

“COVID-19 and social security”

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Dr. Dullinger talked about the social security system in Austria. He gave an overview on the different types of insurances and took a closer look on the affects COVID-19 had on the social security system.

In Austria the social security system is mostly organised as a system of social insurances. It consists of four branches, which are health insurance, occupational accident insurance, pension insurance and unemployment insurance. The insurance system is mandatory for Austrian residents, and it takes effect automatically if certain requirements are fulfilled – for example if a person has a specific amount of income. Some parts of the insurances are organised and also financed directly by the state. There is a category of minor employment that is being characterized by the income which does not exceed the limit of EUR 485,85. Those kinds of workers are only covered by the occupational accidents and illnesses insurance.

The health insurance covers risks in form of illnesses, maternity and transplantation. The definition of what an illness is, is quite strict in Austria. An illness is an abnormal physical or mental condition that requires medical treatment. A lot of people who got infected with COVID-19 had no symptoms. However, if there are no symptoms there will be no medical treatment. Without an illness there are no related benefits from the health insurance, that means if he is not able to work due to other reasons than sickness there will not be any benefits. If the infected person has symptoms there has to be a medical treatment including medication or hospitalisation when necessary. Because of the abrupt increase of people needing medical treatment due to COVID-19 there was a shortage of treatment possibilities. The solution for this problem was found outside of the social security system. Workers in the medical sector were obliged to perform triage, which led to a legal and ethical dilemma because there were no legally binding rules.

In some phases of the crises testing for COVID-19 was free in Austria. Currently, if a person has typical symptoms of COVID-19 the health insurance must bear the costs of testing. However, if there are no symptoms the health insurance is not obliged to offer free testing and the person must pay for itself. Regardless, the state does currently organise and cover limited testing, so every resident can take five PCR-tests and five Antigen-test monthly for free. The vaccinations are also free but not compulsory. Even though some companies decided a compulsory vaccination if a person wants to work for them. The Austrian supreme court accepts this practice.

The definition of an occupational accident is also rather narrow. An accident is a sudden event that causes damage to the body and an occupational accident is an accident that occurs in the local, temporal and causal connection with the employment. When these requirements are fulfilled the occupational accident insurance covers diverse services to treat the consequences of the occupational accident. Regarding the COVID-19 infection, the connection between accident and employment is often difficult to draw. The employment needs to be an essential cause of the infection, which in most cases was possible but unlikely to prove. However, the occupational accident insurance also covers occupational illnesses when there is a connection

between the illness and the employment. In Austria there are two different types of occupational illnesses. Type 2 illnesses apply to an individual basis and contain illnesses due to working with hazardous materials and radiation. These Type 2 illnesses are not relevant for COVID-19. However, Type 1 illnesses are listed in the Annex 1 to the Social Insurance Act and contain a combination of various illnesses and protected types of employment. Number 38 of the Annex 1 describes infectious disease as an occupational illness, when the employee works in a hospital, rehabilitation or nursing home, pharmacy, school or kindergarten or in a workplace where a comparable risk is present. In these cases, a proof of causality is not necessary, a correlation of the activity with disease-causing effects is sufficient. Dr. Dullinger underlined this with a case of a police officer who got infected in duty with high probability. It was declared as a workplace where a comparable risk is present.

As workers in minor employment are only insured in the occupational accident insurance and not in the health insurance, this insurance plays an important role in the Austrian social system. There are also differences between the benefits from the health insurance and the occupational accident insurance in terms of permanent health problems a person faces. The invalidity pension is a service from the occupational accident insurance and is available for employees with a reduction in earning capacity of 20% at least which is not hard to accomplish. Furthermore, there are cash benefits when someone dies due to infection for example the costs for the funeral will be covered by the insurance.

The main parts of the pension insurance are the old age pension and occupational disability pension. The old age pension is based on the age of the person and their insurance time. It was not directly affected by the COVID-19 crisis but there were some advantages for older at-risk patients for example prioritised vaccinations or free masks. However, the consequences from COVID-19 such as long covid will play an important role in the occupational disability pension. This concerns physical as well as mental consequences. Occupational disability is a reduction of the ability to work by more than 50% as a result of a health condition. As white-collar and trained blue-collar employees can only be referred to similar jobs, long covid will possibly constitute as an occupational disability. This does not apply to untrained blue-collar employees because they can be referred to any job that is available at the labour market. Realistically there will always be at least one job available at the labour market, therefore occupational disability through COVID-19 will only be accomplished in extraordinary cases. Another requirement for receiving benefits from the occupational disability pension is the permanence of the occupational disability. In the case of long covid accurate predictions regarding the permanence are difficult to assess. This is not a legal problem though, but a medical one. Services from the occupational disability pension in cases of temporary disabilities are health and occupational rehabilitation measures.

Referring to the effects of the crises on the unemployment insurance, the economic ones were less contributions and more costs. In 2020 the number of unemployed people increased sharply but in 2022 it is already on a level comparable to pre-pandemic figures. In Austria the model of the short-time work was an important measure to keep the numbers of unemployed persons at a stable level, especially in the beginning of the crisis.

Legal basis of regulation due to pandemic in Austria is the Epidemics Act 1950. Its purpose is to prevent the population from infections – currently from COVID-19. It contains a restriction

of movement which means a prohibition to visit to certain places or to engage in certain activities. In particular, in/at the beginning of the pandemic people were prohibited to meet in groups even within one's family. As a further limitation people had to stay in domestic isolation, when being infected or suspected to be. Recently the measures loosened up and infected people are no longer forced to stay isolated. This was a reaction to the increasing workload for institutions and the pressure from economics sides considering the lack of available employees due to the quarantine regulations. When taking a closer look on the domestic isolation we must admit that several severe issues arose. The contact-tracing collapsed just a few months into the pandemic because the numbers of infected people increased abruptly. Isolation orders then were given through phone calls and even people suspected of infection had to quarantine for 48 hours. However, the incubation time is longer than 48 hours thus the spreading of the virus could not be controlled efficiently. This fuelled the discussion about the legality of restricting one's personal freedom and the effect of the isolation on people's health. As many workers could not go to work due to the mandatory isolation, there had to be a compensation for the loss of earnings. It was only possible to receive a compensation in cases of legally binding isolation and not if the person was in 48 hours isolation due to a suspected infection. However, in reality some kind of compensation was paid to everybody anyway by the deduction of other payments and entitlements for example the entitlement to continued payment of wages.

As a conclusion Dr. Dullinger mentioned that substitutes by the government may be necessary due to the increasing costs the insurances face and the lower contributions they receive. Further, the social insurance system proved to not be well prepared for crises like the pandemic and definition of the occupational illnesses should be reconsidered. Finally, it was stated that there are some serious legal problems in the Epidemics Act. Nevertheless, the Epidemics Act has improved since its establishment even though it is still not meeting expectations.

Maja Pfister