



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public health, Cancer and Health Security
Health monitoring and cooperation, Health Networks

Luxembourg, 19 October 2022

National Contact Points' Sub-Group Meeting

28 September, 13:30-17:30

MEETING VIA WEBEX

CHAIR:

**ANDRZEJ RYS, DIRECTOR OF HEALTH SYSTEMS AND PRODUCTS, DG SANTE (B)
(DONATA MERONI, HOU PROGRAMME MANAGEMENT AND DISEASES, DG SANTE (C1) AS OF
AGENDA POINT 6)**

PARTICIPANTS:

Present: Austria, Belgium, Croatia, Czechia (in a listening mode only), Denmark, Estonia, Finland, France, Germany, Greece, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Norway, Iceland.

1. WELCOME BY THE CHAIR – INTRODUCTION – REORGANISATION OF DG SANTE – UPDATE FROM DG SANTE

The Chair welcomed the members of the NCPs' subgroup, presented the rules for the meeting and introduced the new colleagues of the Commission's CBHC team: HoU Donata Meroni, Team Leader Giulio Gallo, Legal and Policy Officer Natalia Zampieri. The European Reference Networks and rare diseases will be managed in the same unit and continuity will be ensured.

The agenda was slightly amended, as the agenda point 4 on the Single Digital Gateway had to be moved up due to conflicting agenda of the colleague from DG GROW. IE asked for an addition under the AOB concerning fraud under the CBHC Directive (the updated agenda was shared with the NCPs beforehand). No other points were raised.

2. RESULTS OF THE EVALUATION OF THE CROSS-BORDER HEALTHCARE DIRECTIVE AND THE FOLLOW-UP ACTIONS – PRESENTATION BY DG SANTE AND A *TOUR DE TABLE*

The Chair reminded that, on 12 May 2022, the Commission adopted its 3rd report on the operation of the CBHC Directive accompanied by a SWD on the evaluation of the Directive. Many of NCPs participated in the Commission’s surveys, interviews, webinars etc. related to the evaluation. The evaluation results were presented to the Public Health Working Party in the Council in June 2022. The Member States agreed with the main conclusion of the evaluation that there is currently no need to revise the CBHC Directive. The Commission has not yet had the chance to present the evaluation results to the Parliament or to the Committee of the Regions and is waiting for an invitation from those two institutions in the upcoming weeks.

DG SANTE gave a PPP “Evaluation of Patients’ Rights in Cross-Border Healthcare”, concerning the results of the evaluation of the Directive and its follow-up actions (PPP attached).

DG SANTE informed that the knowledge and capacity-building workshop with the NCPs would take place at the beginning of 2023 (planned in-person, probably in Luxembourg) and the awareness-raising event at EU level on patients’ rights to cross-border healthcare would take place at the end of 2023 (both are among the follow-up actions to enhance the implementation of the Directive). NCPs are welcome to send any suggestions for the two events to the functional email SANTE-Cross-Border-Healthcare@ec.europa.eu.

The Chair noted that save-the-date emails for the two events would be sent out as soon as possible and invited the NCPs to provide their feedback on the evaluation in a *Tour de Table* (questions sent before the meeting):

- Do you believe the evaluation has covered all important points?
- Which follow-up actions do you find the most important?
- What could be done on EU and/or national level to improve information to patients and to raise awareness of patients’ rights?

Written feedback could also be sent to the functional email after the meeting, if the NCPs wish to do so.

AT: as regards the simplification of administrative procedures (objective 1 of the follow-up actions to enhance the implementation of the Directive), in AT, many projects on digitalisation are currently being implemented that will contribute to the simplification of the administrative burden for cross-border healthcare. As regards reducing financial risks to patients (objective 2 of the follow-up actions), the AT umbrella organisation of social security institutions stresses that the level of reimbursement is difficult to estimate, in particular where services are used in the private sector. As regards improving information to patients (objective 3), all suggestions in the evaluation report are rated very well by the external cooperation partners in AT. The relationship between the CBHC Directive and the SSC Regulations is difficult to explain to patients. The Austrian NCP considers that the inclusion of patient organisations, social security institutions and other stakeholders in the preparation of information to patients is very important. The NCP is currently revising the content of its website following the Commission's recommendations and is getting patient organisations and the umbrella organisation of social security institutions involved in this process. The chief aims are to provide clear, understandable, easy-to-read information; to increase transparency regarding patients' rights; to show the differences for cross-border healthcare under the CBHC Directive and the SSC Regulations; to provide more information on ERNs; to increase transparency on the reasons for refusal of prior authorisation and on actions necessary to obtain planned healthcare abroad and to provide a concrete list of treatments requiring prior authorisation according to the CBHC Directive. The language barrier for passing information to patients and other involved parties is significant and the e-translation tool provided by the Commission is very helpful in this context. The update of the website will be partially done in 2022 and finalised in 2023. As regards clarifying the relationship between the CBHC Directive and the SSC Regulations (objective 4), the stakeholders in AT agree that more detailed information is needed. A factsheet is currently being drafted and translated into English. The actions concerning strengthening regional cooperation in cross-border healthcare (objective 9) were assessed very positively by the NCP and the stakeholders in AT.

BE considered that the Commission's report covered all the main aspects of the CBHC Directive, but felt it focuses too much on low patient mobility numbers. It has never been the aim of the CBHC Directive to send patients abroad; it only provides an additional way to have patients' costs reimbursed. The CBHC Directive will always be subsidiary to the SSC Regulations. As regards information provision to patients, BE supports all initiatives to reach the set objective, however,

patients will only look for information on cross-border healthcare when they need it, thus we have to find a way that this information could be easily accessed *at that time*. As regards the complexity of the relationship between the CBHC Directive and the SSC Regulations, we are all aware of it, we have been discussing this for years and we have to understand that it will not disappear. The most important follow-up actions thus concern the information provision to patients and clarifying the relationship between the CBHC Directive and the SSC Regulations. As regards the digitalisation in the healthcare sector, BE is facing in particular the issue of digital invoicing, but there is no legal instrument establishing the framework for digital invoicing. The practical problem arises when foreign healthcare providers send digital invoices to patients who try to forward them to their health insurance funds. We should look into this issue, as it impacts the effectiveness of the CBHC Directive. As regards improving information to patients, in BE, the Charter of Socially Insured Persons obliges the social security institutions to inform patients on their rights in the national and cross-border settings and not only on demand, but also pro-actively.

DE agreed with BE that it is not the CBHC Directive's aim to increase the patient mobility numbers. Administrative and financial burdens for patients remain important. In favour of in-person NCP workshops.

EE: the evaluation prompted the Estonian NCP to assess their website and evaluate their own work. The NCP has made some improvements on the website in line with the follow-up actions. It is very difficult for patients to navigate between the CBHC Directive and the SSC Regulations and it is not possible for the NCP to recommend cross-border healthcare, as the patients has to bear a financial burden. The healthcare prices different in member states and very often patient from EE will not get fully reimbursed as the prices in EE are often lower than in some other member states. Agree that it would be very useful to get to know other NCPs and strengthen cooperation.

IE agreed with EE that it is very important for NCPs to start meeting again in person. Providing information to patients is improved when NCPs know each other. Agrees with BE on digital invoicing. Sceptical about the simplification of the procedures for cross-border healthcare: healthcare belongs to the national competence and the Commission should have in mind that what seems to be reasonably sufficient on EU level, might not be sufficient with regard to fulfilling fiduciary duties under national law. As regards the relationship between the CBHC Directive and

the SSC Regulations, IE welcomes the proposed workshop. Concerned that the EU's health portfolio is growing with little connection between the separate initiatives in this field (the CBHC Directive, the SSC Regulations, eHealth etc.) and no forum where these initiatives might come together.

EL: Following the conclusions of the Commission's evaluation and the impact assessment of the Directive that was carried out domestically, EL has set priorities as for the follow-up actions that are considered the most important. First, to complete the review of the national legal transposition framework. EL has already revised part of it, also taking into consideration the outcomes of the bilateral talks of the Greek Ministry of Health and the Commission. The last part which is pending is the revision of the administrative procedures including significant changes with the scope of reducing administrative requirements that were identified as problematic for the patients seeking cross-border healthcare. For that specific revision the Ministry of Health through the NCP collaborated with the EU legal team of the Greek Ministry of Foreign Affairs and the revised framework is expected to be completed by the end of 2022 at the latest. Further to this, the revision refers to the whole national authorization process which to date used to be linked to national entities and committees with a wide spectrum of other tasks besides CBHC. Now the PA system is solely dedicated to cross border healthcare for further flexibility and efficiency. Next priority is to upgrade the extent and level of e-services through the application of new digital tools and e-platforms for faster and more user-friendly, convenient processing of the claims. Finally, EL has re-launched the NCP's re-designed website as of February 2022 which upgraded the past version considerably. Looking forward to the workshop and the event organised by the Commission. On the national level, would welcome more funding to the NCP.

FR: the evaluation concerned all main points of the CBHC Directive. As far as the NCP is concerned, the next 2 years will be used to re-design the NCP's website, to create a second access for patients in order to enhance their awareness, to make it more user-friendly and easier to understand. In addition, the basic information will be improved.

FI considered that the evaluation covered all the important points. The most important follow-up actions concern the information provision and increasing patients' awareness. The NCPs are not well known neither on the national level nor on EU level, even where efforts are made to increase

their visibility. The Finnish NCP also does not know other NCPs, thus a physical meeting is very important. The role of the NCPs should be strengthened and even marketed.

IT agreed with all the criticisms highlighted in the Commission's report and considered that now is the time to overcome these pre-existing issues. IT is taking steps to raise patient awareness, as well as patient participation in the activities of the NCP and the Ministry of Health in general. In order to overcome the financial risks that the CBHC Directive creates for patients, the SSC Regulations could be promoted at EU level. For this purpose, DG SANTE should closely cooperate with DG EMPL. As regards digitalisation, IT stressed the need for more information and clarity about e-prescriptions (e.g. in which countries e-prescriptions could be used cross-border). Simplification of administrative burden is very difficult on national and regional level. The NCP would also like to be informed about the possibilities for rare diseases patients at EU level, in order to share this information with patients. Currently, the NCP only provides national-level information. Agree with BE that it is not the CBHC Directive's aim to increase the patient mobility numbers: a lot of patients are mobile using the SSC Regulations.

LV agree with FI, EE, IE concerning the importance of a good NCPs' cooperation and that an in-person meeting of NCPs would be very valuable. Got the same impression as BE that the report emphasises the patient mobility numbers too much. As regards the financial burden, LV does not find the CBHC Directive very useful to patients. The procedures for cross-border healthcare have been simplified in LV, also because the number of cases is very low. Agree with BE about information to patients and raising their awareness. For patients, it does not matter whether this is the Directive's route or the Regulation's route; what is important is that their needs for cross-border healthcare are met. All the follow-up actions are good and LV will try to improve, although currently, the workload on the national administrations in the health field is very high.

LT agrees with LV regarding the financial burden. As from 1 September 2022, the website of the Lithuanian NCP has changed. The new website is part of the website of the National Health Insurance Fund. The changes made in the structure (cross-border healthcare under the CBHC Directive and under the SSC Regulations, information for patients going abroad and for patients coming to LT). Are ready to improve the information provision to patients further, in line with the Requirements and Recommendations for NCP websites (agenda point 4).

LU is in a specific situation with regard to cross-border healthcare. Most patients use the SSC Regulations, but also an increasing number are using the CBHC Directive. During the COVID-19 pandemic, patients could not always get cross-border healthcare, as the borders were closed. The priority for LU is to balance between protecting the national system and allowing patients to receive the healthcare they need that is not always available in LU. Currently, LU is reviewing which medical treatments necessitate prior authorisation and simplifying the prior authorisation procedure (e.g. doctors' will be able to make cross-border healthcare requests online). At the end of 2022 or the beginning of 2023, a new more user-friendly NCP website will be launched.

MT commended the extensive evaluation process. Telemedicine is becoming more wide-spread, therefore, it is important to review the legislation applicable to telemedicine. Also important to follow the process of integration of ERNs in the national systems. MT is also in the process of revamping the NCP website (foreseen for the end of 2022 or the beginning of 2023): more information will be provided, access for people with decreased sensory functions ensured.

NL: in NL, the health insurance fund will not give full reimbursement of costs if the patient goes to a healthcare provider (in NL or abroad) who has no contract with that fund. The system remains the same, despite the CBHC Directive. The website of the NCP refers patients to their health insurance funds, as the NCP does not know which healthcare providers outside the NL have contracts with the specific insurance funds.

PL will send the answers to the questions after the meeting *via* email.

PT: in PT, there is no real application of the CBHC Directive because the national legislation provides for healthcare abroad without any costs to patients. Very few patients are making use of the Directive and PT does not see this changing in the future.

RO: the evaluation has covered all the important points. The most important follow-up actions are the actions related to the objectives 1, 3 and 9. Consider as important, on EU level, the awareness raising event and on the national level, the simplification of administrative procedures through digitalisation.

SE: the representative of the agency responsible for providing information to incoming patients echoed other NCPs that the evaluation is very good and that they can agree with all the priority

areas that had been identified in the Commission's report. We should look into how the information provision on the relationship between the CBHC Directive and the SSC Regulations could be simplified. It is difficult for the NCP to see whether the information that they provide actually reaches patients through e.g. healthcare providers. It would be very valuable for the NCPs to get to know each other personally. The national insurance agency that provides information to outgoing patients considered it most important to raise the patients' awareness and to reduce administrative burden. They see room for improvement in these two areas. They will also think how the relationship between the CBHC Directive and the SSC Regulations should be explained on the NCP website, as currently no explanation is given.

SK: the evaluation has covered all the important points. Currently, bi-lateral discussions are taking place between the Commission services and the Ministry of Health regarding the implementation of the Directive in SK, with the aim of finding solutions to simplify administrative procedures for cross-border healthcare and to reduce financial risks to patients. The main actions in order to raise awareness of patients are the digitalisation of documents, improving information on the NCPs' websites and providing information in the mainstream media.

SL: the NCP is constantly seeking to improve information to patients, in particular as regards the relationship between the CBHC Directive and the SSC Regulations. Looking forward to the upcoming workshop at the beginning of 2023. The Ministry of Health that is responsible for the implementation of the Directive in SL is also having bi-lateral talks with the Commission services.

NO: no comments to the report. NO has quite a number of patients seeking cross-border healthcare abroad, but the numbers of incoming patients are not significant. The main goal is to ensure that the financial risks are low for patients. For this purpose, the NCP is continuously working to ensure good quality information to patients and NO also has a system of prior notification.

The Chair sum-up:

The issues to be covered in future discussions:

- the relationship between the CBHC Directive and the SSC Regulations;
- new instruments of networking (a possible topic for the NCPs' workshop);

- digitalisation in the healthcare field (digital services, digital documents, e-invoicing);
- raising patients' awareness

In addition, a regular knowledge sharing is to be established to see how different instruments are working (e.g. concerning virtual panels of ERNs and e-prescriptions).

Conclusion:

The presentation concerning the results of the evaluation of the CBHC Directive and its follow-up actions will be sent out to the NCPs. The above-listed issues will be integrated in the follow-up actions.

3. EU REGULATION ON A SINGLE DIGITAL GATEWAY – NCP AS ASSISTANCE SERVICES - PRESENTATION BY DG GROW

The Chair recalled that the Single Digital Gateway facilitates online access to the information, administrative procedures and assistance services that citizens and businesses need to become active in another EU country. NCPs for cross-border healthcare are assistance services under the SDG Regulation.

DG GROW reminded that NCPs need to provide data on citizen information requests bi-annually to comply with the SDG Regulation. Reminded how this data is to be submitted, as well as explained recently introduced changes to the subject-matter of the requests. Informed that only NCPs from 5 Member States had submitted the data (**CZ, DE, IT, PL, ES**), encouraged others to do so as soon as possible.

The questionnaire on patient mobility data collected by DG SANTE **no longer** contains data on number of information requests, so as not to duplicate the information collected by the Commission. In its future reports on the operation of the CBCH Directive, the Commission will thus use the data on requests for information collected under the SDG Regulation. It is therefore of **utmost importance** that the NCPs are providing this data under the SDG Regulation.

AT (submitted to GROW-SINGLE-DIGITAL-GATEWAY@ec.europa.eu), **EE, FI, LV** and **LT** informed that they had also provided this data, thus it is not clear what happened to it, if it is not appearing in the statistics. **DG GROW** answered that this would be followed-up bi-laterally.

Conclusions and follow-up actions:

Those NCPs who have not yet provided data on the information requests as required by 31 August 2022 are invited to do this **as soon as possible** to be legally compliant with the SDG Regulation.

4. REQUIREMENTS AND RECOMMENDATIONS FOR NCP WEBSITES - PRESENTATION BY DG SANTE

DG SANTE gave PPP “Requirements and Recommendations for the Websites of the National Contact Points for Cross-border Healthcare”, reminding the NCPs of their obligations with regard to providing information on their websites, and also mentioned materials made available to help NCPs in their tasks (PPP attached).

Conclusions and follow-up actions:

The NCPs are particularly reminded:

- to implement the guiding principles on information provision on cross-border healthcare;
- to publish on their websites references to the multi-lingual Manual for Patients and information on the European Reference Networks;
- to make their websites accessible for people with disabilities.

The presentation will be sent out to the NCPs. The Commission notes here that it will also be published on the Commission’s website, on the page dedicated to cross-border healthcare.

5. DATA COLLECTION ON PATIENT MOBILITY UNDER THE CBHC DIRECTIVE IN 2021 – UPDATE FROM DG SANTE

DG SANTE updated on the state of play of the data collection exercise for 2021, *i.e.* that:

- the data is gathered through the data collection questionnaire,
- the questionnaire was revised this year and the changes approved by the NCPs at the meeting of 10 May 2022,
- the questionnaire is accompanied by the Guidance Manual containing explanations to the information to be provided and intended to ensure a uniform interpretation of the questionnaire,

- the questionnaire was launched/sent out to the NCPs on 1 September, with the deadline to respond 14 October 2022,
- the replies, as well as any questions you may have on the questionnaire, should be sent to Jonathan Olsson Consulting (mobilitydata@kuleuven.be),
- replies had only been received from 4 Member States (**EE, LV, LT** and **MT**).

IT asked a question concerning the inability of local healthcare units to provide certain additional information requested this year, namely, the data concerning whether the healthcare providers are purely private or contracted, to which **DG SANTE** answered that if a Member State cannot provide certain information, it is invited to explain, in an email or a cover note, the reasons for why this information could not be provided.

Conclusions and follow-up actions:

Those NCPs who have not yet submitted the completed questionnaires are invited to do this as soon as possible and, in any case, no later than **14 October 2022**.

6. LATEST DEVELOPMENTS ON THE NATIONAL LEVEL - A *TOUR DE TABLE*

The Chair invited the NCPs to inform about any developments in their respective Member States, including on information provision by NCPs to persons who have been granted temporary protection.

AT: in AT, projects on digitalisation are currently being implemented that will contribute to the simplification of the administrative burden for cross-border healthcare. Since the beginning of 2022, the NCP started to involve patient organisations in two processes: in the revision of the NCP website and, on certain topics, in the meetings with stakeholders. The NCP is working on the factsheet concerning the differences under the CBHC Directive and the SSC Regulations.

BE could not report about any particular developments on the national level. Information to persons who have been granted temporary protection is provided not on the NCP website, but on another dedicated website.

DK could not report about any new developments on the national level; the work is undergoing concerning updating information on the NCP website, including on the SSC Regulations, as well as regarding raising awareness of health professionals about cross-border healthcare.

DE could not report about any developments on the national level; stressed the importance that not only patients, but also health funds and healthcare providers are aware of cross-border healthcare. The NCP is not competent concerning information provision to persons who have been granted temporary protection. This information is provided on the website of the German liaison body, of which the NCP's website is a part.

EE: no national developments to report; the NCP website already provides all information in 3 languages (Estonian, English and Russian); moreover, certain information about the EE health system is provided in Ukrainian.

IE: there are several UA nationals who used the CBHC Directive for reimbursement of healthcare costs in PL.

EL: provision of information to persons who have been granted temporary protection is the responsibility of the Ministry of Migration and Asylum, not of the NCP. EL is ready to start operating MyHealth@EU platform, to exchange e-prescriptions and patient summaries with other Member States, by the end of 2022. Moreover, this year, EL joined the ERNs with 19 clinics from 8 university hospitals.

FR: no specific evolution at the moment on the website of the French NCP. Information for UA nationals is available only on the website of the French Ministry for Health.

FI: a proposal adopted to revise the Cross-Border Healthcare Act, the foreseen date of entry into force is 1 January 2023, if adopted by the Finnish Parliament. In order to comply with the CBHC Directive, the proposal provides that cross-border healthcare costs are reimbursed up to the amount of the cost of the corresponding healthcare service within the system of public healthcare services in FI. There are also other issues addressed in this proposal, such as clarifying the obligation on the national stakeholders to cooperate with the NCP. In general, as from 2023, the revision of the health care system will take place in FI – the responsibility to organise healthcare services transferred from municipalities to the so-called well-being services counties (21 in total). As regards information to UA nationals, Finnish NCP has published a news article on their website,

which tells about right to healthcare in Finland for those who have arrived in Finland from Ukraine. The article is published also in Ukrainian and Russian, and it has been shared also on NCP's social media channels (Twitter and Facebook). Moreover, Kela (Social Insurance Institution of Finland) Kela communicates mostly in issues related to temporary protection, since they cover more widely the whole spectrum of social security benefits in Finland.

IT: the local healthcare units are encouraged to provide information on their websites about cross-border healthcare, prior authorisation etc. and to link them to the website of the NCP. The information to persons who have been granted temporary protection is provided on the website of the Ministry of Health in 4 languages.

LV had no additional information to provide.

LT: the address and the content of the NCP website has changed; the information on the website will be updated in light of the presentation of DG SANTE (agenda point 4). Information to UA nationals is provided on the websites of the Government and the Ministry of Health.

MT: persons who have been granted temporary protection have so far not requested any cross-border assistance.

PL: information to UA nationals is provided on the websites of the Government and the National Health Fund.

RO could not report about any particular developments; currently working on improving the website of the NCP.

SI had no additional information to provide.

SK had no additional information to provide.

SE had reviewed their website to provide more information about the ERNs; the website is currently being reviewed in general for its structure, readability etc. SE has received over 44 000 UA nationals. SE also offered to receive 160 MEDEVAC patients; the number of patients actually received is 31, and these patients cannot be repatriated after treatment due to the current situation in their country.

NO had no comments to provide regarding the developments in the NCP. Information for UA nationals is available in NO in several languages, including UA. The NCP has contributed to the content of the website dedicated to UA nationals.

7. AOB

The Chair informed that **IE** had raised a point under the AOB concerning fraud under the CBHC Directive and handed the floor to **IE**.

IE pointed out that while fraud had always been a problem under the CBHC Directive, **IE** was finding it was becoming a growing problem. The NCP comes across a significant number of fraudulent paperwork in their practice. Proposed to share experiences on fraud during the upcoming workshop. Fraud should be prevented so that the Directive does not get a bad name. There has to be a recognition in the Commission that fraud is happening.

The Chair noted that we have to be vigilant to ensure that the Directive cannot be associated with fraudulent behaviour, but this cannot intimidate the implementation of the Directive. This issue could be discussed at the workshop. It would be interesting to see whether other Member States have similar experiences.

MT and **BE** informed that they were not aware of any fraudulent cases in their countries.

DE had a case where **DE** insured persons submitted falsified invoices to their health insurance fund. The Croatian NCP helped the German NCP to clarify that the healthcare providers did not exist in **HR**.

SE is aware that fraud is happening, but it is difficult to assess the extent.

8. CLOSURE OF THE MEETING BY THE CHAIR

Next meeting will be an in-person workshop in January 2023.

Continuity of the cross-border healthcare file in the Commission will be ensured.

Annex I: List of participants

European Commission:

DG SANTE B	Andrzej Jan Rys
DG SANTE B2	Ruta Janeckaite Caroline Hager Michela Raimo
DG SANTE C1	Donata Meroni
DG SANTE C2	Giulio Gallo Natalia Zampieri
DG GROW G3	Hans Dietrich Druener

Member States:

Austria	Austrian Public Health Institute
Belgium	FOD Volksgezondheid / RIZIV
Croatia	Croatian Health Insurance Fund
Czechia	Kancelarzp
Denmark	Danish Patient Safety Authority / EU Health Insurance
Estonia	Estonian Health Insurance Fund
Finland	Contact Point for Cross-Border Healthcare, Finland (Social Insurance Institution of Finland)
France	Centre des Liaisons Européennes et Internationales de sécurité sociale (CLEISS)
Germany	EU-PATIENTEN.DE
Greece	EOPYY – National Organisation for the Provision of Health Services, Directorate of International Insurance Relations
Ireland	Health Service Executive
Italy	Ministry of Health
Latvia	National Health Service

Lithuania	State Health Care Accreditation Agency under the Ministry of Health / The National Health Insurance Fund under the Ministry of Health
Luxembourg	CNS – Caisse Nationale de Santé
Malta	Ministry for Health
Netherlands	CAK
Poland	Ministry of Health
Portugal	Administração Central do Sistema de Saúde, I.P.
Romania	National Health Insurance House
Slovakia	Urad pre dohlad and zdravotnou starostlivostou – Healthcare Supervisory Authority
Slovenia	Health Insurance Institute of the Republic of Slovenia
Spain	Ministerio de Sanidad
Sweden	Forsakringskassan / Socialstyrelsen
Norway	HELFO – Norwegian Health Economics Administration
Iceland	Icelandic Health Insurance- International Department