



Spitzenverband



## Responsibility for healthcare

The national association of the  
health and long-term care insurance funds



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Verena Schröder, Communications Staff Department

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**Dear Readers,**

Statutory health insurance has undergone a great deal of reforms since it was established in 1883. However, nothing has changed as to its fundamental concept, and this must continue to be the case: only as a community based on solidarity in which the healthy support the sick, the unmarried support families, higher earners support lower earners and the young support the old, can statutory health insurance also continue to exist. The principle of self-government on which it is based ensures the democratic participation, co-determination and co-decision of insured persons and employers.

Approximately 90 percent of the population in Germany are insured in statutory health insurance today. This guarantees that they share in comprehensive, high-quality healthcare. However, statutory health insurance faces major challenges. Rapid medical and technical progress, with expanded examination and treatment methods, and new drugs, paves the way for even better healthcare. There is however a price to pay: people are living longer, and this leads to an increase in age-related diseases. We do not however consider a combination of minimised basic care and expensive additional insurance to offer a solution to the questions of the future.

The declared aim of the National Association of Statutory Health Insurance



Funds is, rather, to maintain the high level of healthcare in Germany for all insured persons regardless of their ability to pay, and to develop the healthcare system efficiently, economically and in a quality-orientated manner. Digitalisation is also playing an increasingly important role here.

On the basis of close co-operation with our members, we represent the interests of statutory health insurance vis-à-vis service-providers such as physicians and hospitals, as well as policy-makers at federal level. As a strong voice of statutory health insurance, we ensure a healthcare system which is equipped to face the challenges of the future - in the interest and for the benefit of more than 74 million insured persons.

A handwritten signature in black ink, appearing to read 'D. Pfeiffer'.

Dr. Doris Pfeiffer  
Chairwoman of the Board  
of the National Association of Statutory  
Health Insurance Funds

# The National Association of Statutory Health Insurance Funds – a strong player in healthcare

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The National Association of Statutory Health Insurance Funds represents all statutory health and long-term care funds at federal level, and lends them a common voice in order to have their concerns heard vis-à-vis policy-makers and healthcare providers such as physicians, pharmacists and hospitals.

The demand and the challenge is for the Association to centrally represent the interests of the statutory health and long-term care insurance funds. As an organisation which bears responsibility for the performance of all competition-neutral tasks of statutory health insurance, the Association plays a prominent role for a well-functioning healthcare system.

## Maintaining and expanding competitive freedom

**Creating the framework for healthcare**  
The tasks which have been assigned to the National Association of Statutory Health Insurance Funds by law are both multiple and extensive. They range from negotiating on contracts and remuneration agreements for both in-patient and out-patient medical and dental treatment, which are valid in the entire country, through to providing data for the risk-structure compensation scheme, which influences the distribution of finances by the Health Fund. Together

with representatives of physicians, dentists, psychotherapists and hospitals, the Association determines in the Federal Joint Committee what healthcare benefits are to be financed by the statutory health insurance funds. Hence, the National Association of Statutory Health Insurance Funds makes a major contribution towards defining the context in which healthcare is provided in Germany. The guideline for its activities is formed by the stipulations contained in the Social Code (*Sozialgesetzbuch*), on the basis of which it is necessary to organise both high-quality and economical medical care for those with statutory insurance.

The health insurance funds themselves are responsible for all tasks which do not need to be performed uniformly and jointly. These include both individual services and whole ranges of services with which the individual funds can distinguish themselves in competition. This includes discount contracts with the pharmaceuticals industry or special contracts with general practitioners. The National Association of Statutory Health Insurance Funds is in favour of maintaining and expanding latitude for competition between the health insurance funds. Its goal is to optimise the quality of care in the healthcare system with a sensible

**“As the mouthpiece of the statutory health insurance funds, we express the concerns of more than 74 million people in statutory insurance at federal level. Our goal is to continue to guarantee these 90 percent of the population a high quality of healthcare.”**



mix of collective and individual contracts. Decisions of the National Association of Statutory Health Insurance Funds are legally binding on all health insurance funds, *Land* associations of health insurance funds and persons with statutory insurance. This legal and normative character of its decisions means that the National Association of Statutory Health Insurance Funds stands out from most other associations and interest groups. At the same time, the Association ensures through this process that all persons with statutory insurance have equal access to the high level of healthcare that is available in Germany.

### **The principle of self-government**

The National Association of Statutory Health Insurance Funds is a public-law corporation. It is organised in accordance with the principle of self-government, that is, representatives of employers and insured persons make all decisions that are of fundamental significance. This ensures that the Association is able to represent the interests of its members independently of state influence. It is headed by a full-time Board comprising three members which represents the Association both in and out of court. The

Board is elected by the Administrative Council, which consists of 52 representatives of insured persons and employers from the *Allgemeine Ortskrankenkassen* (Local Health Insurance Funds) (AOK), the *Ersatzkassen* (Substitute Funds), the *Betriebskrankenkassen* (Company Health Insurance Funds) (BKK), the *Innungskrankenkassen* (Guild Health Insurance funds) (IKK), the *Knappschaft* (Miners' Insurance Institution) and Social Insurance for Agriculture, Forests and Gardening. The National Association of Statutory Health Insurance Funds is characterised by a lean organisational structure and flat hierarchies. Its many tasks are implemented by nine divisions and five staff offices. The Association maintains a close, trusting exchange with its members. It is a matter of involving the health insurance funds in opinion-forming, and at the same time being able to act externally as a political association. This is a successful approach: the National Association of Statutory Health Insurance Funds acts as a strong health policy player at federal level which is engaged in a critical but constructive exchange with policy-makers in the interest of its members.

**Representation without state influence**

# Joint tasks on a one-stop basis

**Three major areas, around 200 tasks**

The National Association of Statutory Health Insurance Funds is responsible for all statutory tasks of statutory health insurance in which it is necessary to act jointly and uniformly. Three major areas can be distinguished: firstly, the National Association of Statutory Health Insurance Funds helps shape the framework for healthcare and long-term care all over Germany.

Secondly, it represents the interests of those with statutory insurance vis-à-vis service-providers and policy-makers. And finally, it is responsible for major funding-related matters and a large share of the data management within statutory health insurance.

The first field includes shaping the entire collective bargaining system

relating to statutory health insurance. This includes above all concluding framework contracts and remuneration agreements for in-patient and out-patient medical and dental care. Over and above this, the Association sets the fixed amounts for medicinal products and medical aids, and negotiates the refund amount for new medicinal products with the pharmaceutical manufacturers. By drafting new guidelines and concluding agreements, it further endeavours to improve care and defines principles for prevention and rehabilitation.

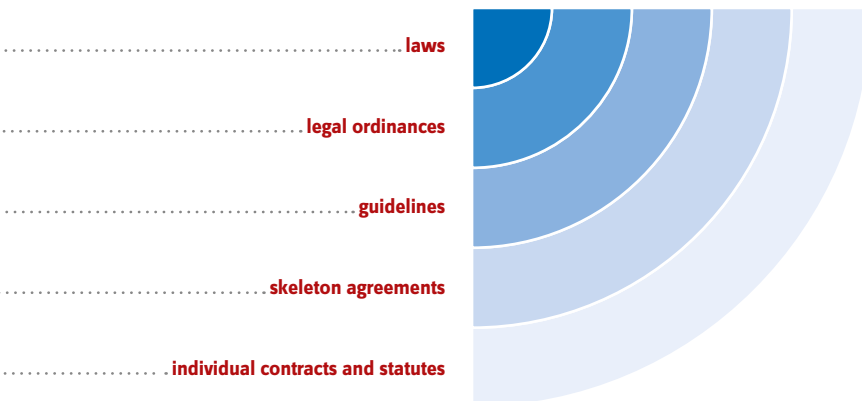
As the central lobby working for the statutory health and long-term care insurance funds, the National Association of Statutory Health Insurance Funds actively monitors and shapes



legislative procedures on health policy at federal level, is active in many discussions with specialist politicians for the interests of statutory health insurance, and represents its positions vis-à-vis the media. Furthermore, it represents the health insurance funds in the Federal Joint Committee, the highest decision-making body of joint self-government of physicians, dentists, psychotherapists, hospitals and health insurance funds.

Advice on system-related questions  
 The list of the tasks performed by the National Association of Statutory Health Insurance Funds also includes many system-related questions concerned with the funding of statutory health insurance. It is therefore a member of the statutory health insurance

“*Schätzerkreis*” group of assessors, which issues prognoses on financial developments in statutory health insurance and advises the Federal Government. Furthermore, the National Association of Statutory Health Insurance Funds establishes standard regulations on assessing contributions for voluntary members, as well as the per capita flat-rate contributions from the Health Fund (*Programmkostenpauschale*) for the treatment of those with chronic illnesses. And finally, it is responsible for receiving, verifying and forwarding official statistical data and data from the risk-structure compensation scheme, which influences the amount of allocations from the Health Fund, and hence the financial compensation between the health insurance funds.



# Statutory health insurance – a strong community based on solidarity

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## **The solidarity principle and the principle of benefits in kind are the basic values underlying statutory health insurance.**

Statutory health insurance is a social policy success story for which quite a number of countries envy us. It is based above all on two fundamental principles which remain valid today: the solidarity principle and the principle of benefits

in kind. The solidarity principle means that the amount of the contributions is orientated exclusively to the ability to pay of the insured persons – in contrast to private health insurance, which assesses the contributions according to personal risk. The right to medical benefits, in turn, is independent of the amount of contributions paid.

The benefits are thus solely orientated towards medical needs. As a community based on solidarity, statutory health insurance brings about a social equalisation: the healthy support the sick, higher earners support lower earners, the young support the old and singles support families. This means, for instance, that children and spouses of a member of statutory health insurance are also insured without paying contributions if they do not have an income of their own.

## **Benefits without up-front payments**

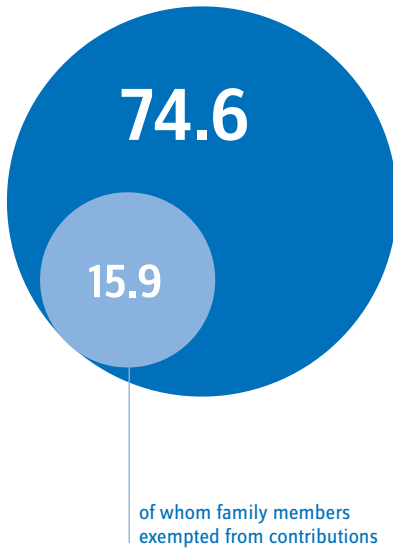
A second vital pillar of statutory health insurance is the principle of benefits in kind: should they fall ill, the insured persons receive the medical benefits which they need without having to make any up-front payments themselves. The principle of benefits in kind hence particularly protects those in a weaker position in society against overwhelming financial burdens. The principle of benefits in kind is based among other things on contractual agreements between the National Association of Statutory Health Insurance Funds and its contracting partners, namely the service-providers at federal level, which control the nature and scope of medical and long-term care.

On the basis of these fundamental values, the National Association of Statutory Health Insurance Funds endeavours to ensure healthy competition between health insurance funds and service-providers. It is only as a community based on solidarity holding true to its proven principles while not shying away from modern competition concepts that statutory health insurance will be able to successfully meet the health policy challenges of an ageing society. Roughly 90 percent of the population in Germany benefits from this.



## Persons with health insurance in Germany in millions

### Persons with statutory health insurance



Persons with  
complete-cover  
private health  
insurance

4.2

Recipients of  
medical expenses  
assistance

4.6

The rate of medical expenses assistance varies between 50 % and 80 %, and is topped up with supplementary private health insurance in most cases.

Source: Official statistics KM 1 (as of January 2024);  
PKV-Zahlenportal (figures for 2021, as of January 2024)

# Support in case of needing long-term care

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More than four million people in Germany today rely on care or support because they are no longer able to carry out the regular tasks of daily life independently because of a physical, mental or psychological illness or disability.

## The health insurance funds are at the same time long-term care insurance funds.

Social long-term care insurance is there for them, and was introduced in 1995 as a further pillar of German social insurance. The long-term care insurance funds are the funding institutions of social long-term care insurance, and form part of the system of health insurance funds. This means that each health insurance fund houses a long-term care insurance fund. The long-term care insurance funds are also independent public-law corporations with self-government. The self-government bodies of the long-term care insurance funds are the bodies of the health insurance funds. And the National Association of Statutory Health Insurance Funds is at the same time the central association of the long-term care insurance funds.

### Assistance based on solidarity, not comprehensive insurance

Long-term care insurance ensures support based on solidarity for those in need of long-term care to enable them to lead a life that is as self-determined as possible. Their benefits are to supplement family, neighbourly and other unpaid long-term care and treatment. In residential care, the benefits of long-

term care insurance are to reduce the burden of those in need of long-term care in terms of the expenditure caused by such care. Accordingly, long-term care insurance provides partially-comprehensive insurance cover, offering supportive assistance, but not obviating the need for insured persons and other funding institutions to contribute towards the cost.

The need for long-term care is based on the extent to which an individual's independence is impaired when it comes to coping with his or her everyday life and the extent to which he or she therefore needs help from others. Depending on the extent of the need for long-term care, persons in need of long-term care are assigned to one of five levels of long-term care. In this context, long-term care insurance provides benefits as cash benefits and/or benefits in kind with which the necessary bodily long-term care and long-term care support measures, as well as assistance for household management, are funded. Further benefits such as long-term care courses for family caregivers or nursing aids also are provided. If domestic long-term care is not possible, the costs of residential home stays are met in part.

### Improving quality and transparency in long-term care

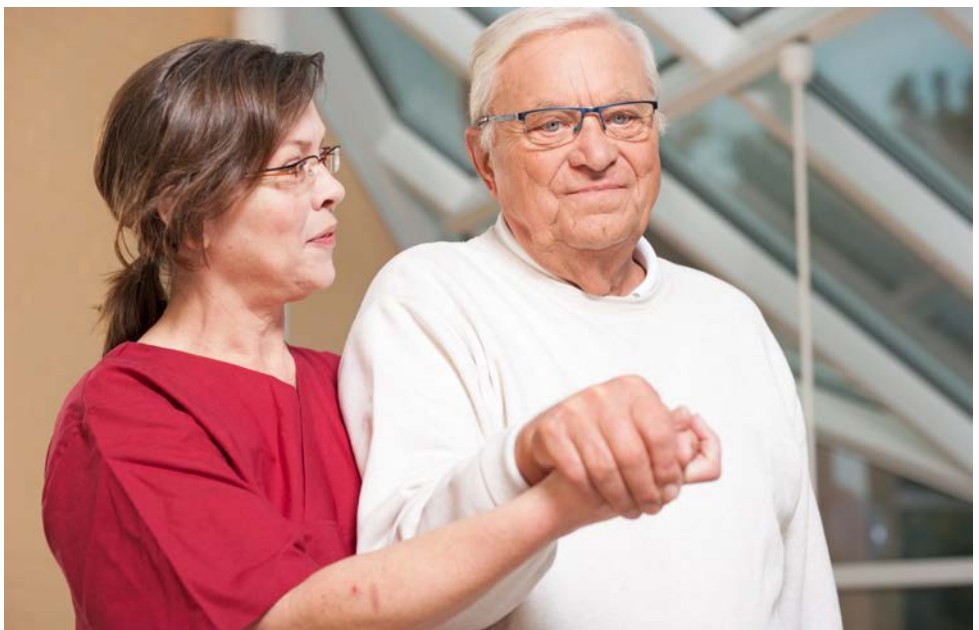
The National Association of Statutory Health Insurance Funds is endeavouring to ensure better long-term care in

Germany. In long-term care insurance, for example, it concludes agreements with healthcare providers' organisations in order to ensure the quality and transparency of long-term care for those who need it and their relatives. These agreements form the basis for quality control and consumer information. In addition, the National Association of Statutory Health Insurance Funds has issued a large number of guidelines, for example on additional care staff in long-term care homes.

Long-term care insurance has proven its worth as an important pillar of social insurance when insuring against the risk of needing long-term care. How-

ever, what has been tried and tested can and should be continuously refined. In particular, the professional and scientific support of long-term care policy decisions through research, model testing and evaluation is very important. The National Association of Statutory Health Insurance Funds manages various model programmes for the further development of long-term care insurance, such as new interventions for people suffering from dementia, or measures to relieve the burden on family caregivers. The aim is to improve the situation of people in need of care through the supported projects and programmes.

**Continuous further development of the care structures**



# Self-government stands for democracy and co-determination

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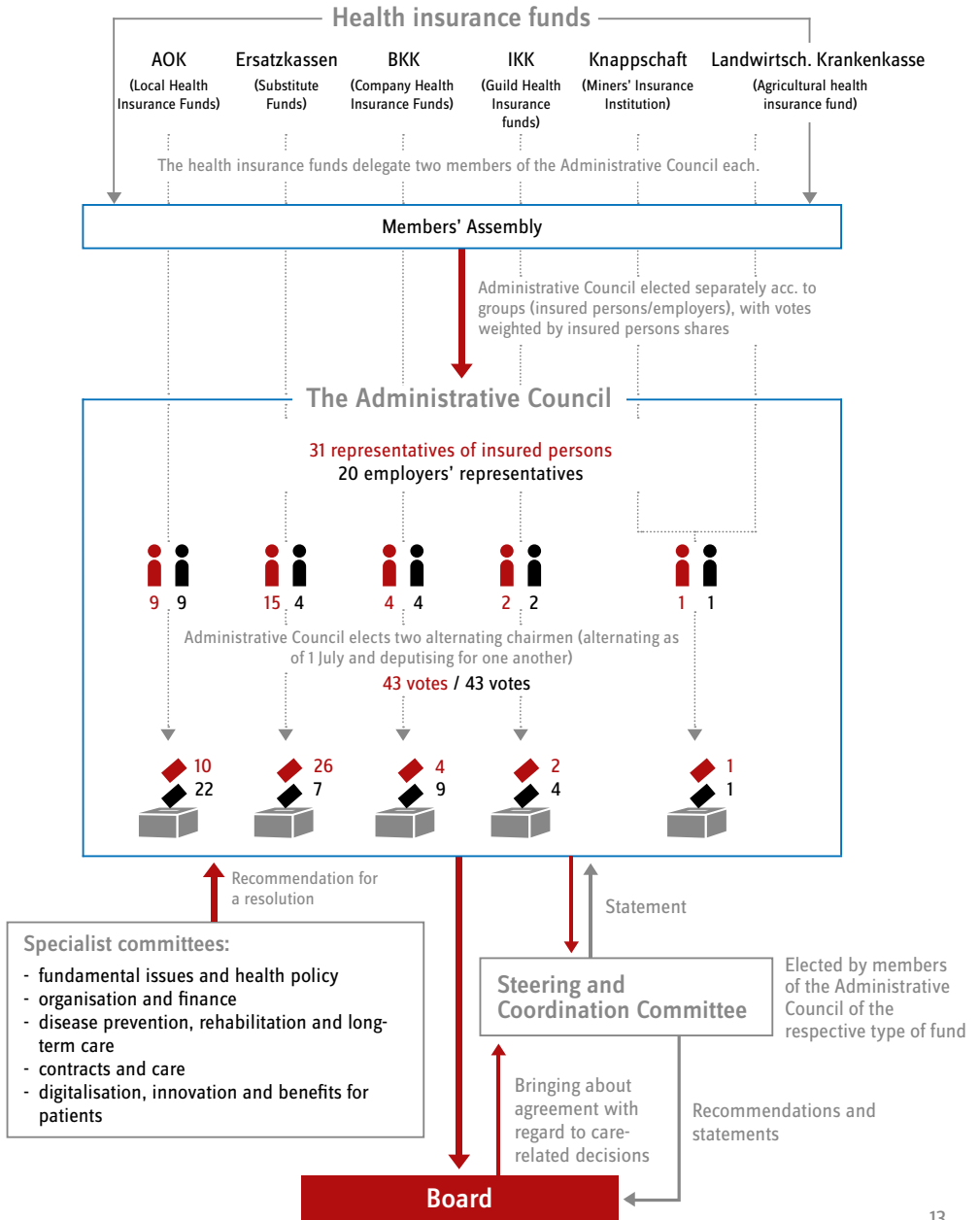
The principle of self-government is based on the simple realisation that if those involved look after their own affairs, they usually do so in an unburdened, problem-orientated and practical manner. For this reason, this democratic element can be found in many areas of public life in Germany. From the outset social security for those who fall ill, too, was organised with as little state intervention as possible, and has since then proven to be a guarantor of a free, pluralistic system which guarantees high-quality healthcare for all insured persons. Self-government manifests itself in the decision-making bodies of the social insurance institutions being in most cases composed of equal numbers of representatives of the employers and of insured persons, who are re-elected by insured persons and employers every six years in social insurance elections.

## **Administrative Council**

Self-government is the underlying principle of statutory health and long-term care insurance. This applies both to the individual health and long-term care insurance funds, and to the National Association of Statutory Health Insurance Funds. The Association's Administrative Council is elected every six years in the Members' Assembly, to which each fund delegates one representative of insured persons and one representative of the employers. Some of the Substitute Funds are an exception, and for historical reasons delegate two representatives of insured persons each. The delegates' voting shares correspond to the market share of their respective health insurance fund. The full-time Board is elected by the Administrative Council, which also adopts the budget.



## The structure of the National Association of Statutory Health Insurance Funds



# The organisation of the National Association of Statutory Health Insurance Funds

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**Chair of the Board**

Dr. Doris Pfeiffer



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**GKV-Spitzenverband**

Reinhardtstraße 28

10117 Berlin, Germany

Telephone: 030 206288-0

Telefax: 030 206288-88

[www.gkv-spitzenverband.de](http://www.gkv-spitzenverband.de)