

健保體系下藥品費用分攤制度的分析

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醫藥科技進步伴隨而來的是藥品支出快速增加，藥品費用成為帶動醫療支出成長的重要因素。為控制藥費成長，各國常透過健保限定藥品給付的內容，並採取各種藥價或藥費管制措施。台灣在 1995 年起實施的全民健保，明訂健保給付的藥品項目、並統一核價，以「藥價基準」直接管控藥價；不過，在考量健保財務與民眾用藥權益下，二代健保修法草案則增訂「藥品差額負擔」，即是類似德國首先實施的「參考價格制度」。本文在健保介入下，考慮多種性質相同或相異的藥品項目，透過市場供需行為，分析直接管制藥價和藥品差額負擔兩類制度的影響效果。分析結果顯示，健保直接管制藥價，將使整體資源配置全受訂價的左右，藥品選用可能因為不當的訂價發生扭曲；而「藥品差額負擔」是一管制與市場機能的混合模式，適當考量藥品性質的健保給付上限，可使藥品利用不致於背離最適配置太遠。

關鍵字：藥品價格、藥品政策、二代健保

An Analysis of Drug Co-payment Plans under National Health Insurance

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ABSTRACT

Medication expenses have become an important cause of the increasing medical costs in many countries. Different cost-sharing plans have been designed to reduce drug spending. Under National Health Insurance (NHI) in Taiwan, pharmaceutical policies are mainly aimed at controlling drug prices and regulating insurance coverage. However, these policies have fallen into a difficult tradeoff between efficiency and accessibility. The second generation NHI reforms presented a new drug co-payment plan which was similar to the reference pricing in Germany. This study is to show the effects of different medication policies, i.e. the direct control on prices and the new plan of reference pricing. Under the direct price-control policy, the regulation on drug prices would be the most important cause for medication utilization. Also, an inadequate regulation might lead to distortion effects on medication substitutions. However, the new co-payment plan for medication expenses would be a combination of controlling policy and market mechanism. It could mitigate the distortion on medication utilization and might provide consumers with more medication choices.

Key Words: medication price, pharmaceutical policy, the second generation NHI