

Letter dated:

31 January 2007

From:

Actiz, Netherlands Organisation of Care Providers
Postbus 8258
NL-3503 RG Utrecht

To:

DG SANCO

Subject: Health services consultation

Our ref.: 07uit00125/mko/mvo

Dear Sir/Madam,

Please find below the response of the Dutch association Actiz¹, an association of care providers, to the health services consultation.

The Commission is right to state that high-quality health services are a priority issue for European citizens. We agree with the Commission's decision to commit itself in its 2007 Annual Policy Strategy to the development of a Community framework for safe, high quality and efficient health services, to reinforce cooperation between Member States and provide certainty regarding the application of Community law to health services and healthcare. We also agree with the Commission that more effective means must be employed to safeguard citizens' rights to access to healthcare throughout Europe. However, this is not enough on its own.

With regard to the Commission's view that Community action should be founded on two pillars, i.e. *legal certainty* and *support for Member States*, where European measures can usefully complement national health services policy, we would like to add a third and a fourth pillar.

The third pillar is support for initiatives of care insurers and care providers in order to facilitate cross-border care for consumers and, where possible, remove obstacles to cross-border movement. The latter aspect, in particular, offers the possibility of letting consumers of care benefit from cooperation between care providers and/or insurers from the individual care systems of the Member States, geared towards providing safe, high-quality and efficient healthcare services. This will relate in particular to initiatives concerning curative care. Although the long-term care sector has not seen much in the way of cross-border patient movement, a number of initiatives have been developed over recent years. For example, the border regions with Belgium and Germany have seen cross-border movements of patients, employees and services in elderly care and maternity care. Dutch long-term care providers are also increasing active as far as elderly migrants in Spain and Portugal, the so-called *pensionados*, are concerned. Long-term

¹ Actiz is the sectoral organisation for long-term (elderly) care (at-home, residential and nursing home care), maternity and child health care. Its 580 members provide care to two million customers and employment for 400 000 workers. The total turnover of its members is 12 billion euro.

care in Europe has also seen strong growth recently in the use of ICT and 'intelligent home' technologies, which help elderly people to remain in their own home for as long as possible, even once they require assistance. The further development of these technologies and the possibility of dovetailing them in existing care systems is in line with the Lisbon Strategy and should be strongly encouraged by the Commission.

Moreover, in addition to the availability of real choices for European citizens/patients, it is vital for the fourth pillar to be the maintenance and promotion of public health (currently regulated under Article 152 of the EC Treaty) in Europe. The relationship between preventive public health policy and the impact thereof on patient mobility and cross-border service provision will have to be looked at more closely over the next few years. In this context, a vision will have to be developed of how existing geographical differences in 'healthy life expectancy' link up with other factors associated with health, socioeconomic status, living and working in urban areas and other health-affecting factors which may or may not have a cross-border element, such as schooling, the environment, health care and prevention.

System discussion and competition

The health care systems of the Member States are very different, and this applies in particular to the way long-term care is organised. In the Netherlands, long-term care is an integral part of health care, together with curative and preventive action. The care suppliers are private organisations supervised by the Dutch Competition Authority. In many other Member States, long-term care is organised and implemented in a more public-sector-oriented way, thus apparently linking up better with the organisations developed for the provision of social services and general health services. The European Commission is currently developing a systematic approach to map the specific features of social services and health services of general interest and to clarify the framework within which they are offered. The parallel existence of two systems of services (health services and health services of general interest) can lead to an uneven playing field in the area of cross-border provision. In our view, European competition policy is still not sufficient in some areas to allow care providers and the financial backers of health service providers to operate under equal conditions. Under the case law of the competition authorities in the Member States, health services are still failing to benefit from the competition provisions in the EC Treaty, with many providers that operate internationally running up against protectionist measures and state support in some countries in favour of their own subjects and organisations.

We hope that the above will be of use in the formulation of your position and remain at your disposal for any further explanation.

Yours faithfully,

[signed]

A. Koster

Board Member

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