Directive on the application of patient rights in the cross-border healthcare
Committee of Regions - Outlook Opinion
EU legal framework

• Coordination of social security schemes
  (Regulation 883/2004)

• Directive on patients’ rights in cross-border healthcare
  (Directive 2011/24/EU)
Cross-border Healthcare Directive

CJEU jurisprudence 1997 – 2006

- Healthcare is a **service**;
- Patients can **choose** healthcare provider abroad;
- Level of **reimbursement** up to cost of treatment at home;
- **Prior authorisation** is acceptable;

Harmonized minimum Patients’ Rights

Kohll and Decker (1998); Ferlini (2000); Geraets-Smids and Peerbooms (2001); Vanbraeckel (2001); Inizan (2003); Müller Fauré and Van Riet (2003); Leichtle (2004); Watts (2006); Stamatelaki (2007); Elchinov (2010); Petru (2014)

Information to patients

Cooperation between Member States
The Cross-Border Healthcare Directive

Information for patients

- National Contact Points
- Healthcare providers

Patients’ rights to information:
Entitlements/basket of benefits
Reimbursements
Quality of care & safety standards
Complaints redress procedure
Right to practice, liability
Manual for Patients in all EU languages
The Cross-Border Healthcare Directive

Cooperation between Health Systems

• European Reference Networks for patients with low prevalence, rare or complex diseases

• E-health

• Health Technology Assessment
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?*

*Under the Directive 2015-2017*
Where do patients travel when Prior Authorisation is not required?

- France
- Denmark
- Poland
- Norway

*Under the Directive 2015-2017*
Border Regions matter...

- 40% EU territory; 30% EU population (150m), 40% EU GDP
- BUT less economically developed, lower access to public services

AND they suffer...
Navigating different legal and administrative systems is still complex, long and costly
EU activities on healthcare relevant to border regions

- Policy documents
- Commission Studies
- Conferences
- Health Policy Platform
Challenges

- Few patients aware of their rights – more info
- Further reduce administrative burdens
- Digitilisation in healthcare – considerable efforts
- High added value of EU actions in area of rare diseases

Progress

Patients’ right - choice of healthcare in another EU country subject to conditions
Reports on implementation

Priorities for improvements:

- Complex systems of reimbursement;
- Prior authorisation for planned treatment;
- Administrative obstacles;
- Overcharging of incoming patients;
- Information to patients

The Committee of the Regions can help:

- Raise awareness;
- Report problems / implementation / good practices;
- Inform on how the Directive is working in practice.
More information:

DG SANTE website
https://ec.europa.eu/health/cross_border_care/overview_en

Monitoring the Directive

Cross-border Healthcare Expert Group
https://ec.europa.eu/health/cross_border_care/events_en#anchor0

National Contact Point – Toolbox
https://ec.europa.eu/health/cross_border_care/publications_en

Study on Cross-border cooperation

Cross-border Care Manual & Tools
https://goeg.at/study_on_cross-border_cooperation

Health Policy Platform
https://webgate.ec.europa.eu/hpf/