



Spitzenverband



Sustainable and climate-neutral further development of healthcare and long-term care

GKV-Spitzenverband's Position Paper

Resolved by the Administrative Council on 20 March 2024



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The National Association of Statutory Health Insurance Funds (GKV-Spitzenverband) is the central association of the health insurance funds at federal level in accordance with section 217a of Book V of the German Social Code (SGB V). It also acts as the central association of the long-term care insurance funds in accordance with section 53 of Book XI of the Social Code (SGB XI). The National Association of Statutory Health Insurance Funds is a public-law corporation with self-government.

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Our demands in brief

1. The GKV-Spitzenverband and the statutory health and long-term care insurance funds are committed to driving forward climate-friendly and sustainable restructuring together with the stakeholders in the Climate Pact for Health on the basis of concrete and binding targets in order to make the healthcare and long-term care systems climate-resilient, climate-neutral and sustainable by 2045 at the latest. The federal and state governments must also fulfil their duties and financing responsibilities.
2. Reducing the overuse and misuse of healthcare services and products is necessary and overdue for the ecological and financial sustainability of the healthcare system. Legislators must create the conditions to minimise duplicate examinations, avoidable interventions, unnecessary hospital stays and inappropriate prescribing of medicines and medical aids.
3. Investing in climate protection and climate adaptation in hospitals and long-term care facilities are public tasks. The federal and state governments must consistently fulfil their funding obligations and not pass these on to those paying contributions.
4. The health and long-term care insurance funds can make a significant contribution to assessing the impact of climate change on healthcare and advising affected insured persons with health-related recommendations. To this end, the legislator must expand the scope of action of the funds and create the conditions for existing data to be made available more quickly and used more effectively.
5. The legislator must create a legal basis for the voluntary application of the sustainability principle alongside the economic efficiency requirement. This is an important prerequisite for achieving climate targets and for health and long-term care insurance funds to increasingly take sustainability aspects into account.
6. The federal and state governments must consistently press ahead with the structural reform of the hospital sector. Only then will it be possible to determine the justified investment requirements for the climate-neutral modernisation of hospitals.
7. Local heat protection must be made mandatory as a municipal task and receive sufficient financial support from the federal and state governments to enable municipalities to develop and implement heat action plans. The revised prevention guidelines provide more opportunities for health insurance funds to support them in this endeavour.
8. Disaster preparedness and the provision of disaster-proof services of general interest are the responsibility of the federal states. The health and long-term care insurance funds help to adapt the provision of care quickly and flexibly, even in crisis and disaster situations. The federal government must therefore involve the GKV-Spitzenverband in the participation processes under the Resilience Strategy and the Climate Adaptation Act.

1 Shaping change together

Climate change is one of the greatest threats to human health worldwide. Its effects are also being felt in Germany: severe weather events such as storms, heavy rainfall and heatwaves, the increasing prevalence of allergies and the spread of infectious diseases, some of which are new, pose challenges for prevention, treatment and long-term care. At the same time, the healthcare sector contributes significantly to the emission of greenhouse gases that cause climate change.

1.1 Climate protection is an obligation for us

Climate protection is health protection - it is therefore in the interest of the insured to minimise the carbon footprint of statutory health and long-term care insurance and to make administration ecologically sustainable. Germany has also made an international commitment to develop its healthcare system in a climate-resilient, climate-neutral and sustainable manner. Creating the framework conditions for change is a joint challenge. This includes a roadmap for making health and long-term care insurance climate-neutral and ecologically sustainable by 2045 at the latest, as provided for in the Climate Protection Act.

1.2 Self-government steers change

In our self-governing healthcare system, the health and long-term care insurance funds work together with service providers to shape the framework conditions for healthcare and long-term care. This includes taking on the challenges of climate change and helping to achieve climate targets.

The sustainable and climate-neutral further development of the healthcare and long-term care system supports important health policy goals, such as in particular the reduction of overuse and misuse of treatment, the efficient reorganisation of inpatient care structures, the expansion of digitalisation and the responsible use of medicines and other health-related products.

Climate change is another reason to emphasise the value of prevention: A climate-conscious approach to nutrition and mobility is often beneficial to individual health. The health insurance funds are already assuming responsibility in this area through their prevention work in accordance with the prevention guidelines and can work together with partners in different settings to encourage health-promoting and climate-conscious behaviour.

The GKV-Spitzenverband and its members are committed to driving forward the climate-friendly and sustainable restructuring of the healthcare and long-term care system in close cooperation with the key players on the basis of concrete and binding targets and to adapting care to new challenges.

Sustainable and climate-neutral further development of the healthcare and long-term care supports important health policy goals.

To this end, the strategic process of the Climate Pact for Health, which the Federal Ministry of Health, the leading healthcare organisations, the federal states and municipal umbrella organisations agreed in December 2022, must be used. This requires a data base that includes the carbon footprint of the healthcare and long-term care system, its causes and epidemiological data.

1.3 Change is a task for society as a whole

Adapting the healthcare and long-term care systems to climate change and making them climate-friendly is a task for society as a whole. This includes all stakeholders in healthcare and long-term care contributing to climate adaptation, climate neutrality and ecological sustainability. Sustainable financing of health and long-term care also requires a debate on the resources needed and a clear definition of responsibilities for financing the various tasks.

Climate change affects everyone in Germany. However, its impacts can vary greatly from region to region and over time, for example in the form of severe weather events, heatwaves or flooding, and affect different groups of people in different ways.

Socially disadvantaged groups and people with pre-existing conditions, disabilities or care needs are often more exposed to climatic stress, are less able to adapt by their own means and are therefore particularly vulnerable. For the GKV-Spitzenverband, it is essential that the prevention and treatment of health

The prevention and treatment of health risks and consequences caused or exacerbated by climate change must take into account the special needs of vulnerable groups.

risks and consequences caused or exacerbated by climate change take into account the special needs of vulnerable groups.

2 Sustainable financing

Statutory health and long-term care insurance is committed to the sustainable financing of healthcare and long-term care for the insured. As a result of climate change and the associated health risks, an increased need for treatment and additional costs can be expected. This development comes on top of an already difficult financial situation of the healthcare and long-term care insurance. In addition, those paying contributions are compensating for the inadequate funding provided by the federal and state governments, for example for civil protection and hospital investments. Against this background, it is also important to clearly delineate the tasks and funding responsibilities of a self-governing social insurance on the one hand and the state administration on the other.

Investing in climate adaptation and mitigation is a task for society as a whole. Investments in building refurbishment and energy efficiency are necessary for climate-resilient and climate-neutral care. Such investments in hospitals and long-term care facilities are the responsibility of the federal states, possibly supplemented by federal funding. Investment costs must not be passed on to health and long-term care insurance. Instead, the federal government and the states must consistently fulfil their funding obligations, which they have so far failed to do adequately.

Given the as yet unquantifiable additional burdens, it is necessary to take precautions. Targeted and evidence-based education, prevention and care programmes can help to mitigate or avoid the health impacts of climate change. It is particularly important that the effectiveness of such programmes is scientifically tested as early as possible in order to maximise the impact of the resources available. This will not only help to maintain the health of the insured, but will also pay off for the solidarity community as a whole.

Severe weather events can lead to an unforeseen increase in the need for treatment and at the same time have an impact on the health and long-term care infrastructure, at least regionally and for a limited period of time. The federal states are responsible for disaster prevention and disaster-proof services of general interest. The health and long-term care insurance funds, in cooperation with the service providers, help to adapt care provision quickly and flexibly, even in crisis situations.

Investments in climate adaptation and climate protection are a task for society as a whole. The federal and state governments must consistently fulfil their funding obligations.

3 Adapting healthcare and long-term care to climate change

Climate change poses new health challenges and intensifies existing ones. The health and long-term care insurance funds should play a decisive role in shaping the necessary adaptation to climate change by further developing the framework conditions for health and long-term care on the basis of data and by advising the insured. Against this background, the tasks and options of the health and long-term care insurance funds should be expanded in order to make better use of their existing competencies with regard to the climate-related need for change.

3.1 Health and long-term care

In the future, health and long-term care insurance funds must be put in a position to better exploit the potential for targeted support of the insured. In particular, existing data must be made available more quickly and used more effectively. For example, health and long-term care insurance funds could help to

Professional carers and family carers must be trained on the subject of heat protection. Care counselling can also play an important role.

better protect vulnerable groups from heat. They can support information campaigns by government agencies such as the future

Federal Institute of Public Health on new health risks and prevention measures by providing their own targeted information. Recognising and averting heat-related risks in long-term care remains a core task of care professionals. Professionals and family carers need to be trained accordingly. Care counselling can also play an important role. The inclusion of heat protection in the guidelines for care counselling issued by the GKV-Spitzenverband offers an opportunity to raise the awareness of people in need of care and their relatives in the context of care counselling.

The self-governing statutory health insurance system has assessment and decision-making processes in place to respond to the increasing importance of certain diseases and health burdens caused by climate change, such as the expected increase in the spread of vector-borne infectious diseases. The statutory health insurance funds

provide appropriate information and prevention programmes and finance the necessary treatments and vaccinations.

3.2 Prevention

On the basis of their statutory prevention mandate, health and long-term care insurance funds see it as their responsibility to help prevent the health risks associated with climate change, to enable insured persons to adopt health-promoting behaviour, to promote the development and strengthening of health-promoting structures in the living and working environment, and thus to contribute to the health-oriented coping with climate change.

The Planetary Health approach has been enshrined in the prevention guidelines in 2022: primary prevention and health promotion services should not only improve individual health, but also contribute to the protection of natural resources. Individual dietary and mobility behaviour offers considerable potential for reducing carbon emissions while improving individual health. With its prevention programmes, the statutory health insurance promotes these health- and sustainability-oriented behaviours.

The revised prevention guidelines also give health insurance funds more scope to support insured persons and those responsible in various settings and workplaces in preventing health damage caused by climate change, especially in the area of heat protection. Local heat protection must be made mandatory as a municipal task and receive sufficient financial support from the federal and state governments so that municipalities can develop and implement heat action plans in which all relevant partners work together.

3.3 Epidemiological stocktaking

Knowledge of the impact of climate change on human health and a sound database are needed to estimate the burden of disease in the population and the extent to which the health system will be affected. Routine data from health insurance

funds can help to identify links between climate impacts and increased risk. This potential needs to be harnessed and improved, for example through faster data provision and correct coding of climate-related conditions by healthcare providers. The innovation fund financed by the statutory health insurance is already supporting such projects.

3.4 Climate adaptation and resilience

Increasingly frequent storms can damage buildings, infrastructure and transport routes and cause problems and capacity constraints in the provision of care. Disaster prevention and disaster resilient public services are the responsibility of the federal states.

As part of the climate adaptation strategy and the German strategy to strengthen disaster resilience, there is a need for action in the health sector, such as the protection and responsiveness of the health system in the event of various hazards. The support options for health insurance funds at local level provided for in the prevention guidelines meet some of the requirements of the resilience strategy. The federal government must therefore involve the GKV-Spitzenverband in the forthcoming dialogue and participation processes and in the development of objectives and measures in the health cluster provided for in the Federal Climate Adaptation Act.

Routine data from health insurance funds can help to identify links between climate impacts and increased risk. This potential needs to be harnessed and improved.

4 Making care climate-neutral and sustainable

The starting point for a climate-friendly transformation of the healthcare sector is a continuous overall assessment of the carbon footprint and its main sources, in order to identify key levers and map the achievement of climate targets. In addition, transparency should be created at the level of healthcare and long-term care facilities about their carbon footprint and climate compatibility, so that the necessary steps can be identified.

The guiding principles for reducing greenhouse gases must be to avoid unnecessary resource consumption and to increase resource efficiency

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in order to make the healthcare system more environmentally and economically sustainable. Possible compensation for unavoidable greenhouse

gas emissions should only be used as a secondary instrument and should in no way lead to a reduction in the above-mentioned efforts.

4.1 Investment required from the federal and state governments

Hospitals are considered one of the main sources of greenhouse gas emissions in the healthcare sector. There is considerable potential to reduce greenhouse gas emissions. Modernisation requires investment, which is the responsibility of the federal states. In order to achieve general climate targets in the healthcare sector as well, targeted funding, for example from federal funds, can also be considered.

Inpatient facilities

In the view of the GKV-Spitzenverband, a structural reform of the hospital sector must precede the climate-neutral modernisation of hospitals. Only then will it be possible to determine the justified investment requirements for the climate-neutral modernisation of hospitals.

In order to create transparency about whether and to what extent the federal states are fulfilling their obligations, benchmarks should be

introduced that compare the investments made by the federal states, the progress of the refurbishment and the carbon footprint of the respective hospital sector. A binding target agreement with the hospitals must be a prerequisite for the assumption of investment costs. Achievement of recognised standards should be verified and made public.

The regulatory and financing responsibility for the climate-neutral design of long-term care facilities also lies with the federal states. The federal states must urgently fulfil their duty to finance investment costs here too. The federal states must not place this responsibility solely on those in need of long-term care and their relatives. In the case of rehabilitation facilities, too, climate-friendly remodelling as a task for society as a whole goes beyond the sole financial responsibility of the rehabilitation providers.

Outpatient facilities

Outpatient clinics, pharmacies and other facilities (e.g. physiotherapy surgeries) need to reduce energy consumption and use renewable energy sources. Necessary investment costs in practices and other facilities can lead to short-term cost increases, which will be recouped in subsequent years through lower operating costs. Making investments and taking advantage of funding opportunities is part of the entrepreneurial responsibility of ambulatory care. Government funding is essential as reducing emissions is also a task for society as a whole. Certification of practices, pharmacies and other service providers as climate-neutral, as transparent as possible and according to standardised criteria can stimulate change and create transparency for patients.

4.2 Organising a climate-neutral care provision

In addition to investments in buildings and energy efficiency, the care provision needs to be reorganised in a climate-friendly way and supported by public funding. A more efficient hospital sector with less overuse and misuse is long overdue and

is in itself a contribution to climate protection. Avoiding duplicate examinations, unnecessary hospital stays and the conversion of previously fully inpatient services to outpatient care can reduce the need for energy-intensive hospital care. In addition, climate-related morbidity should be tackled as preventively as possible.

Wherever possible, climate-damaging procedures and products, such as anaesthetic gases and inhalers with a high greenhouse effect, must be replaced by less harmful alternatives. Climate-friendly and health-promoting catering in inpatient facilities can also contribute. It should be examined how the changeover can be subsidised by the federal government. In ambulatory long-term care, care services could contribute to environmentally sustainable care by using climate-friendly vehicles.

In many areas of care, the GKV-Spitzenverband concludes contracts and framework recommendations or agreements with provider organisations at federal level. In future, the contracts and framework recommendations or agreements will take into account aspects such as energy and resource savings, specifications for pharmaceuticals and other products, as well as goals for the digitalisation of care, admission and billing procedures.

4.3 Mobility and digitalisation

Digital care and mobility concepts can help reduce the need to travel to access services, thereby reducing resource consumption. Telemedicine makes an important contribution to this. Fully digitalised and paperless administration, the mandatory use of electronic prescriptions, patient records and therapy reports, as well as fully digital billing processes, all save resources and can improve the quality of care and safety for patients. For the necessary provision of patient transport services, health insurance funds could take environmental and climate aspects into account in their contracts with transport companies.

Digitalised processes and services themselves also lead to resource consumption. In order to achieve an overall positive carbon footprint, the statutory health and long-term care insurance is calling on manufacturers of technical components and providers of services to create transparency with regard to the respective carbon footprints, for example through recognised sustainability standards and labels.

Overall consumption needs to be reduced by using medicines more prudently, focusing on medical needs and using appropriate pack sizes.

4.4 Sustainable pharmaceuticals, medical devices and medical aids

Considerable emissions are generated throughout the lifecycle of products used in healthcare. To reduce these, it is particularly important to reduce overall consumption, for example through more prudent use, focusing on medical needs and appropriate pack sizes for medicines, and choosing climate- and environment-friendly product options. Certain medical products, devices and aids can be reprocessed and reused without compromising safety, thus replacing single-use products. Legislators must provide the necessary framework and legal certainty, and manufacturers must provide the necessary information.

Supply of aids and medical devices

The framework conditions for the supply of medical aids and medical devices must be geared towards ecological sustainability. Currently, various regulations and requirements lead to resource-intensive supply and over-regulation. The aim must be to use products in a way that conserves resources and minimises emissions. This includes using reusable products wherever possible. This requires realistic and understandable information on the service life and inspection intervals of products, the interchangeability of spare parts and other sustainability aspects. This information must be provided by manufacturers, validated by a neutral body and then included in the list of medical aids.

For most medical devices, it is generally possible to reprocess the entire product or recycle the material. For many medical devices, safe reuse after cleaning and sterilisation is possible and permissible. For products where reprocessing is technically feasible, manufacturers must be obliged to plan them from the outset as products for multiple use, to include reprocessing in the certification process and to provide corresponding data on sustainability and climate aspects.

Pharmaceuticals

It is desirable for the pharmaceutical industry to organise its production, supply chains, logistics and waste disposal in a climate-neutral and sustainable manner, and to create transparency on the carbon emissions and environmental risks of all approved medicines through appropriate certification. Independent climate and environmental information on medicines should be available to prescribers and insured persons.

The production of generic medicines in particular is based on a global division of labour. A blanket call for pharmaceutical production to be relocated

For products where reprocessing is technically feasible, manufacturers must be obliged to plan and certify them from the outset as products for multiple use.

to Europe for climate protection reasons is misguided if this does not demonstrably improve the carbon footprint of pharmaceuticals. Nor does it absolve companies of their

responsibility to minimise environmental damage in the pre-production phase. Relocating production to Europe is an industrial policy task and a business decision, not a responsibility of statutory health insurance.

To minimise wastage of medicines, legislation on pack sizes should be reviewed to ensure that they reflect actual needs, and the duration of use should be set at the longest reasonable period based on evidence. Patients should be informed about the correct disposal of medicines. In practice, metered dose inhalers (MDIs) with highly climate-damaging propellants should be

replaced by propellant-free inhalers where possible, as already agreed in the framework for the content of pharmaceutical agreements with the National Association of Statutory Health Insurance Physicians.

Ways should be explored for inpatient facilities, other large purchasers and health insurance funds to take environmental and climate aspects into account in their purchasing or as an award criterion in the awarding of rebate agreements. In addition, pharmaceutical agreements could promote sustainable prescribing practices by setting appropriate targets.

5 Sustainability and climate neutrality in the operations of statutory health and long-term care insurance

Climate protection is health protection and directly benefits the insured. Statutory health and long-term care insurance funds are therefore committed to meeting this challenge in their own activities. This requires planned action: many health and long-term care insurance funds are already implementing sustainability strategies, balancing their ecological footprint and deriving measures for procurement and consumption from this. The digitisation projects of the GKV-Spitzenverband and the health and long-term care insurance funds not only bring efficiency gains, but also contribute to climate friendliness and sustainability. The GKV-Spitzenverband has set itself the goal of becoming carbon neutral by 2030.

It is important for the health and long-term care insurance funds that there is legal clarity for the voluntary application of the sustainability principle in addition to the economic efficiency requirement. This applies in particular to the consideration of sustainability aspects in the context of the statutory obligations to organise health and long-term care.

As a community of solidarity, health insurance has the task of maintaining, restoring or improving the health of its insured. Tackling climate change, one of the greatest health threats of our time, and preserving the natural foundations of life is a priority task for society as a whole, to which we contribute.

Many health and long-term care insurance funds are already implementing sustainability strategies. The GKV-Spitzenverband has set itself the goal of becoming carbon neutral by 2030.

GKV-Spitzenverband

Reinhardtstraße 28, 10117 Berlin

Tel: +49 30 2062880

Fax: +49 30 20628888

www.gkv-spitzenverband.de