A Single-Payer Universal Social Insurance System: The Taiwan Experience

Jui-fen Rachel Lu (rachel@mail.cgu.edu.tw)

Chang Gung University, Taiwan March 4-5, 2011

International Conference on Health Care Reform: Asia-Pacific Experiences and Western Models





PBS production by T.R. Reid, April 2008

http://www.pbs.org/wgbh/pages/frontline/sickaroundtheworld/



Taiwan - 2009

- Socio-economic and demographic characteristics
 - High-income economy
 - GDP per capita: USD16,353
 - 6.87% of GDP on health (2%+ since 1994)
 - Lowest total fertility rate country
 - TFR: 1.03
 - Rapid aging population
 - Low fertility rate
 - good life expectancy
 - M/F: 75.5/82
 - Pop size: 23.12 million



Road map

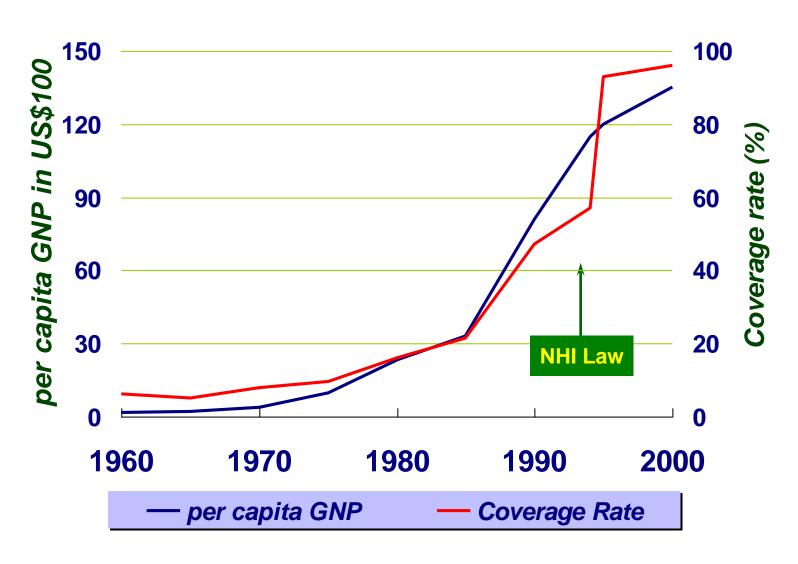
- NHI in Taiwan
 - Historical development
 - Major features
 - System performance
- Rising up to future challenges
 - 2nd generation NHI
- Final words



Taiwan NHI - historical development

- Taiwan implemented NHI in 1995
 - Merging three major social insurance programs
 - Labor Insurance (LI), 1950
 - Government Employee Insurance (GEI), 1958
 - Farmer Insurance (FI), 1989
 - Low income insurance, 1990
 - Expanding the coverage to the uninsured (43% pop), mainly the unemployed and the retired

THE BIRTH OF TAIWAN'S NHI



Source: TL Chiang

Taiwan NHI - Major Features

- Public single-payer approach
 - Bureau of NHI
 - exp budget
 - NTD 443.2 billion (USD 15 billion) in 2010
 - Direct saving through market power
 - Uniform FFS payment schedule with global budgets
 - Uniform electronic claim filing and review system
 - Smart card
 - Avoid cost shifting and risk selection



Taiwan NHI - Major Features

- Universal coverage
 - Compulsory social insurance scheme
 - 99% coverage rate
- Compulsory payroll-tax financed
 - Government subsidies: 26%



Taiwan NHI - Major Features

- Public single-payer approach
- Universal coverage
- Compulsory payroll-tax financed
- Comprehensive service coverage
- Freedom of choice

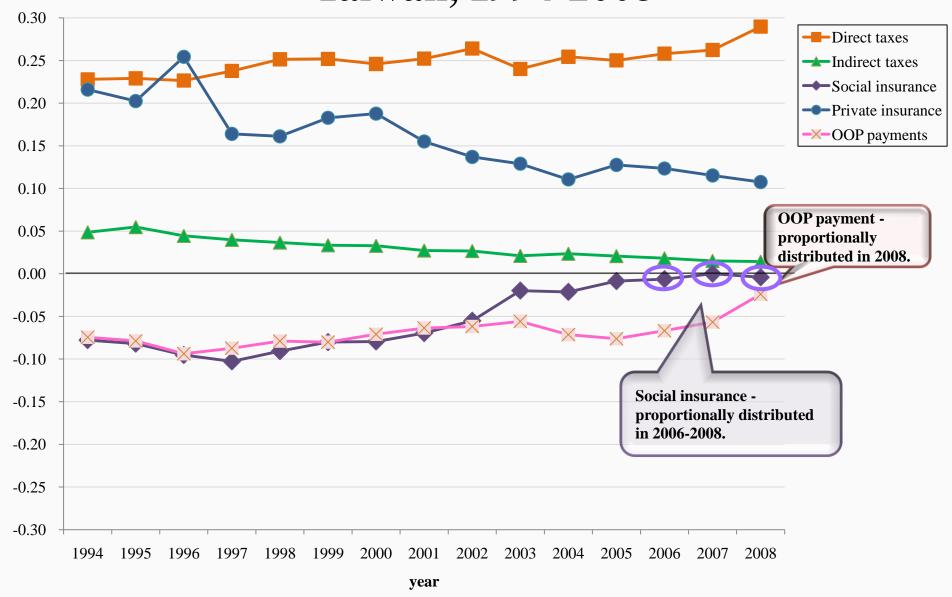


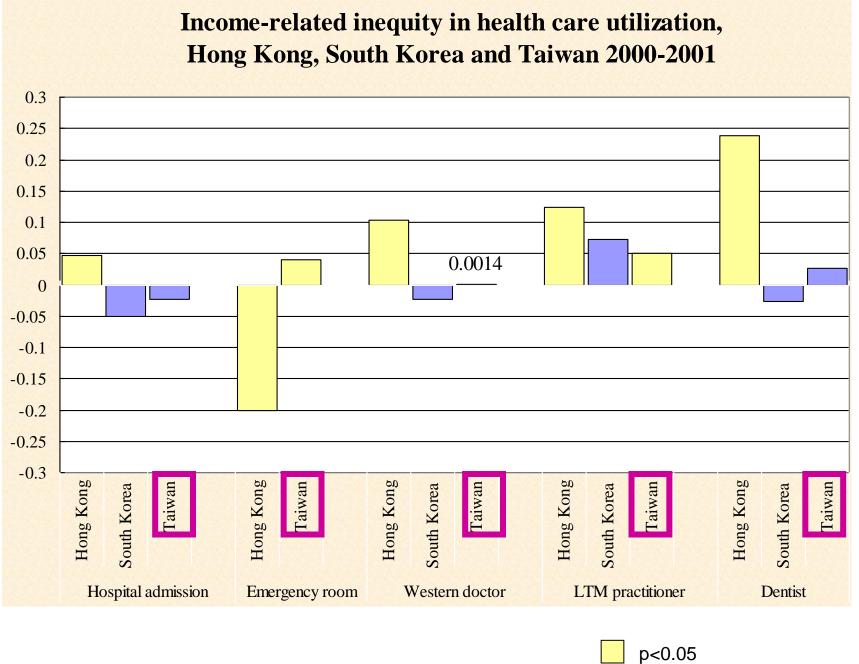
Taiwan NHI - System performance

- High public satisfaction rate
 - +70%
- Efficiency
 - Administrative efficiency
 - Uniform schedule, claim filing procedures
 - IC Smard card for real-time monitor
 - Adm exp: I.5 | % (total medical bill)
 - Allocative efficiency
 - Improved remote areas
- Equity performance

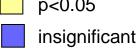


Progressivity for health financing by sources Taiwan, 1994-2008





Source: Lu, Liang, et al, 2007.



What is the major challenge ahead?

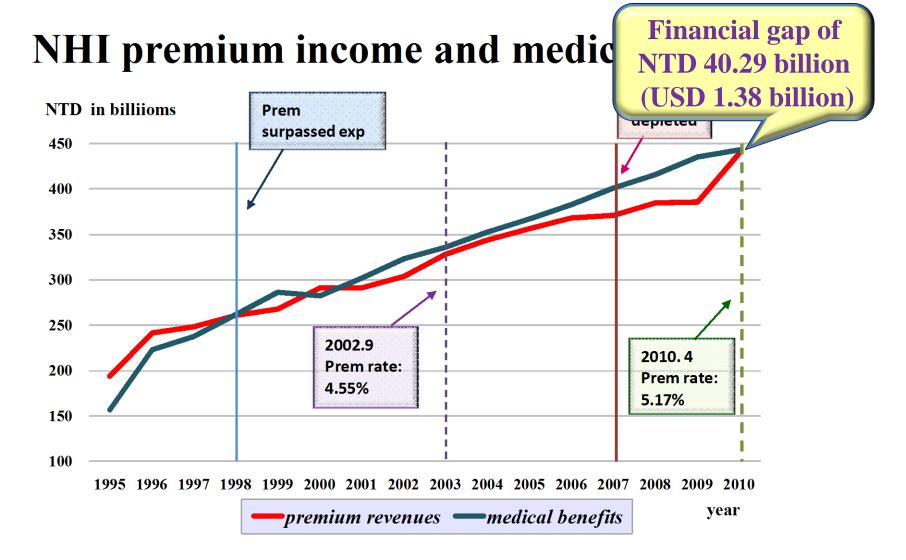


Chang Gung University College of Management
Department and Graduate Institute of Health Care Management

Financial insolvency



Chang Gung University College of Management Department and Graduate Institute of Health Care Management



Source: National Health Insurance Annual Statistical Reports, 2010.

2G NHI reform proposal

- household income base
- Goal
 - Mend the financial gap
 - Improve financial equity
- Features
 - Expand premium base
 - gross hh income: payroll and other sources of income
 - Eliminate the complicated and inequitable classification system of the insured
 - Lessen the financial burden of hh with more dependents

Taiwan's top fashion model, Lin Chih-ling, an unexpected driver for the birth of a new national health insurance (NHI) system





• Local news media has reported that Lin needs to pay only NT\$604 in monthly premium despite her annual income of more than NT\$43 million.

2G NHI reform proposal

- household income base
- Significant premium increase for high income households and singles
- Administrative feasibility is highly questioned
 - Time lag and complicated tax return system
- Ruling KMT party legislators refused to support the drastic changes proposed in the reform bill
 - forthcoming elections

Dual- track premium system (1.5G NHI)

Premium

Basic premium

- Premium rate: 4.91%
- Premium base: monthly payroll

Supplementary premium

- Premium rate: 2%
- Premium base: 6 categories of non-payroll income



Chang Gung University College of Management
Department and Graduate Institute of Health Care Management

2G NHI legislation passed on Jan. 4, 2011

- Revisions of 106 articles to NHI Law
 - Dual-track premium system
 - An increase of NTD 20.8 billion per year
 - Differential payment system
 - new drugs and medical device not fully covered by NHI
 - NHI drug expenditure target
- Health Minister resigned

Health Care Reform - Always An Unfinished Agenda



Final words

- Taiwan's reform efforts in establishing a rather equitable health system may provide valuable lessons for countries going through rapid economic and political transition
- Future challenge remains
 - Financial sustainability
 - Rapidly aging population
 - Economic stagnation

Comments & Discussion









Chang Gung University College of Management Department and Graduate Institute of Health Care Management