



Federal Ministry of Health

Ordinance on the entitlement to vaccination against the SARS-CoV-2 coronavirus (Coronavirus-Impfverordnung – CoronImpfV)

of 8 February 2021

(Unofficial translation)*

The Federal Ministry of Health, in consultation with the Federal Ministry for Economic Affairs and Energy, hereby issues the following Ordinance on the basis of

- section 20i (3) sentence 2 no. 1 (a) and no. 2 and sentences 3, 7, 8, 10 and 11 of Book Five of the Social Code (*Sozialgesetzbuch V*), as revised by Article 4 no. 1 of the Act of 18 November 2020 (Federal Law Gazette I, p. 2397), after consulting the National Association of Statutory Health Insurance Funds (*Spitzenverband Bund der Krankenkassen*), the Federal Association of Statutory Health Physicians (*Kassenärztlichen Bundesvereinigung*), the Standing Committee on Vaccination at the Robert Koch Institute (STIKO) and the Association of Private Health Insurers (*Verband der Privaten Krankenversicherung*), and
- section 5 (2) sentence 1 no. 4 (c) and (f) in conjunction with (3) sentence 3 of the Protection against Infection Act (*Infektionsschutzgesetz*), subsection (2) sentence 1 no. 4 of which was last amended by Article 1 no. 3 (a) of the Act of 19 May 2020 (Federal Law Gazette I, p. 1018) and subsection (3) sentence 3 of which was inserted by Article 1 no. 3 (b) of the Act of 19 May 2020 (Federal Law Gazette I, p. 1018):

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Section 1 Entitlement

(1) The persons referred to in sentence 2 are entitled to be vaccinated against the SARS-CoV-2 coronavirus subject to the availability of existing vaccines. The following are entitled as per sentence 1:

1. persons who have statutory or private health insurance cover in the Federal Republic of Germany,
2. persons who have their place of residence or habitual residence in the Federal Republic of Germany,
3. persons who are being treated, nursed or cared for, or who are employed, in one of the institutions in the Federal Republic of Germany as referred to in sections 2 to 4 or in one of the enterprises in the Federal Republic of Germany as referred to in sections 2 to 4, or who are a close contact person within the meaning of section 3 (1) no. 3 or section 4 (1) no. 3, and

* Translations of any materials into languages other than German are intended solely as a convenience to the non-German-reading public. If any questions arise related to the accuracy of the information contained in the translation, please refer to the official German version. Any discrepancies or differences within the translation are not binding and have no legal effect for compliance or enforcement purposes.



4. persons as referred to in section 3 (1) no. 6 and section 4 (1) no. 4 and no. 6 who are employed abroad and those family members who travelled with them.

(2) The *Länder* (federal states) and the Federal Government are required to use the available vaccines in such a manner as to ensure that those entitled to be vaccinated are vaccinated in the following sequence:

1. persons entitled to be vaccinated under section 2,
2. persons entitled to be vaccinated under section 3,
3. persons entitled to be vaccinated under section 4, and
4. all other persons entitled to be vaccinated under subsection (1).

Within the groups of persons entitled to be vaccinated referred to in sentence 1, priority may be given to specific persons entitled to be vaccinated on the basis of current infectiological findings, the latest recommendation made by the Standing Committee on Vaccination at the Robert Koch Institute and the local epidemiological situation. Derogations from the sequence set out in sentence 1 are permissible in individual cases where necessary to efficiently organise the vaccinations, in particular when one of the groups referred to in sentence 1 moves into another group and to avoid wastage of vaccines at short notice.

(3) The entitlement under subsection (1) sentence 1 encompasses providing persons to be vaccinated with information and advice about the vaccination, carrying out a symptom-specific examination to rule out acute illness or allergies, administering the vaccine, monitoring the aftercare period which immediately follows the administration of the vaccine and any necessary medical interventions in the event of adverse vaccine reactions. Providing persons to be vaccinated with information and advice about the vaccination includes

1. providing information about the benefits of vaccination and about the coronavirus 2019 disease (COVID-19),
2. taking a medical history, including a vaccine history, and enquiring about possible contra-indications,
3. ascertaining the person's current state of health to rule out acute illness or allergies,
4. providing information about possible vaccine side effects and adverse events,
5. providing information about the start and duration of the protective effect of the vaccine,
6. providing information about follow-on and booster vaccinations,
7. making recommendations about correct behaviour following vaccination.

The entitlement under subsection (1) also encompasses the issuing of a vaccination document as referred to in section 22 of the Protection against Infection Act. The person responsible for vaccine administration within the meaning of section 22 (2) sentence 1 no. 4 of the Protection against Infection Act is the vaccination centre as referred to in section 6 (1) sentence 1.

Section 2 Highest priority vaccinations

(1) The following are entitled to be vaccinated with the highest priority:

1. persons over the age of 80,
2. persons who are being treated, cared for or nursed, or who are employed, in inpatient and day-care facilities which provide treatment, care or nursing care to the elderly or persons in need of long-term nursing care,
3. persons who work for mobile care services and regularly treat, care for or nurse the elderly or persons in need of long-term nursing care, as well as persons who are responsible for the assessment or auditing of such mobile care services,
4. persons who are employed in units in medical facilities in which there is a very high risk of exposure to the SARS-CoV-2 coronavirus, in particular intensive care units, accident and emergency units, the rescue services, those providing specialist mobile palliative care, vaccination centres within the meaning of section 6 (1) sentence 1, as well as units in which work is performed which generates those aerosols which can give rise to an infection with the SARS-CoV-2 coronavirus,
5. persons who regularly treat, care for or nurse persons in medical facilities who have a very high risk of a severe or fatal disease process following an infection with the SARS-CoV-2 coronavirus, in particular in oncology or transplant medicine.

(2) Where the Standing Committee on Vaccination at the Robert Koch Institute recommends vaccines exclusively for persons over the age of 18 and below the age of 65, these persons are to be given priority when it comes to the administration of those vaccines. Where the Standing Committee on Vaccination at the Robert Koch Institute recommends only administering specific vaccines to persons below the age of 18 and over the age of 65, these persons are to be given priority when it comes to the administration of those vaccines.

(3) The persons referred to in subsection (1) no. 1 may be invited to receive their vaccinations during different time slots according to their birth cohort, beginning with the oldest cohorts.



Section 3 High priority vaccinations

(1) The following are entitled to be vaccinated with high priority:

1. persons over the age of 70,
 2. the following persons who have a very high or high risk of a severe or fatal disease process following an infection with the SARS-CoV-2 coronavirus:
 - a) persons with trisomy 21,
 - b) persons who have had an organ transplant,
 - c) persons suffering from dementia, mental disability or severe psychiatric disorders, in particular bipolar disorder, schizophrenia or severe depression,
 - d) persons suffering from malignant haematological diseases or solid tumour diseases requiring treatment who are not in remission or whose remission has lasted less than five years,
 - e) persons suffering from interstitial lung disease, COPD, cystic fibrosis or another equally serious chronic lung disease,
 - f) persons suffering from diabetes mellitus ($\text{HbA1c} \geq 58 \text{ mmol/mol}$ or $\geq 7.5\%$),
 - g) persons suffering from liver cirrhosis or another chronic liver disease,
 - h) persons suffering from chronic kidney disease,
 - i) persons suffering from adiposis (body mass index > 40),
 - j) persons who, based on an individual medical assessment, are at a very high or high risk of a severe or fatal disease process following an infection with the SARS-CoV-2 coronavirus on account of the special circumstances of their individual case,
 3. up to two close contact persons
 - a) of a person needing long-term nursing care as referred to in nos. 1 and 2 and in section 2 (1) no. 1 who is not in a facility, who are to be named by that person or someone representing that person,
 - b) of a person who is pregnant, who are to be named by that person or someone representing that person,
 4. persons who are employed in inpatient facilities which provide treatment, care or nursing care to mentally or psychologically disabled persons or who work for mobile care services and regularly treat, care for or nurse mentally or psychologically disabled persons,
 5. persons who are employed in units in medical facilities with a high or an increased risk of exposure to the SARS-CoV-2 coronavirus, in particular physicians and other staff who are in regular direct contact with patients, staff working for blood and plasma donation services and in coronavirus test centres,
 6. police and public order officers who are exposed to a high risk of infection whilst carrying out their duty of maintaining public order, in particular during demonstrations, as well as soldiers who are exposed to a high risk of infection whilst on foreign deployment,
 7. persons who are employed in the public health service or in a particularly relevant position with responsibility for maintaining the hospital infrastructure,
 8. persons who are accommodated or employed in the facilities referred to in section 36 (1) no. 3 or no. 4 of the Protection against Infection Act,
 9. persons who regularly provide support in everyday life to the elderly or persons in need of long-term nursing care as part of services recognised under *Land* legislation within the meaning of section 45a of Book Eleven of the Social Code (*Sozialgesetzbuch XI*).
- (2) Section 2 (2) and, in respect of the persons referred to in subsection (1) no. 1, section 2 (3) apply accordingly.

Section 4 Increased priority vaccinations

(1) The following are entitled to be vaccinated with increased priority:

1. persons over the age of 60,
2. persons who have an increased risk of a severe or fatal disease process following an infection with the SARS-CoV-2 coronavirus, namely
 - a) persons with treatment-free cancer who are in remission, if remission has lasted more than five years,
 - b) persons suffering from immunodeficiency or HIV infection, autoimmune diseases or rheumatological illnesses,
 - c) persons with cardiac insufficiency, arrhythmia, atrial fibrillation, coronary heart disease or arterial hypertension,
 - d) persons suffering from cerebrovascular disease, apoplexy or another chronic neurological disease,
 - e) persons suffering from bronchial asthma,
 - f) persons suffering from chronic inflammatory bowel disease,



- g) persons suffering from diabetes mellitus (HbA1c < 58 mmol/mol or < 7.5%),
 - h) persons with adiposis (body mass index > 30),
 - i) persons who, based on an individual medical assessment, are at an increased risk of a severe or fatal disease process following an infection with the SARS-CoV-2 coronavirus on account of the special circumstances of their individual case,
3. up to two close contact persons of a person as referred to in nos. 1 and 2 requiring long-term nursing care who is not in a facility, who are to be named by that person or by someone representing that person,
 4. persons who are members of a constitutional body or who are in a particularly relevant position within a constitutional body, a government or administration, in the Federal Armed Forces, the police, the customs authorities, the fire service, one of the authorities responsible for civil protection, including the THW technical assistance, within the judiciary and the administration of justice, in the Federal Republic of Germany's foreign missions or in development cooperation organisations based in the Federal Republic of Germany,
 5. persons who are in a particularly relevant position in other facilities and enterprises forming part of the critical infrastructure, in particular pharmacies, the pharmaceutical industry, funeral services, the food industry, water and energy supply, wastewater management and waste management, the transport sector, as well as information technology and telecommunications,
 6. persons who are employed in units in medical facilities with a low risk of exposure to the SARS-CoV-2 coronavirus, in particular in laboratories, and staff who do not look after any patients,
 7. persons who are employed in the food retail industry,
 8. persons who are employed in childcare facilities, child day-care facilities, in child and youth welfare facilities, as well as teaching staff,
 9. persons in precarious working and living conditions.
- (2) Section 2 (2) and, in respect of the persons referred to in subsection (1) no. 1, section 2 (3) apply accordingly.

Section 5

Follow-up and booster vaccinations

Sections 2 to 4 apply accordingly to follow-up and booster vaccinations which form part of the full vaccination scheme drawn up on the recommendation of the Standing Committee on Vaccinations at the Robert Koch Institute. The same vaccine must be used for follow-up and booster vaccinations as was used for the initial vaccination. The gap between the initial and the follow-up vaccination as recommended by the Standing Committee on Vaccination at the Robert Koch Institute for BioNTech's Comirnaty mRNA vaccine (three to six weeks), for Moderna's COVID-19 mRNA vaccine (four to six weeks) and AstraZeneca's viral vector COVID-19 vaccine (nine to twelve weeks) is to be adhered to. Where the recommended gap is exceeded for an important reason in an individual case, the vaccination scheme is to be continued in line with the recommendations of the Standing Committee on Vaccinations at the Robert Koch Institute. Completing the vaccination series for persons who have already received their initial vaccination takes priority over beginning to vaccinate other persons who have not yet had their initial vaccination.

Section 6

Performance

- (1) The services referred to in section 1 (1) are performed in vaccination centres and by mobile vaccination teams attached to the vaccination centres. The vaccination centres are set up and operated by the *Länder* or on behalf of the *Länder*. The Federal Government may operate its own vaccination centres in order to administer vaccinations to members of federal constitutional bodies and to federal employees, in particular officeholders in a relevant position. So long as the Federal Government is not operating its own vaccination centres, those entitled to be vaccinated as referred to in sentence 3 are to be vaccinated in the vaccination centres and by mobile vaccination teams operated by the *Länder*.
- (2) The highest *Land* health authorities and the agencies designated by them determine further details concerning the organisation of vaccinations within their area of responsibility. In particular, this encompasses organising the scheduling of appointments for vaccinations. The *Länder* and the Federal Government as well as the *Länder* amongst themselves coordinate the organisation of vaccinations in an appropriate manner. The Federal Ministry of Health regulates further details concerning the administration of vaccinations to members of federal constitutional bodies and to federal employees.
- (3) The competent agencies may cooperate with the associations of statutory health physicians and other suitable third parties when it comes to setting up, organising and operating the vaccination centres, including their mobile vaccination teams, and may conclude agreements in that regard; 'suitable third parties' as regards the organisation of mobile vaccination teams can, in particular, be hospitals and company physicians. Insofar as determined by a specific *Land*, the associations of statutory health physicians are obliged to cooperate when it comes to setting up, organising and operating the vaccination centres and mobile vaccination teams; this does not apply to organising the scheduling of appointments for vaccinations.
- (4) So as to be able to prove their entitlement and permit a check of their prioritisation in accordance with section 1 (2), persons entitled to be vaccinated are required to present the following to the vaccination centre or mobile vaccination team prior to receiving their vaccination:



1. persons who are not being treated, cared for or nursed in one of the facilities referred to in sections 2 to 4 or in one of the enterprises referred to in sections 2 to 4:
 - a) their personal identity card or another photo identity card which indicates their place of residence or habitual residence, and
 - b) persons whose place of residence or habitual residence is not in the Federal Republic of Germany: certification of having statutory or private health insurance cover in the Federal Republic of Germany,
2. persons who are being treated, cared for or nursed, or are employed, in one of the facilities referred to in sections 2 to 4 or in one of the enterprises referred to in sections 2 to 4: certification issued by the facility or enterprise,
3. persons as referred to in section 3 (1) no. 2 (a) to (i) and in section 4 (1) no. 2 (a) to (h) who, due to illness, have a very high, a high or an increased risk of a severe or fatal disease process following an infection with the SARS-CoV-2 coronavirus: a medical certificate pursuant to subsection (5) detailing the presence of an illness as referred to in section 3 (1) no. 2 (a) to (i) and in section 4 (1) no. 2 (a) to (h),
4. persons as referred to in section 3 (1) no. 2 (j) and in section 4 (1) no. 2 (i): a medical certificate pursuant to subsection (6) detailing the existence of a very high, a high or an increased risk of a severe or fatal disease process following an infection with the SARS-CoV-2 coronavirus, or
5. close contact persons within the meaning of section 3 (1) no. 3 or section 4 (1) no. 3: certification issued by the person referred to in section 3 (1) no. 3 or in section 4 (1) no. 3 or someone representing that person.

(5) The persons referred to in section 3 (1) no. 2 (a) to (i) and in section 4 (1) no. 2 (a) to (h) are entitled to be issued with a medical certificate pursuant to subsection (4) no. 3. The entitlement referred to in sentence 1 encompasses a code which may, where applicable, need to be issued with the medical certificate for use when scheduling an appointment for vaccination. Medical practices are authorised to issue a medical certificate as referred to in subsection (4) no. 3. If the person entitled to a vaccination is personally known to the physician on account of his or her having previously treated that person, the medical certificate and the code which may, where applicable, need to be issued may also be requested by telephone and issued by post.

(6) Only those facilities which have been commissioned by the highest *Land* health authorities or the agencies designated by them to perform the task are authorised to issue a medical certificate detailing the existence of a very high, a high or an increased risk of a severe or fatal disease process following an infection with the SARS-CoV-2 coronavirus to the persons referred to in section 3 (1) no. 2 (j) and to the persons referred to in section 4 (1) no. 2 (i).

Section 7 Vaccine surveillance

(1) Vaccination centres and the mobile vaccination teams attached to them or the agency designated under *Land* legislation are required to transmit the following information, on a daily basis, to the Robert Koch Institute as per section 13 (5) sentence 1 of the Protection against Infection Act:

1. a patient pseudonym,
2. the month and year of birth,
3. the gender and
4. the five-digit postcode and administrative district of the person to be vaccinated,
5. the ID number and administrative district of the vaccination centre,
6. the date of vaccination,
7. the start or end of the vaccination series (initial or follow-up vaccination),
8. the vaccine-specific documentation number (vaccine product or trade name),
9. the batch number,
10. the basis for prioritisation in accordance with sections 2 to 4.

(2) The data are to be transmitted using the electronic reporting and information system within the meaning of section 14 of the Protection against Infection Act. Under section 13 (5) sentence 2 of the Protection against Infection Act, the Robert Koch Institute determines the technical standards for transmission applicable to the data to be transmitted as part of vaccine surveillance and pharmacovigilance, as well as the procedure for generating the patient pseudonym referred to in subsection (1) no. 1.

(3) The data collected in accordance with subsection (1) may be processed by the Robert Koch Institute only for the purposes of determining vaccine take-up and adverse vaccine effects (vaccine surveillance) and may be processed by the Paul Ehrlich Institute only for the purposes of monitoring vaccine safety (pharmacovigilance). The Robert Koch Institute makes these data available to the Paul Ehrlich Institute.



Section 8 Scheduling of appointments

(1) The Federal Association of Statutory Health Insurance Physicians is to develop and operate a standardised module for arranging appointments, by telephone and online, in the vaccination centres which will be made available to the *Länder* so that they can organise the scheduling of appointments for vaccinations. The national telephone number within the meaning of section 75 (1a) sentence 2 half-sentence 1 of Book Five of the Social Code may be used to divert calls to those call centres which are operated by the *Länder* or by third parties commissioned by the *Länder* for the purpose of arranging appointments. The Federal Association of Statutory Health Insurance Physicians and the organisations it has commissioned are authorised to process the personal data of those seeking to make an appointment for a vaccination for the purposes referred to in sentence 1 and, in particular, to transmit them to the competent call centres and vaccination centres. The competent call centres and vaccination centres may access the module referred to in sentence 1 in order to call up the data relating to those seeking to make an appointment within their area of responsibility. They may process these data only for the purpose referred to in sentence 1.

(2) The necessary costs incurred by the Federal Association of Statutory Health Insurance Physicians for the economic development and operation of the module referred to in subsection (1) sentence 1, including its use of the national telephone number referred to in subsection (1) sentence 2, is reimbursed to the Federal Association of Statutory Health Insurance Physicians from the cash reserves of the Health Fund (*Gesundheitsfonds*).

(3) The Federal Association of Statutory Health Insurance Physicians is obliged to store or retain, without alteration, the documents substantiating the invoices submitted in relation to the reimbursement to be made pursuant to subsection (2) until 31 December 2024.

Section 9 Remuneration for issuing of medical certificate pursuant to section 6 (4) no. 3

(1) Remuneration paid to medical practices for the performance of the service pursuant to section 6 (4) no. 3 in conjunction with (5) amounts to a lump-sum payment of 5 euros for each person entitled to be vaccinated, plus 90 cents if the medical certificate is issued by post.

(2) Medical practices submit their invoices for the performance of the service pursuant to subsection (1) on a quarterly or monthly basis, by the end of the third month following the end of the invoicing period at the latest, to that association of statutory health insurance physicians in whose district the practice is located. The information to be transmitted in relation to the invoices may not make any reference to the person for whom a medical certificate was issued. Panel physicians who perform this service may use the KVDT dataset for invoicing purposes. The Federal Association of Statutory Health Insurance Physicians determines further details in this regard, including the relevant administrative costs to be reimbursed.

(3) Medical practices and the associations of statutory health insurance physicians are obliged to document the services they perform in accordance with section 6 (4) no 3 in conjunction with (5) and to store or retain, without alteration, the documents substantiating the invoices submitted in relation to the invoicing pursuant to subsection (2) until 31 December 2024.

Section 10 Partial financing of costs of vaccination centres

(1) The necessary costs for the setting up, holding available as of 15 December 2020 and ongoing operation of vaccination centres, including mobile vaccination teams, which are set up, held available or operated by the *Länder* or on behalf of the *Länder* are reimbursed in accordance with the provisions of subsections (2) to (4) in the full amount, namely 46.5 per cent from the cash reserves of the Health Fund and 3.5 per cent by the private health insurers. The vaccination centres, including mobile vaccination teams, are to be operated economically, in particular as regards provision with sufficient human and material resources, the premises used and the duration of operation.

(2) 'Necessary costs' as referred to in subsection (1) sentence 1 means human and material resources used to set up, hold available as of 15 December 2020 and operate the vaccination centre, including its mobile vaccination teams. They also encompass the costs for the scheduling of appointments for vaccinations by the *Länder* or by call centres operated by third parties commissioned with performing that task. They also include the necessary costs for issuing a medical certificate as per section 6 (6).

(3) The following are excluded from reimbursement:

1. the costs of staff deployed in the vaccination centres who are employed by the Federal Government, the *Länder*, the highest *Land* authorities and local authorities, including the public health service, with the exception of staff employed in the respective *Land* and local authority administration,
 2. the costs of setting up health service facilities arising on account of the vaccination of their own employees,
 3. the costs of vaccines procured by the Federal Government and their delivery to the sites designated by the *Länder*, as well as the costs of a vaccine's onward transportation to vaccination centres,
 4. the costs of a separate invitation management system,
 5. the costs of syringes, needles and saline solutions, as well as vaccine consumables,
 6. the costs arising for the provision of administrative assistance by the Federal Armed Forces, and
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7. other costs, insofar as these are already being remunerated or reimbursed on the basis of a law.

(4) Those providing services in accordance with section 6 (1) are obliged to store or retain, without alteration, the documents substantiating the invoices submitted in relation to the reimbursement pursuant to subsection (1) sentence 1 until 31 December 2024.

Section 11

Procedure for payment from cash reserves of Health Fund

(1) Each *Land* transmits the following information to the Federal Office for Social Security (*Bundesamt für Soziale Sicherung*) on a monthly or quarterly basis:

1. the total amount of reimbursable costs pursuant to section 10 (1) sentence 1 incurred by each vaccination centre, broken down by material and personnel costs, as well as its ID number and the administrative district in which it is located, and
2. the resulting total amount pursuant to no. 1 for the *Land* in question.

Factual or calculation errors in the information transmitted in accordance with sentence 1 are to be corrected by the *Land* when next transmitting data. The Federal Office for Social Security pays the *Land* 46.5 per cent of the total amount transmitted in accordance with sentence 1 no. 2 from the cash reserves of the Health Fund. As of 21 December 2020 each *Land* may apply to the Federal Office for Social Security for an advance payment for each month or each quarter in the amount of up to 50 per cent of the expected total amount referred to in sentence 1 no. 2. If the advance payment exceeds 46.5 per cent of the resulting total amount referred to in sentence 1 no. 2 as transmitted by the *Land* for a particular month or quarter, then the *Land* is to pay the excess amount to the cash reserves of the Health Fund.

(2) Each association of statutory health physicians transmits to the Federal Office for Social Security, on a monthly or quarterly basis, the amount following invoicing in accordance with section 9 (2) sentence 1. Factual or calculation errors in the amount transmitted in accordance with section 9 (2) sentence 1 are to be corrected by the relevant association of statutory health physicians when next transmitting data. The Federal Office for Social Security pays the association of statutory health physicians the relevant amount from the cash reserves of the Health Fund.

(3) The Federal Association of Statutory Health Insurance Physicians transmits to the Federal Office for Social Security, on a quarterly basis, the amount of the reimbursable costs pursuant to section 8 (2). Factual or calculation errors in the amount transmitted in accordance with sentence 1 are to be corrected by the Federal Association of Statutory Health Physicians when next transmitting data. The Federal Office for Social Security pays the Federal Association of Statutory Health Physicians the amount from the cash reserves of the Health Fund.

(4) The Federal Office for Social Security determines further details concerning the procedure as detailed in subsections (1) to (3). It informs the Association of Private Health Insurers about the procedure for transmission pursuant to subsection (1) sentences 1 and 2 as determined in accordance with sentence 1.

(5) The Federal Office for Social Security transmits to the Federal Ministry of Health, on a monthly basis, a list of the amounts paid out in accordance with subsection (1) sentences 3 and 4, subsection (2) sentence 3 and subsection (3) sentence 3, as well as the information referred to in subsection (1) sentence 1.

(6) The Robert Koch Institute transmits to the Federal Ministry of Health and to the *Länder*, on a monthly basis, the number of vaccinations administered in each vaccination centre in each calendar month.

Section 12

Procedure for payment by private health insurers

(1) Each *Land* transmits the following information to the Association of Private Health Insurers on a monthly or quarterly basis:

1. the total amount of reimbursable costs pursuant to section 10 (1) sentence 1 incurred by each vaccination centre, broken down by material and personnel costs, as well as its ID number and the administrative district in which it is located, and
2. the resulting total amount pursuant to no. 1 for the *Land* in question.

Factual or calculation errors in the information transmitted in accordance with sentence 1 are to be corrected by the *Land* when next transmitting data. The Association of Private Health Insurers pays the relevant *Land*, within four weeks, 3.5 per cent of the total amount transmitted in accordance with sentence 1.

(2) The *Länder* transmit the information referred to in subsection (1) sentences 1 and 2 to the Association of Private Health Insurers in the form determined by the Federal Office for Social Security under section 11 (4).

(3) The private health insurers pay the amounts within the meaning of subsection (1) sentence 3 to the Association of Private Health Insurers. The Association of Private Health Insurers determines further details regarding payment of the relevant amounts by the private health insurers.

(4) The Association of Private Health Insurers transmits to the Federal Ministry of Health, on monthly basis, a list of the amounts paid to the *Länder* in accordance with subsection (1) sentence 3.



Section 13 Evaluation

This Ordinance is to be evaluated on an ongoing basis, in particular on the basis of current infectiological findings, the latest recommendation made by the Standing Committee on Vaccination at the Robert Koch Institute and the vaccine supply situation.

Section 14 Transitional provision

Agreements as per section 6 (3) sentence 1 of the Coronavirus Vaccination Ordinance (*Coronavirus-Impfverordnung*) of 18 December 2020 (Federal Gazette, Official Section, 21.12.2020, V3) in the version applicable up until the expiry of 7 February 2021 continue in force.

Section 15 Entry into force, expiry

This Ordinance enters into force on 8 February 2021; it ceases to be effective under the terms of section 20i (3) sentence 13 of Book Five of the Social Code and section 5 (4) sentence 1 of the Protection against Infection Act. The Coronavirus Vaccination Ordinance of 18 December 2020 (Federal Gazette, Official Section, 21.12.2020, V3) ceases to be effective upon the expiry of 7 February 2021.

Done in Bonn, 8 February 2021

The Federal Minister of Health
Jens Spahn
