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ORIGINAL ARTICLE

OUTCOME OF REGULATORY FEES IN HEALTHCARE

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Abstract
Healthcare in the Czech Republic is funded especially from public funds. Public health insurance, state funds and funds of regions and municipalities belong amongst these public funds. They represent circa ninety per cent of all expenses flowing into health service, which is the highest share from OECD (Organisation for Economic Co-operation and Development) countries. The share of private funds, which are cost sharing by patients, gifts or charity, are around ten per cent of all expenses on heath service. Regulatory fees paid in relation to healthcare provision since 1 January 2008 is a new form of cost sharing in the Czech Republic.

The aim of the carried out research was to map the opinion of respondents on the implemented regulatory fees, the benefits thereof, any modifications or total cancelation. The authors used quantitative research and the data collection method in the form of questionnaires. The research body comprised of randomly selected citizens of two districts of the South Bohemian Region.

Research results proved that most respondents are not in favour of area cancelation of regulatory fees but they are in favour of modifying them. The most acceptable is the regulatory fee for hospital stay per day, on the other hand, the worst evaluated is the fee for each item on prescriptions. The implemented regulatory fees led to the decrease of visits at the doctor's with 28% of respondents.

Key words: *cost sharing – healthcare – public health insurance – fee*

INTRODUCTION

Healthcare in the Czech Republic is funded especially from public funds. The purpose of the health insurance system is to pay costs for healthcare provided to insured persons with the aim to preserve or improve their health. The asset of this way of healthcare funding is that it protects natural need of citizens; it motivates them to take interest in their own health and encourages healthcare facilities (both state and non-state) and their employees to high quality and effective activities (Zigová 2007).

Nevertheless, healthcare provision and payment systems are known for many inefficiencies resulting especially from the fact that market mechanisms cannot be fully applied. Exogenous reasons for costs increase in healthcare, faced by all developed countries, are particularly demographic changes in the population, increase of costs for new medical tech-

nologies and life prolongation thanks to medical science. Costs for research, clinical assessment and marketing campaigns, which are reflected in prices of pharmaceuticals, and patent protection of new preparations, are a significant factor with pharmaceuticals. Also globalisation, consumerism and the natural increase of costs have some impact (Zigová 2007). The rapid growth of healthcare costs, which are alarmingly starting to balance out incomes coming into health insurance, leads both health insurance companies and the state to seek for ways to keep costs in reasonable limits.

One of the possibilities of optimising demand for health care is cost sharing by the patient. Cost sharing means direct payments from personal funds, which the patient has to pay in healthcare facilities for provided health services paid from health insurance (Němec 2008).

The aim of healthcare service is to help improve health of people and secure good functioning of the system providing health services (Holčík et al. 2005). Therefore the implementation of cost sharing by patients should not prevent the patient from access to healthcare. Every person should receive such healthcare, which corresponds to the needs and state of health of the said person (Durdisová 2005).

Usually, states have three long – term targets in the area of healthcare policy: 1. secure the widest possible access to medical care regardless the patient's incomes; 2. provide high quality healthcare; 3. maintain long – term financial stability of the entire health service system. The main aim is to achieve all of these targets at the same time. Most healthcare systems require patients to contribute with certain amounts to costs of provided healthcare. Nevertheless, deciding about the extent of cost sharing amounts and about what exceptions and limitations should apply is very difficult and often it is a political process (Lundy and Finder 2009). High cost sharing may guarantee better healthcare to the citizen and better payments to doctors, but it can also be the cause of higher financial burden of payers (Tomeš et al. 2002).

Political aspects together with economic aspects are fundamental for health service. Politics determine decision – making authority for makers, who negotiate about results, whereas economics determines, which means are available and how they are allocated (Edelman and Mandle 2006).

Basically three forms of cost sharing are used in health insurance – franchising, coinsurance and copayment. A copayment is a fixed amount (e.g. CZK 30), which the patient has to pay for every visit at the doctor's or for every issued prescription (Němec 2008). Also the Czech Republic set out for the way of the copayment starting 1. 1. 2008.

Regulatory fees in health service were implemented by the amendment of Act No. 48/1997 Coll. on Public Health Insurance with validity from 1 January 2008. The reason was the effort to regulate costs for public health insurance, lead patients to visit the doctor only in reasoned cases. Also the aim was to decrease costs for pharmaceuticals paid from health insurance, which were increasing in geometric series, and also to increase incomes of healthcare providers from funds other than public health insurance.

According to the currently valid legal regulations, in relation to the provision of paid care, the insured person or his legal representative is obligated to pay to the healthcare facility that provided healthcare a regulatory fee in the amount of:

a) CZK 30 for visit, during which a clinical examination was carried out at a medical practitioner, gynaecologist or dentist, outpatient specialist, including visits at the clinical psychologist and clinical speech therapist. The fee in the same amount is also paid for giving out every pharmaceutical paid fully or partially from health insurance and prescribed regardless the number of packages. By amendment of the Act on Public Health Insurance, children up to 18, including this day, were exempted from the payment of this regulatory fee with validity from 1 April 2009. The exemption only applies for the fee for a visit at the practitioner's and outpatient specialist and for a visit by the practitioner. Children continue to pay the fee for visiting a clinical psychologist, clinical speech therapist and for giving out a prescribed pharmaceutical;
b) CZK 60 for each day of provided institutional care, complete spa care or institutional care of children's professional sanatoriums;

c) CZK 90 for emergency service provided by a healthcare facility providing First Aid medical service (Section 16a of Act No. 48/1997 Coll., on Public Health Insurance).

It arises from the above mentioned that fees apply only for the provision of care paid from public health insurance. This means that it is not possible to charge fees if care is fully paid by the patient (e.g. some plastic surgery interventions, interventions in relation to voluntary vaccination, interventions in the patient's private interest etc.) (Regulační poplatky v ordinacích 2010).

The regulatory fee is paid by the insured person or his legal guardian to the healthcare facility, the fee remains an income of this healthcare facility and is used by it to pay costs connected with running of the healthcare facility and its modernisation (Ministry of Health of the Czech Republic 2007).

Healthcare facilities disclose information about selected regulatory fees to health insurance companies within statements of provided healthcare. Pharmacies also report the amount of surcharge for pharmaceuticals, which is included in the so-called protective limit.

The protective limit is CZK 5 000 per year and only regulatory fees in the amount of CZK 30 and surcharges for partially paid pharmaceuticals and food for special medical purposes are included in it. With pharmaceuticals and food for special medical purposes, only a surcharge in the amount of the surcharge for the cheapest pharmaceuticals and food for special medical purposes containing the same medical substance and same way of using, which are available on the market, is included. The protective limit was decreased to CZK 2.500 per year for children under 18 and insured persons over 65 years of age. The health insurance company is obligated to pay to insured person the amount, by which the chargeable fees and surcharges exceed the above mentioned protective limit, within 60 calendar days after the elapse of the calendar quarter, in which the limit was exceeded (Act No. 48/1997 Coll.).

The aim of the carried out research was to establish the opinion of respondents on the existence of regulatory fees in health service, especially whether the public agrees with the preservation of regulatory fees, or it is in favour of the cancellation of the fees, whether these fees forced the respondents to a lower use of healthcare, or whether the respondents were even willing to use healthcare abroad because of lower cost sharing.

METHODS AND MATERIAL

The authors used quantitative research, data collection method and questionnaire technique. The research took place from November 2009 till the end of February 2010 in the South Bohemian Region.

Characteristic of the research set: 620 respondents were approached – randomly selected citizens of the South Bohemian Region for districts Jindřichův Hradec, České Budějovice and Tábor. The rate of return of the questionnaires was 76% and subsequently after evaluation 465 questionnaires were used. The questionnaire contained 13 questions, the first three of which were related to sex, education and income of the respondents.

RESULTS

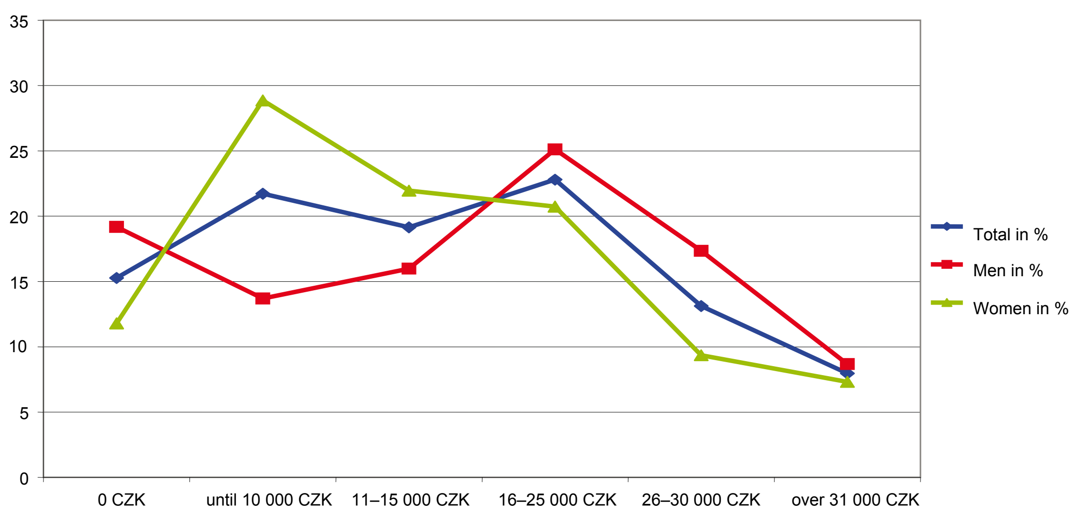
59% of women and 41% of men participated in the research. As for the highest achieved education, university graduates were represented by 12 %, higher professional education was achieved by 5% of respondents, 32% achieved high school education and school leaving exams, 35% of respondents were apprenticed and 16% respondents achieved only elementary education.

Representation of respondents according to education is set out in detail in Table 1. Graph 1 shows their distribution into income groups in total and separately the representation of men and women according to income.

Table 1. The highest achieved education of respondents

The highest achieved education	Men	Women	Total	Men in %	Women in %	Total in %
Elementary	40	33	73	18,26	13,41	15,70
Apprenticed	70	93	163	31,96	37,80	35,05
High school	71	77	148	32,42	31,30	31,83
Higher professional	7	17	24	3,20	6,91	5,16
University	31	26	57	14,16	10,57	12,26
Total	219	246	465	100	100	100

From the total number of approached respondents, 22 % had an income to CZK 10 000. 19% of respondents had income from CZK 10 to 15 thousand, almost 23% of the respondents had income from CZK 16 to 25 thousand, 13% of respondents was in the income limit from CZK 23 to 31 thousand and 8 % of respondents was on the highest income level (over CZK 31 thousand). 15% of respondents had no income at all.

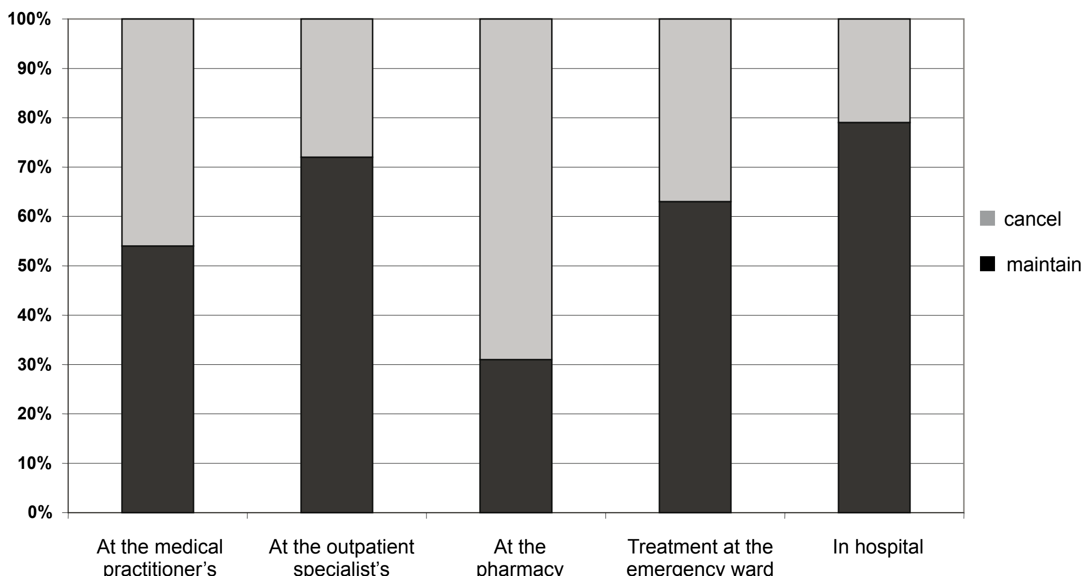


Graph 1. Average net monthly income of respondents

It resulted from the questionnaire that only with 28% from the total amount of respondents the introduction of regulatory fees affected the number of visits at a healthcare facility. The largest impact of the introduction of regulatory fees on the number of visits was with people without any income, i.e. students, persons registered with the labour office with no entitlement to support, housewives, etc. Nevertheless, only 30% of respondents with income up to CZK 10 000 stated, that the introduction of regulatory fees affected their number of visits at the doctor's , with 70% of people in this income category, regulatory fees did not affect the number of visits at the doctor's . This trend rises accordingly with the amount of respondents' income.

Table 2 represents answers of respondents to the question, whether the introduced regulatory fees affected the number of visits at the doctor's.

Respondents were further asked whether they agree with the payment of individual types of regulatory fees. Graph 2 represents their answers in total expressed as a percentage.



Graph 2. Respondents' opinion on cancelation or maintaining of regulatory fees

54% of respondents agreed with the introduction of regulatory fees for visiting the medical practitioner, 72% of respondents agreed with the payment of the fee in case of an examination by an outpatient specialist. Contrary to that, only 31% of respondents agreed with the existence of a regulatory fee for an item on a prescription and 69% expressed their disagreement with this fee. 63% of respondents agreed with a fee in the amount of CZK 90 for treatment at an emergency ward and 79% of respondents agreed with the introduction of a regulatory fee in the amount of CZK 60 for a day's stay in hospital.

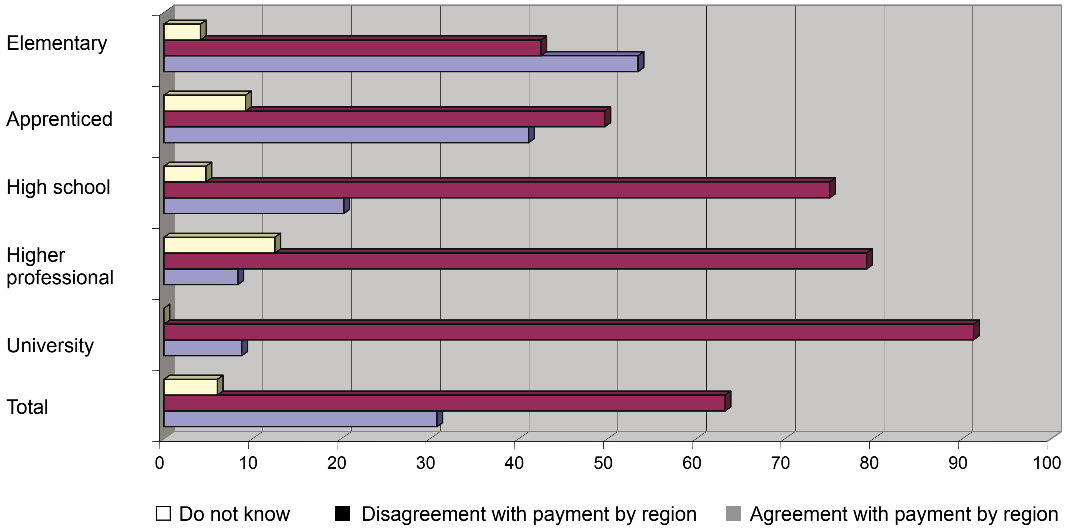
The next question tried to establish the overall opinion of the respondents on the introduction of regulatory fees, i.e. whether the respondents agree with them, or would they suggest the cancelation thereof, respectively would they cancel only some of the existing fees.

Table 3 represents answers of respondents to this question based on the level of education achieved.

Table 3. Opinion on impact of fees

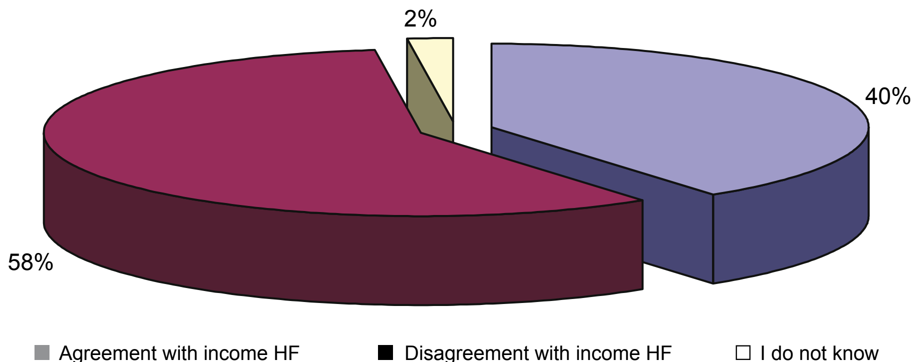
The highest achieved education	Cancel all	Maintain current state	Cancel some	I do not know	Cancel all in %	Maintain current state in %	Cancel some in %	I do not know in %
Elementary	29	12	26	6	39.73	16.44	35.62	8.21
Apprenticed	61	29	68	5	37.42	17.79	41.72	3.07
High school	35	49	62	2	23.65	33.11	41.89	1.35
Higher professional	7	5	9	3	29.17	20.83	37.50	12.50
University	5	13	33	6	8.77	22.81	57.89	10.53
Total	137	108	198	22	29.46	23.23	42.58	4.73

Question No. 10 of the questionnaire looked into the opinion of respondents on the fact, that from 1. 1. 2009 individual regions paid regulatory fees for treatment in regional hospitals in the case, that the patient shows interest in the payment of the regulatory fee and signs a so-called deed of donation. Graph 3 represents answers of respondents to this question based on the level of education achieved.



Graph 3. Agreement with the payment of regulatory fees by the region in total expressed as a percentage

According to the current legislation, a regulatory fee is an income of the healthcare facility, which charged it (IHIS Czech Republic 2010). Respondents were asked through one of the questions, whether they agree with this state. Graph 4 represents their answers.



Graph 4. Fee as an income of the healthcare facility (HF) that charged it

The last question give to the respondents within the realised survey was the question, which factors could affect the decision-making of respondents concerning the use of planned healthcare abroad. Table 4 shows answers of the respondents.

Table 4. Factors affecting the use of healthcare abroad

Factor/affects decision	Yes (%)	No (%)	Do not know (%)
Cost sharing amount	53	32	5
Language barrier	47	45	8
Commuting distance	58	37	5

DISCUSSION

Cost sharing by patients is usual in many European countries. Though the highest amount of a patient's cost sharing in the Czech Republic is for dentistry products and pharmaceuticals, this amount of cost sharing is relatively low compared to other countries. E.g. in the Czech Republic, private expenses on pharmaceuticals barely amount to 20%, whereas in other countries, the percentage significantly higher (e.g. France – cost sharing 65% with minor illnesses, 35% with serious ones; Finland – patient pays for pharmaceuticals up to 8 €, cost sharing of 50% is for higher prices; Germany – cost sharing 10%, minimum of 5 €, i.e., all cheaper pharmaceuticals are paid by the patient in full amount) (Kahoun et al. 2009). Also costs for hospital care in other European countries are usually partly covered by the patient. E.g. cost sharing in the price of hospital services in France is 20 %, in Germany the patient pays a fee of 10 € per day of hospital care, in Switzerland the fee is CHF 10 per day of hospital stay (Lundy and Finder 2009).

Respondents (in total) stated that in 28% of cases the introduction of regulatory fees resulted in a decrease in the use of healthcare.

As expected, there was minimum impact of regulatory fees on visits at the doctor's with persons in higher income categories, i.e. with persons with income over CZK 26 000 per month. On the contrary, 59% of persons without any income stated that the introduction of regulatory fees resulted in the decrease of their visits at the doctor's. Expressed in percentage, respondents with income up to CZK 10 000 and respondents ranked in the other two higher income categories answered practically in accordance that regulatory fees did not have any impact on visits at the doctor's with 70% of them. Therefore, the reasoning of a visit at the doctor's depending on income cannot be derived directly.

According to data of the Institute of Health Information of the Czech Republic, in 2008 the introduction of regulatory fees resulted in a significant decrease in the number of treatments with all "charged" health services. An exception is only the number of days of treatment (DT) at inpatient healthcare facilities and the number of outpatient dentistry examinations, which were also decreased, but only by the same percentage, which corresponds with the trends of the last years, but which probably relate to the introduction of regulatory fees only marginally.

The total decrease of days of treatment in inpatient healthcare facilities compared to 2007 was 4.2%, which probably slightly relates to the introduction of regulatory fees, but for the most part it is caused by the reduction of the number of beds, particularly with acute health care. There was reduction of circa 1 760 beds of acute health care in the Czech Republic from 2005 till 2008.

Nevertheless, the decrease in the number of treatments at the First Aid medical service in connection with the introduction of regulatory fees is marked, when the number of treatments decreased in 2008 by 35.9%, compared to 2007. The number of ambulance transports slightly rose – by circa 0.5%, therefore it possible that with regard to the impact of regulatory fees, patients in some cases rather used ambulance services than First Aid medical service.

Table 5. Decrease of consumption of healthcare services

Decrease of days of treatment (DT) or the number of examinations year – on – year in percents	Index 2005/2006	Index 2006/2007	Index 2007/2008
DT in total in inpatient facilities	96.3	98.0	95.8
Number of treatments at First Aid	101.6	92.9	64.1
Number of outpatient treatments	98.6	97.8	83.0
Number of outpatient dentistry treatments	97.5	99.6	96.3

Source: IHIS Czech Republic, Current information No. 63/2009

Also numbers of treatments at outpatient specialists decreased year – to – year in 2008 by 17%, whereas in the previous years the decrease was by 2–3% yearly.

Significant savings related to the introduction of regulatory fees were in payments for pharmaceuticals. In 2008, the number of prescriptions paid fully or partly from health insurance decreased to 73.3% compared to 2007. Payments of prescribed pharmaceuticals by health insurance companies decreased to 97.6% of the amount of 2007, i.e. by CZK 820 mil. (IHIS Czech Republic 2009). Expenses for cheap pharmaceuticals to CZK 150 decreased significantly, by 19% compared to 2007. Funds saved in this way were used especially for the payment of pharmaceuticals in specialised care centres, were very expensive care for oncology patients, patients with multiple sclerosis and treatment of other very serious diagnoses is concentrated. The payment of pharmaceuticals in these centres rises significantly year – to – year.

The fee for an item on a prescription is considered least acceptable for most of the respondents. The total of 69% of respondents is in favour of the cancelation thereof. Then it is paradoxical that the fee, which brought the highest savings in the public health insurance system, is the most negatively assessed fee by respondents. The reason is probably the fact that respondents do not know reasons for the payment thereof and they do not realise that in many cases, income from fees enabled the pharmacies to reduce their margin and thereby the final price of pharmaceuticals. It is also remarkable that opinions of the respondents widely differed from the research carried out by the Institute of Sociology of the Academy of Sciences in 2006. According to this research, more than a half of the respondents did not agree with any financial cost sharing in healthcare service. The fee for a day's stay in hospital was also assessed negatively; 3/5 did not agree with a fee for a visit at the outpatient specialist's without recommendation of the medical practitioner. Only with the payment of a unified fee for prescription the supporters and opponents were practically 50 to 50 (Bayer et al. 2006).

Contrary to the fee for an item on a prescription, the fee for a stay in institutional treatment facilities is best received. From the total number of respondents, 367 of respondents, which is 79%, is in favour of maintaining the fee for a stay in hospital.

Also the respondents' opinion on the cancelation or maintenance of regulatory fees as a whole is interesting. 29% of respondents was in favour of the cancelation of all regulatory fees, 43% of respondents were in favour of partial changes and cancelation of some regulatory fees, whereas the most frequently suggested changes were the cancelation of fees for an item on a prescription and inclusion of the income from the fee into the public healthcare system; 23% of respondents would preserve the current state and 5 % stated that they do not know how to deal with the given issue.

The support of suggestions meaning financial contributions by patients increases with education and the standard of living. Logically, particularly people with a low standard of living the least support suggestions meaning higher financial burden for patients.

From January 2009, the Central Bohemian Region started paying regulatory fees for citizens in its healthcare facilities using a

so-called deed of donation. The remaining regions in the Czech Republic joined this procedure from February 2009. This procedure brought up many reactions from administrative proceedings conducted by health insurance companies against regional hospitals, to administrative proceedings conducted against some regions by the Ministry of Health of the Czech Republic. The Ministry of Interior instituted administrative proceedings with four regions in January 2010, because they paid regulatory fees in health service. This includes Zlín, Hradec Králové, South Bohemian and Ústí regions. Under the opinion of the Ministry of Interior, the procedure of these regions is contrary to the Act on Public Health Insurance, especially because the regions are breaking bounds of their competence and through their procedure they relieve the insured persons from their legal obligation, whereas the regulatory effect of fees is eliminated (Regulační poplatky ve zdravotnictví 2010).

More than 63% of respondents did not agree with the fact that regions pay regulatory fees in regional hospitals (i.e. only in some facilities and for some patients). Only 30.7% stated that they agree with this procedure. Respondents with higher education show disagreement to a larger degree. They disagree in 91.23%. This is probably related to higher awareness of the given group of respondents concerning individual contexts of the system, and also the higher income level of these groups of citizens.

According to data of regional offices for 2009, regions spent the total of CZK 480.7 mil. on the payment of regulatory fees. Paradoxically, this procedure may lead to higher use of healthcare with some patient categories, because the region pays regulatory fees for them, but at the same time, regional hospitals are reporting to insurance companies that these patients paid the regulatory fees. Then health insurance companies include the fees in the protective limit and return the excess regulation fees to the insured person upon exceeding the protective limit, though the insured person did not pay them. The stated procedure can counterproductive in some cases and it distorts statistic data for 2009 significantly.

As already mentioned above, paid regulatory fees remain an income of healthcare facilities and they should be used for the payment of costs related to the running of these facilities and for their renovation.

In Germany and some other states of the European Union, the paid regulatory fees are returned into the health insurance system (Jandová 2007). Probably most of the respondents would be in favour of this, because 58% of them do not agree that the regulatory fees remain an income of the facility, which charged them. Only 40% of the respondents stated that they agree that charged regulatory fees are not returned into the health insurance system and they remain an income of the facility, which charged them.

The enabling of free movement of persons within European area offers the question, whether respondents are considering the possibility of requiring care in another country of the European Union. Within the carried out research, respondents were asked, which factors could affect their decision-making on the use of planned healthcare abroad; 47% from the total number of respondents stated that a language barrier would affect their decision-making on the use of planned healthcare abroad. 58% of respondents mentioned commuting distance as factor, which could affect planned care abroad.

The respondents further stated that the decision-making process can also be affect for instance by the fact that no contact between the family and the patient would be possible. The cost sharing amount would affect decision-making of 53% of respondents. It also resulted from the given research that 73% of respondents consider cost sharing of a patient abroad higher than in the Czech Republic; 15% considers the amount the same, 6% considers it lower and 6% cannot answer this question.

CONCLUSION

According to data of the Ministry of Health of the Czech Republic, in 2008 the introduced regulatory fees meant an increase in the income of healthcare facilities by CZK 5 024 mil. At the same time, other savings, which these fees brought to the public health insurance, is estimated in the amount of CZK 5 045 mil. (about CZK 1 250 mil. From this

was saved on outpatient services, CZK 3 630 mil. for pharmaceuticals and the estimate for savings on inpatient care services amounts to CZK 165 mil. (Ministry of Health of the Czech Republic 2009).

Nevertheless, in 2009 there was a slight increase in the use of healthcare services, compared to 2008. The most significant increase was with pharmaceuticals, when payments of health insurance companies increased by 12% compared to 2008. Health insurance companies paid for 59 million prescriptions from the total amount of prescriptions in 2008, in 2009 it was 63 million. Despite this increase, it is by 18% less than in the years 2006 and 2009. Under the authors' opinion, this fact could be affected by several factors. It is for instance the inflow of more expensive pharmaceuticals to the market, also a certain stocking up with pharmaceuticals done by many patients at the end of 2007, because they were concerned about the introduction of regulatory fees. Last but not least, the fees payment system in 2009 did not motivate patients to savings, when regions paid fees in their healthcare facilities for the patients.

In 2009 there was an increase in treatments at First Aid medical service by 11.9% in comparison with the previous year. Nevertheless, it is by 33.4% less visits than in 2006 (IHIS Czech Republic 2010).

The carried out research proved that introduced regulatory fees led to a decrease in visits at the doctor's, which was also confirmed by statistic data. Most of the respondents are not in favour of blanket cancelation of regulatory fees, but they support the change thereof. The fee for an item on a prescription is the least favourite, on the other hand, respondents do accept the fee for a stay in hospital. The payment of regulatory fees as such is not decisive for the respondents, but they do not agree with the fact that these fees remain an income of healthcare facilities. The respondents would rather accept the return of the fees back to the public health insurance system. Also, most of the respondents do not agree with the payment of regulatory fees by regions.

According to statistic data, regulatory fees affected the use of healthcare services in the Czech Republic. At the same time, they brought additional funds into health service. As stated above, according to data of the Ministry of Health of the Czech Republic, the fees brought about CZK 10 billion into the system immediately after their introduction in 2008. There is no such estimation for 2009, in 2010, the Ministry of Health of the Czech Republic estimated the slump of the public health insurance in case of cancelling the fees at CZK 7 billion (IHIS Czech Republic 2010).

Under the authors' opinion, the introduction of regulatory fees is an important part of the health service reform in the Czech Republic and the fees also proved to be an important anti-recession measure. It is a pity that this is a rather sporadic step towards the health service reform and further continuing reform measures have not yet been adopted.

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QUESTIONNARY

Dear Madame / Sir,

We would like to ask you to kindly fill in this questionnaire, the aim of which is to monitor public opinion on the introduced regulatory fees in health service.

The questionnaire is part of a research for a dissertation. All data are anonymous. Please, tick only one option, unless stated otherwise.

Thank you for your helpfulness and cooperation.

Věra Pražmová, Karel Dušek,
Students of the doctor study programme of the
Faculty of Health and Social Studies of the South Bohemian University

1. **Sex**
   □ man
   □ woman

2. **Highest achieved education**
   □ elementary
   □ apprenticed
   □ high school
   □ higher professional
   □ university

3. **Your average net monthly income**
   □ Without income
   □ to CZK 10 000
   □ CZK 11–15 000
   □ CZK 16–25 000
   □ CZK 26–30 000
   □ over CZK 31 000

4. **Did the introduction of regulatory fees result in a decrease of your visits at the doctor's?**
   □ yes
   □ no

5. **What is your opinion on the further existence of the regulatory fee for treatment at the medical practitioner?**
   □ cancel
   □ maintain

6. **What is your opinion on the further existence of the regulatory fee for treatment at the outpatient specialist?**
   □ cancel
   □ maintain

7. **What is your opinion on the further existence of the regulatory fee for an item on a prescription?**
□ cancel
□ maintain

8. **What is your opinion on the further existence of the regulatory fee for treatment at First Aid medical service?**
□ cancel
□ maintain

9. **What is your opinion on the further existence of the regulatory fee for a day's stay in hospital?**
□ cancel
□ maintain

10. **What is your opinion on the introduced regulatory fees as a whole?**
□ I am in favour of the cancelation thereof
□ maintain current state
□ cancel only some of them
□ I don't know

11. **What is your opinion on the fact that, based on deeds of donation, regions pay regulatory fees for insured persons treated in regional hospitals?**
□ I agree with this procedure
□ I don't agree with this procedure
□ I don't know

12. **Do you agree that paid regulatory fees remain the income of the health facility that charged them?**
□ I agree
□ I don't agree
□ I don't know

13. **Should you decide about using planned care abroad, you decision would be affected by the:**
□ cost sharing amount
□ commuting distance
□ language barrier
□ other facts, state which ones ....