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A new (old) welfare state logic?

>> In the spring, Udo Janßen presented an "architectural diagnosis of the German welfare state" under the title "Die Sozialstaats-Matrix" (The Welfare State Matrix) (https://t1p.de/64mk9). In a detailed interview in Monitor Versorgungsforschung (MVF 3/2026, 6-12), he explained his theses at length and identified the central problem of the German healthcare system as its "fundamental system-logic architecture," into which reforms are merely being "built in" (7).

1 Factors such as "medical progress, the double demographic shift and staff shortages … [are] very real and pressing" problems, he concedes. But in order "to be able to design" health reforms "effectively," "structural breaks in the system's logic must be identified and, ideally, resolved." Since this has not happened, the failure of the reform efforts of recent decades follows logically (ibid.).

The "health and care system," he argues, rests on four basic principles/logics: the solidarity-based insurance principle, the public assistance principle, the principle of public services of general interest and the competition principle. "These actually fairly independent logics" have, however, "become mixed over time" (ibid.). His "four-logics matrix," the "separation of logics" (ibid.), is "at its core a return to financial-economic clarity – to a perspective that had an organizing effect in the first decades of our republic and has been increasingly lost over the last three decades" (9).

In a "generational project – but please one that begins soon," the task must now be the "transition to a new system architecture," with the "first serious architectural steps and the resolution of two to four of the most important breaks in logic" considered achievable within one legislative term of the Bundestag (four years) (11).

2 Janßen's intervention proves overdue and commendable above all because it makes it possible to revive a debate in social and, specifically, health policy discourse that has long been ignored, and not only by those involved in the political process – namely the orientation toward systemic thinking and action.

Under the two Federal Ministers of Health of the grand coalition from 2018 and the "traffic light" government from 2021, the regulatory framework of the healthcare system was gradually shifted away from the traditional "system of graduated regulation" (Wallrabenstein), with joint self-governance as its central actor, toward a new type of system governance – executive dirigisme – without the central problems of the healthcare system mentioned above having diminished despite legislative hyperactivism. This happened subcutaneously, without any serious regulatory-policy discourse among the public or those politically responsible.

Under the current coalition, nothing fundamental has changed about this abstinence. On the contrary: The Federal Minister of Health did celebrate the SHI Contribution Rate Stabilization Act in the media as a "paradigm shift in healthcare" to which there is "no alternative" (F.A.Z., July 11, 2026: 18). Yet one searches in vain for any statement on a regulatory-policy course for her health policy beyond mere cost containment, let alone on a substantive agenda pursued with it – just as in the report of the ten-member Finance Commission (FK) on Health that served as the template for the austerity law.

3 However commendable Janßen's concern for a systemic foundation of social and health policy action may be in principle, his system-logic architecture fails to convince in both design and justification.

Even his premise for all subsequent considerations – that the four basic principles of the healthcare system only "became mixed over time," i.e., that they initially existed historically as "fairly independent logics" – hardly withstands closer scrutiny. The origins of tax-funded public assistance, today's social assistance (Federal Social Assistance Act of 1961 and SGB XII of 2003), reach far back into the pre-industrial era. It is still characterized above all by an individual means test against the respective personal minimum needs (now democratically legitimized). Social insurance (first with the Act on Health Insurance for Workers of 1883) is a genuine product of industrialization: compulsory statutory insurance for workers and successively further groups (today largely all – potentially – gainfully employed persons), a legal entitlement to benefits when the insured event occurs, and predominantly contribution-based financing. Additional financing from tax revenues has been an essential instrument from the outset (1889), particularly in statutory pension insurance (GRV) (initially one-third of total expenditure, later less, now more again). Tax funds have flowed into SHI as a federal subsidy since 2004.

The third component cited by Janßen, the principle of public services of general interest provided by regional authorities through central (utility) services in the public interest – such as water and wastewater, energy supply or (at times highly controversial in the Federal Republic) the provision of inpatient hospital infrastructure – runs completely counter to the first two, person-related components, if only because of its entirely unspecific target group, the population as a whole (the needy and non-needy, the socially insured and non-insured, entrepreneurs and tradespeople alike).

The term itself ("Daseinsvorsorge") first appears in an entirely different context, in 1938 (!), coined by the conservative administrative and (in the early Federal Republic) constitutional law scholar Ernst Forsthoff, who, in characterizing public administrative activity, described benefit-providing administration as a state activity distinct from classic interventionist administration (trade control, epidemic control, police). Today, public services of general interest are understood to include all public administration services needed to meet basic needs, in part regulated by the EU (energy, communications).

Janßen's fourth architectural element – the market – is, in his view, to follow the logic of equivalence-based risk protection

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of individuals in competition. Contrary to his account, however, the fundamental demarcation within his architecture of logics is not made through "defined interfaces with [all] other logics" (8), but solely via the PHI/SHI interface. In the welfare state of the Federal Republic, of course, only benefits that are not collectively covered by the SHI community of insured persons on the basis of ultimately democratically legitimized parliamentary decisions can be subject to market logic – but only then.

4 The "clear interfaces" with PHI that Janßen calls for in his model do, however, already exist in current law in the form of regulatory criteria, notably through the normative definition of the group of persons insured under SHI (cf. §§ 5 ff. SGB V). This demarcation may by now be complex; but above all, it thus reflects the highly developed diversity of social and societal heterogeneity in the Germany of the Berlin Republic. At this point, Janßen seems to pursue an entirely different, systemically new definition of the interface via the benefits side of health insurance, namely that of a PHI that "defines its interface in such a way that there is basic insurance for all" in SHI "and additional, voluntary extra benefits served via the free market" (8). That, of course, is exactly the opposite of a "return."

The suspicion that Janßen's new logic aims to fundamentally change the cornerstones of the Federal Republic's welfare state model is reinforced by the fact that his principles of a coherent welfare state architecture recognize only the public assistance principle and the insurance principle, but not the provision principle (Versorgungsprinzip) as a further genuine element of the modern welfare state constitution.

Janßen himself thus does not escape the toxic mixing of systemic principles that he makes the linchpin of his analysis, since he consistently and wrongly assigns to the public assistance principle benefits under the provision principle (child benefit, education grants, compensation payments), which, unlike assistance benefits, precisely do not depend on a means test to secure the individual subsistence minimum, but are merely subject to a needs assessment based on standardized rules.

Here it becomes particularly clear that Janßen's four principles of a "coherent architecture of the welfare state" may well arouse intellectual interest as a theoretical edifice, but do not adequately capture the complexity of the welfare state and the interdependencies within its structures that have evolved over decades.

This is why his "exemplary use cases" are convincing only superficially at best. Even the case he calls the "clearest type of mixing" – the allegedly inadequate tax-funded financing of health insurance contributions for the currently approx. 3.9 million employable recipients of basic income support (citizen's income recipients until June 30, 2026) – is likely to be far less clear-cut, at least in constitutional terms. Particularly in light of the solidarity principle, which is constitutive for SHI as for social insurance as a whole – and which Janßen systematically omits – it may be regarded as quite open whether, and if so to what extent, the social protection against illness of people receiving basic income support can actually be defined as an (exclusively) so-called non-insurance benefit whose financing from tax revenues – being an assistance benefit – must therefore necessarily be "cost-covering." Even if Janßen can count on agreement with the mainstream in research (see only the FK on Health) and in self-governance (the National Association of SHI Funds has meanwhile taken legal action on behalf of the health insurance funds), there is a lack of clarity, in both regulatory-policy and normative terms, as to what is actually intrinsic or extraneous to social insurance and whether – as here – compulsorily insured SHI members have actually been placed there "wrongly" by the legislature, with corresponding consequences for their financing. In addition, for more than two decades the federal government has paid substantial sums in the billions every year "as a lump-sum compensation" for SHI expenditure on (admittedly undefined) "non-insurance benefits" (§ 221 SGB V). The Federal Constitutional Court made clear in its risk structure compensation (RSA) ruling a good 20 years ago that the burden of the financial consequences of social equalization within social insurance is in any case not a non-insurance benefit.

5 Here, as elsewhere, Janßen massively underestimates the enormous path dependency of the German welfare state's development. His "return" to a four-logics separation cannot exist in this form, if only because – contrary to his initial thesis – such a separation never strictly existed (see the examples of the federal subsidy and the solidarity principle).

And even if the politically completely unrealistic scenario of clarifying the welfare state's architecture along Janßen's lines as a generational project for 2050 ff. were to materialize, why should this actually substantially solve the cardinal systemic problems of SHI raised at the outset – an aging society, staff shortages or the financing of medical progress? <<

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