

Umverteilungseffekte in der Finanzierung von Gesundheitsleistungen

Redistribution Effects of Health Care Financing

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Summary

Health care systems are financed through a mixture of different components: taxes, contributions to social health insurance, premiums to private health insurance, out of pocket payments by patients. These components can be combined differently leading to specific effects of interpersonal redistribution. This can be compared between different countries. In such a comparison the redistributive impact of the German health care systems is rather regressive – which is basically caused by the opportunity for people with high income to leave social health insurance. In comparison to a health insurance system with risk rated premiums, financing of the German social health insurance leads to interpersonal redistribution from higher to lower income, from the young to the elderly, from healthy to sick and from singles to families with children. The pay-as-you-go character of the system leads especially in combination with an aging population and technological change to burden for future generations. In comparison to a system in which each region finances its own health care expenditures, there are also considerable interregional redistributions. The financing system in Germany is not conceptually consistent. Reform proposals (unified health insurance for all; flat rate premiums) tackle these inconsistencies.