

amendment



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

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

Luxembourg, 13 May 2024

National Contact Points' Sub-Group Meeting

8 November 2023, 10:00-13:00

MEETING VIA WEBEX

CHAIR:

DIRECTOR OF HEALTH MONITORING AND COOPERATION, HEALTH NETWORKS, DG SANTE (B.3)

PARTICIPANTS:

Present: Belgium, Bulgaria, Czechia, Croatia, Denmark, Estonia, France, Germany, Greece, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Austria, Poland, Romania, Slovenia, Finland, Sweden, Norway.

1. WELCOME AND INTRODUCTORY REMARKS

The Chair welcomed the members of the NCPs' subgroup, gave an overview of the agenda, and presented the rules for the meeting. The meeting agenda included a presentation on the 2022 data collection exercise on patients' mobility; tour de table with country representatives on new developments at national level; Commission's update on actions to facilitate the implementation of the Directive on patient's rights in cross border healthcare; and a presentation by the Irish National Contact Point on Medical Tourism Companies. Each point was followed by a discussion session.

2. DATA COLLECTION ON PATIENT MOBILITY UNDER THE CROSS-BORDER HEALTHCARE DIRECTIVE OF 2022 – PRESENTATION BY PREDICTBY ON THE DRAFT REPORT AND PRESENTATION OF THE EU REGULATION ON A SINGLE GATEWAY BY DG GROW

The Chair introduced PredictBy, who will assist the European Commission in the data collection and the drafting of the Patient Data Mobility Report for the next 2 years.

A representative from PredictBy presented the main findings, follow by a presentation by DG GROW G.3 on the EU Regulation on a Single Digital Gateway. The draft report on patient mobility would be circulated in writing to the NCPs for comments. NCPs were also encouraged to send the data requested under the Single Digital Gateway, managed by DG GROW. The Commission praised the NCPs for having sent in their data on time this year; last year, only 4 countries provided data on time.

Conclusion and follow-up actions:

The draft report will be circulated in writing for comments with deadline 15 January 2023.

We invite those NCPs who have not provided data to send the relevant questionnaires to PredictBy as soon as possible and as latest by 17/11/2023.

NCPs are also invited to send the data requested under the Single Digital Gateway. This data under the SDG will be used in the Commission's future reports on the operation of the cross-border health care Directive.

3. LATEST DEVELOPMENTS ON THE NATIONAL LEVEL – *TOUR DE TABLE*

The Chair invited the National Contact Point's representatives to update the European Commission on the latest developments on the national level.

BE: stated that there were no developments. They had minor modifications on the website. They are discussing with Luxembourg and Germany to have agreements on cross-border cooperation.

CZ: stated that there were no developments. They informed that their data was sent in September.

DK: stated that there were no developments, no new initiatives, or procedures in relation to the Directive during the last year.

DE: had nothing new in their legislation this year, but started updating their website with new clearer language, in German and English to help patients understand complicated EU legislation.

EE: had no news regarding legislation. They recently changed the name of their institution.

IE: currently updating their website, which will be completely revamped. Co-payments for inpatient care were abolished in legislation earlier this year.

IT: had no news concerning legal procedures but are updating their website. They are aware of cross regional cooperation.

EL: their review of the cross-border administrative procedures was completed. A new set of rules implemented with reference to the Directive as well as the Social Security Regulations. Procedures were simplified and certain requirements that were flagged as putting extra burdens on patients were removed. They launched the exchange of e-Prescriptions and e-Patient summaries through My Health at EU. They are operating a mutual exchange of e-Prescriptions with Poland and a mutual exchange of patient's summaries with Spain. They are conducting operational tests with 11 Member States. The Greek NCP is restructuring its website, which will go online at the end of 2024. They are continuously updating their information.

BG: had no changes or developments.

FR: had no new developments.

HR: According to amendments of the Compulsory Health Insurance Act, which entered into force on 1st April 2023, the Croatian Health Insurance Fund takes into account the insurance periods on the basis of the mandate in the European Parliament and employment in the institutions of the EU in procedures of exercising certain rights from the compulsory health insurance like the termination of salary compensation during sick leave and rights to orthopedic and dental aids. This was considered before, but now it is explicitly stated in their law. In accordance with the same amendments, but with effect from the 1st of January 2024, the amount of participation of the insured people in healthcare costs will increase. Co-payments for doctor examinations in primary healthcare will be the same and other Co-payments will increase. The Health Insurance Fund developed a new mobile application called Scan EHIC. It will ease data entry as data can be scanned rather than entered manually.

LV: have been working on their webpage but had no significant changes concerning contact point information or legislation changes. They thanked Ireland for raising awareness on medical tourism. They are now exploring the issue further. There was more information about the possibilities

across greater healthcare. They observed more incoming applications for reimbursements and observed the costs for healthcare under the Directive. They will see definite results in the next data collection.

LT: had no changes in their legislation. They considered introducing the prior notification system and hoped that countries which implemented this system would share how the system is organised in their country and if it is fully automated. Currently Lithuania is only able to provide people with information about the possible reimbursable amount upon written request. They do not know the exact reimbursable amount because inpatient services are covered by DRG.

LU: had no news or updates.

MT: are updating their website. Their period for reimbursement has been reduced from 1 year to six months.

NL: had no developments.

AT: had no new developments regarding the legislation. They made 3 points: (i) numerous projects are being carried out regarding digital health together with other EU countries, i.e., projects regarding e-Prescription, e-Summary. These projects support and facilitate cross-border healthcare; (ii) They are working on their website with their stakeholders. They aim to provide clearer and simpler information regarding the differences between the directive and the regulations; (iii) They have been working closely with the year ends and the patient organizations since this year.

PL: had no major new developments but they are working on their website which is being updated and simplified with user-friendly language in Polish and English. They're ensuring that the website has improved visibility, accessibility, transparency, and inclusion. There was no new law in Poland this year pertaining to cross-border healthcare, but there was a minor amendment to one of the ordinances of the Minister of Health, a rephrasing of the material scope of that ordinance. There was an update in their administrative procedure regarding electronic deliveries. As of the 10th of December, public entities including the National Health Fund, need an address for electronic delivery which is entered in a database. This is not an e-mail address, it's a specific string of characters that enables electronic correspondence. This is to simplify the communication with

public authorities as it enables 24/7 access to the electronic delivery platforms. We are looking forward to seeing how it works in practice.

RO: They introduced a national level of standardised requests for prior authorization that were available online for people that want to benefit from cross-border healthcare based on the Directive. They updated their website which was improved through the introduction of a section on accessibility instruments. They changed the organisation of the NCP.

SI: had no changes of legislation or procedures.

FI: reported legal changes. Before, public healthcare was provided by the municipalities. Now it is provided by 20 plus welfare well-being service counties. In May 2023, they introduced a new reimbursement model for cross-border healthcare according to the Directive. In this new reimbursement model, costs are reimbursed according to the cost incurred in a person's well-being service country. They introduced a voluntary system of prior notification in accordance with the directive. People now apply manually for prior notification. They ask the well-being service county what the cost for the corresponding treatment would have been and then reimburse the client. There are preconditions. The treatment provided abroad must be a part of the service selection of the Finnish healthcare system. If a person applies for reimbursement, they are required to give a referral if a referral would have been required for applying for the same treatment in Finland. Next year, Finland will introduce a prior authorization system in accordance with the Directive. The factual entry requires that separate regulations are approved by the Finnish government. There will be a list of the procedures requiring priority sessions and a list of preconditions in the directive when a prior authorization will be required. The government has not granted this point yet because no procedure in the public health care system fulfils the preconditions in the Directive, although the Ministry would grant requests in the future if requirements were met. Their website is going to be revised, and they will keep members updated.

SE: reorganised the NCP at the National Board of Health and Welfare. They will notify the EC of the new contact information and will provide information about the new mailbox set up for the contact point. A mailbox will be added to their website.

NO: had minor adjustments in their legislation concerning translation and time limits for applications, but no significant changes. There were no administrative changes.

ES: updated their website that consists of a section of Information on the European Union Patient Summary that includes a section of frequently asked questions addressed to both citizens and health professionals.

The Chair closed this section of the meeting by thanking the National Contact Points representatives. The NCPs are invited to continue their work to improve information provisions to patients on cross-border healthcare.

4. EVALUATION OF THE CROSS-BORDER HEALTHCARE DIRECTIVE – PRESENTATION BY DG SANTE

The Chair informed that the European Commission produced and published a new booklet on ERNs in October 2023 on their website, which is available in all official languages of the EU. The Chair urged NCPs representatives to link this booklet on their website to help patients with rare diseases become aware on cross-border healthcare rights.

DG SANTE reported on different actions to support the implementation of the Directive in Member States, and notably:

- The revision of the Guidance Note on the relationship between the Directive and the Social Security Coordination Regulations, under DG EMPL remit.
- The forthcoming study on telemedicine under AWP 2024.
- The action on raising awareness of patients' rights to cross-border healthcare, supported by the EU4Health 2023 work programme (500.000 EUR).

DG SANTE presented and explained the organisation of up to 10 national workshops in Member States and EEA countries. The action aimed to raise patients' awareness of their right to CBHC for which the EC managed to get a budget of € 500,000. The main points of the workshops are: improvement of information to patients; promotion and monitoring the guidance principles and the multi-lingual Manual for Patients; raise patients awareness of NCPs; raise patients awareness about the ERNs. NCPs were invited to flag their interest by 27 November. DG SANTE stressed

that preference would be given to cross-border regions if agreement would be reached by two or more Member States.

The selection of the hosting countries will be further discussed in the Expert Group meeting, scheduled on 4 December 2023.

DE and IE asked questions, which were clarified by DG SANTE.

To conclude the action on raising awareness on patients' rights, an EU-level event will be held in Luxembourg in 2025.

Conclusions and follow-up actions:

DG SANTE will keep NCPs Informed on progress towards the different follow up actions.

DG SANTE will be again in touch with all of you to make a list of Member States interested in hosting a national workshop for the action on awareness raising.

DG SANTE will be further in touch with interested Member States to agree on the agenda/speakers and technical issues for a smooth running of the national workshops.

Preference will be given to cross border regions if agreement will be reached by two Member States.

National Contact Points should express interest in hosting one of the workshops by 27 November 2023.

5. NATIONAL EXPERIENCE ON MEDICAL TOURISM COMPANIES

The Chair introduced the presentation from IE representative, who brought to our attention about the issues with medical tourism companies in IE during our workshop in March 2023.

The **IE representative** presented several cases where medical tourism companies were involved in the reimbursement procedures. The IE representative concluded the presentation by asking the Commission to develop a common position on medical tourism companies and their possible exclusion as health care providers in the meaning of the Directive. National Contact Points were requested to flag similar issues and, depending on the feedback received, the point might be discussed in one of the next meetings.

DG SANTE, DE and IE contributed to the topic.

Conclusions and follow-up actions:

NCPs are invited to inform DG SANTE if they face similar cases in their Member State.

Depending on the feedback received in writing, the point might be rediscussed in one of the next meetings.

6. AOB

DG SANTE informed about the recent proposal amendment of Article 20 of Directive 2011/24/EU, laying down that reporting on the operation of the Directive will in future be presented to the Council and the Parliament every five years (instead of three), which will reduce the burden of reporting obligations and be in alignment with the European Reference Networks requirement.

7. CLOSURE OF THE MEETING BY THE CHAIR

Next meeting will be organised in the end of 2024 and will be further communicated.

Annex I: List of participants

European Commission:

DG SANTE B3

DG GROW G3

Member States:

Austria	Austrian Public Health Institute
Belgium	FOD Volksgezondheid / RIZIV- Federal Public Service Health, Food Chain Safety and Environment National Institute for Health and Disability Insurance
Croatia	Croatian Health Insurance Fund
Czechia	Kancelarzp -Health Insurance Bureau
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	National Health Fund
Romania	National Health Insurance House
Slovenia	Health Insurance Institute of the Republic of Slovenia
Spain	Ministerio de Sanidad- Ministry of Health, Social Services and Equity
Sweden	Forsakringskassan / Socialstyrelsen- Swedish Social Insurance Agency
Norway	HELFO – Norwegian Health Economics Administration

External contractor:

PredictBy