Germany: Government commission on the future of health insurance funds declares war on the working class

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On Monday, the Health Finance Commission presented its proposals for the future of the statutory health insurance system (*Gesetzliche Krankenversicherung*, GKV). Its report, which the experts drafted on behalf of the government, amounts to an open declaration of war on the working class. The media is downplaying the explosiveness of the social attacks and presents the measures as a "necessary adjustment" and the "rescue of the health insurance funds."

The report, with its 66 proposals, is a horrific catalogue of benefit cuts and higher co-payments for those with statutory insurance, as well as new and greater unreasonable demands on an already overburdened nursing staff.

Benefit cuts: Sick pay disbursed by the health insurance funds, which starts after six weeks of continuous illness, is to be reduced by 5 percent from the previous 70 percent to 65 percent of gross salary. With this, the Commission wants to save €1.3 billion on the backs of those who are too ill to work.

The already applicable maximum entitlement period for sick pay of 78 weeks, or around one and a half years, is to be applied more strictly than before. It is the government's answer to Long COVID, since in Germany, more than 1.5 million people now live with either Long COVID or ME/CFS (myalgic encephalomyelitis/chronic fatigue syndrome), many of them incapable of working for months or years due to the severity of the disease.

The Commission further proposes abolishing the free co-insurance of spouses who do not work themselves or are only marginally employed. This is intended to save the health insurance funds €3.5 billion. This measure will also hit working class families in which one partner—usually the woman—cannot work because of child-rearing responsibilities or caring for relatives. For about 2.5 million families, this will mean they will have to raise additional insurance costs of several hundred euros a month.

Cynically, the expert commission wants to achieve a "strengthening of the labour market and higher employment" with this measure, suggesting that the non-working partners are simply lazy. It is reminiscent of the hypocritical moral sermons of the chancellor and his ministers that the population simply have to "work more" again and "give up old habits."

Co-payments: All types of co-payments by the insured are to be raised. Patient co-payments for medications alone (currently between €5 and €10) are to be increased to €7.50 to €15 per medication. For seniors and the chronically ill, these co-payments can add up to considerable sums. It is said that "social hardships" are to be "cushioned," but a possible exemption from these costs is tied to complex bureaucratic hurdles.

Co-payments of the statutorily insured for dentures, glasses and artificial hip and knee joints—already high sums—will rise further because many special allowances will be cancelled. This includes an allowance for outpatient treatments, for example, a cataract operation.

Also, laboratory tests for health check-ups are only to be paid by the insurers if their urgency has been proven. Hygiene surcharges for outpatient procedures, only recently granted, are to be abolished again. All this will inevitably further increase the already high out-of-pocket expenses for patients.

In general, only "evidence-based" measures are to be financed; in other words, the health insurance fund should generally only pay for services that "bring something." Page after page lists items such as "price moratorium," "abolition of flat rates" or "cancellation of reimbursement without proof of benefit," etc. Everything that does not provide "proof of benefit" in writing is to be cut. In the case of hip or knee operations, the patient is to be compelled to undertake a second opinion as to whether it is necessary at all.

In reality, this increases the pressure on the statutorily insured. For even more people than before, new glasses, braces or a dental crown, hearing aid or pain-free knee will thus become an unaffordable luxury.

A new sugar, tobacco and spirits tax is also to be levied, which has been particularly highlighted in the media and welcomed as a "preventative" measure. However, this new consumption tax will hit people on low incomes particularly hard.

Those with statutory insurance are in the future to pay for themselves appointments for the early detection of skin cancer, as well as for consultations about organ donation. The special promotion of medicines for rare diseases ("Orphan Drug Privilege") is to be abolished. Such proposals make clear that the Commission is not concerned at all with the financing of health but solely with the health of finances.

Burden on nursing staff: In future, health insurance companies are no longer to co-finance "care relief measures" in hospitals or nursing homes. This includes strategies, techniques and personnel structures that relieve nursing staff of non-nursing or administrative tasks. They were introduced to appease striking nurses who took action up and down the country against the intolerable nursing emergency and for a living wage. The relief measures, which are partly co-financed by the health insurance funds, are now to be abolished again.

Doctors are also being targeted. The surcharges for doctors from the Appointment Service and Remuneration Act (TSVG) are to be abolished again. The TSVG was a reform intended to motivate doctors more strongly to accept statutorily insured patients more quickly, among other things, through financial incentives. The new measure will put doctors under further pressure. Even today, according to the National Association of Statutory Health Insurance Physicians, more than 40 million specialist appointments are not remunerated.

The austerity screw is being tightened particularly on psychotherapists. This is not just a proposal but already an agreed fact: From April 1, 2026,

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fees for psychotherapeutic services are to be reduced by 4.5 percent nationwide. The central association of the statutory health insurance funds had even demanded a 10 percent reduction. In the expert commission's catalogue of measures, there are further proposals, such as a reduction in surcharges for short-term therapies.

Welfare recipients: To save costs, the Commission also proposes that the state should in the future pay the insurance for citizen's allowance (*Bürgergeld*) welfare recipients from tax revenues. So far, they have been paid by the health insurance funds, i.e., from the contributions of wage earners, potentially saving the Statutory Health Insurance system (GKV) €12.5 billion.

However, the Merz government has already made its priorities clear with the abolition of the citizen's allowance. Finance Minister Lars Klingbeil, who is also chairman of the Social Democrats (SPD), just recently announced a frontal attack on all social gains. And his boss, Chancellor Friedrich Merz (Christian Democrat, CDU) has made clear: "We can no longer afford the welfare state."

Thus, it will ultimately boil down to social assistance recipients having to make do with "third-class" insurance.

With all these and other measures, the Commission states, more than €42 billion could be saved next year alone and almost €64 billion over five years (by 2030). This is supposedly unavoidable, as the deficit of the health insurance funds cannot be plugged otherwise. For many measures, there is simply "no money there."

The Commission even openly admits that its proposals endanger lives. It categorises its measures into three categories: A*, A and B. Category B comprises savings which, according to the report, are accompanied by "uncertain or potentially negative effects on the quality of care." These targeted deteriorations alone are supposed to yield savings of €7.5 billion by 2030. What is certain is that the two tiers of the healthcare system are drifting even further apart.

The claim that the health insurance funds are empty is a provocative lie. A super-rich layer is enriching itself immensely. The number of billionaires in Germany alone has increased almost sixfold in the last 20 years, from 30 to 170. If the working class had a determined, capable party and its own fighting organisations (instead of the trade unions, which are mere junior partners of the capitalists), then it would be easy to force high earners who are privately insured, shareholders, CEOs and the super-rich to pay contributions into the statutory funds, which as a pay-as-you-go insurance should be financed by "everyone." Then there would certainly be no financial problem.

But Germany is governed in the interests of the bankers, oligarchs and business associations, and the government is on a war course. Militarism dominates, whose goal is to make society "fit for war" (SPD Defence Minister Pistorius). Germany is to take on "responsibility in Europe and around the whole world" (Klingbeil, Merz). For this, money is plentiful. According to a decision by the government, supported in both chambers of parliament, additional funds of €1 trillion have been approved for rearmament, the Bundeswehr (Armed Forces) and the renewal of military-related infrastructure alone.

Of the 10 professors and business economists who make up the Commission, none is dependent on the statutory health insurance funds, nor is Health Minister Nina Warken (CDU). As a minister (according to the website parlamentjobs.de), she receives a gross monthly salary of just under €21,400, to which various allowances and surcharges of over €10,000 monthly are added. It is easy for all these decision-makers to insure themselves and their families privately.

Minister Warken politely thanked the Health Finance Commission for its "toolbox" and promised to make it "the basis of the most comprehensive financial reform of statutory health insurance to date" by the summer. Its implementation will, at the same time, be a test for another, fateful commission report: the Pensions Commission is already in the starting blocks to crack open pension payments, the largest item in the federal budget.

The proposed savings are in reality much higher than the current funding gap would require. "The financial volume ... far exceeds the projected funding gap," writes the Finance Commission. "Politicians thus have a large margin of discretion and can decide which recommendations are to be implemented."

However, the government is determined to go as far as possible. It deliberately avoided calling the intended social cruelties by their name when forming the coalition. Their implementation is ultimately a question of class struggle, to which the capitalist class is more and more determined.

The first statutory social insurance system, which Reich Chancellor Otto von Bismarck introduced 140 years ago, was a reaction to the international growth of the socialists; in Germany, it was the Social Democracy and its trade unions. Bismarck's goal was to take the sting out of the impending class struggle. The continued payment of wages in the event of illness was also only introduced after the Second World War in order to pre-empt a social revolution. Previously, in 1956-1957, 45,000 metalworkers in Schleswig-Holstein had taken strike action for 114 days, the longest strike in West German history.

When Bismarck introduced the very first "welfare state," Rosa Luxemburg analysed the function of this social reform in the capitalist state. She wrote: "It does not operate as a restriction of capitalist property, but on the contrary as its protection. Or, economically speaking, it does not constitute an intervention in capitalist exploitation, but a standardisation, an ordering of this exploitation."

This "standardisation of exploitation" means that a small part of the entrepreneurs' revenues does not flow directly into profit, but together with the workers' contributions feeds the pension, health and long-term care insurance funds. This short-term renunciation of profit by the capitalists is in the long-term interest of the entire bourgeoisie. But the ruling class is in a deep crisis today. Under the pressure of globalisation, trade war and war, it is more and more dispensing with financing this tried and tested means of dampening the class struggle.

This makes clear that the situation is ripe for the struggle of the working class. The current situation not only requires it, but it also makes it possible: the ruling class and its government are by no means omnipotent.

The policy of social devastation can, however, only be stopped if an independent, socialist mass movement is built within the working class, allying itself with the international working class. For this, it needs a new, international and socialist party. The goal must be to tear the healthcare system from the clutches of capitalism's profit logic, to expropriate the private hospital corporations and the pharmaceutical industry without compensation and place them under workers' control. Healthcare is not a commodity. It is a fundamental social right!

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