

Art. 52b KVV: Admission of speech therapy organisations to mandatory health insurance

Function and place in the admission system

Art. 52b KVV sets out the conditions under which an organisation of speech therapy (Organisation der Logopädie) may provide services at the charge of mandatory health insurance (OKP). All five requirements must be met:

- lit. a: admission under cantonal law;
- lit. b: a defined field of activity;
- lit. c: staff who meet Art. 50 lit. a-c KVV;
- lit. d: the necessary facilities;
- lit. e: proof that the quality requirements of Art. 58g KVV are met **Art. 52b KVV**.

The statutory anchor is Art. 35 para. 2 lit. e KVG. It lists as providers persons who act on medical order or on behalf of a physician, and "Organisationen, die solche Personen beschäftigen" (organisations employing such persons) **Art. 35 KVG**. Two further provisions complete the framework:

- Art. 36 KVG. These providers may work at the charge of OKP only if admitted by the canton in whose territory the activity is carried out **Art. 36 KVG**.
- Art. 36a KVG. The Federal Council sets the admission conditions. They must ensure "qualitativ hochstehende und zweckmässige Leistungen" (high-quality and appropriate services). Depending on the type of provider, they cover training, further training and the requirements needed for quality **Art. 36a KVG**.

Art. 52b KVV implements that delegation for speech therapy organisations.

Only two forms of practice

The courts read the regime as closed. In BGE 133 V 218, a nursing case, the Federal Supreme Court held that the Federal Council intended to recognise only two forms of paramedical practice: self-employed practice, and employment by an institution that has itself been admitted **BGE 133 V 218**. The parallel judgment K 124/06 drew the consequence. Services by staff who neither work independently and on their own account nor work for an admitted provider "ne sauraient être prises en charge par l'assurance obligatoire des soins" (cannot be covered by mandatory insurance) **K 124/06**.

The Federal Administrative Court likewise treats the list in Art. 35 KVG as exhaustive. A third way of providing paramedical services at the charge of OKP "ist dementsprechend im Gesetz nicht vorgesehen" (is accordingly not provided for in the law) **c-7498-2008**.

For speech therapy the consequence is direct. The individual route under Art. 50 KVV requires the therapist to practise "selbstständig und auf eigene Rechnung" (self-employed and on their own account) (lit. d) **Art. 50 KVV**. An employed speech therapist can therefore reach OKP only through an organisation admitted under Art. 52b.

The decisions cited were given for nursing and physiotherapy. Their reasoning transfers to speech therapy because the structure of Art. 35 para. 2 lit. e KVG is identical.

Development of the provision

The organisational form was not always open to speech therapy. In 2002 the National Council rejected a motion to admit physiotherapy, speech therapy and dietetics organisations, by 15 votes to 133 **AB 2002 N 1509**. The Federal Council then held that "la règle c'est que les personnes, individuellement, doivent correspondre à la définition que l'on donne des conditions d'admission" (the rule is that persons must individually meet the admission conditions). It feared that an employer would be "maître du choix" (in control of the choice) of dependent staff and might select persons without the required training **AB 2002 N 1509**. The debate is not binding. It still explains why lit. c ties the admission of the organisation back to the individual qualifications of the persons who treat.

Before 2022, speech therapy organisations were regulated in Art. 52c KVV. Its lit. c referred to Art. 50 as a whole, and its lit. e required participation in quality assurance measures under Art. 77 **KVV (2021-01-01)**. That quality condition was repealed with effect from 1 April 2021 **KVV (2021-04-01)**.

On 1 January 2022 the provision became Art. 52b and changed in substance **KVV (2022-01-01)**:

- lit. c now refers only to Art. 50 lit. a-c;
- lit. d requires "die für die Leistungserbringung notwendigen Einrichtungen" (the facilities necessary for providing the services);
- a new lit. e requires proof of the quality requirements of Art. 58g.

The Federal Council's message on the KVG reform explains the approach. For organisations employing persons who act on medical order, the Federal Council would set conditions on staff qualifications, facilities, the field of activity, participation in quality control and the permits required **BBI 2018 3125**. On the position of organisations already admitted before the reform, see below under "Organisations admitted under earlier law".

The Italian text of lit. c

The German and French texts refer to Art. 50 lit. a-c. Before the correction, the Italian text referred instead to "articolo 50 lettere a e b" **OAMal (2026-08-01)**. Following the correction of 22 October 2026 (AS 2026 560), it reads "articolo 50a lettere a-c" **OAMal (2026-10-22)**. The German footnote states that the correction concerns only the Italian text **KVV (2026-10-22)**.

Art. 50a KVV governs dietitians, not speech therapists **Art. 50a KVV**. The correction plainly aligns the letters (a-c) with the other language versions. The reference to Art. 50a does not fit the subject matter. The German and French texts, which coherently refer to the speech therapists' provision, should be treated as decisive.

The admission requirements

Cantonal admission (lit. a)

The organisation must be admitted under the law of the canton in which it is active **Art. 52b KVV**. This mirrors Art. 36 KVG **Art. 36 KVG**. Which body is competent, and what substantive conditions the

cantonal licence imposes, are matters of cantonal law.

The Thurgau Administrative Court identified two limits in TVR 2003 Nr. 33, decided under the then Art. 51 KVV for Spitex organisations. Both apply equally to the parallel organisation provisions:

- Competence. Cantonal admission had to be granted by the cantonal department, not by municipalities. Municipal service contracts and subsidies did not confer admission competence **TVR 2003 Nr. 33**.
- Federal criteria. Cantonal law may not let the cantonal licence absorb the federal criteria. A cantonal rule under which the remaining criteria (lit. b-e) were not examined was "insoweit bundesrechtswidrig" (to that extent contrary to federal law) **TVR 2003 Nr. 33**.

The cantonal licence is therefore necessary but not sufficient.

Cantonal regimes differ considerably, as Geneva shows. In ATA/1250/2024, which concerned a home care organisation, the Geneva court applied cantonal rules requiring:

- an adequate organisation;
- qualified staff;
- premises and equipment;
- a written quality assurance system with job descriptions and documented procedures **ATA/1250/2024**

The procedure is in writing. The application is signed by the operator and the responsible professional, and the authority may inspect. Payment of the fee has no "rapport de cause à effet" (cause-and-effect link) with the grant of authorisation. The refusal was upheld because the file did not show that the conditions were met **ATA/1250/2024**

The Federal Council confirmed in 2026 that cantons may make the quality requirements of Art. 58g KVV more specific when granting admission. They can impose "differenzierte und strenge Voraussetzungen" (differentiated and strict conditions) and must check compliance regularly throughout the organisation's activity

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. That statement was made in the context of Spitex organisations. It describes the general admission powers of the cantons.

Defined field of activity (lit. b) and necessary facilities (lit. d)

The organisation must define its field of activity on four axes. The French text spells them out: "quant au lieu et à l'horaire de leurs interventions, quant aux prestations qu'elles fournissent et quant aux patients" (as to the place and hours of its interventions, the services it provides and the patients it serves) **Art. 52b KVV**. It must also have the facilities necessary for providing its services **Art. 52b KVV**. The same formulas appear for ergotherapy organisations (Art. 52a lit. b and d KVV) **Art. 52a KVV** and for Spitex organisations (Art. 51 KVV) **SVR 2022 1**.

For speech therapy, the function of these two criteria follows from the system:

- The defined field of activity is the reference point for staffing (lit. c), for facilities (lit. d) and for the requirement of sufficient qualified staff (Art. 58g lit. a KVV) **Art. 58g KVV**.
- It also delimits the range within which admission can be withdrawn "für das ganze oder einen Teil des Tätigkeitsspektrums" (for all or part of the range of activity) under Art. 38 para. 2 KVG **Art. 38 KVG**.

Qualified staff (lit. c)

Services must be provided by persons who meet Art. 50 lit. a-c KVV **Art. 52b KVV**:

- an entitlement under cantonal law to practise as a speech therapist;
- a cantonally recognised three-year theoretical and practical training, with examinations in six subject groups;

- two years of practical activity in clinical speech therapy, mainly with adults, of which at least one year in a hospital under specialist medical direction **Art. 50 KVV**.

The reference deliberately leaves out lit. d (self-employment) and lit. e (individual proof of quality) **KVV (2022-01-01)**. Employees cannot meet the first. The second is required of the organisation itself under Art. 52b lit. e.

Art. 50 lit. c KVV links the two routes. One of the two practical years may be completed under specialist medical direction, accompanied by a qualified speech therapist, "in einer Organisation der Logopädie, die nach dieser Verordnung zugelassen ist" (in a speech therapy organisation admitted under this ordinance) **Art. 50 KVV**. An admitted organisation can therefore serve as a training site. On the wording of lit. c, however, the services billed to OKP must be provided by persons who already meet all three qualifications.

Personal permits for employees. Whether every employee needs a personal cantonal permit is contested. The Schwyz Administrative Court decided the question for physiotherapy organisations (III 2024 140). Under the federal Health Professions Act, a permit is required only for practice "in eigener fachlicher Verantwortung" (under one's own professional responsibility). That covers self-employed therapists, managers responsible for subordinates, and employees working alone without professional supervision **III 2024 140**. The court accordingly held that a cantonal practice requiring every employed physiotherapist to hold a permit "so nicht rechtens ist" (is not lawful in that form). What is decisive is the internal allocation of professional responsibility **III 2024 140**.

This reasoning transfers to speech therapy only with care. For speech therapists, Art. 50 lit. a KVV refers to an entitlement "nach kantonalem Recht" (under cantonal law) **Art. 50 KVV**. For the professions governed by the Health Professions Act, the KVV refers instead to a permit under Art. 11 of that Act **Art. 50a KVV**. For speech therapists, therefore, the cantonal health law concerned decides first whether a supervised employee needs a personal permit.

Supervision. The Federal Supreme Court has emphasised that an organisation must exercise real authority over the persons it deploys. In 9C_276/2024, a Spitex case, it confirmed that the organisation must have authority to give instructions and must perform duties of control and support. Only then can it meet the professional and quality conditions of its admission and the quality requirements of Art. 58g KVV **9C_276/2024**. The judgment upheld the Graubünden arbitral tribunal (SVR 2022 1). That tribunal had held that the relationship with the persons delivering care need not be an employment contract, but must amount to a real relationship of subordination **SVR 2022 1**.

The Zurich social insurance court went a step further in SR.2022.00008. A model in which the care-giver was employed by the patient and "lent" to the organisation was not employment by the organisation. Without a proven right to give instructions, the conditions of Art. 51 KVV for billing were not met **SR.2022.00008**.

Applied to lit. c by analogy, it is not enough that qualified speech therapists appear on the staff list. The services billed must actually be delivered by them, or within a structure in which they effectively bear professional responsibility under the organisation's authority. The legislature used the same technique for physicians' institutions: under Art. 37 para. 2 KVG, the institution is admitted only if the physicians working there meet the individual requirements **Art. 37 KVG**.

Proof of the quality requirements (lit. e)

The organisation must prove that it meets Art. 58g KVV **Art. 52b KVV**. That provision has four elements **Art. 58g KVV**:

- the necessary qualified staff;
- an appropriate quality management system;
- an appropriate internal reporting and learning system and, where one exists, affiliation to a Switzerland-wide network for reporting adverse events;
- the equipment needed to take part in national quality

measurements.

The basis is Art. 36a para. 2 KVG **Art. 36a KVG**. The wording ("weisen nach", "prouver") places the burden of proof on the organisation.

The case law shows how far quality reaches beyond the admission stage. In 9C_276/2024 the Federal Supreme Court recorded that Art. 51 KVV describes the admission conditions but does not itself govern supervision or care documentation, and that lit. c contains no "Rechtspflicht zur Dokumentation der Anleitung und Aufsicht" (legal duty to document instruction and supervision) **9C_276/2024**. Whether supervision was adequate was nonetheless decisive for reimbursement. Because adequate training, instruction and supervision were not proven, OKP was not liable **9C_276/2024**. The absence of a documentation duty in the admission rule therefore does not lighten the evidential burden in a payment dispute.

The opposite constellation arose in Graubünden in SV1 2025 49. The insurer had refused cover without examining quality and appropriateness, and without obtaining the supervision and quality assurance records. The court remanded the case for an individual assessment by an expert, involving a qualified nurse **SV1 2025 49**.

All these decisions concern Spitex organisations. For speech therapy organisations they show by analogy that quality under Art. 58g KVV is assessed on the facts of the individual case, both at admission and when services are paid.

The organisation as provider and its limits

The organisation is the billing entity

Once admitted, the organisation itself is the OKP provider. In III 2024 140 the Schwyz court held, for physiotherapy, that employed therapists cannot be providers within the meaning of the KVG. The provider responsible and entitled to bill "ist jedoch immer die ambulante Einrichtung bzw. die Organisation der Physiotherapie als juristische Person" (is always the outpatient institution or the physiotherapy organisation as a legal person). Admission of an employed therapist in her own name is therefore excluded **III 2024 140**. The court also held that admitting the organisation implied recognition that its services were provided by persons meeting the individual requirements **III 2024 140**. Art. 52b has the same structure, so the reasoning applies equally to speech therapy organisations.

No organisation status for other structures

Other structures cannot borrow the organisational route. In C-7498/2008 the Federal Administrative Court held that a doctor's practice employing physiotherapists could not bill "als bzw. wie eine 'Organisation der Physiotherapie'" (as or like a physiotherapy organisation). Delegated physician physiotherapy was excluded at the charge of OKP, so no tariff could be set for it **c-7498-2008**. The decision concerned the legal position on 1 January 2006. Its reasoning on the exhaustive list of providers applies equally to speech therapy delivered by employees of a doctor's practice.

No numerical cap

The quantitative admission controls of the KVG do not reach speech therapy organisations:

- Maximum numbers. The cantonal maximum numbers under Art. 55a KVG limit only "die Anzahl der Ärzte und Ärztinnen" (the number of physicians) **Art. 55a KVG**.
- Service mandate. A cantonal service mandate is a condition of admission only for nursing organisations under Art. 35 para. 2 lit. dbis KVG **Art. 36a KVG**.
- Non-medical providers generally. The Federal Council has stated that, until uniform financing is introduced, no admission restriction is provided for non-medical providers. The exception is the

possibility under Art. 55b KVG for cases of above-average cost growth in nursing

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An organisation that meets Art. 52b therefore cannot be refused on grounds of need.

Range of services the organisation may bill

Admission does not widen the benefits catalogue. Under Art. 10 KLV, speech therapists admitted under Art. 50 KVV and organisations admitted under Art. 52b KVV treat, on medical order, disorders of language, speech, voice, fluency and swallowing. The disorder must be due to a neurological condition (lit. a) or a phoniatic condition (lit. b) **Art. 10 KLV**.

Art. 11 KLV sets the limits of each order **Art. 11 KLV**:

- at most 12 sessions per medical order;
- the first session within eight weeks;
- a new order for further sessions;
- a report to the medical adviser after the equivalent of 60 sessions within one year.

Strict reading of the causes. The Federal Supreme Court applies the catalogue of causes strictly. In K 143/04 it held that treatment of a fluency disorder (stuttering) is covered only if the disorder can be traced to one of the categories in Art. 10 lit. a and b KLV, which are listed exhaustively. The examples of phoniatic conditions are not exhaustive, but the disorder must itself derive from such a condition **K 143/04**. A hereditary origin did not help the insured person. "Massgebend ist einzig, dass dafür keine der in Art. 10 KLV genannten Ursachen in Frage kommt" (the only decisive point is that none of the causes listed in Art. 10 KLV applies) **K 143/04**.

Developmental and school speech therapy. This falls outside the framework. In 2C_471/2009 the Federal Supreme Court classified speech therapy for a child with trisomy 21 as a measure "di natura pedagogico-terapeutica" (of a pedagogical-therapeutic nature). It was covered neither by Art. 12 nor by Art. 13 of the Invalidity Insurance Act (IVG). Since the 2008 reform of fiscal equalisation and the division of tasks between the Confederation and the cantons (NFA), such measures fall within the exclusive competence of the cantons **2C_471/2009**. The invalidity insurance office could not simply reject the request. It had to forward it ex officio to the competent cantonal school authority under Art. 30 ATSG **2C_471/2009**.

The decision did not rule on OKP. It does show, however, that many speech therapy organisations work across several financing regimes. Admission under Art. 52b covers only the medical services described in Art. 10 KLV.

Consequences of non-compliance and supervision

Refusal of payment and restitution

A provider that is not admitted is not reimbursed. This applies whether it fails the conditions or simply does not wish to take part in the OKP system **K 124/06**.

The admission criteria also operate as continuing conditions of payment. In SVR 2022 1 the Spitex organisation had not adequately supervised, instructed and controlled the persons delivering care. The insurer had therefore "die Bezahlung der Rechnungen zu Recht verweigert" (rightly refused to pay the invoices) **SVR 2022 1**.

Remuneration unduly paid "nach diesem Gesetz" (under this Act) may be reclaimed under Art. 56 para. 2 KVG **Art. 56 KVG**:

- under the tiers payant system, by the insurer;
- under the tiers garant system, by the insured person, or by the insurer under Art. 89 para. 3 KVG.

The provision appears in the context of economic efficiency; its

application to services of a non-admitted speech therapy organisation rests on its wording, which covers any remuneration not owed under the Act.

Cantonal supervision and withdrawal of admission

Each canton designates an authority to supervise providers under Art. 35 para. 2 lit. a-g, m and n KVG, which include speech therapy organisations **Art. 38 KVG**. Where admission requirements are not met, it may order:

- a warning;
- a fine of up to CHF 20,000;
- temporary withdrawal of admission for up to one year;
- definitive withdrawal of admission.

Each withdrawal may cover all or part of the range of activity

Art. 38 KVG. Insurers may apply for withdrawal "in begründeten Fällen" (in justified cases) **Art. 38 KVG**.

Partial withdrawal is the natural instrument where only part of the defined field of activity under lit. b is affected. Proportionality arguments should be built along those lines.

Sanctions before the arbitral tribunal

A separate procedure covers breaches of the economic efficiency and quality requirements (Art. 56, 58a and 58h KVG), of contractual agreements and of the billing rules. Under Art. 59 KVG, the cantonal arbitral tribunal under Art. 89 KVG decides, on application by an insurer or an association of insurers **Art. 59 KVG**. The available sanctions are a warning, full or partial restitution of fees, a fine of up to CHF 20,000 and, in repeated cases, temporary or definitive exclusion from activity at the charge of OKP **Art. 59 KVG**.

The two routes differ in object and forum:

Art. 38 KVG Art. 59 KVG
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Object Admission requirements as such Conduct in providing services and billing
Forum Cantonal supervisory authority Cantonal arbitral tribunal

Organisations admitted under earlier law

The Federal Council's message envisaged that providers admitted under the former law would be deemed admitted by the canton in which they were active **BBi 2018 3125**. It also envisaged that the quality requirements would bind them as well **BBi 2018 3125**. These are statements about the draft. Any deadline for proving the Art. 58g requirements follows from the enacted transitional provisions.

The 1996 grandfathering rule in Art. 134 para. 2 KVV is now only of historical interest. It covered individual speech therapists who had completed their training and practised independently before the KVG came into force **Art. 134 KVV**.

Practical points

- Two-level review. Obtain the cantonal licence under the health law of each canton of activity. Separately prepare the federal file on lit. b-e; the licence does not replace that review **TVR 2003 Nr. 33**.
- Field of activity. Define the field of activity in writing: sites, hours, services and patients. It frames the staffing and quality review and the scope of any partial withdrawal **Art. 38 KVG**.
- Staff qualifications. For every therapist delivering billed services, document the requirements of Art. 50 lit. a-c KVV, including the hospital year **Art. 50 KVV**. Check under cantonal law whether employees need personal permits **III 2024 140**.
- Supervision. Establish a real right to give instructions and organise effective professional supervision. In a payment dispute the organisation bears the risk that adequate supervision is not proven **9C_276/2024**.
- Quality evidence. Keep the evidence for the four elements of Art.

58g KVV ready. Cantons may make them more specific

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- Billing. Bill OKP only for services within Art. 10 KLV on a valid medical order and within the session limits of Art. 11 KLV **Art. 11 KLV**. Refer developmental and school speech therapy to the competent cantonal regime **2C_471/2009**.