

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?

**Costs of health care services in other Member States are higher than in Latvia, therefore Latvian competent institution pays more for services provided in other Member States than it receives for health care services provided to citizens of other Member States.**

**If the expenses will continue to increase, the budget of Latvian institutions for provision of health care services can decrease substantially. This will influence the availability of health care services to Latvian residents.**

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

**It is necessary to nominate in each Member State a single institution which can be contacted in order to clarify all the information about medical institutions which provide highly professional and safe health care services in that state. In addition, the nominated institution must be able to provide an answer which medical institutions accept E112 form. On the basis of the information provided the competent authority will issue E112 form, thus ensuring, that the authorization will be accepted.**

**We think that it is necessary to develop guidelines and explanations on various issues concerning the rights of the patients to receive health care services in other Member States. For example, explanations of judgments of the European Court of Justice would be very helpful because it is hard to understand these judgments without a help of lawyer. Though the EU Regulations are directly applicable and judgments of European Court of Justice set important principles, in practice *aquis communautaire* is interpreted in different ways.**

**The web pages of the competent authorities should contain information in English about the state's health care system, the main requirement for patients, hospitals which provide state financed health care services and specialization of hospitals. The information on the web pages of the competent authorities is currently available, but it is not complete, and the language barrier is an obstacle for patients and other competent authorities to access and use this information.**

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

**National competent authority shall be responsible for evaluation of the need to receive health care services in other Member State. An agreement should be**

*reached on the responsibility level of each Member State regarding issues such as ensuring cross-boarder services, permanent presence of health care services provider and short-term mobility of providers of health care service.*

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

*The medical institution or professional which provided health care services shall be responsible for quality and safety. If a person receives off-grade health care services, that person must have a right to ask the competent institution of the Member State where the services were provided to evaluate the quality of provided health care services. On the basis of the opinion of the competent institution or judgment of the court the person will have a right to compensation. In Latvia person obtains a right to compensation only through court proceedings.*

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)?*

*One of the governing principles of patient mobility is a non-discrimination – we can not treat patients from other Member States differently . On the other hand, we shall not create a situation when patients from other Member States prevent nationals from receiving health services .*

*The fact that the costs of health care services in other Member States and Latvia differ significantly can lead to increasing number of patients from other Member States receiving health care services in Latvia. Therefore Member States shall have a right to set limitations for planned health care treatment of other EU citizens in institutions providing state financed health care. This measure is necessary in order to avoid limited access to health care of Latvian citizens.*

*Latvia supports financial compensation for treatment of patients from other Member States in the receiving state. This compensation may be appropriate in cases when patients from other Member States want to receive health care services financed from state budget if these services are provided in limited number.*

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?*

*No.*

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 facilitating cross-border healthcare?*

***At this stage we have not received substantial information concerning the problems with legal certainty. This may be due to the currently low flow of patients from other Member States.***

*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?*

***European Commission could pay a special attention to comparable health care data and indicators between Member States. Availability of such information would provide a clear picture of strong and weak sides of each Member State and would contribute to EU health policy making.***

*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?*

***Latvia can support all tools mentioned in the Communication.***

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