



RECOMMENDED

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## TOP STORY

# 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.



Photograph: benjaminmolte / Fotolia

**Special arrangements regarding social insurance contributions for emergency doctors: the beginning of the end for our 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.”

### EXACT WORDING Decision by the Bundesrat

“The Bundesrat requests the Federal Government to promptly prepare and submit a draft bill which is suitable for ensuring emergency medical services provided by locum doctors without an obligation to pay social insurance contributions.”

**The complete decision can be viewed online at:**  
**Web: [www.bundesrat.de](http://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 achievements not be called into question either by political decisions or by other remarks which give the impression that this is something which is expendable or even a hindrance. We will continue to observe, monitor and, if necessary, speak out about such developments. There are good reasons why Germany’s social stability is the envy of many other countries – and we mustn’t jeopardise this!

**Dr Joachim Breuer**  
Director General of the DGUV

# “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 carers 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



Photograph: JSB31 / Fotolia

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.

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 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 on a person. I've experienced first-hand the strain my mother was under when she was caring for my grandmother who had dementia. A loved one who was

once caring, well-balanced and self-determined changes and becomes weak, confused and easily irritable. This is very distressing and burdensome for the caregiver. It is important to look at protecting the family caregiver's own health at an early stage. For example, we have our own internet portal which provides information on health protection, organising in-home care and legal issues. We also have seminars where professional caregivers pass on their knowledge to family caregivers. There is also a magazine "Caring at home – staying healthy!"

**Web: [www.unfallkasse-nrw.de/pflegende-angehoerige](http://www.unfallkasse-nrw.de/pflegende-angehoerige) (German only)**



**Gabriele Pappai**  
Managing Director of the German Social Accident Insurance Institution for the public sector in North Rhine-Westphalia

**TOPIC**

## New initiative: European Solidarity Corps

The European Solidarity Corps is a new initiative which offers young people the opportunity to work on humanitarian and social projects in Europe. Anyone interested in the project should find out in advance how their insurance is organised because regulations vary between the individual EU countries.

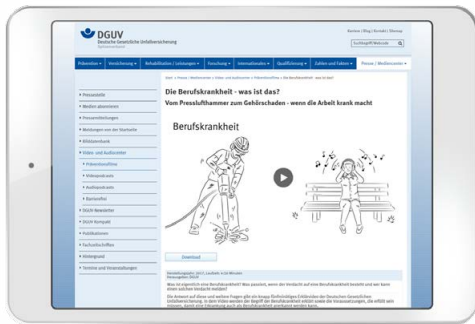
Young people aged between 18 and 30 have been able to register for the European Solidarity Corps since December 2016. This new initiative, launched by EU Commission President Jean-Claude Juncker, offers the chance to help out in crisis situations for a period of two to twelve months. The aim of the programme 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](http://www.dguv.de) (Webcode: d1071989) (German only)**

## RECOMMENDED

# 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](http://www.dguv.de) (Webcode: d1068085)  
(German only)

## NEWS IN BRIEF

# Indicative limit values for 31 dangerous chemicals

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 legisla-



Photograph: Adam Gregor / Fotolia

**Around 160,000 people die every year in Europe from work-related diseases**

tion 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](#).



## 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)

## IMPORTANT DATES

**4 March – 24 September 2017**

**DASA Working World:  
"Red Alert" Exhibition  
DORTMUND**  
[www.dasa-dortmund.de](http://www.dasa-dortmund.de)

**16 March 2017**

**digital, flexible, borderless  
FRANKFURT AM MAIN**  
[www.rkw-kompetenzzentrum.de](http://www.rkw-kompetenzzentrum.de)

**31 March – 1 April 2017**

**Accident Medicine Congress 2017  
DÜSSELDORF**  
[www.dguv.de](http://www.dguv.de) > Veranstaltungen

**12 April 2017**

**The New Company Safety  
Act and the Current State of  
Technical Regulations  
DRESDEN**  
[www.baua.de](http://www.baua.de) > Aktuelles-und-Termine

## NUMBER OF THE MONTH

# 61.9 billion

**working hours ...**

... were recorded by the DGUV in 2015.  
That's 1.52% more than the previous year.

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**Publishing committee:** Dr Renate Colella (Chair), Udo Diel, Professor Dr med Axel Ekkernkamp, Reiner Hoffmann, Gabriele Pappai, Dr Udo Schöpf, Karl-Sebastian Schulte  
**Editorship:** Gregor Doepke, Dr Dagmar Schittly, DGUV, Glinkastr. 40, 10117 Berlin  
**Editorial team:** Dr Dagmar Schittly, Kathrin Baltscheit, Katharina Dielmann, Tobias Falk  
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## Contact

[KOMPACT@DGUV.DE](mailto:KOMPACT@DGUV.DE)  
[WWW.DGUV.DE/KOMPACT](http://WWW.DGUV.DE/KOMPACT)