pay for the medical care, rendered to him/her under the terms of Art. 109, para 1, unless till the date of declaring the card invalid the person restores his/her health insurance rights, as well as in the cases referred to in Art. 40a, para 1.

Art. 80d. (1) (New – SG 95/06, in force from 24.11.2006; prev. text of Art. 80d – SG 101/09, in force from 18.12.2009, suppl. - SG 32/22, in force from 26.04.2022) European health insurance card shall not be issued to the persons referred to in Art. 40a, para 1 and Art. 109, para. 1 as well as to the persons with granted temporary protection under Art. 1a, para. 3 of the Asylum and Refugees Act.

(2) (new – SG 101/09, in force from 18.12.2009; amend. – SG 26/10; amend. – SG 98/10, in force from 01.01.2011) The health insurance card under para 1 shall be recommendable for the health insured persons under this Act during temporary stay in a Member State of the European Union, the states from the European Economic Area and from Confederation Switzerland.

Section XII.

Trans-border health care (new – SG 1/14, in force from 03.01.2014)

Art. 80e. ((New – SG 1/14, in force from 03.01.2014) (1) People covered by health insurance shall be entitled to access to safe and high quality trans-border health care regardless the method of its arrangement, provision or financing.

(2) The trans-border health care is health care provided or prescribed in a European Union Member State, other than the Member State-insurer.

(3) The persons referred to in par. 1 may exercise their right to trans-border health care where the health care is included in the package of health care activities, financed from the budget of the NHIF or from the budget of the Ministry of health.

(4) The right to trans-border health care shall not include:

1. the donation of organs for transplantation and access to such organs;
2. long-term care for patients with chronic physical or mental disability, including services the purpose of which is provision of support and assistance for carrying out routine, day-to-day jobs over a long period of time;
3. activities under national and municipal immunization programs;
4. cases where the mechanisms of coordination of social security systems are applied or effective bilateral agreements with other Member States, including in their scope health insurance.

Art. 80f. (new - SG 1/14, in force from 03.01.2014) In case of exercising of their right to trans-border health care the persons covered by health insurance shall pay to the health care establishment in the Member State providing therapy the cost of the provided health care services.

(2) The persons referred to in par. 1 shall be entitled to refund of the expenses for the provided health care services in the Member State providing therapy up to the amount of the expenses, which the NHIF or the Ministry of health pay for the respective health care services in the Republic of Bulgaria, however not more than the actually incurred expenses.

(3) The right to refund of the expenses referred to in par. 2 shall not apply to health care provided to persons subject to obligatory health insurance in the Republic of Bulgaria by health care establishments, based on its territory, which have not concluded agreements for provision of health care services with the NHIF and are not financed or subsidized with funds from the budget of the Ministry of health.

(4) The terms and conditions and the procedure of exercising of the right to trans-border health care shall be determined by an Ordinance of the Minister of health.

Art. 80g. (new – SG 1/14, in force from 03.01.2014) (1) The Ordinance referred to in Art. 80f, par. 4 upon proposal of the Manager of the NHIF, shall determine the health care services, medicinal products and medical devices, for which preliminary permission is required for refunding of the expenses for trans-border health care, and also the terms and conditions and the procedure of giving of preliminary permission.

(2) Health care services, medicinal products and medical devices referred to in par. 1 and the terms and conditions and the procedure of giving of preliminary permission shall be announced also on the internet site of the national contact point under Art. 80h, par. 1.

(3) The preliminary permission under par. 1 may be required regarding health care services, which:

1. depend on planning requirements, related to the requirement to guarantee sufficient and permanent access to a specific high quality therapy in the Republic of Bulgaria or in order to control the expenses and avoiding the purposeless spending of financial, technical and human resources, and shall include accommodation of the patient in a health care institution for minimum one night or requiring application of highly specialized and considerable expenses medical infrastructure or medical equipment;

2. include therapy exposing the patient of the residents to a risk;

3. are provided by a health care institution, which in individual cases cause serious and specific doubts of the quality or safety of services, except for health care services, for which the European Union law apply, minimum level of safety and quality.

(4) Upon a submitted request for a preliminary permission, the NHIF or the Ministry of health shall check out whether the terms and conditions contained in Regulation (EC) No. 883/2004 have been complied with in terms of person's request for a preliminary permission for obtaining trans-border health care services. Where these terms and conditions are not complied with, the preliminary permission shall be issued according to the mentioned regulation, unless otherwise requested by the patient.

(5) The National health insurance fund or the Ministry of Health shall refuse to issue a preliminary permission, where:

1. according to the conclusion of a medical professional the patient will be exposed to a risk for their safety, which may not be regarded as medically justified due to possible benefit for the patient from the sought trans-border health care services;

2. may be assumed with relative confidence, that the residents will be exposed to a considerable risk for their safety as a result of trans-border health care services;

3. if the health care services are provided by a health care establishment raises serious and

specific doubts regarding the compliance with the standards and the guidelines for the quality of services and patients' safety, including the provisions regarding the supervision, regardless whether these standards and guidance are provided in regulatory and secondary legislative provisions or through accreditation systems established in the Member State providing therapy;

4. health care services may be provided in the Republic of Bulgaria within a period, which is justified from the medical point of view, in consideration of the current health condition and possible development of patient's disease.

(6) National Health Insurance Fund or the Ministry of Health may not refuse to issue preliminary permission, where the health care is amongst the health care activities guaranteed from the budget of the NHIF or the Ministry of Health and where health care services cannot be provided in the Republic of Bulgaria within a reasonable from the medical point of view period, based on an objective medical assessment of the health condition, the history and the likely development of patient's disease, the degree of pain and/or the nature of the impairment of the patient as of the time of submission of the request for a permission.

(7) (suppl. - SG 77/18, in force from 01.01.2019) The refusal under para. 6, when it is issued by the Minister of Health, shall be subject to appeal before the relevant administrative court following the provisions of the Code of Administrative Procedure.

Art. 80h. (new – SG 1/14, in force from 03.01.2014) (1) National health insurance fund is a national contact point regarding the trans-border health care services.

(2) The national contact point shall provide the patients with information regarding the trans-border health care services and shall stay in contact with the other national contact points and with the European commission.

(3) The Ministry of Health, regional health inspection offices, the Agency for people with disabilities, health care establishments and professional organizations upon request by the NHIF shall provide relevant information for the fulfillment of their functions as a national contact point.

(4) Bulgarian Doctors Union, Bulgarian Dentists Union, Bulgarian Association of Health Care Professionals and Bulgarian Pharmaceutical Union upon request by the national contact point shall submit the required information regarding the right to practice of medical professionals, registered in their registers, including information of the specific rights to provide services or about all restrictions regarding their activity.

(5) The institutions under par. 3 and 4 shall provide to the NHIF the requested information within two days after the receipt of the request.

(6) The information under par. 3 and 4 and the terms and conditions and the procedure of its provision shall be determined by the Ordinance under Art. 80f, par. 4.

Chapter three.

VOLUNTARY HEALTH INSURANCE

Section I.

General (Amend., SG 107/02)

Art. 81. (Amend., SG 107/02; amend. – SG 60/12, in force from 07.08.2012) This chapter shall regulate voluntary health insurance.

Art. 82. (Amend., SG 107/02; amend. – SG 60/12, in force from 07.08.2012) (1) (amend. - SG 102/15, in force from 01.01.2016) Voluntary health insurance shall be carried out on the basis of medical insurance agreement within the meaning of Chapter Fourteen, Section IV of the Insurance Code.

(2) Shall not be deemed as voluntary health insurance medical insurance agreements, signed in relation to journeys outside the Republic of Bulgaria.

(3) Shall not be deemed as voluntary health insurance the activity of health care providers under contracts with natural or legal persons for providing health care services, where those services are of specific type, range and prices.

Art. 83. (Amend., SG 107/02) (1) (amend. – SG 60/12, in force from 07.08.2012) Activity related to voluntary health insurance may be carried out by insurance joint-stock companies licensed by the types of insurances under item 2 or items 1 and 2 from Section II, letter "A" of Appendix No 1 of the Insurance Code.

(2) (amend. – SG 60/12, in force from 07.08.2012) In fulfilling their obligations under the medical insurance agreements insurers shall be entitled to require from the medical care executives and health care providers written information and documents in relation to the health services provided or health goods delivered by them to the insured person. The information under sentence one shall comprise of diagnosis, prescribed medication, medical records regarding treatment, drugs, medical devices, supplies and materials within treatment, type and scope of the service, as well as an up-to-date pricelist of the services of the respective executive or provider.

(3) (revoked – SG 60/12, in force from 07.08.2012)

(4) (revoked – SG 60/12, in force from 07.08.2012)

Art. 84. (Amend., SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 85. (Amend., SG 107/02) (1) The activity on providing health services shall be carried out by providers of medical care.

(2) (amend. – SG 60/12, in force from 07.08.2012) The type, the prices, the conditions and the order of carrying out the health services under para 1 shall be laid down in contracts between the providers of medical care and insurance companies under Art. 83, para 1.

(3) (revoked – SG 60/12, in force from 07.08.2012)

Art. 86. (Amend., SG 107/02; amend., SG 8/03; revoked – SG 60/12, in force from 07.08.2012)

Section II.

Activity on the voluntary health insurance (New, SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 87. (Amend., SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 88. (Amend., SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 88a. (new – SG 100/07, in force from 20.12.2007; revoked – SG 60/12, in force from 07.08.2012)

Art. 89. (Amend., SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 90. (Amend., SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 90a. (New, SG 107/02; amend., SG 8/03; revoked – SG 60/12, in force from 07.08.2012)

Art. 90b. (New, SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 90c. (New, SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 90d. (New, SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 90e. (New, SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 90f. (New, SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 90g. (New, SG 107/02; amend., SG 8/03; revoked – SG 60/12, in force from 07.08.2012)

Art. 90h. (New, SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 90i. (New, SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Section III.

Health Insurance Companies and Licensing (Prev. Section II - Title amend., SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 91. (amend. SG 113/99; Amend., SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 92. (Amend., SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 93. (amend. SG 113/99; Amend., SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 94. (amend. SG 65/99; amend., SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 95. (amend., SG 107/02; amend., SG 8/03; revoked – SG 60/12, in force from 07.08.2012)

Art. 96. (Amend., SG 107/02; amend., SG 8/03; revoked – SG 60/12, in force from 07.08.2012)

Art. 97. (Amend., SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 97a. (new - SG 103/05, in force from 01.01.2006; revoked – SG 60/12, in force from 07.08.2012)

Art. 97b. (new - SG 103/05, in force from 01.01.2006; revoked – SG 60/12, in force from 07.08.2012)

Art. 97c. (new – SG 103/05, in force from 01.01.2006; revoked – SG 60/12, in force from 07.08.2012)

Art. 98. (Amend., SG 107/02; amend., SG 8/03; revoked – SG 60/12, in force from 07.08.2012)

Art. 99. (Amend., SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 99a. (New, SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 99b. (New, SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 99c. (New, SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 99d. (New, SG 107/02; revoked, SG 8/03; revoked – SG 60/12, in force from 07.08.2012)

Art. 99e. (New, (SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Section IV.

Transformation, termination, liquidation and bankruptcy of health insurance companies (New, SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 99f. (New, (SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 99g. (New, SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 99h. (New, SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 99i. (New, SG 107/02; suppl., SG 8/03; amend. - SG 103/05, in force from 01.01.2006; revoked – SG 60/12, in force from 07.08.2012)

Section V.

State supervision of the activity on voluntary health insurance (New, SG 107/02; amend., SG 8/03; revoked – SG 60/12, in force from 07.08.2012)

Art. 99j. (SG 107/02; revoked – SG 60/12, in force from 07.08.2012)

Art. 99k. (New, SG 107/02; amend., SG 8/03; revoked – SG 60/12, in force from 07.08.2012)

Art. 99l. (New, SG 107/02) (1) (amend., SG 8/03; revoked – SG 60/12, in force from 07.08.2012)

Art. 99m. (New, SG 107/02; amend., SG 8/03; revoked – SG 60/12, in force from 07.08.2012)

Chapter four.

MEDICAL CONTROL (Title amend., SG 107/02; amend. – SG 41/09, in force from 02.06.2009)

Art. 100. (Amend., SG 107/02; amend.– SG 41/09, in force from 02.06.2009; revoked – SG 101/09, in force from 18.12.2009)

Art. 101. (Amend., SG 107/02; amend.– SG 41/09, in force from 02.06.2009, amend. - SG 102/18, in force from 01.01.2019) The Executive Agency "Medical Supervision" shall:

1. (amend. – SG 41/09, in force from 02.06.2009; suppl. – SG 101/09, in force from 01.01.2010; amend. - SG 48/15) see to whether NHIF provides the package of healthcare activities guaranteed by the RHIF budget;

2. (amend. – SG 41/09, in force from 02.06.2009; amend. and suppl. – SG 101/09, in force from 01.01.2010; amend. – SG 60/12, in force from 07.08.2012) see to whether the insurance companies under Art. 83, para 1 provide the healthcare services in compliance with the insurance contract;

3. (amend., SG 8/03; amend. – SG 101/09, in force from 01.01.2010; amend.– SG 60/12, in force from 07.08.2012) submit to the Deputy chairman of the Commission for financial supervision managing division "Insurance supervision" information obtained while exercising its legal capacities according to this Act regarding individuals and corporate bodies, medical establishments carrying out activity of voluntary health insurance without a licence;

4. (amend.– SG 60/12, in force from 07.08.2012; amend. - SG 102/15, in force from 01.01.2016) work out, within 7 days, upon request of the Deputy chairman of the Commission for financial supervision managing division "Insurance supervision", a statement on the contents and feasibility of the medical insurance within the meaning of Chapter Fourteen, Section IV of the Insurance Code, offered by the insurance companies;

5. work out an annual report to the Minister of Health on the state and the entire activity of the health insurance;

6. (new - SG 67/20) verify the observance of the rights of patients and of the obligations of the medical establishments under Art. 52.

Art. 102. (Amend., SG 107/02) (1) (amend.– SG 41/09, in force from 02.06.2009; amend. – SG 101/09, in force from 01.01.2010, amend. - SG 102/18, in force from 01.01.2019) In exercising its legal capacity under this Act the Executive Agency "Medical Supervision" shall have the right to require and inspect contracts between:

1. regional health insurance funds and providers of medical care;
2. (amend.– SG 60/12, in force from 07.08.2012) insurance companies under Art. 83, para 1 and providers of medical care;

3. (revoked – SG 101/09, in force from 01.01.2010)

- (2) (amend. – SG 41/09, in force from 02.06.2009; amend. – SG 101/09, in force from 01.01.2010; amend.– SG 60/12, in force from 07.08.2012, amend. - SG 102/18, in force from 01.01.2019) The National Health Insurance Fund and the insurers under Art. 83, para 1 shall be obliged to present to the Executive Agency "Medical Supervision" a six-month reference by the end of the month following the expiration of the six months of account. The reference shall be made out in a form approved by the Minister of Health and shall contain data about the number of serviced persons, the type and the size of the provided services under contracts with RHIF and insurers under Art. 83, para 1.

- (3) (amend. – SG 41/09, in force from 02.06.2009; amend. – SG 101/09, in force from 01.01.2010; amend.– SG 60/12, in force from 07.08.2012, amend. - SG 102/18, in force from 01.01.2019) The insurers under Art. 83, para 1 shall present to the Executive Agency "Medical Supervision" a list of the providers of medical care with whom they have concluded contracts, as well as information necessary for the health statistics and monitoring of the health status of the population in a format and with contents determined by an order of the Minister of Health.

- (4) (amend. – SG 101/09, in force from 01.01.2010) Access to personalised information under para 2 and 3 shall have only the employees of the Agency, and in this form it can be used only by them for the purpose of exercising control functions under this Act. The information shall be processed and used for the needs of the health statistics.

- (5) (amend. – SG 41/09, in force from 02.06.2009; amend. – SG 101/09, in force from 01.01.2010; amend.– SG 60/12, in force from 07.08.2012, amend. - SG 102/18, in force from 01.01.2019, suppl. - SG 67/20) The employees of the Executive Agency "Medical Supervision" shall have the right to carry out inspections on the spot in NHIF, RHIF, the insurers under Art. 83, para 1, medical establishments, as well as to require and receive the necessary documents and information related to the exercising of their legal capacities under this Act.

- (6) (amend. – SG 41/09, in force from 02.06.2009; amend. – SG 101/09, in force from 01.01.2010; amend.– SG 60/12, in force from 07.08.2012, amend. - SG 102/18, in force from 01.01.2019, suppl. - SG 67/20) The National Health Insurance Fund, the regional health insurance funds, the insurers under Art. 83, para 1 and medical establishments shall be obliged to render assistance and submit to the employees of the Executive Agency "Medical Supervision" the required documents, references, information and other carriers of information related to the exercising of their legal capacities under this Act.

- (7) (amend. – SG 41/09, in force from 02.06.2009; amend. – SG 101/09, in force from 01.01.2010, amend. - SG 102/18, in force from 01.01.2019) The employees of the Executive Agency "Medical Supervision" shall be obliged to keep secret the information having become known to them in exercising the legal capacities under this Act. The disclosure of such information can be done only by the consent of the persons who have submitted it, as well as in the cases explicitly stipulated by an Act.

Chapter five.

ADMINISTRATIVE AND PUNITIVE PROVISIONS

Art. 103. (1) (suppl. – SG 101/09, in force from 01.01.2010) Official or employer who does not present information, due under this Act, or who presents untrue information about the insurance relations with NHIF shall be fined with 500 to 1 000 levs regarding natural persons, by a property sanction from 500 to 1000 levs regarding sole traders and by a property sanction from 2000 to 4000 levs regarding legal persons.

(2) (suppl. – SG 101/09, in force from 01.01.2010) For repeated and every next offence the fine shall be 2 000 levs regarding natural persons, by a property sanction amounting to 2000 levs regarding sole traders and by a property sanction amounting to 8000 levs regarding legal persons.

(3) (amend. – SG 101/09, in force from 01.01.2010) If the offence under para 1 is committed by an insured person the fine shall be from 300 to 500 levs and in the cases under para 2 - 150 levs.

Art. 104. (1) (amend. – SG 101/09, in force from 01.01.2010) An official of employer or an employer who does not pay the instalments for the insured persons, which are due, shall be fined with BGN 2000 to 4000 for natural persons or shall be punished by a property sanction amounting from BGN 4000 to 8000 for sole traders and legal persons.

(2) For repeated and for each next offence the fine shall be from BGN 2000 to 4000, and the property sanction – from BGN 10 000 to 15 000..

(3) Self-insured person who does not pay the due insurance instalments for a period longer than three months shall be fined by BGN 50 to 100, and for repeated violation - by a fine of BGN 10000 to 300.

(4) A person who fails to fulfil his/her obligation for submitting a declaration under Art. 40, para 5, item 2, shall be punished by a fine from BGN 500 to 1000, and for repeated offence – by a fine from BGN 1000 to 3000.

Art. 105. (1) (amend., SG 110/99amend., SG 107/02, amend. - SG 105/05, in force from 01.01.2006) The offences under Art. 103 and 104 shall be established by acts of the control bodies of the National Revenue Agency.

(2) (amend., SG 110/99; amend., SG 107/02, amend. - SG 105/05, in force from 01.01.2006) The penalty decrees shall be issued by the executive director of the National Revenue Agency or by an official, authorized by him.

Art. 105a. (new - SG 101/09, in force from 01.01.2010; revoked - SG 48/15)

Art. 105b. (new - SG 101/09, in force from 01.01.2010; revoked - SG 48/15)

Art. 105c. (new - SG 101/09, in force from 01.01.2010; revoked - SG 48/15)

Art. 105d. (new - SG 101/09, in force from 01.01.2010; revoked - SG 48/15)

Art. 105e. (new - SG 101/09, in force from 01.01.2010) Any medical care provider who violates the set requirements for provision of information under Art. 64a, shall be punished 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.

Art. 105f. (new - SG 101/09, in force from 01.01.2010) (1) Any medical care provider who hinders the NHIF and RHIF officials in exercising their rights and performing their duties set out in this Act

shall be punished by a fine amounting from 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 repeated violations shall be punished 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.

Art. 105g. (new - SG 101/09, in force from 01.01.2010; revoked - SG 48/15)

Art. 105h. (new - SG 101/09, in force from 01.01.2010) (1) (amend. - SG 48/15) The acts establishing administrative violations under Art. 105e and 105f shall be drawn up by the officials referred to in Art. 72, para 2.

(2) (suppl. - SG 98/15, in force from 01.01.2016) The penal decrees shall be issued by the NHIF governor, respectively the RHIF Director, or by officials authorized by him/her.

Art. 105i. (New - SG 67/20) (1) Whoever violates patient's rights or fails to fulfill an obligation under Art. 52, shall be liable to a fine in the amount of BGN 2 000 to 4 000, respectively a proprietary sanction in the amount of BGN 4 000 to 8 000 shall be imposed on him.

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

(3) The violations under Para. 1 and 2 shall be established by acts of officials from the Executive Agency "Medical Supervision", and the penal decrees shall be issued by the Executive Director of the Executive Agency "Medical Supervision".

Art. 106. (1) (New, SG 107/02; amend. - SG 101/09, in force from 01.01.2010) Director of RHIF who refuses to conclude a contract with a medical care provider without legal grounds and the refusal has been revoked by the order of art. 59b, para 3 shall be fined by 300 to 500 levs, and for repeated violation - by 600 to 1000 levs.

(2) (New, SG 107/02) Official of NHIF or RHIF who violates the provisions of art. 59 shall be fined by 100 to 300 levs, and for repeated violation - by BGN 200 to levs.

(3) (Prev. para 1 - amend., SG 107/02; suppl. - SG 101/09, in force from 01.01.2010; amend. - SG 48/15, amend. - SG 67/20) For violation of the provisions of this Act or of the normative acts for its implementation, except in the cases under para 1 and 2, Art. 103, Art. 104, Art. 105e and 105f and 105i, and Chapter Three, a fine of 100 to 500 levs shall be imposed, and for repeated violation - from BGN 200 to 1000.

(4) (new - SG 48/15) Where the offence under Para 3 is committed by a legal person or by a sole entrepreneur shall be imposed a property sanction between BGN 500 and 1000, and for repeated offence - between BGN1000 and 2000.

(5) (Prev. para 2 - amend., SG 107/02; amend. – SG 41/09, in force from 02.06.2009; amend. - SG 101/09, in force from 01.01.2010; prev. text of Para 04, amend. - SG 48/15, amend. - SG 102/18, in force from 01.01.2019) The offences under para 1, 2, 3 and 4 shall be established by acts issued by officials from the Executive Agency "Medical Supervision" and the penalty decrees shall be issued by the director of the Executive Agency "Medical Supervision".

Art. 106a. (New, SG 107/02; revoked, SG 8/03; new - SG 98/15, in force from 01.01.2016) (1) Any RHIF director purchasing and/or paying for healthcare activities in violation of the amounts of the respective RHIF, determined as set out in the act on the budget of NHIF for the respective year, shall be imposed a fine in amount between BGN 600 and 1000, and for repeated violation - between BGN 1000 and 2000.

(2) The violations under Para 1 shall be established in acts of NHIF officials determined by an order of the NHIF governor, and the penal decrees shall be issued by the NHIF governor.

Art. 106b. (New, SG 107/02) (1) (amend. – SG 60/12, in force from 07.08.2012) Whoever carries out voluntary health insurance activity without having acquired a license pursuant to the Insurance Code, shall be punishable by:

1. a fine, amounting from BGN 2000 to BGN 10 000 – regarding a natural person;
2. a property sanction amounting from BGN 50 000 to BGN 200 000 – regarding a legal person or sole entrepreneur.

(2) (amend. – SG 60/12, in force from 07.08.2012) In case of repeated offence the administrative penalty under para 1, item shall amount from BGN 400 to BGN 20 000, and the one under para 1, item 2 – from BGN 100 000 to BGN 40 000.

(3) (amend., SG 8/03; amend. – SG 60/12, in force from 07.08.2012) The offences under para 1 and 2 shall be established by acts of officials of the administration of the Commission for financial supervision duly authorised by its deputy chairman of the Commission for financial supervision managing division "Insurance supervision". The penal provisions shall be issued by the deputy chairman of the Commission for financial supervision managing division "Insurance supervision".

(4) (revoked – SG 60/12, in force from 07.08.2012)

(5) (revoked – SG 60/12, in force from 07.08.2012)

(6) (revoked – SG 60/12, in force from 07.08.2012)

(7) (amend., SG 8/03; revoked – SG 60/12, in force from 07.08.2012)

(8) (amend., SG 8/02; revoked – SG 60/12, in force from 07.08.2012)

(9) (amend., SG 8/03; revoked – SG 60/12, in force from 07.08.2012)

Art. 107. (amend., SG 110/99) The imposition of penalties under Art. 103 and 104 does not exclude the obligation to pay the due instalments together with the legal interest for the period.

Art. 108. (1) (Suppl., SG 107/02) The issuance of acts, the issuance, the appeal and the fulfilment of the penalty decrees under this Act shall be carried out according to the Administrative Violations and Penalties Act, and if the fine is imposed on an employee of NHIF or RHIF - to the revenue of the republican budget..

(2) (suppl., SG 8/03; amend. – SG 60/12, in force from 07.08.2012; amend. – SG 15/13, in force from 01.01.2014) The imposed fines shall be deposited to the revenue of NHIF, and if the fine is imposed on a NHIF or RHIF official – to the revenue of the state budget. Deposited to the revenue of the state budget shall be the fines and the property sanctions imposed under Chapter Three of the Act.

(3) (New, SG 107/02; amend. – SG 105/06, in force from 01.01.2007; revoked – SG 15/13, in force from 01.01.2014)

Art. 109. (amend., SG 110/99, amend. SG 111/04) (1) The health insurance rights of insured persons obliged to pay insurance instalments for their account, shall be interrupted if they have not paid more than three due monthly insurance instalments for a period of 36 months till the beginning of the month, preceding the month of the provided medical care. The persons whose health insurance rights are interrupted shall pay for the provided medical care.

(2) (amend. - SG 48/15, in force from 28.12.2015) Health insurance rights of persons under para 1 shall be restored on the condition that the person has paid up all health insurance installments due during the preceding 60 months.

(3) Health insurance rights of persons under para 1 shall be restored from the date on which the installments due as of para 2 have been paid up, however the amounts paid for rendered medical assistance shall not be restored.

(4) In those cases where the employer or another person is obliged to make insurance installments, if such have not been paid, the insured person shall not be deprived of insurance rights.

(5) Paragraphs 1 through 3 shall not apply to the persons referred to in Art. 40a.

Art. 110. (amend., SG 110/99) For failure to appear for prophylactic examinations stipulated by NFA the insured shall lose the remaining rights for a period of 1 month.

Art. 111. (amend., SG 107/02) (1) (Amend. - SG 67/20) Funds paid by the NHIF for treatment in case of damage to one's own health or to the health of others as intentional crime, as well as in case of damage to the health of third persons committed in a state of alcoholic intoxication or use of narcotic or intoxicating substances shall be reimbursed to the NHIF by the person who has caused it along with the legal interest and the expenses related to the reimbursement.

(2) (amend. – SG 59/07, in force from 01.03.2008) For the due amount under par. 1 the RHIF may require issuing of an order for immediate execution pursuant to the provisions of Art. 418 of the Civil Proceedings Code on the grounds of an excerpt from the accountancy records books.

(3) (New - SG 67/20) The administrative bodies and the bodies of the judiciary, before which circumstances and persons under Para. 1 have been established by an act that has entered into force, shall provide to the NHIF the information necessary for the actions for reimbursement of the amounts to the NHIF or the RHIF, within one month.

(4) (New - SG 67/20) The National Health Insurance Fund shall create and maintain a register, in which the data under Para. 3 are to be entered. The rules for the creation, keeping, access to the register and storage of the data shall be approved by the Director of the NHIF.

Additional provisions

§ 1. (Amend., SG 107/02) In the context of this Act:

1. "Highly specialised medical activity" is an activity requiring special medical skills and equipment necessary for resolution of complex diagnostic and medical cases.

2. (amend. - SG 48/15) "Package of health activities guaranteed by the budget of NHIF" are activities determined by type and scope, on individual specialities, activities for treatment of definite diseases or group of diseases, accessible by all health insured persons, in a size, under conditions and by an order determined by the National Frame Agreement.

3. "Health activity" is every activity aimed at preservation, maintaining and recovery of health.

4. (revoked – SG 60/12, in force from 07.08.2012)

5. "Health insurance instalment" is the sum paid by an individual or corporate body for obligatory health insurance, formed as a percentage of the insurance income determined by this Act.

6. (revoked – SG 60/12, in force from 07.08.2012)

7. "Person under proceedings for granting refugee status" is a foreign citizen or a person without citizenship who has requested a statute of refugee in the Republic of Bulgaria until the conclusion of the proceedings by an enacted decision on his application.

8. "Personal professional code" is an identifying code regarding data for the provider of medical care, consisting of digits and signs.

9. "Medical care" is a system of diagnostic, therapeutic, rehabilitation and prophylactic activities provided by medical specialists.

10. "Size of medical care" is the quantity of medical activities, services and commodities access to which have the insured persons under definite conditions stipulated by the National Frame Agreement and the contracts for voluntary health insurance.

11. (amend. – SG 60/12, in force from 07.08.2012)"Scope of medical care" are the provided specific types of prophylactic, diagnostic, therapeutic, rehabilitation activities and services and the type of provided medical commodities covered entirely or partially by NHIF or by insurers under Art. 83, para 1.

12. (revoked – SG 60/12, in force from 07.08.2012)

13. "Insured person" is an individual insured under the conditions and by the order of this Act.

14. (amend. – SG 60/12, in force from 07.08.2012)"Insurer" is the National Health Insurance Fund or an insurer under Art. 83, para 1.

15. "Insuring party" is an individual or corporate body paying in full or partially health insurance instalment or premium for a third person.

16. "Repeated" is an administrative offence made within 1 year from the enactment of the penalty decree by which the offender has been punished for the same offence.

17. "Enterprise are all corporate bodies, sole entrepreneurs and companies which are not legal entities carrying out trade activity.

18. "Self insured person" is an individual paying in full a health insurance instalment or premium for himself.

19. (revoked – SG 60/12, in force from 07.08.2012; new - SG 48/15, amend. - SG 102/18, in force from 01.01.2019) "Systematic violation" means commitment of three or more violations of the quality requirements specified in the NFA in a period of 6 months for the term of validity of the contract under Art. 59, Para 1.

19a. (new - SG 48/15, amend. - SG 102/18, in force from 01.01.2019) "Systematic dissatisfaction" means three or more instances of established dissatisfaction in accordance with the ordinance under Art. 19, Para 7, Item 15 of patients regarding the performance of a provider of medical care for a period of 6 months for the term of validity of the contract under Art. 59, Para 1.

19b. (new - SG 48/15) "Satisfaction of the patient by medical activities related to the rendered medical care" means concurrence between the expectations of the patient, his needs and the actually rendered medical care and is an indicator of assessing the quality of the medical care based on studying the attitudes and opinion of the patient.

20. "Members of the family" are the spouse and the children under 18 years of age, and if they continue their education - until 26 years of age, and if they are incapacitated or permanently labour incapacitated - regardless of the age.

21. (new – SG 111/04) "Dietetic foods for special medical purposes" are group of foods with special designation, produced or combined for satisfying the specific food needs of patients and they are used under medical control.

22. (new – SG 95/06, in force from 24.11.2006) "Rules for coordination of the social security schemes" shall be the rules, introduced by Council Regulation (EC) No 1408/71 of 14 June 1971 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 obligatory health insured on another ground by Council Regulation 574/72/EEC laying down the procedure for implementing Regulation 1408/71/EEC of the Council and by any other regulations, which amend, supplement or replace it.

23. (new – SG 99/09, in force from 01.01.2010) "maritime person" is a natural person in the meaning of the Code of Social Insurance.

24. (new – SG 59/10, in force from 31.07.2010) "Main Labour contract" is the main labour

contract as per § 1, item 7 of the Additional Provision of the Medical Establishments Act.

25. (new - SG 98/15, in force from 01.01.2016) "Sudden control" means control related to the payment of medical/dental care provided pursuant to a contract with NHIF, as well as the compliance of the activities of the medical and dental care providers with the medical care accessibility and quality criteria, specified in the NFA, which is taking place at the moment of providing medical care to a health insured person.

26. (new - SG 98/15, in force from 01.01.2016) "Control before payment of the rendered medical/dental care" means an inspection in the health establishment or of documents related to activities reported by RHIF before payment.

27. (new - SG 98/15, in force from 01.01.2016) "Subsequent control" means and inspection at the health establishment or of documents related to activities reported by RHIF after payment.

28. (new - SG 102/18, in force from 01.01.2019) "Cost effectiveness of a medicinal product / therapeutic course" is the ratio between the achievement of a therapeutic result from the application of a medicinal product / drug therapy and the spending of funds from the NHIF budget for the same product / therapy in its comparison with another drug(s)/medicinal product(s) or drug therapies representing therapeutic alternatives and paid in full or in part by the National Health Insurance Fund.

29. (New - SG 99/19, in force from 01.01.2020) "Mechanism ensuring predictability and sustainability of the NHIF budget" is a compensatory measure applied in the event of an excess of the relevant funds for health insurance payments for medicinal products set in the NHIF budget law for the respective year, with a purpose to ensure access to medical treatment for health insured persons.

§ 1a. (new - SG 62/10, in force from 10.08.2010) (1) (amend. and suppl. - SG 85/17) The National Health-Insurance Fund, the regional health-insurance funds and the Commission of Financial Supervision shall provide opportunity to provide information and acceptance of applications and documents envisaged in this Act by electronic way observing the conditions and 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, an advanced electronic signature based on a qualified electronic signature certificate or qualified electronic signature, according to the 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 (OB, L 257/73 of 28 August 2014) and the Electronic Document and Electronic Trust Services Act

(2) Provision of information and acceptance of applications and documents by electronic way shall be executed after ensuring the relevant technical and organizational conditions, as well as the relevant software products.

§ 1b. (new – SG 1/14, in force from 03.01.2014) Within the meaning of Chapter Two, Section XII:

1. "Health care services" shall be health care services provided by health care professionals to patients in terms of assessment, maintenance or recovery of their health condition, including prescribing, fulfillment of medical prescriptions and provision of medicinal products and medical devices.

2. "Persons covered by health insurance" are:

a) persons including their family members and their survivors belonging to the application field of Art. 2 of Regulation (EC) No. 883/2004 and who are covered by insurance within the meaning of Art. 1, item "c" of the said regulation, and

b) nationals of third countries, belonging to the application field of Council Regulation (EC) No. 859/2003 of 14 May 2003 extending the provisions of Regulation (EEC) No. 1408/71 and Regulation (ECC)

No 574/72 to nationals of third countries who are not already covered by those provisions solely on the ground of their nationality (OJ, L 344/1 of 29 December 2010) or who meet the conditions for the right to compensations under the laws of the insuring Member State.

3. "Insuring Member State" is:

a) for the persons referred to in item 2, sub-item "a" – the Member State competent to issue to the person covered by insurance preliminary permission to get adequate therapy outside the Member State of residence according to Regulation (EC) No. 883/2004 and Regulation (EC) No. 987/2009;

b) for the persons referred to in item 2, sub-item "b" – the Member State competent to issue to the person covered by insurance preliminary permission to get adequate therapy in another Member State according to Regulation (EC) No. 859/2003 or Regulation (EC) No. 1231/2010; if there is no a Member State competent according to the said Regulations, the insuring Member State shall be the Member State, where the person is covered by an insurance or is entitled to sickness benefits according to the laws of this Member State.

4. "Member State providing health care services" is the Member State, in the territory of which health care services are actually provided to the patient. In case of tele-health-care services it shall be accepted that the health care services are provided in the Member State where the health care service provider is based.

5. "Medical professionals" are persons, exercising medical profession under Art. 183, par. 1 of the Health Act.

6. "Patient" is an individual, seeking to get or getting health care services in a Member State.

7. "Medicinal product" is a medicinal product within the meaning of the Law for the medicinal products in humanitarian medicine.

8. "Medical device" is a medical device within the meaning of the Act of medical devices.

9. "Medical prescription" is a medical prescription within the meaning of the Law for the medicinal products in humanitarian medicine.

Transitional and concluding provisions

§ 2. (1) The payment of the health insurance instalments under Art. 41 shall begin on July 1, 1999.

(2) The Minister of Health and the Minister of Finance can determine health establishments and surgeries where the payment shall be made on the basis of contracts before the introduction of the health insurance.

§ 3. (amend. SG 113/99) (1) (Amend., SG 62/99) The fulfilment of the contracts between RHIF and the medical care executives on non-stationary level shall begin on July 1, 2000.

(2) The fulfilment of the contracts between RHIF and the hospitals shall begin on July 1, 2001.

(3) Until the commencement of the fulfilment of the contracts between the RHIF and the medical care executives under para 1 and 2 the financing of the state and the municipal medical care and health establishments shall be carried out by the republican and municipal budgets in a way applied till their transformation.

(4) (New, SG 41/01) The medical establishments for hospital care - trade companies with state and/or municipal property shall be financed for their activity by the republican or the municipal budgets according to art. 206 of the Medical Establishments Act and by the National Health Insurance Fund by payment according to contracts with them. The subsidising shall be carried out on the grounds of a one-year

contract between the financing body and the health establishment in compliance with the Act on the state budget of the Republic of Bulgaria for the respective year. The financing of the National Health Insurance Fund shall be carried out on basis of contracts in compliance with the budget of NHIF.

§ 4. The draft Act on the budget of NHIF for 2000 shall be presented at the Council of Ministers in 1999 within the period determined for presentation of the draft Act on the state budget of the Republic of Bulgaria.

§ 5. Upon entry into force of the Act the Minister of health shall begin the establishment of the structures and bodies stipulated by it. Upon constituting the bodies of NHIF the tasks on the establishment of the structures and carrying out the activities related to the obligatory health insurance shall be taken over by themselves.

§ 6. The Council of Ministers, the assemblies of the regions and the representative organisations of the employers and of the workers and employees shall, within 3 months from the entry into force of the Act, appoint its representatives in the assembly of the representatives of NHIF.

§ 7. (1) Within 5 months from the entry into force of the Act the first meeting of the assembly of the representatives of NHIF shall be held for election of management board and control board.

(2) Within 1 month from constitution of the assembly of the representatives regulations for the structure and activity of NHIF shall be adopted.

(3) Within 1 month from the constitution of the managing board a competition shall be held for appointment of director of NHIF.

§ 8. (1) Within 1 month from constitution of the bodies of NHIF the managing board shall open a procedure for preparation and negotiations under NFA.

(2) Within 3 months from the constitution of the bodies of NHIF the regulations stipulated by this Act shall be worked out and adopted.

§ 9. (1) The Council of Ministers, the regional governors and the municipalities shall, within 6 months from the entry into force of the Act, submit buildings and other material basis to the central management of NHIF and for RHIF.

(2) The Minister of Finance, at the proposal of the Minister of health shall provide financial resources for the organisation of the process of establishing NHIF and RHIF.

§ 10. (amend. – SG 101/09, in force from 18.12.2009) The Bulgarian National Bank shall open accounts of the health insurance companies under Art. 3 as the resources shall bear interest to the basic interest rate for the period.

§ 11. (revoked – SG 111/04; new – SG 11/07) In 2007, considered from the 1st of January, shall be applied:

1. the provisions of the National Framework Agreement of 2006 as per Art. 55, para 2, items 3, 5, 7, 8, 9, 10 and 11;

2. the requirements, specified by the Managing Board of NHIF, which the contractors of medical

care shall satisfy, the procedure of concluding the contracts with the latter and other terms pursuant to Art. 55, para 2, items 2, 4 and 6.

§ 11a. (new – SG 113/07, in force from 01.01.2008) In event that a NFA for 2008 is not concluded by 15 December 2007, the rules of Art. 55, Para 3, Items 1 and 2 and Para 6 shall apply from 1 January 2008.

§ 12. The administrative support of NHIF and of RHIF for the periods under § 4 shall be for the account of the republican budget.

§ 12a. (new – SG 98/10, in force from 01.01.2011; revoked – SG 99/11, in force from 01.01.2012)

§ 12b. (new – SG 08/10, in force from 01.01.2011) (1) In order to carry out the activities envisaged in this Act, during 2011 shall be applied the National Frame Agreement for medical operations and the National Frame Agreement for dental activities, concluded for the period till December the 31, 2010 under the terms and following the procedure as per Art. 54 and 55.

(2) In case the National Frame Agreements under para 1 have not been concluded during 2011, the National Frame Agreement for 2010 shall apply, except for the volumes, prices and methods for evaluation and payment of medical care adopted pursuant to Art. 55c.

§ 13. Item 7 is created in Art. 6, para 1 of the Act on Transformation and Privatisation of State and Municipal Enterprises (prom., SG, No 38 of 1992):

"7. For the National health insurance fund - from the receipts under item 5 but not less than 50 percent of them."

§ 14. The following amendments and supplements are introduced to the Act on National Health (prom., SG, No 88 of 1973):

1. In Art. 2, para 1 is amended as follows:

"(1) Every Bulgarian citizen shall have the right to accessible medical care and health insurance stipulated by an Act."

2. New Art. 3a is created:

"Art. 3a. The republican budget and the municipal budgets shall finance the activities of health care right to which have the citizens free of charge and related to:

1. emergency medical care;

2. stationary psychiatric care;

3. haemotransfusion;

4. obligatory immunisation and obligatory treatment under the Act on National Health;

5. epidemiological and anti-epidemiological studies and activities;

6. health programmes and projects of national, regional and local importance;

7. state sanitary control;

8. investment expenses;

9. education, science and qualification;

10. construction for health purposes, basic repair, modernisation, improvement and reconstruction, as well as equipment over 10 million levs;

11. health administration;
12. national centres and institutes without direct treatment activity;
13. expensive treatment beyond the range of the obligatory health insurance by an order determined by the Minister of health;
14. expenses related to the public health care;
15. expertise of the permanent labour disability and professional diseases."

3. The previous Art. 3a becomes Art. 3b.

4. The following amendments and supplements are introduced to Art. 4:

a) in para 2, item, 1, after the words "medical care" is added "for the activities under Art. 3a";

b) para 3 is revoked.

5. In Art. 4b, para 1, after the words "the municipal budget" is added "revenue from the health insurance and payment in cash".

6. In Art. 25i para 4 is created:

"(4) The regulations under para 3 shall not apply for activities under contracts with the National health insurance fund."

7. The following amendments and supplements are introduced to Art. 26:

a) para 1 is amended as follows:

"(1) The persons under Art. 2, para 1 shall have free choice and treatment by the physician and dentist for primary and specialised out-patient treatment on the territory of the respective regional health insurance fund.";

b) para 2, 3, 4 and 5 are revoked.

8. In Art. 53, para 2 the words "the order of Art. 26, para 5" are replaced by "an order determined by the Minister of health".

9. In Art. 55, para 4 the words "and medical treatment" are deleted.

§ 15. In Art. 161, para 3 of the Commerce Act the words "or insurance activity" are replaced by "insurance activity or activity on voluntary health insurance".

§ 16. In Art. 237, letter "c" of the Civil Procedural Code, after the words "the banks" is added "the Central management of the National health Insurance Fund and the regional health insurance funds".

§ 17. The following amendments are introduced to the Act on the Defence and Armed Forces:

1. In Art. 242, para 1 and 2 are revoked.

2. In Art. 243, para 1, 2 and 3 are revoked.

§ 18. In the Ministry of Interior Act (prom., SG, No 122 of 1997, No 29 of 1998 - Decision No 3 of the Constitutional Court of 1998) Art. 224 is revoked.

§ 19. (1) (new, prev. § 19 - SG 110/99) Within 6 months from the entry into force of the Act the Council of Ministers, at the proposal of the Minister of Health shall adopt the acts of secondary legislation related to its implementation.

(2) (new, SG 110/99, revoked – SG 105/05, in force from 01.01.2006)

§ 19a. (new, SG 114/03) (1) (suppl. SG 49/04) The persons owing more than three health insurance instalments for the period until December 31, 2003 for themselves and/or for members of their

families till September 30, 2004 may file a written request for rescheduling of the payment of the due sums until December 31, 2004.

(2) Rescheduled by the order of para 1 shall be obligations for health insurance instalments with a size of the principal over 50 levs.

(3) The persons shall file request for rescheduling in the territorial division of the National Insurance Institute, indicating the deadline for payment of their liabilities.

(4) The liability shall be rescheduled from the date of filing the request by a decision of the head of the territorial division of the National Insurance Institute or of officials authorized by him. The decision shall indicate the size of the liability, the deadline for payment of the rescheduled liability and total due sum until the expiration of this period. A copy of the decision shall be submitted to the person.

(5) The persons whose liability is rescheduled shall retain their rights of health insured persons.

(6) For fulfilment of the requirements under para 1 – 4 the persons shall not be fined according to art. 104, para 3 and the provision of art. 109, para 1 shall not apply.

(7) The person shall lose his health insurance rights if:

1. he does not acquit his liability under para 4 by the deadline of the rescheduling;
2. he has not paid more than three due health insurance instalments for 2004; in this case the rescheduling shall be terminated.

(8) Due for the period of the rescheduled payment shall be 1 percent monthly interest on the due sum, and the term of limitation for the rescheduled liability shall stop running.

(9) (amend. SG 111/04) Persons working under employment and official legal terms shall retain their health insurance rights if the instalments have not been paid by the employer.

(10) To employers who, by December 31, 2004 pay the health insurance instalments due by December 31, 2003 shall not be imposed fines under art. 104, para 1 and 2.

§ 19b. (new, SG 28/04) The Council of Ministers, by April 30, 2004, shall adopt and promulgate in the State Gazette the ordinance under art. 45, para 4.

§ 19c. (new – SG 45/05) (1) The Bulgarian citizens who have been out of the country more than 183 days during one calendar year for the period January 1, 2000 – December 31, 2004 and owe health insurance installments for their account for the time they have been abroad, may be exempt from the obligation for payment these installments if they have made free choice of performer of medical care, concluded contract with regional health insurance fund under art. 4, para 1 for the respective calendar year.

(2) (amend. - SG 105/05, in force from 01.01.2006) In the cases of para 1 the persons can personally or through authorized person submit till December 31, 2006 application – declaration by order, determined with instruction issued by the executive director of the National Revenue Agency, coordinated with the director of the National Health Insurance Fund.

(3) The health insurance rights of the persons of para 1 shall be restored by the order of art. 40a.

§ 19d. (new – SG 45/05) (1) The persons who owe health insurance installments for their account till June 1, 2005 can require deferring of the payment of the liability till December 31, 2006 if for the period October 1, 2004 – March 31, 2005 have average monthly income of member of the family up to 200 levs inclusive.

(2) By the order of para 1 shall be deferred liabilities for health insurance payments with amount over 50 levs.

(3) (amend. SG 99/05, amend. - SG 105/05, in force from 01.01.2006) For deferring of the liability the persons of para 1 shall till December 31, 2005 submit in the territorial directorates of the

National Revenue Agency application – declaration according to model, approved by the executive director of the National Revenue Agency.

(4) The liability shall be deferred from the date of submitting of the request with decision of the chief of the territorial division of the National Insurance Institute or persons authorized by him. In the decision shall be entered the amount of the liability, the final term for redemption of the deferred liability and the total due sum till the elapse of this term. One copy of the decision shall be handed over to the person.

(5) At determining the income of para 1 shall be taken in consideration all gross incomes of the family, which are leviable under the Income Taxes on Natural Persons Act as well as the received pensions, indemnifications, supports and scholarships except the monthly allowances paid under the Act on Integration of the People with Disabilities, the addition for other's help under art. 103 of the Code for social insurance, the scholarships of the students till graduating high school but not later than rounding 20 years of age as well as the support received under the Family Allowances Act.

(6) The persons of para 1 who do not pay more than three health insurance instalments for the period of deferring, shall pay to the performers the medical care rendered to them.

(7) For the period of deferring the limitation period for the receivables shall stop.

(8) Upon fulfilment of the conditions of para 1 – 4 to the persons shall not be imposed fines under art. 104, para 3, the provision of art. 109, para 1 shall not be applied and no compulsory measures for collecting the liabilities shall be undertaken.

§ 19e. (new – SG 45/05) For the liabilities for health insurance instalments of persons who owe them for their account, occurred till June 1, 2005 interest shall not be due for the period June 1, 2005 – December 31, 2006.

§ 19f. (new – SG 102/05) The Council of Ministers shall submit for approval to the National Assembly the drafts of art. 22, para 3 if till December 18, 2005 the National framework agreement for 2006 has not been signed.

§ 19g. (new - SG 103/05, in force from 01.01.2006) (1) The Ordinance under Art. 97a, Para 2, item 5, Para 3 and Art. 97c, Para 6 shall be adopted within one year from the Insurance Code becomes effective. The first examination for obtaining actuary capability shall be conducted within six months from the entering of the ordinance in force.

(2) Within three years term from the entering of the Insurance Code in force, the health insurance companies shall be obliged to conclude contracts for actuary servicing with persons with recognized capability of liable actuary.

(3) Till the elapse of the term under Para 2, the persons who have been approved for actuaries of the health insurance company in the procedure for issuance of approval under Art. 97 and under the order of Art. 99, may execute the obligations of liable actuary, as well as to be elected for liable actuaries of health insurance companies. Till the elapse of the term under Para 2 for liable actuaries of health insurance companies may be elected persons, who have been approved for actuaries of insurance or re-insurance companies or have acquired license for actuaries of pension insurance companies and the managed by them funds for additional pension insurance.

§ 19h. (new – SG 100/07, in force from 20.12.2007) By 30 September 2012 the Financial Supervision Commission shall adopt a report on the application of Art. 88a, Para 1 containing conclusions regarding the use of the sex as an actuary factor in the calculation of health insurance premium, taking under

consideration the latest actuary data and statistical information, as well as the report of the European Commission on the application of Art. 5 of Council Directive 2004/113/EC of 13 December 2004 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 Para 1 shall be presented to the Minister of Labour and Social Policy for the purpose of notifying the European Commission.

§ 19i. (new – SG 37/08) (1) Bulgarian citizens, having resided outside the country for more than 183 days within one calendar year in the period from 1 July 1999 to 31 December 2007 and are liable to pay health insurance contributions at their expense for the period of their stay abroad, shall be released from the obligation to deposit these contributions, provided that they have not used medical services, paid by the NHIF.

(2) (amend. - SG 100/10, in force from 01.07.2011) In the cases of par. 1 the individuals in person or through an authorized person shall submit to the competent territorial Directorate of the National Revenue Agency a declaration in a form, approved by an order, issued by the Minister of Finance. The declaration may also be submitted through a licensed post operator or electronically using the applicant's qualified electronic signature.

(3) (amend. – SG 101/09, in force from 01.01.2010; amend. – SG 19/10) The health insurance rights of the persons of par. 1 shall be reinstated following the provisions of Art. 40a, par. 2 and 3.

(4) (revoked – SG 101/09, in force from 18.12.2009)

§ 19j. (new – SG 49/10, in force from 01.07.2010; amend. - SG 62/10, in force from 10.08.2010; amend. – SG 100/11, in force from 01.01.2012) For the period by 31 December 2012 the health insurance instalments on the remunerations under § 22n, Item 1 of the Transitional and Concluding Provisions of the Code of Social Insurance shall be due as set out in Art. 40, Para 1, Item 1.

§ 19k. (new – SG 58/10, in force from 30.07.2010) Till 31st of December 2010, for the person who are in not-paid vacation, provided under the procedure of § 3e, Para 1 of the Transitional Provisions of the Labour Code, and who are not subject to insurance on another ground, the health insurance installment, determined under the procedure of Art. 29, Para 3 shall be fully on the account of the employer. The installment shall be determined on the base of the half of the minimal monthly amount of the insurance income of the self-insured persons, as per Act on the Budget of the State Social Insurance for year 2010, and shall be paid through the respective enterprise or organization at the end of the month, coming after the relevant month.

§ 19l. (new – SG 98/10, in force from 14.12.2010) The provisions of Art. 55a and 55b shall be applied till February 28, 2011.

§ 19m. (new – SG 98/10, in force from 14.12.2010) During the year 2011 the medical care under Art. 55, para 2, item 2 shall be paid in volumes and prices and by methods defined in the decrees of the Council of Ministers as per Art. 55c, para 1. The fixed volumes, prices and methods may be amended and supplemented where necessary upon proposal by the Minister of Finance in conformity with the Minister of Health Care.

§ 19n. (new – SG 98/10, in force from 14.12.2010; amend. – SG 99/11, in force from

16.12.2011) (1) During the year 2012 the medical care as per Art. 55, para 2, item 2 shall be shall be paid in volumes and according to prices and methods determined as per Art. 55d - 55f.

(2) Where the procedure referred to in Art. 55d - 55f have not been carried out during 2012, the medical care under Art, 55, Para 2, Item 2 shall be paid in amounts and according to prices and methods, specified in the decree of the Council of Ministers referred to in Art. 55c, Para 1.

(3) The amounts, prices and methods according to the effective decree shall be amended and supplemented within one month from the promulgation of the Act on the Budget of the National Health Insurance Fund for 2012, as well as, where necessary, by the Council of Ministers.

(4) The proposals for amendment and supplementation referred to in Para 3 shall be made at the initiative of the management bodies of NHIF and shall be submitted to the Council of Ministers by the minister of Finance in coordination with the Minister of Health.

§ 19o. (new – SG 99/11, in force from 01.01.2012) (1) The persons referred to in Art. 40a, who have left the country before 31 December 2011 and have failed to file a preliminary application, may file the application by 31 December 2012. The application shall be accompanied by a declaration in a form determined by the National Revenue Agency regarding the date of leaving the country.

(2) The application and the declaration shall be filed with the competent territorial directorate of the National Revenue Agency personally, through a representative, by mail or electronically with a qualified electronic signature of the filing person.

§ 20. (amend. - SG 105/05, in force from 01.01.2006) The implementation of the Act is assigned to the Minister of Health, to the bodies of NHIF representing it and to the National Revenue Agency in the part for collection of health insurance instalments.

The Act was adopted by the 38th National Assembly on June 4, 1998 and was affixed with the official seal of the National Assembly.

Transitional and concluding provisions

§ 94. (1) Within 15 days from the enactment of this Act the Council of Ministers, the representative organisations of the workers and employees and of the employers, the National Association of the Municipalities and the representative organisations for protection of the rights of the patients shall appoint their representatives in the assembly of the representatives of the National Health Insurance Fund.

(2) Held within 10 days from expiration of the term under para 1 shall be the first meeting of the assembly of the representatives for election of new managing and control boards. The assembly shall be convened by the managing board of the National Health Insurance Fund.

(3) Within 15 days from the first meeting of the representatives it shall adopt, at the proposal of the managing board, rules for holding a competition for Director of the National Health Insurance Fund, and the managing board shall announce the competition.

(4) Within one month from the election of Director of the National Health Insurance Fund the managing board shall determine the requirements for the position, rules for holding competitions and shall announce competitions for directors of RHIF.

(5) The organisations under para 1 which have not appointed their representatives in the assembly of the representatives in compliance with the requirements and by the order of this Act shall acquire a right for participation in it upon their appointment. The assembly shall be legitimate without their

participation in compliance with the requirements of art. 11.

§ 95. Within two months from the enactment of this Act the Council of Ministers shall adopt and amend the acts of secondary legislation for its implementation.

§ 96. Within one month from the enactment of this Act the Minister of Health shall issue the ordinances under art. 45, para 2 and 3 and the other acts of secondary legislation and the amendments in them related to the implementation of the law.

§ 97. (amend., SG 8/03) Within one month from the enactment of this Act the Ministry of Health and the Deputy chairman of the Commission for financial supervision managing division "Insurance supervision" shall submit to the Deputy chairman of the Commission for financial supervision managing division "Insurance supervision" the registers and dossiers for the companies under § 101 and 102.

§ 98. (amend., SG 8/03) Within three months from the enactment of this Act the Deputy chairman of the Commission for financial supervision managing division "Insurance supervision" shall adopt and amend the internal acts related to its implementation.

§ 99. The National Frame Agreement for 2003 shall be adopted in compliance with the provisions of this Act.

§ 100. By December 31, 2002 NHIF shall bring the regulations and the other internal acts in compliance with the provisions of this Act.

§ 101. (1) (amend., SG 8/03) The filed applications for licensing companies for voluntary health insurance before the enactment of this Act, for which there is no licence or refusal to issue licence for carrying out voluntary health insurance by the Deputy chairman of the Commission for financial supervision managing division "Insurance supervision", shall be considered by the Deputy chairman of the Commission for financial supervision managing division "Insurance supervision" under the conditions and by the order of this Act.

(2) In order to obtain licence under this Act the companies under para 1 shall be obliged to bring their organisation and activity in compliance with its requirement.

§ 102. (1) (amend., SG 8/03) The licences, issued by the Deputy chairman of the Commission for financial supervision managing division "Insurance supervision" before the enactment of this Act, for carrying out voluntary health insurance for individual packages of activities shall retain their effect, while the companies having obtained them shall be obliged to bring the organisation and activity in compliance with the requirements of the law within 9 months from the enactment of the Act.

(2) (amend., SG 8/03) Within the term under para 1 the licensed health insurance companies shall present to the Deputy chairman of the Commission for financial supervision managing division "Insurance supervision" the documents and the information required for issuance of licence under this Act.

§ 103. (1) Individuals and corporate bodies carrying out activity of voluntary health insurance

without having obtained licence for it, regardless of whether it is explicitly indicated in their subject of activity, shall be obliged, within 6 months from the enactment of this Act, to bring their constituent and structural acts, as well as their activity, in compliance with the requirements of this Act and to file applications for licensing.

(2) The persons under para 1 who have not filed applications for licensing within the term under para 1, or to whom licence has been refused, shall not have the right to carry out voluntary health insurance.

Concluding provisions (SG 49/04)

§ 4. The registered agricultural producers and tobacco producers, producing not processed plant and/or animal products, shall not determine ultimate amount of the insurance income for this activity for 2004.

Transitional and concluding provisions (SG 111/04)

§ 13. (1) The persons who owe more than three health insurance instalments till this Act enters into force shall restore their health insurance rights if they pay till January 31, 2005 one time sum in extent of three health insurance instalments, determined by the order of art. 29, para 3 on the minimum monthly extent of the insurance income for the self insured persons, determined with the Act on the budget of the state social insurance by the moment of payment of the instalments.

(2) The payment of the sum of para 1 shall not redeem the liabilities of the persons for health insurance instalments.

(3) The sums of para 1 shall be paid by the order of art. 41.

§ 14. (1) For the persons, who by the order of § 13 have restored their health insurance rights, art. 109, para 1 shall be applied from January 1, 2006.

(2) The insured persons of para 1 who do not pay more than three health insurance payments for the period February 1, 2005 – January 1, 2006, shall pay for the medical care, rendered to them, to the executors.

§ 15. The persons of art. 40, para 2, item 4, who till the entering in force of this Act owe more than three health insurance instalments, shall restore their health insurance rights after January 1, 2005 upon payment of the first instalment for the account of the republican budget.

§ 16. The Bulgarian citizens, obliged to insure themselves, who till the entering into force of this Act have stayed abroad more than 183 days during at least one calendar year and have not paid the due health insurance payments for this time, may restore their health insurance rights under the conditions and by the order of art. 40a without submitting application to the National Insurance Institute.

Transitional and concluding provisions

(SG 99/05)

§ 2. (1) Till December 31, 2005 the territorial divisions of the National Insurance Institute shall send additional prescriptions to the persons who have not exercised their right under § 19d, para 1 and are not with restored health insurance rights by October 31, 2005. In the prescriptions shall be pointed out the extent of the liability and the period for which they refer.

(2) With the sending of the obligatory prescriptions shall be terminated the negative prescription for deferred liabilities.

**Transitional and concluding provisions
TO THE INSURANCE CODE**

(PROM. – SG 103/05, IN FORCE FROM 01.01.2006)

§. 28. The code shall enter in force from 1st of January 2006, except:

1. Art. 45, Para 3, Art. 47, Chapter Four, Art. 71, Para 4, Art. 77, Para 5, Art 80, Para 5, Art. 88, Para 3, Art. 89, Art. 99, Para 4, Art. 112-116, Art. 127, 137, 139 -149, Chapter Seventeen, Chapter Twenty Two, Art. 254, Para 1, item 2, Art. 258, Para 1, items 2, 3 and 5, Art. 282, Para 2 and §. 13, item 2, letter "b", item 3, item 4, letter "c" and item 5 of the transitional and concluding provisions, which shall enter in force from the date of the Pre-accession to the European Union of the Republic of Bulgaria Agreement becomes effective;

2. Art. 254, Para 2 which shall enter in force from the date of the Decision of the European Commission, after the data about conclusion of an agreement between the National Bureau of the Bulgarian Automobile Insurers and the Bureaus of the Automobile Insurers of the Member States in accordance with Art. 2, Para 2 of Directive 72/166/EEC for harmonization of the legislation of the Member States, related with the insuring against civil liability with regard to the usage of motor vehicles and for imposing of obligation to insure against such liability is provided;

3. Art. 266, which shall enter into force from 11th of June 2012;

4. Art. 282, Para 4 and Art. 284 – 286, which shall enter in force from the date of the Decision of the European Commission, after the data about conclusion of an agreement between the National Bureau of the Bulgarian Automobile Insurers and the Bureaus of the Automobile Insurers of the Member States in accordance with Art.6, Para 3 of Directive 200/26/EU for harmonization of the legislation of the Member States related with the insuring against civil liability with regard to the usage of motor vehicles and for amendment of Directives of the Council 73/239/ EEC and 88/357/EIO is provided. Until the date the Pre-accession to the European Union of the Republic of Bulgaria Agreement enters in force, the National Bureau of the Bulgarian Automobile Insurers shall establish the organization for execution of the functions as a compensatory body.

5. Art. 288, Para 2, which shall enter into force from 11th of June 2007 shall be applied for all filed claims for compensation on which up to this date the managing council of the Guarantee Fund has not pronounced; up to the date on which shall enter in force the Pre-accession to the European Union of the Republic of Bulgaria Agreement, the Guarantee Fund shall pay compensations only if the road-transport accident has occurred on the territory of the Republic of Bulgaria; the Guarantee Fund shall establish the organisation for execution of the functions of Information Centre within a six-months term from the code enters in force.

**Transitional and concluding provisions
TO THE TAX-INSURANCE PROCEDURE CODE**

(PROM. – SG 105/05, IN FORCE FROM 01.01.2006)

§ 88. The code shall enter in force from the 1st of January 2006, except Art. 179, Para 3, Art. 183, Para 9, § 10, item 1, letter "e" and item 4, letter "c", § 11, item 1, letter "b" and § 14, item 12 of the transitional and concluding provisions which shall enter in force from the day of promulgation of the code in the State Gazette.

**Transitional and concluding provisions
TO THE MINISTRY OF INTERIOR ACT**

(PROM. – SG 17/06)

§ 24. The Act shall enter in force from 1st of May 2006.

**Transitional and concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTATING THE HEALTH INSURANCE
ACT**

(PROM. – SG 18/06)

§ 5. The rights and the obligations referred to in § 2 shall arise when this Act comes into force.

§ 6. The Act shall come into force as of 1st of January 2007.

**Transitional and concluding provisions
TO THE ADMINISTRATIVE PROCEDURE CODE**

(PROM. – SG 30/06, IN FORCE FROM 12.07.2006)

§ 142. The code shall enter into force three months after its promulgation in State Gazette, with the exception of:

1. division three, § 2, item 1 and § 2, item 2 – with regards to the repeal of chapter third, section II "Appeal by court order", § 9, item 1 and 2, § 15 and § 44, item 1 and 2, § 51, item 1, § 53, item 1, § 61, item 1, § 66, item 3, § 76, items 1 – 3, § 78, § 79, § 83, item 1, § 84, item 1 and 2, § 89, items 1 - 4 § 101, item 1, § 102, item 1, § 107, § 117, items 1 and 2, § 125, § 128, items 1 and 2, § 132, item 2 and § 136, item 1, as well as § 34, § 35, item 2, § 43, item 2, § 62, item 1, § 66, items 2 and 4, § 97, item 2 and § 125, item 1 – with regard to the replacement of the word "the regional" with the "administrative" and the replacement of the word "the Sofia City Court" with "the Administrative court - Sofia", which shall enter into force from the 1st of May 2007;

2. paragraph 120, which shall enter into force from the 1st of January 2007;
3. paragraph 3, which shall enter into force from the day of the promulgation of the code in State Gazette.

**Transitional and concluding provisions
TO THE COMMERCIAL REGISTER ACT**

(PROM. – SG 34/06, IN FORCE FROM 01.10.2006)

§ 56. This Act shall enter into force from the 1st of October, with the exception of § 2 and § 3, which shall enter into force from the day of the promulgation of the Act in State Gazette.

**Concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTATING THE HEALTH ACT**

(PROM. - SG 59/06, IN FORCE FROM 01.01.2007)

§ 21. This Act shall enter into force from 1 January 2007 except § 4, 5 and 14 which shall enter into force from the day of promulgation of the Act in the State Gazette.

**Transitional and concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTATING THE HEALTH INSURANCE
ACT**

(PROM. - SG 95/06, IN FORCE FROM 24.11.2006)

§ 13. Till the 1st of December 2006:

1. the Minister of Health shall issue the ordinance referred to in Art. 80a, para 3;
2. the director of the NHIF shall approve a model of European health insurance card.

§ 15. The Act shall enter into force from the date of its promulgation in State Gazette, except for § 2, 3, 4, 5, 6, 7 and 10, which shall enter into force from the date of coming into effect of the Treaty of Accession of the Republic of Bulgaria to the European Union.

**Transitional and concluding provisions
TO THE INCOME TAXES ON NATURAL PERSONS ACT**

(PROM. - SG 95/06, IN FORCE FROM 01.01.2007)

§ 13. In the Health Insurance Act (Prom SG 70/1998; amend., SG 93 and 153/1998, SG 62, 65, 67, 69, 110 and 113/1999, SG 1, 31 and 64/2000, SG 41/2001, SG 1, 54, 74, 107, 112, 119 и 120/2002, SG 8, 50, 107 and 114/2003, SG 28, 38, 49, 70, 85 and 111/ 2004, SG 39, 45, 76, 99, 102, 103 and 105/2005, SG 17, 18, 30, 33, 34 and 59/2006 г.) in Art. 42, para 1 and 3 and § 19d, para 5 of the Transitional and

concluding provisions the words "the Act on Taxation of the Income of Natural Persons" shall be replaced by "the Income Taxes on Natural Persons Act".

§ 21. The Act shall enter into force from the 1st of January 2007, except for § 10, which shall enter into force from the date of promulgation of the Act in State Gazette.

**Transitional and concluding provisions
TO THE MEDICINAL PRODUCTS IN HUMAN MEDICINE ACT**

(PROM. – SG 31/07, IN FORCE FROM 13.04.2007)

§ 37. The Act shall enter in force from the day of its promulgation in State Gazette, except for § 22, which shall enter in force one year after the entry into force of this Act.

**Transitional and concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTATING THE ACT ON DEFENCE AND
ARMED FORCES OF THE REPUBLIC OF BULGARIA**

(PROM. - SG 46/07, IN FORCE FROM 01.01.2008)

§ 77. This Act shall enter into force from 1 January 2008 except:

1. Paragraph 1, § 2, Item 1, § 4, Item 1, Letter "a" and Item 2, § 5, 13, 15, 32, 33, 34, 35, 36, 37, § 38, Item 1, Letter "a" and Item 2, § 40, 43, 44, 46, 55, 59 and 75 which shall enter into force three days after its promulgation in the State Gazette.

2. Paragraph 2, Item 2, § 3, § 4, Item 1, Letter "b", § 6, 7, 60, 61 (regarding addition of the words "and 309b") and 63, which shall enter into force 6 months after its promulgation in the State Gazette.

**Transitional and concluding provisions
TO THE CIVIL PROCEDURE CODE**

(PROM. – SG 59/07, IN FORCE FROM 01.03.2008)

§ 61. This code shall enter into force from 1 March 2008, except for:

1. Part Seven "Special rules related to proceedings on civil cases subject to application of European Union legislation";

2. paragraph 2, par. 4;

3. paragraph 3 related to revoking of Chapter Thirty Two "a" "Special rules for recognition and admission of fulfillment of decisions of foreign courts and of other foreign bodies" with Art. 307a – 307e and Part Seven "Proceedings for returning a child or exercising the right of personal relations" with Art. 502 – 507;

4. paragraph 4, par. 2;

5. paragraph 24;

6. paragraph 60,

which shall enter into force three days after the promulgation of the Code in the State Gazette.

Concluding provisions
TO THE ACT SUPPLEMENTATING THE PROTECTION FROM DISCRIMINATION
ACT

(PROM. – SG 100/07, IN FORCE FROM 20.12.2007)

§ 7. This Act shall enter into force from 20 December 2007.

Transitional and concluding provisions
TO THE ACT ON THE STATE BUDGET OF THE REPUBLIC OF BULGARIA

(PROM. – SG 113/07, IN FORCE FROM 01.01.2008)

§ 99. This Act shall enter into force from 1 January 2008.

Concluding provisions
TO THE ACT ON THE BUDGET OF THE NATIONAL HEALTH INSURANCE FUND
FOR 2008

§ 18. This Act shall enter into force from 1 January 2008, except § 15, Item 5 and 6, which shall enter into force from 1 December 2007.

Concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTATING THE HEALTH INSURANCE
ACT

(PROM. – SG 37/08)

§ 7. The provision of § 4 shall enter into force from 1 July 2008.

Concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTATING THE MEDICINAL PRODUCTS
IN HUMANITARIAN MEDICINE ACT

(PROM. – SG 71/08, IN FORCE FROM 12.08.2008)

§ 75. This Act shall enter into force from the day of its promulgation on the State Gazette, except for the provision of § 64q item 2, which shall enter into force from 14 April 2008, and of the provisions of § 9, item 4, § 41, 42 and 43, which shall enter into force from 26 July 2008.

Transitional and concluding provisions
TO THE ACT ON THE STATE BUDGET OF THE REPUBLIC OF BULGARIA FOR 2009

(PROM. – SG 110/08, IN FORCE FROM 01.01.2009)

§ 104. This Act shall enter into force from 1 January 2009 except § 100, Item 7 which shall enter into force from 1 April 2009, if the conditions of § 102 have been fulfilled.

Transitional and concluding provisions
TO THE ACT ON THE DEFENCE AND ARMED FORCES

(PROM. - SG 35/09, IN FORCE FROM 12.05.2009)

§ 46. The Act shall enter into force from the date of its promulgation in the State Gazette.

Transitional and concluding provisions
TO THE HEALTH ACT

(PROM. – SG 41/09, IN FORCE FROM 02.06.2009)

§ 72. The following amendments and supplementations shall be made in the Health Act:

.....

§ 8. The words "Directorate "Specialized Medical Supervision" shall be replaced by "Executive Agency "Medical Inspectorate" everywhere in the Law.

§ 96. The Act shall enter into force from the date of its promulgation in the State Gazette, except for the following:

1. paragraphs 3, 5, 6 and 9, which shall enter into force from 1 January 2009;
2. paragraphs 26, 36, 38, 39, 40, 41, 42, 43, 44, 65, 66, 69, 70, 73, 77, 78, 79, 80, 81, 82, 83, 88, 89 and 90, , which shall enter into force from 1 July 2009;
3. paragraph 21, , which shall enter into force from 1 June 2010.

Transitional and concluding provisions
TO THE ACT ON THE STATE BUDGET OF THE REPUBLIC OF BULGARIA IN 2010

(PROM. – SG 99/09, IN FORCE FROM 01.01.2010)

§ 84. The Act shall enter into force from 1 January 2010, except for § 80, which shall enter into

force from 15 December 2009.

Transitional and concluding provisions
TO THE ACT ON THE BUDGET OF THE STATE SOCIAL INSURANCE IN 2010

(PROM. – SG 99/09, IN FORCE FROM 01.01.2010)

§ 12. The Act shall enter into force from 1 January 2010, except for § 4, which shall enter into force from the day of its promulgation in the State Gazette.

Transitional and concluding provisions
TO THE ACT ON THE BUDGET OF THE NATIONAL HEALTH INSURANCE FUND IN 2010

(PROM. – SG 99/09, IN FORCE FROM 01.01.2010)

§ 11. The Act shall enter into force from 1 January 2010.

Transitional and concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTATING THE HEALTH INSURANCE ACT

(PROM. - SG 101/09, IN FORCE FROM 18.12.2009; AMEND. – SG 19/10, IN FORCE FROM 28.02.2010;AMEND. – SG 59/10, IN FORCE FROM 31.07.2010;AMEND. - SG 62/10, IN FORCE FROM 10.08.2010)

§ 65. (1) Within two months from the entry into force of this Act the National Assembly shall elect a Director of NHIF under the terms and following the procedure herein and the decision shall be promulgated in the State Gazette.

(2) The mandate of the NHIF Director which has not expired by the date of entry into force of this Act shall be discontinued from the date of promulgation of the decision under para 1 in the State Gazette.

§ 66. (1) Within 20 days from 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 Art. 13 shall designate their representatives to the NHIF supervisory board and shall inform the NHIF Director of the elected representatives.

(2) The organizations under para 1 which have not managed to designate representatives to the Supervisory Board in compliance with the requirements and procedures laid down in this Act shall be entitled to take part in it after designating them. The sittings of the NHIF supervisory board shall be considered legitimate without their participation if the quorum requirements set out in Art. 16, para 3 are met.

(3) Within 14 days from the promulgation of the decision under § 65, para 1 the NHIF supervisory board shall be established in accordance with the requirements of this Act by summoning and holding its first sitting.

(4) The first sitting of the NHIF supervisory board under para 3 shall be summoned by the NHIF Director shall send invitations to the board members of the elected according to the procedure of para 1 within 7 days from the promulgation of the decision under § 65, para 1.

(5) The powers of the previous members of the NHIF management bodies - the assembly of representatives, the managing board and the control board, shall be terminated with the constitution of the NHIF supervisory board as set out in para 3.

§ 67. (1) (amend. - SG 62/10, in force from 10.08.2010) Within three months from the entry into force of this Act the Governor of NHIF shall announce and hold the competitions for the positions of RHIF Directors under the terms of Art. 15, para 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 para 1 for the respective position but no longer than three months from the entry into force of this Act.

§ 68. (1) For the carrying out of the activities laid down in this Act, in 2010 the National Frame 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 physicians and dental medicine doctors. The agreement shall be signed by the Minister of Health and promulgated in the State Gazette by 29.12.2009.

(2) The National Frame Agreement under para 1 shall include 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 under Art 45;

3. the conditions and procedure for rendering the care under para 2;

4. the volume, prices and methodology for payment of the medical assistance under para 2;

5. the quality and accessibility of the contracted medical assistance;

6. documentation and documentation flow;

7. the duties of the parties in relation to provision of information and information exchange;

8. other issues which of importance for health insurance.

(3) If no National Framework Agreement is signed under the terms of para 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 of Art. 55, para 2, items 2, 4, 6 and 7 of the Health Insurance Act (prom. - SG 8/09; amend. - SG 37 and SG 43/09) except for the provisions on:

1. the lists of the medical items and dietetic food 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 food for special medical purposes;

2. the conditions and terms for supervision on performance of the contracts;

3. sanctions in the cases of non-performance.

(4) (amend. - SG 62/10, in force from 10.08.2010) The powers of the managing board provided for in the acts under para 1 and para 3 shall be carried out by the supervisory board or by the Governor of NHIF in line with the powers laid down in this Act.

§ 69. (In force from 01.01.2010 - SG 101/09; amend. – SG 19/10, in force from 28.02.2010) The persons whose obligation for insurance under Art. 40, para 5 has been effected before 01.01.2010 shall be obliged to submit declarations as per Art. 40, para 5, item 2 by 30 June 2010.

§ 70. (1) The litigations which have been initiated before 01.01.2010 for the imposition of sanction by the NHIF control bodies shall be continued by the same bodies following the previous procedure used until then.

(2) The litigations which have been initiated before 01.01.2010 for protesting imposed sanctions shall be continued following the previous procedures used until then.

§ 71. In case of non-execution of the income of the NIHF budget for 2009, the deduction of the positive balance shall be at the expense of operations in the funding part, including changes in funds in accounts.

.....

§ 77. The Act shall enter into force from the date of its promulgation in the State Gazette, except for:

1. paragraphs 4, 5, 10 (in relation to Art. 15, para 1, item 2), 26, 27 (item 1, letter "b", items 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 (items 3, 4, 5, 6, 7 and 8), 73 and 75, which shall enter into force from January the 1st 2010;

2. paragraphs 25 and 27, item 1, letter "a", which shall enter into force from January the 2nd 2010;

3. paragraph 63, which shall enter into force from February the 1st 2010;

4. paragraph 36 (in relation to Art. 55c), which shall enter into force from January the 1st 2011;

5. paragraphs 31 and 43 (т. 1), which shall enter into force from January the 1st 2012;

6. paragraph 27, item 3, which shall enter into force from January the 1st 2013;

7.(revoked – SG 59/10, in force from 31.07.2010)

Transitional and concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTATING THE CODE OF SOCIAL
INSURANCE

(PROM. – SG 19/10)

§ 17. Paragraph 2 shall enter into force 6 months after entry into force of this Act and shall apply also to posted persons subject to the Bulgarian legislation that is applicable pursuant to Regulation (EEC) No 1408/71 of the Council of 14 June 1971 on the application of social security schemes to employed persons and their families moving within the Community, and § 16, Item 2 shall enter into force from 28 February 2010.

Concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTATING THE CODE OF SOCIAL

INSURANCE

(PROM. – SG 49/10, IN FORCE FROM 01.07.2010)

§ 10. This Act shall enter into force from 1 July 2010.

Concluding provisions

TO THE ACT AMENDING AND SUPPLEMENTATING THE CODE OF SOCIAL INSURANCE

(PROM. – SG 58/2010, IN FORCE FROM 30.07.2010)

§ 25. This Act shall enter into force from the day of its promulgation in the State Gazette except for:

Paragraph 21, item 1, which shall enter into force from 1st January 2011;

Paragraph 11 and § 21, item 4, letter "a", which shall enter into force from 1st January 2012.

Concluding provisions

TO THE ACT AMENDING AND SUPPLEMENTATING THE MEDICAL ESTABLISHMENTS ACT

(PROM. – SG 59/2010, IN FORCE FROM 31.07.2010)

§ 77. This Act shall enter into force from the day of its promulgation in the State Gazette, except for:

Paragraphs 9 (regarding Art. 10, Para 4), 53, 60 and 66 (regarding Art. 98, Para 5 and 6), which shall enter into force from 1st January 2011;

Paragraph 75, which shall enter into force from 30 September 2011.

ACT AMENDING AND SUPPLEMENTATING THE HEALTH INSURANCE ACT

(PROMULGATED – SG 62/2010, IN FORCE FROM 10.08.2010)

§ 7. In the rest of the texts of the Act, the words "Director of National Health Insurance Fund", and "Director of NHIF" shall be respectively replaced by "Governor of National Health Insurance Fund" and "Governor of NHIF".

Transitional and concluding provisions

TO THE ACT AMENDING AND SUPPLEMENTATING THE HEALTH INSURANCE ACT

(PROMULGATED – SG 62/2010, IN FORCE FROM 10.08.2010)

§ 12. (1) Powers of the Governor of the NHIF shall be executed by the actual before the moment of entering into force of this Act Director till the elapse of his/her mandate.

(2) The labour contracts of the actual Deputy Directors before the moment of entering of this Act into force shall be terminated with notification as per Art. 328, Para 1, item 2 of the Labour Code.

.....

§ 18. This Act shall enter into force on the day of its promulgation in the State Gazette, except for:

1. Paragraph 6, which shall enter in force from 1st of January, 2011;
2. Paragraph 8, which shall enter into force from 30th of September 2011.

Transitional and concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTATING THE ACT ON PREVENTION
AND FINDINGS OF CONFLICTS OF INTERESTS

(PROM. - SG 97/10, IN FORCE FROM 10.12.2010)

§ 61. The Act shall enter into force from the date of its promulgation in the State Gazette, except for:

1. paragraph 11 regarding Art. 22a – 22e, which shall enter into force from January 1, 2011;
2. paragraphs 7, 8, 9, § 11 regarding Art. 22f – 22i and § 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22 and 23, which shall enter into force from April 1, 2011.

Transitional and concluding provisions
TO THE ACT ON THE STATE PUBLIC INSURANCE BUDGET FOR THE YEAR 2011

(PROM. - SG 98/10, IN FORCE FROM 01.01.2011)

§ 10. The Act shall enter into force from January 1, 2011.

Transitional and concluding provisions
TO THE ACT ON THE BUDGET OF THE NATIONAL HEALTH INSURANCE FUND
FOR THE YEAR 2011

(PROM. - SG 98/10, IN FORCE FROM 01.01.2011)

§ 15. The Law shall enter into force from January 1, 2011, except for § 10, which shall enter into force from the date of its promulgation in the State Gazette.

Transitional and concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTATING THE HEALTH ACT

(PROM. - SG 98/10, IN FORCE FROM 01.01.2011)

§ 121. The Act shall enter into force from January 1, 2011, except for the following:

1. paragraphs 1, 16, 20, 29, 30, 32, 33, 34, 35, 42, 44, § 56, item 1 and 2, § 65, 68, 70, 76, 80, 81, 90, 92, 96, § 102, item 3, 4, 5, 7 and 8, § 105, item 1, 3 and 5, § 107, item 1, 2, 3, 4, 6, letter "a", item 7, 10, 11, 13 and 15, letter "a", § 109, 110, 112, 113, § 115, item 5, § 116, item 4 and 6, § 117, item 5 and 7 and § 118, item 1, which shall enter into force from the date of its promulgation in the State Gazette;
2. paragraph 102, item 1, 2 and 6, which shall enter into force from March 1, 2011;
3. paragraphs 22, item 1 (regarding Art. 36, para 1, sentence two), § 37, § 48, item; 2, § 51 and 59, which shall enter into force from July 1, 2011;
4. paragraph 107, item 15, letter "b", which shall enter into force from September 30, 2011.

Transitional and concluding provisions
**TO THE ACT AMENDING AND SUPPLEMENTATING THE ELECTRONIC
DOCUMENT AND ELECTRONIC SIGNATURE ACT**

(PROM. - SG 100/10, IN FORCE FROM 01.07.2011)

§ 54. The Act shall enter into force from July 1, 2011, except for the provision of § 31 regarding Art. 38, para 4, which enter into force from the date of its promulgation in the State Gazette.

Transitional and concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTATING THE SOCIAL

(PROM. - SG 100/10, IN FORCE FROM 01.01.2011; AMEND. - SG 60/11, IN FORCE FROM 05.08.2011)

§ 65. The Law shall enter into force from January 1, 2011, except for:

1. paragraphs 32, 33 and 36 which enter into force from January 1, 2013;
2. paragraph 51, which enter into force from January 1, 2012.

Transitional and concluding provisions
**TO THE ACT AMENDING AND SUPPLEMENTATING THE MEDICINAL PRODUCTS
IN HUMAN MEDICINE ACT**

(PROM. - SG 60/11, IN FORCE FROM 05.08.2011)

§ 84. The Act shall enter into force from the date of its promulgation in the State Gazette, except for § 65, which enter into force from September 30, 2011.

Transitional and concluding provisions
TO THE ACT ON THE BUDGET OF THE NATIONAL HEALTH INSURANCE FUND IN
2012

(PROM. – SG 99/11, IN FORCE FROM 01.01.2012)

§ 12. This Act shall enter into force from 1 January 2012 except for § 10, Item 6, Letter "b", which shall enter into force from the day of its promulgation in the State Gazette.

Transitional and concluding provisions
TO THE ACT ON THE BUDGET OF THE STATE PUBLIC INSURANCE IN 2012

(PROM. – SG 100/11, IN FORCE FROM 01.01.2012)

§ 13. This Act shall enter into force from 1 January 2012 except for § 8, Item 2, which shall enter into force from the day of its promulgation in the State Gazette.

Transitional and concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTING THE CIVIL SERVANTS ACT

(PROM. - SG 38/12, IN FORCE FROM 01.07.2012)

§ 84. (In force from 18.05.2012) Within one month from the promulgation of the Act in the State Gazette:

1. the Council of Ministers shall bring the Classifier of Administration Positions in compliance with this Act;
2. the competent authorities shall bring the statutory rules of the respective administration in compliance with this Act.

§ 85. (1) Legal relations with the persons from administrations under the Radio and Television Act, the Independent Financial Audit Act, the Electronic Communications Act and the Financial Supervision Commission Act, Act on Access to and Disclosure of the Documents and Announcing Affiliation of Bulgarian Citizens with the State Security Service and the Intelligence Services of the Bulgarian Popular Army, Confiscation by the State of Proceeds of Crime, Act on Prevention and Findings of Conflict of Interests, Code of Social Insurance, Health Insurance Act, Agricultural Producers Assistance Act and the Roads Act shall be regulated under the terms and following the procedure of § 36 of the Transitional and Final provisions of the Act Amending and Supplementing the State Servant Act (SG 24/06).

(2) By the act appointing the civil servant shall be:

1. awarded the minimum rank for the position occupied defined in the Classifier of Administration Positions, unless the civil servant has a higher rank;
2. determined the individual basic monthly salary.

(3) The funds additionally needed for insurance installments of the persons referred to in para 2 shall be provided within the costs for salaries, remuneration and insurance installments of the budgets of the respective budget credit spending units.

(4) The Council of Ministers shall carry out the changes required in the extra-budgetary account of State Fund Agriculture according to this Act.

(5) The managing bodies of the National Insurance Institute and the National Health Insurance Fund shall carry out the changes requires according to this Act in the respective budgets.

(6) Unused leaves under employment relationships shall be retained and may not be compensated by cash benefits.

§ 86. (1) Within one month from entry into force of this Act the individual basic monthly salary of the employee shall be determined in such a manner as to ensure that the said salary, reduced by the tax due and the mandatory insurance installments at the expense of the insured person, if they were due, is not lower than the gross monthly salary received hitherto, reduced by the mandatory insurance installments due at the expense of the insured person, if they were due, as well as by the tax due.

(2) The gross salary under para 1 shall include:

1. the basic monthly salary or basic monthly remuneration;
2. bonuses paid regularly along with the basic monthly salary or basic monthly remuneration due, which are related solely to the hours worked off.

§ 87. The Act shall enter into force from July 1, 2012 except for § 84, which shall enter into force from the date of its promulgation in the State Gazette.

Transitional and concluding provisions

TO THE ACT AMENDING AND SUPPLEMENTING THE HEALTH INSURANCE ACT

(PROM. - SG 60/12, IN FORCE FROM 07.08.2012; AMEND. AND SUPPL. - SG 20/13)

§ 28. Till the Decree under Art. 37, para 1 enters into force shall be applied the existing para 1 of the same Art..

§ 29. (1) Within one year after the entry into force of this Act existing health insurance companies having a license for voluntary health insurance activity pursuant to the Health Insurance Act shall bring their activity in compliance with the Insurance Code and shall submit applications for a insurance license under item 1 or item 2 of Section II, letter "A" of Appendix 1 of the Insurance Code, to the Financial Supervision Commission.

(2) Financial Supervision Commission can refuse to issue a license on the grounds laid down in Art, 34 of the Insurance Code.

(3) Licenses for voluntary health insurance issued prior to the entry into force of this Act shall be valid until the activity is brought in compliance with the Insurance Code and the Financial Supervision Commission rules, respectively till the term for bringing the activity of existing health insurance companies in compliance with the Insurance Code expires and no evidence has been provided that the activity is bought in compliance with the Insurance Code.

(4) No state fee shall be due for the issuance of a license under para 1 by health insurance companies.

§ 30. (amend. And suppl. - SG 20/13) Until the existing health insurance companies having a

license for voluntary health insurance activity pursuant to the Health Insurance Act obtain insurance license, respectively till the term for bringing the activity of existing health insurance companies in compliance with the Insurance Code under § 29, para 1 expires, they shall operate under the current procedure, and apply provisions of the repealed Art. 81 – 88, Art. 89 – 90d, Art. 90f, Art. 90h – 97c, Art. 99b, Art. 99c, Art. 99f – 99n and Art. 106b. As regards to investments of technical reserves of a health insurance company, the Insurance Code shall apply.

§ 31. (1) Within the one-month term under § 29, para 1 the existing health insurance companies that have not brought their activity in compliance with the Insurance Code, shall submit to the Financial Supervision Commission an application for:

1. transformation through merger with or takeover by an insurer that has obtained insurance license under Section II of Appendix No 1 of the Insurance Code, including for transfer of all or part of its portfolio of health insurance contracts in the transformation procedure, or

2. transfer of the entire portfolio of health insurance contracts or parts thereof to an insurer holding a license under item 2 or item 1 and 2 of Section II, letter "A" of Appendix 1 of the Insurance Code, apart from the procedure under item 1, and for initiation of a termination procedure, or

3. termination of business operations under the Insurance Code, regardless of whether the existing health insurance company has transferred its portfolio of health insurance contracts, or not.

(2) Applications under para 1 shall also be submitted in the term fixed in § 29, para 1.

(3) After the transfer of the portfolio of health insurance contracts of an insurer, these contracts shall be deemed as insurance agreements under item 2 of Section II, letter "A" of Appendix 1 of the Insurance Code, provided that all the terms therein are preserved.

(4) The existing health insurance companies that have not brought their activity in compliance with the Insurance Code within the term under § 29, para 1 or have not submitted an application within the term under para 1 or para 2, shall be subject to compulsory winding up pursuant to Art. 123 of the Insurance Code.

(5) Termination of procedures for transformation, health insurance contracts portfolio transfer, liquidation and insolvency shall be carried out pursuant to the Insurance Code.

§ 32. (1) Contracts for voluntary health insurance which are effective by the date of entry into force of this Act shall retain their effect till the expiry of their term, however for not more than a year after the entry into force of this Act.

(2) Where a health insurance agreement, which is effective by the entry into force of this Act, expires on the day preceding the day in which expires the one-year time period from entry into force of this Act, the said agreement may be renewed for a further period not exceeding one year from the entry into force of this Act, unless by the day of renewal the voluntary health insurance company carrying out the contract renewal has obtained insurance license pursuant to § 29.

(3) Para 2 shall apply respectively when entering into new health insurance agreements.

(4) (new - SG 20/13) Articles 65a, 104a and § 11b of the Transitional and Final provisions of the Insurance Code shall apply to voluntary health insurance contracts under para 1, 2 and 3.

§ 33. The contracts under Section I, items 4 and 6 as well as those under Section II, letter "A", item 2 of Appendix No 1 Of the Insurance Code, which are effective by the date of entry into force of this Act, shall retain their effect till expiration of their term, provided that their duration may not be further extended.

§ 34. (1) The National Health Insurance Fund shall negotiate the price of medical devices designated for diseases included in the list of the Ordinance under Art. 45, para 3, under terms and following a procedure, approved by the Supervisory board of NHIF, upon proposal by the manager of NHIF.

(2) The National Health Insurance Fund shall negotiate the price of medical devices, which are to be paid in terms of hospital care under conditions and procedure approved by the Supervisory board of NHIF, upon proposal by the manager of NHIF.

(3) The prices negotiated pursuant to para 1 shall be paid up by the NHIF till completion of the procedure for calculation of the price to which NHIF pays up medical devices of a certain group pursuant to the Ordinance under Art. 30a, para3 of the Medical Devices Act.

.....

§ 44. The Act shall enter into force from date of its promulgation in the State Gazette.

Transitional and concluding provisions

TO THE ACT AMENDING AND SUPPLEMENTING THE VALUE ADDED TAX ACT

(PROM. - SG 94/12, IN FORCE FROM 01.01.2013)

§ 49. The health insurance instalments of persons, who have submitted declarations under Art.40, Para 5, Item 2 of the Health Insurance Act prior to the entry of this Act into force, shall be determined on the basis of one half of the minimum insurance income applicable to self-insured persons as fixed by the Act on Public Social Insurance Budget. Persons who at their own choice wish to insure themselves on the basis of an insurance income, exceeding one half of the minimum insurance income applicable to self-insured persons as fixed by the Act on Public Social Insurance Budget, shall submit new declarations by January 31, 2013.

§ 50. Art. 41, Para 2 of the Health Insurance Act shall also apply to unpaid liabilities, the payment deadline for which has expired before the entry into force of this Act.

§ 65. Act shall enter into force as of January 1, 2013, except for § 61, item 2, letter "a", items 3, 4 and 6, item 7 – as regards to Art. 86, para 7, item 9 and § 64, which shall enter into force from date of its promulgation in the State Gazette, § 61, item 5, item 7 - as regards to Art. 86, para 5 and 6, and item 8, which shall enter into force from April 1, 2013, and § 47, item 9, letter "c" - as regards to Art. 159, para 5, and item 11, which shall enter into force from July 1, 2013.

Transitional and concluding provisions

TO THE ACT ON THE NATIONAL HEALTH INSURANCE FUND BUDGET FOR THE YEAR 2013

(PROM. - SG 101/12, IN FORCE FROM 01.01.2013)

§ 1. Health insurance income over performance under Art. 1, para 1, line 1 shall be allocated among health insurance payments following a procedure set out by the Supervisory board of NHIF.

§ 2. By the end of each month, the Ministry of Health shall provide a transfer to the budget of NHIF under Art. 1, para 1, line 5 amounting to commitment to health institutions for the obstetric care provided pursuant to Art. 82, para 1, item 2 of the Health Act and for financing the costs for vaccines under national cervical cancer prevention programmes regarding specific population under Art. 82, para 2, item 3 of the Health Act. The funds shall be accounted pursuant to Art. 1, para 2, line 1.1.3.5.3 and line 1.1.3.7.1 of the NHIF budget.

§ 3. Target subsidies under Art. 23, para 1, item 11 of the Health Insurance Act, other than the ones under Art. 1, para 1 in relation to fulfilment of obligations, ensuing from the implementation of the rules on coordination of social security systems and referring to benefits in kind other than medical care under Art. 45 of the Health Insurance Act, shall be granted to the NHIF budget from the republican budget via the budget of the Ministry of Health. The amounts under Art. 1, para 2, lines 1, 1.1.3, 1.1.3.8 and 1.1.3.8.1 shall be increased by the costs incurred for the said compensations.

§ 4. The funds under hospital care agreements, concluded between budget credit administrators and NHIF shall be accounted as transfers under Art. 1, para 2, line 2.

§ 5. The estimates of the amounts due by the NHIF budget to the National Revenue Agency budget according to the requirements under Art. 24, item 6 of the Health Insurance Act, shall be carried out by the end of each calendar month and shall amount to 0,2 percent on instalments accumulated during the preceding month. The amounts shall be accounted as transfers between budget accounts under Art. 1, para 2, line 2.

§ 6. NHIF Supervisory board shall be entitled to carry out internal offset changes of credits between items of expenditures and transfers, in total, pursuant to Art. 1, para 2, which are within the framework of the approved budget, except for the staff costs under Art. 1, para 2, 1.1.1.

§ 7. On the grounds of Art. 26, para 2 of the Health Insurance Act NHIF Supervisory board shall be entitled to spend funds from the reserve, including unexpected and urgent expenditures under Art. 1, para 2, line 1.3.

§ 8. NHIF Supervisory board may decide proceeds from sale of tangible fixed assets to be used to acquire such assets over the approved cost of the art. 1, para 2, line 1.2.

§ 9. (1) NHIF Supervisory board shall, upon proposal by the manager of NHIF, approve by individual paragraphs the required changes in the costs incurred by NHIF and financed by funds from transfers of the Ministry of Health, that have not been covered by this Act, without unbalancing the NHIF budget.

(2) Transfers by Ministry of Health under para 1 shall refer to persons with no health insurance and shall include the following:

1. activities related to outpatient follow-up of patients with mental disorders;
2. activities related to outpatient follow-up of patients with skin and venereal diseases;
3. intensive treatment;

4. prophylactic examination and tests for all uninsured women regardless of the delivery method according to Art. 82, para 1, item 2 of the Health Act.

(3) The amount of the transfers under para 2 shall be fixed and provided by the Ministry of Health for uninsured persons under terms and following a procedure set out by the Minister of Health and the manager of NHIF.

§ 10. Vaccines for obligatory immunizations and reimmunizations provided by the Ministry of Health in 2012 shall be financed by the Ministry of Health in 2013 by the previous order till the NHIF covers them, however not later than April 1, 2013.

§ 11. (1) Healthcare establishments, financed by the Ministry of Health according to the Subsidisation Methodology for Healthcare Establishments in the year 2012, shall be subsidized by the Ministry of Health in 2013 according to the previous order, provided that by 31st of December 2012 the said establishments have provided their accounts in compliance with the concluded agreements for the operations that are transferred to NHIF funding in 2013.

(2) The activities under para 1 shall be financed by the Ministry of Health once the final amount of the grant is fixed for the fourth quarter of 2012.

§ 12. (1) The funds for medicinal products under Art. 4, item 1 of the War Veterans Act and those under Art. 15, para 1 and 2 of the War Invalids and Victims Act in the year 2013 shall be at the expense of the state budget and shall be paid up by the Social Support Agency via NHIF.

(2) The Social Support Agency shall transfer to NHIF the funds required to pay off the resources requested by pharmacies contracted with NHIF in order to provide medicinal products to war veterans, war invalids and victims.

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§ 16. The Act shall enter into force as of January 1, 2013.

Transitional and concluding provisions
TO THE ACT ON THE STATE BUDGET OF REPUBLIC OF BULGARIA FOR THE
YEAR 2013

(PROM. - SG 102/12, IN FORCE FROM 01.01.2013)

§ 78 The Act shall enter into force as of January 1, 2013, except for paragraphs 61, 68 and 73, which shall enter into force from date of its promulgation in the State Gazette.

Transitional and concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTING THE MEDICINAL PRODUCTS IN
HUMAN MEDICINE ACT

§ 138. The Act shall enter into force from date of its promulgation in the State Gazette , , except for:

1. paragraph 9, т. 1, letter "a", § 29 - 36, § 38 - 43, § 44 regarding Art. 167a, 167b, 167c, 167d, 167e, Art. 167e, para 1 and para 2, item 1 and Art. 167h, § 65 - 76, § 98, item 1 and 2, § 101, item 1, letters "a" and "b", § 102, 103, 106 - 108, 111, 116, § 117, item 1, letters "a", "f", "g" and "l", which shall enter into force as of January 2, 2013;

2. paragraphs 20 и 117, т. 2, which shall enter into force as of April 1, 2013;

3. paragraph 44 regarding Art. 167f, para 2, item 2 and para 3 and Art 167g, which shall enter into force as of July 2, 2013.

Concluding provisions

TO THE ACT SUPPLEMENTING THE HEALTH INSURANCE ACT

(PROM. - SG 4/13, IN FORCE FROM 15.01.2013)

§ 5. The Act shall enter into force from the date of its promulgation in the State Gazette.

Transitional and concluding provisions

TO THE LAW ON THE PUBLIC FINANCE

(PROM. - SG 15/13, IN FORCE FROM 01.01.2014)

§ 123. This Law shall enter into force from 1 January 2014 except § 115, which shall enter into force from 1 January 2013, and § 18, § 114, § 120, § 121 and § 122, which shall enter into force from 1 February 2013.

Concluding provisions

TO THE ACT AMENDING AND SUPPLEMENTING THE VALUE ADDED TAX ACT

(PROM. – SG 23/13, IN FORCE FROM 08.03.2013)

§ 14. This Act shall enter into force from the day of the promulgation of the Act in the State Gazette.

Transitional and concluding provisions

TO THE ACT OF THE NATIONAL HEALTH INSURANCE FUND BUDGET IN 2014

(PROM. – SG 106/13, IN FORCE FROM 01.01.2014)

§ 19. This Act shall enter into force on 1 January 2014, except for § 15, which shall enter into force from the day of the promulgation of the Act in the State Gazette.

Transitional and concluding provisions

TO THE ACT AMENDING AND SUPPLEMENTING THE SOCIAL INSURANCE CODE

(PROM. – SG 1/14, IN FORCE FROM 01.01.2014)

§ 12. This Act shall enter into force on 1 January 2014.

Transitional and concluding provisions

TO THE ACT AMENDING AND SUPPLEMENTING THE HEALTH ACT

(PROM. – SG 1/14, IN FORCE FROM 01.01.2014)

§ 17. Within one month after entering of this Act into force the Minister of Health shall issue the Ordinances, referred to in:

1. Art. 37, par. 8, Art. 52 and Art. 114a, par. 2;
2. Art. 80f, par. 4 of the Health Insurance Act.

.....

§ 19. This Act shall enter into force on the day of its promulgation in State Gazette.

Transitional and concluding provisions

**TO THE ACT AMENDING AND SUPPLEMENTING THE TAX INSURANCE
PROCEDURE CODE**

(PROM. – SG 18/14, IN FORCE FROM 04.03.2014)

§ 7. This Act shall enter into force from the day of its promulgation in the State Gazette.

Concluding provisions

**TO THE ACT AMENDING AND SUPPLEMENTING THE LAW FOR MILITARY
DISABLED AND BATTLE-SCARRED PERSONS**

(PROM. – SG 54/14, IN FORCE FROM 01.07.2014)

§ 8. This Act shall enter into force from the day of its promulgation in the State Gazette.

Transitional and concluding provisions

**TO THE ACT ON THE BUDGET OF THE NATIONAL HEALTH INSURANCE FUND
FOR THE YEAR 2015**

(PROM. – SG 107/14, IN FORCE FROM 01.01.2015)

§ 13. The Act shall enter into force from January 1, 2015.

Transitional and concluding provisions
TO THE ACT ON THE BUDGET OF STATE PUBLIC NSURANCE FUND FOR THE
YEAR 2015

(PROM. – SG 107/14, IN FORCE FROM 01.01.2015)

§ 10. The Act shall enter into force from January 1, 2015, except for § 3, item 5, letter "b", item 18 and 31, which shall enter into force from January 1, 2016.

Transitional and concluding provisions
TO THE ACT OF AMENDMENT AND SUPPLEMENTING OF THE HEALTH
INSURANCE ACT

(PROM. – SG 48/15)

§ 40. (1) The Minister of Health shall determine the criteria under Art. 45, Para 3 within three months from entry into force of the present Act.

(2) The Supervisory Board of the NHIF shall approve the list under Art. 45, Para 4 within three month from determining the criteria under Para 1.

(3) Within one month from entry into force of the list under Art. 45, Para 4 the National council of prices and reimbursement of the medicinal products shall remove *ex officio* from the Positive list the medicinal products for treatment of diseases, which are not included in the list.

(4) The National Health Insurance Fund shall pay the medicinal products, the medical articles and the dietetic foods for special medical purposes for the diseases referred to in the ordinance under the heretofore effective Art. 45, Para 3, which have been prescribed before the expiry of the term under Para 3.

(5) The appeal of the acts and actions of the National council of prices and reimbursement of medicinal products under Para 3 shall not suspend their execution.

§ 41. Until the specification of a basic and additional package as set out in Art. 45, Para 2 shall apply the basic package, effective at the time of entry into force of the present Act.

§ 42. (1) In respect of medicinal products under Art. 45, Para 10, 13 and 19, included in the Positive list of medicines, of which no discounts have been agreed, shall be negotiated discounts within 6 months from entry into force of the present Act.

(2) Within one month from expiration of the term under Para 1 the National council of prices and reimbursement of the medicinal products shall remove *ex officio* from the Positive list the medicinal products, of which no discounts have been agreed.

(3) The appeal of the acts and actions of the National council of prices and reimbursement of medicinal products under Para 2 shall not suspend their execution.

§ 43. by virtue of contracts between medical establishments and supplier of medicinal products for treatment of malignancies under conditions of hospital medical care, the NHIF shall pay the price of the medicinal products, irrespective whether discounts have been agreed for them, by the expiration of the term agreed in the contracts at the time of entry into force of the present Act, but not later than 6 months.

§ 44. (1) The national framework agreements, the ranges and prices of the medical and dental activities, the methodologies of assessment and payment of the medical care and the decisions under Art. 54, Para 8 and/or 9, effective at the time of entry into force of the present Act, shall apply until the adoption of new national framework agreements.

(2) Until the adoption of new national framework agreements the NHIF shall pay the medical care under Art. 55, Para 2, Item 2 within the ranges effective at the time of entry into force of the present Act.

§ 45. (1) Until the adoption of new national framework agreements under Art. 53, Para 1 the checks by the financial inspectors, the physician-controllers and the dental medicine physicians-controllers, the imposition of sanctions and their appeal shall be carried out under the order affective up until now.

(2) The checks under Para 1, the imposition of sanctions and their appeal, which have commenced before adoption of new national framework agreements under Art. 53, Para 1, shall be ended under the order in effect up until now.

§ 46. (1) Within three months from entry into force of the present Act the medical research companies shall submit to the National council of prices and reimbursement of the medicinal products the guidelines and algorithms under Art. 259, Para 1, Item 4 of the Act on the Medicinal Products in the Human Medicine.

(2) Where the medical research companies fail to submit the guidelines and algorithms under Art. 259, Para 1, Item 4 of the Act on the Medicinal Products in the Human Medicine within the time limit specified in Para 1, the National council of prices and reimbursement of the medicinal products shall organise their preparation by the national consultants or other medical specialists experienced in the respective sphere.

(3) The National council of prices and reimbursement of the medicinal products shall approve the guidelines and algorithms under Art. 259, Para 1, Item 4 of the Act on the Medicinal Products in the Human Medicine within three months from the expiry of the term under Para 1.

§ 47. (1) Within three months from the entry into force of the present Act the Minister of Health shall issue the ordinance referred to in Art. 262, Para 4 of the Act on the Medicinal Products in the Human Medicine.

(2) Within 6 months from entry into force of the present Act into the Positive list of medicines may be included medicinal products with novel international non-patent names, without assessment of the health technologies.

§ 48. Paragraph 9, Item 2 shall enter into force from 1 January 2016, and § 37 shall enter into force 6 months following the promulgation of the Act in the State Gazette.

Concluding provisions

TO THE ACT AMENDING AND SUPPLEMENTING THE LABOUR CODE

(PROM. - SG 54/15, IN FORCE FROM 17.07.2015)

§ 30. This Act shall enter into force from the day of its promulgation in the State Gazette.

Transitional and concluding provisions

TO THE ACT AMENDING AND SUPPLEMENTING THE CODE OF SOCIAL INSURANCE

(PROM. - SG 61/15, IN FORCE FROM 01.01.2016)

§ 60. This Act shall enter into force as of January 1, 2016, except the following:

1. paragraph 3 regarding Art. 4a, para 3, item 6, § 4, § 7 regarding Art. , para 3, item 10, § 8, item 2 as regards to the amendment in Art. 9, para 6, § 16, § 25, items 5 - 9, § 31 - 36, § 47 - 51, § 54, § 55,

§ 56, item 2 as regards to the amendment in Art. 40, para 3, item 9, which shall enter into force three days after its promulgation in the State Gazette;

2. paragraph 45, which shall enter into force 12 months after its promulgation in the State Gazette;

3. paragraph 57, which shall enter into force as of April 1, 2015;

4. paragraph 58, which shall enter into force as of July 17, 2015.

**Transitional and concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTING THE MEDICAL
ESTABLISHMENTS ACT**

(PROM. - SG 72/15)

§ 72. Paragraph 24, item 3 and § 67, item 2 shall enter into force from January 1, 2016.

**Transitional and concluding provisions
TO THE STATE INTELLIGENCE AGENCY ACT**

(PROM. - SG 79/15, IN FORCE FROM 01.11.2015)

§ 31. This Act shall enter into force from 1st of November 2015, with the exception of § 17 it. 4 according to Art. 69, which shall enter into force from 1st of January 2016.

**Transitional and concluding provisions
TO THE ACT ON THE BUDGET OF THE NATIONAL HEALTH INSURANCE FUND
FOR 2016**

(PROM. - SG 98/15, IN FORCE FROM 01.01.2016)

§ 13. The effect of the National framework agreement for the medical activities for 2015 (SG 06/15) and the National framework agreement for the dental activities for 2015 (SG 06/15) shall be extended until 31 March 2016, except in the cases referred to in Art. 54, Para 8 of the Health Insurance Act, where their effect shall be extended until the adoption of new national framework contracts.

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§ 16. This Act shall enter into force on 1 January 2016.

Transitional and concluding provisions

TO THE INSURANCE CODE

(PROM. - SG 102/15, IN FORCE FROM 01.01.2016)

§ 50. (1) This Code shall enter into force on 1 January 2016, except of Art. 547, Para 8, which shall enter into force on 1 July 2016.

(2) By 1 July 2016 the exchange of information under Art. 574, Para 3 - 7 shall be carried out on weekly basis, where each first working day of the week:

1. the Ministry of Interior and the Executive Agency "Automobile Administration" shall provide to the Information Centre up-to-date information under Art. 574, Para 3 and 4;

2. the Information Centre shall provide to the Ministry of Interior and the Executive Agency "Automobile Administration" up-to-date information under Art. 574, Para 5 - 7.

Transitional and concluding provisions

TO THE ACT ON THE BUDGET OF NATIONAL HEALTH INSURANCE FUND FOR 2017

(PROM. – SG 98/16, IN FORCE FROM 01.01.2017)

§ 20. This Act shall enter into force on 1 of January 2017.

Transitional and concluding provisions

TO THE ACT ON BUDGET OF THE NATIONAL HEALTH INSURANCE FUND

(PROM. - SG 101/17, IN FORCE FROM 01.01.2018)

§ 14. The Act shall enter into force on 1 January 2018, with the exception of § 12, item 5 concerning Art. 45, para. 2, which comes into force on the day of promulgation of the Act in the State Gazette.

Transitional and concluding provisions

TO THE ACT SUPPLEMENTING THE ACT ON LIMITATION OF THE ADMINISTRATIVE REGULATION AND THE ADMINISTRATIVE CONTROL OVER THE BUSINESS ACTIVITY

(PROM. - SG 103/17, IN FORCE FROM 01.01.2018)

§ 68. The Act shall enter into force on 01 January 2018.

Transitional and concluding provisions

TO THE ACT AMENDING AND SUPPLEMENTING THE LABOUR CODE

(PROM. - SG 30/18, IN FORCE FROM 01.07.2018)

§ 15. The Act shall enter into force on 1 July 2018.

Transitional and concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTING THE STATE GAZETTE ACT

(PROM. - SG 40/18, IN FORCE FROM 15.05.2018)

§ 6. The Appendices to the National Framework Contracts for 2018 under Art. 54, para. 1 and 2 of the Health Insurance Act, submitted before the entry into force of this Act for promulgation in the addendum to the State Gazette, shall be published as an addendum only on the website of the State Gazette.

§ 7. The Act shall enter into force on the day of its promulgation in the State Gazette.

Transitional and concluding provisions
**TO THE ACT AMENDING AND SUPPLEMENTING THE ADMINISTRATIVE
PROCEDURE CODE**

(PROM. - SG 77/18, IN FORCE FROM 01.01.2019)

§ 156. The Act shall enter into force on 1 January 2019, with the exception of:

1. paragraphs 4, 11, 14, 16, 20, 30, 31, 74 and § 105 item 1 on the first sentence, and item 2 which shall enter into force on 10 October 2019;
2. paragraphs 38 and 77, which shall enter into force two months after the promulgation of this Act in the State Gazette;
3. paragraph 79, items 1, 2, 3, 5, 6 and 7, § 150 and 153, which shall enter into force on the day of the promulgation of this Act in the State Gazette.

Transitional and concluding provisions
**TO THE ACT ON THE BUDGET OF THE NATIONAL HEALTH INSURANCE FUND
FOR 2019**

(PROM. - SG 102/18, IN FORCE FROM 01.01.2019)

§ 30. (In force from 11.12.2018) (1) National framework contracts for 2019 shall not be accepted.

(2) For 2019, the National Framework Agreement for medical activities for 2018, respectively the National Framework Agreement for dental activities for 2018, shall apply.

(3) The National Health Insurance Fund and the Bulgarian Medical Association shall sign by 31 December 2018 an annex to the National Framework Agreement for medical activities for 2018, respectively the National Health Insurance Fund and the Bulgarian Dental Association shall sign by 31 January 2019 an annex to the National Framework Agreement for the dental activities for 2018 by the order of Art. 54 of the Health Insurance Act. The annexes shall enter into force on 1 January 2019.

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§ 43. The Act shall enter into force on 1 January 2019, with the exception of:

1. paragraph 29, item 13, letter "b", items 14 and 15, § 30 and § 42 item 2, which shall enter into force on the day of promulgation of the Act in the State Gazette;
2. paragraph 28, items 6 - 12 and items 14 - 19, § 35, item 3 with the exception of Art. 7a, Para.

4 and Art. 7c, Para. 4, item 5 and 6, item 8 - 22 and items 36 - 40, § 41, items 2 - 8, item 9, letters "a" and "c" and item 10 which shall enter into force on 1 April 2019;

3. paragraph 29, item 5, letter "a" on the words "through the budget of the Ministry of Health for the payment of medical devices, aids, devices and facilities for people with disabilities", item 9, letter "a" on the words "as well as medical devices, aids, devices and facilities for people with disabilities", item 9, letter "d" on the words "aids, devices and facilities for people with disabilities" and on the words "as well as with the persons carrying out activities related to delivery and repair of medical devices, aids, devices and facilities for people with disabilities, registered as traders and entered in the register of persons, performing activities related to delivery and repair of medical devices, aids, devices and facilities for people with disabilities", and item 9, letter "e" regarding Para. 15, item 3 and Para. 16 on the words "as well as persons carrying out activities related to delivery and repair of medical devices, aids, devices and facilities for people with disabilities, registered as traders and entered in the register of persons performing activities related to delivery and repair of medical devices, aids, devices and facilities for people with disabilities - for the payment of medical devices, aids, devices and facilities for people with disabilities", item 25, letter "a" - Para. 1, item 13 on the words "aids, devices and facilities for people with disabilities" and item 25 concerning Para. 4 on the words "persons carrying out activities related to delivery and repair of medical devices, aids, devices and facilities for people with disabilities, registered as traders and entered in the register of persons, performing activities related to delivery and repair of medical devices" and "and aids, devices and facilities for people with disabilities", § 36 and § 37 concerning Art. 14, Para. 8, item 2, letter "b", which shall enter into force from 1 January 2020.

Transitional and concluding provisions TO THE PERSONS WITH DISABILITIES ACT

(PROM. – SG 105/18, IN FORCE FROM 01.01.2019)

§ 28. The Act shall enter into force on 1 January 2019, with the exception of:

1. Art. 73, Para. 3 and § 16 and 18, which shall enter into force on 1 January 2020;
2. Paragraph 7, Para. 6, which shall enter into force on the day of the promulgation of the Act in the State Gazette;
3. Paragraphs 12 and 13, which shall enter into force on 1 January 2021.

Transitional and concluding provisions TO THE SOCIAL SERVICES ACT

(PROM. - SG 24/19, IN FORCE FROM 01.07.2020, AMEND. ON ENTRY INTO FORCE - SG 101/19)

§ 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 Practice Act, the Bulgarian Personal Documents Act, the Civil Registration Act and the Environmental Protection Act applicable to social and integrated health and social services for residential care, to their managers and the persons who use them, shall apply respectively to the homes for children deprived of parental care, their directors and the persons accommodated therein until the closure of these homes.

(2) The provisions of the Health Act, the Health Insurance Act, the Legal Aid Act, the Employment Promotion Act, the Veterinary Practice Act, Employment Promotion Act, the War Disabled and War Injured Persons Act, the People with Disabilities Act and Local Taxes and Fees Act applicable to

social and integrated health and social services for residential care and to and the persons who use them shall apply respectively to homes for mentally retarded adults, 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 for the persons accommodated in them, until the closure of these homes.

(3) Until the closure of homes for medical and social care for children, Art. 124, para. 2 of the Health Act applies to children accommodated in these homes.

(4) Up to the closure of homes for children deprived of parental care and of homes for medical and social care for children, Art. 8e, para. 6 of the Family Allowances for Children Act, Art. 22c, para. 2, item 3 and Art. 22d, para. 2, item 3 of the Income Taxes on Natural Persons Act shall apply to the placement of children in these homes.

(5) The provisions of the Income Taxes on Natural Persons Act and the Corporate Income Taxation Act applicable to donations in favor of social and integrated health and social services for residential care shall apply respectively to donations to homes for children deprived of parental care, homes for mentally retarded adults, 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 the closure of these homes.

.....
§ 45. (amend. - SG 101/19) This Act shall enter into force on July 1st, 2020, with the exception of:

1. paragraph 6, item 5, letter "a", § 7, item 2, letters "a" and "b", item 3, item 6, letter "a", items 9 and 10; § 18, item 2 in the section on "medical-social care homes for children under the Medical Establishments Act" and § 20, item 2 in the section concerning the deletion of the words "and the homes for medical and social care for children", and item 5, letter "c", which shall enter into force on January 1st, 2021;

2. paragraph 3, item 4, letter "f", "g" and "h" and § 28, item 1, letter "a", items 2 and 5, which shall enter into force on January 1st, 2019.

3. Art. 22, Para. 4, Art. 40, Art. 109, Para. 1, Art. 124, Art. 161, Para. 2, § 3, item 6, § 30, 36, 37 and 43, which shall enter into force on the day of the promulgation of this Act in the State Gazette.

Transitional and concluding provisions

TO THE ACT ON THE NATIONAL HEALTH INSURANCE FUND BUDGET FOR 2020

(PROM. - SG 99/19, IN FORCE FROM 01.01.2020)

§ 16. The Act shall enter into force on January 1, 2020, with the exception of § 14 and 15, which shall enter into force on the day of its promulgation in the State Gazette.

Transitional and concluding provisions

TO THE ACT AMENDING AND SUPPLEMENTING THE MEDICAL ESTABLISHMENTS ACT

(PROM. - SG 54/20, IN FORCE FROM 16.06.2020)

§ 38. The Act shall enter into force on the day of its promulgation in the State Gazette, with the exception of § 23, which shall enter into force on January 1, 2021.

Transitional and concluding provisions

TO THE ACT AMENDING AND SUPPLEMENTING THE MEDICINAL PRODUCTS IN

HUMAN MEDICINE ACT

(PROM. - SG 67/20)

§ 73. Within three months from the entry into force of this Act, the Director of the National Health Insurance Fund may, as a one-time thing, determine a new size of the individual basic monthly salaries of directors of the regional health insurance funds, without exceeding the maximum amount of the basic monthly salary for the respective level and rank, within the personnel costs under the budget of the National Health Insurance Fund for the respective year, regardless of the already made or forthcoming increases of monthly salaries during the respective year.

.....

§ 78. (1) Secondary legislation for the implementation of this Act, the Health Insurance Act, the Medical Devices Act and the Disabled Persons Act shall be adopted, respectively issued and brought into compliance, within three months from the entry into force of this Act.

(2) Until the adoption, respectively the issuance, and the bringing into compliance of the secondary legislation under Para. 1, the effective secondary legislation shall apply, insofar as they do not contradict the respective act.

Transitional and concluding provisions

TO THE ACT ON THE BUDGET OF THE NATIONAL HEALTH INSURANCE FUND FOR 2021

(PROM. - SG 103/20, IN FORCE FROM 01.01.2021)

§ 24. The Act shall enter into force on January 1, 2021, with the exception of § 17, 22 and 23, which shall enter into force on the day of its promulgation in the State Gazette.

Transitional and concluding provisions

TO THE ACT AMENDING AND SUPPLEMENTING THE HEALTH INSURANCE ACT

(PROM. - SG 21/21, IN FORCE FROM 12.02.2021)

§ 2. (1) As an exception, in 2021, in case of a state of emergency due to the epidemic spread of contagious diseases under Art. 61, para. 1 or 3 of the Health Act or in case of declared emergency epidemic situation due to epidemic spread of a contagious disease under Art. 61, para. 1 of the Health Act, the mechanism under Art. 45, para. 31 does not apply to medicinal products derived from human plasma or human blood - immunoglobulins included in the Positive Drug List under Art. 262, para. 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 costs of the National Health Insurance Fund for the medicinal products under para. 1 above the defined target funds in the Act on the Budget of the National Health Insurance Fund for 2021, taking into account the share of the reserve in case of a decision of the Supervisory Board of the National Health Insurance Fund under Art. 15, para. 1, item 7, are not subject to reimbursement by the holders of marketing authorizations / their authorized representatives of the medicinal products for which the mechanism under Art. 45, para. 31 applies.

(3) The provisions of para. 1 and 2 shall be applied until the lifting of the state of emergency,

respectively of the emergency epidemic situation.

.....
§ 4. The Act shall enter into force on the day of its promulgation in the State Gazette.

Transitional and concluding provisions
TO THE ACT ON THE BUDGET OF THE NATIONAL HEALTH INSURANCE FUND
FOR 2022

(PROM. - SG 18/22, IN FORCE FROM 01.01.2022)

§ 17. (1) The mechanisms guaranteeing predictability and sustainability of the NHIF budget and the methodologies for their implementation under Art. 45, para. 31 and 35 of the Health Insurance Act for 2022 shall be adopted within one month from the promulgation in the State Gazette of the Act on the Budget of the National Health Insurance Fund for 2022 and shall enter into force on April 1, 2022.

(2) The contracts under Art. 45, para. 33 and 37 of the Health Insurance Act for 2022 shall be concluded within two months from the promulgation in the State Gazette of the mechanisms and methodologies for their application under Art. 45, para. 31 and 35 of the Health Insurance Act.

(3) The medicinal products under Art. 45, para. 32, item 1 of the Health Insurance Act and medical devices under Art. 45, para. 36, item 1 of the Health Insurance Act, for which contracts have not been concluded within the term under para. 2, shall not be paid by the NHIF.

.....
§ 20. The Act shall enter into force on January 1, 2022, with the exception of § 18 and 19, which shall enter into force on the day of promulgation of the Act in the State Gazette.

Transitional and concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTING THE HEALTH INSURANCE ACT

(PROM. - SG 32/22, IN FORCE FROM 26.04.2022)

§ 8. The medical aid, provided to persons with granted temporary protection, to persons under Art. 39, para. 6, item 2 and under Art. 40a, para. 3a until the entry into force of this Act, shall be paid to the medical establishments under conditions and by order, determined in the decree of the Council of Ministers under Art. 40, para. 10, unless it is not paid or is not subject to payment by another order determined by an Act or by another act of the Council of Ministers.

.....
§ 11. The Council of Ministers shall adopt the decree under Art. 40, para. 10 within one month from the entry into force of this Act.

§ 12. The Act shall enter into force on the day of its promulgation in the State Gazette.

Concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTING THE LABOUR CODE

(PROM. - SG 62/22, IN FORCE FROM 01.08.2022)

§ 15. The Act enters into force on August 1, 2022.

Transitional and concluding provisions

TO THE ACT AMENDING AND SUPPLEMENTING THE MEDICAL ESTABLISHMENTS ACT

(PROM. - SG 8/23, IN FORCE FROM 25.01.2023)

§ 3. When, before the entry into force of this law, the mandate of the manager of the National Health Insurance Fund is prematurely terminated by the National Assembly and no decision has been taken to elect a new manager of the National Health Insurance Fund, the National Assembly adopts a decision to elect a new manager of the National Health Insurance Fund health insurance fund under the new order.

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§ 5. The Act enters into force on the day of its promulgation in the State Gazette.

Transitional and concluding provisions
TO THE ACT SUPPLEMENTING THE HEALTH INSURANCE ACT

(PROM. - SG 13/23, IN FORCE FROM 07.02.2023)

§ 3. Within 6 months from the entry into force of this Act, the Council of Ministers shall adopt amendments and supplements to the ordinance under Art. 81, Para. 3 of the Health Act in accordance with the requirements of this act.

§ 4. The act shall enter into force on the day of its promulgation in the State Gazette.

Transitional and concluding provisions
TO THE ACT AMENDING AND SUPPLEMENTING THE HEALTH INSURANCE ACT

(PROM. - SG 64/23, IN FORCE FROM 12.07.2023)

§ 2. When, before the entry into force of this act, the mandate of the manager of the National Health Insurance Fund has been terminated ahead of time by the National Assembly and no decision has been taken to elect a new manager of the National Health Insurance Fund, and the Deputy-Manager of the National Health Insurance Fund has been assigned to temporarily act as manager of the National Health Insurance Fund under the conditions according to the order and within the terms of the previous order, the supervisory board of the National Health Insurance Fund shall immediately assign the Deputy-Manager of the National Health Insurance Fund to temporarily act as manager of the National Health Insurance Fund until the election of a new manager of the National Health Insurance Fund by the National Assembly, starting from 12 July 2023.

§ 3. The act shall enter into force on July 12, 2023.

Transitional and concluding provisions
TO THE ACT ON THE BUDGET OF THE NATIONAL HEALTH INSURANCE FUND FOR 2023

(PROM. - SG 66/23, IN FORCE FROM 01.01.2023)

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§ 15. Within two months from the day of promulgation of this law in the State Gazette, the supervisory board of the National Health Insurance Fund shall adopt methods:

1. under Art. 45, para. 29a of the Health Insurance Act;
2. to distribute the funds for health insurance payments under Art. 1, para. 2, line 1.3 "Reserve, including for unforeseen and urgent expenses".

§ 16. (In force from 01.08.2023) Within three months of the promulgation of the Act in the State Gazette, the Minister of Health shall ensure the technical conditions for automated data exchange between the information system of the NHIF, the National Health Information System and the National Register of Art. 32, item 1, letter "b" of Delegated Regulation (EU) 2016/161.

§ 17. (1) National framework contracts for medical activities, respectively for dental activities, for the period 2023 - 2025 are adopted after the promulgation of this Act in the State Gazette.

(2) Until the adoption of national framework contracts for medical activities, respectively for dental activities, for the period 2023 - 2025, the National Health Insurance Fund purchases the provided medical and dental care at prices and in volumes according to the national framework contracts for medical activities in force as of December 31, 2022, respectively, for dental activities, and the annexes to them, subject to compliance with the parameters according to this law and within the limits of the cost values, distributed by month, determined by the supervisory board of the National Health Insurance Fund.

§ 18. The Act enters into force on January 1, 2023, with the exception of Art. 1, para. 2, line 1.1.3.7 in the part concerning financing the provision of medical personnel in medical facilities who perform medical activities in remote, hard-to-reach areas or are the only ones performing the relevant activity in the municipality, as well as in medical facilities for hospital care under Art. 45, para. 2a of the Health Insurance Act, Art. 1, para. 2, line 1.1.3.5.1 in the part regarding the financing of pharmacies in remote, hard-to-reach areas or are the sole contractor for the relevant activity from a municipality, as well as with a 24-hour working regime, § 12, para. 1 regarding the mechanism guaranteeing the predictability and sustainability of the NHIF budget and the methodology for its implementation under Art. 45, para. 31 of the Health Insurance Act, § 13, para. 1 regarding the mechanism guaranteeing predictability and sustainability of the NHIF budget and the methodology for its application under Art. 45, para. 35 of the Health Insurance Act, § 14 and 16, which enter into force on the day of promulgation of the Act in the State Gazette.

Transitional and concluding provisions

TO THE ACT AMENDING AND SUPPLEMENTING THE HEALTH INSURANCE ACT

(PROM. - SG 82/23, IN FORCE FROM 29.09.2023)

§ 6. Within two months from the entry into force of this Act, the National Assembly shall elect a Deputy Governor of the National Health Insurance Fund under the new order.

§ 7. The employment relationship with the Deputy Governor of the National Health Insurance Fund established before the entry into force of this Act shall be terminated from the day of the election of the Deputy Governor by the National Assembly.

§ 8. The Act enters into force on the day of its promulgation in the State Gazette.

Transitional and concluding provisions

TO THE COUNTERACTING THE CORRUPTION ACT

(PROM. – SG, 83/23, IN FORCE FORM 06.10.2023)

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§ 79. The Act enters into force on the day of its promulgation in the State Gazette, with the exception of § 9, which enters into force on March 1, 2024.

ANNEX TO ART. 6, PARA 2

Regional Health Insurance Funds

1. Blagoevgrad: municipalities of Bansko, Belitsa, Blagoevgrad, Gotse Delchev, Garmen, Kresna, Petrich, Razlog, Sandanski Satovcha Simitli, Strumyani, Hadzhidimovo, Yakorouda.
2. Burgas: municipalities of Aitos, Primorsko, Bourgas, Kameno, Karnobat, Malko Tarnovo, Nessebar, Pomorie, Primorsko, Rouen, Sozopol, Sredets, Sungurlare, Tsarevo.
3. Varna: municipalities of Avren, Aksakovo, Beloslav, Byala, Varna, Vetrino, Valchi Dol, Devnya, Dolni Chiflik, Dalgopol, Provadia, Suvorovo.
4. Veliko Tarnovo: municipalities of Veliko Tarnovo, Gorna Oryahovitsa, Elena, Zlataritsa, Lyaskovets, Pavlikeni, Polski Trambesh, Svishtov, Strajitsa, Suhindol.
5. Vidin: municipalities of Belogradchik, Boynitsa, Bregovo, Vidin, Gramada, Dimovo, Kula, Makresh, Novo Selo, Ruzhintsi, Chuprene.
6. Vratsa: municipalities of Borovan, Byala Slatina, Vratsa, Kneja, Kozloduy, Krivodol Mezdra, Mizia, Oryahovo, Roman, Hajredin.
7. Gabrovo: municipalities of Gabrovo, Dryanovo, Sevlievo, Tryavna.
8. Dobrich: municipalities of Balchik, General Toshevo, Dobrich, Dobrich - rural, Kavarna, Krushari, Tervel, Shabla.
9. (amend. - SG. 113/99) Kardzhali: municipalities of Ardino, Djebel, Kirkovo, Krumovgrad, Kardzhali, Momchilgrad, Chernoochene.
 - 1 1. Kyustendil: municipalities of Bobov dol, Boboshevo, Kocherinovo, Kyustendil, Nevestino, Rila, Sapareva Banya, Dupnitsa, Treklyano.
 11. Lovech: municipalities of Apriltsi, Letnitsa, Lovech, Lukovit, Teteven, Troyan, Yablanitsa.
 12. Montana: municipalities Berkovitsa, Boychinovtsi, Brusartsi, Valchedram, Varshets, Georgi Damyanovo, Lom, Medkovets, Montana, Chiprovtsi, Yakimovo.
 13. Pazardzhik: municipalities of Batak, Belovo, Bratsigovo Velingrad Lesichovo, Pazardzhik, Panagyurishte, Peshtera, Rakitovo, September, Strelcha.
 14. Pernik: municipalities of Breznik, Zemen, Kovachevtsi, Pernik, Radomir, Tran.
 15. Pleven: municipalities of Belene, Gulyantsi, Dolna Mitropoliya, Dolni Dubnik, Levski, Nikopol, Pelovo, Pleven, Pordim, Cherven Bryag.
 16. Plovdiv: municipalities of Asenovgrad, Ivanovo, Kaloyanovo, Karlovo, Lucky, Maritza Plovdiv, Parvomay, Rakovski, Rodopi, Sadovo, Saedinenie, Hisar.
 17. Razgrad: municipalities of Zavet, Isperih, Kubrat, Loznitsa, Razgrad, Samuil, Tsar Kaloyan.
 18. Rousse: municipalities of Borovo, Byala, Rousse, Dve Mogili, Ivanovo, Rousse, Slivo Pole, Tsenovo.
 19. Silistra: municipalities of Alfatar, Glavinitsa, Dulovo, Kaynardja, Silistra, Sitovo, Tutrakan.
 20. Sliven: municipalities of Kotel, Nova Zagora, Sliven, Tvarditsa.
 21. Smolyan: municipalities of Banitie, Borino, Devin, Dospat, Zlatograd, Madan, Nedelino, Rudozem, Smolyan, Chepelare.
 22. Sofia - metropolitan: areas Bankya, Vitosha, Vrabnitsa, Vazrazhdane, Izgrev, Ilinden, Iskar, Kremikovtsi, Krasna Polyana, Krasno Selo, Lozenets, Lyulin, Mladost, Nadezhda, Novi Iskar, Oborishte, Ovcha Kupel, Pancharevo, Poduyane, Serdika, Slatina, Sredets, Studentska, Triaditca.
 23. Sofia: municipalities of Anton, Bozhurishte, Botevgrad, Godech, Gorna Malina, Dolna Banya, Dragoman, Elin Pelin, Etropole, Ihtiman, Koprivshitsa, Kostenets Kostinbrod, Mirkovo, Pravets,

Samokov, Svoge, Slivnitsa, Zlatitsa, Pirdop, Chavdar, Chelopech.

24. Stara Zagora: municipalities of Gorna Oryahovitsa, Galabovo, Gourkovo, Kazanlak, Maglizh, Opan, Pavel Banya, Radnevo, Stara Zagora, Topolovgrad, Chirpan.

25. Targovishte: municipalities of Antonovo, Omurtag, Opaka, Popovo, Targovishte.

26. (suppl. - SG. 113/99) Haskovo: municipalities of Dimitrovgrad, Ivaylovgrad, Lyubimets, Madjarovo, Mineralni Bani, Svilengrad, Simeonovgrad, Stambolovo, Harmanli, Haskovo.

27. Shumen: municipalities of Veliki Preslav, Venets, Varbitsa, Kaolinovo, Kaspichan, Nicola Kozlevo, Novi Pazar, Smyadovo, Hitrino, Shumen.

28. Yambol: municipalities of Bolyarovo, Elhovo, Straldzha, Tundzha, Yambol.

Relevant Acts of European Legislation

Council Directive 93/96/EEC of 29 October 1993 on the right of residence for students

Council Directive 90/365/EEC of 28 June 1990 on the right of residence for employees and self-employed persons who have ceased their occupational activity

Council Directive 78/687/EEC of 25 July 1978 concerning the coordination of provisions laid down by Law, Regulation or Administrative Action in respect of the activities of dental practitioners

Council Directive 78/686/EEC of 25 July 1978 concerning the mutual recognition of diplomas, certificates and other evidence of the formal qualifications of practitioners of dentistry, including measures to facilitate the effective exercise of the right of establishment and freedom to provide services

First Council Directive 68/151/EEC of 9 March 1968 on co-ordination of safeguards which, for the protection of the interests of members and others, are required by Member States of companies within the meaning of the second paragraph of Article 58 of the Treaty, with a view to making such safeguards equivalent throughout the Community

Council Directive 72/166/EEC of 24 April 1972 on the approximation of the laws of Member States relating to insurance against civil liability in respect of the use of motor vehicles, and to the enforcement of the obligation to insure against such liability

Directive 2000/26/EC of the European Parliament and of the Council of 16 May 2000 on the approximation of the laws of the Member States relating to insurance against civil liability in respect of the use of motor vehicles and amending Council Directives 73/239/EEC and 88/357/EEC (Fourth motor insurance Directive)

Council Regulation (EC) No 1223/98 of 4 June 1998 amending 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 and Regulation (EEC) No 574/72 laying down the procedure for implementing Regulation (EEC) No 1408/71

Regulation (EEC) No 574/72 of the Council of 21 March 1972 fixing the procedure for implementing Regulation (EEC) No 1408/71 on the application of social security schemes to employed persons and their families moving within the Community

Regulation (EEC) No 1408/71 of the Council of 14 June 1971 on the application of social security schemes to employed persons and their families moving within the Community