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Document :	AEMH 09-035
Title:	MEPs vote on Crossborder healthcare
Author :	European Parliament, press release
Purpose :	Information
Distribution :	AEMH Member Delegations
Date :	23 April 2009



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Sweeping away obstacles to cross-border healthcare

Parliament today approved plans to give Europeans the right to seek healthcare abroad more easily and be reimbursed for the costs. MEPs also want patients to be properly informed about their rights when they are treated outside their home Member State.

The draft report by John **Bowis** (EPP-ED, UK) on this matter was adopted by 297 votes to 120 with 152 abstentions.

The general aim of the draft directive on cross-border healthcare is to ensure that there are no obstacles to patients who seek treatment in an EU Member State other than their own. It also clarifies the right for patients to be reimbursed after treatment in another Member State. These rights have been confirmed in European Court of Justice judgments but are not yet included in EU legislation. The directive also aims to ensure high-quality, safe and efficient healthcare and to establish healthcare co-operation mechanisms among Member States.

Emphasis on patient mobility: no encroachment on national powers

MEPs stress that the legislation is about patients and their mobility within the EU, not about the free movement of service providers. Moreover, the directive fully respects "national competencies in the organisation and delivery of healthcare" and does not oblige healthcare providers in a Member State to provide healthcare to a person from another Member State.

Moreover, the directive does not change the right of Member States to define the benefits that they choose to provide. If a Member State does not include a particular treatment as part of the entitlement of their citizens at home, this directive does not create any new entitlement for patients to have such treatment abroad and be reimbursed.

The new directive will not affect current patient rights, which are already codified under another EU regulation, or the regulations on the co-ordination of social security systems.

Prior authorisation for hospital treatments

Under the draft directive, patients will have the right to seek healthcare abroad but Member States may nonetheless introduce a system requiring prior authorisation for the reimbursement of hospital costs if the financial balance of the Member State's social security system could otherwise be seriously undermined.

MEPs agree with this principle. Furthermore, they want Member States to define what hospital care is and not the Commission, as originally proposed. They also stress that the prior authorisation requirement must not create an obstacle to the freedom of movement of patients.

Easier reimbursement of costs

Press release

On the reimbursement of medical costs incurred, MEPs agree with the general rule that patients are to be reimbursed up to the level they would have received in their home country. They add that Member States may decide to cover other related costs, such as therapeutic treatment and accommodation and travel costs.

Since the proposed rules would in practice mean that patients needed to pay in advance and get reimbursed only later, MEPs added a provision that Member States may offer their patients a system of voluntary prior notification. In return, reimbursement would be made directly by the Member State to the hospital of treatment. MEPs say Member States must ensure that patients who have received prior authorisation will only be required to make direct payments to the extent that this would be required at home. The Commission is to examine whether a clearing house should be established to facilitate the reimbursement of costs.

Exceptions for rare diseases or disabilities

Parliament has added special rules for patients with rare diseases and disabilities that might need special treatment. Patients affected by rare diseases should have the right to reimbursement, say MEPs, even if the treatment in question is not provided for by the legislation of their Member State and this shall not be subject to prior authorisation. Special costs for people with disabilities must also be reimbursed under certain conditions. Furthermore, all information must be published in formats accessible to disabled people.

Better information, redress and complaint system

To improve patients' confidence in cross-border healthcare, they must receive appropriate information on all major aspects of such care, such as the level of reimbursement or the right of redress in the event of any harm arising from healthcare. MEPs back the idea that national contact points should be established but they also propose establishing a European Patients Ombudsman to deal with patients' complaints regarding prior authorisation, refunds or any harm suffered, after all complaint options within the relevant Member State have been explored.

Long-term care and organ transplants excluded

Parliament voted to exclude long-term care and organ transplants from the directive.

Background

Healthcare was excluded from the Services Directive. Parliament and Council had asked the Commission to address issues relating to cross-border healthcare in a separate instrument.

The regulation on the co-ordination of social security systems provide for individuals for whom medical treatment becomes necessary during a stay in another Member State to enjoy the same benefits as patients insured in the host Member State, using the European Health Insurance Card.

The regulation also provides for patients to be able to seek healthcare in another EU country, subject to prior authorisation which has to be given if the care cannot be provided within a medically justifiable time. In addition, since 1998 the European Court of Justice has ruled in several judgments that patients have the right to be reimbursed for healthcare received in another Member States that they would have received a home.

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