



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS



Towards amplified awareness of EU rights to cross-border care – European doctors' perspectives



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Introducing CPME

- The Standing Committee of European Doctors (CPME) represents national medical associations across Europe.
- We are committed to contributing the medical profession's point of view to EU institutions and European policy-making through proactive cooperation on a wide range of health and healthcare related issues.



CPME on Cross-Border Healthcare Directive

- CPME strongly supportive of Directive
 - “crucial step in codifying and clarifying patients’ rights”
 - “genuine way to improve the availability, quality, security, outcome and accessibility of European healthcare”
 - reinforcement of safety and quality in healthcare
 - eHealth
 - health technology assessment
 - rare diseases



Implementing the Directive

- Responsibilities of the MS of treatment
(Article 4, paragraph 2, point b):

*“healthcare providers provide relevant information to help individual patients to make an **informed choice**, including on **treatment options**, on the **availability, quality and safety** [of care,] **clear invoices** and clear **information on prices**, as well as on their **authorisation or registration status**, their insurance cover or other means of personal or collective protection with regard to **professional liability**.”*



Implementing the Directive

- Responsibilities of the MS of treatment
(Article 4, paragraph 2, point b) continued:

*“To the extent that healthcare **providers already provide patients resident in the Member State of treatment with relevant information on these subjects**, this Directive does not oblige healthcare providers to provide more extensive information to patients from other Member States;”*

➔ Correspondence with existing national regulations and codes



CPME on Cross-Border Healthcare Directive

- CPME strongly supportive of aim to improve quality and accessibility of information
- Special attention to ensuring access to information for all patient groups including vulnerable patients
- Examples of action at national level: publications, liaison with national contact point



Action at national level

Änderungen des Heilberufsgesetzes NRW

Mit Datum 14. Mai 2013 ist die am 30. April 2013 vom Land Nordrhein-Westfalen nunmehr in

Auch wenn die Änderung nur wenige Vorschriften erfasst, kommt Bedeutung zu, da sie sowohl für die Heilberufskammern als auch Neuerungen enthält. Das Land Nordrhein-Westfalen setzt damit zu Europäischen Parlaments und des Rates vom 9. März 2011 über grenzüberschreitenden Gesundheitsversorgung um, zum anderen zuständigen Stellen, denen die Versicherungswirtschaft nach § 11 über die Beendigung einer beruflichen Haftpflichtversicherung mac Versicherungsverhältnisses oder eines Deckungsschutzes für das Berufstätigkeit durch die Kammern zu prüfen ist. Im Weiteren wer Notfalldienst geschaffen und die Regelungen, die die Tätigkeit der Schließlich gibt es noch Änderungen für die Apotheker und für die Psychotherapeuten, die an dieser Stelle unerwähnt bleiben. Im Ei

Informationspflichten

Mit § 5a Abs. 5 sowie § 30 Nr. 5 HeilBerG wird die Richtlinie 2011/24/EU über die Aus in der grenzüberschreitenden Gesundheitsversorgung vom 9. März 2011 in nationales F dieser Richtlinie hat der Behandlungsmitgliedstaat sicherzustellen, dass Informationen Berufsausübungsberechtigung von Angehörigen der Gesundheitsberufe, die in nationale enthalten sind, auf Anfrage den Behörden anderer Mitgliedsstaaten zum Zwecke der gr Gesundheitsversorgung entsprechend den Anforderungen der Richtlinie sowie den eins Datenschutzbestimmungen zur Verfügung gestellt werden. Hierzu verpflichtet § 5a Abs. Kammern.

Nach Artikel 4 Abs. 2b der Richtlinie 2011/24/EU müssen alle Gesundheitsdienstleister Informationen bereitstellen, um den jeweiligen Patientinnen und Patienten aus anderen helfen, eine sachkundige Entscheidung zu treffen, unter anderem in Bezug auf Behand Verfügbarkeit, Qualität und Sicherheit der von ihnen erbrachten Gesundheitsversorgung Regelung soll mit § 30 Nr. 5 HeilBerG erfolgt sein.

EU Directive on cross-border healthcare

Created: 09 December 2013

The EU's cross-border healthcare directive came into force in England, Wales and Scotland on 25 October 2013, and in Northern Ireland on 27 December 2013. It aims to:

- Clarify and simplify the rules and procedures applicable to patients' access to cross-border healthcare;
- Provide EU citizens with better information on their rights;
- Ensure that cross-border healthcare is safe and of high-quality;
- Promote cooperation between member states.

Based on the principle that, "if you are entitled to it here, you can get it there" the Directive allows EU citizens to choose to receive a healthcare service (including private and unplanned care) in another member state and to seek reimbursement of the costs.

If you are entitled to it here, then you can get it there.

landamæri

Hinn 1. júní síðastliðinn gengu í gildi lög nr. 13/2016 um breytingu á lögum um sjúkratryggingar nr. 112/2008 sem fela í sér rétt sjúklinga sem sjúkratryggðir eru á Íslandi varðandi heilbrigðisþjónustu yfir landamæri. Með lagabreytingunni eru innleiddar í íslenskan rétt tvær tilskipanir Evrópusambandsins (ESB) frá 2011 og 2012 um þetta efni.¹

Með tilskipuninni frá 2011 eru lögfest ýmis réttindi innan ESB sem hafa verið viðurkennd í dómom Evrópuþómsstólsins og varða heilbrigðisþjónustu yfir landamæri, ekki síst endurgreiðslu fyrir heilbrigðisþjónustu sem veitt er í öðru aðildarríki en búseturíki viðtakanda þjónustunnar. Markmið tilskipunarinnar er að greiða fyrir aðgengi að öruggri hágæðaheilbrigðisþjónustu yfir landamæri, tryggja frjálst flæði sjúklinga innan ESB og stuðla að samvinnu um heilbrigðisþjónustu á milli aðildarríkja, að teknu tilliti til valdheimilda aðildarríkanna til að skipuleggja og veita sína eigin heilbrigðisþjónustu. Tilskipunin gildir um sjúklinga sem ákveða að nýta sér heilbrigðisþjónustu í öðru aðildarríki en því ríki sem þeir eru sjúkratryggðir í en henni er ekki ætlað að leiða til þess að sjúklingar séu hvattir til að leita sér meðferðar erlendis. Tilskipuninni er hins vegar ætlað að tryggja rétt sjúkratryggðra til frjálstrar farar milli aðildarríkja til að sækja sér heilbrigðisþjónustu með þeim takmörkunum sem hvert ríki fyrir sig setur.



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Thank you!