

Solidarnost in človečnost ljudem

Prvega avgusta 1999 je minilo natanko 110 let od uvedbe zdravstvenega zavarovanja in zdravstvenega varstva pri Slovencih. Leta 1889 smo namreč po Bismarckovem modelu socialnega zavarovanja le eno leto dni za Dunajem z zakonom ustanovili prvo Okrajno bolniško blagajno v Ljubljani. Tej so kmalu sledile druge po vseh slovenskih mestih. S tem je bil po načelu solidarnosti omogočen skladen razvoj medicinske in zdravstvene oskrbe ter zdravstvenega zavarovanja vsem zaposlenim in njihovim družinam, kasneje pa vsemu slovenskemu prebivalstvu. Zato ta dogodek velja za izjemno pomemben mejnik v razvoju zdravstva in dokazuje, da Slovenija nikoli ni bila zdravstvena provinca.

Morebiti se danes – tako daleč od samega začetka zdravstvenega zavarovanja - ne zavedamo več, kaj pomeni imeti zagotovljeno gmotno varnost v bolezni, pri poškodbah, v porodniški dobi ter na stara leta! Vse dobro človek hitro privzame in se ne sprašuje, koliko dela, truda, predvsem pa osveščeni družbe in njene solidarnosti je bilo potrebno, preden je vse to postalo samoumevno! Med prvimi v Evropi smo uredili obvezno zdravstveno zavarovanje, ki je zlasti po letu 1945 postalo zgled družbeno pravične skrbi za zdravje vseh. To žlahtno tradicijo nam je uspelo ohraniti do danes, ko se po organiziranosti in trdnosti, kakor tudi po dosežkih stroke lahko primerjamo z najrazvitejšimi državami. Zato želi Zavod za zdravstveno zavarovanje Slovenije to jubilejno leto slavnostno zaznamovati in usmeriti pogled k svojim koreninam in na prehojeno pot.

»Kruh je bridka stvar«

Skozi ves razvoj je človeštvo spremljalo delo, ga sooblikovalo, vplivalo na njegov napredek ter še posebej v najustvarjalnejših oblikah predstavljalo in še predstavlja bistvo človeškega poslanstva.

Pri različnem delu so človeka ogrožale različne nevarnosti za njegovo zdravje in dobro počutje. Že pred industrializacijo so tveganje predvsem v rudarstvu, topilništvu in drugih težjih gospodarskih panogah poskušali zmanjšati z ustanavljanjem stanovskih združenj, ki so članom pomagale med boleznijo in pri poškodbah. Te združbe med rudarji, obrtniki in trgovci srečujemo že od kasnega srednjega veka. Prostovoljno zdravstveno zavarovanje pa se je začelo močneje razvijati v industrijskih središčih ob koncu 18. stoletja. Nastajala so društva za medsebojno pomoč, t. i. podporna društva in bratovske skladnice. Člani so v skupne sklade plačevali enake zneske, sklepali z zdravniki pogodbe in jim plačevali glede na število varovancev običajno mesečne prejemke. V tem so začetki delavskega zavarovanja.

Stroka brez preteklosti je kot drevo brez korenin

Slovenci smo se z zdravstvenim zavarovanjem prvič srečali ob sprejemu rudarskega zakona l. 1854; uzakonil je bratovske skladnice z obveznim zavarovanjem rudarjev (rudnik živega srebra v Idriji!) in topilniških delavcev. Z letom 1858 so bili bolniško, 1869 pa še nezgodno zavarovani tudi železničarji. Obvezno nezgodno zavarovanje za tovarniške delavce v avstrijski polovici habsburške monarhije pa je po Bismarckovem zgledu (iz l. 1882) predpisal zakon l. 1887, naslednje leto pa še za bolniško zavarovanje. V Prekmurju je veljala ogrska zakonodaja in je iste predpise uvedla l. 1891. V Avstro-Ogrski socialno zavarovanje delavcev za onemoglost, starost in smrt ni bilo splošno sprejeto. pokojninsko pa so bili zavarovani le rudarji od 1854, železničarji od 1874 in nameščenci od 1906.

Dve tretjini sredstev za bolniško zavarovanje so prispevali delavci, tretjino delodajalci. Bolniško zavarovanje je bilo urejeno s t.i. bolniškimi blagajnami. Nezgodno zavarovanje je bilo urejeno po panogah in je bilo ločeno od bolniškega. Tovarniški delavci so bili zavarovani proti nezgodam pri delavskih nezgodnih zavarovalnicah. Za Kranjsko je bil

sedež v Trstu, za Koroško in Štajersko v Gradcu. Železničarji so bili nezgodno zavarovani pri Železničarski nezgodni zavarovalnici na Dunaju. Vse stroške zanje so plačevali delodajalci.

Začetek razvoja zavarovalništva kaže torej na več vrst zavarovanja: bolniško, nezgodno, socialno, pokojninsko. Tokratni jubilej je namenjen spominu na začetek bolniškega zavarovanja pri nas.

Zgodba o solidarnosti in vzajemnosti

Prva bolniška blagajna pri nas je bila ustanovljena 1. avgusta 1889 po že imenovanem avstrijskem zakonu o bolniškem zavarovanju iz l. 1888. Pomen bolniških blagajn je bilo zagotavljanje delavčevih socialnih pravic med boleznijo in pravice do zdravstvenih storitev. Ob bolezni so dajale delavcem t.i. »bolnišnino«, denarno podporo v višini 60 odstotkov običajne mezde, vendar najdlje 20 tednov. Ob tem so imeli zavarovanci pravico do zdravniške pomoči, zdravlil, pa tudi zdravljenja v bolnišnici, če to ni trajalo dlje kot štiri tedne. Porodnice so prav tako štiri tedne po porodu dobivale hranarino, ki je bila enaka 60-odstotni povprečni mezdi. Bolniška blagajna je izplačevala tudi pogrebno; znašala je toliko, kot je bila 20-dnevna povprečna mezda. Osnova za izračunavanje bolnih je bila običajna mezda. Ta ni bila odvisna od delavčevega dejanskega zaslужka, pač pa od njegove uvrstitve v mezdni razred oz. od njegove strokovne kvalifikacije.

Do konca 1889 je bilo na Kranjskem in Spodnjem Štajerskem ustanovljenih 65 okrajnih bolniških blagajn z okoli 15.000 zavarovanci, 23 obratnih blagajn z okoli 5500 zavarovanci, 11 združenih in ena društvena bolniška blagajna, slednji sta šteli okoli 1600 zavarovancev. Bolniške blagajne so uspešno poslovale vse do propada avstroogrške monarhije ob koncu prve svetovne vojne.

Bolniška blagajna je imela prvi sedež v Ljubljani v stavbi nekdanjega meščanskega špitala, današnji Kresiji pri Tromostovju. Nato je do l. 1925, ko se je preselila v novozgrajeno Kasalovo palačo na Miklošičevi 24, še velikokrat menjala lokacijo. Med drugim je ustanova dlje časa imela sedež na Novem trgu, v današnji stavbi SAZU. Simbolizira Zavodovo načelo čvrste vezi med človekom in zaščito njegovega zdravja. Dvorano pa so povezali z bližnjim atrijem, mu 1999 dodali stekleno streho in skupaj z Jakopičevo dvorano predstavlja kongresni center v malem.

Kraljevina SHS in delavsko zavarovanje

Novonastala jugoslovanska država je bila še več let po ustanovitvi v socialnopolitičnem pogledu neenotna. Prav tako je bila neenotna delavska zaščitna zakonodaja. Narodna vlada za Slovenijo je že novembra 1918 ponovno uvedla socialno zavarovanje za delavce in v januarju 1919 ustanovila Zvezo bolniških blagajn za slovenski teritorij. Še v istem letu so bile odpravljene vse dotedanje okrajne in obratne bolniške blagajne. Nadomestila jih je centralna Okrajna bolniška blagajna v Ljubljana. Ta se je morala hitro preurediti, da je lahko prevzela vse obveznosti do zavarovancev, torej zagotoviti zdravstveno varstvo in bolniške podpore ter izplačati pokojnine in rente upokojenim v Sloveniji. Od bivših bolniških blagajn namreč ni prejela vseh v ta namen zbranih sredstev, saj je bil del teh vložen v nepremičnine, ki so po prvi svetovni vojni ozemeljsko ostale zunaj meja Kraljevine SHS, delno so zapadle v obveznicah avstrijskega vojnega posojila, razvrednotila jih je pa tudi inflacija. Dodatne spremembe so sledile leta 1922 z jugoslovanskim zakonom o zavarovanju delavcev, ki se je zgledoval po evropskih zakonih in nezgodno zavarovanje uredil ločeno. Ta zakon tudi še ni pripravil sistemskih rešitev za brezposelnost in pokojninsko zavarovanje.

Z jugoslovanskim zakonom o zavarovanju delavcev (1922) je Dravska banovina dobila še isto leto v Ljubljani Okrožni urad za zavarovanje delavcev (OUZD, v nadaljevanju Okrožni urad ali Urad). Njegova dejavnost se je osredotočila na zavarovanje ob bolezni in

poškodbi pri delu. Pokojninsko in invalidsko zavarovanje pa se je začelo izvajati po 1937. Urad je v primeru bolezni nadziral delodajalce glede prijavnih obveznosti, vodil evidenco o zavarovancih, predpisoval in pobiral prispevke, zagotavljal zdravljenje v ambulantah in bolnišnicah ter plačeval denarna nadomestila ob bolezni in druga nadomestila. Ob nezgodah je Okrožni urad nadziral prijavljanje nezgod in podatke o zaslužku delavcev, odločal o preiskavah nezgod in izplačevanju začasne podpore. V primeru onemoglosti, starosti ali smrti je Urad vodil evidenco o zavarovancih in zbiranju prispevkov.

Vseslovensko zdravstveno zavarovanje

Okrožni urad v Ljubljani je bil po velikosti in gmotni moči prvi v Jugoslaviji, v Sloveniji pa najpomembnejši delavski socialni zavod z velikim vplivom na narodno gospodarstvo. Podrejen je bil Osrednjemu uradu za zavarovanje delavcev v Zagrebu, ki je povezoval delovanje vseh jugoslovanskih okrožnih uradov s sedeži v glavnih mestih banovin. Vrhovno nadzorstvo nad zavarovanjem je imelo ministrstvo za socialno politiko in narodno zdravje. Svoje poslovalnice je imel ljubljanski zavod v vseh večjih slovenskih mestih: Mariboru, Celju, Murski Soboti, Novem mestu, Kranju, Ptuju, Slovenj Gradcu, Zagorju ob Savi, Kočevju in Trziču. Letno je zbral okoli 100.000.000 takratnih dinarjev. Okoli 30 odstotkov sredstev je bilo porabljenih za boleznine, 10 za bolnišnično zdravljenje, zdravnike in zdravila, okoli 5 za porodniška nadomestila in zdraviliško terapijo; približno petina vseh sredstev je bila porabljena za upravne stroške, amortizacijo in sklade. Urad je imel svoje ambulante v Ljubljani, Kranju, Celju, Mariboru in Ptuju ter sklepal za zdravstveno oskrbo pogodbe z zasebnimi zdravniki. Tako je bilo npr. l. 1932 sklenjenih 169 pogodb.

Zdravstveno poslanstvo Okrožnega urada

V nekaterih večjih tovarnah je Okrožni urad imel svoje stalne zdravnike: v ljubljanski tobačni tovarni, papirnicah Vevče in Sladkogorska, tekstilni tovarni v Litiji in v celjski tovarni Westen, v manjših tovarnah pa začasne. Nezgodne postaje je imel v Ljubljani, Kranju in Mariboru. V Ljubljani in Trziču je bila v Uradovem zdravstvenem domu posvetovalnica za matere z otroki. Za številne starejše prebivalce Ljubljane in okolice predstavlja še danes sedež Urada na Miklošičevi ambulatorij, mesto torej, kjer so se odvijali ambulantno delo, laboratorijska in rentgenska diagnostika, fizioterapija, mehanoterapija... Za fizikalno terapijo so imeli lastni bazen, ogrevalne Tyrnauerjeve aparate, električne kopeli in bolniško sobo za bolnike, ki so se zdravili v fizikalnem zdravilišču. Sestavni del ambulatorija so bili tudi ordinacijska soba za malo kirurgijo in zobna ambulanta.

Poleg tega je imel Okrožni urad lastna kopališča (Ljubljana, Maribor, Kranj) in zdravilišča. Medicus curat – natura sanat! Znano je bilo termalno zdravilišče Laško, okrevališče na Rabu ter zdravilišča za pljučno tuberkulozo na Golniku, Vurbeku, v Klenoviku in Brestovcu; kostno tuberkulozo so zdravili v Kraljevici. Okrožni urad je uporabljal tudi slovenske javne bolnišnice in vseučiliške klinike v Zagrebu. Protituberkulozne dispanzerje je imel v Ljubljani, Mariboru, Celju in Slovenj Gradcu. Leta 1938 je na enega zdravnika prišlo okoli 550 zavarovancev.

Urad je imel pomembno vlogo tudi pri zavarovanju v primeru brezposelnosti; zbiral je obvezne prispevke za borzo dela in delavsko zbornico. Torej je Urad ogromno naredil za razvoj zdravstvenega varstva in zdravstvenega zavarovanja; pospešil je razvoj javnega zdravstva ter dispanzerskega zdravstvenega varstva.

Članstvo in zavarovanje pri Okrožnem uradu je bilo obvezno in enotno. Tu so bili zavarovani vsi delavci in nameščenci, razen tistih, ki so bili zavarovani pri bratovskih skladnicah (rudarji), pri državnem pokojninskem skladu (državne službe) in pri humanitarnih skladih v okviru direktij državnih železnic (železničarji), ker so bile pri teh ustanovah boljše možnosti zavarovanja. Drugih nosilcev zavarovanja zakon ni poznal. Le

umski delavci in trgovski uslužbenci so imeli še nekatere svoje urade, npr. Trgovsko bolniško in podporno društvo v Ljubljani.

Uradove poslovne stavbe so bile v Ljubljani na Miklošičevi cesti (zgrajena l. 1925), Mariboru v Sodni ulici (zgrajena l. 1932), v Celju sprva v nekdanjem narodnem domu in v Kranju. Ustanovi so pripadale tudi številne druge nepremičnine, stanovanjske hiše in poslovne stavbe.

Med drugo svetovno vojno so Italijani na okupiranem ozemlju zadržali zavarovanje Kraljevine SHS, Nemci in Madžari pa so vzpostavili svoje obvezno zdravstveno zavarovanje.

Zdravstveno zavarovanje po zamislih socializma

Po drugi svetovni vojni je šel razvoj zdravstvenega zavarovanja skozi različne faze. Močno so vplivale politične in gospodarske razmere v Jugoslaviji. Leta 1952 so bili v Sloveniji ustanovljeni okrajni zavodi za socialno zavarovanje, ki so združevali pokojninsko, invalidsko in zdravstveno zavarovanje. Predvojni zavarovalni zavodi so bili odpravljeni in leta 1946 je bil ustanovljen Zavarovalni zavod Slovenije; bil je centraliziran in vključen v jugoslovanski Državni zavarovalni zavod. Po socialističnem pojmovanju so poskrbeli za novo ureditev zdravstvenega zavarovanja.

Leta 1961 je prišlo do sprememb: z zakonom o zavarovalnih zavodih se je zdravstveno zavarovalništvo decentraliziralo. V februarju 1962 je prvič zasedala novoustanovljena Zavarovalna skupnost Slovenije. Zavarovalne premije so bile enotne za vso Jugoslavijo. Leta 1965 je bilo v Sloveniji 15 zavarovalnih zavodov. Z njimi so se hitro razvijale boljše storitve po vsej Sloveniji.

Socialno in zdravstveno zavarovanje je sredi 60. let zajemalo skoraj vse prebivalstvo. Izjema so bili še kmetje, obrtniki in nekateri svobodni poklici. Z izboljševanjem življenjskega standarda sta se obseg in kvaliteta zdravstvenih in socialnih storitev večala.

Med leti 1971 in 1980 je prišlo do novih organizacijskih sprememb; ustanovljene so bile komunalne skupnosti (in zavodi) za zdravstveno zavarovanje, kasneje pa samoupravne interesne skupnosti (SIS-i) za zdravstvo. Cilj vseh je bil zagotoviti obvezno zdravstveno varstvo vsem skupinam prebivalstva. Takrat so bili v splošno zavarovalno shemo prvič vključeni tudi kmetje. Pokojninsko zavarovanje se je ločilo od otroškega varstva.

Po letu 1976 je bil uveden odprt storitveni sistem ob omejenih sredstvih. Ta sistemska neuskklajenost med potrebami in ekonomskimi zmožnostmi v zdravstvu je povzročala trajne izgube, ki so se pokrivalo z zadolževanjem v tujini, v 80. letih s silno inflacijo, v zdravstvu zaposleni delavci pa so bili ves čas slabo plačani. Glede na sistemsko zastavljene velike potrebe zdravstva so zdravstveni zavodi pospešeno zaposlovali strokovnjake in jih slabo plačevali. Podobna je bila situacija tudi v drugih socialističnih državah; za medicino in farmacijo je bila značilna številčnost in slabo plačilo.

Obdobje od 1980-1992 velja za dobo "nacionalnega zdravstvenega varstva", z utopično zamisljivo, da naj bi bile vsem dosegljive vse zdravstvene storitve in druge pravice! Sočasno je ideologija socialističnega samoupravljanja zahtevala decentralizacijo na različnih področjih; tako so se tudi samoupravne interesne skupnosti za zdravstvo razdrobile, prešle od republiških v medobčinske in občinske. Prevezle so vse naloge zdravstvenega varstva prebivalstva, vključno s financiranjem. Ta model so leta 1990 opustili, naloge financiranja pa je prevzela Republiška uprava za zdravstveno varstvo pri Ministrstvu za zdravstvo. Tudi to je že zgodovina, saj je ta delovala le do začetka 1992, ko je bila sprejeta nova zdravstvena zakonodaja. Z njo je bil 1. marca 1992 po zakonu o zdravstvenem varstvu in zdravstvenem zavarovanju ustanovljen Zavod za zdravstveno zavarovanje Slovenije (v nadaljevanju Zavod).

Žlahtna tradicija Zavodovega sedeža v Ljubljani

Po skoraj štirih desetletjih bivanja na začasnih naslovih je l. 1925 takratni Okrožni urad za zavarovanje delavcev pridobil domicil v novozgrajeni stavbi na Miklošičevi ulici. Pripravo načrta so zaupali uveljavljenemu češkemu gradbeniku dr. Miroslavi Kasalu (1884-1945).

Zrisal je čudovito palačo, njen portal je umetniško in simbolično obogatil kipar Lojze Dolinar (1924). Iz kraškega kamna je izklesal reliefa, poimenovana Delo in Skrb za delo. Prvega predstavljata mišičasta delavca, drugega pa žena, ki oskrbuje poškodovanega delavca. Figuralika ima močno ekspresionistično izrazno moč, podobno kot pri hrvaškem kiparju Ivanu Meštroviću. Tudi notranjost stavbe je polna žlahtnih dopolnil, od arhitekturnih prvin, do gigantskega Jakopičevega olja Katastrofa iz leta 1930. Uprava Okrožnega urada je za opremo sprednje stene dvorane najela najbolj priznanega slikarja svoje dobe Riharda Jakopiča. V komaj šestih mesecih je narisal svoje največje platno, veliko trikrat štiri metre ter na njem upodobil Kristusa in 15 delavcev. Izdelavo lestence v dvorani so prav tako prepustili večim rokam. Tudi danes Zavod nadaljuje tradicijo izbornosti in trajnosti. Na dvorišče obnovljene stavbe so postavili vodnjak Arbor vitae, delo akademskega kiparja Draga Tršarja (1999), ki prav tako simbolizira Zavodovo načelo čvrste vezi med človekom in zaščito njegovega zdravja. Dvorano pa so povezali z bližnjim atrijem, mu 1999 dodali stekleno streho in skupaj z Jakopičevo dvorano predstavlja kongresni center v malem.

Zdravstveno zavarovanje v samostojni državi Sloveniji

Ustanovitveni datum Zavoda za zdravstveno zavarovanje je 1. marec 1992. Postal je edini nosilec javnega zdravstvenega zavarovanja in neprofitna ustanova. Zavod izvaja obvezno in prostovoljno zdravstveno zavarovanje ter za oboje zbira in razporeja sredstva. Predstavlja pomembno javno službo s točno določenimi strokovnimi, organizacijskimi, upravnimi, izvedenskimi in administrativnimi nalogami.

Številne naloge Zavoda določa zakon o zdravstvenem zavarovanju; njihovo delovanje je večinoma samostojno, v nekaterih pogledih pa se posvetuje z vlado in ministrstvom za zdravstvo ter usklajuje vsebino dela z gmotnimi možnostmi. Pri določanju prispevne stopnje za zdravstveno zavarovanje je Zavod samo predlagatelj. Podobno je pri opredeljevanju pravic, postopkov, standardov in drugih pogojev, ki jih določajo podzakonski akti.

Zavod ima številne temeljne naloge: opredeljuje pravice zdravstvenih zavarovancev in standarde storitev; zastopa interese zavarovancev in plačnikov prispevkov v pogajanjih s partnerji o programu zdravstvenih storitev, njihovem izvajanju in določanju cen le-teh. Nadalje Zavod sklepa pogodbe z izvajalci zdravstvenih storitev in dobavitelji tehničnih pripomočkov. Pripravlja načine za obračunavanje zdravstvenih storitev in jih tudi uresničuje. Iz sprejete prispevne stopnje oblikuje predlog o deležu vrednosti storitve, ki jo zagotavlja zavarovanje. Zavod pa tudi določa višino pavšalnih prispevkov, predpisuje listine in obrazce za obvezno zdravstveno zavarovanje ter sodeluje pri načrtovanju slovenskega zdravstvenega varstva. Poleg teh pomembnejših opravil spada v dejavnost Zavoda še sprejemanje prijav in odjav za obvezno zavarovanje, pregled nad zavarovanci, zbiranje prispevkov in premij, plačevanje računov za opravljene zdravstvene storitve, izvedenstvo pri bolniški odsotnosti zaradi bolezni, poškodb ali drugih razlogov, vodenje upravnih postopkov pri varstvu pravic, nadzor nad izvajanjem pogodb in še nekatere druge obveznosti.

Zavod ima svojo upravo, imenovano skupščina. V njej so zastopniki delodajalcev in zavarovanih oseb. Upravni odbor opravlja izvršilne naloge, generalni direktor pa poslovodne. Odbor za prostovoljno zavarovanje obravnava – kot že ime pove -

problematiko prostovoljnega zavarovanja .

Zavod je v času svojega obstoja prerasel administrativno poslovanje in postal strokovno učinkovit ter ekonomsko uspešen poslovni sistem. Pravno se je uspešno konstituiral, vzpostavil dobro organizacijo, strokovno usposobil kadre, prenovil informacijski sistem, uvedel prostovoljno zdravstveno zavarovanje, zasnoval računalniško kartico zdravstvenega zavarovanja in še bi lahko naštevali.

Veliko skrbno načrtovanega dela zadnjih let je bilo namenjenih pripravi Vzajemne, zavarovalnice za prostovoljno zavarovanje. Nanjo je Zavod novembra 1999 prenesel vsa prostovoljna zavarovanja. Vzajemna se bo trudila kar čimbolje zavarovati zdravljenje v bolezni in pri poškodbah več kot milijona Slovencev. Ker ni organizirana kot delniška družba, je torej neprofitna ustanova, bo skrbela, da bo s premijskim sistemom in z nižjimi stroški poslovanja zagotavljala celovito povezanost z obveznim zdravstvenim zavarovanjem. Poslovni cilj Vzajemne so predvsem najboljša prostovoljna zdravstvena zavarovanja.

Zavod je uvedel tudi partnerski model poslovanja; z njim se v zdravstvenem zavarovanju uspešno obvladujejo izdatki za zdravstvo. Gmotni položaj zdravstvenih zavodov, zasebnih izvajalcev, predvsem pa zdravnikov in drugega zdravstvenega osebja se je med tem ves čas izboljševal. Nasprotno pa so se izgube, neugodne sopotnice zdravstvenih zavodov iz preteklih obdobj, manjšale.

Za obvezno zdravstveno zavarovanje danes namenjamo 6,6 odstotka brutto družbenega proizvoda, t.j. približno 700 US\$ na prebivalca letno. To so podatki, primerljivi z državami članicami Evropske skupnosti. Za gmotno uspešno poslovanje Zavoda je bila velikega pomena uvedba prostovoljnega zavarovanja. Z njimi so se v sistem stekla znatna zasebna sredstva, ki pomagajo ohranjati kakovostno raven zdravstvenih storitev. Tako je prostovoljno zdravstveno zavarovanje prineslo v zdravstvo l. 1992 1,5 odstotka zasebnih sredstev, ta pa so v l. 1996 dosegla že 11,6 odstotka.

Z uvedbo obveznega in prostovoljnega zdravstvenega zavarovanja se je financiranje zdravstvenega zavarovanja uravnovesilo, sredstva zagotavljajo likvidnost, hkrati pa je poslovanje smotrno in poraba razpoložljivih sredstev pregledna.

Pričujoči prispevek je hotel osvetliti predvsem razvojno pot zdravstvenega zavarovanja pri Slovencih. Za primerjavo nekaterih parametrov med včeraj in danes še nekaj statističnih podatkov. Število zavarovancev je po drugi svetovni vojni ves čas raslo: med letoma 1945/46 jih je bilo okoli 125.000, leta 1950 okoli 300.000, leta 1967 že okoli 550.000, ker so se med zavarovance uvrstili tudi nekateri samostojni poklici, nato še obrtniki in kmetje. V istem letu je bilo izplačanih okoli 35.000 invalidskih, 80.000 starostnih in okoli 40.000 družinskih pokojnin ter skoraj 20.000 invalidnin. Upravičencev do otroškega dodatka je bilo okoli 130.000. Leta 1976 je imela Skupnost invalidskega in pokojninskega zavarovanja okoli 200.000 upokojencev; od tega okoli 100.000 starostnih ter po približno 50.000 invalidskih in družinskih upokojencev. Leta 1966 so imele vse komunalne skupnosti v Sloveniji okoli 770.000.000 din dohodkov, izdatkov pa za 30 milijonov din več. To se je zgodilo, ko je bila znižana prispevna stopnja z 8 odstotkov na 7. Leta 1961 je prišlo v Sloveniji na 100 zavarovancev okoli 95 obolenj, kar pomeni, da je bil povprečno v letu skoraj vsak zavarovanec enkrat nesposoben za delo.

V socialnem zavarovanju je bilo v Sloveniji leta 1961 zaposlenih okoli 1500 uslužbencev, danes jih ima Zavod za zdravstveno zavarovanje s svojimi desetimi območnimi enotami okoli 960. Leta 1992 je bilo uvedeno obvezno zdravstveno zavarovanje. Po njem so zavarovani vsi prebivalci Slovenije (po statističnih podatkih iz 1998 1.939.369). Januarja 1993 je bilo uvedeno prostovoljno dodatno zavarovanje. Do konca leta se je zavarovalo okoli 1.200.000 zavarovanih oseb.

Sklep

110-letna tradicija zdravstvenega zavarovanja pri Slovencih je prinesla številne izkušnje in znanje. Plodovi preteklosti so osnova za oblikovanje zdravstvenega zavarovanja prihodnosti. Najboljše iz včerajšnjega dne je osnova za danes, izkušnje in spoznanja, ki pa ob tem nastajajo, pa vodilo za jutri. Osveščena družba želi ponuditi čim boljše zdravstveno zavarovanje za svoje državljane, izbirati pa mora med idealnimi rešitvami in stvarnostjo. Ekonomija vse bolj posega v zdravstveno zavarovalništvo, vendar pri tem ostaja dovolj prostora za zdravstveno oskrbo vseh Zavodovih zavarovancev v bolezni, pri nezgodah in drugih primerih. Tudi ime Zavodove nove zavarovalnice Vzajemna pove, da ustanova s solidarnostjo gleda na svoje varovance in njihove potrebe ter med njimi ne dela razlik. Razlog za optimizem na poti v novo tisočletje.

Zvonka Zupanič Slavec

HEALTHY SEED ABUNDANT CROP

110 Years of Health Insurance Among the Slovenian people

Solidarity Befits Only Caring Societies

The first of August 1999 was the exact 110th anniversary of the introduction of health insurance and health care amongst the Slovenian people. That day of 1889 saw, only one year after Vienna, the statutory foundation of the first District Sick Fund in Ljubljana, in line with the Bismarckian social insurance model. This first fund was soon to be joined by similar establishments throughout Slovenia. This development facilitated harmonious evolution of medical and health treatment and health insurance to all employees and their families, and later on, to the entire Slovene population, stemming from the principle of solidarity. Hence, the event stands as a unique milestone in the evolution of health care and furthermore corroborates the fact that Slovenia has never been a province as far as health care is concerned.

From our present vantage point - with the beginnings of health insurance so remote in time - we often do not even realise the importance of material security in times of illness, injuries, after giving birth, ... and in the senior age. The truth with all improvements is that we tend to simply take them for granted and do not ponder upon all the work, efforts, and, most of all, social consciousness, required for all this to develop into "automatism". Among the first in Europe, we instituted compulsory health insurance, which evolved, in particular after the year 1945, into a model of the community's socially just care for the health of all. We succeeded in retaining this noble tradition to the present, when, as regards the organisation and stability, as well as the achievements of the profession, we can easily bear the comparison with the most advanced countries. Hence, the Health Insurance Institute of Slovenia has resolved to blend a discourse of its roots and track into the commemoration of this jubilee year.

Daily Bread is Hard to Earn

Throughout the evolution, mankind has been associated with work. The work has contributed to shaping the human condition and guiding man's progress, and, in particular concerning its most creative forms, stood for, and continues to do so, the essence of the human purpose.

In performing different kinds of work, the man has always been exposed to various threats to health and comfort. Even before the industrialisation of the society, the threats present in specific activities such as mining, foundry and other heavy production

branches were mitigated by the functioning of various professional associations, which sustained their members through illness or injury. Such associations among miners, craftsmen and merchants go all the way back to the late Middle Ages, while the process of the voluntary health insurance system expansion started in the industrial centres at the turn of the 18th century. It took the shape of the establishment of mutual assistance unions, called endowment unions and fraternal funds. The membership contributions to the funds were equal for all the affiliated, and the unions entered contracts with physicians, commonly providing the payment of monthly rates according to the number of the beneficiaries. Such were the origins of labour insurance.

A Profession Without Historic Chronicle Is Like a ROOTLESS TREE

The Slovenian people first encountered these developments at the time of the adoption of the Miners Act in 1854, which enacted fraternal funds providing compulsory health insurance to miners (mercury mine in Idrija) and foundry workers. In 1858, illness-covering insurance was extended to railway workers, and in 1869, their insurance was enhanced through insurance against injury. Compulsory insurance against injury was enacted for the factory workers in the Austrian part of the Habsburg monarchy through the act adopted in 1887, which followed the German Bismarckian model (dating to 1882). In the next year, the insurance scheme was extended to incorporate insurance against injury. The Prekmurje region of Slovenia was in the jurisdiction of the Hungarian legislation, which introduced the applicable regulations in 1891.

Under the Austrian-Hungarian rule, the social insurance of workers covering disability, old age and death, was not implemented on a general basis, while pension insurance covered only miners, starting from 1854, railway workers from 1874 and state employees from 1906.

Two thirds of the health insurance funding were contributed by workers and one third by their employers. Health insurance operated in the form of sick funds. Injury insurance was arranged by branches, separated from the health insurance and set up autonomously. The factory workers were insured against injuries through labour injury insurance funds. Those covering the Kranjska region were based in Trieste, those covering the Koroška and Štajerska region, in Graz. The railway workers were insured through the injury insurance company of Vienna. All the costs of their insurance were covered by the employers.

This presentation of the early stages of the evolution of insurance activity indicates the existence of various types of insurance: illness, injury, social and pension insurance. The present jubilee commemorates the emergence of health insurance in our environment.

The Story of Solidarity and Mutuality

The first sick fund in our country was founded on August 1, 1989, pursuant to the aforementioned Austrian act on insurance against illness from 1888. The significance of sick funds was in protecting the worker's social rights during illness and the rights to health care services. In cases of illness, the funds provided the workers with sick pay, meaning financial subsidy in the amount of 60 percent of the normal wage, for up to 20 weeks. Furthermore, the insured persons were entitled to physician's services, drugs, as well as hospital treatment that did not exceed the period of four weeks. After giving birth, mothers received subsistence allowance for four weeks, equal to 60 percent of the average wage. In the case of death, the sick fund also paid out funeral allowance, in the amount of an average 20-days wage. The calculation of sick pay amounts was based on normal wages. These were not associated with the particular worker's actual earnings, but rather reflected his classification in the wage class, i. e. his professional qualifications.

By the end of 1889, Kranjska and Spodnja Štajerska regions saw the establishment of 65 district sick funds with roughly 15,000 affiliated insured persons, 23 industrial plant sick funds with roughly 5500 affiliated members, 11 co-operative and one society sick fund, the latter two groups attending to roughly 1600 insured persons. Sick funds carried on their operation successfully up to the collapse of the Austro-Hungarian monarchy at the end of the First World War.

The sick fund seat was initially located in Ljubljana at the premises of the former town hospital, the present Kresija building next to the Tromostovje bridges. Later on, until 1925, when the service finally settled in the newly erected Kassal's palace on Miklošičeva 24, the sick fund's office seat was often moved. Among other locations, the institution resided for a considerable period of time at the present premises of the Slovene Academy of Sciences and Arts on Novi trg.

The Serb-Croat-Slovenian (SHS) Monarchy and the Workers' Insurance

In the social and political respects, the newly founded Yugoslavian state remained differentiated for a number of its early years. In turn, workers' security legislation was different among various regions as well. As early as in November 1918, the National Government of Slovenia reinstated social insurance for workers, and, in January 1919, founded the association of sick funds of the Slovenian territory. In the same year, all the former district and industrial plant sick funds were dissolved. They were replaced by the central District Sick Fund seated in Ljubljana. This fund was forced to rearrange its operations rather promptly, in order to assume all the obligations to the insured persons, i. e. to provide health care and sick allowances and to pay out pensions and rents to the pensioners of Slovenia. Namely the new fund was not supplied with the entire amount of the formerly collected resources, since a part of them had been invested in real estates at locations lost to foreign sovereignty after the World War, a part vanished in the bonds of Austrian war loans, and the amount was also reduced through inflation. Further changes followed in 1922 in the form of the Yugoslavian law on worker insurance which followed example of the legislation in force throughout Europe and disassociated insurance against injury. The said law brought no solutions for unemployment and pension insurance.

With the Yugoslavian law designed to regulate the workers' insurance (1922) the Drava banovine # also acquired the District Office for Workers' Insurance (OUZD) that very same year. Its operation was focused upon the insurance covering illness and injury sustained at work. The pension and disability insurance programmes were brought into existence after 1937. The Office's functions were to supervise the employers' obligations, keep records of the affiliated persons, define and collect contributions, ensure ambulatory and hospital health care as well as hand out cash allowances for illnesses and other allowances. In the case of an accident the Office examined the records and information concerning the workers' income and also made decisions concerning the investigation of the accidents and temporary subsistence payouts. In the case of exhaustion, old age or death the Office kept records of the insurance recipients and collection of contributions.

The All-Slovenian Health Insurance

The District Office in Ljubljana was the largest and most powerful institution of that sort in Yugoslavia, as well as the most important workers' social institution in Slovenia, with an enormous influence over the national economy. It was subordinate to the Central Office for Workers' Insurance in Zagreb, which masterminded the functioning of all Yugoslavian District offices seated in the capital cities of the banovines. The supreme control over insurance was placed in the hands of the ministry of social policies and national health. The institution seated in Ljubljana had a branch in virtually every major Slovenian city: Maribor, Celje, Murska Sobota, Novo Mesto, Kranj, Ptuj, Slovenj Gradec, Zagorje ob Savi, Kočevje and Tržič. The Office annually collected somewhere around

100.000.000 dinars. Around 30 percent of the resources were allocated to illness allowances, 10 to hospital health care, doctors and medicines, about 5 to maternity leave allowances and health resort therapies. Approximately one fifth of all resources were used for management costs, depreciations and different internal funds. The Office's dispensaries were located in Ljubljana, Kranj, Celje, Maribor and Ptuj. They entered health care contracts with private practitioners - for example, in 1932 there were 169 contracts of that sort.

The District Office's Health Care Mission

The Office permanently placed some of its doctors into several major factories: into the tobacco factory of Ljubljana, the paper mills of Vevče and Sladkogorska, textile industry of Litija and the Westen factory in Celje. In smaller factories, doctors operated on temporary basis. The Office also had clinics specialised for cases of emergency in Ljubljana, Kranj and Maribor. There were also the Office's consultation programmes for young mothers in Ljubljana and Tržič. For numerous elder residents of Ljubljana the Office's seat on Miklošičeva still represents the ambulatorium, meaning the place where health was being taken care of - laboratory and X-ray diagnostics, physiotherapy, mechano-therapy... For the purpose of physical therapy there was their own swimming pool, Tyrnauer heating apparatus, electrical baths and a special room for patients that were subjected to physical therapy. The ambulatorium further comprised an ordination room for minor surgery as well as a dental clinic.

Apart from that the District Office had its own baths (Ljubljana, Maribor, Kranj) and health resorts. *Medius curat – natura sanat*. Especially renowned were the thermal health resort in Laško, recovery resort of Rab and the lung tuberculosis treatment resorts at Golnik, Vurbek, Klenovik and Brestovec; bone tuberculosis was treated in Kraljevica. The District Office also used the Slovenian public hospitals and the university clinics in Zagreb. There were tuberculosis treatment dispensaries in Ljubljana, Maribor, Celje and Slovenj Gradec. In 1938 there were approximately 550 insurance recipients per doctor.

The Office also played a vital role in the field of the unemployment insurance. It collected compulsory contributions for the labour market and the chamber of workers. Its contribution to the development of health care and health insurance was enormous. It advanced the development of public health preservation as well as dispensary health care.

Membership and insurance were compulsory and uniform. All workers and employees were insured here except for those insured through fraternal funds (miners), state pension fund (state employees) and humanitarian funds within the framework of state-governed railroad service direction (railroad employees), as these institutions often furnished the affiliates with better insurance terms. As far as the law was concerned there were no other insurance providers. There were only certain offices for the intellectual workers and commercial employees, for example The Commercial Health Care and Support Foundation in Ljubljana.

In Ljubljana the Office's premises were located in the Miklošičeva street (built in 1925), in Maribor in the Sodna street (built in 1932), in Celje at first in the former national home and in Kranj. The institution was also the owner of numerous other real estate assets, residential buildings and business offices.

During World War II the Italians governing the occupied territory kept the SHS Monarchy insurance, while the Germans and the Hungarians set forth to establish their own compulsory health insurance.

Health Insurance to Measures of Socialism

After World War II the development of health insurance passed through several different phases. It was heavily influenced by political and economical conditions in Yugoslavia. The year 1952 marked the establishment of district institutes of health insurance all over Slovenia, designed to implement pension, disability and health insurance. The pre-war insurance institutes were dissolved and 1946 marked the establishment of The Insurance Institute of Slovenia, which was centralised and integrated into the Yugoslavian National Insurance Institute. New forms of health insurance were brought into existence in accordance with the socialist doctrines. There were a number of changes in 1961: there was a decentralisation of health insurance through the law on insurance institutes. 1962 marked the first assembly of the newly founded Insurance Association of Slovenia.

Insurance premiums were uniform over the whole Yugoslavian territory. In Slovenia, there were 15 insurance institutes in 1965. They were the generators of fast-growing quality in the field of health care services all over Slovenia.

In the mid sixties the social and health insurance covered almost the entire population. The exception to the rule were farmers, craftsmen and certain freelancing occupations. The extent and quality of health care services were also being advanced through the progress of the overall quality of living.

Between 1971 and 1980 further organisational changes took place. Communal associations (and institutes) for health insurance were established, and later on, self-managing interest associations (SIS-es) for health care. The goal of all these institutions was to bring compulsory health insurance to all population groups. This was the first time that the farmers have been included within the overall insurance scheme. Pension insurance was separated from the children's insurance.

Following 1976, an open service system was introduced notwithstanding limited available resources. This systemic discrepancy between the requirements and economical potential in the framework of the health care system brought about permanent deficits which were being covered through foreign loans, terrible inflation during the nineteen-eighties and constant underpayment of health care workers. In accordance with the great "health care demands" designed by the system, health care institutes lost no time in employing experts and paying them everything but well. The situation in other socialist countries was similar, where doctors and pharmacist were numerous and destitute.

The period between 1980 and 1992 is considered to be the time of the "national health care" concept also known as the "utopic solution", wherein everybody was to have access to the entire scope of medical services and every other benefit. At the same time the ideology of the socialist self-management system called for decentralisation within different fields. This is why the republic self-management interest associations fragmented to the inter-communal and communal level. They took on all tasks of ensuring health care to the population, including the financing aspects. This model was abolished in 1990, and the care for financing was placed in the hands of the Republic Administration for Health Care within the Ministry of Health Care. This form of organisation also belongs to the history as it was only operating until early in 1992 when new health care legislation was brought into force. Pursuant to this Law on Health and Health Insurance, the Health Insurance Institute of Slovenia was founded on March 1, 1992.

Noble Tradition of the Institute's Seat in Ljubljana

In 1925, after almost four decades of operation from various provisional premises, The District Office of Worker's Insurance established its domicile in the newly constructed building in the Miklošičeva Street. The architectural design was assigned to the renowned Czech architect Dr. Miroslav Kasal (1884-1945).

He designed a magnificent palace, the portal of which, in 1924, was artistically and symbolically ornamented by the sculptor Lojze Dolinar (1893-1970). He carved two reliefs in Karstic stone, entitled "Labour" and "Concern for Labour". The former one portrays two muscular workers, while the latter presents us with a woman nursing an injured worker. The sculptures emanate distinctive expressionist energies, resembling that of the works of the world famous Croatian sculptor Ivan Meštrović.

The interior of the building is also filled with refined ornamentation: from the architecture giving emphasis to the entire building to the gigantic Jakopič canvas named Catastrophe, dating from 1930. The management of the District Office decided to hire the most renowned painter of his time Rihard Jakopič to decorate the front wall of its hall. In the record-breaking period of the next six months he crafted his largest canvas (3 by 4 meters), depicting Christ and 15 workers' figures. The manufacture of this room's chandelier was assigned to the capable hands of Jože Plečnik. The Institute has continued this tradition of excellence and longevity to this very day. They have recently placed a fountain named Arbor vitae in the central yard of the renovated building, the work of the academy member Drago Tršar (1999), which represents another symbol of the Institute's philosophy of the close bond between an individual and his health preservation. The hall was connected to the nearby atrium, with a roof added in 1995 so that it now, together with the Jakopič hall, represents a miniature congress centre.

Health Insurance in the Independent Slovenia

The date of the Institute's founding is the first of March in 1992. It became the exclusive provider of public health insurance, which is a non-profit enterprise by nature. The Institute provides compulsory and voluntary health insurance, collects and allocates funds for both programmes. It is an important public service with clearly set professional, organisational, management, expert and administrative tasks.

The Law on Health Care and Health Insurance lays down numerous tasks for the Institute. Its functioning is for the most part autonomous, whereas it consults the Government and the Ministry of Health Care concerning various matters and attunes the work programmes to the economical potentials. In the case of determining the amount of the contributions the Institute plays only a proposing role. Similar rules apply to defining the rights, procedures, standards and other conditions provided by various bylaws.

The Institute has numerous basic tasks: defining the rights of insured persons and the standards of services, representing the interests of insured persons and contribution payers in the process of negotiations with the partners concerning the health service programmes, their actual implementation and formulation of their prices. Furthermore the Institute makes contracts with health care service providers and with the suppliers of technical aids. It develops the methods for accounting of health services and also implements them. According to the adopted contribution rates, the Institute drafts a proposal concerning the portion of the costs of services to be covered by the health insurance. It also defines the fixed sum contributions, defines documents and forms applicable under compulsory health insurance as well as participates in the planning of the Slovenian health care system. Apart from these major tasks it also processes individual compulsory health care registering-in and registering-out applications, keeps records of individual insured persons, collects contributions and premiums, settles the bills for health care services, expert ruling concerning sick-leaves, injury and other causes of absence from work, carrying out administrative procedures concerning the protection of rights, monitors the implementation of individual contracts, and a series of other tasks.

The Institute is governed by its management body called the Assembly. It consists of the representatives of the employers and of the insured persons. The Board of Directors carries out executive tasks while the Director General is responsible for the day-to-day

management. The Voluntary Insurance Committee is in charge of, as its very name would imply, the field of voluntary insurance.

In the course of its operation, the Institute has outgrown administrative functioning and has developed into a professionally efficient and economically successful business system. It has successfully completed legal constitution and organisational setup of its operations, trained its staff, reformed its information system, introduced voluntary health insurance, designed the computer health care card - just to name a few of its accomplishments. A large portion of this carefully planned work over the past few years has been invested in the establishment of Vzajemna, the voluntary health insurance branch. This is where the Institute intends to transfer all its voluntary insurance accounts in 1999. Vzajemna was designed to strive to help over a million of Slovenian people when dealing with illness or injury. Vzajemna is organised not as a joint-stock company but rather as a non-profit institution so its goal is to achieve a wholesome corroboration of the compulsory health insurance system through the premium system and the lower cost of operations. The business mission of Vzajemna is above all providing the best voluntary insurance policies possible.

The Institute also introduced the partnership model of operations. In this manner it is possible to successfully contain the health care system costs. The economical situation of health care organisations, private practitioners, and especially doctors and other medical staff has been improving throughout this last period. In contrast, deficits – the unwelcome companions of the health care organisations of times past – have been greatly diminished.

Nowadays, the compulsory health insurance absorbs about 6.6 percent of the gross national product, which is approximately 700 US\$ per citizen per year. These figures are fairly comparable with those of the EU countries. The introduction of the voluntary health insurance system played a very notable role in the economical soundness of the Institute's financial performance. In this manner substantial private resources are gathered to serve to maintain high standards of health care services. In 1992 the voluntary insurance contributed 1.5 percent of all funds, this share increasing to as high as 11.6 percent in 1996. The introduction of compulsory and voluntary health insurance brought stability to the financing of the health care system. The resources maintain liquidity, the management being conducted in a rational fashion and the utilisation of available funds is transparent.

The purpose of this contribution being the illumination of the evolution of the health insurance among the Slovenian people, let us conclude it at this point. To enable the reader to draw certain comparisons concerning yesterday and today let me list some statistical data:

In the year 1945/46 the number of insured persons in Slovenia was approximately 125 000. In 1950, this number was approximately 300 000. In 1967, the number was approximately 550 000, as certain freelancing occupations were integrated into the health insurance scheme, later followed by the craftsmen and the farmers. In that year, approximately 35 000 disability, 80 000 old-age and approximately 40 000 family pensions were on the payment list, as well as almost 20 000 disability allowances. There were approximately 130 000 infant supplement recipients. In 1976 the Association of Disability and Pension Insurance provided for approximately 200 000 retired persons – approximately 100 000 old-age as well as approximately 50 000 of disability and 50 000 family pensioners. In 1966 all communal associations in Slovenia drew approximately 770 000 000 million of dinars in income, while their expenses surpasses this amount by 30 million dinars. This was the outcome of the reduction of the contribution rate from 8 % to 7%. In 1961 there were 95 cases of illness per 100 insured persons, meaning that, on the average, almost every insured person took a sick-leave once per year. In 1961 the number of employees in the social security service was approximately 1500. Today

the Health Insurance Institute with its ten regional units employs a staff of approximately 960. In 1992 compulsory health insurance was enacted, to cover the entire population of Slovenia (according to the 1998 statistical data, this number is 1.939.369). In January 1993, voluntary supplementary health insurance was introduced. Approximately 1.200.000 people had affiliated by the end of the year.

Conclusion

The 110-year long tradition of health insurance among the Slovenian people has given rise to an enormous amount of experience and expertise. The achievements of the past are the ones to shape the insurance of the future. The best of yesterday is the foundation for today and the experience and realisations thus gained provide the guidance towards tomorrow. A caring society strives to offer its citizens the best possible health insurance, but in the process it is forced to steer between ideal solutions and reality.

Economics relentlessly expands its significance in the health insurance sector; yet it leaves sufficient room for adequate health care for all of the Institute's clients in the cases of illness, injuries or other cases of need. The very name of the Institute's new insurance organisation Vzajemna (meaning Mutual) signifies our foundation's solidarity towards its clients and their needs. A reason for optimism when facing the new millennium.

Zvonka Zupanič Slavec