

Answers from Republic of Bulgaria

Regarding the Communication of the European Commission on the Health Services

Consultation regarding Community action on Health services
Ministry of Health
Bulgaria

In response to the Communication of the European Commission on the health services:

Question 1:

What is the current impact (local, regional, national) of cross-border healthcare on accessibility, quality and financial sustainability of healthcare systems, and how might this evolve?

With regard to the accession of Bulgaria into the EU on 01.01.2007, it is still early to confirm any impact (local, regional or national) of the trans-border provision of health services on the access, quality and financial sustainability of the health system.

In Bulgaria exists a possibility of a rise in the number of patients, using health services during the peak tourist seasons in certain geographic regions. In these cases, there is a possibility of loading the health system by means of complicating the access to health services, due to a limited capacity and financial resources of the system for medical examinations.

Question 2:

What specific legal clarification and what practical information is required by whom (e.g. authorities, purchasers, providers, patients) to enable safe, high-quality and efficient cross-border healthcare?

- For the purpose of the provision of trans-border health services the purchasers and the providers of health services, as well as the patients, need clear concepts and practical information.

It has to be clarified:

- What includes the notion „health service”;
- What shall be the definition of „emergency care” and „medical necessity”;
- how should be defined the different conditions, requiring the provision of health services;
- what is the difference between hospital and non-stationary care;
- to what extent should the competent state be bound with regard to the reimbursement responsibility (country of origin of the patient) for the provision of a trans-border health service;
- who has the right to be reimbursed for the receipt of a trans-border health service;
- the conditions, in the presence of which the country, which has provided the health service is reimbursed in the cases of planned, emergency, and non-stationary care, or where health services are provided at the request of the patient;
- what is the ‘waiting list’ period before an authorization for a trans-border treatment is granted;

- „safety” of the patient;
 - „Language” barrier;
 - Responsibility and compensations;
 - Responsibility for preliminary preparation and subsequent treatment;
 - Rights of the patient and confidentiality of information;
 - compatibility of the exchanged patient data;
 - and others;
- One could consider the possibility for the appointment of a national body, which would be competent on the matters, problems and conditions concerning the provision of health services.

Question 3:

Which issues (e.g. clinical oversight, financial responsibility) should be the responsibility of the authorities of which country? Are these different for the different kinds of cross-border healthcare described in section 2.2 above?

The provision of health services is exercised in accordance with the legislation and practice in the country, where those services are provided.

Before appointing the responsibilities to certain persons it has to be clarified how one should interpret the terms “mistakes” and “omissions”. It is necessary to be clarified what is considered “normal” time for the occurrence of these unfavourable events, who determines or specifies them, when they are reported etc.

It is important to have a definition of “system of messages”, its regulation and the ways of its operation.

Each country has its own mechanism of compensation, which imposes the performing of a thorough analysis of the existing systems and possibly information exchange regarding their rules and operation.

It has to be clarified which indicators could be used in order to determine the “quality” and “rules” for the purpose of guaranteeing the quality of the health services provided.

The notion of “good practices” and others, which are used as quality indicators, have to be discussed and defined at Community level as a basis for activity by the provision of health services.

In the cases of trans-border provision of health services we consider that the competent state (the country where the patient is insured), reimburses up to a certain amount the cost for a service, which has been planned and provided in another Member State. This amount is identical to the one, which would have been paid if the same service had been provided in the country, where the person is insured. The rest is covered by the patient, who has received the service.

Question 4: Who should be responsible for ensuring safety in the case of cross-border healthcare? If patients suffer harm, how should redress for patients be ensured?

The country, which provides the health service, is responsible for ensuring proper conditions for the provision of safe and qualitative services.

It has to be established what rights and obligations does every participant in the system for the provision and receipt of health services have.

In the cases of complications, caused by the service provider, the damages are assumed by the participants in the provision of the health service in the country, where that service is provided.

Each Member State should provide information about the relevant compensation systems, which operate on its territory. Information about the possibilities for compensation is part of the informed consent of the patient.

Question 5:

What action is needed to ensure that treating patients from other Member States is compatible with the provision of a balanced medical and hospital services accessible to all (for example, by means of financial compensation for their treatment in ‘receiving’ countries)?

According to the national legislation, every citizen of EU has equal rights and a guaranteed access to health care and services.

The principles of equality and non-discrimination should therefore be put in the center of every future activity of the Community in the field of the provision of health services. In order to ensure the application of these principles, one should take into account the differences in the national health systems of the Member States.

It has to be determined which eventual possibilities would be available for the countries, which have limited resources, in order to coordinate and negotiate the amount of the provided health services and their reimbursement.

Bulgaria considers that every individual, who wishes to receive a health service in another Member State, should receive permission for medical treatment beforehand from both the country of origin and the receiving country.

A mechanism should be developed, in order to prevent attempts by Member States to encourage the provision of trans-border health services with the purpose to relieve their national health systems.

Question 6:

Are there further issues to be addressed in the specific context of health services regarding movement of health professionals or establishment of healthcare providers not already addressed by Community legislation?

It is desirable for mechanisms to be developed in order to exercise control on the quality of the services, provided on a temporary or occasional basis by healthcare professionals from other countries.

Question 7:

Are there other issues where legal certainty should also be improved in the context of each specific health or social protection system? In particular, what improvements do stakeholders directly involved in receiving patients from other Member States – such as healthcare providers and social security institutions – suggest in order to facilitate cross-border healthcare?

Bulgaria considers that health services, provided in the cases of emergency and medical necessity, as well as cases of planned trans-border health services, which require reimbursement, should be carried out solely in medical institutions, which are part of the national system for health insurance.

Question 8:

In what ways should European action help support the health systems of the Member States and the different actors within them? Are there areas not identified above?

The creation of an information database at Community level, providing detailed information about the health insurance systems of the EU Member States, the possibilities and rules of the trans-border provision of health services, issues concerning patient safety and the legal grounds for the receipt of damages, where the presence of inflicted harm is established.

Question 9:

What tools would be appropriate to tackle the different issues related to health services at EU level? What issues should be addressed through Community legislation and what through non-legislative means?

The framework, defining the activities on the provision of health services should have predominantly a non-legislative character, with the maximum application of the mechanisms for consultation and coordination, and with the maximum respect for the rights of the citizens.

The consultative and cooperative processes among the Member States would be of great value in the field of the reimbursement policy within the provision of trans-border health services.

Fixed legislative measures are acceptable only for cases, which represent threat for the health of the people in all EU Member States.

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