

With the law for the “Protection of the population in an epidemic situation of national scope” and the “COVID-19 Hospital Relief Act,” both dated 27 March 2020, the legislator has taken initial measures to on the one hand, to ensure the functioning of the public health system in an epidemiological emergency affecting the whole of the Federal Republic of Germany and on the other hand to mitigate the negative financial consequences of this special situation in the health care sector.

On May 15, 2020 the German Bundesrat approved the Second Law for the Protection of the Population in the Event of an Epidemic Situation of National Significance (*Zweites Gesetz zum Schutz der Bevölkerung bei einer epidemischen Lage von nationaler Tragweite*), just one day after the German Bundestag (see [here](#)).

The law contains numerous legal amendments and regulatory powers to deal with the COVID-19 epidemic.

Preventive Testing

- The German Federal Ministry for Health (BMG) can, in principle, oblige the German statutory health insurance (GKV), by decree, to pay for tests for the coronavirus or antibody tests. This will enable tests to be carried out on a wider scale than previously possible – for example, even if someone does not show any symptoms. Public health authorities will also be able to bill tests through the GKV.
- More tests for COVID-19 infections are to be carried out in the vicinity of particularly vulnerable persons – for example in nursing homes. In this way, infections can be detected early and infection chains can be effectively interrupted.
- In future, laboratories will also have to report negative test results and the reporting system will also include information on where someone is likely to have become infected. The data will be transmitted anonymously to the Robert Koch Institute (RKI).
- The BMG can oblige laboratories to transmit sample data to the RKI in pseudonymised form. Any inference from the transmitted data to the person is to be ruled out.
- A new fee will be introduced to cover the costs of testing for COVID-19 infection of patients undergoing inpatient treatment in hospitals.
- In order to better assess the impact of the COVID-19 Hospital Relief Act and its impact on the economic situation of hospitals, two data transmissions on the performance of services will be introduced during the year. The results will be presented to the BMG. Coronavirus or antibody tests will, in future, be paid for by health insurance companies – even if someone does not show any symptoms. More tests are to be carried out in nursing and old people’s homes in particular. Health authorities will also be able to bill the costs via the health insurance companies.

Care Bonus

- All employees in geriatric care will receive a graduated entitlement to a one-off special benefit (coronavirus premium) of up to €1,000 in 2020. The highest premium will be paid to full-time employees in direct care and nursing.
- Apprentices, volunteers, helpers in the voluntary social year and temporary workers and employees in service companies are also to receive a premium.
- Employers in the nursing care field will initially be reimbursed for the premiums by the social nursing care insurance fund by way of advance payment. In the second half of 2020, the BMG and the Federal Ministry of Finance will jointly determine the extent to which the statutory health and nursing care insurance system will receive federal subsidies to stabilize the respective contribution rates (also to refinance the corona premiums).
- The German Federal States and employers in the nursing care sector can supplement the coronavirus premium up to the amount of the tax- and social security contribution-free sum of €1,500.

Outpatient Nursing Care

- Up to now, employees have been receiving care support allowance for up to 10 days as a wage replacement benefit if a sudden need for care arises in the family and they have to organise care for a relative at home. Until 30 September 2020, care support benefit will also be paid if there is a gap in the provision of care at home (e.g. because a carer is absent or an outpatient care service closes). In contrast to today, the long-term care support benefit will no longer be paid for a limited period of up to 10 days, but for up to 20 days.
- The right to stay away from work because of an acute care situation in one’s own family will also include 20 days until 30 September 2020 instead of 10 as before. In addition, further pandemic-related flexibilisation will be introduced in the Long-Term Care and Family Care Time Act. In order to support the relatives of people in need of care, the law provides for facilitations in the care support benefit: until 30 September 2020, it will be paid for a maximum of 20 days if a care gap arises in home care – e.g. a carer is absent or an outpatient care service closes. Employees can take advantage of the right to stay away from work for up to 20 days because of an acute care situation in the family.

Support for the Public Health Service

- The Public Health Service is supported by federal measures during the epidemic situation of national importance – in particular to promote digitisation. To this end, about €50 million will be provided for the 375 health offices.
- A permanent contact point for the Public Health Service will be established at the RKI.

More Flexibility and Less Bureaucracy for Insured Persons, Administration and Healthcare

- If a person cannot work due to, for example, a quarantine order, they are entitled to reimbursement of lost earnings under certain circumstances. The application period for this is extended considerably – from three to 12 months. This will not only relieve the burden on those affected, but also on the administration.
- Due to the current restrictions on public life, prevention courses and other health promotion measures can only be carried out to a limited extent. For this reason, the expenditure of the health and nursing care insurance funds for these services in 2020 will not, by way of exception, have to correspond to the legally prescribed amounts. However, the obligation of the health and nursing care insurance funds to provide these services remains.
- Doctors can order more seasonal influenza vaccines in advance without having to fear recourse claims from the health insurance funds due to uneconomical prescriptions.
- Privately insured persons who become temporarily in need of help and switch to the basic tariff can more easily switch back to their original tariff, i.e. without a new health check.
- In the field of digital health applications, pilot projects will be made possible for the use of electronic transmission of prescriptions and for the implementation of billing.
- The entry into force of the new Medical Devices Act will be postponed, so that the Medical Devices Act will continue to apply until 26 May 2021. This will allow manufacturers to concentrate on the production of the medical devices urgently needed to cope with the COVID-19 pandemic and continue to guarantee the security of supply in Germany. This will be done on the basis of the European specifications.

European Solidarity

- The German Federal Government covers the costs of intensive medical treatment of patients from other European countries in German hospitals who could not be treated in their home country due to a lack of capacity.

Signing, Promulgation, Entry Into Force

The German Federal Government is now forwarding the law to the German Federal President for signature. It can then be published in the Federal Law Gazette. It essentially enters into force on the day after publication.

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