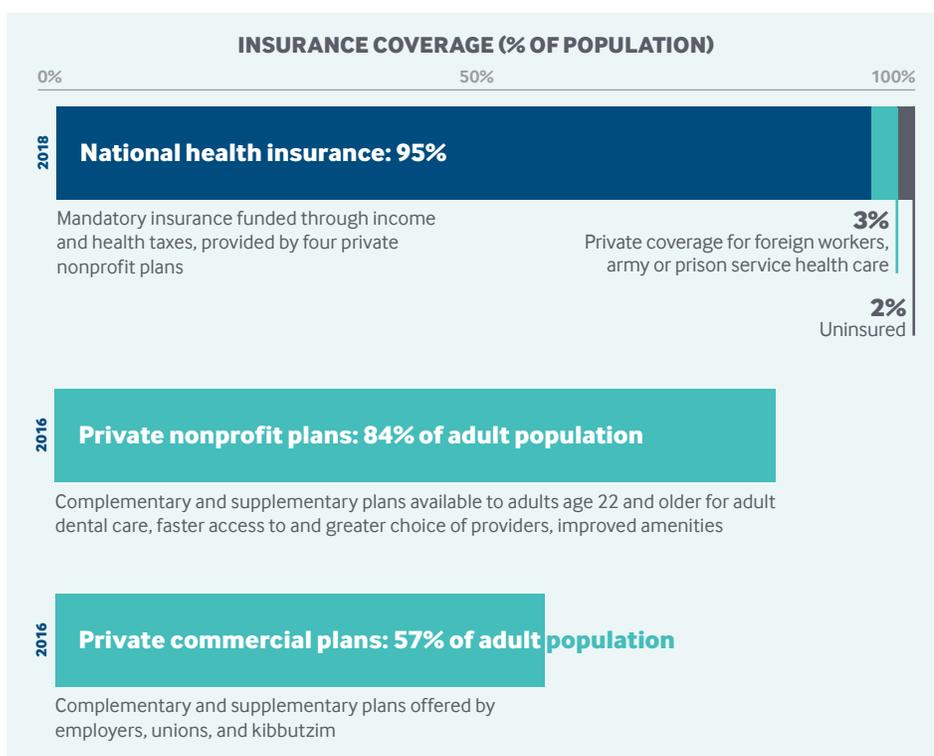


# Israel



Israel provides universal coverage to citizens and permanent residents as part of its national health insurance law. Residents choose from four competing nonprofit health plans that provide a mandated benefit package, including hospital, primary, specialty, mental health, and maternity care, as well as prescription drugs and other services. There are no deductibles, but some cost-sharing is required for specialist visits and prescription drugs. The compulsory insurance system is funded primarily through a national income tax and an income-related health tax. Most citizens also purchase voluntary health insurance for medications not covered by the benefit package and for faster access and greater provider choice. Almost all governmental health functions are organized by the Ministry of Health, which has regional and district health offices.



## HEALTH CARE DELIVERY AND PAYMENT

**General practitioners (GPs)** provide primary care in clinics (often owned by health plans) and independent practices. Patients have their choice of GP, who is paid by health plans via capitation. *Patient cost-sharing:* None for primary care visits, preventive care, and cancer screenings.

**Specialists**, paid mostly via capitation or fee-for-service payments, practice in health plan clinics or public hospitals. Patients choose from specialists who have an agreement with their health plan, or they pay privately. *Patient cost-sharing:* Health plans may charge a flat, quarterly copayment rate for specialist visits; some citizens are exempt.

## DEMOGRAPHICS

### 8.7M

Total population

### 11.7%

Population age 65+

## HEALTH SYSTEM CAPACITY & UTILIZATION

### 3.1

Practicing physicians per 1,000 population

### 5.1

Nurses per 1,000 population

### 3.0

Hospital beds per 1,000 population

### 154

Hospital discharges per 1,000 population

All costs are in U.S. dollars, adjusted for cost-of-living differences.  
Conversion rate: USD 1 = NIS 3.7.



**Hospitals** are primarily public and operated by the government or nonprofit organizations. Inpatient procedures are paid through per diem or activity-based procedure-related group arrangements. The government sets maximum rates; health plans negotiate discounts. *Patient cost-sharing*: No copayments for hospital admissions; patients who want to choose a specialist must go to a for-profit hospital and pay privately.

**Prescription drugs** are included in the NHI package. *Patient cost-sharing*: Coinsurance varies, and patients pay more for patented medications. Coinsurance is discounted for those elderly who receive income support benefits and for World War II survivors. Holocaust survivors are exempt from coinsurance. The chronically ill have a monthly coinsurance cap of approximately USD 84.

**Mental health care** is provided by health plans via salaried and contracted independent professionals. Benefits include psychotherapy, medications, and inpatient and outpatient care. Wait times can be significant, due to provider shortages.

**Long-term care** is not covered by NHI, but community-based care is provided by the National Insurance Institute based on need and income. Payment for institutional care, provided mostly in for-profit nursing homes, is considered the responsibility of patients and their families. Subsidies are available. Home care is delivered by private, not-for-profit health plans. *Patient cost-sharing*: Varies.

**Care coordination** is managed by health plans, which have developed several targeted management programs to provide comprehensive, integrated care for complex patients with chronic conditions.

## TOTAL HEALTH EXPENDITURES

In 2017, total health expenditures represented 7.4 percent of Israel's GDP, and 63 percent of these expenditures were publicly financed.

## RECENT REFORMS

- To encourage healthier diets, the Ministry of Health has imposed mandatory food labeling and restrictions on advertising unhealthy food for children and has incentivized food manufacturers to produce healthier products.
- In 2018, the Ministry of Health extended the responsibilities and scope of practice for specialist nurses to relieve pressure on primary care physicians. Specialist nurses can now treat mild cases of acute diseases and cases that are urgent but simple to treat; treat and monitor patients with chronic diseases; provide preventive care and handle health promotion; and prescribe medications and contraceptives.
- To improve care continuity, urgent care centers are required to report patient data to the insured's health plan and to the hospital if the patient is referred for acute care. Centers must also report cases of communicable or rare diseases and domestic violence to relevant authorities.
- Dental care coverage was expanded for people age 75 and older in 2018 and for children up to 18 in 2019.

*This overview was prepared by Ruth Waitzberg and Bruce Rosen.*

### SPENDING

**\$2,780**

Health care spending per capita

**\$593**

Out-of-pocket health spending per capita

**\$310**

Spending on pharmaceuticals (prescription and OTC) per capita

### HEALTH STATUS & DISEASE BURDEN

**82.6**

Life expectancy at birth (years)

**18.8%**

Obesity prevalence

**6.7%**

Diabetes prevalence

**Data:** 2019 OECD Health Data except diabetes prevalence from *Health at a Glance 2019* (IDF Atlas 2017 data).