Annual Report
2009/2010
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Introduction

More Dynamism with Greater Competition and Freedom of Choice

Health is one of our greatest goods. Even the economic and financial crisis has no effect on this basic truth. Patients need care, wounds must be healed, and operations must be performed. Medical devices play an eminently important role in these activities.

We need an innovation-friendly environment for the future, as well as more effective competitive elements and less regulation. A look at the coalition agreement of the new German Federal Government shows us that competitive elements and the freedom of choice for insurants are to be strengthened. This gives us confidence.

The health economy belongs to those industries with the greatest growth potential, offering numerous job opportunities for qualified skilled employees. It is also an astonishingly stable export factor, even in times of crisis! We expect the new federal government to actually implement the positive approaches outlined by the coalition agreement in practice. Here are five examples:

> The coalition agreement states that high-quality, innovative medical care is to be ensured in the inpatient sector. In practice, this means that the principle of „permission with the reservation of prohibition“ should be preserved. This principle should be expanded to the outpatient sector, while retaining the same personnel and structural conditions.

> The new government has stated it opposes an elaborate bureaucracy. In practice, in our sector it is important to make the admission of „new examination and treatment methods“ within the DRG system less bureaucratic.

> The coalition advocates the strengthening of patients’ rights and increasing the freedom of choice. In practice, this should mean that patients must regain the liberty of freely choosing their technical aids suppliers.

> The new government wants competition for quality, prices, and the best medical care. In practice, we need to get away from pure price competition and move towards high-quality care with modern medical technologies.

> The government intends to examine fixed refund guarantees whenever they make sense and are suitable. In practice, such a scheme would be ideal for instance for the care of patients with multifocal intraocular lenses.

Enhancing health – this is a common task. We can still improve that by working together. Then the health sector will remain an engine of medical progress on behalf of patients and the economy as a whole.

We look forward to working with you to enhance health.

Yours sincerely,

Dr. Meinrad Lugan
Chairman of the Board of BVMed
BVMed’s Market and Membership Development

Membership Development
Presently (March 2010), some 226 industry and trade companies are represented by BVMed. This amounts to thirteen more companies than last year. Thus the number of BVMed members has continued to rise despite concentration processes in the industry. A total of 17 companies became BVMed members in 2009. This is countered by only four terminations of membership or companies going out of business. A complete list of members is provided on pages 22 and 23.

Market Development
The general mood in the industry improved by fall 2009 compared to spring 2009. Medtech companies continue to defy the economic and financial crisis. The average sales growth lies at nearly four percent. The price pressure continues on the German market, but could be compensated in most sectors by further sales increases due to the rising number of cases treated. The contribution margins and profit situation of the companies are suffering as a result.

Results of the Membership Survey
The industry survey conducted by BVMed in October 2009, in which 110 member companies participated, yielded the following most significant results:

- 52 percent of the surveyed medtech companies expect better sales results in 2009 compared to the previous year. That value is clearly more positive than the results of the spring survey 2009 (37 percent). The uncertainties created by the economic and financial crisis have largely given way to increasing optimism. Merely 19 percent of the companies asked expect weaker results.
- It is surprising that despite the economic and financial crisis, the medtech sector remains a job engine in Germany. 47 percent of the surveyed companies have been able to create new jobs that year. In 30 percent of the companies, the number of employees remained stable. On the other hand, 17 percent of the companies have reduced their workforce compared to the previous year. Projected on the total number of BVMed member companies, the members have created a total of about 4,200 new jobs in 2009.
- The outlook of medtech companies for 2010 turns out to be more tentative. 46 percent expect improved results, 39 percent anticipate no change and 15 percent even expect sales losses.
- Their reserve is primarily caused by the deteriorating financial situation of the health pool in 2010. As a result, 57 percent of the BVMed member companies expect indirect negative consequences for their own business.
- Asked about the concrete impact of the economic and financial crisis, the companies primarily name the increased price pressure (64 percent) as well as a generally tighter financial situation (47 percent). The companies fear a continued increase of price pressure on products and services in 2010 (80 percent).
- Actual measures, such as calling a stop to hiring, were initiated by 23 percent of the companies. 30 percent say they have postponed investments.
- About 17 percent of the companies currently feel no impact of the economic and financial crisis on their business operations. In spring 2009 this figure was 25 percent.

BVMed’s conclusion: The results of the survey show that, on the whole, the medtech sector is still doing well in Germany. But the results also indicate the need for action: We must improve the innovation climate in Germany, reduce bureaucratic obstacles, and strengthen the choices of insurers.
results are primarily based on a plus in export business from 3.5 percent to 11.5 billion euros. In Germany only slight growth was registered, to nearly 6.3 billion euros. In export, Germany ranked second worldwide, with a world trade share of 14.6 percent, behind the USA (30.9 percent) but distinctly ahead of Japan (5.5 percent).

Worldwide Growth Market of Medical Technologies
The medical technology industry is a worldwide growth market. Advances in medical technology, demographic development with more and more older people, and the expanded idea of health will ensure that this remains the case. The demand for healthcare services will continue to rise. Patients are increasingly prepared to invest in their health.

The world market for medical technologies amounts to about 220 billion euros. After the USA at 90 billion euros, the European market at 65 billion euros is the second largest market in the world. Besides the USA and Japan (25 billion euros), Germany is the third largest market worldwide at 23 billion euros, and by far the largest market in Europe. It is about twice as large as the French and three times as large as the Italian and British markets.

Outstanding Innovative Capability
The medical technology industry is dynamic and highly innovative. The German medical technology manufacturers achieve approximately a third of their business volume with products which are less than three years old. The researching companies in the medtech sector invest an average of about nine percent of their sales revenues in research and development. Germany as a venue for innovation and research thus plays a particularly important role for medical technology companies. Another proof of the industry’s high innovation capability: according to the European Patent Office in Munich, medical technology heads the list of registered inventions with over 16,700 patents (status 2008). The electronic telecommunications engineering and data processing sectors rank only second and third in registered inventions.
Expectations of the Government: 10-Point-Plan

The coalition agreement of the new CDU/CSU-FDP federal government provides for a government commission to prepare an extensive healthcare reform. BVMed points to its "10-point-plan for providing patients with advanced medical technology". The following aspects are important for BVMed:

**Optimize Support, Reduce Bureaucracy**
The research promotion activities which have started with the Medical Technology Action Plan should be systematically continued and further developed. Emphasis shall be put on telemedicine. Systematic further development and integration of telemedicine into the Statutory Health Insurance System (SHI) will result in improved, safer, and more cost-efficient healthcare. The unimpeded development of the healthcare economy is currently restricted by numerous regulations. Bureaucratic, intransparent, and centralized solutions must be carefully examined and removed.

**Differentiate from Pharmaceutical Products**
Regulatory controls should treat medical devices differently than pharmaceutical products. This includes the systematic implementation and further development of the "New Approach" for medical devices. Obligatory testing and approvals for companies should be reduced to what is necessary without impairing the safety, efficiency, or quality of medical devices.

**Improved Introduction of Innovations**
A strong domestic market is important for companies in the health economy. This includes a SHI with functioning competition and rapid introduction of medical innovations. Innovative products and processes must be provided quickly to all patients who need them. This includes an unobstructed possibility of introducing innovations in hospitals as well as in the outpatient sector with the same structural prerequisites. A more flexible and rapid access to innovations requires the implementation of new examination and treatment methods (NUB) to be simplified and the process to be made less bureaucratic. In addition to existing coverage, the reimbursement of innovations by the health insurance funds must be ensured. Concepts like the introduction of an innovation savings scheme to participate in medical advances or an innovation pool should be examined by the end of 2010 and consequently implemented.

**The 10-Point-Plan in Headlines**
1. The quality rating of medical devices marked CE should be emphasized, for instance, by a CE-Med mark.
2. Access to medical-technical innovations should be designed to be unbureaucratic and flexible. In order to enable patients to gain more flexible and faster access to medical-technical progress, BVMed suggests simplifying and deregulating the remuneration of new examination and treatment methods within the Statutory Health Insurance.
3. It must be possible to introduce medical-technical innovations into hospitals without restrictions.
4. We advocate an innovation pool to accelerate the introduction of medical-technical innovations into the SHI.
5. We campaign for a tax-advantaged innovation savings scheme (Steuerbegünstigtes Innovations-Sparen, SIS).
6. We consider health services research a useful and necessary joint task for all players in the healthcare system.
7. Cooperation between medical institutions and industry is desired and essential for the improvement of patient care.
8. Emphasis must again be on the quality of medical devices (e.g. regarding aids and appliances). Patients must be able to freely choose their service provider and their products.
9. Homecare should become a regular part of SHI.
10. Telemedicine should become part of regular care.
Health Policy

During the last months of its incumbency, the grand coalition made efforts to stabilize the health pool. The tight calculation and impact of the economic crisis had led to financial difficulties with its funding. The German Federal Government increased the originally planned federal subsidy. The contribution rate of 15.5 percent applying to all health insurance funds was lowered to 14.9 percent in mid-2009 in order to offer some relief to employers and employees in view of the prevailing economic crisis.

Due to the current economic environment, tax subsidies for the SHI have remained on the political agenda of the Health Minister even after Ulla Schmidt (SPD) was replaced by Dr Philipp Rösler (FDP). A total of 15.7 billion euros in tax money will flow to the SHI in 2010. Nevertheless, a shortfall in funds still remains. The first health insurance funds are therefore beginning to charge additional contributions.

The CDU / CSU-FDP Coalition Agreement
BVMed published a “10-Point Plan” for the care of patients with advanced medical technology, taking a clear stand in the health policy debate of the new government. For the most part, BVMed positively assesses the coalition agreement of the CDU, CSU, and FDP. It has become general political wisdom now that the health economy is a sunrise industry. The coalition partners agree to act in strengthening the innovation capability of German medical technology.

The coalition agreement contains several elements which can lead to improvements in patient care with modern medical technology: high-quality healthcare; functionally effective hospitals; high-quality care provided close to patients’ homes; less bureaucracy; individual freedom of choice. Companies in the medtech sector can provide important contributions to all these aspects.

Continuing the Traditionally Effective Dialog with Decision-Makers
After the change in government, regularly maintained dialog with policy-makers from the Lower House of Parliament, Office of the Federal Chancellor, ministries, federal states, federal state representation offices, and the self-governing bodies remains the primary component of BVMed’s political work. BVMed and its members provide decision-makers with specific information on the particularities of medical technologies.

Apart from the close contact to the Federal Ministry of Health, cooperation with other ministries has become increasingly important. Together with the Ministry of Education and Research and the other trade associations, the BVMed Innovation Forum 2009 once again offered a good platform for representing the needs and constraints of the medical-technical industry. The newly staffed Health Economy Committee (Arbeitsstab Gesundheitswirtschaft) in the Ministry of Economic Affairs will also remain in place for this legislative period. The successful format of the “Werkstattgespräche Medizintechnik” (medtech evaluation workshops) will be continued. With its “BVMed goes Brussels” campaign, BVMed has created a new format which is well-received by the “German community” in Brussels. The Regular evening events and background discussions with members and employees of the Parliament and Commission as well as with federal state representatives in Brussels handle specifically German topics with a European dimension.

Medtech Compass
Another important focus of work is the effective and transparent cooperation between industry and healthcare professionals. The preventive approach of the “Medtech Compass” (www.medtech-kompass.de) provides orientation for all participants in the healthcare market about permissible behavior.

The intensive and continual exchange of information on the topic of healthcare compliance via a network among industry and healthcare professionals, regularly conducted events and newsletters, as well as a new Medtech Compass electronic learning tool, create more safety in questions of cooperation for medtech companies as well as medical institutions.
DRGs / Hospital Financing

Hospital Policies after the Election
The coalition agreement of the new federal government states that hospitals are the guarantors of high-quality and innovative patient care. The increased interlinking of sectors shall be continued. The efficiency of hospitals in the regions shall be retained with reliable investment financing. Furthermore, the German system of Diagnosis Related Groups (G-DRG) shall continue to be examined and further developed as a “learning system”. Prices agreed upon statewide are valid as of 2010. Uniform nationwide prices are categorically rejected. The uniform nationwide base rate corridor is to be applied for the first time in 2010 and will end by 2014.

Flat-Rate Investment Funding and Orientation Value
The regulations for developing the basic structures for the flat-rate investment funds were decided by the self-governing partners only after the ministry acted as a mediator in the negotiations. The investment allocation assessments will be calculated by the DRG Institute for Hospital Reimbursement (InEK) by the end of 2010. It will be the first time that the German Federal Office of Statistics will determine the “orientation value”, which will replace the basic wage rate as upper limit for the increase in the state-wide base values. The new orientation value should depict the cost structures and developments in the hospital sector and should also take into account the demand for medical devices.

German DRG Hospital Financing
The G-DRG system is now in its eighth year and has stabilized significantly. In the 2010 catalog, the number of DRGs increased by eight to reach a total of 1,200. The number of supplementary payments to DRGs was expanded by 16 to a total of 143. 225 hospitals provided data for the calculation, including ten university hospitals. In principle, advances in medical technology are integrated rapidly into the system due to the new annual calculation. BVMed makes active use of the proposal process for the DRG system by pointing out how to appropriately represent new medical technologies for calculation toward the Institute for Hospital Reimbursement. The representation of these new processes is primarily implemented by including supplementary payments to DRGs, split DRGs, and new definitions, for instance DRG modifications due to highly complex and costly implants. The basis for this is an appropriate depiction of the medical devices through the Operation and Procedure Code (OPS). An annual revision process is necessary here as well, which BVMed will actively accompany by means of the proposal process for the DRG system at the German Institute for Medical Documentation and Information (DIMDI).

Another instrument to depict medical advances is the integration of new examination and treatment methods fees into the G-DRG system. The InEK checks the accepted and negotiated NUBs to see to what extent they can be implemented in the DRG catalog. An example of such integration is the inclusion and transfer of innovative cardiac valve technology in the catalog.

Study on implementation of NUBs
In view of the practical problems in the innovation transfer of new examination and treatment methods in the hospital, BVMed commissioned the German Hospital Institute (DKI) to conduct a study on the topic of “Aspiration and reality of budget negotiations to implement medical technology innovations”. The study shows that NUB applications are relevant for hospitals of maximum care and university hospitals. In the end, a fee could be agreed upon for only 35 percent of all NUB applications. New examination and treatment methods involving medical technology make up less than 30 percent of all applications. The primary reason for the lack of agreement, according to the hospitals, is the lack of evidence. Many details of the regulations in the new examination and treatment methods process have met with critique from the affected hospitals. This particularly applies to multiple or separate applications for identical NUBs as well as the decentralized agreement of fees by hospitals and health funds. From the hospitals’ point of view, there is thus a great need for change in the NUB methods. In effect this applies to all aspects of the procedure. The principle of “permission with the reservation of prohibition” should be maintained. If hospitals are to fulfill their responsibility toward the general public, new examination and treatment methods approved by the InEK should be refundable and retroactively reimbursed.
Health Technology Assessment (HTA)

Technology Assessment of Medical Devices
From the industry’s point of view, technology assessment is the right thing to do. But we need unambiguous and objective directives on what should be assessed and how the assessment is to be conducted. If technology assessment is to provide all patients prompt access to the medically and economically appropriate therapies, the system must be transparent and open. It has to allow all participants to contribute to the decision-making process and promote prompt action through deadlines.

HTA not suited for every Medical Device
Health Technology Assessment (HTA) is not equally applicable to or suitable for every medical device. Therefore, in practice, a differentiation must be made to determine whether and when an HTA procedure is suitable and reasonable. In an original article published in the magazine “Gesundheitsökonomie und Qualitätsmanagement” (Health Economics and Quality Management) of the Research Center for Health Economics headed by Prof. Graf von der Schulenburg, the authors considered the question of whether or not medical devices can and should be subjected to an HTA, analogous to pharmaceutical products. The study highlighted major differences between pharmaceutical products and medical devices.

The discussion of the extremely heterogeneous medical device sector and the HTA methodology shows that a multitude of medical device groups are not suited or are only partially suited to be subjected to HTA methodology. Modifications of the HTA methodology are required for the remaining medical devices, since multiple randomized, double-blind, placebo-controlled clinical studies do not exist as a data basis for medical devices, and cannot be conducted due to the respective product specifications as well as for methodological reasons.

Method Paper on Cost-Benefit Analysis
Cost-benefit analyses are currently being intensively discussed. Since an analysis is planned to determine a maximum amount for pharmaceutical products, it is questionable to which extent this is also generally applicable to medical devices as a comparative treatment.

A specific assessment model for medical devices must be developed first. The methods must do justice to the various product groups including dressing materials to walking aids, from vessel implants up to active implants such as pacemakers. BVMed does not see that the submitted Method Paper of the Institute for Quality and Economic Efficiency in Healthcare (IQWiG) describes an appropriate evaluation methodology which takes into account all the particular features of medical devices.

Participation of the Medical Device Companies
In the assessment procedure, the law expressly envisions an “appropriate participation” of the pharmaceutical manufacturers in the cost-benefit analysis by the Institute for Quality and Economic Efficiency in Healthcare. Considering that medical devices could become an object of a cost-benefit analysis by the IQWiG within the context of comparative treatment, the expertise of medical device companies must analogously be included in the assessment procedure. This presupposes an extensive transparency and predictability of the process, as well as the time frame. According to BVMed, a verbal consultation including all affected parties to prepare individual cost-benefit analyses is an imperative instrument for determining the decisive elements of these analyses.

HTA Board of Trustees
BVMed actively participates as a permanent guest in the work of the HTA Board of Trustees at the German Institute of Medical Documentation and Information (DIMDI), where it supports the consultation on the assessment of medical technology methods.
Current Developments in the Technical Aids Sector
The pressure on providers in the medical-technical aids sector has increased enormously in the last few years due to new statutory regulations (SHI Competition Strengthening Law, SHI Organization Development Law). This is primarily reflected in the current ruinous level of price competition. Nevertheless, expenditures for technical aids paid by the SHI continue to increase, though at a lower rate than the SHI expenditure on benefits overall. The rise in expenditures in the technical aids sector is primarily a consequence of a rise in quantity due to the demographic development, i.e. an increasingly older population.

Consequences of the Latest Health Reform (SHI Organization Development Law, GKV-OrgWG)
Responding to political pressure and urged by the associations of medical-technical aid manufacturers and providers, legislators have diluted the SHI Competition Strengthening Law, which only became effective on April 1, 2007. The new SHI Organization Development Law converts the obligatory tenders of the health insurance funds for technical aids supply into a “can” rule. The transition period for authorization to supply was extended to December 31, 2009. Furthermore, the right to accession to negotiated contracts was introduced pursuant to Article 127, Section 2, Social Security Code Book V. As a result of these measures, the number of tenders sank to under ten in 2009, and many providers were able to conclude their own contracts with the health insurance funds. Since health insurance funds did not conclude contracts in all sectors, there is currently a great deal of uncertainty among providers as to whether they will be allowed to continue providing insurants without a contract.

Suitability of Tenders and Prequalification
With the SHI Organization Development Law, German legislators have for the first time granted the national associations of healthcare providers a legal right to influence the determination of the prequalification method and the definition of the suitability of tenders on a nationwide level. Thus, for the first time, national organizations of healthcare providers, such as BVMed, are equal negotiating partners. An initial success of this body is the punctual creation of suitability criteria for tenders. BVMed contributed decisively here with its activities and proposals on contents. BVMed also took over the task of coordinating the expert committees.

Negotiations are currently being conducted on the prequalification procedure. However, no opinion has yet formed on the role of the providers in creating prequalification criteria, or on the prequalification authority, or the inclusion of providers in the implementation of the procedure, for instance in supervision. The objective of this active collaboration on the part of BVMed and its members is to establish an unbureaucratic, high-quality procedure that is fast and cost-effective.

Judgement: Health Insurance Funds are Public Contracting Parties
The European Court of Justice (ECJ) confirmed in its judgment of June 11, 2009 what many experts had long predicted: Health insurance funds are public contracting parties. The law already took account of this fact and introduced an accession right to negotiation contracts for suppliers. This way, the patient has the possibility of choosing freely between contract partners. This does not provide an economic advantage for any individual healthcare provider. In such cases the law denies the existence of a public contract. Therefore, in principle, health insurance funds can continue to choose between the contract instruments of tender and negotiated contract, taking into account both suitability and cost effectiveness.
Homecare

The population is growing older. Thus the demand for homecare services is steadily on the rise. This is basically the best prerequisite for sustaining a growth market, even in times of general economic crisis. The products and services required for homecare are predominately financed by the Statutory Health Insurance. However, the SHI is suffering serious cost pressures due to rising expenses and sinking revenues. The question therefore remains: Which quality can providers in the homecare market ensure and at what price?

**Accession Contracts and Right of Information**

The legislative has commissioned the health insurance funds to define the criteria for prequalification of the providers, which means also defining the structural quality of the homecare market. BVMed has participated intensively in this process. A prequalification procedure will be introduced by June 30, 2010.

Regarding the quality of processes and results, the parties involved still have to find solutions in contractual agreements. Accession contracts, as per Article 127 Section 2, 2a Social Security Code Book V, are now established as the instrument of choice for the homecare sector. While there are still some problems with the implementation in a small number of product groups regarding the right of information on the contracts, BVMed has successfully sensitized the supervision of the health insurance funds and the Federal Ministry of Health by issuing comments in these individual cases. Nevertheless, some legal uncertainty remains due to a decision of the procurement supervisory committee in November 2009. According to that committee, accession contracts would only be applicable according to Article 127 Section 2, Social Security Code Book V if their total amounts fell below the threshold value (EUR 193,000). The ruling is not legally binding. An appeal is pending at the Higher Social Court in Essen.

The outcome of the proceedings is currently uncertain, and represents an incalculable risk for providers on the market.

**Public Relations – Strengthening of Homecare**

BVMed organized the “Homecare” forum at the Geriatric Care trade fair in Nuremberg in 2009, the Technical Aids forum at the REHACARE in Düsseldorf, and a lecture series at the Homecare trade fair in Leipzig. The talks given by experts, lively podium discussions and exchange of information among all participants were successful and well-received and will be continued in 2010.

**Electronic Health Card**

The introduction of the electronic health card was a topic of some significance to homecare companies in 2009. The electronic prescription is the basis for settling accounts with companies providing products and services. Therefore the Electronic Health Card Working Group, together with IT experts from dgn-services, worked out a viable concept for the homecare market. Due to the change of government at the end of 2009, a moratorium was imposed for the introduction of electronic prescriptions within the scope of the telematics infrastructure. The “old” concept of the electronic health card is now under scrutiny. This gains some time for the homecare companies to develop and test practical and suitable concepts.

**New Models of Care**

The German National Institute for Quality Measurement in Health Care (BQS) published a report at the end of 2009 on the development of integrated care contracts from 2004 to 2008. According to the report, about 1,500 new contracts were concluded every year, predominantly with unlimited terms. From April 2007 to the end of 2008, every fourth notification referred to palliative medical care. But the possibility of including the healthcare providers and the long-term care insurance funds into the integrated models of care was only very rarely used. Homecare providers should keep an eye on regional approaches and figure out possible ways of participation.
The German associations of the medtech industry, represented by BVMed, asked Günter Verheugen, as the EU commissioner in charge, to postpone the pending new revision of the Medical Devices Directives, called “MDD Recast”, for at least two years. First, the Commission should await the practical effect of Amending Directive 2007/47/EU coming into force nationally on March 21, 2010. In a meeting in Brussels, EU commissioner Verheugen promised BVMed no changes would be made to the New Approach setting the legal framework for the European Medical Devices Directives. As a result, the MDD Recast was postponed to 2011 or later.

The new “German Accreditation Act” of July 31, 2009 became effective on August 7, 2009. The law transposes certain requirements of the EU regulation No. 765/2008/EU nationally. Based on this law, the German Accreditation Body (DAkkS) was established in 2009 as the new monopolistic national accreditation body, starting operations on January 1, 2010. Since then, the previously accredited Central Authority of the Laender for Health Protection by Medicinal Products and Medical Devices (ZLG) has only been designating “notified bodies” of the medical devices sector. Accreditation, on the other hand, has been performed by DAkkS, but under the professional advice of ZLG, disposing of a veto right of its own.

The “Fourth Amendment of the Medical Devices Act” of July 29, 2009 became effective on March 21, 2010, with the exception of some new regulations on HIV diagnostics for self-testing coming into force earlier in 2009. The amendments of the 4th MPG novel refer to the Medical Devices Act (MPG), the Medical Devices Ordinance (MPV), the Medical Devices Safety Plan Ordinance (MPSV), the Medical Devices Operation Ordinance (MPBetreibV), and the Medical Devices Fees Ordinance (BGebV-MPG). On the one hand, the novel transposes directive 2007/47/EU nationally. It also maps new tasks for the Federal Institute for Drugs and Medical Devices (BfArM), especially the responsibility of approving clinical investigations with medical devices.

Furthermore, by a draft “Second ordinance to amend regulations concerning medical devices”, the Federal Ministry for Health plans to expand the scope of “serious adverse events” reporting within clinical trials to such clinical trials started prior to March 21, 2010.

And by another draft “Ordinance to amend the German Institute of Medical Documentation and Information Ordinance” of Dec. 7, 2009, the Federal Ministry for Health finally created the formal prerequisites for electronic notification of clinical investigations with medical devices to DIMDI.
Patient and User Safety / Environmental Issues

Preventing Hospital Infections
The public awareness of infectious diseases rose considerably in 2009. The chief trigger was the scare that a pandemic of "swine flu" would break out. Comprehensive disinfection measures have now become a part of everyday routine.

BVMed puts a strong emphasis on avoiding hospital or nosocomial infections. With the help of new diagnosis and treatment procedures, more and more elderly, polypathic and even sometimes immunocompromised patients can be successfully treated. Especially patients with a weakened immune system, however, are in constant danger of suffering from nosocomial infections in the course of treatment, which can develop into such a severe affliction that the actual therapy must be put in question.

With this in mind, the prevention of hospital infections is gaining in importance. The BVMed sub-group "Nosocomial Infections" has thus set itself the goal of helping to prevent nosocomial infections by providing educational material on the subject.

User Safety through safe Instruments
There is an additional risk of infection for the staff of medical facilities through injuries caused by cutting, pricking, and scratching with potentially infectious instruments, the so-called "sharps injuries". In the last few months, BVMed distributed the tutorial "Teach-and-Learn Unit Sharps Injuries" to medical facilities, teachers, and nursing personnel in the healthcare sector free of charge. The CD contains a modular set of learning units with PowerPoint slides, background information, and practical assignments for students. Thus BVMed contributes to helping prevent infections resulting from such injuries in nursing staff and other caregivers by training future users.

Reuse of Medical Devices
Infections can also be the consequence of the improper reuse of single-use medical devices, just as injuries or deficient treatment of patients can result from using products which have lost their required functionality, sterility, or cleanliness due to improper refurbishment.

According to Directive 2007/47 on Medical Devices, the EU Commission will examine whether measures are required to protect patients against the possible risks caused by the reprocessing of single-use devices. To support the necessary examination of all documents, the respective manufacturers and BVMed are collecting the necessary data and facts which document the risks of improper preparation for reuse. The report of the commission will be submitted by September 5, 2010.

Environmental Issues: Increasing Substance Restrictions
European law is introducing a series of substance restrictions and bans. The REACH Regulation obliges manufacturers to inform their customers about the "candidate substances" (e.g. DEHP) contained in their products. The amendment of the EU Directive on the "Restriction of the use of certain hazardous substances in electrical and electronic equipment" (RoHS) will end all previous exceptions for medical devices. BVMed works to ensure that quality of care is not impaired by the new regulatory requirements.

Patient Protection through Communication Standards
Increased patient safety is also the result of decisions and recommendations provided by the BVMed "Forum eStandards". The objective of the forum, made up of representatives of hospital purchasing pools and BVMed medical device companies, is to optimize the exchange of business data by standardizing electronic communication. The eStandards forum supports common standards in its own position papers. The industry focus papers on the classification standard eCI@ss and on master data are already available. Further recommendations are in progress.

Preventing pinprick injuries with safety products
Communications / Press

**Media and Public Relations**

2009 was a very successful year for BVMed’s media and public relations work. A total of about 900 articles naming BVMed appeared in print and online media. The nearly 500 printed articles with explicit mention of BVMed reached an estimated readership of around 52 million. The advertising equivalency value lies at nearly 1.6 million euros. This figure implies the amount of euros which would have to be paid to “buy” the extent of editorial articles through advertising.

The BVMed website pages reported an increase in visits of 30 percent in 2009. The increase in visits on the BVMed Extranet by member companies even exceeded 65 percent.

The BVMed Newsletter as the weekly “business card” of the industry now has some 8,100 subscribers.

**New Online Film Offer**

The BVMed film service “Medical Technology” further expanded its offering in 2009. Aside from three new innovation films, BVMed also created two congress films (Healthcare Compliance / Medtech Compass and Business Situation in Medical Technology / Demands on the New Federal Government). A broader public is addressed on our own portals on YouTube, sevenload and MyVideo. BVMed has been presenting its entire film offering on its internet portal with a new technology at www.bvmed.de since the beginning of March 2009. The so-called “cover flow” allows simple browsing through all innovation films and patient histories by mouse-click. Internet visitors thus get a fast overview of the range of medtech films. The film material is also offered on the subpages of the BVMed portal each depending on the searched contents.

**Examples of BVMed Campaigns**

The PR campaign “Aktion Meditech” (www.aktion-meditech.de) initiated by BVMed and AdvaMed is a joint communications platform of patients and patient organizations, physicians, and health experts. Its goal is to provide information especially to the media and the general public concerning modern medical technology methods, and to ensure rapid access of patients to innovations. The prevention campaign Medtech Compass primarily addresses decision-makers in hospitals and the medical device industry. It informs about clear and transparent regulations on cooperation in the healthcare market and is establishing a network of experts responsible for healthcare compliance.

**Conferences and Workshops 2009 / 2010**

The series of events established by the BVMed Communications Department continue to be very successful.

- The eHealth conferences have developed into a popular annual get-together of the medtech industry. Around 190 participants attended the 11th eHealth conference in February 2009.
- The 5th Communications Congress Medical Technology held on June 9 to 10, 2009 with 120 participants presented 22 experts, five workshops, two panel discussions, numerous case studies and two evening events under the title “The three Languages of the Medtech Industry”. Key issues were target-group-specific media work and marketing to referring physicians, hospitals, and patients.
- The 10th BVMed Berlin Media Seminar held on November 4, 2009 offered journalists background information on health policy issues that BVMed would like to see supported by the new government, as well as themes concerning increased quality orientation.
- BVMed is increasingly working with day workshops and seminars to handle specific communications topics, for instance media work in the medtech sector, or crisis management and crisis communication, or the effects of images.

The series of events established by the BVMed Communications Department will be continued in 2010. Special communications topics will be additionally offered via MedInform in 2010, such as five different day seminars or workshops on media work topics (basic and advanced seminar), online communication, and crisis management / communication. The seminars are tailored to the particular needs of the medical technology industry.
Focus Group “Regulatory and Public Affairs” (AKRP)
The current key issues of the AKRP include the expected mandatory approval of clinical investigations with medical devices by the regulatory authorities, the future electronic reporting of “incidents” and “serious adverse events” to the Federal Institute for Drugs and Medical Devices (BfArM), and the availability of a “Medical Devices Vigilance Officer” in medical facilities. The AKRP is in charge of editing BVMed information series “Medizinprodukterecht” (Medical Device Legislation”) covering 10 individual guidelines. The group is actively engaged in standardization issues and responds to regulatory queries from members and authorities. In 2010, the AKRP will conduct two information events for BVMed members: “Clinical trials and medical devices surveillance” (June 2010) and “Practical application of the Medical Devices Act ” (November 2010).

Focus Group “Environment” (AKU)
In 2009 the key issue for the AKU was the European Regulation on the Registration, Evaluation, Authorization and Restriction of Chemicals (REACH). Information and recommendations were sent to the members, especially regarding the points “customer information about candidate substances”, registration, and authorization. With regard to the German Packaging Ordinance, attention centered on the new requirements for industry sector solutions and the “Declaration of Completeness” which must be submitted by many manufacturers. Other topics include the planned new versions of the EU “WEEE” Directive on the disposal of electrical and electronic equipment, the Directive on the Restriction of Hazardous Substances (RoHS), and the proposal for amending the Biocide Directive with a Biocide Regulation.

Focus Group “Hospital Market” (AK KHM)
Invitations to tenders and purchasing pools have greatly changed the procurement processes in hospitals. Medtech companies must react appropriately to this development. The new Focus Group AK KHM was established in 2009 and serves as a communications platform to develop common goals and strategies in the procurement process. From the industry’s side, the AK KHM will also serve as a cross-company liaison for the hospitals.

Focus Group “Legal Issues” (AKR)
The AKR cooperates and holds meetings with 18 external members of the network “Medical Device Legislation”, a group of specialized lawyers. The Focus Group with its nine sub-groups is in charge of editing the “Wiko – Medical Device Law” commentary, which is constantly updated and includes a CD-ROM with 250 court decisions on medical devices. In April 2010, the group will hold the fifth annual BVMed symposium on “Current legal issues relating to medical devices”.

Sectoral Interest Group “Eye Surgery” (FBA)
The topics of “reimbursement” and “information” remain the key focus in the FBA sub-groups “Public Affairs” (AG PA) and “Public Relations” (AG PR). Both groups are concentrating on innovative intraocular lenses. The Public Affairs sub-group intensified its talks with health
insurers and the medical profession. The Public Relations sub-group continued its successful PR work in the “Cataracts Initiative” (Initiative Grauer Star).

**Sectoral Interest Group “Blood” (FB Blood)**
The members of this group are manufacturers of blood bags and devices for apheresis. The group is concerned with the regulatory requirements for these particular products and act as liaisons to the regulatory authorities.

**Sectoral Interest Group “Brachytherapy” (FBBT)**
FBBT’s working group “Interstitial Brachytherapy” (PG IBT, seed method for prostate cancer) promotes the admission of this form of therapy into the reimbursement catalog for the outpatient sector. In the review process by the Joint Federal Committee (JFC), the group coordinates accompanying scientific studies from the industry’s side.

**Sectoral Interest Group “Diagnosis Related Groups – Hospital Financing” (FB DRG)**
The FB DRG accompanies the development of hospital financing and develops position statements in the legislative process. The group coordinates BVMed proposals for the further development of the DRG and OPS. Furthermore, the group accompanied the new German Hospital Institute study on innovation transfer in the hospital sector in 2009.

**Sectoral Interest Group “First-Aid Materials” (FBEH)**
The members of the FBEH sectoral interest group, manufacturers of first-aid kits for cars and companies, are concerned with the adaptation of first-aid materials to the current state of modern emergency and disaster medicine, and their implementation in the pertinent standards. The sub-group “Communication” (AGK) continued its media relations work to inform the public of the diverse deployment potential of first aid kits.

**Sectoral Interest Group “Ethylene Oxide Sterilization” (FBEO)**
The FBEO is concerned with the diverse regulatory requirements on the ethylene oxide sterilization of medical devices. The relevant regulatory framework includes the Medical Devices Act, the Biocidal Products Directive and the EU Chemicals Regulation REACH.

**Sectoral Interest Group “Trade / Homecare” (FBHH)**
The group works closely with the already-existing sectoral interest group “Homecare”. The mission is an intensive dialog between industry companies and trade companies. The FBHH was integrated into the FBHC (Homecare) at the end of 2009. This marked an important milestone in the integration of trade companies in BVMed.

**Sectoral Interest Group “Health Technology Assessment” (FB HTA)**
The FB HTA actively participates in developing methods for the technology assessment of medical technologies. It develops position papers for the Joint Federal Committee, the Institute for Quality and Economic Efficiency in Healthcare and the AQUA Institute, coordinates BVMed work in the HTA Curatorium at the German Institute of Medical Documentation and Information, and develops concepts for seminars and conferences on technology assessment.

**Sectoral Interest Group “Homecare” (FBHC)**
This group communicates the therapies and quality aspects behind the term “Homecare”, for instance by means of a new image brochure. In their political work, the focus is on the practical implementation of the new Article 128 of the Social Security Code Book V (cooperation between the physician and healthcare provider), care support points, and the introduction of prequalification. The campaign “My Choice” (meine Wahl!) was supported with case reports from actual practice. Gaps and violations of the law in contract negotiations with the health insurance funds were pointed out and forwarded to the Federal Insurance Office for review.

**Sectoral Interest Group “Infusion Therapy” (FBIV)**
The FBIV develops care standards in the infusion therapy sector. The members concentrate their work on the use of infusion therapies in specialized palliative care.
Sectoral Interest Group “Cardiac Medical Devices” (FBKMP)
The FBKMP promotes medical devices used in the cardiovascular system, including stent and catheter systems, heart valves, active implants such as pacemakers and implantable defibrillators, as well as cardiopulmonary bypass machines. The group also supports a database for active implants (www.herzstimulation.de). Furthermore, an exhibitor committee coordinates collaboration with professional scientific organizations.

Sectoral Interest Group “Artificial Feeding” (FBKE)
This group advocates the reimbursement of enteral feeding and develops the fundamentals for modifications to the pharmaceutical guidelines (AMR). The members maintain an active exchange of information with the Diätverband (Association of Special Dietary Food Producers). An initial rough framework for categorizing the products has already been created. The result should help the JFC (Joint Federal Committee) to revise the pharmaceutical guidelines. The group is also revising the BVMed information card on the reimbursability of enteral feeding.

Sectoral Interest Group “Health Insurance Law for Providers of Technical Aids” (FBLL)
Key issues were the cooperation between physicians and providers of medical-technical aids (Article 128 Social Security Code Book V), legal questions on prequalification, and the analysis of the decision of the procurement supervisory committee on accession contracts pursuant to Article 127 Section 2, 2a Social Security Code Book V. Alternative models concerning the supply of technical aids have been discussed and legally analyzed. Furthermore, the implementation of the right to information and accession of contracts with health insurance funds played a primary role. In-depth legal questions of health insurance reimbursement are discussed and position papers developed in the sub-group “Law” of the Sectoral Interest Group “Health Insurance Law for Providers of Technical Aids” (FBLL).

Sectoral Interest Group “Mechanical Thrombosis Prophylaxis” (FBMT)
The FBMT endorses equal treatment for the outpatient and inpatient sector in medical thrombosis prophylaxis and has published an information brochure on “Physical thromboembolism prophylaxis in the inpatient and outpatient sector”. The group is currently focusing on application areas and billing possibilities.

Sectoral Interest Group “Medical Technology Implants” (FBMTI)
The FBMTI, which includes representatives of joint replacement manufacturers, advocates the establishment of a German Joint Registry. Their position was made clear to the Joint Federal Committee (JFC) with a Letter of Intent. So far, the JFC has not implemented the concept. Another main topic was the different interpretation of VAT rates being used in the provision of endoprostheses. In a meeting with the financial authorities, the different case constellations were discussed and rules decided on for a nationwide uniform interpretation.

Sectoral Interest Group “Modern Wound Care Products” (FBMW)
The educational work of the FBMW on behalf of prescribability and reimbursability as well as the cost-effectiveness of hydroactive wound care products now comprises numerous modules: the revised 2009 information card “Prescribability and reimbursability of wound care products”, the brochure “Use of hydroactive wound dressings”, the dressing materials chapter “Wound care in the physician’s practice” of the so-called ‘Yellow List’ pharmaceutical index (Gelbe Liste Pharmaindex), the annual information event on “Modern Wound Care”, as well as training sessions conducted with the Association of Medical Professions.

Sectoral Interest Group “Sharps Injuries Prevention” (FBNSP)
The FBNSP is the special committee for suppliers of safe medical devices to protect from injuries caused by cutting, pricking, and scratching during daily medical practice. The group has successfully distributed its CD containing comprehensive teaching materials for teachers in nursing schools. Increased contact to accident insurance companies will be a focus in 2010.
Sectoral Interest Group “Renal Replacement Therapy” (FBNE)
In the “Kidney Alliance” initiative, suppliers of dialysis technology products inform about the importance of these life-sustaining medical technologies and the fundamentals about inpatient and outpatient options within the German healthcare system. Aside from their brochure titled “More than Surviving”, the topic gained attention through the group’s publications in professional journals and the yellow press, its website, and a special newsletter of the PR campaign “Aktion Meditech”. The FBNE is also preparing a political panel discussion in Berlin in 2010.

Sectoral Interest Group “Peripheral Vascular Medicine” (FBPG)
FBPG supports the promotion of medical technologies in the peripheral vascular system, such as PTA technologies or occlusion systems. The group also participates in the maintenance of the scientific register “PTAREG”, which records and evaluates the treatment of patients suffering from peripheral occlusive arterial disease before or after undergoing PTA. They also support continued education at professional congresses on innovative technologies.

Sectoral Interest Group “Absorbing Incontinence Care (Manufacturers)” (FBI-H)
FBI-H is concerned with the consequences of invitations to tender on the incontinence sector. The experts are looking for solutions of how patient-oriented and medically necessary care can be ensured in the long term. Furthermore, the group is developing proposals for the contents of prequalifications in the absorbing incontinence care sector.

Sectoral Interest Group “Soft Tissue Repair Implants” (FB STRI)
This group represents the interests of suppliers of implants to reinforce soft tissue such as hernias or ligaments. It concentrates on reimbursement questions and quality aspects. There is need for action here in the inpatient as well as the outpatient sector. Its work is mostly concerned with the treatment areas of visceral surgery, gynecology, urology, and plastic surgery.

Sectoral Interest Group “Practice Supplies, Pharmacy Supplies, Medical Dressings” (FBSRV)
FBSRV communicates actively with the regional associations of pharmacists about current developments on the market for practice supplies, and medical dressings. Another important topic deals with the possible consequences of the amendments to the uniform reimbursement catalog (EBM) on the reimbursement and prescription of medical material supplies in the SHI physician sector.

Sectoral Interest Group “Ostomy / Incontinence Care” (FBSI)
The group has developed proposals for prequalification contents for ostomy and draining incontinence care, aimed at the preservation and long-term safeguarding of healthcare quality for patients with stoma as well as incontinent patients. An important issue here is the creation of uniform and binding minimum quality standards in the medical technical aids register. Furthermore, the group is increasingly active in advocating freedom of choice for patients.

Sectoral Interest Group “Radiation Sterilization” (FBS)
The FBS is the forum of operators of radiation facilities for sterilizing medical devices. The group concentrates mainly on the implementation of regulatory requirements and educational work to explain what radiation sterilization is able to achieve.

Sectoral Interest Group “Therapeutic Apheresis” (FBTA)
The members of this group are providers of technologies for extracorporeal blood purification. The sub-group “Lp(a)-Apheresis” within FBTA is concerned with the decision of the Joint Federal Committee to demand providers to conduct a prospective controlled study on apheresis treatment for isolated Lp(a) increase.

Sectoral Interest Group “Tracheostomy / Laryngectomy” (FBTL)
FBTL promotes the establishment of necessary minimum care standards in the medical technical aids register, and has developed a proposal for the prequalifica-
Working Group “Reuse” (PG Reuse)

This group is concerned with patient safety in the preparation and reuse of medical devices. The European Commission will submit an empirical report in September 2010. The working group created a dossier on the subject and forwarded it to the EU authorities.

Working Group “Material Costs and Outpatient Surgery” (PG SAO)

The working group coordinates proposals for the inclusion and financing of medical technologies in the service catalog for outpatient surgery in hospitals. The group engages in dialog with the contract partners on the proper representation of applied medical technologies in various outpatient scenarios.

Working Group “Tissues” (PGT)

This group is concerned with products produced by using animal or human tissue, cells, or blood. The issues often deal with differentiation to pharmaceutical law.

Sub-Group “eStandards” (AGE)

The sub-group “eStandards” represents companies in the “Forum eStandards”. The forum, made up of representatives from hospital organizations and medtech companies, has become a platform whose decisions and recommendations on electronic communication in the exchange of business data are making an impact. The papers on specific communication themes should serve suppliers and users as guideposts in implementing the standards. After publications on the classification and master data of medical devices, industry papers on the topics of eProcurement and interface themes will follow.

Sub-Group “Nosocomial infections” (AG NI)

The sub-group AG NI has emerged from the sub-group “Catheter-related infections”. Its objective is to contribute toward preventing nosocomial infections by providing relevant educational material. Its own internet website to be launched in 2010 will create a platform to promote discussion on the origins and prevention of such infections.
BVMed – At your Service!

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Different event arrangements with partners from hospitals, sickness funds and the media: Peter Asché (Vice President of the VKD and Chief Executive of the hospital in Aachen) Herbert Rebscher (Chair Deputy of the DAK sickness fund) Ulrich Meyer (TV Journalist)
BVMed – Our Services for You

BVMed represents more than 200 industry and trade companies. Among the members of the association are 20 of the largest medical device manufacturers worldwide in the consumer goods sector. Its scope comprises the entire sector of medical dressings, technical aids such as ostomy and incontinence products or bandages, plastic disposable items such as syringes, catheters and cannulae as well as the implants sector of intraocular lenses, hip, knee, shoulder and spinal implants, heart valves and defibrillators and even artificial hearts. Homecare services and biotechnology procedures, such as tissue engineering, are further fields of activity of its members.

As a trade association, BVMed promotes and represents the combined interests of the medical technology industry and trade companies. In various sectoral interest groups, focus groups, and working groups, the association offers its members a platform for a constructive dialog and exchange of views. BVMed represents the concerns of its member companies to policy makers and the public in general. This is achieved not only by information and public relations work, but also by participation in the development of laws, guidelines and standards. BVMed’s services can be subdivided into four sectors:

1. Organization
BVMed carries out the joint formation of opinion in more than 50 committees covering specific subjects. You will find more information on the committees in this brochure starting on page 15. An up-to-date overview of BVMed’s expert committees is available on the internet at www.bvmed.de (About BVMed).

2. Consultancy
BVMed’s experts are ready to offer accurate advice to members on such diverse topics as the Medical Devices Act, social legislation, the DRG law, the Act on Advertising in the Healthcare System, standardization projects, or ordinances.

3. Information
BVMed’s multi-faceted information service is evident in both its internal and external communications. Examples of BVMed’s communication efforts include:

**INTERNAL COMMUNICATION**
General circulars to all members, specific circulars for the individual Expert Committees, weekly newsletter, weekly chartpool, monthly report, Extranet for member companies.

**EXTERNAL COMMUNICATION**
Website at www.bvmed.de, brochures, information cards, BVMed special events, MedInform conferences, training seminars (medical device consultants, SHI training, workshops on bidding/tendering law and CRM topics), press releases and conferences, press seminars, TV service with film material, background discussions with the media.

4. Representation
BVMed represents the interests of the medical technology sector. Important aspects of this work include political marketing and one-on-one interviews, the maintenance and support of networks, parliamentary discussion evenings, background discussions, participation in parliamentary hearings as well as representation in committees, advisory councils, commissions, etc.

How can your company become a member of BVMed?
The terms and conditions for membership of BVMed are stated in § 3 of the BVMed statutes, which you will find on the internet at www.bvmed.de (About BVMed) or receive from BVMed on request. Applications for membership must be submitted in a letter to the Director General of BVMed. Please contact us. We look forward to helping you!
As in March 2010: 226 members – current list available at www.bvmed.de

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2. 3M Medica Zweigniederlassung der 3M Deutschland GmbH

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   - Domiens GmbH
   - DOT GmbH
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   - EMKA Verbandstoffe GmbH & Co. KG
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   - Niederlassung Deutschland
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   - Franz Kalff GmbH
   - * FRESENIUS SE
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- Hamburg (16)
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- Northrhine-Westphalia (58)
- Hesse (28)
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- Saarland (11)
- Baden-Wuerttemberg (36)
- Bavaria (31)
- Mecklenburg-Western Pomerania (1)
- Berlin (11)
- Brandenburg (2)
- Saxony-Anhalt (4)
- Saxony (0)
- Thuringia (1)
- Saxony (0)
- Lower Saxony (9)
- Saarland (11)
- Baden-Wuerttemberg (36)

BVMed Membership List

22
Technical aids for a better quality of life:
bandages, orthotic devices, prostheses and compression hosiery

M
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*MagForce Nanotechnologies AG
Maimed GmbH
MAQUET Cardiopulmonary AG
Marian Pflege-Beratung GmbH
Mathys Orthopädie GmbH
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Novalung GmbH
Novo Klinik Service GmbH
Nycomed GmbH
* Molnlycke Health Care GmbH

O
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Oncura GmbH
OptiMed Medizinische Instrumente GmbH
ORIPLAST Gebr. Krayer GmbH
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*Otto Bock HealthCare GmbH

P
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Pajunk Medical Produkte GmbH
Pall GmbH Medical
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pfm medical ag
Pfimmer Nutricia GmbH
PHADIMED Pharma-Medica GmbH & Co. Direktvertriebs KG
Pharm-Allergan GmbH
PMT Präzision-Medizin-Technik GmbH
POLYTECH Health & Aesthetics GmbH
POLYTECH Ophthalmologie GmbH
PubiCare GmbH
*PULSION Medical Systems AG

Q
*Q-MED GmbH

R
R. Cegla GmbH & Co. KG
Raguse Gesellschaft für medizinische Produkte mbH
RAUMEDIC AG
Rayner Surgical GmbH
*rehaVital Gesundheitservice GmbH
RSR Reha-Service-Ring GmbH
Rolke Pharma GmbH

S
SANDER Chemisch-Pharmazeutische Fabrik GmbH
sangro medical service GmbH
Sanicare GmbH
SANIMED GmbH
Sanitop GmbH
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T
Teleflex Medical GmbH
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Tornier GmbH
TRACOE medical GmbH
Tutogen Medical GmbH

U
URGO GmbH
URSAPHARM Arzneimittel GmbH

V
VENNER Medical (Deutschland) GmbH
VH3 Medizintechnik GmbH
VISÉ Verwaltungsgesellschaft mbH
Vitatron GmbH
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