

This thesis is focused on current public health insurance system in Czech Republic and its possible future changes according to the proposals of the present government.

The term “public health insurance” does not necessarily imply that the system is administered by public body (or bodies); it rather refers to the fact that the health insurance scheme in Czech Republic is designed to be a social and mandatory system based on solidarity of insured and plurality of health insurers. All members of the system are regularly contributing according to their possibilities. Their contribution is monthly redistributed among health insurance companies according to the risk adjustment scheme. That ensures that the health insurers get more money for diseased insured and so they don't have motivation to risk selection. As a result, all diseased should be getting every health care they need. Such systems are also often called statutory health insurance schemes.

Nowadays, Czech Republic faces several problems related to this area. Czech health insurers are owned neither by the state, nor by anyone else. That brings a lot of uncertainty into the system, because there is no one responsible for the economic results of health insurance companies. As a result of that, a huge amount of financial resources is spent needlessly.

On top of that, unstoppable progress in medical science makes the health care more and more expensive, while the financial resources of the system aren't growing rapidly enough. Due to better health care, the population is ageing, which is the problem of many other developed countries as well. Moreover, elderly people are more likely to consume health care, especially the expensive one. In several years we will thus face the urgent lack of funds in the health insurance system.

Hence, the current government has introduced courageous plans to reform the system and stabilize it with respect to long-term financial sustainability.

The health insurers shall be transformed into joint-stock companies, which, together with competition between the insurers, will assure more transparency and less wastage in the health insurance system. All insurers will have to offer the same basic benefit package to ensure that no insured will be bankrupted by having to pay full price for costly treatment. The basic benefit package should first of all cover the unexpected costs that are beyond financial scope of an individual. Cheap treatment, on the other hand, can be burdened with a limited copayment, which shall motivate people not to abuse “free” health care without restraints. In case that there is any individual who is unable to pay this limited deductible, the social system shall step in. Throughout the reform proposals there is noticeable inspiration by Dutch health insurance reform, which took place in the Netherlands in 2006 and shows remarkable results already. However, it is hard to tell the chances of the reform in the Czech Republic – many people think that the health care in the Czech Republic should be widely accessible and free of charge at the same time. It will definitely be tough to struggle these unrealistic expectations. The proposals of the present government might not be flawless; however, they surely enough follow the right direction.