

## **Health insurance for everyone? Private health insurers and the insurance of exceptional medical risks in the Netherlands 1900-2006**

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**Background:** Until the implementation of the Zorgverzekeringswet (Health Care Act) in 2006 health insurance in the Netherlands was provided by a dual system of sickness funds and private health insurers. Approximately 2/3 of the population, those with an income below the government set income-level were insured by sicknessfunds, the other 1/3 by private insurers. Providing health insurance for sub-standard risks, the elderly, and the chronically ill, proved to be a recurrent problem for the private sector. The solutions of health insurers for this particular problem changed over time.

**Methods:** Historical research in archives of profit and non-profit health insurers, their umbrella organizations, ministeries of social affairs and (public) health, multiple government-bodies, umbrella-organizations of health insurers. Study of relevant scientific literature.

**Results:** During the period 1900 -1945 most private health insurers deemed the group of exceptional medical risks uninsurable. After WWII due to heavy social and political pressure this attitude changed. Sickness funds founded their own private insurance-bodies to provide a more social health insurance for those with a higher income. Private for-profit insurers organized 'pools' in which the associated members could reinsure exceptional risks at a socially acceptable premium, all members shared the costs equally. Eventually this lead to the founding in 1967 of a voluntary pooling-institute for exceptional risks, the NOZ, of which virtually all private health insurers (both profit and non-profit) were members.

**Conclusions:** Private health insurers both profit and non-profit took measures, based on a mix of notions of civility and civil society, social believes and economical and political motives, to provide the group of exceptional and sub-standard medical risks acces to health insurance. While the size of this group, in relation to the total insured population, was only minor, the social effects of enabling this group acces to health insurance, and thus health care, were major.

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