

# Medtech Market Access Germany

The legal perspective

MEDICA

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# 01

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## Key principles

## Separate procedure-orientated process:

- › Reimbursement of medical devices in the German Social Health Insurance (SHI) is
  - separate to the regulatory process of a medical device (CE certification), mainly regulated by the MDR / IVDR
  - regulated in an Act called Social Code Book V („SGB V“)
  - not product-specific, but **procedure-orientated** („**methods**“)
  - Providing a special category of „**medical aids**“ (in the outpatient sector)

## Reimbursement of methods:

- › The system mainly regulates new examination and treatment methods
- › It has to be differed between
  - **Outpatient sector**: prohibition with reservation of permission („*Verbot mit Erlaubnisvorbehalt*“)
  - **Inpatient sector**: permit with reservation of prohibition („*Erlaubnis mit Verbotsvorbehalt*“)



## 02

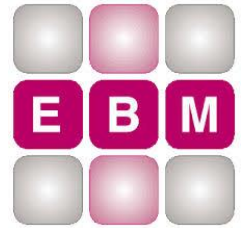
# The different legal pathways

# Reimbursement pathways



## Ambulatory sector (out-patient)

- „**prohibition with reservation of permission**“, Sec. 135 SGB V
- committee for rating office-based doctors' service („*Bewertungsausschuss*“)
- Determination of methods in doctor's fee scale („*Einheitlicher Bewertungsmaßstab*, **EBM**“)
- Special case: **medical aids**, Sec. 33, 127 SGB V



## Stationary sector (in-patient)

- „**permit with reservation of prohibition**“, Sec. 137c SGB V, Sec. 6 para 2 KHEntgG (Law for payment of services provided by hospitals)
- Determination in DRG / additional fees / new “NUB” fees by InEK (Institute for the Hospital Remuneration System)
- **Special requirements** for high-risk class medical devices according to Sec. 137h SGB V



## “testing procedure” (Erprobungsverfahren”)

- In cases of an **unproved benefit** of a new examination or treatment method, the Federal Joint Committee (G-BA) can start a testing procedure according to Sec. 137e SGB V
- Applicable in the out-patient sector **and** in the in-patient sector
- Also **manufacturers can request** a testing procedure





## 03

### The different legal requirements

## Ambulatory sector (out-patient) – covered by EBM?

**prohibition with reservation of permission**

- › *New examination and treatment methods* may only be provided at the expense of the health insurance funds
  - **if G-BA has issued recommendations in the EBM** on in particular
    - the recognition of the diagnostic and therapeutic benefit of the new method as well as
    - its medical necessity and cost-effectiveness
  
- › **Parties entitled for a request:**
  - Association of Statutory Health Insurance Physicians,
  - the National Association of Statutory Health Insurance Funds
  - Not: Manufacturers
  
- › **But:** It is a „**Service**“ and no „**method**“, no amendment of EBM is necessary
  - Wide understanding of the term „method“: the decisive factor is **how much the respective procedure differs from services according to the EBM** (e.g. technical developments will often be new services and not new methods)
  - Whether it is a new service or a new method can be answered by the evaluation committee in an information procedure in accordance with Section 87 (3e) sentence 4 SGB V that **can be requested also by a manufacturer**



# Special case (product-specific remuneration) in out-patient sector: medical aids, Sec. 33, 127 SGB V

If your product is a medical aid,



- 1) get onto the Medical Aids Register and
- 2) sign contract(s) with SHI(s)

**then: reimbursement irrespective of EBM!**

## Contracts according to Sec. 127 SGB V

- Para 1: SHI has the obligation to negotiate care agreements with **qualified service providers**
- Para 2: Service providers may join existing agreements with the same conditions agreed with other providers

## General requirements for a Qualified Service Provider

- “Prequalification”:  
Sufficient,  
appropriate and  
functional
  - production
  - delivery and
  - adaption of  
Medical Aids
- Certification by  
**accredited  
Prequalification  
Bodies**

## Stationary sector (in-patient)

**permit with reservation of prohibition**

- › Sec. 137c para. 1, 3 SGB V:
  - › G-BA shall **only at the request of** in particular the GKV-SV review *new examination and treatment methods*
  - › **Prior to such request – reimbursement, if method shows the potential of a necessary treatment alternative and their use is in accordance with the rules of medical practice**, i.e. they are medically indicated and necessary.
- › But: also **check the hospital remuneration code for covering:**
  - › Sec. 6 para. 2 KHEntgG (Law for payment of services provided by hospitals):
    - › Hospitals shall agree **NUBs** for the remuneration of *new examination and treatment methods* not appropriately remunerated with the DRGs or additional fees
  - › **Before, the hospital must obtain information from the InEK by October 31 at the latest** as to whether the new method can be reimbursed appropriately using the DRGs and supplementary fees already agreed

# “Testing procedure” (Erprobungsverfahren) according to Sec. 137e SGB V

- › Applicable to both settings (in-patient as well as out-patient remuneration)
- › **Situation:** G-BA comes to the conclusion that a method
  - offers **the potential of a necessary treatment alternative**,
  - but its benefit has **not yet been sufficiently proven**
- › Then G-BA must **simultaneously adopt a guideline for testing while suspending its evaluation procedure** in order to gain the necessary knowledge for evaluating the benefit of the method
- › **Temporary reimbursement**, Sec. 137e para. 1 s. 2 SGB V
- › Also **manufacturers can request** a testing procedure, Sec. 137e para. 7 SGB V

# Special requirements for high-risk class medical devices according to Sec. 137h SGB V

- › Situation: hospital requests for remuneration acc. to Sec. 6 para. 2 KHEntgG of a *new examination or treatment* method **largely based on the use of a medical device with a high risk class for the first time**
- › Medical devices **with a high risk class**:
  - › **assigned to risk class IIb or III** in accordance with Article 51 in conjunction with Annex VIII [MDR] **and**
  - › **whose use is particularly invasive in nature**
- › Only applicable to methods **with new theoretical-scientific concept**
- › **Consequence**: requesting hospital must, in agreement with the manufacturer of the medical device, provide the G-BA in **particular with data on the clinical benefit and complete data on clinical studies conducted with the medical device.**
- › On the basis of the information provided, the Federal Joint Committee shall assess **within three months** the benefit of the method using the medical device
  - › In case neither the benefit nor the harmfulness or ineffectiveness of the method using the medical device is to be regarded as proven, G-BA **also starts testing procedure acc. to Sec. 137e SGB V**



# 04

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## Considerations

# Considerations

- › In Germany, it makes a big difference whether your product is mainly targeting the in-patient or out-patient sector
  
- › In the out-patient sector, check whether **your product can**
  - **either be reimbursed as a medical aid, or**
  - **within an existing method provided in the EBM**
  
- › In the in-patient sector, check whether your product is covered by an existing DRG/additional fee or not
  - If not, you need to cooperate with a hospital to request a NUB
  - Please be careful in case of a medical device **with a high risk class to be able to prove the clinical benefit**
  
- › In unclear cases, the „testing procedure“ applicable for both sectors can be a good choice, since it **serves for temporary remuneration and can be requested by the manufacturer** itself

# 05

## Current topics

# Current developments in Germany and Europe

## › „Medical Research Act“

- New Act strengthening medical research in Germany adopted end of October 2024
- It also applies to medical devices and provides some measures mainly relating to clinical studies.
- For instance, the law introduces the usage of **standard clauses** in clinical trial agreements (which applicability will of course still last a while).
- Further, new joint guidelines for the assessment of clinical studies to be drafted

## › EU HTA Regulation 2021/2282

- Subject to joint clinical assessment are as of 12/01/2025:
  - **Also certain medical devices** classified as class IIb or III MDR
  - **subject to selection** pursuant to Art. 7 para. 4 EU HTA:
    - unmet medical needs;
    - first in class;
    - potential impact on patients, public health or healthcare systems;
    - incorporation of software using artificial intelligence, machine learning technologies or algorithms;
    - significant cross-border dimension;
    - major Union-wide added value.





Thank you for your  
attention and patience!

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