The solidarity of social insurance must not be jeopardised

Comments by the DGUV, GKV-Spitzenverband and DVR Bund on compulsory social insurance contributions for locum and emergency doctors

On 10 March 2017, the German Bundesrat will discuss the Act on Therapeutic and Medical Devices. Among other things, it details the possibility of locum doctors who provide emergency services in rural areas to be exempted from social security contributions. In these areas, emergency medical services often rely on temporarily employing emergency doctors to cover shortages. However, representatives from the statutory social insurance providers see this as an infringement of the principles behind a community of solidarity.

The background for the initiative is a judgment made by the Landessozialgericht (Social Court) of Mecklenburg-Western Pomerania which stated that emergency medical doctors are obligated to pay social insurance contributions. This affects emergency physicians who are increasingly employed on a locum basis, especially in rural areas. However, the Bundesrat has warned that this could make it much more difficult to sufficiently fill positions for emergency medical services.

With regard to a resolution adopted by the Bundesrat on 16 December 2016, the Federal Government has since declared that doctors in emergency services are not liable for social insurance contributions. On 16 February 2017, the Bundestag passed a corresponding clarification as part of the Act on Strengthening the Provision of Therapeutic and Medical Devices; this will be discussed by the Bundesrat on 10 March.

In the lead-up to this, the DGUV, the National Association of Statutory Health Insurance Funds (GKV-Spitzenverband) and the German Federal Pension Insurance (DRV Bund) had already issued a joint statement against this exemption from compulsory contributions and pointed out the possible associated risks. It states, for example, that the special legal arrangements regarding contributions for emergency doctors cannot resolve the shortage in rescue services. This assumes that social insurance contributions made by employers and employees constitute an obstacle to employment. However, structural issues and education policy play a much greater role in these shortages.

The consequences of this could be a “socio-political explosive gateway” if the legislature stipulates that essential professions in high demand can be exempted from the obligation to pay contributions. It cannot be ruled out that other occupational groups will request to be exempted as well. “Such a decision not only ignores the basic principles of social insurance”, said Dr Joachim Breuer, Director General of the DGUV. “It also suggests that being a member of a proven community of solidarity is somehow a drawback. This cannot be what we want for social policy.”

The complete decision can be viewed online at: Web: www.bundesrat.de Drucksachennr.: 683/16 (German only)
Not without a social dimension

Dear Reader,

Currently, the term “social” is at the heart of many a debate. In Europe, a pillar of social rights is being discussed; social justice is a hot topic in the German election campaign; and social responsibility is also an important issue internationally. This isn’t the result of a sudden recollection of the past but rather a reaction to people’s deep-rooted need for more social cohesion and a more equitable society. For a long time, the focus was on prioritising economic and financial policy, but the reality is that this cannot be maintained long-term without a social dimension. It is the foundation of our coexistence. A cornerstone of this is the social security systems which build upon a community of solidarity, help the disadvantaged and ensure economic stability. It is therefore all the more important that this cornerstone and its social dimension are not be called into question or taken for granted. It is the foundation of our coexistence. A cornerstone of this is the social security systems which build upon a community of solidarity, help the disadvantaged and ensure economic stability. It is the foundation of our coexistence.

“Insurance protection for caregivers without ifs and buts”

The Second Act to Strengthen Long-Term Care (PSG II) came into effect at the start of 2017 and has brought with it several fundamental changes. One of the key points is better social security for family members who act as caregivers. DGUV Kompakt spoke with Gabriele Pappai, Managing Director of the German Statutory Accident Insurance Institution for North Rhine-Westphalia, about the changes to the Act and what this means for statutory accident insurance.

Ms Pappai, what new regulations in the PSG II have come into effect since January 2017?

As of the start of 2017, there is a new definition regarding a person’s need for long-term care and also a new assessment procedure. The benefit amount is based on how well a person can independently cope with their everyday life without help from others. It doesn’t matter if their independence is impaired physically, mentally or psychologically. This is particularly beneficial for people with dementia and people with a permanent psychological illness or disability. How dependent a person is on long-term care is reflected in five levels of care. The higher the level, the more dependent a person is. In addition, people who require care now receive more benefits, professional care givers receive more time, and family caregivers are entitled to better social security. Our focus here is on family caregivers. Relatives who provide in-home care (“informal” caregivers) are covered by statutory accident insurance as well as pension insurance and unemployment insurance.

Which prerequisites do family caregivers need to fulfil in order to be covered by statutory accident insurance?

The basic principle that informal caregivers who provide in-home care are covered by statutory accident insurance stays the same. However, the conditions under which statutory accident insurance is guaranteed have been changed by the legislators. Relatives must now provide at least ten hours of care per week over a minimum of two days per week. Furthermore, the person receiving care must be on at least Care Level 2. But relatives who already provided care before the end of 2016 and already had insurance will continue to be protected as per the old legislation as long as they continue to provide care to the same person.

So there are now minimum requirements for the duration of care in order to have accident insurance coverage. What’s your opinion of this?

Introducing a time limit of ten hours per week across two days can be a disadvantage for family caregivers. The reason behind this was probably to bring the various branches of social insurance in line. But this doesn’t really make sense because statutory accident insurance always covers the insurance risk of an “accident”. Thus, our principle is to insure the person’s activity and not the person him or herself. The other branches of social insurance are purely personal forms of insurance and have a different risk structure to ours. Furthermore, a basic principle of statutory accident insurance has been done away with, namely that insured activities have no minimum time requirements.

Are there certain aspects that still need to be adjusted?

Anyone who cares for relatives should be protected by statutory accident insurance without any ifs or buts; regardless of
whether they provide care for ten hours a week or only nine, and regardless of whether they do this on one or more days per week. For example, a student who comes home during her semester holidays for four weeks to care for her father and give her mother a break is no longer insured. So, for us it has become more difficult to assess the care situation and the right to insurance protection.

Caregiving places a significant physical and psychological burden on relatives. What does the German social accident insurance do for the health of family caregivers?

Around 2.9 million people in Germany require long-term care. More than two million of these are cared for at home. Relatives who provide care often neglect their own needs. Diligent care of a loved one is very demanding.

Young people aged between 18 and 30 have been able to register for the European Solidarity Corps since December 2016. This new initiative, launched by EU Commission President Jean-Claude Juncker, offers the chance to help out in crisis situations for a period of two to twelve months. The aim of the programme is to bring young people closer to Europe by experiencing life abroad.

In addition, they can gain their first professional experience, expand their language skills and engage in intercultural exchange.

Young people who are interested in the European Solidarity Corps should think about their insurance in the event of a workplace accident or occupational disease. It is important to clarify all formalities upfront with the organisation or company where the person wants to do their service. In Germany, the system of social accident insurance protects people during their employment, traineeship, apprenticeship, voluntary work and even their education. This can also be the case for deployment in another EU Member State, for example, a posted worker within the context of the European Regulation on the coordination of social security systems. If this is not the case, the regulations of the Member State where the person is deployed may apply. This needs to be clarified with the respective organisation, as well as any other insurance that the participants need to take care of themselves.

Web: www.dguv.de (Webcode: d1071989) (German only)
Occupational Disease – what is it?

Workers who suffer from an officially recognised occupational disease are entitled to rehabilitation and compensation benefits from the German social accident insurance. In 2015 alone, the German social accident insurance institutions recognised 37,149 cases of occupational disease. But not every disease during a person’s working life is automatically an occupational disease. A new, five-minute explanatory video (with optional subtitles) from the DGUV explains what an occupational disease is, the prerequisites that must be met for it to be officially recognised, how the procedure works and much more.

The video “Occupational Disease – what is it?” can be viewed online:
Web: www.dguv.de (Webcode: d1068085) (German only)

At the end of January, the European Commission specified indicative limit values for 31 health-endangering chemicals. The aim is to further reduce exposure to dangerous chemicals in the workplace. The indicative limit values include 25 new chemical substances and 6 existing chemicals whose values were updated. Indicative limit values are an important tool for employers and national authorities to meet their obligations under the EU Directive on the protection of the health and safety of workers from the risks related to chemical agents at work. The amended limit values are part of the ongoing work being done by the Commission to establish a European pillar of social rights. The aim is to adapt EU legislation to changing employment models and social developments. The indicative limit values are based on scientific knowledge and consultation with experts across the EU and the social partners. The Member States are being called on to adopt corresponding national limit values.

For more information, click here.

Indicative limit values for 31 dangerous chemicals

News live from the editorial team:
www.twitter.com/DGUVKompakt

Workplace Accidents 2015

The DGUV “Workplace Accidents 2015” brochure contains statistical data on the incidence of workplace accidents in the private and public sectors. Focus areas include construction and structural elements; accidents as a result of tripping, slipping or falling from heights; tools and machinery.
Web: http://publikationen.dguv.de (Enter 12497 into “Bestellnummer”) (German only)