

2002 年調整保費及部分負擔 對全民健康保險財務公平性之影響

蔡貞慧

東吳大學助理教授

張鴻仁

國立陽明大學副教授

王本仁

中央健康保險局二等專員

健保局於 2002 年提高保費及部分負擔，引致對其公平性的質疑。本研究利用固定世代樣本比較政策實施前後差異，分析政策調整對不同所得階層個人的影響。結果發現：就金額與增加幅度，高所得者增加的保費與部分負擔均大於低所得者。就保費或部分負擔相對於每人平均所得的比例，低所得者的負荷大於高所得者，但是，政策調整後的保費負擔分配累退性明顯比政策調整前的保費負擔累退分配減緩，部分負擔的分配累退性也未在政策調整後惡化。至於部分負擔的分配沒有惡化的原因是調整幅度小？還是被保險人改變醫療利用型態的結果？值得未來進一步分析。

關鍵詞：全民健康保險、保費、部分負擔、政府補助、醫療給付

The Impact of Increasing Insurance Contribution and Co-payment on Equity of National Health Insurance Finance, 2002

Jen-huoy Tsay

Assistant Professor, Soochow University

Hong-jen Chang

Associate Professor, National Yang Ming University

Pen-jen Wang

Specialist, Bureau of National Health Insurance

ABSTRACT

The Bureau of National Health Insurance raised both the insurance contribution and co-payment schedules in 2002. This policy has been debated as unjust to the disadvantaged populations. By using cohort data, this study aims to investigate the changes in financial burdens among people with different levels of household incomes before and after the policy. The results indicate that the contributions and co-payments borne by the high-income population were greater in amount and at a greater rate of increase than those borne by the low-income population after the policy change. However, the low-income population had a higher ratio of contribution and co-payment expense to their per capita household income than the high-income population did. Nevertheless, the regressivity of insurance contribution decelerated after the policy change, while the regressivity of co-payments did not deteriorate. As for the reason why a higher co-payment schedule did not worsen the distribution of health care expenditures, which was speculated to be either because the new schedule is not high enough or because people contain the increasing expense by changing their patterns of medical care utilization, further investigation is suggested.

Key Words: national health insurance, contribution, co-payment, government subsidy, medical payment