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Deutsche Sozialversicherung  
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## Feedback from German Social Insurance issued 19 May 2026

European Commissions Call for Evidence on Council  
Recommendation on health checks for cardiovascular  
diseases: an EU approach to early detection and screening

## I. Opinion

As a follow-up measure to the EU Plan for Cardiovascular Health (“Safe Hearts Plan”), the European Commission intends to present a Council Recommendation on health checks for cardiovascular diseases. The aim is to reduce the high burden of disease in Europe, support Member States in early detection and prevention, and reduce premature mortality by 25 percent by 2035.

The focus lies on the early detection of key risk factors such as hypertension, elevated blood glucose and cholesterol levels, as well as on reducing health inequalities. Planned measures include systematic examinations of defined risk groups, opportunistic screenings, and recommendations regarding target groups, screening intervals, and the content of such measures. In addition, the Commission intends to promote risk assessment tools, digital health technologies, and potentially artificial intelligence.

In its position on the Safe Hearts Plan, the German Social Insurance (DSV) welcomes the European Commission’s objective of reducing the high burden of cardiovascular diseases, tackling health inequalities, and strengthening the early detection of relevant risk factors. Early identification of hypertension, diabetes, lipid disorders, and other risk constellations can help prevent severe disease progression and improve the targeting of healthcare provision. However, screening measures must be evidence-based, targeted, and proportionate. Large-scale screening programmes without robust evidence of benefit carry risks such as overdiagnosis, unnecessary follow-up examinations, and overmedicalisation — particularly if underlying lifestyle-related risk factors are not effectively addressed.

European recommendations should take into account the different national structures and competences and leave Member States sufficient flexibility in implementation. From the DSV’s perspective, the European added value lies primarily in promoting high-quality evidence, exchanging best practices, and supporting interoperable data and prevention structures.

### **Situation in Germany**

Germany already has well-established structures for cardiovascular early detection and prevention. There is no mandatory population-wide screening programme for cardiovascular diseases in adults. Instead, Germany has a differentiated system

consisting of statutory preventive examinations, risk-based assessments, and complementary prevention services provided by statutory health insurance funds. A central instrument is the statutory health check-up: insured persons between the ages of 18 and 34 are entitled to a one-time examination, while individuals aged 35 and above are generally entitled to a check-up every three years. These examinations include blood pressure measurements, the assessment of relevant risk factors, tests for blood glucose and cholesterol levels, additional diagnostic tests where appropriate, and preventive counselling.<sup>1</sup>

### **Designing Early Detection in a Targeted and Evidence-Based Way**

New early detection and screening programmes should only be introduced or expanded if they are evidence-based and demonstrate a reliable patient benefit. This principle is central to an effective, economically sustainable, and patient-oriented prevention policy. Where the European Commission's consultation document refers to large-scale campaigns, these should primarily be understood as information and awareness-raising measures rather than as a basis for indiscriminate examinations of the general population. Priority should instead be given to targeted, risk-based health checks for individuals with known or identifiable risk factors, such as a family history of cardiovascular disease, hypertension, diabetes, obesity, or other relevant pre-existing conditions. Such an approach is more targeted than blanket screening strategies.<sup>2</sup>

Significant evidence gaps continue to exist in the area of cardiovascular screening. This is also reflected in current reform debates in Germany, where a stronger focus on examinations for persons with an individual risk profile is being recommended. This underlines the broader trend towards more precise and evidence-based prevention approaches.<sup>3</sup> In particular, there is still insufficient scientific evidence to justify population-wide screening programmes for children and adolescents in key areas. For example, neither general lipid screening for the early detection of familial hypercholesterolaemia nor routine blood pressure screening in this age group has

<sup>1</sup> See Federal Joint Committee (G-BA), Directive on Health Examinations for the Early Detection of Diseases (Health Examination Directive / GU-RL), decision of 20 November 2020, entered into force on 12 February 2021. Available at: [www.g-ba.de/downloads/62-492-2383/GU-RL\\_2020-11-20\\_iK-2021-02-12.pdf](http://www.g-ba.de/downloads/62-492-2383/GU-RL_2020-11-20_iK-2021-02-12.pdf)

<sup>2</sup> See Krogsbøll, L. T.; Jørgensen, K. J.; Grønhøj Larsen, C.; Gøtzsche, P. C., *General health checks in adults for reducing morbidity and mortality from disease*, in: Cochrane Database of Systematic Reviews, Issue 1, 2019, Art. No.: CD009009. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD009009.pub3/full>; Institute for Quality and Efficiency in Health Care (IQWiG), *Target group-specific approaches to insured persons in general health examinations*, Rapid Report [online]. 2024 [accessed: 29 April 2026]. URL: <https://dx.doi.org/10.60584/P23-01>

<sup>3</sup> See Financial Commission on Health, *Recommendations for stabilising the financial situation of statutory health insurance*, Reform Recommendation No. 16 "Evidence-based adjustment of laboratory examinations in the health check-up", Berlin 2026. The recommendation proposes that routine lipid profile testing (total cholesterol, LDL cholesterol, HDL cholesterol, triglycerides) should not be carried out universally, but instead focused on persons with an existing risk profile or an unknown risk situation.

demonstrated a proven benefit.<sup>4</sup> International expert bodies therefore also recommend caution regarding population-wide screening approaches.<sup>5</sup>

At the same time, the potential harms associated with screening measures should be taken more seriously. Screening is not inherently without consequences for patients. Risks may arise from overdiagnosis, false-positive results, unnecessary follow-up examinations, psychological stress, or treatments that are not medically required. Diagnostic procedures themselves may also be problematic. One example is carotid Doppler ultrasound for stroke prevention in asymptomatic individuals without relevant risk factors, whose benefits have been critically assessed by expert bodies.<sup>6</sup> Benefits and risks must therefore always be weighed against each other transparently.

Accompanying information and awareness-raising measures should therefore also be strengthened to enable citizens to interpret examination results realistically and make informed decisions. From the DSV's perspective, the focus of European recommendations should not be on introducing new blanket screening requirements, but rather on evidence-based, risk-adapted, and indication-based examinations within existing healthcare systems. Member States should retain sufficient flexibility for national implementation.

<sup>4</sup> Vgl. Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen (IQWiG). *Screening zur Früherkennung einer familiären Hypercholesterinämie bei Kindern und Jugendlichen*; Rapid Report [online]. 2024 [Zugriff: 29.04.2026]. URL: <https://dx.doi.org/10.60584/S24-01>.; Gartlehner, G.; Vander Schaaf, E. B.; Orr, C. et al., *Screening for Hypertension in Children and Adolescents: Systematic Review for the U.S. Preventive Services Task Force*, Evidence Synthesis No. 193, Agency for Healthcare Research and Quality (AHRQ), Rockville 2020.

<sup>5</sup> See McEvoy, J. W.; McCarthy, C. P.; Bruno, R. M. et al., *2024 ESC Guidelines for the management of elevated blood pressure and hypertension*, in: *European Heart Journal*, 2024.

<sup>6</sup> See Medical Service of the National Association of Statutory Health Insurance Funds / IGeL-Monitor, *Ultrasound examination of the carotid arteries for stroke prevention*, assessment available at: [www.igel-monitor.de/igel-a-z/igel/show/ultraschall-der-halsschlagadern-zur-schlaganfallvorsorge.html](http://www.igel-monitor.de/igel-a-z/igel/show/ultraschall-der-halsschlagadern-zur-schlaganfallvorsorge.html)

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## About us

The German Federal Pension Insurance (DRV Bund), the German Social Accident Insurance (DGUV), the National Association of Statutory Health Insurance Funds (GKV-Spitzenverband), the national associations for statutory health and long-term care insurance funds at the federal level and the Social Insurance for Agriculture, Forestry and Horticulture (SVLFG) have joined forces to form the "German Social Insurance - Working Group Europe" (Deutsche Sozialversicherung Arbeitsgemeinschaft Europa e. V.) with a view to their common European policy interests. The association represents the interests of its members vis-à-vis the bodies of the European Union (EU) as well as other European institutions and advises the relevant stakeholders in the context of current legislative projects and initiatives. As part of the statutory insurance system in Germany, health and long-term care insurance with 75 million insured persons, pension insurance with 57 million insured persons and accident insurance with more than 70 million insured persons in 5.2 million member companies offer effective protection against the consequences of major risks of life.