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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ  
ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE**

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## German Delegation Report for the 72nd AEMH General Assembly in Oslo

### 2018

As already announced in the government declaration made by the new Minister of Health Jens Spahn on 23 March 2018 – in terms of health policy the year 2018 was characterised by two major themes: **nursing care** and **contributions law** – with a clear focus on nursing care. The extensive legislation and ordinances passed in these areas already after the formation of government in 2018 are reflected by the new rules and regulations that have entered into force at the beginning of the year.

The **“Pflegepersonal-Stärkungsgesetz (PpSG)”** (law for supporting nursing staff) initiated the first steps to remedy the shortage of skilled labour in nursing and geriatric care.

On 11 October 2018 in anticipation of the PpSG law a regulation governing minimum staffing levels, the so-called **“Pflegepersonaluntergrenzen-Verordnung (PpUGV)”**, entered into effect as an interim substitute measure. From 1 January 2019 therefore minimum staffing levels for nursing staff will apply in the four care-critical hospital areas: intensive care, geriatrics, cardiology and trauma surgery. From 2020 this measure will be accompanied by the **“Ganzhausansatz”** (whole hospital approach) – i.e. an approach that covers all nursing care at the whole hospital.

With a view to **covering the cost increases** the contribution to long-term nursing care insurance is to be increased. An additional supporting measure – the Nursing Care Reform Act passed during the last legislative term – was made applicable by means of the **“Pflegeberufe-Ausbildungs- und Prüfungsverordnung”** (ordinance on the training and examination of care professionals) and the **“Pflegeberufe-Ausbildungsfinanzierungsverordnung”** (ordinance on education financing).

By virtue of the **“GKV-Versichertenentlastungsgesetz (GKV-VEG)”** (relief law for statutory health insured persons) the contributions to statutory health insurance will again be born equally by employers and insureds; at the same time, lower minimum contributions for self-employed people will be introduced. Further reductions in contributions are to be achieved by obliging sickness funds to melt down their financial reserves.

However, there were also important developments affecting hospitals below the legislative level. 19 April 2018 saw the **“Gemeinsamer Bundesausschuss (G-BA)”** (Federal Joint Committee of Insurance Companies and Physicians) adopt a **3-level emergency system** thereby laying down minimum standards for emergency structures in hospitals for the first time. The regulation aims to make possible a differentiated funding of hospitals' contingency costs for emergency care based on the following **3 levels**

- 1st level: Basic Emergency Care
- 2nd level: Extended Emergency Care
- 3rd level: Comprehensive Emergency Care

**Allowances and discounts** for (non-) participating hospitals in this emergency care were agreed on by the National Association of Statutory Health Insurance Funds, the Association of Private Health Insurance Companies and the Deutsche Krankenhausgesellschaft and took effect on 1 January 2019.

## **2019**

2019 is dominated by the restructuring of the **framework conditions for health professionals** (physicians, dentists, psychological psychotherapists, medicines/medical aid providers, pharmacies, midwives, securing skilled labour in general) as an overriding reform theme and by **E-health** as a cross-cutting care project.

Beyond this, there is a **complex mix and political minefield** of diverse, in part serious reform issues (such as Morbi-RSA, emergency supply).

On 1 April 2019 the **GZSO (law for improved cooperation and improved structures for organ donation)** entered into force aimed at increasing the number of transplants by means of structural and financial improvements in organ-removal hospitals.

1 May 2019 saw the **TSVG “Terminservice- und Versorgungsverbesserungsgesetz”** law enter into force; it primarily aims at accelerating doctor’s appointments for those covered by statutory health insurance and at improving healthcare provision in rural areas. Furthermore, the law designed as an “omnibus” law includes numerous other regulations governing – among other things – the electronic health card.

**The following legislative proposals are draft bills:**

In July 2019 the **“Gesetz für mehr Sicherheit in der Arzneimittelversorgung (GSAV)”** (law for improved safety in pharmaceutical care) is to enter into force. This law aims to give the Government – particularly in view of the pharmaceutical scandals in 2018 – more powers in pharmacovigilance in the interest of patient safety.

To ensure appropriate drug provision contractual physicians must also be given the opportunity by their practice management software to find appropriate information about the drugs available for contractual healthcare services. The **“Elektronische Arzneimittelinformations-Verordnung (EAMIV)”** (ordinance on electronic pharmaceutical information) which is planned to enter into force on 30 June 2020, provides which minimum information – based on the decisions taken by the Joint Committee (G-BA) regarding the benefit of pharmaceuticals with new active agents – and which technical

functions practice management software must contain to ensure that this information can be optimally used.

The planned **“Gesetz zur Stärkung der Vor-Ort-Apotheken”** law is designed to improve nationwide pharmaceutical provision across the population by means of local, on-site pharmacies; pharmacies are to be supported especially by additional pharmaceutical services such as flu jabs and by higher fees for night and emergency services.

The law **“Gesetz für eine faire Kassenwahl in der gesetzlichen Krankenversicherung (Faire-Kassenwahl-Gesetz – GKV-FKG)”** (law governing a fair choice of statutory health insurance) – is planned to enter into force on 1 January 2020. It is designed to make competition between statutory health insurers fairer. To this end, the financial compensation between sickness funds – the so-called morbidity-oriented risk structure compensation (Morbi-RSA) – is to be developed further and the organisation law will be reformed: patients will be given free access to all sickness funds across Germany.

Scheduled to enter into force on 1 September 2020 is the **“Gesetz zur Reform der Psychotherapeutenausbildung (PsychThGAusbRefG)”** (law reforming psychotherapist education). This is designed to standardise and accelerate education by introducing Psychotherapy as a Bachelor’s and Master’s degree course and to introduce the term Psychotherapist as a professional title.

The **“Gesetz zur Reform der Hebammenausbildung (Hebammenreformgesetz – HebRefG)”** (law reforming midwifery training) – expected to enter into force on 1 January 2020 – will replace previous midwifery training at vocational colleges with dual university courses of study.

Last but not least, also worth mentioning is the **“Gesetz zu Übergangsregelungen”** (law on transitional regulations) governing work, education, health, social matters and nationality after **Brexit**. The principal parts are to enter into force the day before the United Kingdom and Northern Ireland leave the EU and are aimed at avoiding disadvantages for those citizens affected as well as at ensuring legal certainty on health and nursing care with respect to insurance status, claims and services in the event of a hard Brexit.

### **Also under planning**

Parliament decisions on **organ donation** (dissent solution etc.) and on **prenatal blood tests**. There is no comprehensive e-health act II expected on the mega theme **e-Health**. Instead, it is anticipated that the former practice of the BMG will be maintained: elements ready for decision will be introduced into on-going legislation (patient record, e-prescription, remote treatment, care etc.).

Also featuring on the political agenda are **“MDK-Rechnungsprüfung”** (invoice checks by the Medical Service of the Health Funds) and the **“Berufsgesetz für Operationstechnische Assistenten (OTA)”** (occupational law for surgery technology assistants). There is nothing new to report about the **emergency care reform** although a draft bill was expected to be tabled in the 1<sup>st</sup> half of 2019. Back on the agenda for 2019 is the **“Novellierung der ärztlichen Gebührenordnung (GOÄ)”** (amendment of the fees regulation), first for the German Medical Association and the Association of Private Health Insurers.

The high number of health policy issues and legislative activities will also impact the VLK's agenda. We will accompany these projects critically, persistently raise our voice and contribute our expertise to further processes – in the interest of our members and, hence, also of patients.