
Private Health Insurance and its Role in Building Public Health System Security

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Abstract:

Purpose: Private health insurance is playing an increasingly important role in the Polish health care system. Although the public health system is based on the National Health Fund, which is still the main source of funding for health care, private health insurance is becoming an important complement to it. The following article presents some key aspects demonstrating that private health insurance is increasingly contributing to the security of the public health system in Poland. It also shows their impact on specific elements of the overall system, including accessibility and prevention.

Design/Methodology/Approach: Own research, analysis of source data.

Findings: It is a matter of creating a social awareness conducive to a change of mentality in which market-based (competitive) solutions embedded in the principle of social solidarity, which is important for the health care system, must apply.

Practical Implications: There should be one health system in Poland, based on both public and private financing. For the safety of all citizens, the state should be the organizer of this system. However, the role of insurers in the Polish health care system should be complementary, because any efficiently organized private health insurance system will reduce the burden on state expenses.

Originality/Value: Private health insurance means more prevention, earlier diagnoses and fewer people requiring care that is many times more expensive.

Keywords: Public health system, private health insurance, security, social solidarity.

JEL codes: J13.

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1. Introduction

According to the World Health Organisation (WHO), we define public health as the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society. Protecting the life and health of every citizen and countering its threats is the duty of public authorities. Universal access to health services and increasing the quality and efficiency of medical services provide an opportunity to improve the health security of our country's citizens.

An ageing population, increased mortality leading to a shrinking population, an increasing health burden on society and insufficient financial resources allocated to health care are important reasons for introducing changes and improving the functioning of the health system in Poland.

2. Literature Review

The literature indicates that health systems bear the greatest responsibility for the health of individual societies and, more broadly, all people throughout their lives. They are therefore essential for the proper functioning and development of society as a whole. According to the World Health Organisation, individual health systems operating in different countries should be oriented towards three main goals. These are, the pursuit of good health, responsiveness to population expectations and equity of financial contributions (Cristea and Thalassinos, 2016; Grecu *et al.*, 2024).

The achievement of these goals is mainly determined by how national health systems perform in the four core functions of service delivery, resource generation, financing and governance. At the core of these are access to quality services, effective health promotion, disease prevention, and appropriate responses to emerging threats².

Public health systems in different countries vary in many respects. One of the factors enabling certain models of health systems is the way in which they are financed, which determines the nature of the different systems. Ensuring that all inhabitants of a country have access to all essential services that save health and protect against premature death is a fundamental obligation of the state (Fernando *et al.*, 2023).

In Poland, too, the implementation of Universal Health Coverage (UHC) is the most important imperative for health policy. However, like many other countries, Poland also faces enormous challenges in implementing UHC, generated by mutually reinforcing demographic, technological, epidemiological and cultural transformations. In financial terms, the changes taking place in society and the

²D. Donev, L. Kovacic, U. Laaser, *The Role and Organization of Health Systems [in:] Health: Systems - Lifestyles - Policies (Volume 1)*, ed. G. Burazeri and L. Zaletel-Kragelj, Jacobs Publishing Company, Lage 2013, p. 4.

economy may pose a threat to the sustainability of the system defined as "meeting today's needs without compromising the ability of future generations to meet their own needs". There is no indication that the Polish health care system is prepared to meet the challenges it is already facing today and will face in the coming decades.³

The financing of the Polish health care system is based on the Bismarck model and combines both compulsory and voluntary health insurance. Also in the literature we find similar observations, pointing to the fact that in the currently prevailing socio-economic reality, the financing of the public health care system from only one source is insufficient, and the direct result of this, is the inability to properly perform public tasks in the field of health care⁴.

Economically efficient and clinically effective financing of health services should be based on all possible sources of obtaining funds. In the case of Poland, it seems unconditional to include a private source of funding.⁵

According to many international institutions, the organisation and financing of public health care in Poland ranks among the last. Although revenues to the NFZ are constantly increasing, the Polish health care system is still underfunded and inefficient.

An ageing population and the associated growing need for access to medical services means that the current method of financing public healthcare may prove even more inefficient in the future. In view of this, private health insurance appears to be a good solution to improve the current situation and an opportunity to financially retrofit the care system without having to change tax rates⁶.

A similar view is also presented by I. Laskowska, claiming that the unfavourable trend of population ageing will result in an increase in the demographic dependency ratios, which in turn will translate into a significant change in the relationship between those paying premiums for universal health insurance and those requesting medical services. Private health insurance therefore offers an opportunity to subsidise the public system, especially given its dynamic development in Poland in recent years.

³*Strategic recommendations for 2023-2027: Possession of Additional Sources and Mechanisms of Financing of the Health Care System - Polish Health 2.0, W-wa 2023, p. 2.*

⁴*P. Lenio, Sources of health care financing in Poland and Germany, 'Budget Law of the State and Local Government' 2018, no. 1 (6), pp. 62-72.*

⁵*E. Nojszewska, Public and private financing of health care in Poland - current state and proposed solutions, 'Problemy Zarządzania' 2015, Vol. 13, No. 2 (53), p. 22.*

⁶*M. Plonka, Private health insurance vs. public health care system in Poland, "Annales Universitatis Mariae Curie-Skłodowska. Sectio H, Oeconomia" 2017, Vol. 51, No. 6, pp. 321-327.*

However, the author points out that a significant barrier to the development of the market is the low level of affluence of the population, and their spread will not be possible without legislative changes.⁷

M. Jeziarska, on the other hand, adds that despite a significant increase in expenditures on the health care system over the last decade, the system still remains ineffective, which is evidenced above all by the negative opinions of citizens.

Public subsidisation of the health care system would certainly have the effect of worsening the balance of the public finance sector or increasing the tax burden.

However, the prospect of a significant and sufficient increase in budget expenditure on health care in the coming years seems unrealistic. It is therefore necessary to look for solutions that would allow co-financing the health care system with private funds from an established instrument, and this could undoubtedly be commercial health insurance, which may be complementary, supplementary or substitutive in nature.⁸

However, as T. Schneider points out, private health insurance has excellent market and development opportunities in Poland and has outgrown the public segment in recent years due to three main factors:⁹

- speed of service - which is very slow in the public system, which is a huge opportunity as it is one of the most important factors for patient satisfaction,
- quality of treatment - the low, in relation to European standards, number of doctors per patient in Poland may be a reason to believe that the quality of treatment in the public system is low,
- inpatient treatment - the strong focus on inpatient treatment results in a lack of efficient outpatient care and thus unmet, much more numerous client needs.

Increasing the use of private health insurance can have a positive impact on the health system as a whole. Research by P. Prędkiewicz has shown that countries that make significant use of health insurance to finance health care allocate more financial resources to health care in relative terms than countries where the use of private insurance is marginal. Although the introduction of private insurance into the health care system is unlikely to significantly increase the health status of the

⁷I. Laskowska, *The role of private health insurance in the health care system in the face of demographic changes in Poland*, *Problemy Zarządzania* 2017, vol. 15, no. 3 (69), pp. 120-128.

⁸M. Jeziarska, *Additional health insurance as an instrument that can improve the functioning of the health care system in Poland*, *Acta Universitatis Lodzianensis. Folia Oeconomica* 2016, vol. 1, no. 318, pp. 44-45.

⁹T. Schneider, *Thriving in a changing world - opportunities and challenges for private health insurance companies*, *Insurance News* 2018, no. 1, p. 97.

population, it may contribute to changes in the perception of the functioning of the health care system as a whole.¹⁰

The Polish Insurance Association also stresses that the inclusion of private insurance in the healthcare system is a step towards improving the health of the population and, in turn, the more efficient functioning of companies and the economy as a whole. Health policies, which are most often chosen by employers, are designed to look after the health of the employee, thus reducing as much as possible sickness absence at work and the inefficiency of people who come to work despite illness. Insurances make it easier to keep the population healthy.

They enable many people to react more quickly when the first symptoms of illness appear. According to Dorota M. Fal of PIU, private insurance also reinforces prohealth education and prevention. This is why the Polish Insurance Association has continuously advocated that private policies should become one of the pillars of the health care system in Poland.¹¹

3. How is the Public Health System in Poland Financed and What Does it Consist of?

According to Article 68 of the Constitution of the Republic of Poland, everyone in our country has the right to health care. Citizens, irrespective of their material situation, are obliged by the authorities to ensure equal access to publicly funded health care services.¹² The conditions and scope of the provision of benefits are defined by law.

According to the law, the public authority is responsible for ensuring equal access to health care services through the creation of a proper health care system, analysis and assessment of health needs, health promotion, prevention and proper financing of the health care system.

The Polish healthcare system is based on an insurance model. The National Health Fund (NFZ) is responsible for health insurance in Poland, to which the health contribution from taxpayers is transferred (9% of earned wages transferred by ZUS). The NFZ finances health services provided to the insured and reimburses medicines. Sources of funding also include the state budget and budgets of local government units. Such a model guarantees all citizens free access to medical visits, treatments and hospital stays, as well as reimbursement of prescriptions and certain medicines.

¹⁰P. Prędkiewicz, *The impact of private health insurance on the characteristics of the health system in selected OECD countries*, "Zeszyty Naukowe Uniwersytetu Szczecińskiego. Finance, Financial Markets, Insurance" 2014, no. 65, p. 592.

¹¹<https://piu.org.pl/prywatne-ubezpieczenie-zdrowotne-ma-juz-niemal-5-mln-polakow/>

¹²J. Trzeciński, *Commentary to Article 68, [in:] Konstytucja Rzeczypospolitej Polskiej. Commentary III, Warsaw 2003, p. 3.*

Table 1. Current expenditure on health care and its share of GDP

SPECIFICATION		2020		2021		2022 (szacunek wstępny)	
		PLN million	% OF GDP	PLN million	% OF GDP	PLN million	% OF GDP
	Gross domestic producta	2 337 672	100	2 631 302	100	3 078 325	100
SHA methodology 2011b							
HF.1+HF.2 +	Total current expenditure on health carec	151 873,5	6,5	169 418,4 ^d	6,4	205 559,1 ^e	6,7
HF.3							
HF.1	Public expenditure	109 752,7	4,7	122 767,2	4,7	153 955,9	5,0
	of which:						
HF.1.1	state insurance schemes	14 939,4	0,6	25 639,3	1,0	.	.
HF.1.2	social security and compulsory private health insurance schemes	94 813,3	4,1	97 127,8	3,7	.	.
HF.2+HF. 3	Private expenditure	42 120,8	1,8	46 651,3	1,8	51 603,2	1,7
HF.3	of which direct household expenditure	29 668,4	1,3	33 625,3	1,3	36 958,8	1,2

Source: GDP data available at: <https://stat.gov.pl/wskazniki-makroekonomiczne/>.

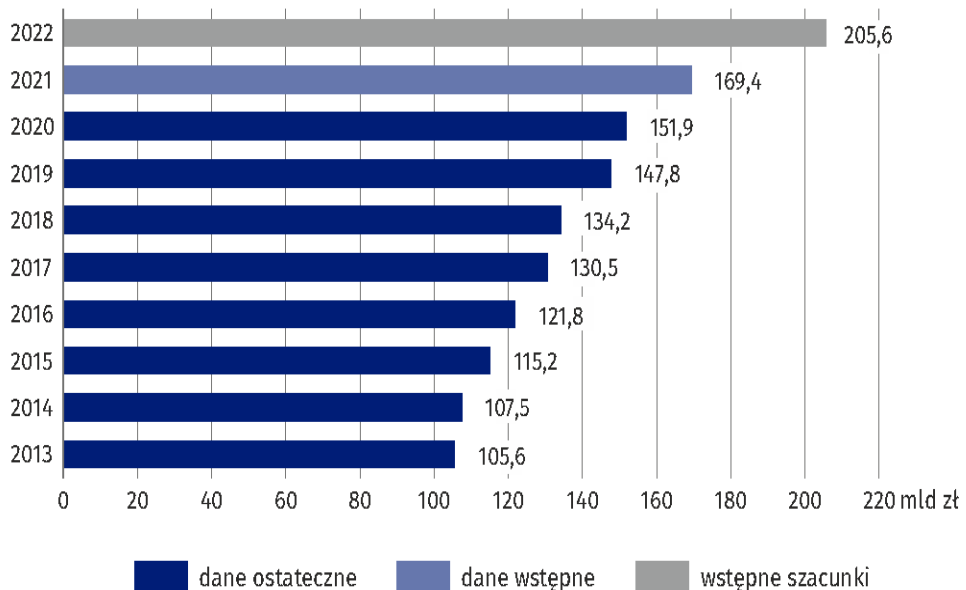
We distinguish between three participants in this model, i.e., the patients who use the services, the doctors with the other health service producers and the public payer with public funds. The entire system is overseen by the Ministry of Health, which plays a fundamental role in the management of the health sector and shares this responsibility with the three levels of local government.

Municipalities oversee primary health care, counties are mostly responsible for smaller district hospitals and provinces are responsible for larger provincial hospitals. The ministry itself oversees highly specialised care facilities. Private facilities mainly provide outpatient care, while most inpatient care is provided in hospitals, which are public. The National Health Fund is the sole purchaser in the universal health insurance system and operates through 16 provincial branches that manage the purchase of healthcare services in their areas.

Information presented by Filip Nowak, President of the National Health Fund, shows that we are spending more and more on treating patients in the public system in Poland. According to the estimates of the Central Statistical Office (CSO), current expenditure on health care in 2022 amounted to PLN 205.6 billion (representing

6.7% of GDP) and was higher than in 2021 by approximately PLN 36.1 billion (in relation to preliminary data for 2021, which amounted to PLN 169.4 billion).¹³

Figure 1. Increase in expenditure included in the National Health Accounts



Source: CSO, *Health care expenditure in 2020-2022*.

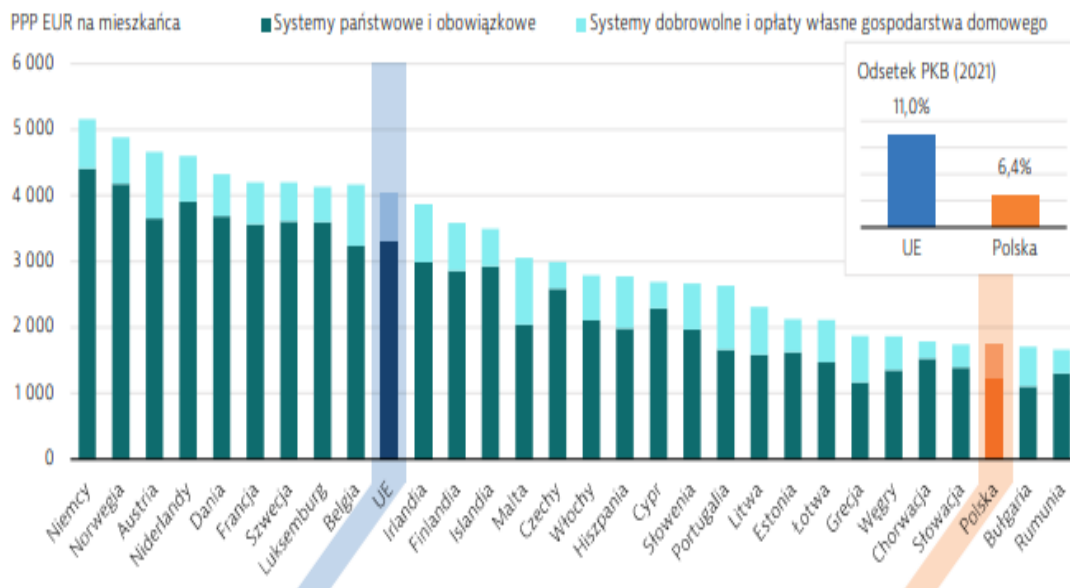
An increase in expenditure was observed for both public and private expenditure. Current expenditure on health care (in total) according to estimates by the National Health Fund represented in 2022. 6.7% OF GDP.

Public current expenditure on health care amounted in 2022 to - PLN 154.0 billion, which was PLN 31.2 billion higher than in 2021, and accounted for 5.0% of GDP.

Current private expenditure increased by PLN 5.0 billion and amounted in 2022 to PLN PLN 51.6 billion. The increase in private current expenditure on health care was influenced, among other things, by an increase in direct household expenditure, which amounted to PLN 37.0 billion, i.e. by PLN 3.3 billion (9.9%) more than in 2021.

These increases do not change our situation compared to other EU countries anyway. Healthcare expenditure in Poland is among the lowest in Europe.

¹³<https://stat.gov.pl/obszary-tematyczne/zdrowie/zdrowie/wydatki-na-ochrone-zdrowia-w-latach-2020-2022,27,3.html>.

Figure 2. Poland's health expenditure compared to the EU

Source: OECD Health Statistics 2023 (data for 2021, except for Malta, where data refer to 2020).

The financing of health security cannot be reduced to the problem of increasing the share of funds for health care in public finances alone. It is also a matter of adopting appropriate proportions and dependencies between public financing and private financing of the social health care system, determining forms and specifying the rules of financial participation of specific social groups (e.g., criteria of age, income) in the basic and additional part of the system, which would be understandable and sufficiently accepted, and finally - adopting a sufficiently efficient mechanism for forcing an increase in the quality and effectiveness of medical services, which would protect the entire system from an unjustified increase in expenses.

And, above all, it is a matter of creating a social awareness conducive to a change of mentality in which market-based (competitive) solutions embedded in the principle of social solidarity, which is important for the health care system, must apply.¹⁴

According to the research carried out and according to the data in the table below, it also appears that the increase in expenditure on health care in Poland does not improve the functioning of the system. Despite the increase in outlays, the waiting time for patients to see their doctors is getting longer every year and the number of people with private medical packages is growing all the time, which is indicative of a major shortcoming in the public health system.

¹⁴Formulation inspired after, Szumlicz T., *Subjectivity in managing change of the health care system*, Warsaw 2007 pp. 117-118.

Rok	1. Average waiting time to see a specialist in months	2. Number of people with private health insurance in million	3. Health expenditure
2013	2	0,85	105,6
2014	2,5	1,21	107,5
2015	2,4	1,44	115,2
2016	2,5	1,86	121,8
2017	2,8	2,27	130,5
2018	3,4	2,61	134,2
2019	4	3,02	147,8
2020	0	3,27	169,4
2021	2,9	3,84	196,2
2022	4,1	4,22	241,6

Source:

1. WHC Barometer November 2022;

2. Own elaboration based on PIU data

3. https://stat.gov.pl/files/gfx/portalinformacyjny/pl/defaultaktualnosci/5513/27/4/1/wydatki_na_ochrone_zdrowia_w_latach_20212023_2.pdf

4. Private Insurance and its Impact on the Operation of the Overall Healthcare System

Private health insurance is a paid complement to public insurance, guaranteed by the National Health Fund, but it is not a medical service linked to the National Health Fund. They are a supplement to it, not an alternative. However, due to the situation in the public health service, more and more people are choosing to purchase a private health insurance policy.

This is influenced by a number of factors, which at the same time constitute the main reason for the development of private health insurance. These are mainly: lack of free appointments, lack of specialists, long waiting times for appointments or poor quality of service. The healthcare system has reached the wall. There is a shortage of money and staff. As the Polish Insurance Association notes, this is happening despite the fact that, according to the National Health Fund, public outlays on healthcare are increasing.

The increase in budgetary outlays for healthcare in 2023 from around PLN 134 billion to around PLN 160 billion is small in real terms due to high inflation. Nor does it do any good to improve the national security system, which includes the healthcare system, which is permanently short of money. According to Dorota M. Fal, advisor to the management board of the Polish Insurance Association, the dynamics of NFZ revenue, which is linked to salaries and GDP, will decline and will not match high inflation.

However, galloping medical inflation, which has already exceeded 20 per cent, is also not translating into more benefits or an improvement in the health of Poles. This

is also not helped by the post-pandemic situation, which is generating large costs due to patients who, because of the pandemic, have given up either prevention or treatment and ignored the symptoms of serious illnesses.

Private health insurance is a type of policy that is offered by many insurance companies in Poland. The scope of the policy can vary from minimal to very wide, and it depends on which package is used. Individual variants of such insurance may differ in the list of available facilities and specialists whose services can be used, as well as in the scope of free remaining medical procedures (including examinations or rehabilitation).

Such solutions are increasingly used by Poles. At the end of Q3 2023, 4.69 million Poles had private health insurance. This represents an increase of around 15 per cent compared to the same period in 2022. According to the Polish Insurance Association, during the nine months of 2023. Poles spent almost PLN 1.2 billion on these policies, an approx. 34 % year-on-year increase.¹⁵

As can be seen from the above data, private health insurance is becoming more and more popular every year. They represent a form of protection that is also one of the most desirable non-wage benefits among employees. They complement the public health system and make it possible to compensate for its shortcomings. All the more so as the policies offered by insurers are increasingly comprehensive.

In addition to basic, outpatient health care, they include access to tests, rehabilitation and preventive care, so they also facilitate systematic health monitoring. From the perspective of the quality of a private health insurance programme, accessibility is key. Therefore, it is worth betting on a contractor that provides access to an extensive network of medical facilities and guarantees specific deadlines for the availability of medical services (SLA, e.g. up to 5 days).

Reimbursement, which allows medical services to be provided outside the network of a given insurer or subscription company, is also an important element. Also very important is access to telemedicine, thanks to which it is possible to consult a problem with a doctor, nurse or get an e-prescription online without having to leave the house.

All this makes it increasingly common for employers to fund or co-finance private health insurance for their employees. For employees, this is a major benefit as they can take better care of their health, which has a direct impact on the quality of their work duties. The most common form of this solution is group health insurance or medical subscriptions. Despite the guaranteed access to state healthcare arising from each employee's employment relationship, employers offer them these additional solutions for the sake of their health and the security of their businesses. In addition,

¹⁵<https://piu.org.pl/blisko-5-mln-polakow-ma-prywatne-ubezpieczenie-zdrowotne/>

if the employee so wishes, they can also include their family members in such a medical package.

What do employees gain from private health insurance? Attention should be given in particular to:

- prevention in your own hands - easy access to an overview of your health,
- shorter waiting times to see specialists (up to a few days) and no queues,
- visits to doctors without a referral,
- access to a very extensive list of tests and rehabilitation treatments,
- the opportunity to use modern medical facilities and equipment,
- convenient registration - either by telephone or online,
- online access to test results and medical records
- the possibility of remote and rapid consultation with most specialists,
- wide access to medical facilities throughout the country,
- free access to immunisation.

What does private health insurance offer employers?

For employers, the most important benefits are:

- reduced employee absenteeism - faster diagnosis and good prevention
- shorter sick leave times due to rapid access to medical consultations and faster diagnosis
- increased motivation and satisfaction among employees;
- Reduce financial losses due to staff absence - reduce replacements, additional training,
- minimising the possibility of defaulting on contracts or performance obligations within a certain timeframe,
- increased work efficiency
- the image of a professional employer with current and future employees,
- increasing competitiveness in the labour market,
- non-wage, a very important and expected element of remuneration.

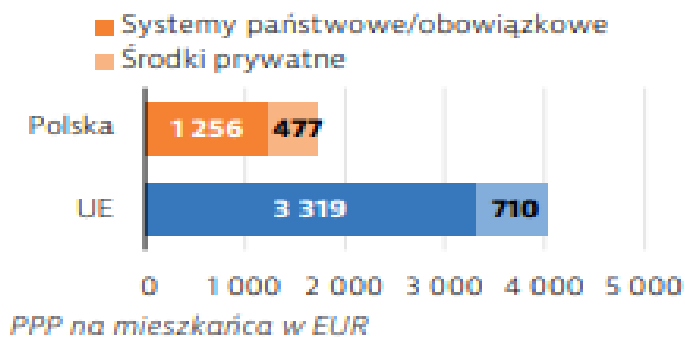
The increase in private spending on health is, unfortunately, also one of the evidences of inequality in the health care of our citizens. The system should be a place for the principle of social solidarity, not a market economy. Theoretically, this is precisely the principle on which the Polish health care system is based. It boils down to the simple solution that every citizen, regardless of age, health status, gender and regardless of the amount of health contribution paid, should receive the same medical assistance.

Although health expenditure in Poland is significantly lower than the EU average, it nevertheless ensures universal access and a broad package of benefits for all citizens. However, the increase in private spending on health services is actually indicative of

limited access to public health care. Patients would not have to bear these costs if their health needs were met by the public service system. This is also evidenced by the share of private spending compared to public spending.

The proportion of private expenditure in Poland is relatively high at 28% compared to 19% in the EU. Most of these expenditures are in the form of self-pay (20%), of which almost two thirds are for medicines.

Figure 3. Share of private and public expenditure in the Polish and EU health system



Source: State of Health in the EU Poland Health System Profile 2023.

As both national and foreign studies show, the lack of money in public health care will worsen and queues waiting for services will grow. The main factors causing this phenomenon, observed not only in our country, are: the ageing population, advances in medical technology and an increase in the public's expectations - higher quality, better availability of medical services, even without changes in public health care, will make having a private health insurance policy a necessity in the coming years.¹⁶

5. Conclusion

We no longer have a reserve in the current health care system in Poland. We are very close to total collapse of the system. The key is to quickly find solutions to improve this situation. They should be based on the assumption that there is one health system in Poland, based on both public and private financing. For the sake of the safety of all citizens, the state should be the organiser of this system. On the other hand, the role of insurers in the Polish health care system should be complementary, as any efficiently organised system of private health insurance will relieve the burden on state expenditure.

On the one hand, it should be the task of insurers to provide access to medical services and, on the other hand, to cover the differences in what the state cannot

¹⁶M. Paszkowska, *Health Insurance System in Poland*, Warsaw 2015, p. 218.

guarantee at an adequate level. Consequently, the more people have supplementary health insurance, the more comprehensive and accessible medical care will be for the indigent and the more financially viable for the state. Private health insurance means more preventive care, earlier diagnosis and fewer people needing care that is many times more expensive.

This is a benefit for the whole system in every time horizon, both longer and shorter. Private insurance relieves the burden on specialist care, hospital care and reduces society's health debt. In addition, the service will become more widespread and therefore cheaper. It is also a way of reducing queues. The more people are treated by complementary health insurance, the more accessible the public system will become for the less well-off.

In Poland, with the current level of health and wealth, private group insurance, which co-paid by employers, is now one of the most important benefits for employees, works well in the first place. This is how health insurance has the potential to become a more mass solution and relieve the burden on the public health system more effectively.

One can also venture to say that private health insurance improves the social security of employees and their families. To quote T. Szumlicz, they can be an additional social insurance supplementing the basic social security system, which serves to raise the standard of social security.¹⁷

In conclusion, private health insurance in Poland can significantly contribute to improving the efficiency, accessibility and quality of health care while supporting the public health system. The introduction and development of private health insurance can help to better meet the health needs of the population and strengthen the security of the public health system.

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¹⁷T. Szumlicz, *Insurance in the social security system*, [in:] *Handschke Monkiewicz J. (ed.), Insurance. Academic textbook, Poltext, Warszawa 2010*, p. 486.

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