

**LCHE SEMINAR****THURSDAY MAY 21ST / 10.45 – 11.45**

Salle Delachaux Bâtiment Proline (Station Vennes)

Route de la Corniche 10, 1010 Lausanne

# ‘How does regulating doctors’ admissions affect health expenditures ? Evidence from Switzerland

**SPEAKER****PHILIPP TREIN**

Assistant Professor in Public Administration and Policy at the IEP (Institute of Political Studies) of the University of Lausanne and a Senior Fellow at the IES (Institute of European Studies) at UC Berkeley. His research interests cover comparative public policy and administration, digitalization, health policy, social policy as well as multilevel governance and federalism. The results of his work are published in leading journals of political science (e.g., European Journal of Political Research, West European Politics), public administration (e.g., Public Administration Review, Governance), and public policy (e.g., Journal of European Public Policy, Policy Sciences). His latest research projects deals with the integration of artificial intelligence into public policy and interprofessional collaboration in health policy. More information can be found here: <https://people.unil.ch/josefphilipptrein/>

**ABSTRACT**

This talk examines the impact of regulatory measures on healthcare costs, focusing on Switzerland's use of moratoriums to control the admission of specialist doctors and general practitioners. Our analysis, rooted in data from the Swiss health insurers (SASIS) from 2007 to 2018, employs statistical models to assess how these policies might have influenced the number of doctors in free practice and the direct health costs they generate. Key findings reveal that while the lifting of the national moratorium in 2012 increased the number of doctors, it did not significantly impact health costs. The reintroduction of cantonal-level regulations led to a decrease in the number of free-practicing doctors without affecting overall health expenses. This talk will unpack these results, suggesting that doctor admission moratoriums may not directly limit the rise in healthcare expenditures, offering insights for policymakers grappling with healthcare affordability and access.