

**AEMH**  
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# **Update on EU policies related to health**

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# What happened in 2014? - 1

Fear after John Dalli previous Commissioner for health was sacked in October 2012 – but was replaced rapidly by Tonio Borg

## Main files on the EU Health agenda:

### Adoption of the revision of the European Directive on automatic recognition of professional qualifications (36/2005/EC)

- The introduction of a European professional card
- Better access to information and access to e-government services
- Modernisation of harmonised minimum training requirements
- alert mechanism
- Common training principles
- Mutual evaluation exercise on regulated professions
- Rules on language skills
- Continuous professional development

# What happened in 2014? - 2

## Main files on the EU Health agenda (ctd):

### Implementation of the Cross-border and patients mobility Directive:

- Right for patients to seek a treatment abroad and be reimbursed under certain conditions,
- Prior authorisation is sometime needs before getting the treatment abroad,
- Reimbursement system: patient pays upfront (there are exceptions) an ask for reimbursement back home – for the price he/she would have paid if service/treatment provided at home or actual cost if treatment does not exist at home,
- Need national contact point (NCP) to provide information to patients travelling,
- Setting European Reference Networks (ERNs)

# What happened in 2014? - 3

## Main files on the EU Health agenda (ctd):

### Launch of the Health Workforce Action Plan

- seeks to help EU countries work together to tackle these challenges and boost employment by:
  - improving health workforce planning and forecasting
  - anticipating future skills needs
  - improving recruitment and retention of health professionals
  - mitigating the negative effects of migration on health systems.

### No progress on the Working Time Directive

# What happened in past 5 years? - 4

## Patients rights:

**(in addition to those included in the legislations mentioned here)**

- To receive information on safety and quality standards in EU countries (through national contact point)
- To report directly (suspected) adverse events through the pharmacovigilance directive + Medicines for which additional monitoring is considered necessary have a black inverted triangle in the package leaflet
- To get a copy of medical records
- To have prescription issued in one country recognised in another EU country

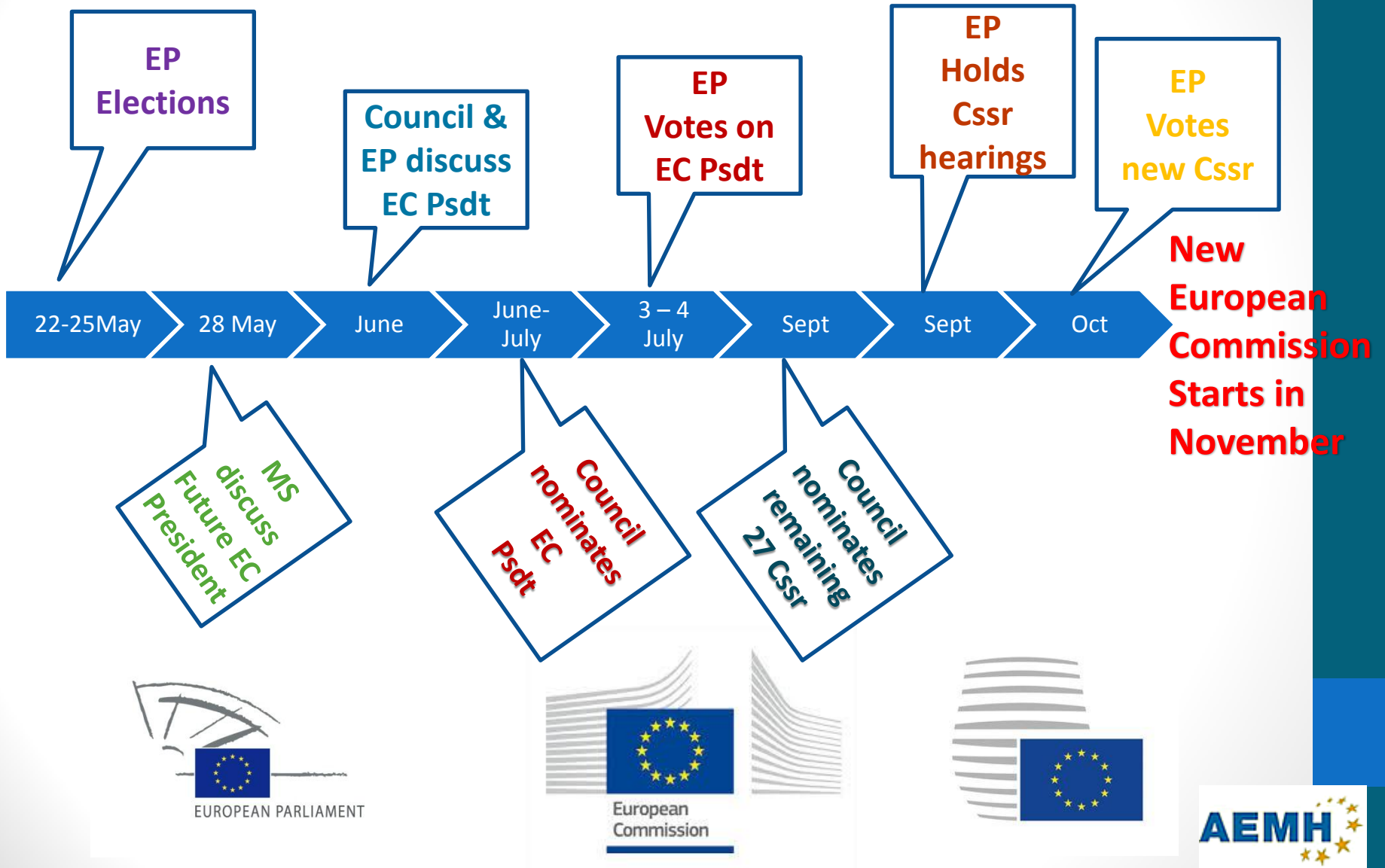
# What happened in 2014? - 5

**Other health related topics on the present EU agenda – in italic: binding for EU Member states:**

- a) health inequalities,
- b) need for health systems reforms,
- c) a future plan to tackle chronic non-communicable diseases,
- d) the revised Tobacco Products Directive, as part of Commission work on health determinants (including alcohol, physical activity and diet),
- e) the Medical Trials Regulation,
- f) the revised Medical Devices Directive and in vitro diagnostics,
- g) on-going European Innovation Partnership in Active and Healthy Ageing,
- h) Safety and Health at work strategy – ended in 2012 and is not renewed, it continues as such,
- i) development of health technology and eHealth,
- j) EU Decision on cross-border health threats, joint procurement of vaccines
- k) Pharmacovigilance

And more... [http://ec.europa.eu/health/index\\_en.htm](http://ec.europa.eu/health/index_en.htm)

# Timeline – appointing EU leadership



# What is coming next?

## Appointment of Commissioners

- Who will be the next Commissioner for health?
- How influential will he/she be within the college of Commissioners?

## Strategic orientations depending on:

- The new Commissioner's personality and views and his/her ability to get them through the college of Commissioner
- Member States priorities, they might instruct the Commission to draft new piece of legislation
- EU presidencies priorities, the next "trio": ILL (☺)
  - Italy, Latvia, Luxembourg

Together with the annual DG SANCO business plans:

[http://ec.europa.eu/atwork/synthesis/amp/doc/sanco\\_mp\\_en.pdf](http://ec.europa.eu/atwork/synthesis/amp/doc/sanco_mp_en.pdf)

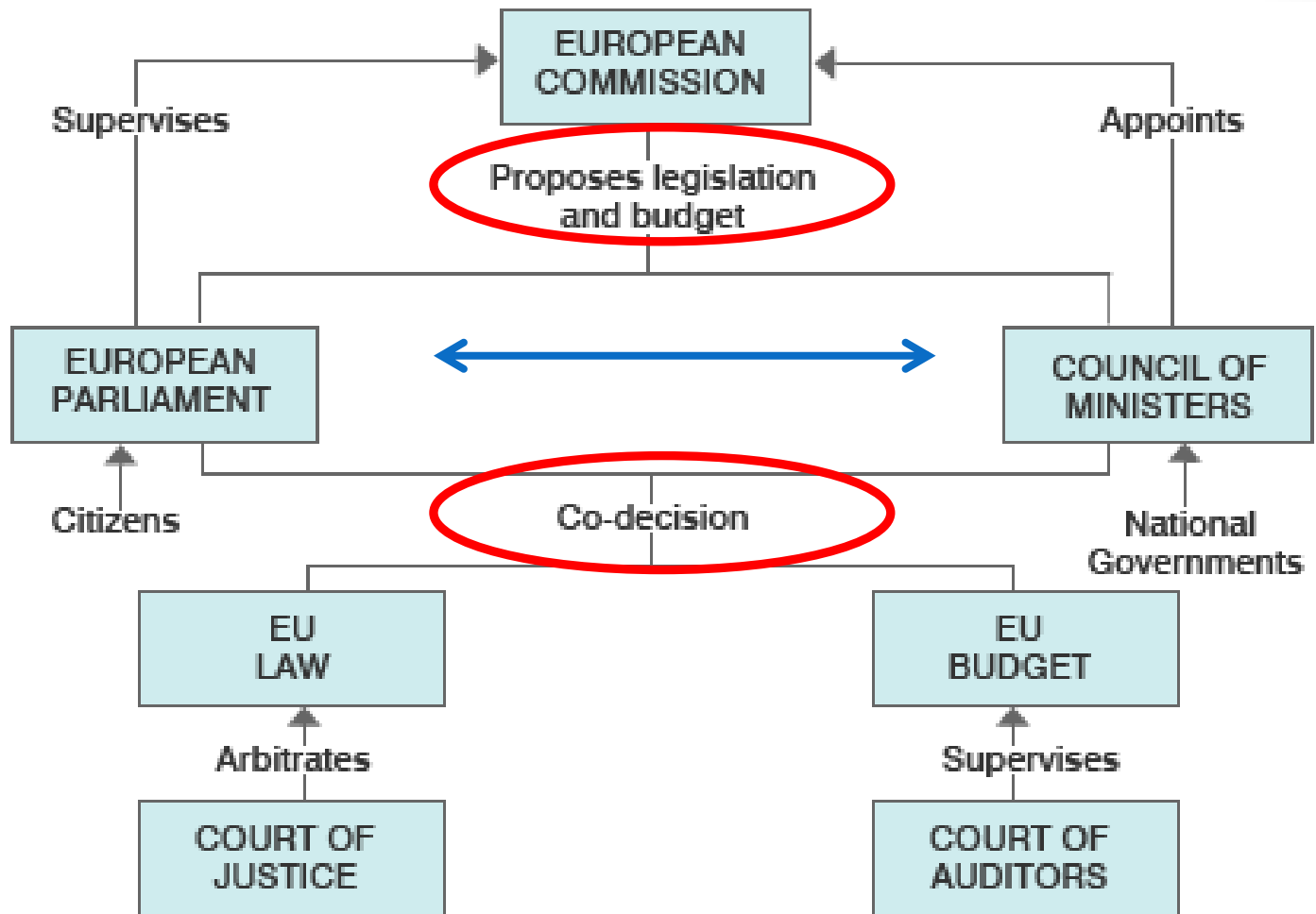


## So this is a good time to identify the new key players:

- Health friendly Members of the European Parliament (MEPs)
- Members of the Health & Environment (ENVI), Employment and Social Affairs (EMPL), Internal Market (IMCO), European Parliament committees, all who will co-draft and vote on the dossiers related to health
- They represent the Union as a whole, but also their constituency - so you can voice your national concerns to them



# Summary of who does what to make a decision at EU level:



# Things to expect- EU policy

- Review of the pharmaceutical package
- Monitoring and action on measles and rubella (ECDC), vaccination campaigns
- New working time directive (?)
- New data protection directive
- Big focus in the EU health programmes on innovation and technology for health
- Actions anti-microbial resistance?
- Medicines procurement?
  
- Transatlantic Trade and Investment Partnership (TTIP) –  
Aims at achieving "regulatory convergence", facilitating direct investment and improving "intellectual property rights", and combatting bureaucratic hurdles to market access for corporations from both sides of the Atlantic. The official goal is to increase jobs and economic benefits.

**More: depending on political strategy**

# ISDS in TTIP

## Issues:

Worry for the EU standards of protection on consumer, health, environment, and food - Look at the Investor-State Dispute Settlement (ISDS):

### 1. chilling' effect

Multinationals and investors to sue EU Member States if new environmental or health legislation is introduced that adversely affects their business prospects .

### 2. Costs

The arbitration panels over these disputes may have the ability to levy crippling fines in line with “potential” profit loss

3. Why use an independent dispute mechanisms are needed in the first place. Existing EU commercial and single market laws are overseen by myriad court jurisdictions, including the European Court of Justice set up under the European Treaties. Why the need for something operating outside these conventional arrangements?

*Thank you*

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