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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ
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Briefing on the European Directive on Crossborder Healthcare

The European Commission came up with the proposals of a Directive on patients' rights to crossborder healthcare in September 2008 after it failed to get healthcare services included in the original Services Directive in 2004. Competence shifted then from DG Internal Market to DG Sanco.
The final draft voted upon by the European Parliament is a compromise text that resulted from several trilogue meetings held between the European Parliament, the Commission and the Belgian Presidency of the EU at the end of 2010 in order to find an ultimate agreement of the draft.
It is too be underligned that given that the EU has only a very limited competence in health policy, getting any agreement between Member States on opening up healthcare provision is a significant achievement in itself. The Commission has long claimed that individual rulings by the European Court of Justice shows that there was a need to guarantee patient rights in law where a patient was denied access to treatment in his / her own country either because the waiting lists were too long or because the service did not exist.

As a general rule, patients will be allowed to receive healthcare in another member state and be reimbursed up to the level of costs that would have been assumed by the member state of affiliation, if this healthcare had been provided on its territory

Generally, patients should not need prior approval from their home state to be entitled to reimbursement for care accessed in another member state. However, states can introduce a system of prior authorisation in a number of cases:

1. Where the care involves an overnight stay in hospital of at least one night
2. For highly specialised and cost intensive healthcare
3. Where the treatment poses a particular risk for the patient or the population
4. Where on a case by case basis there are serious and specific concerns relating to the quality or safety of the care to be provided

In practice, however, the scope of prior authorisations is not clear. The Commission is keen that Prior Authorisation works to contain patient outflows and prevent healthcare systems being undermined. Both the Council and Parliament rejected the Commission's idea of listing at EU level specialised treatments that required Prior Authorisation. Instead, the Member State will inform patients what treatments would be available.

Payment of treatment accessed abroad is generally made by the patient upfront which is then reimbursed by their home state. This might discriminate patients that cannot afford to pay upfront and travel abroad.

The rules also allow for prescriptions to be recognised in another Member State. However, this has not been welcomed by European pharmacists who believe that there will be problems accepting prescriptions from another country whose language they can't speak and whose authenticity they can't verify.

The Directive will become operational mid-2013 at the latest. In the transposition period member states will need to ensure that the administrative processes are in place to enable the cross border healthcare to function as described in the directive. Member states are also asked to establish their national contact which could then take part in the European reference network.

Source: ResEurope, EHMA