

# Summary

## Provision of Health Care in Selected EU Countries and its Reimbursement

Subject matter of this thesis is to analyze, compare and evaluate way of provision and reimbursement of health care in selected EU countries including Czech Republic. All investigated countries deal with budgetary difficulties while providing health care. This thesis aspires to find out a legal solution with respect to economic principles in order the system of provision and reimbursement of health care was financially sustainable.

Focus of thesis lays in health services (health care in narrow sense), medicines and health appliances are mentioned occasionally. Terminology of the text is not confined to terms of health services or health care, both terms are used substitutable. Problems of provision and reimbursement of health care does not inhere in “services” or “care”.

Chapters are structured according to particular EU countries. First and most comprehensive chapter is devoted to Czech Republic, its legal regulations are default comparison test. Short historical retrospect follows overview of legal provisions with focus on problematic or attention worthy sections. Outline of forthcoming public health care reform puts something more emphasis on formal aspects against the content of relations in public health care.

Within the framework of chapter about public health insurance in Czech Republic is given consideration to *acquis communautaire*. May 2010 was turning point for coordination of the whole social security. Although old coordination regulations still keep its important applicable function. Proper promulgation of secondary law in official language of member state is *conditio sine qua non* to force and effect. Knowledge of Administrative commission's decisions is necessary to fully enjoy rights for migrant workers in Community. Judgments of ECJ are important source of cross border provision of health services because directive with the subject was not approved in European Parliament yet. Further after accession of Czech Republic remains significant number of applicable bilateral international treaties which regulate also benefits in kind in sickness and maternity.

Personal scope of Czech public health insurance is based on residential criterion which underlies the conflicting rules of coordinating regulations for gainfully active persons, pensioners and their family members. Rights and duties of insured persons are regulated by Public Health Care Act, rights include right to choose health insurer and provider. Among most important duties occur duty of notification, duty according to state of health and duty to

settle regulation fees. Several options of procedure belong insured in case of improper provision of health care.

Reimbursement of expenses for carried out services to providers proceed direct debit in majority cases, reimbursement takes place in several ways which embrace spectrum from service payment to flat rate forms of reimbursement. Four appendixes to Public Health Care Act determine partially reimbursed and non-reimbursed health care. Form of health care are namely out and in patient care, rescue service, prevention, dispensatory and balneal care, provision of medicines and inspection of deceased insured and autopsy. Out of pocket payment of insured occurs in defined causes. Several refund options of expended costs entitle insured to claim after drawing health care abroad depending on the region and nature of drawn health care. Health care in third world countries is refunded fundamentally in extent of essential and urgent care, European countries are generally covered to necessary care with respect to nature of benefits and length of stay, with consent of insurance company it may concern entire health care. General health insurance company Czech Republic is the biggest insurance company in Czech, its incomes and expenses are executed through mandatory or discretionary constituted funds.

Legal regulation of provision and reimbursement of health care in Slovak Republic which is dealt by chapter 2 is the closest to Czech law among foreign law branches. Different emergence has demonstrated itself due to budgetary potential while Slovakia is not on higher economical level like Czech. In the course of provision of health care is collected direct payment for services related to provision of health care, amount is set by implementing regulation.

Chapter 3 examines Federal Republic of Germany. Legal regulations of provision of health care and its reimbursement is sophisticated and relatively demanding. Chapter 4 is devoted to french public health insurance which is distinctive with significant sector of private complementary insurance and also with notable out of pocket payments at the doctors. Chapter 5 deals with health care in Austria, chapter 6 deals with Swiss health insurance. Legal regulations of both countries are characterized with higher particularism. Relation between Switzerland and EC is established on bilateral agreements which allow the application of coordinating regulations of social security for migrant works and other persons.

In classified discussions it is often referred as referential reformed law to Dutch reformed public health care which is the object of chapter 7. Pros and cons of new health insurance with accent to economic competition among health insurance companies are worth attention.

Chapter 8 - Budgetary system of National Health Service in Great Britain functions with almost no change over 50 years. Global budget divides closer into trusts, the biggest portion of expenses manages Primary Care Trust. Mutual interconnection of National Health Service with private health insurance is very low. Selected legal regulations of EC member states closes in chapter 9 the geographically smallest Luxembourg, position of local public health insurance almost eliminates presence of sector with private health insurance.

Evaluation of legal regulation in chapter 10 contains legislative intention about anchorage of variable extent of partially cover health care. Conformity with constitutional order in Czech Republic is difficulty with every attempt to raise the copayment on expenses of provided health care with regard to imperative of complimentary. The present ground is for alteration of independency of health insurance branch and recoverability of rights of insured.

Conclusion of thesis results in priority of sustainable financing to elevation of standard of social security. Copayments of insures with low incomes should be resolved with correspondent increase of cash benefits or more precisely vouchers to settle this copayments. Reaching client oriented health service is possible with relocating gravity center of health care regulation from supply side to demand after health care.