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Overview

• The Cross-border Healthcare Directive

• Main messages of the 2018 Implementation Report to the European Parliament and the Council

• Core conclusions of the Report

• Reception by inter-institutional partners and the media
Main aims of this Directive

To help patients exercising their rights for healthcare in another EU country.

Therefore the Directive clarifies:

1. **Information to patients**;
2. **Rules of reimbursement**;
3. **Procedural guarantees**;
4. **Co-operation between health systems**

and complements the **Social Security Regulations**.
Triennial Commission report on the operation of the Directive 2011/24/EU on the application of patients’ rights in cross-border healthcare


I. State of play of transposition

II. Patient mobility

III. Information to patients and National Contact Points

IV. Cooperation between health systems

V. Conclusions
I. State of play of transposition

Transposition check:

- **Completeness check – finished**
  26 infringements launched (+ 21 for Implementing Directive 2012/52/EU)

- **Compliance check – ongoing**

**Issues identified:**
1) Systems of reimbursement (unreasonably low reimbursement tariffs or restriction on reimbursement);
2) Use of prior authorisation (lack of transparency or incorrect use of PA);
3) Unreasonable administrative requirements;
4) Charging of incoming patients.
I. State of play of transposition

- Based on the systematic assessment of all notified measures by all Member States, 11 own-initiative investigations gathering information were launched:
  - 4 structured dialogues have been closed already since Member States changed their legislation;
  - 1 infringement is almost at the level of referral to the next instance;
- Overall, this work strand confirmed that solutions can be found for the benefit of EU citizens through structured bilateral dialogues.
I. i) Systems of reimbursement of costs

- Reimbursement tariffs based on cost of treatment at home from public / contracted provider;

- No specific notifications received under Article 7(9), allowing Member States to limit application of the rules on reimbursement of cross-border healthcare for overriding reasons of general interest.
Prior authorisation possible for

a) overnight stay; or

b) highly specialised and cost-intensive healthcare

- Presently, 6 MSs and Norway have no prior authorisation system in place at all;
- If prior authorisation is considered necessary, a detailed and sufficiently defined shortlist should be publically available.
I. iii) Administrative procedures regarding cross-border healthcare

• Administrative procedures for cross-border reimbursement are based on objective, non-discriminatory criteria which are necessary to the objective to be achieved;
• The 2018 Report offers examples of administrative procedures that were lifted in the interest of patients following discussions with the Member States on the proportionality and necessity thereof;
• The prior notification option under Art 9(5): a mechanism worth upscaling.
I. iv) Fees for patients from other Member States

- Non-discrimination of patients from other Member States with respect to access and pricing;
- Same scale of fees to patients from other Member States as for domestic patients in a comparable medical situation;
- If no comparable price for domestic patients, obligation on providers to charge a price calculated according to objective, non-discriminatory criteria;
- The establishment of a cost-based pricing system may well have implications for reimbursement obligations of Member States to outgoing patients.
II. Key figures on patient mobility

1. Coordination on social security schemes
   - Necessary (unplanned) healthcare: ±2 million cases/year;
   - Planned healthcare: ±55,000 PA/year;
   - Living outside of the competent MS: ± 1.4 million people;
     ➢ 0.1% of the EU-wide annual healthcare budget

2. Directive 2011/24/EU
   - CB healthcare without prior authorisation: ±200,000 reimbursement/year
   - CB healthcare with prior authorisation: ±3500 PA/year
     ➢ 0.004% of the EU-wide annual healthcare budget

3. Bilateral agreements for cross-border healthcare
   - No data available
Where do patients travel when Prior Authorisation is required*?

Where do patients travel when Prior Authorisation is not required?

- France
- Denmark
- Poland
- Norway
- Portugal
- Spain
- Germany
- Czech Rep.
- Luxembourg

*Under the Directive 2015-2017*
III. Information to patients and NCPs

Outgoing patients:
- Patients' rights
- Entitlements
- Reimbursements
- Appeal processes

Questions:
- Reimbursement?
- Quality?
- Service provider?
- Documents?

Incoming patients:
- Quality of care / safety standards
- Complaints and redress procedure

- Treatment options
- Quality and safety
- Right to practice
- Liability
- Prices
- Prescriptions

Member State A

Member State B
III. Requests for information made to NCPs – a slow yet steady increase, due to websites, doctors?
Patients have right to receive healthcare abroad (Directive 2011/24/EU)

- Main rule: No prior authorisation (overnight stay and highly specialised and cost intensive care);
- Direct payment to providers;
- Reimbursement based on tariffs and rights in the MS of affiliation
- Public / private providers and medicines are available;

### Coordination of social security schemes
*(Regulation (EC) No 883/2004)*

<table>
<thead>
<tr>
<th>Necessary treatment</th>
<th>Planned treatment</th>
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<tbody>
<tr>
<td>✓ Medically necessary care;</td>
<td>✓ Prior authorization in case of undue delay;</td>
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<tr>
<td>✓ Reimbursement between institutions based on the tariffs of treatment, (No co-payment);</td>
<td>✓ Public (contracted) providers only</td>
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IV. Cooperation between Health Systems

- the ERNs
- eHealth
- Health Technology Assessment
- Encouraging cooperation between MS to improve complementarity of their health systems in border regions – priority for the EU

Commission Communication on growth and cohesion in EU border regions
September 2017
Conclusions

- Patients’ mobility shows a slight increasing trend;
- Information provided by the NCPs has been enhanced over the reporting period + websites have been improved;
- The Directive has proven to clarify and guarantee patients' rights to receive healthcare in another MS;
- Voluntary cooperation between health systems developed further – framework and momentum provided by the Directive (HTA, eHealth, ERN);
- The Directive has not resulted in a major budgetary impact on the sustainability of national health systems.
Reception by media and inter-institutional partners thus far

- EP IMCO Committee Opinion favourable;
- EP ENVI Committee Draft Report for a Motion for a Resolution – vote in Plenary planned for February 2019;
  - Calls on MSs to provide sufficient funding for their NCPs to be able to develop comprehensive information;
  - Recommends that the Commission develops guidelines on the functioning of NCPs.
- Awaiting possible Council uptake next year;
- Awaiting Court of Auditors Performance Audit – Q2 2019;
- Overall positive reaction from stakeholders and the media.
Thank you for your attention!

SANTE. B2
European Commission
Health and Food Safety Directorate-General
Cross-border Healthcare and Tobacco Control Unit