

EU legislation and health insurance in Germany

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Health insurance in Germany

SHI Modernization Draft Act 2003

- complementary insurance
- implementation of ECJ-jurisdiction

Discussion

Future prospects

Basic characteristics of SHI systems

Third-party payer

= sickness funds

bipartite self-government

Not risk-, but usually

wage-related
contribution

Limited
government
control

Contracts

Population

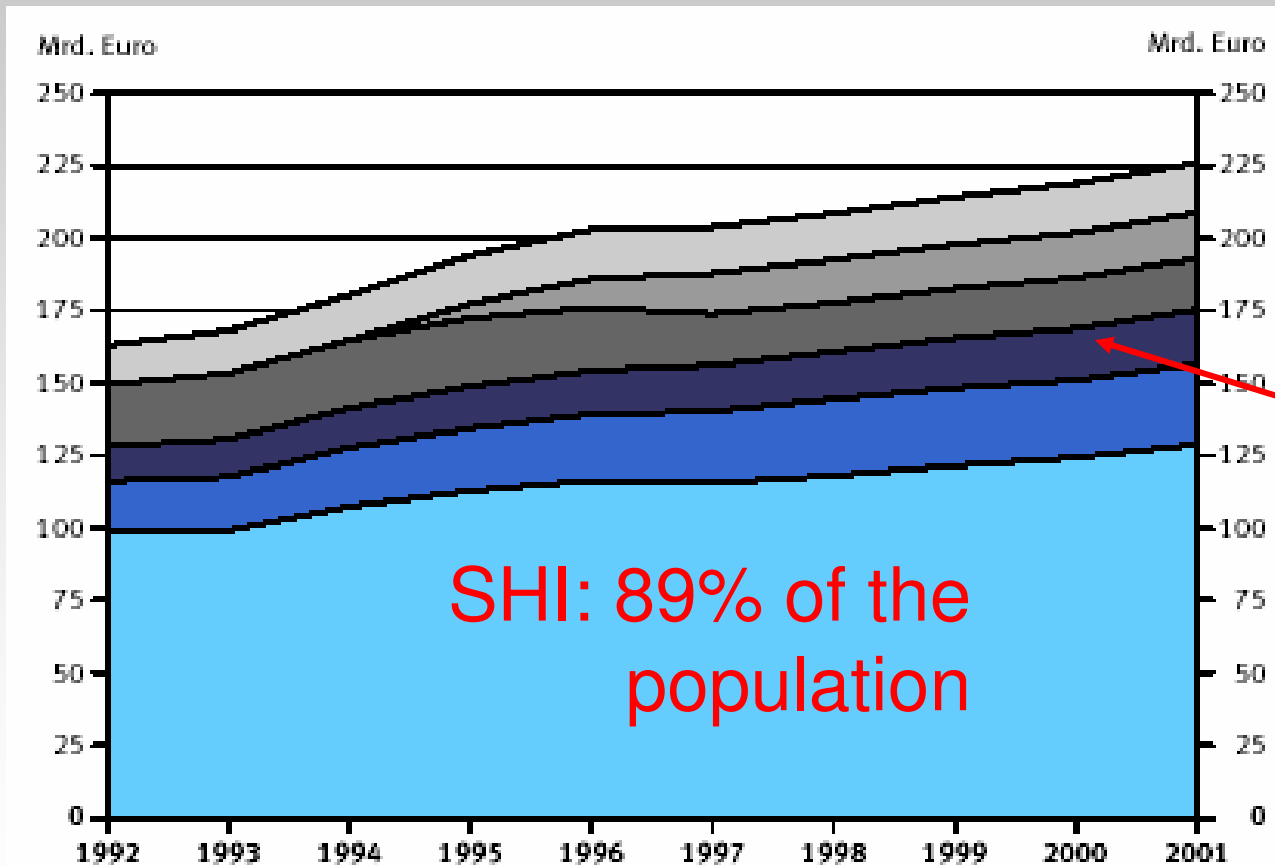
Free access

Providers

Mandatory insurance

Public-private mix

Public/private mix of health care funding in Germany, 1992-2001



Voluntary health insurance (VHI)

Coverage of the German population

9% private voluntary **substitutive** insurance

89% social health insurance

- 76% **mandatory SHI**
- 13% **voluntary SHI**

ONLY 9% have SHI and voluntary private insurance
(supplementary and complementary purposes)

ONLY 1/4 of persons eligible choose private
substitutive insurance over voluntary SHI

Cost-shifting

SHI → complementary insurance

- Leisure time accidents (debated only)

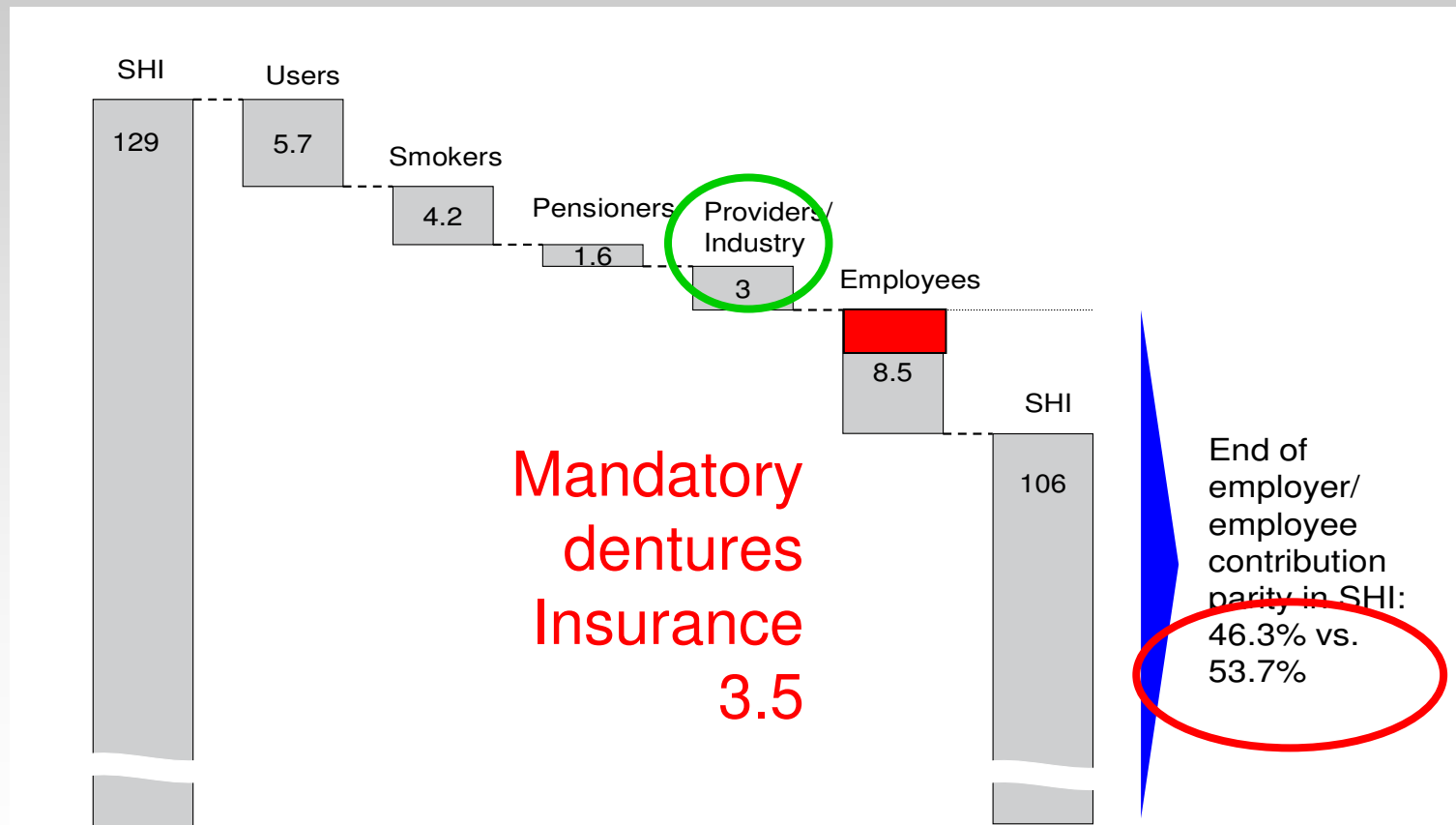
SHI Modernization Act 2003:

- sick pay: employee-only contribution increase
- Dental replacement (from 2005)
mandatory complementary insurance
 - for all SHI insured
 - not for privately insured

SHI Modernization Draft Act 2003

Mandatory complementary insurance

= part of larger package: Anticipated cost-shifting and the end of **contribution parity** (in billion €)



Complementary insurance for dentures

SHI-Principles preserved:

- family co-insurance
- pre-authorisation of treatment plan by fund
- payment via dentists' associations

SHI-Principles *not* preserved:

- income-related contributions
- 50/50 parity of employer/employee contributions
- also private insurance companies

ECJ-case: *Müller-Fauré/van Riet* 2003

SHI systems, even with benefit-in-kind principle

- have to reimburse
- all insured
- for **ambulatory** services received in other EU countries
- **without** prior authorisation.

→ implemented by SHI-Modernization Act 03

Restrictions for reimbursement

Lump sum payment or specific agreements

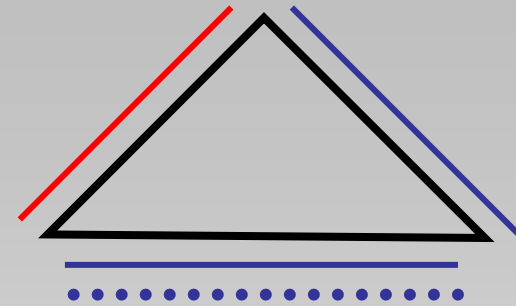
Hospital care

Reimbursement ceiling: German SHI fees

- Subtractions for administration, for lack of efficiency controls and co-payments

Problem: budget or payment reductions for providers in Germany?

Discussion



Demand for voluntary health insurance

Exclusion of SHI benefits

Regulation at the SHI/VHI interface

Intecreation of SHI and VHI elements

Future prospects

Cross-border flow of German patients

- ambulatory care
- hospital care

Impact of ECJ jurisdiction

Impact of GATS

European social model



Presentation available at:

<http://mig.tu-berlin.de>



Further documents at:

www.observatory.dk

