



Data on patient mobility under Directive 2011/24/EU

Trend report reference years 2018-2020

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GLOSSARY

Coordination Regulations: Regulation (EC) NO 883/2004 on the coordination of social security systems, and Regulation (EC) No 987/2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems

Country: In this report the term 'countries' is used to refer to the EU Member States, the United Kingdom (UK), and the EFTA Member States Iceland (IS), Liechtenstein (LI) and Norway (NO)

Directive: Directive 2011/24/EU on the application of patients' rights in cross-border healthcare

EFTA Member States: Iceland (IS), Liechtenstein (LI), Norway (NO), and Switzerland (CH)

EU Member States: Belgium (BE), Bulgaria (BG), Czechia (CZ), Denmark (DK), Germany (DE), Estonia (EE), Ireland (IE), Greece (EL), Spain (ES), France (FR), Croatia (HR), Italy (IT), Cyprus (CY), Latvia (LV), Lithuania (LT), Luxembourg (LU), Hungary (HU), Malta (MT), the Netherlands (NL), Austria (AT), Poland (PL), Portugal (PT), Romania (RO), Slovenia (SI), Slovakia (SK), Finland (FI), and Sweden (SE)

European Economic Area (EEA): EU Member States and EFTA Member States Iceland (IS), Liechtenstein (LI), and Norway (NO)

Member State of affiliation/Member State of treatment: The terms 'Member State of affiliation' and 'Member State of treatment', defined by the Directive, are used as general terms throughout this report. They encompass the EU Member States, the United Kingdom (UK), and the EFTA Member States Iceland (IS), Liechtenstein (LI), and Norway (NO)

NCP: National Contact Point

PA: Prior authorisation

MAIN FINDINGS

Patient mobility with prior authorisation

- In 2020, around 3,700 requests for prior authorisation were authorised by the 15 Member States and the United Kingdom which provided data out of the 21 countries which have a prior authorisation system in place. This is the lowest number of prior authorisations authorised during the last five years, which can be explained by the impact of the COVID-19 pandemic. Nevertheless, requests for prior authorisation were still made in 2020. Though it is not clear whether the requests were made before the COVID-19 pandemic (travel restrictions), neither if they have led to an actual treatment.
- There was an increase of the number of requests authorised from 2016 to 2018 and then a decline from 2018 onwards. When taking into account the last three years (2018-2020), there was a decline of around 30% in terms of requests authorised, mostly due to a decrease from 2019 to 2020 following the COVID-19 pandemic. However, already from 2018 to 2019, so before the COVID-19 pandemic, there was a drop of approximately 10% of the number of requests authorised.
- It is clear that flows between neighbouring countries are of great importance, for example Ireland – United Kingdom and Slovakia – Czechia. The Member States of affiliation which authorised the largest number of requests for prior authorisation are France¹, Ireland, Luxembourg, and Slovakia. The Member States of treatment for which the highest number of authorised requests for prior authorisation were authorised are Germany, Czechia, Spain, and the United Kingdom.

Patient mobility not subject to prior authorisation

- In 2020, 20 Member States, the United Kingdom, and Norway, which reported data received around 191,000 requests for reimbursement without prior authorisation. Approximately 155,500 requests were granted. This is the lowest number of requests for reimbursement granted during the last five years, which can be explained by the impact of the COVID-19 pandemic. Nevertheless, requests for reimbursement were still made in 2020. Though it is not clear whether the requests were made before the COVID-19 pandemic (travel restrictions).
- The number of requests for reimbursement received and granted has decreased from 2016 to 2017, increased from 2017 to 2018, and has then been on the decline in 2019 and 2020. Nevertheless, in 2019, the figures were still higher than those in 2016 and 2017. When taking into account the last three years (2018-2020), there was a decline of around 35% in terms of requests for reimbursement received and granted, mostly due to a decrease from 2019 to 2020 following the COVID-19 pandemic. However, already from 2018 to 2019, so before the COVID-19 pandemic, there was a drop of approximately 3% of the number of requests for reimbursement received and granted.
- Flows between neighbouring countries are important, although flows between the Nordic countries and Spain are also substantial. France², Denmark, Sweden, Poland, and Slovakia have as Member States of affiliation granted the largest

¹ France is not able to make a separation between requests under the Directive and under the Coordination Regulations.

² See previous footnote .

numbers of requests for reimbursement for healthcare not subject to prior authorisation. The most travelled to Member States of treatment in terms of number of granted requests for reimbursement for healthcare not subject to prior authorisation are Spain, Portugal, Germany, Belgium, and Czechia.

Financial implications of patient mobility under Directive 2011/24/EU

- In 2018, the total amount reimbursed amounted to € 73.4 million, in 2019 it amounted to € 92.1 million, and in 2020 to € 77.5 million. The share of the amount reimbursed concerning the Directive on the total government expenditure on healthcare amounts to 0.01%³. This low share shows that the Directive only plays a small part in the total government expenditure on healthcare.

Information requests received by National Contact Points

- In 2020, there were 26 Member States and Norway which were able to provide figures regarding information requests, and together they received around 58,000 information requests, this is the lowest number of information requests during the last five years. When looking at the evolution from 2018 to 2020, especially the number of information requests in person has decreased considerably from 38% of the total information requests in 2018 to 4% of the total information requests in 2020.

³ Figures for 2019 are used for two reasons. First, because 2020 is an exceptional year due to the COVID-19 pandemic. Second, data on total government expenditure on health are not yet available for 2020.

1 INTRODUCTION

In accordance with Article 20 of the Directive 2011/24/EU (hereafter referred to as the 'Directive'), patient mobility data under the Directive are reported on an annual basis. These data reported cover information on NCPs, limitations for patient inflow, healthcare with or without PA, requests for information about healthcare, healthcare provided, reimbursements made, and reasons for which healthcare was reimbursed or not.

The present report presents an overview of the data received in 2018, 2019, and 2020. Moreover, data from 2016 and 2017, presented in the previous triennial report of the Commission (COM(2018) 651 final) are included, although the reported data in the present triennial report can differ from the previous report, because of updates and corrections⁴. This will enrich the triennial report for 2018, 2019, and 2020 and make it possible to uncover trends over a time horizon of 5 years (2016-2020). It is also possible that data reported in this triennial report differ from data reported in the various Annual Patient Mobility Reports on the Directive. This is mostly the case because of corrections and updates of the data received. These differences will be referred to and explained in footnotes.

The data presented below cover reports on patient mobility for five years (2016-2020) but the number of responding countries in each year is not equal. In total, data are requested from the 27 EU Member States, the United Kingdom, and the EFTA Member States Norway and Iceland⁵. For year 2016 no replies were missing, for year 2017 Cyprus and Iceland did not reply, for year 2018 Iceland did not reply, for year 2019 no replies were missing, and for year 2020 Portugal and Iceland did not reply. Nonetheless, receiving a response does not necessarily equal receiving data. Several countries are not able to provide data on certain questions in the questionnaire⁶. This may lead to an underestimation of the numbers on patient mobility under the Directive. Furthermore, it should be noted that, since not all countries were able to supply information on each issue in each year, the baseline numbers of reports are therefore not identical for each issue. It is in fact the case that a reply received does not equal complete information. Therefore, in some tables and figures only those countries that have reported data in the last five years are taken into account, from 2016-2020. This makes it possible to compare totals over the years.

Additionally, the data discussed may also include requests under Regulation (EC) No 883/2004 and Regulation (EC) No 987/2009⁷ (hereafter together referred to as the 'Coordination Regulations'). This is because not all countries are able to maintain a strict separation between requests under the Directive and under the Coordination

⁴ Data from 2015, which was also included in the previous triennial report, will not be included in the current report, as this data are too incomplete, which makes comparisons unreliable.

⁵ Liechtenstein (LI) does not participate to the cross-border healthcare expert group set up by the European Commission (DG SANTE) and has therefore not been included in this exercise.

⁶ Concerning reference year 2020, it concerns the following countries which provided a reply to the questionnaire, but could not provide data on certain questions: on requests for healthcare subject to PA - AT, DE, and HU (CY, CZ, EE, FI, LT, LV, NL, SE, and NO do not have a system of PA, so no data can be expected); on requests for reimbursement for healthcare not subject to PA - AT, BE, DE, HU, LU, and NL; on the financial aspect - AT, HU, LU and NL; on information requests - the UK.

⁷ Regulations (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems (OJ L 166, 30.4.2004, p. 1) and 987/2009 laying down the procedure for implementing Regulation (EC) No 883/2004 (OJ L 284, 30.10.2009, p.1).

Regulations⁸ or under other parallel schemes⁹. As a result, an overestimation of patient mobility under the Directive can occur.

Finally, it is worth pointing out that 2020 has been an exceptional year. The COVID-19 pandemic had a severe impact on our lives, and movement of people was seriously restricted. Therefore, data for reference year 2020 will be influenced as well, and consequently the evolution over the years when comparing to reference year 2020.

⁸ For instance, this is the case in FR. Their response to the questionnaire is as follows: Data provided concerning patient mobility with PA (section 2 of this report) include all the requests for Portable Documents S2. Data provided concerning patient mobility not subject to PA (section 3 in this report) include all the reimbursements made directly to insured person for treatment abroad without PA whether it is under the Coordination Regulations or the Directive.

⁹ For instance, this is the case in BE in relation to the amount reimbursed for healthcare not subject to PA. The reimbursements made under the special arrangement, called "Ostbelgien-Regelung", for the German speaking population in the Eastern part of Belgium with special rules on access to specialist health care in Germany as well as special rules on reimbursement based on the Directive are included in these reimbursements.

2 PATIENT MOBILITY WITH PRIOR AUTHORISATION

The Directive allows, on certain conditions, that countries set up a system of PA. However, not all countries have introduced such a system of PA. From 2016 to 2020 seven countries have consistently reported they did not introduce a system of PA: Czechia, Estonia, Finland, Lithuania, the Netherlands¹⁰, Sweden¹¹, and Norway. In addition, in reference year 2019 and 2020, Cyprus and Latvia reported they did not have a system of PA anymore. In September 2018 the legislation in Latvia changed, from which date Latvia no longer implemented a system of PA (Wilson et al., 2019b). Cyprus reported that the system of PA was removed on 2 April 2019 as a result of a change in legislation. This short summary of which countries have (not) adopted a system of PA serves to illustrate that the number of countries in each reference year can differ.

In 2020, 5,409 requests for PA were received and 3,667 requests for PA were authorised by 15 Member States and the United Kingdom¹² which provided data¹³. This is a decrease coming from 7,279 requests received in 2018 and 6,935 in 2019 (*Figure 1*). As already mentioned above, not all countries are able to fully separate care provided under the Directive and under the Coordination Regulations. For this reason, in *Figure 1* the numbers for France are highlighted separately as they are not able to separate these requests. This is also the case for Greece in reference year 2019 and 2020, but only for the number of requests received. In 2019, Greece received 916 requests for PA (no distinction possible between Coordination Regulations and Directive) and authorised 5 of them (only Directive), while in 2020 they received 543 requests (no distinction possible between Coordination Regulations and Directive) and authorised three of them (only Directive). Additionally, this might be the case for other countries, as it is not always fully transparent.

The number of requests for PA received excluding France in all reference years and excluding Greece in 2019 and 2020 are as follows: 2,350 in 2016, 2,874 in 2017, 4,203 in 2018, 4,649 in 2019, and 2,714 in 2020. The number of requests for PA authorised amounts in this case to 987 in 2016, 1,864 in 2017, 3,153 in 2018, 3,953 in 2019, and 2,018 in 2020.

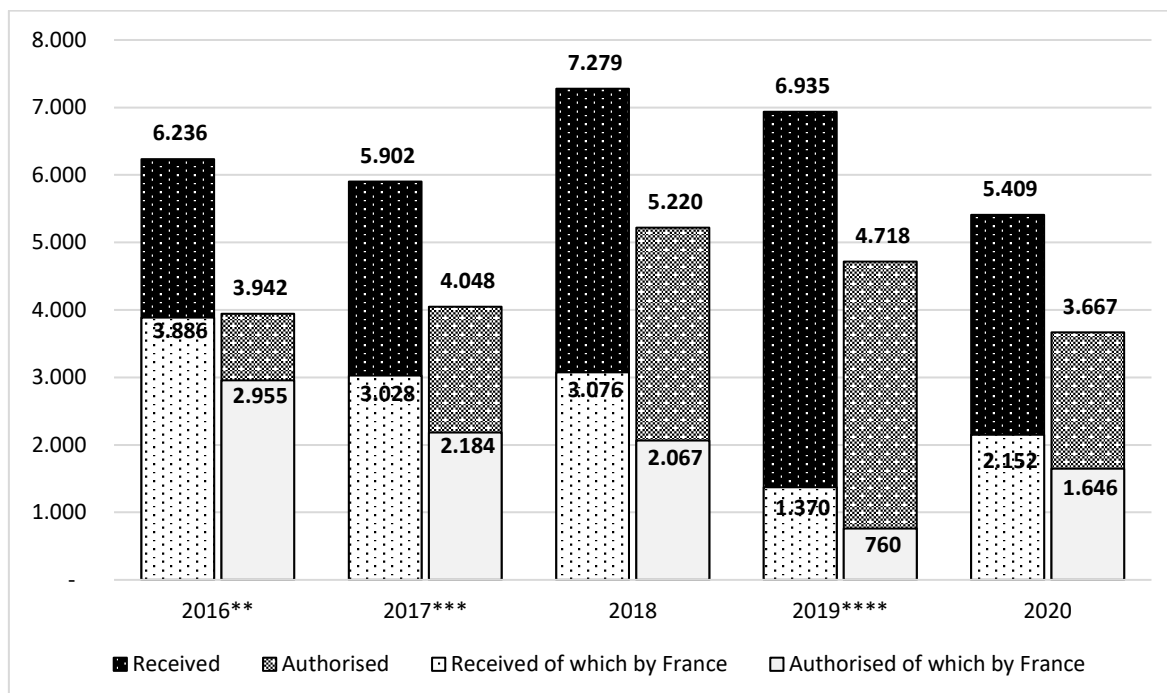
Overall, *Figure 1* shows an increase of the number of requests authorised from 2016 to 2018 and then a decline from 2018 onwards. However, based on the group of countries which provided data, which differs in each reference year, the trends seen in this figure cannot be elaborated on. Evolutions will be discussed below, solely based on data from countries which were able to report data for all reference years.

¹⁰Please note that a report by Ecorys (forthcoming) found that the healthcare insurers require a PA, even though the NL officially have not implemented a PA system.

¹¹No response in reference year 2017 and 2018.

¹²No data were received from DE, HU, PT, and IS. AT did not provide complete data for 2020 due to a restructuring of the social insurance institutions. In addition, CY, CZ, EE, FI, LT, LV, NL, SE, and NO did not implement a system of PA.

¹³However, it should be noted that it is not known to what degree the authorised requests for PA lead to a treatment, and later a request for reimbursement.

Figure 1 Number of requests for prior authorisation received and authorised for all countries which provided data, 2016-2020

* FR is mentioned separately as they reported not only requests for PA concerning the Directive, but also concerning the Coordination Regulations. This is also the case for EL concerning the number of requests for PA received (not requests for PA authorised) in reference years 2019 and 2020. In 2019, EL reported 916 requests for PA received (Directive and Coordination Regulations), and five requests for PA authorised (only Directive), while in 2020 EL reported 543 requests for PA received (Directive and Coordination Regulations), and five requests for PA authorised (only Directive).

** In the Annual Patient Mobility Report for 2016, the total number of requests for PA received amounted to 5,538 and the number of requests for PA authorised to 3,566 (Wilson et al., 2018). For the number of requests PA received, IE corrected its answer from 316 to 1,014, and for the number of requests for PA authorised, FR corrected its answer from 2,579 to 2,955.

*** In the Annual Patient Mobility Report for 2017, the number of requests for PA received amounted to 2,874 and the number of requests for PA authorised to 1,864 (Wilson et al., 2019a). This is because the numbers for FR were not yet available at the time of publishing, namely 3,028 requests for PA received, and 2,184 requests for PA authorised.

**** In the Annual Patient Mobility Report for 2019, the number of requests for PA received amounted to 7,171 (Wilson et al., 2021). This is because EL sent a correction in the answer of the 2019 questionnaire, correcting the number of requests for PA received from 27 to 916. Furthermore, the numbers reported by HU in 2019 (1,125 requests for PA received and 919 requests for PA authorised) are not included in this figure, as they seem not reliable compared to previous reference years. For reference year 2015, HU reported it received one request for PA, and for reference years 2016, 2017, 2018, and 2020 it reported it did not receive any requests for PA. HU has informed upon a request that the number of requests under the Directive are low and mostly related to reimbursement of prescribed medications. Overall, around 550-750 requests for PA are authorised each year, primarily under the Coordination Regulations. In this respect, the figures HU provided for 2019 are most likely incorrect.

***** The totals excluding the UK are: 6,009 received and 3,822 authorised in 2016; 5,471 received and 3,727 authorised in 2017; 6,301 received and 4,447 authorised in 2018; 5,352 received and 3,291 authorised in 2019; 5,218 received and 3,542 authorised in 2020.

Source Questionnaires on Directive 2011/24/EU reporting on patient mobility

Considering that the number of countries which provided data was not equal in every year, apples should be compared to apples and only those countries which were able to report numbers in reference years 2016, 2017, 2018, 2019, and 2020¹⁴ should be taken into account. These data are provided in *Table 1*. This table shows that the number of requests for PA received and authorised knew a peak in 2018 with around 7,200 and 5,200 requests respectively. The evolution of the number of requests is visualised in *Table 2*. This clearly shows that from 2018 onwards, both the number of requests received and authorised is on the decline. Only from 2017 to 2018 there was a growth

¹⁴Data from AT, CY, CZ, DE, EE, FI, HU, LT, LV, NL, PT, SE, IS, and NO are not included.

visible in both the number of requests received and authorised, while from 2016 to 2017 there was also a small increase in the number of requests authorised.

When only taking into account the last three years (2018-2020), there has been a decline of 25.6% in terms of requests received and a drop of 29.7% in terms of requests authorised (*Table 2*). Before the COVID-19 pandemic, from 2018 to 2019, a decrease can be seen, namely -5.0% in terms of requests received and -9.8% for the requests authorised. When 2020 is compared with 2016 a decrease is also visible, albeit less sharp, as the number of received requests for PA has decreased by 12.5% and the number of authorised requests by 6.4%.

Table 1 Number of requests for prior authorisation received and authorised, 2016-2020, only for those countries which were able to provide complete data*

	2016	2017	2018	2019	2020
Received	6,185	5,884	7,269	6,905	5,409
Authorised	3,916	4,043	5,216	4,704	3,667

* By complete data is meant the number of requests for PA received and authorised in reference years 2016, 2017, 2018, 2019, and 2020. More specifically it concerns 15 Member States (BE, BG, DK, ES, FR, EL, HR, IE, IT, LU, MT, PL, RO, SI, SK), and the UK.

Source Questionnaires on Directive 2011/24/EU reporting on patient mobility

Table 2 Evolution of number of requests for prior authorisation received and authorised, 2016-2020, only for those countries which were able to provide complete data*

	2016-2017	2017-2018	2018-2019	2019-2020	2016-2020	2018-2020
Received	-4.9%	23.5%	-5.0%	-21.7%	-12.5%	-25.6%
Authorised	3.2%	29.0%	-9.8%	-22.0%	-6.4%	-29.7%

* By complete data is meant the number of requests for PA received and authorised in reference years 2016, 2017, 2018, 2019, and 2020. More specifically it concerns 15 Member States (BE, BG, DK, ES, FR, EL, HR, IE, IT, LU, MT, PL, RO, SI, SK), and the UK.

Source Questionnaires on Directive 2011/24/EU reporting on patient mobility

In addition to looking at the overall figures, it is interesting to analyse the evolution of individual countries. In *Annex I* data on patient mobility with PA for every country can be found. This shows that although the general trend from 2016 to 2020 is a downward one (as discussed above) (albeit with an increase from 2017 to 2018), this is not the case in every country. For instance, in Luxembourg, a positive evolution of the number of requests received is visible, going from 375 in 2016 to 902 in 2020. In Ireland and Slovakia as well, the number of requests received has grown. However, for most countries, the number of requests received and authorised has declined over the years. This is particularly visible in Belgium, Bulgaria, Italy, and Poland, as they have known a constant decrease from 2016 to 2020.

When only focussing on the last three years, solely the evolution in Luxembourg and Slovenia is a positive one. Luxembourg knew a 25% increase going from 719 received requests in 2018 to 902 in 2020. However, the number of requests authorised has declined, coming from 657 in 2018 to 597 in 2020. In Slovenia, the number of requests received has grown as well, but the absolute numbers are lower, going from 18 in 2018 to 22 in 2020. The number of requests authorised in Slovenia has also grown, from one in 2018 to eight in 2020. In Slovakia, in the last three years the number of requests received dropped from 302 in 2018 to 298 in 2020, but the number of requests authorised increased from 280 in 2018 to 286 in 2020.

Seeing that the COVID-19 pandemic could have had an effect on the number of requests for PA received, the evolution from 2018 to 2019 is of interest as well. It can be seen that in this case, Austria, Denmark, Greece, Croatia, Luxembourg, Malta, Slovakia, and the United Kingdom show an increase (see *Table 7 in Annex I*).

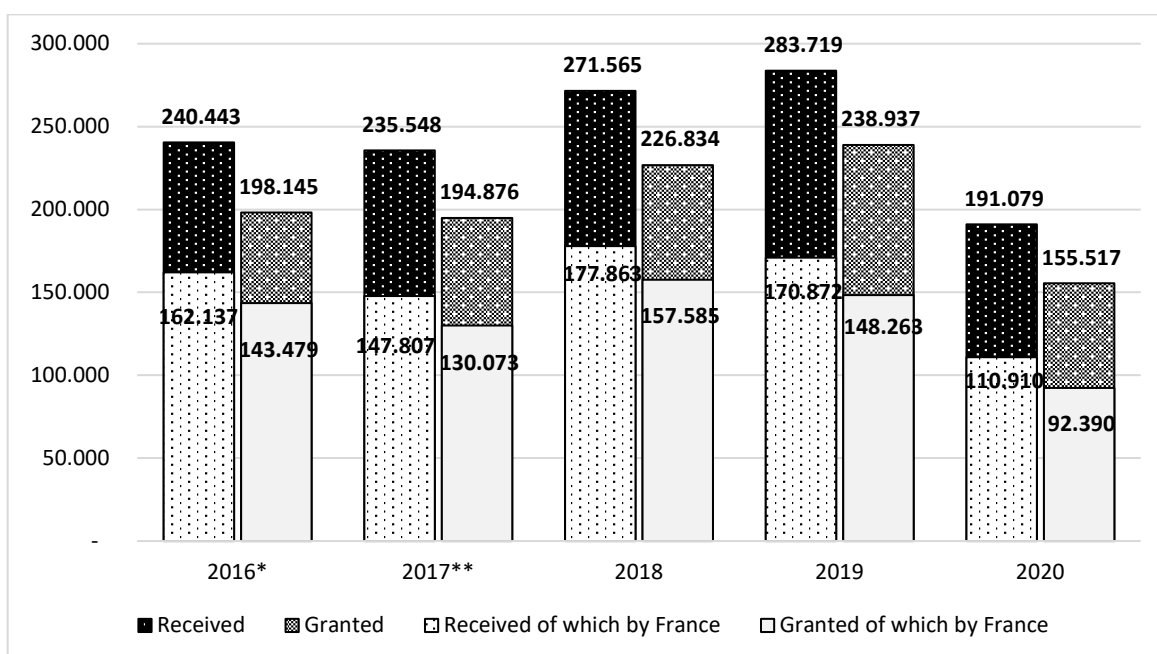
3 PATIENT MOBILITY NOT SUBJECT TO PRIOR AUTHORISATION

Patient mobility under the Directive can also be provided without PA. These requests can cover both planned and unplanned treatments. The number of reimbursement requests received, and the number of reimbursement requests granted is looked at. In 2020, 20 Member States, the United Kingdom and Norway¹⁵ which reported data on this question received around 191,000 requests for reimbursement without PA. Approximately 155,500 requests were granted (*Figure 2*). Once again, the numbers for France are highlighted in *Figure 2* (lighter bars), as the numbers reported are exceptionally high as France is not able to make a distinction between requests under the Directive and the Coordination Regulations. Although this could lead to an overestimation of the numbers, the numbers are also an underestimation, as several countries are not able to provide figures on this question¹⁶.

When the numbers for France are not included, the number of requests for reimbursement received without PA amounts to 78,306 in 2016, 87,741 in 2017, 93,702 in 2018, 112,847 in 2019, and 80,169 in 2020. For the number of requests for reimbursement without PA granted, the figures are as follows: 54,666 in 2016, 64,803 in 2017, 69,249 in 2018, 90,674 in 2019, and 63,127 in 2020. These numbers show that a growth is clearly visible until 2019, even more so than when the numbers for France are included. This can be seen in *Figure 2* by focussing on the darker bars.

However, as was the case for patient mobility with PA, the evolution in *Figure 2* cannot be discussed further as the group of countries which reported data on this question differs in each reference year. Therefore, a further analysis is performed below.

Figure 2 Number of requests for reimbursement without prior authorisation received and granted for all countries which provided data, 2016-2020



¹⁵No data were received from BE, DE, HU, LU, NL, PT, and IS. AT did not provide complete data for 2020 due to a restructuring of the social insurance institutions.

¹⁶See previous footnote.

* In the Annual Patient Mobility Report for 2016, the total number of requests received amounted to 239,684 and the number of requests granted to 209,568 (Wilson et al., 2018). For the number of requests received, IE corrected its answer from 742 to 1,501, and for the number of requests granted, FR corrected its answer from 143,475 to 143,479, and FI corrected its answer from 11,427 to zero as they were not able to provide this information.

** In the Annual Patient Mobility Report for 2017, the number of requests received amounted to 235,541 and the number of requests granted to 203,553 (Wilson et al., 2019a). For the number of requests received, FI corrected its answer from 8,680 to 8,687 and for the number of requests granted, FR corrected its answer from 130,070 to 130,073, and FI corrected its answer from 8,680 to zero as they were not able to provide this information.

*** The totals excluding the UK are: 238,680 received and 197,152 granted in 2016; 233,508 received and 193,803 granted in 2017; 269,006 received and 225,186 granted in 2018; 280,594 received and 236,891 granted in 2019; 188,013 received and 153,960 granted in 2020.

Source Questionnaires on Directive 2011/24/EU reporting on patient mobility

To compare the numbers of the years, it is best to only look at data from the same countries which provided data over the different reference years. For this reason, *Table 3* is included below. This table includes data from the same countries over the years 2016 to 2020, more specifically from 17 Member States, the United Kingdom, and Norway, which could report both the number of requests received and granted for reimbursement without PA in all these reference years¹⁷. This gives us a realistic view of the numbers and possible trends. The number of requests for reimbursement received and granted has decreased from 2016 to 2017, increased from 2017 to 2018, and has then been on the decline in 2019 and 2020. Nevertheless, in 2019, the figures were still higher than those in 2016 and 2017.

The evolution in percentage from year to year and overall is also included in *Table 4*. It is clear that the overall evolution, both when looking from 2016 to 2020 and from 2018 to 2020, is negative (*Table 4*). However, this is not only due to the problematic year which was 2020 due to COVID-19, as in every year, with the exception of 2017 to 2018, a decline has taken place.

Table 3 Number of requests for reimbursement without prior authorisation received and granted, 2016-2020, only for those countries which were able to provide complete data*

	2016	2017	2018	2019	2020
Received	228,946	226,839	263,271	255,680	171,492
Granted	198,091	194,864	226,833	220,608	143,887

* By complete data is meant the number of requests for reimbursement without PA received and granted in reference years 2016, 2017, 2018, 2019, and 2020. More specifically it concerns 17 Member States (BG, CZ, DK, EE, ES, FR, EL, HR, IE, IT, LT, LV, MT, PL, RO, SI, and SK), the UK, and NO.

Source Questionnaires on Directive 2011/24/EU reporting on patient mobility

Table 4 Evolution of number of requests for reimbursement without prior authorisation received and granted, 2016-2020, only for those countries which were able to provide complete data*

	2016-2017	2017-2018	2018-2019	2019-2020	2016-2020	2018-2020
Received	-0.9%	16.1%	-2.9%	-32.9%	-25.1%	-34.9%
Granted	-1.6%	16.4%	-2.7%	-34.8%	-27.4%	-36.6%

* By complete data is meant the number of requests for reimbursement without PA received and granted in reference years 2016, 2017, 2018, 2019, and 2020. More specifically it concerns 17 Member States (BG, CZ, DK, EE, ES, FR, EL, HR, IE, IT, LT, LV, MT, PL, RO, SI, and SK), the UK, and NO.

Source Questionnaires on Directive 2011/24/EU reporting on patient mobility

In *Annex II* data by country on patient mobility without PA is provided as well. This shows that in the majority of countries, the evolution is indeed negative, as could be expected after analysing the overall evolution above. Nevertheless, some countries

¹⁷Data from AT, BE, CY, DE, FI, HU, LU, NL, PT, SE, and IS are not included.

show a positive evolution of the number of requests for reimbursement received. In Ireland, the number of requests grew from 1,501 in 2016 to 4,377 in 2020, in the United Kingdom, there was an increase from 1,763 requests in 2016 to 3,066 in 2020, and in Czechia the number grew from 447 in 2016 to 820 in 2020. The evolution in the last years particularly, from 2018 to 2020, is also positive in Czechia, Italy, Latvia, and the United Kingdom.

When only taking into account the evolution from 2018 to 2019 (pre-COVID-19), an increase in the number of requests received can be noticed in Austria, Czechia, Estonia, Greece, Ireland, Italy, Lithuania, Malta, Romania, Slovenia, Slovakia, the United Kingdom, and Norway.

Concerning the number of requests granted, the most important evolution can be seen in Czechia (from 401 in 2016 to 796 in 2020), in Greece (from seven in 2016 to 39 in 2020), in Ireland (from 594 in 2016 to 3,195 in 2020), and in Romania (from 130 in 2016 to 495 in 2020).

4 FINANCIAL IMPLICATIONS OF PATIENT MOBILITY

The amount reimbursed for both patient mobility under the Directive subject to PA and not subject to PA is asked in the questionnaire. In 2018, the total amount reimbursed amounted to € 73.4 million¹⁸, in 2019 it amounted to € 92.1 million¹⁹, and in 2020 to € 77.5 million²⁰. However, the countries which provided data on reimbursements differs between the reference years. Therefore, when only looking at the same group of countries in each reference year²¹, the total amount of reimbursement equals € 37.2 million in 2018, € 41.0 million in 2019, and € 29.2 million in 2020. This large difference between the figures when all countries which reported data are included²² and when only those who reported complete data in 2018, 2019, and 2020 are included²³, is due to a few countries²⁴. Once more, this highlights that when comparing numbers over the years it is important to include the same group of countries.

Table 5 shows the amounts reimbursed for healthcare with PA and without PA from 2016 to 2020, but only for those countries which were able to provide data in all reference years for both types of healthcare. Consequently, it only concerns data for 17 Member States, the United Kingdom, and Norway²⁵. The total amount reimbursed dropped from € 37.2 million in 2018 to € 29.2 million in 2020, or a decline of 21.5%. Especially the evolution of the amount reimbursed for healthcare subject to PA is notable, going from € 5.2 million in 2018 to € 7.0 million in 2019, and to € 1.2 million in 2020. This evolution can largely be explained by the numbers from the United Kingdom. For healthcare subject to PA the United Kingdom reimbursed € 4.6 million in 2018, € 6.2 million in 2019, and only € 0.5 million in 2020. When the United Kingdom is excluded from the data, the amount reimbursed for healthcare with PA grows from € 0.6 million in 2018 to € 0.7 million in 2020, and the amount reimbursed for healthcare without PA decreases from € 28.8 million in 2018 to € 25.8 million in 2020.

Table 6 specifically shows the evolution from year to year and the general evolution from 2016 to 2020 and from 2018 to 2020. Overall a positive evolution took place every year from 2016 to 2019, and the amount reimbursed dropped considerably from 2019 to 2020.

A comparison between the amount reimbursed and the number of requests granted should be regarded with care. Not only because they do not concern the same group of

¹⁸The total excluding the UK amounts to € 65.7 million.

¹⁹The total excluding the UK amounts to € 82.3 million.

²⁰The total excluding the UK amounts to € 74.9 million.

²¹It concerns 17 Member States (BE, BG, CZ, DK, EE, ES, FI, EL, HR, IT, LT, LV, MT, PL, RO, SI, and SK), the UK, and NO.

²²€ 73.4 million in 2018; € 92.1 million in 2019; and € 77.5 million in 2020.

²³€ 37.2 million in 2018; € 41.0 million in 2019; and € 29.2 million in 2020.

²⁴For instance, FR is not included in the latter, as it did not provide data on reimbursement for healthcare subject to PA in 2018, 2019, and 2020. However, it reimbursed € 12.9 million for healthcare not subject to PA in 2018, € 12.3 million in 2019, and € 9.5 million in 2020. In addition, IE is not included in the second total, as it did not provide data on reimbursement for healthcare not subject to PA in 2019 and 2020. Nevertheless, IE reimbursed a total of € 23.2 million in 2018 (total PA and no PA), € 13.1 million in 2019 (no PA), and € 15.4 million in 2020 (no PA). Another Member State of importance is DE, which is also not included when only looking at complete data, as Germany only provided data in 2020. In 2020, DE reimbursed € 0.5 million for healthcare subject to PA, and € 5.2 million for healthcare not subject to PA. Finally, SE is not included in the total numbers when only taking into account those who provided complete data, as it did not provide data on reimbursement without PA in 2018. Nevertheless, in 2019 and 2020, SE reimbursed € 24.4 million and € 17.7 million for healthcare not subject to PA respectively.

²⁵See footnote 28. Data from AT, CY, DE, FR, HU, IE, LU, NL, PT, SE, and IS are not included.

countries²⁶, but also because for requests authorised for healthcare subject to PA, it is not known to what degree they lead to a treatment or a request for reimbursement. Furthermore, all authorised requests for PA do not lead to reimbursement in the same year. For example, requests for PA authorised at the end of the year are likely to lead to a request for reimbursement only in the following year. The same is true in relation to the year of treatment. The time of payment depends on when a request for reimbursement is made by the patient and how long it is processed by the institution. The amount reimbursed does therefore not necessarily relate to treatments provided in the same year. In addition, the cost of medical treatments can be high, especially highly specialised inpatient treatments for which PA is required in some cases, but also for example severe trauma cases. A single request for reimbursement can therefore have a substantial impact on the total amount reimbursed by a country during a specific year. The impact is especially important to consider when analysing the development in countries with fewer requests for reimbursement

Table 5 Amount reimbursed for healthcare subject and not subject to prior authorisation, 2016-2020, only for those countries which were able to provide complete data*, in €

	2016	2017	2018	2019	2020
With prior authorisation	1,322,468	1,822,339	5,189,361	6,981,881	1,202,364
Without prior authorisation	21,258,092	28,281,816	31,978,830	34,016,948	27,976,995
Total	22,580,560	30,104,154	37,168,191	40,998,829	29,179,358

* By complete data is meant the amount reimbursed for healthcare subject to PA (if applicable) and healthcare not subject to PA for reference years 2016, 2017, 2018, 2019, and 2020. More specifically it concerns 17 Member States (BE, BG, CZ, DK, EE, ES, FI, EL, HR, IT, LT, LV, MT, PL, RO, SI, and SK), the UK, and NO.
Source Questionnaires on Directive 2011/24/EU reporting on patient mobility

Table 6 Evolution amount reimbursed for healthcare subject and not subject to prior authorisation, 2016-2020, only for those countries which were able to provide complete data*

	2016-2017	2017-2018	2018-2019	2019-2020	2016-2020	2018-2020
With prior authorisation	37,8%	184,8%	34,5%	-82,8%	-9,1%	-76,8%
Without prior authorisation	33,0%	13,1%	6,4%	-17,8%	31,6%	-12,5%
Total	33,3%	23,5%	10,3%	-28,8%	29,2%	-21,5%

* By complete data is meant the amount reimbursed for healthcare subject to PA (if applicable) and healthcare not subject to PA for reference years 2018, 2019, and 2020. More specifically it concerns 17 Member States (BE, BG, CZ, DK, EE, ES, FI, EL, HR, IT, LT, LV, MT, PL, RO, SI, and SK), the UK, and NO.
Source Questionnaires on Directive 2011/24/EU reporting on patient mobility

In addition to the total evolution, the evolution per individual country can be analysed. Especially concerning healthcare with PA, some notable evolution took place in the amount reimbursed. For instance, in Austria, the amount increased by 274% going from around € 6,000 in 2018 to € 22,800 in 2020. In Greece as well, the amount grew from approximately € 4,400 in 2018 to € 107,600 in 2020. With regard to the amount reimbursed for healthcare not subject to PA, the most important evolution is seen in Spain, where the amount dropped by 92% from € 6,740 in 2018 to € 550 in 2020. However, as already mentioned above, a small change in the number of cases can have a large impact on the amount reimbursed.

²⁶More specifically, data from AT, CY, DE, FR, HU, IE, LU, NL, PT, SE, and IS are not included in *Table 6*, while data from AT, BE, CY, DE, HU, LU, NL, PT, SE, and IS are not included in *Table 4*, and data from AT, CY, CZ, DE, EE, FI, HU, LT, LV, NL, PT, SE, IS, and NO are not included in *Table 2*.

In 2019 (data for 2020 not yet available) for the 28 EU Member States²⁷, out of the total government expenditure of € 7,5 trillion, around € 1.2 trillion went to health, or around 15.6% (Eurostat [[GOV_10A_EXP](#)]). Focusing on those countries who were able to provide information about the amount reimbursed for healthcare subject and/or not subject to PA in 2019, as mentioned in the beginning of section 4, the total healthcare spending amounted to € 882 billion. Therefore, the share of the amount reimbursed concerning the Directive on the total government expenditure on healthcare amounts to 0.01%²⁸ (= € 92.1 million/€ 882billion). This low share shows that the Directive only plays a small part in the total government expenditure on healthcare.

²⁷The 28 EU Member States consist of the 27 EU Member States and the UK.

²⁸This figure of 0.01% concerning the impact of the Directive on the total healthcare budget differs slightly from the figure of 0.004% which was calculated in Report on the Operation of the Directive for 2018 (European Commission, 2018). In the 2018 report calculations were done based on data concerning 2016 and 2017 and less exact than in the report, and the difference remains minimal, namely 0.006 percentage points.

5 DIRECTION OF PATIENT MOBILITY

In the questionnaire, a breakdown of the number of authorised requests for PA and granted requests for reimbursement for healthcare not subject to PA by Member State of treatment was requested. Flow charts of this information for reference year 2020 are provided in *Annex III*). Furthermore, tables for 2018, 2019, and 2020 are provided in *Annex IV*. This gives an overview of the countries in which cross-border healthcare is provided under the Directive.

Figure 4 in Annex III looks at the number of authorised requests for **healthcare subject to PA** in 2020. The most important Member States of affiliation are clearly France, Ireland, and Luxembourg, as they authorised 1,646 requests, 924 requests, and 597 requests respectively (see also *Table 11*). Nevertheless, it should be reiterated that France was not able to separate requests under the Directive and the Coordination Regulations, which causes a distorted image. For this reason, *Figure 5 in Annex III* was added as well, which provided a similar image but excluding France as a Member State of affiliation. It becomes clear then that also Slovakia (286 authorised requests) and to a lesser extent the United Kingdom (125 authorised requests) are important Member States of affiliation. In both figures, the most significant Member States of treatment are the United Kingdom, Germany, and Czechia. When France is included as a Member State of affiliation (*Figure 4*) Spain is a prominent Member State of treatment as well, while this Member State almost completely falls out of the picture when France is excluded (*Figure 5*), indicating that Spain is an especially important Member State of treatment for requests for healthcare subject to PA authorised by France.

The most important flows over the years have remained rather stable. In 2018 the three most important flows went from Ireland (Member State of affiliation) to the United Kingdom (Member State of treatment), France to Germany, and France to Spain (*Table 9*). In 2019 they went from Ireland to the United Kingdom, the United Kingdom to Ireland, and Luxembourg to Germany (*Table 10*). Finally, in 2020 the largest flows went from Ireland to the United Kingdom, France to Spain, and France to Germany (*Table 11*).

Over the years, it is also the case that some Member States of affiliation authorise more than 90% of their requests for healthcare subject to PA for treatment in a specific Member State of treatment (see *Table 9, Table 10, and Table 11*). For instance, in all three discussed years (2018, 2019, 2020), more than 90% of all requests authorised by Ireland were for treatment in the United Kingdom. This was also the case for Slovakia as a Member State of affiliation towards Czechia as a Member State of treatment, from Bulgaria towards France (in 2018 and 2019), and from Austria towards Germany (in 2018 and 2019).

It is clear that flows between neighbouring countries are of great importance. A similar conclusion was reached in the report on cross-border healthcare under the Coordination Regulations (De Wispelaere et al., 2020), namely that around 70% of planned cross-border healthcare takes place between neighbouring countries. This was also the conclusion of the Annual Patient Mobility Report for 2019 (Wilson et al., 2021).

Next, **healthcare not subject to PA** is analysed. A flow chart of the granted requests for reimbursement for healthcare not subject to PA in 2020 can be seen in *Figure 6 in Annex III*. In this figure, the prominence of France as a Member State of affiliation is even more visible, with 92,390 granted requests of the total of 160,680 granted requests or 57.5% of all requests. Nevertheless, it should be reiterated that France was not able to separate requests under the Directive and the Coordination Regulations, which causes a distorted image. Therefore, a flow chart excluding France as a Member

State of affiliation is provided once more (*Figure 7 in Annex III*). As a result, it can be seen that Denmark (19,140), Sweden (11,623), Poland (9,333) and Slovakia (8,581) are important Member States of affiliation as well. If France is taken into account as a Member State of affiliation, the most prominent Member States of treatment are Spain, Portugal, Germany, and Belgium (*Figure 6*). However, if France is excluded, Germany, Spain, and Czechia stand out (*Figure 7*).

In all three reference years, the most important flows have remained similar, and all have France as a Member State of affiliation (see *Table 12, Table 13, and Table 14*). These three flows are from France to Portugal, to Belgium, and to Spain. However, seeing that France cannot separate requests under the Directive and the Coordination Regulation, the subsequent most important flows (not including France as Member State of affiliation) have to be looked at as well. The most notable flows in this case go from Denmark to Germany, Poland to Czechia, Sweden to Spain, and Norway to Spain.

For healthcare not subject to PA, it also occurs that a high share of granted requests from a Member State of affiliation are for healthcare in one specific Member State of treatment. In 2018, 93% of all requests for reimbursement for healthcare not subject to PA granted by Ireland, were for treatment in the United Kingdom (*Table 12*). In 2019, the same was true for 95% of all requests granted by Ireland, and 91% of requests granted by Poland were for treatment in its neighbouring country Czechia (*Table 13*). Finally, in 2020, 85% of all requests for reimbursement not subject to PA granted by Finland were for treatment in Estonia²⁹, and 89% of all requests granted by Ireland were for treatment in the United Kingdom (*Table 14*).

Another relevant finding is an interesting flow between non-neighbouring countries, concerning Norway, Sweden, and Spain. Although they are not neighbouring countries, in 2020, 73% of all granted requests by Norway were for treatment in Spain, and the same is true for 65% of all granted requests by Sweden³⁰ (*Table 14*). Also, from Denmark as a Member State of affiliation, 1,196 out of its total 19,140 granted requests are for treatment in Spain, and Finland granted 333 of its total 5,163 requests for treatment in Spain as well.

As was noted in the previous trend report concerning the years 2015-2017 (European Commission, 2018), the majority of patient mobility is still primarily taking place between neighbouring countries. This would suggest that, on the whole, patients prefer to receive healthcare near their home if possible, and that if they do elect to travel, they prefer to travel to a neighbouring country. Nevertheless, there are also important flows between non-neighbouring countries. This could possibly be explained by the fact that healthcare not subject to PA also covers non-planned healthcare.

²⁹It should be kept in mind that Finland was not able to report the number of *granted* requests for reimbursement for healthcare not subject to PA, but only the number of *received* requests.

³⁰This was also mentioned in the Annual Patient Mobility Report for 2019 (Wilson et al., 2021). "In correspondence Sweden noted that this arises because tourists who wish to avail of care provided by private doctors established in Spain cannot do so unsighted European Health Insurance Card (EHIC) system." In addition, these figures likely also include healthcare provided to pensioners spending the winter in Spain (who cannot get a Portable Document S1 under the Coordination Regulations since they are not considered habitually residing in Spain). However, this has not been possible to fully confirm for this report based on the data available to the national contact point in Sweden.

6 INFORMATION REQUESTS RECEIVED BY NATIONAL CONTACT POINTS

In 2020, there were 26 Member States and Norway³¹ which were able to provide figures regarding information requests, and together they received 58,328 information requests. The majority of these requests were received through telephone (69.1%), followed by written requests (28.3%), and in person/desk requests (2.6%). In 2019, 25 Member States, the United Kingdom, and Norway³² which provided data on information requests received 115,471 requests, while in 2018, 25 Member States and the United Kingdom³³ which provided data on information requests received 95,565 requests. However, an important medium that could be missing here is information requests through websites/social media/other ways to receive information. It is not clear for countries whether to include for instance requests through their website under 'written' or not, thus possibly leading to a distorted image. Also, most countries make a distinction between requests under the Directive and under the Coordination Regulations. However, not all are able to make this distinction.

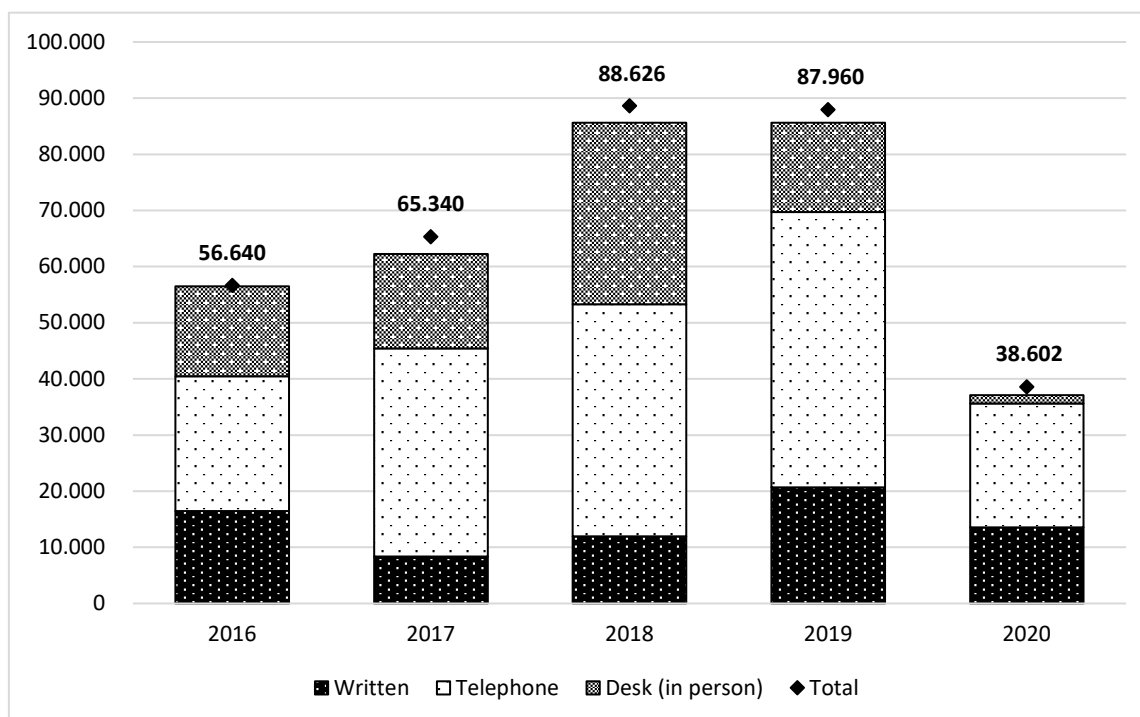
Seeing that the group of countries which are able to report data on information requests differs each year, it might be useful to only compare the number of requests received by the same group of countries from 2016 to 2020. This is provided in *Figure 3*. From 2016 to 2018 there was a serious growth in the number of requests received, while it remained stable from 2018 to 2019, and dropped significantly in 2020.

When looking at the evolution from 2018 to 2020, especially the number of information requests in person has decreased considerably. In 2018, they still accounted for 38% of all requests, in 2019 for 19% of all requests and in 2020 for only 4% of all information requests received. This could be an effect of the COVID-19 pandemic, which restricted the movement of people and the possibility to meet 'in person'.

³¹No data received from PT, UK, and IS.

³²No data received from CY, PT, and IS.

³³No data received from BG, PT, IS, and NO.

Figure 3 Total number of information requests received only for those countries which were able to provide complete data*, broken down by media, 2016-2020

* By complete data is meant the number of information received in reference years 2016, 2017, 2018, 2019, and 2020. More specifically it concerns the following 22 Member States: AT, BE, CZ, DE, DK, EE, ES, FI, FR, EL, HR, HU, IT, LT, LU, LV, MT, NL, PL, RO, SI, and SK.

** The total slightly differs from the sum of the different media. In 2016 NL could only provide a total number of requests received (165) and not a breakdown per media. In other years, the same is true for DK. DK received 3,078 requests in 2017, 3,008 in 2018, 2,324 in 2019, and 1,480 in 2020.

Source Questionnaires on Directive 2011/24/EU reporting on patient mobility

A more detailed analysis of the information requests received by country shows that the division by countries is not proportionate. In 2018, Estonia, Lithuania, and Poland accounted for 72% of all information requests received, and in 2019 for 63% of all requests³⁴. However, in 2020, their share dropped to 25% of all requests, especially due to the falling number of requests in Lithuania and Poland³⁵.

In 2020, the majority of information requests were received by Sweden (23% of all information requests received by all countries³⁶ who reported data on this question), Estonia (14%), and Croatia (10%). Furthermore, Germany (7%), Latvia (7%), Norway (6%), and Romania (6%) received a considerable amount of information requests in 2020.

³⁴To compare these shares over the years, only those countries which were able to provide complete data in 2018, 2019, and 2020 are taken into account. More specifically it concerns the following 23 Member States: AT, BE, CZ, DE, DK, EE, ES, FI, FR, EL, HR, HU, IE, IT, LT, LU, LV, MT, NL, PL, RO, SI, and SK.

³⁵The evolution of total requests received for these countries is as follows: EE: 27,242 in 2018, 20,576 in 2019, 7,949 in 2020; LT: 15,532 in 2018, 26,897 in 2019, five in 2020; PL: 24,233 in 2018, 10,192 in 2019, 2,489 in 2020.

³⁶These shares only refer to 2020. Therefore, *all* countries who reported data on this question in 2020 are included, namely 26 Member States and Norway as mentioned on the previous page (see also footnote 31).

ANNEX I DATA ON PATIENT MOBILITY WITH PRIOR AUTHORISATION

Table 7 Number of requests for prior authorisation received and authorised, 2016-2020

	Received					Authorised				
	2016*	2017**	2018	2019***	2020	2016*	2017**	2018	2019***	2020
AT	10	14	1	17	-	0	5	1	6	-
BE	47	45	44	28	23	30	22	19	16	5
BG	16	7	9	3	4	5	1	2	2	2
CY****	24	-	4			13	-	3		
CZ****										
DE	-	-	-	-	-	-	-	-	-	-
DK	75	61	75	81	57	21	17	17	19	14
EE****										
ES	17	12	10	3	7	7	6	6	2	4
FI****										
FR	3,886	3,028	3,076	1,370	2,152	2,955	2,184	2,067	760	1,646
EL	5	17	5	916	543	3	13	3	5	3
HR	8	6	3	4	1	1	2	1	0	0
HU	-	-	-	-	-	-	-	-	-	-
IE	1,014	1,317	1,854	1,615	1,135	197	706	1,296	1,386	924
IT	208	142	139	120	59	94	81	84	60	48
LT****										
LU	375	427	719	803	902	280	397	657	703	597
LV****	0	0	0			0	0	0		
MT	10	4	9	15	3	2	4	3	8	3
NL****										
PL	38	30	21	18	9	1	1	1	0	0
PT	4	4	5	5	-	2	0	0	0	-
RO	1	11	7	3	3	0	4	6	2	2
SE****										
SI	26	13	18	13	22	2	2	1	3	8
SK	232	333	302	330	298	198	282	280	311	286
UK	227	431	978	1,583	191	120	321	773	1,427	125
IS	13	-	-	8	-	11	-	-	8	-
NO****										
Total	6,236	5,902	7,279	6,935	5,409	3,942	4,048	5,220	4,718	3,667

* In the Annual Patient Mobility Report for 2016, the total number of requests for PA received amounted to 5,538 and the number of requests for PA authorised to 3,566 (Wilson et al., 2018). For the number of requests PA received, IE corrected its answer from 316 to 1,014, and for the number of requests for PA authorised, FR corrected its answer from 2,579 to 2,955.

** In the Annual Patient Mobility Report for 2017, the number of requests for PA received amounted to 2,874 and the number of requests for PA authorised to 1,864 (Wilson et al., 2019a). This is because the numbers for FR were not yet available at the time of publishing, namely 3,028 requests for PA received, and 2,184 requests for PA authorised.

*** In the Annual Patient Mobility Report for 2019, the number of requests for PA received amounted to 7,171 (Wilson et al., 2021). This is because EL sent a correction in the answer of the 2020 questionnaire, correcting the number of requests for PA received from 27 to 916. Furthermore, the numbers reported by HU in 2019 (1,125 requests for PA received and 919 requests for PA authorised) are not included in this table, as they seem not reliable compared to previous reference years. For reference year 2015, HU reported it received one request for PA, and for reference years 2016, 2017, 2018, and 2020 it reported it did not receive any requests for PA. HU has informed upon a request that the number of requests under the Directive are low and mostly related to reimbursement of prescribed medications. Overall, around 550-750 requests for PA are authorised each year, primarily under the Coordination Regulations. In this respect, the figures Hungary provided for 2019 are most likely incorrect.

**** Cells which are left blank indicate that a country did not implement a system of PA. This is the case in CY (from 2019), CZ, EE, FI, LT, LV (from 2018), NL, SE, and NO.

***** The symbol '-' indicates that no data were provided.

***** AT: complete data could not be presented for 2020 due to a restructuring of the social insurance institutions in AT.

Source Questionnaires on Directive 2011/24/EU reporting on patient mobility

ANNEX II DATA ON PATIENT MOBILITY WITHOUT PRIOR AUTHORISATION

Table 8 Number of requests for reimbursement without prior authorisation received and granted, 2016-2020

	Received					Granted				
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020
AT	9	11	1	11	-	9	11	0	7	-
BE	-	-	-	-	-	-	-	-	-	-
BG	18	16	16	3	6	-	6	0	0	1
CY	0	-	0	16	8	0	-	0	13	7
CZ	447	608	681	948	820	401	583	655	916	796
DE	-	-	-	-	-	-	-	-	-	-
DK	31,753	31,416	33,118	31,471	23,862	25,323	25,183	26,715	25,482	19,140
EE	88	79	99	119	72	80	74	97	116	71
ES	10	18	18	9	11	4	10	10	5	4
FI	11,431	8,687	8,280	6,295	5,163	-	-	-	-	-
FR	162,137	147,807	177,863	170,872	110,910	143,479	130,073	157,585	148,263	92,390
EL	9	81	59	66	40	7	81	50	64	39
HR	283	309	375	339	231	199	191	270	221	162
HU	-	-	-	-	-	-	-	-	-	-
IE	1,501	4,266	5,413	6,882	4,377	594	2,011	3,703	4,138	3,195
IT	138	108	100	190	143	107	91	84	159	125
LT	53	98	136	157	109	53	95	128	143	98
LU	-	-	-	-	-	-	-	-	-	-
LV	28	18	17	13	24	27	14	19	15	30
MT	10	4	13	14	3	2	4	13	14	3
NL	-	-	-	-	-	-	-	-	-	-
PL	10,637	18,974	18,666	14,741	9,174	8,646	17,146	15,751	15,575	9,333
PT	10	11	13	11	-	3	1	1	0	-
RO	429	635	1,102	1,488	754	130	190	331	901	495
SE	-	-	-	20,620	14,416	-	-	-	17,315	11,623
SI	1,931	1,670	1,604	1,668	1,176	1,833	1,519	1,523	1,575	1,111
SK	6,479	7,632	9,782	11,232	9,398	5,912	6,577	8,878	10,302	8,581
UK	1,763	2,040	2,559	3,125	3,066	993	1,073	1,648	2,046	1,557
IS	47	-	-	1,086	-	42	-	-	994	-
NO	11,232	11,060	11,650	12,343	7,316	10,301	9,943	9,373	10,673	6,756
Total	240,443	235,548	271,565	283,719	191,079	198,145	194,876	226,834	238,937	155,517

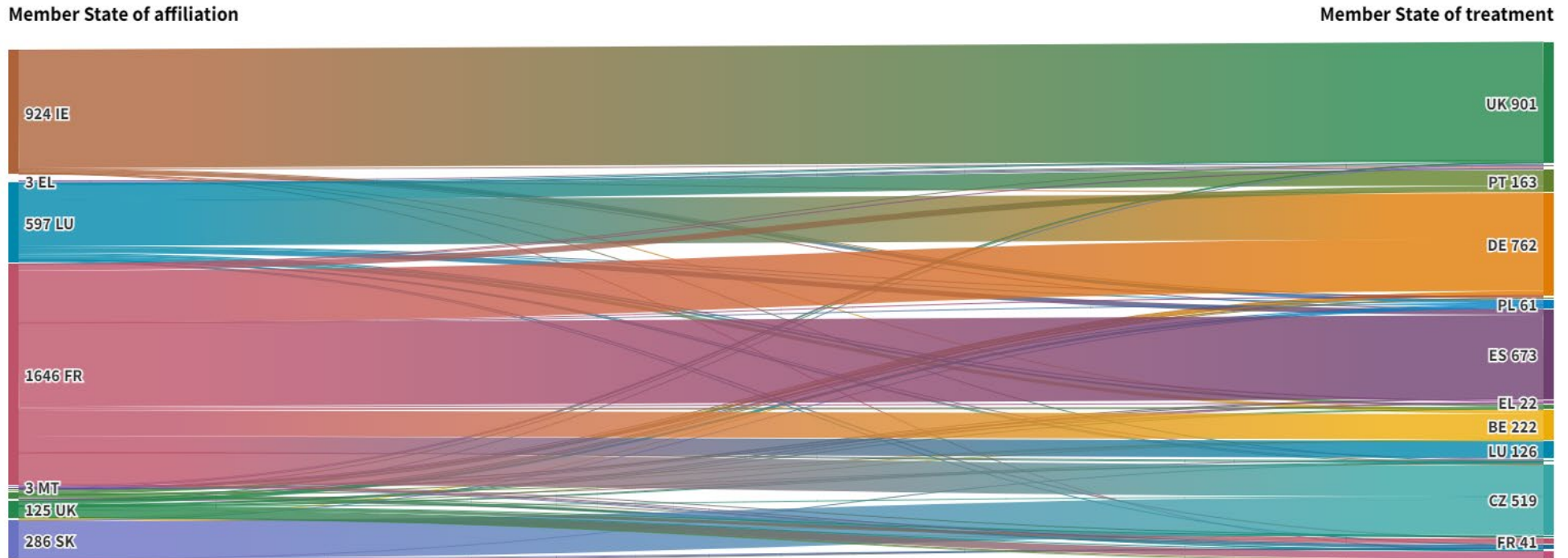
* The symbol '-' indicates that no data were provided.

** AT: complete data could not be presented for 2020 due to a restructuring of the social insurance institutions in AT.

Source Questionnaires on Directive 2011/24/EU reporting on patient mobility

ANNEX III FLOW CHARTS PATIENT MOBILITY

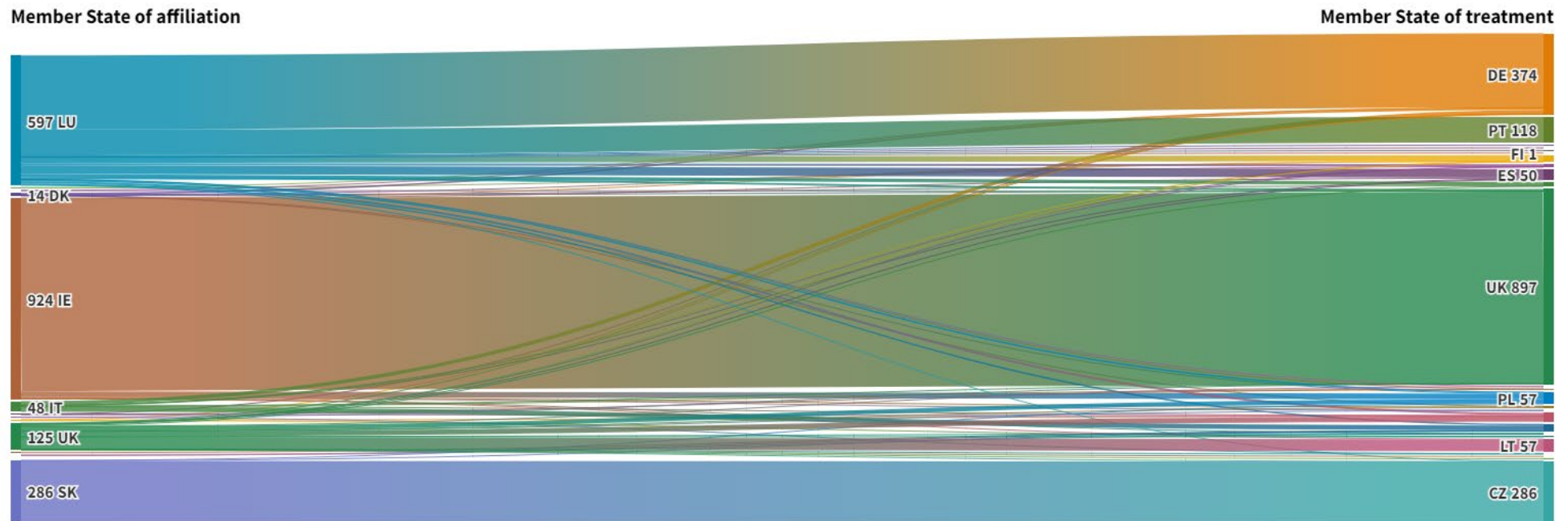
Figure 4 Patient mobility with prior authorisation, authorised requests for healthcare subject to prior authorisations, from Member State of affiliation to Member State of treatment, 2020



* For a complete overview of all the exact numbers, see *Table 11*.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2020

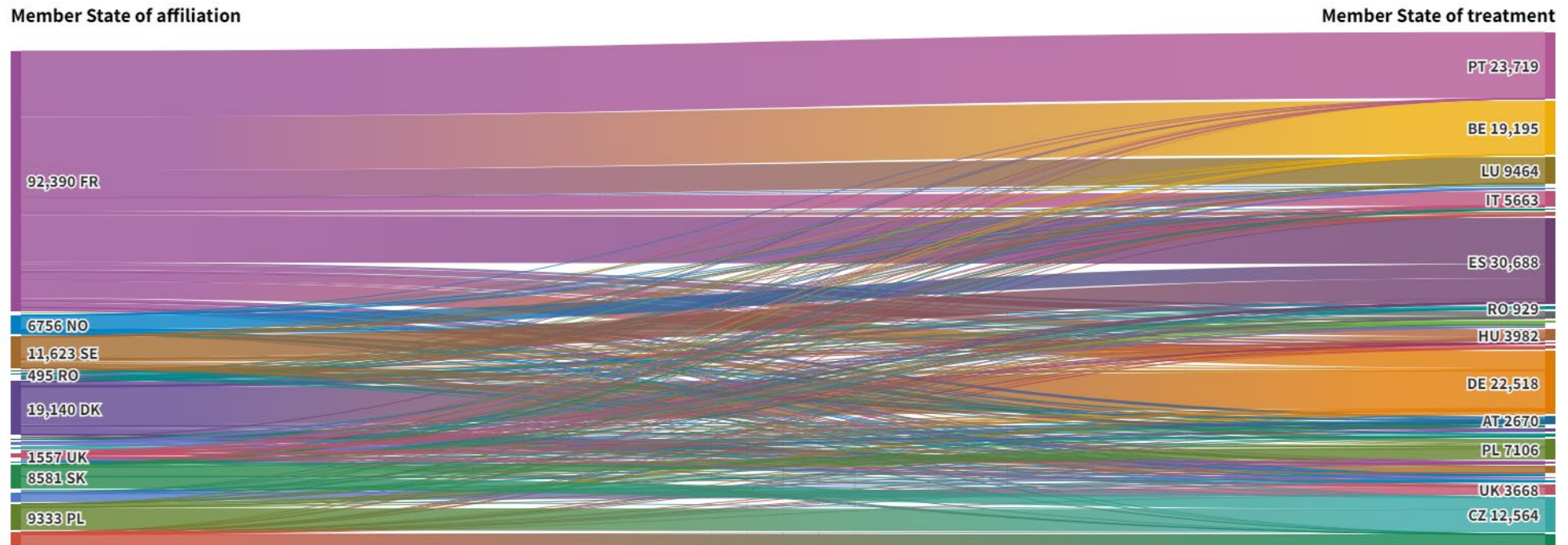
Figure 5 Patient mobility with prior authorisation, authorised requests for healthcare subject to prior authorisation, from Member State of affiliation to Member State of treatment, excluding France as a Member State of affiliation, 2020



* For a complete overview of all the exact numbers, see *Table 11*.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2020

Figure 6 Patient mobility without prior authorisation, granted requests for reimbursement for healthcare not subject to prior authorisation, from Member State of affiliation to Member State of treatment, 2020

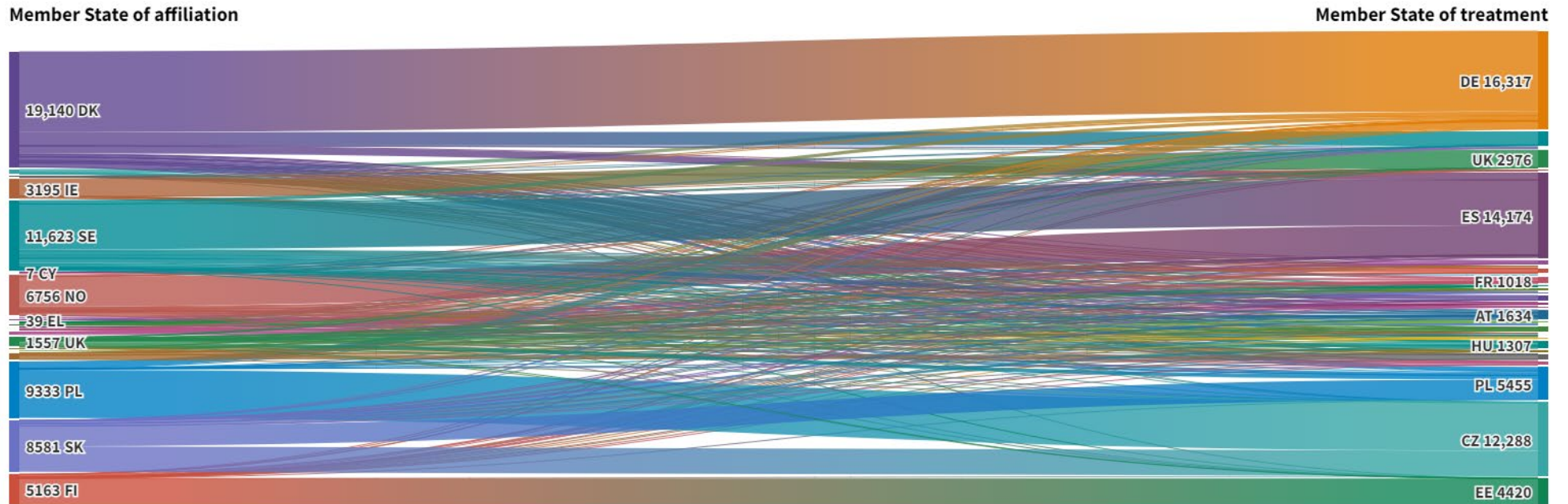


* Data from FI as a Member State of affiliation relates to the number of received requests and not the number of granted requests.

** For a complete overview of all the exact numbers, see *Table 14*.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2020

Figure 7 Patient mobility without prior authorisation, granted requests for reimbursement for healthcare not subject to prior authorisation, from Member State of affiliation to Member State of treatment, excluding France as a Member State of affiliation, 2020



* Data from FI as a Member State of affiliation relates to the number of received requests and not the number of granted requests.

** For a complete overview of all the exact numbers, see *Table 14*.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2020

ANNEX IV DIRECTION OF PATIENT MOBILITY 2018-2020

Table 9 Authorised requests for prior authorisation by Member State of treatment, 2018

Member State of affiliation	Member State of treatment																												Total				
	AT	BE	BG	CY	CZ	DE	DK	EE	ES	FI	FR	EL	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	UK		IS	LI	NO	
AT		0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
BE	0		0	0	0	1	0	0	2	0	11	0	0	0	0	1	0	0	0	0	2	1	0	0	0	0	0	1	0	0	0	19	
BG	0	0		0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2		
CY	0	0	0		0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	3	
DE																																	
DK	1	0	0	0	0	6		0	2	0	1	1	0	0	0	2	0	0	0	0	0	1	0	0	2	0	0	1	0	0	0	17	
ES	0	0	0	0	0	2	0	0		0	2	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	6	
FR	10	306	1	1	161	670	1	0	581	0		17	1	0	0	47	0	193	0	0	5	4	49	0	0	0	1	19	0	0	0	2,067	
EL	0	0	0	0	0	2	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	3	
HR	0	0	0	0	0	0	0	0	0	0	0	0		0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
HU																																	
IE	1	1	0	0	4	4	0	0	0	0	4	0	0	0		1	4	0	0	0	3	30	0	0	0	0	0	1,244	0	0	0	1,296	
IT	37	3	0	0	1	26	0	0	2	1	10	0	2	0	0		0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	84	
LU	9	56	0	2	4	402	2	0	54	3	14	7	1	1	2	20	0		0	0	2	9	59	3	1	0	0	6	0	0	0	657	
LV	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	
MT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0		0	1	0	0	0	0	0	1	0	0	0	3
PL	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	1
PT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
RO	0	0	0	0	0	3	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	6
SI	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	1
SK	0	0	0	0	280	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	280
UK	0	0	2	3	3	9	0	0	13	0	29	0	0	1	476	0	137	0	2	0	0	11	0	0	0	0	0	87	0	0	0	773	
IS																																	
Total	58	366	3	6	453	1,127	3	0	654	4	74	27	4	5	478	74	141	193	2	0	12	59	108	3	3	1	1	1,274	87	0	0	5,220	

* Member States of affiliation that are left out of this table are CZ, EE, FI, LT, LV, NL, SE, and NO as they did not have a system of PA in place in 2018.

** When a cell is blank, it indicates that a country could not provide a breakdown by Member State of treatment or has not provided data.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2018

Data on patient mobility under Directive 2011/24/EU

Table 10 Authorised requests for prior authorisation by Member State of treatment, 2019

		Member State of treatment																												Total				
		AT	BE	BG	CY	CZ	DE	DK	EE	ES	FI	FR	EL	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	UK		IS	LI	NO	
Member State of affiliation	AT		0	0	0	0	4	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	
	BE	0		0	0	0	0	0	0	0	0	8	0	0	0	1	0	0	0	0	0	6	0	0	0	0	0	0	1	0	0	0	16	
	BG	0	0		0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	
	DE																																	
	DK	2	1	0	0	0	7		0	2	0	0	0	0	0	0	0	0	0	0	1	3	0	0	2	0	0	1	0	0	0	19		
	ES	0	1	0	0	0	0	0		0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	
	FR	6	130	2	0	0	442	0	0	0	1		0	1	2	0	20	0	138	0	1	3	4	0	1	1	0	0	8	0	0	0	760	
	EL	0	1	0	0	0	1	0	0	0	0	1		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	5	
	HR	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	HU																																	
	IE	0	4	0	0	1	6	0	0	3	1	1	0	1	2		3	5	0	1	0	0	26	1	1	0	0	0	1,330	0	0	0	1,386	
	IT	31	1	0	0	2	16	0	0	3	0	3	1	0	0	0		0	1	0	0	0	0	0	0	1	0	0	1	0	0	0	60	
	LU	9	53	3	1	4	490	1	0	26	0	14	2	0	2	0	6	1		0	0	1	5	82	0	0	0	0	3	0	0	0	703	
	MT	0	0	0	0	0	3	0	0	2	0	0	0	0	0	0	1	0	0	0		0	0	0	0	0	0	0	2	0	0	0	8	
	PL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	
	PT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0
	RO	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	2
	SI	1	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	3
	SK	4	0	0	0	305	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	311
	UK	0	1	1	9	2	4	0	1	26	0	16	2	0	2	1,024	7	301	0	5	0	2	20	0	2	1	0	1		0	0	0	1,427	
IS	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	5	0	0	0	0	0	1		0	0	0	8	
Total	53	193	6	10	314	977	1	1	62	2	46	5	4	8	1,024	40	307	139	7	1	13	63	83	4	5	0	1	1,349	0	0	0	4,718		

* Member States of affiliation that are left out of this table are CY, CZ, EE, FI, LT, LV, NL, SE, and NO as they did not have a system of PA in place in 2019.

** When a cell is blank, it indicates that a country could not provide a breakdown by Member State of treatment or has not provided data.

*** Data for HU concerning the total number of requests for healthcare subject to PA received and authorised were not taken into account previously (see *Figure 1* in section 2 and *Table 7 in Annex I*) as they did not correspond to data provided in previous reference years.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2019

Data on patient mobility under Directive 2011/24/EU

Table 11 Authorised requests for prior authorisation by Member State of treatment, 2020

		Member State of treatment																											Total					
		AT	BE	BG	CY	CZ	DE	DK	EE	ES	FI	FR	EL	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK		UK	IS	LI	NO	
Member State of affiliation	AT***																																	
	BE	0		0	0	0	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	5	
	BG	0	0		0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	
	DE																																	
	DK	0	1	0	0	0	8		0	0	0	0	0	0	0	1	0	0	1	0	0	2	0	0	0	0	0	0	1	0	0	0	14	
	ES	0	0	0	0	0	1	0	0		0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	4	
	FR	1	190	0	1	233	388	1	1	623	0		9	0	1	0	14	0	126	0	0	4	4	45	0	1	0	0	4	0	0	0	1,646	
	EL	0	0	0	0	0	2	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3	
	HR	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	HU																																	
	IE	0	1	0	0	0	0	0	0	4	0	0	0	0	1		0	2	0	4	0	0	26	0	0	0	0	3	883	0	0	0	924	
	IT	22	1	0	0	0	17	0	0	2	0	3	1	0	0		0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	48	
	LU	7	27	0	2	2	341	4	0	39	1	10	10	2	0	0	16	0		0	0	0	7	118	1	0	1	0	9	0	0	0	597	
	MT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	1	0	0	2	0	0	0	3	
	PL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	
	PT																																	
	RO	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	2	
	SI	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	3	
	SK	1	0	0	0	283	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0		0	0	0	0	286	
	UK	0	2	1	0	1	3	0	0	5	0	24	1	0	1	2	4	55	0	2	0	1	20	0	1	1	0	1		0	0	0	125	
IS																																		
Total	35	222	1	3	519	762	5	1	673	1	41	22	2	4	2	35	57	126	7	0	7	61	163	2	3	3	4	901	0	0	0	3,662		

* Member States of affiliation that are left out of this table are CY, CZ, EE, FI, LT, LV, NL, SE, and NO as they did not have a system of PA in place in 2020.

** When a cell is blank, it indicates that a country could not provide a breakdown by Member State of treatment or has not provided data.

*** AT: complete data could not be presented for 2020 due to a restructuring of the social insurance institutions in AT.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2020

Data on patient mobility under Directive 2011/24/EU

Table 12 Granted requests for reimbursement for healthcare not subject to prior authorisation, by Member State of treatment, 2018

		Member State of treatment																												Total					
		AT	BE	BG	CY	CZ	DE	DK	EE	ES	FI	FR	EL	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	UK		IS	LI	NO		
Member State of affiliation	AT		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	BE																																		
	BG	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	CY	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	CZ	187	0	1	0		344	0	0	3	3	0	1	0	0	0	0	0	0	1	1	1	12	0	1	0	0	96	4	0	0	0	0	0	655
	DE																																		
	DK	242	21	23	11	23	17,266		4	1,756	9	174	121	30	959	2	126	55	14	20	12	187	1,428	46	16	4,100	0	8	31	9	0	22	26,715		
	EE	1	1	7	3	1	18	0		14	13	2	1	0	0	0	4	8	2	21	0	0	0	0	1	0	2	0	0	0	0	0	0	99	
	ES	1	1	0	0	0	0	0	0		0	4	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	10	
	FI*	4	29	23	7	16	83	7	6,963	687		37	15	7	74	1	15	21	0	46	3	24	116	15	19	33	1	10	5	0	0	11	8,272		
	FR	1,522	29,398	912	199	488	12,561	86	49	33,309	394		5,254	801	3,629	635	9,038	135	15,740	101	425	1,637	2,720	35,357	1,206	296	78	135	1,122	146	4	208	157,585		
	EL	2	13	2	8	0	4	0	0	1	0	10		0	0	0	7	0	6	0	0	2	0	0	0	0	0	0	4	0	0	0	59		
	HR	28	8	2	0	5	132	0	0	3	5	11	1		3	2	20	0	1	0	0	9	0	1	0	5	33	0	1	0	0	0	270		
	HU																																		
	IE	2	3	0	0	17	34	0	5	7	0	6	1	0	5		2	35	0	5	0	3	114	0	0	0	1	4	3,459	0	0	0	3,703		
	IT	66	2	0	0	0	10	0	0	1	0	2	0	1	0	0		0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	84		
	LT	1	0	0	0	1	23	0	5	1	0	2	0	0	0	0	0		0	48	0	0	21	0	0	1	1	19	5	0	0	0	128		
	LU																																		
	LV	0	0	1	0	0	6	0	6	3	0	0	1	0	0	0	0	2	0		0	0	0	0	0	0	0	0	0	0	0	0	0	19	
	MT	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	3	0	0	0		0	0	0	0	0	0	0	8	0	0	0	13		
	NL																																		
	PL	20	0	0	1	13,499	1,281	0	0	78	1	5	0	4	2	0	20	694	0	0	0		0	0	0	0	0	139	7	0	0	0	15,751		
	PT																																		
	RO	17	0	0	0	0	12	0	0	5	0	10	0	0	276	0	7	0	1	0	0	1	1	0		0	0	0	1	0	0	0	331		
	SE																																		
	SI	150	1	0	0	11	18	1	12	3	0	3	0	837	38	1	441	0	1	0	0	0	0	0	0	0	0	1	5	0	0	0	1,523		
	SK	310	9	8	0	4,634	48	0	2	3	0	3	2	11	559	0	20	0	1	0	0	9	3,249	3	5	0	0	2	0	0	0	8,878			
	UK	13	15	39	17	34	74	0	2	81	0	125	21	4	49	28	29	297	0	90	0	6	645	8	35	1	1	33	0	0	1	1,648			
	IS																																		
	NO	41	14	35	108	24	343	104	14	7,173	48	48	165	54	396	2	21	54	1	22	8	90	395	46	9	96	0	8	38	16	0	9,373			
Total	2,608	29,515	1,053	354	18,753	32,257	198	7,062	43,128	474	442	5,583	1,749	5,990	671	9,754	1,301	15,768	354	449	1,969	8,701	35,476	1,292	4,532	117	455	4,694	171	4	242	235,116			

* Data from FI as a Member State of affiliation relates to the number of received requests and not the number of granted requests.

** When a cell is blank, it indicates that a country could not provide a breakdown by Member State of treatment or has not provided data.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2018

Data on patient mobility under Directive 2011/24/EU

Table 14 Granted requests for reimbursement for healthcare not subject to prior authorisation, by Member State of treatment, 2020

		Member State of treatment																												Total					
		AT	BE	BG	CY	CZ	DE	DK	EE	ES	FI	FR	EL	HR	HU	IE	IT	LT	LU	LV	MT	NL	PL	PT	RO	SE	SI	SK	UK		IS	LI	NO		
Member State of affiliation	AT																																		
	BE																																		
	BG	0	1		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1		
	CY	0	0	0		0	2	0	0	0	0	0	3	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	7		
	CZ	123	2	2	1		580	0	0	1	0	1	0	3	1	0	0	0	0	0	1	0	20	0	1	0	0	60	0	0	0	0	796		
	DE																																		
	DK	422	15	52	28	24	13,375		1	1,196	23	259	180	40	210	4	176	12	1	21	16	78	607	48	50	2,246	2	5	15	3	0	31	19,140		
	EE	3	0	1	0	0	8	0		9	20	2	4	0	0	0	5	3	0	12	0	1	1	0	0	1	0	0	1	0	0	0	71		
	ES	0	0	0	0	0	0	0	0		0	2	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	4		
	FI*	5	16	10	2	5	71	6	4,383	333		32	12	8	50	0	15	19	0	47	0	7	56	15	15	43	0	4	3	0	0	6	5,163		
	FR	1,036	19,036	646	132	276	6,201	59	36	16,514	271		1,977	367	2,675	348	4,916	85	9,444	42	156	1,155	1,651	23,496	768	130	52	74	692	66	88	1	92,390		
	EL	1	7	1	3	0	7	0	0	0	0	8		0	0	0	9	0	0	0	0	0	0	0	1	0	0	0	1	0	0	1	39		
	HR	12	7	1	0	1	99	0	0	0	2	6	2		0	1	6	0	1	0	0	10	0	1	0	1	10	0	0	0	0	2	162		
	HU																																		
	IE	1	5	0	0	10	21	0	0	31	1	0	0	0	4		2	42	0	13	0	0	203	1	7	0	0	3	2,845	0	0	6	3,195		
	IT	88	1	0	0	0	16	0	0	5	0	8	1	2	0	0		0	1	0	0	0	0	0	0	0	1	0	2	0	0	0	125		
	LT	1	1	0	0	1	14	0	3	1	1	0	1	0	0	1	0		1	38	0	0	31	0	0	0	0	3	0	0	0	1	98		
	LU																																		
	LV	0	0	6	1	0	4	0	10	2	0	0	2	0	0	0	4	0		0	0	0	0	0	0	1	0	0	0	0	0	0	30		
	MT	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	1	0	0	0	3		
	NL																																		
	PL	12	0	2	1	7,948	1,100	0	0	60	0	6	0	3	1	0	3	189	0	0	1	0		2	0	0	0	5	0	0	0	0	9,333		
	PT																																		
	RO	41	2	0	0	0	31	0	0	1	0	11	0	0	377	0	29	0	0	0	0	2	0	1		0	0	0	0	0	0	0	495		
	SE	428	49	16	188	27	554	739	17	7,496	684	403	230	72	36	7	179	33	9	15	5	41	150	109	39		9	3	61	8	1	15	11,623		
	SI	96	2	0	0	10	16	0	0	5	0	1	0	728	6	0	236	0	2	0	0	2	0	0	1	0		1	5	0	0	0	1,111		
	SK	354	14	6	1	4,226	102	31	0	6	0	21	2	12	386	2	16	1	2	2	1	22	3,350	2	9	2	1		10	0	0	0	8,581		
	UK	14	17	34	5	25	108	1	1	67	2	144	27	3	56	4	37	237	0	58	1	5	639	6	37	2	1	25		1	0	0	1,557		
IS																																			
NO	33	20	28	114	11	209	90	5	4,961	32	112	176	21	180	6	33	56	3	12	2	63	397	37	1	80	4	18	31	16	0	5	6,756			
Total	2,670	19,195	805	476	12,564	22,518	926	4,456	30,688	1,036	1,018	2,617	1,259	3,982	373	5,663	681	9,464	260	183	1,386	7,106	23,719	929	2,506	80	201	3,668	94	89	68	160,680			

* Data from FI as a Member State of affiliation relates to the number of received requests and not the number of granted requests.

** When a cell is blank, it indicates that a country could not provide a breakdown by Member State of treatment or has not provided data.

*** NO indicated five granted requests for healthcare not subject to PA for treatment in Norway itself. This problem also arose in the report concerning reference year 2016, when they stated this is due to incorrect registration in the claims handling system, and they were unable to re-register the cases to indicate correct country.

**** AT: complete data could not be presented for 2020 due to a restructuring of the social insurance institutions in AT.

Source Questionnaire on Directive 2011/24/EU reporting on patient mobility reference year 2020

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