ESPN Thematic Report on Inequalities in access to healthcare

Liechtenstein

2018

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May 2018

EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion
Directorate C — Social Affairs
Unit C.2 — Modernisation of social protection systems

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European Social Policy Network (ESPN)

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The European Social Policy Network (ESPN) was established in July 2014 on the initiative of the European Commission to provide high-quality and timely independent information, advice, analysis and expertise on social policy issues in the European Union and neighbouring countries.

The ESPN brings together into a single network the work that used to be carried out by the European Network of Independent Experts on Social Inclusion, the Network for the Analytical Support on the Socio-Economic Impact of Social Protection Reforms (ASISP) and the MISSOC (Mutual Information Systems on Social Protection) secretariat.

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Summary / Highlights

The Liechtenstein healthcare system encompasses health and accident insurance. The healthcare system in Liechtenstein is decentralised, with free-market elements and mandated health insurance providers.

Persons who are domiciled in Liechtenstein under civil law or who are gainfully employed in Liechtenstein must have mandatory healthcare and accident insurance.

The Liechtenstein healthcare system is closely linked to the country's economic and social situation and the funding of the health insurance is through state (accounting for about 25% of state subsidies in the healthcare sector), employee and employer contributions.

Based on the latest available figures of 2014, 28.5 doctors per 10,000 inhabitants work in the outpatient sector in Liechtenstein. In addition, there are two hospitals and six nursing homes. Due to Liechtenstein's small size, doctors and hospitals in the neighbouring countries are also available to Liechtenstein citizens on the basis of bilateral agreements.

The government has paid particular attention to a socially acceptable financing model for health insurance. However, in order to halt rising healthcare costs, the premiums for compulsory health insurance have also been increased for 2018 (0.6 percent compared to 2017). Insured persons on low income are entitled to reduced state premium contributions.

In 2016, a total of 374.4 million Swiss francs (CHF) (approx. EUR 249.6 million) was spent on health in Liechtenstein.[1] This represents an increase of 3.1% over the previous year. Thus, an average of CHF 9,926 (approx. EUR 6,617) per inhabitant went on health in 2016. Approx. 62.4% of total expenditure was covered by the public sector and mandatory health insurance. The remainder was accounted for by self-payments by patients, including cost sharing (based on health insurance contracts).

The government decided 2013 to undertake a reduction in the state's financial contribution to health insurance in each year up until 2016. This led to an increase of 12% in the premiums paid by residents, which was therefore an additional burden on the family budget.

People with household income below, at or slightly above the breadline may struggle to pay for mandatory health insurance for two reasons: insurance premiums are not adjusted to income; and the premiums have increased by approx. 60% since 2007. As a result, in 2016 just over 9% of the insured population needed government assistance to pay their premiums.

State measures to avoid unequal access to mandatory healthcare have included: subsidies in the form of a premium reduction (up to 40% of the health insurance premium) to ensure that everyone can afford basic health insurance; a flexible system with different premium levels and a deductible amount according to the person's needs (lower premium costs, but higher deductibles); and premium-free health and accident insurance coverage for juveniles.

Liechtenstein lacks indicators to measure the dimensions of access to the healthcare system or service in terms of affordability (too expensive), reachability of medical services (too far/too complicated to travel) and waiting lists in combination with socio-demographic and socio-economic determinants. Thus, no assessment can be made.

[1] This amount includes not only expenditure by the state, municipalities and social security funds, but also the self-payments of private households and the expenditure of non-profit organisations. See Healthcare statistics 2017, Statistical Office Liechtenstein, link: https://www.llv.li/files/as/igv-2017.pdf

1 Description of the functioning of the country's healthcare system for access

The Liechtenstein healthcare system encompasses health and accident insurance. Liechtenstein's healthcare system is based on the Health Insurance Act (*Gesetz über die Krankenversicherung*, KVG)[2] and the Accident Insurance Act (*Gesetz über die obligatorische Unfallversicherung,* UVersG).[3] The healthcare system is decentralised, with free-market elements and mandated health insurance providers. According to articles 1 and 2 of the Health Insurance Act and articles 57 and 62 of the Accident Insurance Act, health/accident insurance providers in Liechtenstein must be recognised by the Liechtenstein government. Thus, the residents of Liechtenstein individually arrange their health insurance, known as mandatory healthcare insurance (*obligatorische Krankenpflegeversicherung,* OKP),[4] with the mandated health insurance company that best suits their individual needs. Employees receive (through their employer) special accident insurance for occupational accidents, occupational diseases and accidents occurring during leisure time. In such cases, the employer arranges the accident insurance contract with one of the officially recognised insurance providers.

According to article 7 of the **Health Insurance Act**, persons who are domiciled in Liechtenstein under civil law, or who are gainfully employed, must have compulsory healthcare insurance. Self-employed persons must make their own contributions under the Health Insurance Act. The contributions are not calculated as a percentage of income, but per capita. According to article 33 of the Health Insurance Act, persons can gain exemption from the insurance obligation upon request, provided they are insured under foreign law and have at least equivalent insurance. Persons who are healthcare insured in Liechtenstein can apply for a premium reduction of up to 40% under certain circumstances – such as if they are considered by the law to be low earners (income including 5% of the person's net assets may not exceed the income limit, defined as the threshold).[5]

Health insurance provides sickness, accident (unless covered by accident insurance) and maternity benefits. These benefits include examinations, treatment, prescribed medicines and care provided on an outpatient basis by physicians, chiropractors or (on prescription) by persons working in another health profession. The services also include examinations, treatment and care provided as inpatient or outpatient care in healthcare facilities, and – in the case of inpatient treatment in hospitals – the cost of food and accommodation in accordance with the basic services offered by the hospital. Likewise, the cost of patient transport by ambulance is covered, so long as it is medically necessary due to the condition of the insured person.

If a consultation takes place at a medical institution or with a health professional who has a contract agreement with the compulsory health insurance companies in Liechtenstein, then there is no need for the patient to pay up front and receive reimbursement afterwards: the medical institution bills the health insurance company direct. In any other situation, the patient has to pay for the care up front and subsequently receives reimbursement from the health insurance company, as defined in the health insurance contract.

[2] Link to the Health Insurance Act (KVG): https://www.gesetze.li/konso/pdf/1971050000?version=16

[3] Link to the Accident Insurance Act (UVersG): https://www.gesetze.li/konso/pdf/1990046000?version=7

[4] Also called compulsory healthcare insurance.

[5] For couples, the threshold is currently CHF 54,000 (approx. EUR 51,300); for singles it is CHF 45,000 (approx. EUR 42,700).

If the insured has a medical certificate for at least half a day's inability to work, financial sickness benefits in terms of out-of-pocket payments will be granted by the health insurance from the second day of the illness.[6]

Statutory benefits are subject to a compulsory insurance fee under the Health Insurance Act. There are two different types of mandatory healthcare insurance in Liechtenstein. First, healthcare insurance with a limited choice of outpatient benefit providers. The monthly contribution system is shown in the table below, as an example from one of the three official health insurance companies.

Figure 1: Premium system of the standard mandatory healthcare insurance

Age bracket	Monthly premium with accident cover	Monthly premium without accident cover
Children up to age 16	no premium	no premium
Age 17-20	CHF 174.70 (approx. EUR 116.50)	CHF 166.90 (approx. EUR 111.30)
Age 21 and above[7]	CHF 349.40 (approx. EUR 232.90)	CHF 333.70 (approx. EUR 222.50)

Source: Premium system of the standard mandatory healthcare insurance; https://www.concordia.li/de/privatpersonen/leistungen/obligatorische-krankenpflegeversicherung/okp-basic.html

Second, healthcare insurance with free choice of outpatient benefit providers and the costs paid up to a specific limit, which varies from provider to provider. Most healthcare insurance providers cover costs up to the limit under the version of the health insurance tariff according to the version with limited choice of outpatient benefit. Some 37.1% of the population of Liechtenstein has only mandatory insurance, without any additional, private health insurance. Almost two thirds of the population does have some private health insurance arrangement, covering them for better services in the inpatient sector: 37.2% have semi-private and 25.7% have private health insurance. These two forms of private health insurance (semi-private and private) basically revolve around two privileges: the number of beds in a hospital room (for example, those with just mandatory insurance will be accommodated in multi-bed wards in a hospital, whereas those who are privately insured have a single room); and the free choice of doctors/specialists for medical treatment. For private health insurance (voluntary health insurance) no state financial support is available.

Health insurance customers each receive a statement from their health insurance company regarding the health service claimed. This invoice shows both the total amount and a breakdown of the portion paid by health insurance on the basis of the mandatory obligations, the portion paid on the basis of the private health insurance arrangements and the portion that remains to be paid as a deductible by the patient himself or herself. In addition, the patient receives a copy of the doctor's detailed invoice. This enables the patient to monitor the costs for the service requested. The cost of sending the invoice is borne by the state (the patient has nothing to pay for it).

Non-consolidated government expenditure increased by 1.9%, or CHF 27.3 million (approx. EUR 18.2 million), in 2016 compared to the previous year. This includes healthcare expenditure of 2.1%. In 2016, the Liechtenstein government deficit (consolidated government balance as a share of GDP) decreased compared to 2015. Liechtenstein generated a public surplus of +3.8%.

[6] See articles 13 and 14 of the Health Insurance Act (KVG): https://www.gesetze.li/konso/pdf/1971050000?version=16

[7] The premium amount is can vary according to the deductible model chosen.

According to article 1 of the **Accident Insurance Act**, everyone employed in Liechtenstein must be insured. According to article 19 of the same act, part-time employees whose weekly working hours exceed 8 hours must be insured against non-occupational accidents. For part-time employees who work less than 8 hours per week, no such obligation exists and they have to make their own arrangements.

Accident insurance pays the costs of medical care necessitated by an accident and also pays accident benefits or accident pensions and indemnities for severe disablement as the result of an accident. According to articles 16 and 17 of the Accident Insurance Act, in the event of full incapacity to work, the daily allowance amounts to 80% of the insured earnings from the second day onwards. In the event of partial incapacity to work, it will be reduced accordingly.

Liechtenstein's **healthcare system** is closely linked to the country's economic and social situation. Health insurance is funded through state contributions, as well as by employee and employer contributions. The state finances healthcare in particular via three instruments, accounting for about 25% of state subsidies in the healthcare sector:

- Co-financing of health insurance by a general reduction in contributions for children;
- Replacement of contributions for economically weak persons by a special reduction in contributions; and
- Support for hospitals to reduce the costs for health insurance.

The remaining 75% of state subsidies go to the health insurance funds. The amount of the state subsidies is fixed each year on the basis of article 24(a) of the Health Insurance Act.

To cope with the increasing healthcare costs and due to persistent issues with the system, parliament passed a revision to the **Health Insurance Act** in October 2015. Its main goal was to freeze the state's health insurance contributions, change the tariff system (basic premium contribution system with individual selectable levels of cover and a excess of self-payment) and create more transparency in billing, in order to keep the steadily increasing healthcare costs under control. The intention was to have a system of premiums in place which ensures that those patients who seek medical advice and help more often have to pay more than others for the medical service. This led to intense discussion between the medical association (*Liechtensteinische Ärztekammer*) and the government, and finally to a referendum in 2016. Liechtenstein's electorate supported the revision, and thus the new regulations entered into force on 1 January 2017. The new regulation sets out clearly that any physician without a contractual agreement with the healthcare insurance can only practise in a direct contractual relationship with the patient her/himself (private patient system).[8] Furthermore, the current system reflects individual responsibility for the costs of medical care through a basic premium contribution on the one hand and on the other an additional mandatory, but individually selectable, level of cover and a fixed excess of self-payment. The public budget results for 2016 and 2017 showed a surplus in the national accounts, and so no further cost-cutting measures in the health insurance system were undertaken by the government in 2017 or 2018.

The main results of the reform are:

- Based on the figures for 2015, the reduced state contribution led to an average premium increase of about 4.3% for all insurance holders. This led to an increasing number of households who applied for the health benefit allowance in 2015, of which slightly more than 70% were single households or single-parent

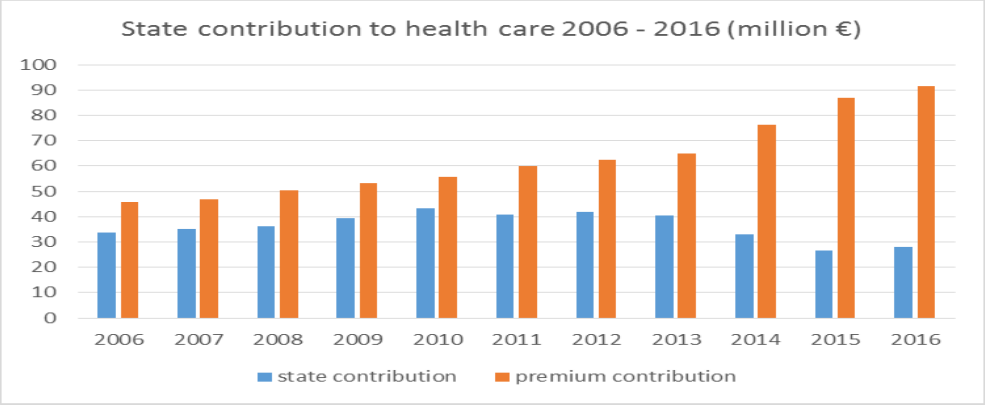
[8] Source: Patricia Hornich, Flash Report 'Proposal to increase government influence on the healthcare system in Liechtenstein', European Social Policy Network, September 2017.

households with annual income of below the breadline of CHF 30,000 (approx. EUR 25,500).

- To alleviate the effects for Liechtenstein's families of the additional expense of healthcare insurance, the reduction in the state contribution of about CHF 9 million (approx. EUR 7.6 million) in total excludes juveniles.

The development of the state's contribution to healthcare insurance and of the premiums is shown in the following chart.

Figure 2: State Contributions to healthcare insurance 2006 to 2016 (million €)



Source: Central Statistical Office (latest data from 2016), link: https://www.llv.li/files/as/ikk-2016.pdf

In terms of the **availability of healthcare**, at the end of December 2016, 478 persons held a licence to practise a health profession. A quarter of these are doctors, followed by physiotherapists (20%); 12% are licensed as dentists and 7% are qualified nursing staff.

Based on the latest available figures from 2014, there are 28.5 doctors per 10,000 inhabitants in the outpatient sector in Liechtenstein. In addition, there were two hospitals and six nursing homes in the country. It should be mentioned that due to Liechtenstein's small size and location, doctors and hospitals in the neighbouring countries are also available to Liechtenstein citizens on the basis of bilateral agreements with Austria and Switzerland. If this availability is taken into account, the figure for healthcare availability increases significantly.

2 Analysis of the challenges in inequalities in access to healthcare in the country and the way they are tackled

Even with the sharp increase in government subsidy expenditure caused by the financial crisis and the increasing social costs of the past 5 years, the government held to its decision to have health insurance for all population groups; but it decided to analyse the system to have it financed in a socially acceptable way in future, as higher financial costs will occur. During the discussions about the health system in Liechtenstein that started in 2012, possible inequalities in access to healthcare and future challenges showed that an assessment of the health situation of Liechtenstein was needed and that it should be based on the model of social health determinants. Thus, additional data were required for a factual discussion of health and adequate medical care for the population of Liechtenstein. This is why Liechtenstein participated for the first time in the Swiss Health Survey in 2012. In autumn 2014, the Office of Statistics[9] presented the results of the survey on health behaviour, health status, use of medical services, the health system and preventive medicine, living and working conditions, and personal and social resources, in the form of a new statistical report. In 2015, these results were

[9] Office of Statistics, homepage: https://www.llv.li/#/11480/amt-fur-statistik

scientifically analysed by the Swiss Health Observatory 'Obsan', in cooperation with the Office of Public Health.[10] As no more recent data are available, what follows is based on the results of the Health Survey of 2012.

2.1 Inequalities in access to healthcare in general

Liechtenstein's health policy has done much to ensure that the population receives high-quality medical care close to home, and that everyone can participate in medical progress. This is reflected in the statutory health insurance obligation, which covers all population groups. One measure which the government decided on following the brief decline in the national budget back in 2010, was to reduce the state's financial contribution to health insurance in each year up until 2016. These reductions in the state's contribution had a significant effect on the premiums paid by residents: the individual premium contribution increased by 12% and was therefore an additional burden on the family budget.

Indeed, people with household income below, at or slightly above the breadline, as defined by the national Law on Social Assistance (*Sozialhilfegesetz*, LGBl. 1987 no. 18),[11] may struggle to pay for basic health coverage (i.e. mandatory health insurance) for two reasons: insurance premiums are not adjusted to income; and these premiums have risen by approx. 60% since 2007,[12] whereas salaries have not risen by anything like the same amount. It comes as no surprise, then, that in 2016 over 9% of insured persons needed government assistance to pay their premiums.[13] The state offers subsidies in the form of a premium reduction (i.e. up to 40% of the health insurance premium, as described in section 1) to ensure that everyone can afford basic and mandatory health insurance in Liechtenstein.

But even once insured persons have managed to cover their insurance premiums – even with the help of the premium reduction benefit – some still have difficulty affording medical treatment in certain situations. That is because there are out-of-pocket expenses to contend with: deductibles before reimbursements kick in, and payment for services not covered by the mandatory insurance. This is mostly the case for alternative medical or dental treatments. To find savings, the government has implemented a more flexible system, with different premium levels based on individual responsibility: the insured person can choose a premium with a deductible amount according to his or her needs. Individuals who go to the doctor less often, or who expect to spend less on medical treatment, can choose a higher deductible rate; in return they benefit from lower premiums.

Unlike other states (e.g. Switzerland, a neighbouring state with a similar health insurance system), there are no reports from Liechtenstein of insured persons landing on so-called blacklists of people who have not paid their premiums and so have lost their right to be reimbursed for medical services under the mandatory health insurance.

2.2 Results of a survey on health status and use of medical services

In Liechtenstein, 85.9% of residents who participated in the health survey said they considered their health to be good or very good. Quality of life is estimated by 95.2% of the population as good or very good. Health status is somewhat worse in the older

[10] Office for Public Health, homepage: https://www.llv.li/files/ag/gesundheitsbericht-furstentum-liechtenstein.pdf

[11] Law on Social Assistance, link: https://www.gesetze.li/konso/pdf/1985017000?version=5

[12] Health insurance premium, link for the year 2018: https://www.llv.li/files/ag/pramienubersicht-2018docx.pdf; link for the year 2007: https://www.presseportal.ch/de/pm/100000148/100519828

[13] Health insurance statistics, link for the year 2016: https://www.llv.li/files/as/ikk-2016.pdf; link for the year 2007: https://www.llv.li/files/as/pdf-llv-avw-statistik-i-krankenkasse_2007

categories than in the younger categories. Quality of life, however, scarcely varies with age. Details of the self-evaluation are shown in the figure below.

Figure 1: Health and quality of life by age group

The importance of state of health can also be seen from the results of the survey in terms of additional private health insurance. Thus, the proportion of the population who consider it very important or fairly important to have a free choice of doctor is very high at 86.2%.

The Liechtenstein health system is closely related to the Swiss health system in many respects, such as the types of insurance, the coverage of health services and cost. Thus, a comparison of the two health insurance systems is permissible. When evaluating private inpatient insurance, it becomes apparent that the Liechtenstein population is much better insured than the Swiss population.[14] In Liechtenstein, only 37.1% are covered just by the statutory health insurance (i.e. do not have extra private health insurance). Thus in Liechtenstein, 25.7% of the population can afford private health insurance, whereas in Switzerland the figure is only 7.5%. In the semi-private category, 37.2% of the population is additionally insured in Liechtenstein, but only 18.0% in Switzerland.

In Liechtenstein, 3.5% of the population have moderate to severe symptoms of depressive illnesses. This figure is significantly higher in Switzerland (6.5% of the Swiss population). A strong belief that a person is himself/herself in control and confidence in social support can mitigate or prevent the effects of stress: 42.7% of the population of Liechtenstein said they strongly believed they were in control, while 36.1% mentioned strong social support.

The survey showed a correlation between the frequency of visits to the doctor's surgery and the level of social support. People with little social support visit the doctor much more frequently (six times or more per year) than people with strong social support

Finally, the survey found only a few differences between Liechtenstein and Switzerland in respect of the personal and social resources of the population. Thus, it may be concluded from the Liechtenstein health survey that the mandatory health insurance system covers an extensive range of medical services, providing a very comprehensive basic medical care offer and prevention measures.

[14] Health survey 2012, link: https://www.llv.li/files/as/Gesundheitsbefragung_2012.pdf

2.3 Group-driven characteristics which result in unequal access to healthcare

The survey results and the evaluation report did not explicitly mention specific groups of insured persons or specific characteristics that lead to a particular group of residents in Liechtenstein facing unequal access to healthcare under the mandatory healthcare insurance system.

But it is a fact that level of income often has a direct influence on health, as more medical treatment – especially treatments involving alternative medicine or medication not paid for by the mandatory health insurance – is affordable for the better-off. Moreover, a high level of education is linked to a higher employment rate and to better income. In Liechtenstein, around 65% for persons without a diploma (i.e. below upper secondary level) are employed, whereas the figure is 90% for those with a tertiary degree. Based on the results of the health survey, the effect of level of education on health has been demonstrated, as people with tertiary education are almost five times more likely to have good health than are people with only compulsory education.

Another fact shown by the public health statistics is that the reduced state contribution to healthcare insurance led to an average premium increase for all insurance holders. This led to an increasing number of households applying for premium reduction: of these, more than 70% were single households or single-parent households with income below the breadline of CHF 30,000 (approx. EUR 25,500) per year. To alleviate the effects of additional expense for healthcare insurance for Liechtenstein's families, the reduction in the state contribution excludes juveniles.

2.4 Good practices to avoid inequalities in access to healthcare

According to article 24b of the Health Insurance Act,[15] the right to premium reduction exists for health-insured persons on low income and is administered by the Office of Public Health.[16] The claim depends on the taxable income of the insured person. The system of premium reduction has been in place in Liechtenstein since 2000. It creates a socio-political corrective to the income-independent per capita premium of the mandatory health insurance. No premium reduction can be claimed for children up to the age of 16, as they are exempt from premiums for the mandatory health insurance. Only the portion of the premium that has to be paid personally by the insured person is used to calculate the premium subsidy. Thus the employer's contribution or the contribution made by the unemployment fund is not taken into account. The premium subsidy amounts to 60%.

In 2016, 11.8% of the adult population of Liechtenstein applied for a premium reduction, and 77.0% of applications were approved (total amount paid out: CHF 5.7 million (approx. EUR 4.8 million)). In all, 23.0% of applications were rejected – over 99% of rejections were on account of income exceeding the earnings limit.

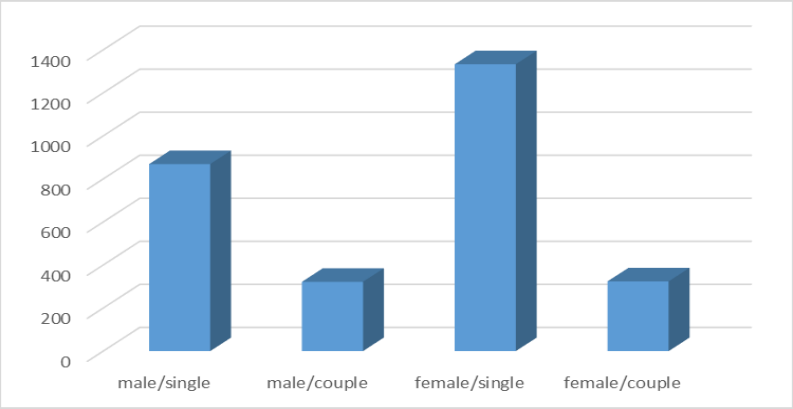
For married couples/cohabiting partners, the entitlement to premium reduction depends on the income of both spouses/partners. The following figure on the distribution by marital status shows that the premium reduction is an effective financial support for single parents – especially for women.[17]

[15] Health Insurance Act, link: https://www.gesetze.li/konso/pdf/1971050000?version=16

[16] Office of Public Health, link: https://www.llv.li/#/1908/amt-fur-gesundheit

[17] Office of Public Health, annual report 2016, link: https://www.llv.li/files/asd/jahresbericht-2016-mit-tabellen.pdf

Figure 2: Health premium deduction distribution by marital status



Male/single = male single parent

Male/couple = male in marriage/partnership (with children)

Female/single = female single parent

Female/couple = female in marriage/partnership (with children)

In 2016, about 9.1% of the adult resident population received a reduction in their health insurance premiums. In 2016, the average premium reduction was CHF 134 (approx. EUR 113) more than in the previous year. This higher subsidy is explained by the increase in the premium for mandatory health insurance that followed from the cost-cutting measures implemented by the government.

3 Discussion of the measurement of inequalities in access to healthcare in the country

The Health Report for Liechtenstein is based on the theoretical model of social health determinants. The criticism could be made that these social health determinants do not cover all relevant areas of access to healthcare. For example, the mechanisms governing the relationship between a person's social situation in childhood and health in adulthood are still largely unexplored. Furthermore, neither the statistics nor the report present any indicators to measure the various dimensions of access to healthcare (coverage, availability, etc.) – either individually or in a comparative perspective. Thus, the only conclusions that can be drawn concerning state of health are based on lifestyle, diet, social and working environment, age, sex, etc. – the aspects that were asked and evaluated.

Thus, Liechtenstein lacks indicators that measure the dimensions of access to the healthcare system or service in terms of affordability (too expensive), reachability of medical service (too far/too complicated to travel) and waiting lists in combination with socio-demographic and socio-economic determinants.

Against the background of missing indicators and comparative figures, it can be assumed that – given the similar healthcare principles and the comparable structure of Liechtenstein's health system – the healthcare standards found for the Swiss healthcare system by OECD and World Health Organization assessments are, by and large, also valid for Liechtenstein.[18] The healthcare service/supply is considered to be powerful and demand oriented, and the comprehensive medical offer is praised, as is the possibility of an individual selecting the healthcare insurance provider (from a given legal pool). However, it was pointed out that such a healthcare system comes at a price: Switzerland is one of the OECD countries with the highest healthcare costs.[19] This also applies to Liechtenstein.

[18] OECD, Health at a Glance, 2011, link: https://www.oecd.org/els/health-systems/49105858.pdf
[19] OECD, Health at a Glance, 2011, link: https://www.oecd.org/els/health-systems/49105858.pdf

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