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RESEARCH ARTICLE

UPDATING THE HEALTH BASKET IN ISRAEL: MECHANISMS, CHALLENGES, AND POLICY DIRECTIONS (2023)

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Abstract

This paper examines the mechanisms for updating Israel's National Health Insurance basket of services. It provides an updated analysis for 2023, addressing demographic, price, and technological updates. The paper highlights the persistent gaps between legal updates and actual system needs, the growing reliance on private sources, and the implications of technological advances. Policy options are discussed for ensuring sustainability, efficiency, and equity.

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Introduction:-

The National Health Insurance Law (1995) established a defined basket of health services to be provided by the four health funds. Since then, the debate over the updating mechanism for the basket has been one of the most contested issues in Israeli health policy. Key disagreements concern demographic updates, price indexation, and technological changes. By 2023, gaps remain between the official update mechanisms and the real growth in healthcare demand and costs. This paper explores the structure of the updating mechanism, reviews its strengths and weaknesses, and considers possible reforms.

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Literature review:-

Scholarly research highlights the tension between sustainability and equity in healthcare financing. Rosen et al. (2021) note that Israel's system remains cost-efficient but increasingly dependent on private sources. Shmueli (2018) and Chernichovsky (2019) argue that insufficient updates to the health basket have led to hidden rationing.

OECD (2022, 2023) reports show that Israel has one of the highest shares of out-of-pocket expenditure in the OECD. Studies of health basket committees emphasize the role of politics and lobbying in shaping the technological update process.

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Methodology:-

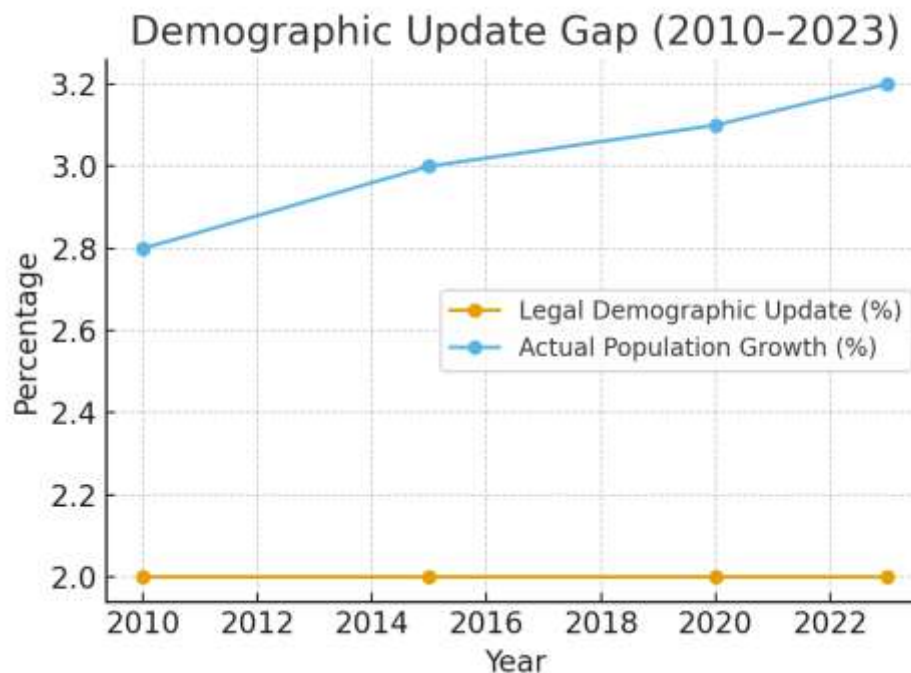
This study is based on secondary data analysis of Ministry of Health annual reports (2020–2023), Central Bureau of Statistics publications, OECD and WHO health data, and peer-reviewed academic studies. The analysis compares legal update mechanisms with actual demographic growth, cost changes, and technology adoption.

Findings:-

Table 1: Demographic Update Gap in Israel's Health Basket (Selected Years)

Year	Legal Demographic Update (%)	Actual Population Growth (%)
2010	2	2.8
2015	2	3.0
2020	2	3.1
2023	2	3.2

The data demonstrate a persistent gap between the legal demographic update (2% annually) and actual population growth ($\approx 3\%$). This gap, compounded over decades, has created structural underfunding in the health basket.



Discussion:-

The analysis highlights systemic underfunding due to demographic and price index gaps. While efficiency gains and structural reforms have offset some costs, the system remains pressured by aging populations and expensive new technologies. Position A emphasizes efficiency and sustainability, while Position B stresses the erosion of resources and inequity. By 2023, both perspectives remain relevant, underscoring the need for balanced policy solutions. The analysis highlights systemic underfunding due to demographic and price index gaps.

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Conclusion and Policy Implications:-

Israel's health basket update mechanism requires reform to ensure both financial sustainability and equity. Options include enshrining a realistic demographic coefficient in law, linking updates to actual input costs, and defining a transparent technology coefficient. Strengthening public funding while maintaining efficiency is essential to

preserving universal coverage. Reforms must also address political influences on the basket committee process, ensuring decisions are evidence-based and equitable.

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References:-

1. Rosen, B., Waitzberg, R., & Merkur, S. (2021). Israel: Health system review. *Health Systems in Transition*, 23(2), 1–250.
2. Shmueli, A. (2018). Supplementary health insurance in Israel: Developments and implications. *Israel Journal of Health Policy Research*, 7(1), 58.
3. Chernichovsky, D. (2019). Public vs. private healthcare financing in Israel. *Health Policy*, 123(9), 845–852.
4. Gross, R. (2020). Financing healthcare in Israel: Challenges and reforms. *Social Science & Medicine*, 256, 113046.
5. Waitzberg, R., & Davidovitch, N. (2021). Equity implications of Israel's COVID-19 response. *The Lancet Regional Health – Europe*, 2, 100021.
6. Brammli-Greenberg, S., & Medina-Artom, T. (2020). Trends in supplementary insurance enrollment. *Israel Journal of Health Policy Research*, 9(1), 10.
7. Horev, T., & Kop, Y. (2020). Regulation and healthcare financing in Israel. *Health Economics, Policy and Law*, 15(4), 459–472.
8. Blass, N. (2019). Equity and access in the Israeli health system. *Taub Center Policy Paper*.
9. Weiss, T., & Fadlon, I. (2019). Public-private mix in Israeli healthcare: A historical perspective. *Journal of Health Politics, Policy and Law*, 44(6), 943–960.
10. Rosen, B., & Samuel, H. (2020). Primary care reforms in Israel. *Israel Journal of Health Policy Research*, 9(1), 11.
11. OECD. (2023). *Health at a Glance 2023: OECD Indicators*. Paris: OECD Publishing.
12. OECD. (2022). *OECD Health Statistics Database*. Paris.
13. OECD. (2021). *The Economics of Health Inequality*. Paris: OECD Publishing.
14. World Health Organization. (2021). *Health financing profile: Israel*. Geneva: WHO.
15. WHO. (2020). *Universal Health Coverage and Financial Protection*. Geneva: World Health Organization.
16. WHO. (2022). *Global Spending on Health: Rising to the Pandemic Challenge*. Geneva: World Health Organization.
17. Central Bureau of Statistics. (2023). *Statistical Abstract of Israel 2023*. Jerusalem: CBS.
18. Israel Ministry of Health. (2023). *Annual Health Report*. Jerusalem: Ministry of Health.
19. Israel Ministry of Health. (2022). *National Health Indicators Report*. Jerusalem: Ministry of Health.
20. Bank of Israel. (2022). *Annual Report 2022*. Jerusalem: Bank of Israel.
21. State Comptroller of Israel. (2021). *Annual Report on Health System Financing*. Jerusalem.
22. Knesset Research and Information Center. (2022). *Healthcare expenditure and equity*. Jerusalem.
23. Taub Center. (2020). *The Future of Israel's Health System: Policy Challenges*. Jerusalem.
24. Navon, G. (2020). Technological innovation and healthcare financing. *Health Policy*, 124(7), 715–721.
25. Eilat-Tsanani, S., & Weitzman, D. (2021). Mental health reform in Israel: Financing and outcomes. *Israel Journal of Health Policy Research*, 10, 15.
26. Haklai, Z., Applbaum, Y., & Aburbeh, M. (2020). Health and mortality in Israel: Annual Report. *Israel Ministry of Health*.
27. Davidovitch, N., & Filc, D. (2016). The limits of privatization in the Israeli health care system. *Journal of Health Politics, Policy and Law*, 41(5), 749–768.

28. Chernichovsky, D., & Navon, G. (2018). The future of Israel's health system: Financing and equity. Taub Center Policy Report.
29. Ministry of Finance. (2023). National Expenditure on Health 2023. Jerusalem: Ministry of Finance.
30. Bank of Israel. (2021). The impact of private health insurance on inequality. Annual Research Report.
31. OECD. (2019). State of Health in the EU: Companion Report. Paris: OECD Publishing.
32. Taub Center. (2019). Inequalities in healthcare access in Israel. Jerusalem.
33. WHO. (2019). Global Health Expenditure Database. Geneva.
34. CBS. (2022). Health and Social Survey. Jerusalem: CBS.
35. OECD. (2018). Inequalities in health access. Paris: OECD Publishing.