



# The Cross-border Healthcare Directive: The Implementation Method and The Latest Report



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# Overview

- **The Cross-border Healthcare Directive**
- **Main messages of the 2018 Implementation Report to the European Parliament and the Council**
- **Core conclusions of the Report**
- **Reception by inter-institutional partners and the media**



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- A major change in the EU's involvement in health policy



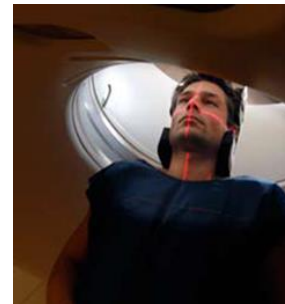
## Main aims of this Directive

To help patients exercising their rights for healthcare in another EU country.

Therefore the Directive clarifies:

- 1. Information to patients;**
- 2. Rules of reimbursement;**
- 3. Procedural guarantees;**
- 4. Co-operation between health systems**

and complements the Social Security Regulations.



# **Triennial Commission report on the operation of the Directive 2011/24/EU on the application of patients' rights in cross-border healthcare**

- **2018 Report** published and submitted to the European Parliament and the Council on **21 September 2018:**

**I. State of play of transposition**

**II. Patient mobility**

**III. Information to patients and National Contact Points**

**IV. Cooperation between health systems**

**V. Conclusions**



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# I. State of play of transposition

## Transposition check:

### **Completeness check – finished**

26 infringements launched (+ 21 for Implementing Directive 2012/52/EU)

### **Compliance check – ongoing**

#### Issues identified:

- 1) Systems of reimbursement (unreasonably low reimbursement tariffs or restriction on reimbursement);
- 2) Use of prior authorisation (lack of transparency or incorrect use of PA);
- 3) Unreasonable administrative requirements;
- 4) Charging of incoming patients.



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## I. State of play of transposition

- Based on the systematic assessment of all notified measures by all Member States, 11 own-initiative investigations gathering information were launched:
  - 4 structured dialogues have been closed already since Member States changed their legislation;
  - 1 infringement is almost at the level of referral to the next instance;
- Overall, this work strand confirmed that solutions can be found for the benefit of EU citizens through structured bilateral dialogues.



Photo credit: <https://drawnalism.com>

## **I. i) Systems of reimbursement of costs**

- Reimbursement tariffs based on cost of treatment at home from public / contracted provider;
- No specific notifications received under Article 7(9), allowing Member States to limit application of the rules on reimbursement of cross-border healthcare for overriding reasons of general interest.

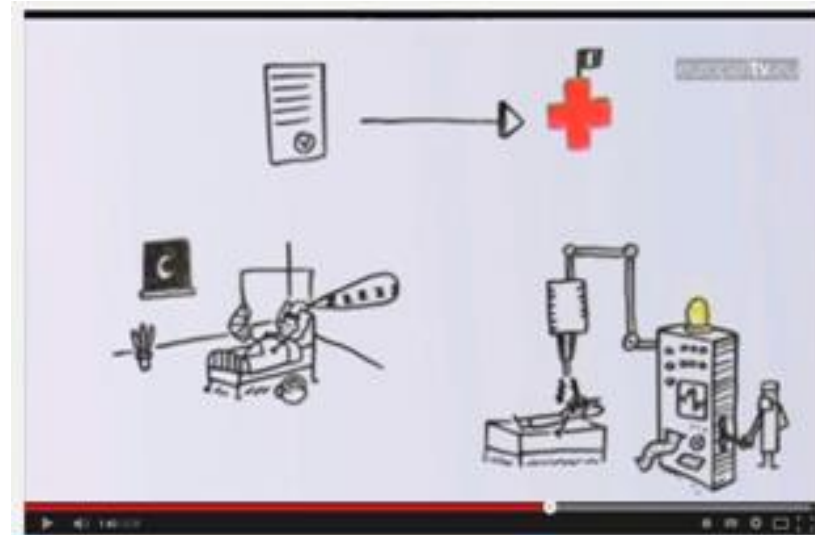


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## I. ii) Prior authorisation

Prior authorisation possible for

- a) overnight stay; or
- b) highly specialised and cost-intensive healthcare



- Presently, 6 MSs and Norway have no prior authorisation system in place at all;
- If prior authorisation is considered necessary, a detailed and sufficiently defined shortlist should be publically available.





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## **I. iii) Administrative procedures regarding cross-border healthcare**

- Administrative procedures for cross-border reimbursement are based on objective, non-discriminatory criteria which are necessary to the objective to be achieved;
- The 2018 Report offers examples of administrative procedures that were lifted in the interest of patients following discussions with the Member States on the proportionality and necessity thereof;
- The prior notification option under Art 9(5): a mechanism worth upscaling.



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## I. iv) Fees for patients from other Member States

- Non-discrimination of patients from other Member States with respect to access and ***pricing***;
- Same scale of fees to patients from other Member States as for domestic patients in a comparable medical situation;
- If no comparable price for domestic patients, obligation on providers to charge a price calculated according to objective, non-discriminatory criteria;
- The establishment of a cost-based pricing system may well have implications for reimbursement obligations of Member States to outgoing patients.



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## II. Key figures on patient mobility

### 1. Coordination on social security schemes

- Necessary (unplanned) healthcare:  $\pm 2$  million cases/year;
- Planned healthcare:  $\pm 55,000$  PA/year;
- Living outside of the competent MS:  $\pm 1.4$  million people;  
➔ 0.1% of the EU-wide annual healthcare budget



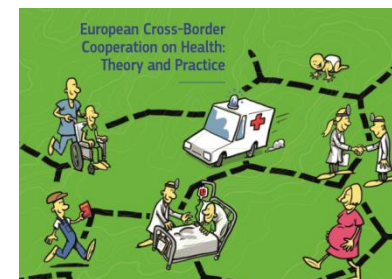
### 2. Directive 2011/24/EU

- CB healthcare without prior authorisation:  $\pm 200,000$  reimbursement/year
- CB healthcare with prior authorisation:  $\pm 3500$  PA/year  
➔ 0.004% of the EU-wide annual healthcare budget



### 3. Bilateral agreements for cross-border healthcare

- No data available



# Where do patients travel when Prior Authorisation is required\*?

MS of affiliation

MS of treatment

**France**

**Ireland**

**Luxembourg**

**Slovakia**

**UK**

**Germany**

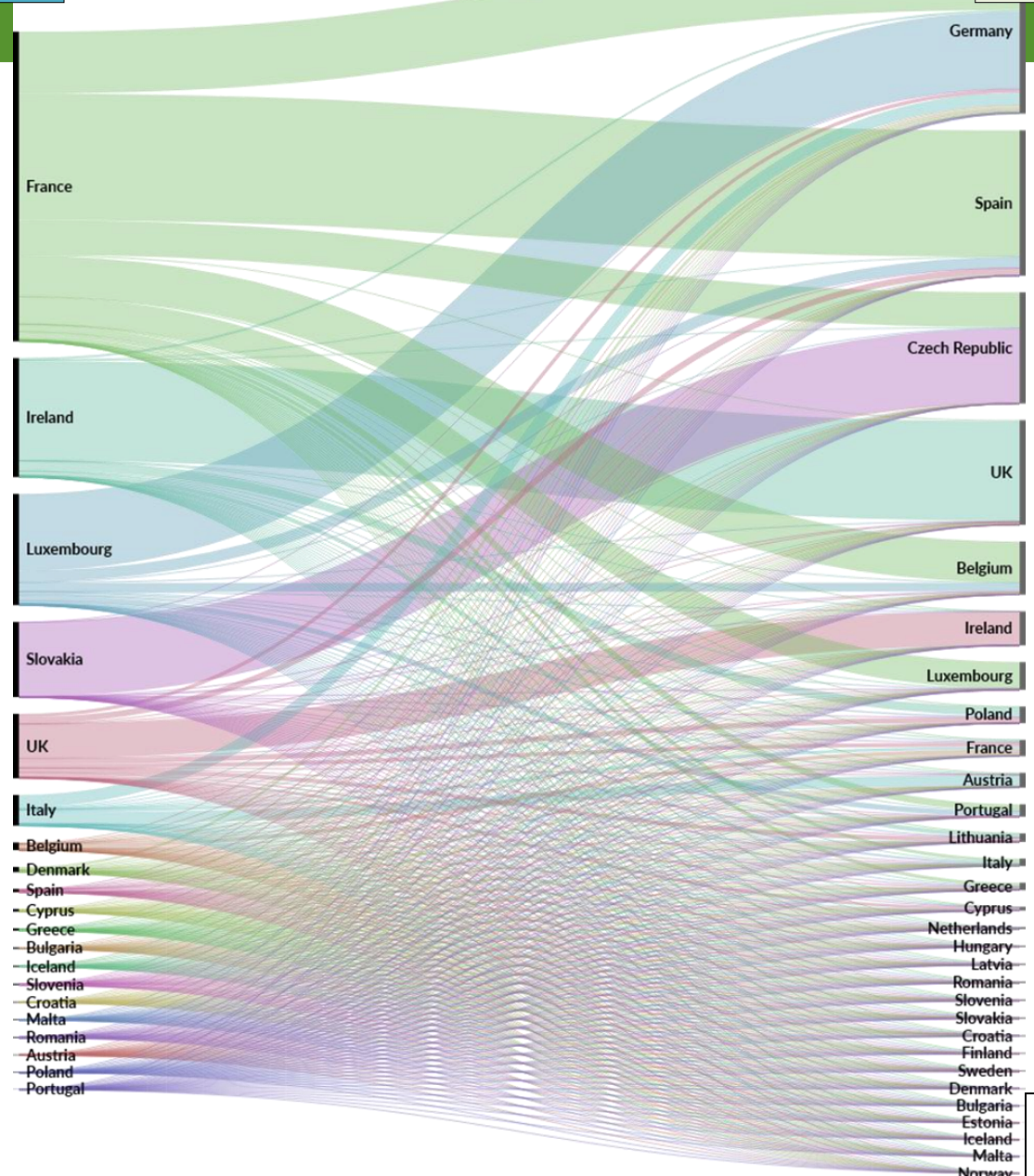
**Spain**

**Czech Rep.**

**UK**

**Belgium**

**Ireland**



- Belgium
- Denmark
- Spain
- Cyprus
- Greece
- Bulgaria
- Iceland
- Slovenia
- Croatia
- Malta
- Romania
- Austria
- Poland
- Portugal

- Lithuania
- Italy
- Greece
- Cyprus
- Netherlands
- Hungary
- Latvia
- Romania
- Slovenia
- Slovakia
- Croatia
- Finland
- Sweden
- Denmark
- Bulgaria
- Estonia
- Iceland
- Malta
- Norway

\*Under the Directive 2015-2017

# Where do patients travel when Prior Authorisation is not required?

MS of affiliation

MS of treatment

**France**

**Denmark**

**Poland**

**Norway**

Finland

Slovakia

Sweden

Belgium

Slovenia

UK

Ireland

Czech Republic

Romania

Croatia

Italy

Estonia

Lithuania

Greece

Iceland

Latvia

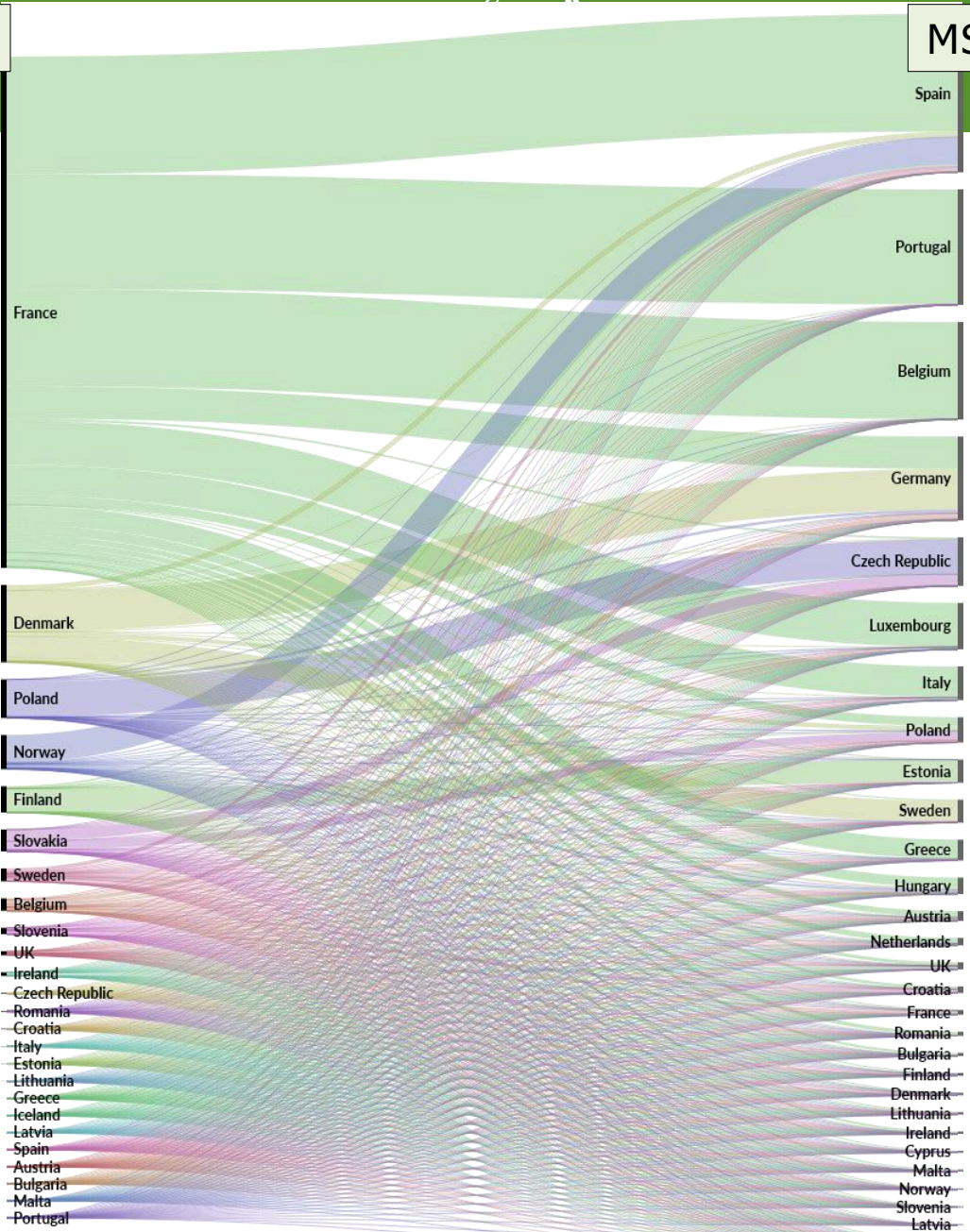
Spain

Austria

Bulgaria

Malta

Portugal



**Spain**

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**Belgium**

**Germany**

**Czech Rep.**

**Luxembourg**

Italy

Poland

Estonia

Sweden

Greece

Hungary

Austria

Netherlands

UK

Croatia

France

Romania

Bulgaria

Finland

Denmark

Lithuania

Ireland

Cyprus

Malta

Norway

Slovenia

Latvia

Slovakia

Iceland

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# III. Information to patients and NCPs

## Member State A

National Contact Point

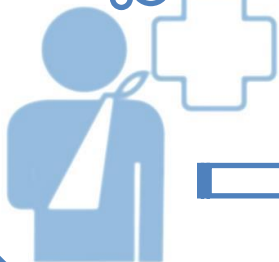


Outgoing patients:

- Patients' rights
- Entitlements
- Reimbursements
- Appeal processes

Questions:

- Reimbursement?
- Quality?
- Service provider?
- Documents?



## Member State B

National Contact Point



Incoming patients:

- Quality of care / safety standards
- Complaints and redress procedure

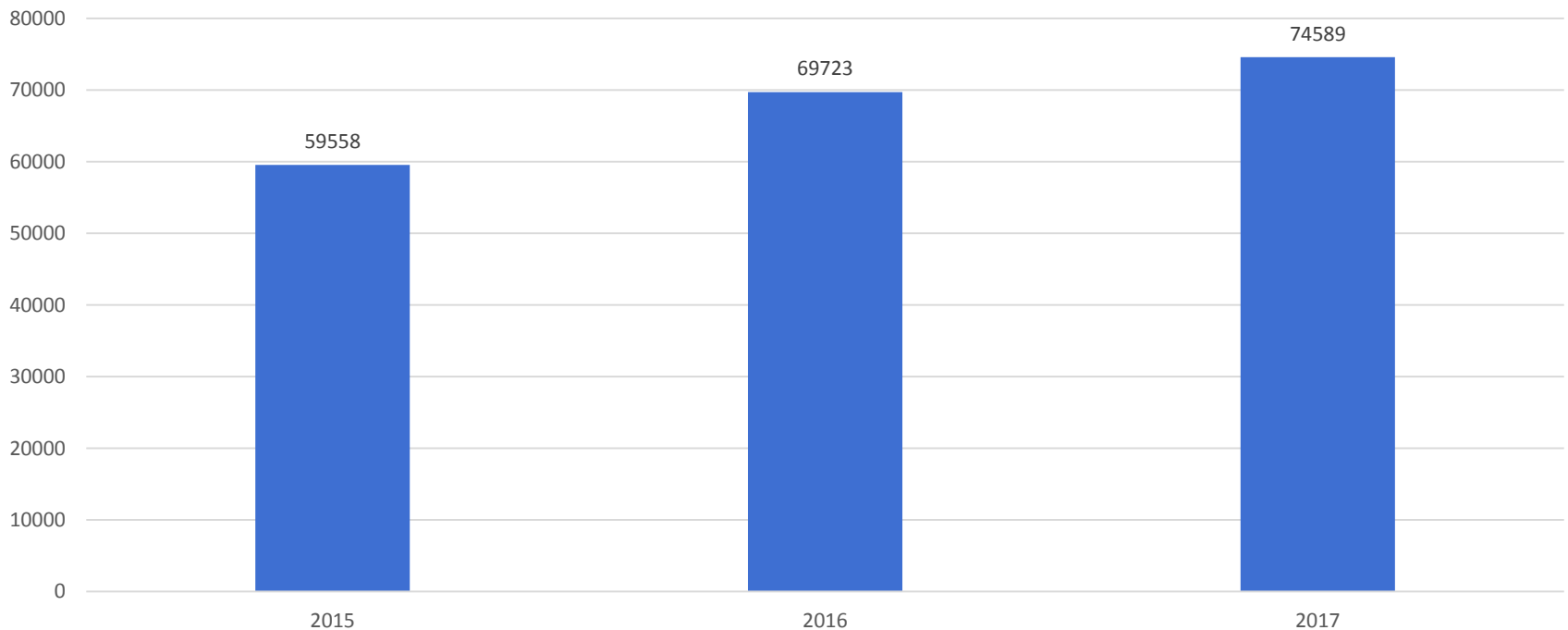
- Treatment options
- Quality and safety
- Right to practice
- Liability
- Prices
- Prescriptions





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### **III. Requests for information made to NCPs – a slow yet steady increase, due to raising levels of awareness, due to providers or to websites?**



## Patients have right to receive healthcare abroad (Directive 2011/24/EU)

- ✓ Main rule: No prior authorisation (overnight stay and highly specialised and cost intensive care);
- ✓ Direct payment to providers;
- ✓ Reimbursement based on tariffs and rights in the MS of affiliation
- ✓ Public / private providers and medicines are available;

## Coordination of social security schemes (Regulation (EC) No 883/2004)

### Necessary treatment

- ✓ Medically necessary care;



- ✓ Reimbursement between institutions based on the tariffs of treatment, (No co-payment);
- ✓ Public (contracted) providers only

### Planned treatment

- ✓ Prior authorization in case of undue delay;







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## IV. Cooperation between Health Systems

- the ERNs
- eHealth
- Health Technology Assessment
- Encouraging **cooperation between MS** to improve complementarity of their health systems in border regions – **priority for the EU**



European  
Reference  
Networks



**Commission Communication  
on growth and cohesion in EU border regions  
September 2017**



Successful Conference on Enhancing Healthcare Cooperation in Cross-Border Regions

4th December 2018 -- Brussels, Centre de Conférences Albert Borschette

## Conclusions

- ❑ Patients' mobility shows a slight increasing trend;
- ❑ Information provided by the NCPs has been enhanced over the reporting period + websites have been improved;
- ❑ The Directive has proven to clarify and guarantee patients' rights to receive healthcare in another MS;
- ❑ Voluntary cooperation between health systems gained pace and developed further – framework and momentum provided by the Directive (HTA, eHealth, ERN);
- ❑ The Directive has not resulted in a major budgetary impact on the sustainability of national health systems.



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## Reception by media and inter-institutional partners thus far

- ❑ EP non-legislative resolution on the implementation of the Cross-border Healthcare Directive – adopted in Plenary in February 2019;
  - ❑ Calls on MSs to provide sufficient funding for their NCPs to be able to develop comprehensive information;
  - ❑ Recommends that the Commission develops guidelines for the functioning of NCPs.
- ❑ Council uptake during the Romanian Presidency who dedicated the Informal Meeting of Health Ministers (14-15 April 2019) to this topic;
- ❑ Awaiting Court of Auditors Performance Audit publication – June 2019;
- ❑ Overall positive reaction from stakeholders and the media and acknowledgement of achievements to date.

**Thank you for your attention!**

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Health and Food Safety Directorate-General  
Cross-border Healthcare and Tobacco Control Unit