

	<b>Introduction of Public Health Care System</b>	<b>Important reforms prior World War 2</b>	<b>Important reforms from 1945 - 195680</b>	<b>Important reforms from 1981 till today</b>
<b>Austria</b>	1877/1888: Introduction of the industrial accident and health insurance scheme for workers (fund: 2/3 paid by workers, 1/3 paid by employers, no payment by government); Services included: free medical treatment, free medicines and adequate sickness benefits.	1926: White Collar Workers Insurance Act (white collar workers in the private sector): included health insurance and work accident insurance; 1928: Agricultural Labourers Insurance Act.	Situation in 1946: 2/3 of the population covered with health insurance; 1980: 96% covered; expansion of health benefits to include unlimited inpatient care, screening programmes and preventive services, routine examinations of schoolchildren and rehabilitation; 1978: Introduction of the KRAZAF (hospitals cooperation fund) to limit funding pressures.	1980's: Rapid grow of health care expenditures led to funding pressure; 1997: Introduction of the LKF (performance-oriented hospital financing) to replace the KRAZAF.
<b>Belgium</b>	Beginning of the twentieth century: formation of mutualities to cover their members with health care.		1945: Introduction of a compulsory health insurance system for workers; 1963: Leburtons's Law: Creation of the National Institute for Sickness and Invalidity: access to insurance coverage for all inhabitants of Belgium.	
<b>Czech Republic</b>	1924: First Social Insurance System.		1948: Unification of health and social insurance into a compulsory system for all citizens; Foundation of the Central National Insurance Fund (paid entirely by the employer); 1952: Introduction of unified state health care; 1968: Proclamation of the federation of the Czech and the Slovak Republics, creation of two separate ministries of health.	1990/1991: Liberalization of health care system, Introduction of the principle of free choice of health care facilities; 1991: General Health Insurance Law and General Health Insurance Fund; Movement toward a compulsory social insurance model.
<b>Denmark</b>	Before the eighteenth century: "insurance" through landowners and artisan masters; 1772: First Danish doctor society established; eighteenth - nineteenth century: Transition of responsibility of poor relief and health care passed to the town and counties; early measurements to improve public health: education of midwives, smallpox inoculation and improved education of physicians and surgeons.	1806: First Danish public hospital law enacted 1857: Foundation of the National Danish Medical Association.	1960: Change from direct state grants to hospitals to block grants to counties (hospital expansion in the hand of the counties); 1973: Changement to a single payer system with the counties assuming responsibility for the National Health Security System covering general practioneers, practising specialists and medical expenses.	1990's: Focus on cost containment.

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<b>Estonia</b>	Beginning of 20th century: existence of basic health care system, highly decentralized, with services developed and managed locally; Services included: clinics for mothers and children, tuberculosis, dispensaries, sanatoria, and institution for the mentally ill.	1940-1990: Implementation of the Soviet Semashko System, no private sector involvement, free access to health care services.		August 1991 (Independence): Establishment of a Social Health Care System, financing through social insurance.
<b>Finland</b>	Gradually development of health care, no exact point of time can be identified for the introduction of the tax financed system; Responsibility for health care before WW2: Municipalities; Services included: Public Health, treatment of tuberculosis, other communicable diseases and mental diseases.	1940: Establishment of maternal and child care measures to treat and prevent tuberculosis.	1950's: Development of a hospital system; 1960's: Introduction of the National Health Insurance to cover cost of drugs, private medical care and some other services; 1972: Introduction of the Primary Health Care Act and national planning system; 1979: Occupational Health Act: obligation for employers to provide occupational health services to their employees.	"Population responsibility" including "Personal Doctor" system; 1993: Financial Reform of the Health Care System: subsidies from the state started to be allocated to municipalities according to demographic and other need criteria.
<b>France</b>	Late 19th century: Local sickness funds for certain workers.	1928: Compulsory health insurance for low-wage workers in certain industries.	1967: National insurance fund for salaried workers; agricultural and self-employed covered by other funds; 1978: National coverage achieved; 1979: Fee schedules tightened.	1984/85: Global budgets introduced for public hospitals to tighten expenditures; 1993: Global budgets introduced for private hospitals. 1994: National targets for pharmaceutical expenditures; 1996: Global budget for the health agencies to manage funding; increase of patient co-payments.
<b>Germany</b>	1883: Introduction of mandatory health insurance; 1884: Extension to work related accidents; 1889: Old age and disability; Services included: sick pay, maternity pay and death compensation.		1949: Reestablishment of the health care system which was in power at the end of the Weimar period; 1977: Health Insurance Cost-Containment Act: Requirement to pursue a goal of stability in contributions for the sickness funds and the provider of health care; expenditure cap on ambulatory care; global budgets for physician associations.	1981: 90% coverage achieved; ' 1982: Out-of-pocket payments for drugs increased 1984-86: Global budgets introduced for hospitals; 1992: Health Care Structure Act; 1996: Health Insurance Contribution Rate Exoneration Act; 1997: First and Second Statutory Health Insurance Restructuring Acts, 1998: Act to Strengthen Solidarity in Statutory Health Insurance;

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<b>Germany (cont.)</b>				2004: Reform Act of Statutory Health Insurance: higher co-payments; possibility for public health insurers to give rebates to low-cost insured; orderly of pharmaceuticals by e-mail permitted; reform of pharmacists' mark-up.
<b>Greece</b>	1922: Foundation of the Ministry of Hygiene and Social Welfare; 1934: Foundation of Social Security Organization (IKA): Provision of health and pension coverage for blue and white collar workers.	1941: Establishment of temporary public hospitals to serve the war needs.	1953: Legislation for a National Health Service; 1961: Agricultural Insurance Organization (OGO) which covered 50% of the population.	1983: Introduction of a National Health Service: Reform of the health care system to ensure equity in the delivery and financing of health care services.
<b>Hungary</b>	1898: National Fund of Patient Care: reimbursement of health costs for the poor.	1927: National Social Insurance Institute.	1987: Introduction of a "reform secretariat" to make proposals for a needed health reform (due to a widening gap between Hungarian standards and Western European standards.	1980's/90's: Introduction of a Social Insurance Fund and recognition for private providers.
<b>Italy</b>	1861-1920: Autonomous mutual aid associations for artisans and workers, the Catholic Church and charitable institutions established several health care providers. Moreover, provincial and municipal networks provided social assistance to disabled and needy people.	1898: First insurance for occupational accidents; 1923: Right for hospital care for the needy.	Mutual aid societies converted to local branches of national insurance program; 1958: Creation of an independent Ministry of Health; 1978: Creation of the National Health Service (NSS).	1990: Move from per diem to DRG payments for hospitals; 1992: Creation of regional enterprises to limit spending; regional enterprises can contract out services, hospitals can become independent; 1994: First National Health Plan: definition of national health targets and establishment of uniform levels of assistance should be guaranteed to all citizens; 1998: Second National Health Plan.
<b>Latvia</b>	Twentieth century: Provision of health services by private practitioners, costs borne by patients.	Before WW1: Employee Insurance Law which restricted the right and autonomy of sickness funds; 1930: Law which required compulsory health insurance for employees; 1930: Entire employed urban and rural popula-		

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		tion had insurance cover.		
<b>Luxembourg</b>	1732: First official document about health care forbidding medical practice without licence; 1818: Medical Commission to regulate everything "relative to the exercise of the different branches of the art of healing" (replaced by the Medical College in 1818); 1901: Introduction of compulsory health care insurance.	1902: Grand-Ducal decree introduced an impressive system for monitoring communicable diseases; minor role for the state in managing hospitals.	1973: working population, their families and all pensioners were covered by compulsory health insurance; 1974: Significant injection of state resources (40%) in the funds; 1976: Legislation to increase the influence of the state in the hospital sector.	1992: New financing system for hospitals.
<b>Malta</b>	1875: Foundation of a Sanitary Office (closed down after a few years due to insufficient funds).	1937: Medical and Health Department Ordinance: control of public health and management of hospitals.		1993: Health Reform
<b>Netherlands</b>		1941: Sickness Fund Decree.	1964: Sickness Fund Act; 1980: Health Tariff Act; 1989: First Reform Act, flat rate premium in sickness fund insurance.	1991: Second Reform Act, deregulation planning and tariff expansion); 1991: Maximum Tariff Act: end of mandatory contracting of self-employed health professionals by sickness funds.
<b>Poland</b>	Foundation and extension of health services during the Polish independence from 1918 - 1939.		1945: Centralization of Health Care under Soviet rule; First set of reforms aimed to develop free and universal public health care; limited free health care was available in rural areas; 1972: Establishment of integrated health care management units (ZOZ) to manage hospitals, outpatient clinics, specialist and primary health care.	1980: Decentralization of health care administration.

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<b>Portugal</b>	1901: First act of public health legislation, prior to that date: Provision of health care by the hospitals of religious charities.	1944: First social insurance law.	1945: Public maternity and child welfare; 1946: Creation of mandatory social health insurance system (Caixas de Previdência); 1979: Creation of National Health Service (free at the point of use).	1990: Law on the Fundamental Principles of Health: Introduction of user charges, decentralization of health system and contracting out of NHS services; 1995: The first experience to put a NHS hospital under the management control of a private consortium was initiated with the launching of a public bid for proposals according to a set of pre-defined terms. 1998: Introduction of experimental payment system for general practitioner: performance based and no fixed salary.
<b>Slovakia</b>	Around 1900: first act of social insurance covering accident and sickness insurance for certain groups of the population.	1924: Compulsory sickness insurance for wider groups of the population.	1948: Nationalization of health care facilities and unification of all insurance (sickness, disability, pension); 1966: Health Care Act: Replacement of insurance by general taxation (all health services became free-of-charge).	1989: Radical political changes led to a different development of health care in the Czech Republic and in the Slovak Republic.
<b>Slovenia</b>	1854: Miners Act: health insurance system for miners; Services included: fraternal funds providing compulsory insurance to miners and foundry workers, extension to railway workers in 1958.	1888: Extension to incorporate health insurance (Health insurance paid 1/3 by employers and 2/3 by employees); 1889: First sickness fund for compulsory health insurance; 1919: Foundation of association of health insurance funds; 1937: Foundation of pension and disability insurance programmes.	1945-1954: Model of social insurance (pension and disability insurance, health insurance and maternity insurance): coverage for all workers, pensioners together with their family members; no coverage for farmers, self-employed, craft workers and other professional groups; 1954/55: Separation of health insurance and social security; 1970: Seven Crown Reform: considerable reduction of fees incurred by the patient; 1972: Full equality between workers and farmers.	1992: Reform of the health care system by replacing direct fundings from the ministry of health by employment based financing, Privatisation of public health networks.

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<b>Spain</b>	1855: Basic Health Act: creation of organizational framework for health care; 1900: Accidents at Work Act: Start of social insurance system.	1908: Creation of the National Institute for Social Insurance: Protection of the population against a variety of risks; 1942: Statutory Sickness Insurance.	1944: Basic Health Act; 1963: Approval of Basic Social Security Act which implied the transition from a previous means-tested set of social insurance schemes to a system of social security coverage for the bulk of the working population and dependants; 1967: Implementation of Basic Social Security Act; 1978: Creation of National Institute of Health (INSALUD, semi-independent public agency) in charge of centralized management.	1981: Creation of Ministry of Health; 1986: General Health Care Act; 1986: Completion of devolving central public health powers to the region was completed; 1989: Switch from social insurance to general taxation as the main source of funding of the health care system; 1995: Approval of the first National Health Plan; 1997: Introduction of the self governing status of health care centres.
<b>Sweden</b>	1765: Diet of the four estates: permission to the local authorities to spend locally-collected resources on the construction of a hospital; 1928: Hospital Act: County councils became legally responsible for providing hospital care.		1946: National Health Insurance Act: universal coverage for physician consultations, prescription drugs and sickness compensation (Act implemented in 1955); Post-war era: expansion of national health care, mostly consumed in hospitals (hospital based); 1968: Transformation of the Royal Medical Board into the National Board of Health and Welfare; 1982: Health Care Act: County councils receive responsibility for health services.	1992: ÄDEL - Reforms: Municipalities receive responsibility for providing long-term health care and social welfare services to elderly and disabled; 1994: Family Doctor Act: Residents could choose a family doctor.
<b>United Kingdom</b>	1911: Manual workers and low wage workers covered.	1946: National health insurance.	1948: Introduction of the National Health Service: Collective responsibility by the state for a comprehensive health service which was to be available to the entire population free at the point of use.	1990: National Health Service and Community Care Act: GPs become "fundholders", they receive capitates payment per patient and must pay for services (drugs, inpatient care; emergency care), hospitals become "trusts" (similar to not-for-profit business); Global budgets established with NHS; salaries of physicians established with NHS; 1998 reform: Local Health Action Zones to set health goals and coordinate goals; Primary Care Groups made up of all physicians in an area will replace fundholders.

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<b>Norway</b>			1967: Creation of the National Insurance System.	1984: Local Authority Health Care Act: Responsibility of local authorities for all primary health care.
<b>Switzerland</b>	1911: Health and Accident Insurance Law: required health insurance funds that wished to take advantage of federal subsidies to register with the Federal Office for Social Insurance and to abide by its rules; Services included: ambulatory care, drugs and hospital stays of limited duration, and to allow people a certain degree of freedom to change funds.		1964: Health Insurance Reform: Revised system of subsidies to the funds based on age and gender and the introduction of compulsory user charges in the statutory health insurance system.	1994-1996: Health Care Reforms: strengthen solidarity and contain costs.
<b>Canada</b>			1947: First provincial health insurance program; 1966: Establishment of Medicare; 1971: Last province enacts Medicare.	1984: Canada Health Act; physicians must accept government payment as payment in full: Hospitals: global budgets established with universal coverage; Certification of Need required for expansion of a hospital, 1991: Federal payments to provinces cut; tighter supply-side limits by provinces; merging of hospitals; cutback in public coverage (dental care, visions exams).
<b>Japan</b>	1922: Health Insurance Law covered some workers (extended in 1938).		1958: National Health Insurance mandated; 1961: All local governments implemented.	Early 1980ies: Tighter fee schedules for hospitals ad physicians; 1985 – 87: Hospital beds and expansion capped; 1997: Substantial increase in patient co-insurance, mandated prices for pharmaceuticals eliminated.
<b>New Zealand</b>	1900: Public Health Act: Creation of a Public Health Department headed by a chief health officer while those appointed as local district health officers were to be medical practioneers with "special knowledge of sanitary and bacteriological science".	1938: Social Security Act: comprehensive health system that mandated the provision of free care for all.	1947: Set up of a predominantly tax-funded health care system that made most services available free	1980s: Decentralization of the "welfare state" health system; 1983: Area Health Boards Act: Provided the basis for establishing local boards; 1990s: Movement to Regional Health Authorities away from centrally funded systems; 1993: Health and Disability Services Act:

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<b>United States</b>	In general: No universal public health insurance.		1965: Creation of Medicaid (support for the poor) and Medicare (support for the elderly).	1983: Prospective payment for hospital admission; 1992: Fee schedule for physicians; 1993 proposal (failed): universal insurance coverage; 1996: Health Insurance Portability of Insurance for job to job transitions; 1997: Balanced Budget Act: choices in Medicare are expanded. 2003: Medicare and Medicaid reimbursement of drug costs expanded.

- Sources:
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