



Directive on patients' rights in cross-border healthcare



Background (1)



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Existing Regulations on social security systems

- **Necessary care - EHIC;**



- **Planned care - Prior authorisation is needed** (cannot be refused if he/she cannot be treated within a time limit which is medically justifiable)





ECJ Rulings* on patient mobility

- Healthcare as a service is under the free movement of services;
- Patients can choose healthcare provider abroad;
- Level of reimbursement up to cost of treatment at home;
- Prior authorisation is acceptable;

** Kohll and Decker (1998); Ferlini (2000); Geraets-Smits and Peerbooms (2001); Vanbraekel (2001); Inizan (2003); Müller Fauré and Van Riet (2003); Leichtle (2004); Watts (2006); Stamatelaki (2007); Elchinov (2010).*

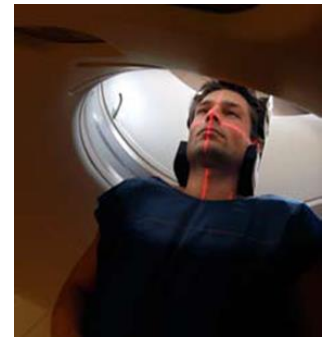


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Main aims of this Directive

Helping patients to exercise their rights to reimbursement for health treatment in any EU country

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





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1. Information to patients:

1.1. National Contact Points to be created

- ✓ NCPs tell **outgoing patients** about: rights; entitlements; reimbursement; appeal processes;
- ✓ NCPs tell **incoming patients** about: quality and safety standards / systems; complaints and redress procedure;
- ✓ NCPs have to **consult** with patient organisations, healthcare providers, healthcare insurers;

http://ec.europa.eu/health/cross_border_care/docs/cbhc_ncp_en.pdf



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1. Information to patients:

1.2. Healthcare providers must provide information on:

- ✓ treatment options and availability;
- ✓ quality and safety of the healthcare;
- ✓ prices;
- ✓ authorisation and registration status;
- ✓ insurance / professional liability cover;



2. Rules of reimbursement clarified

2.1. Prices and reimbursement tariffs

- Same fees as for domestic patients;
- Reimbursement tariffs based on cost of treatment at home from public / contracted provider;
- transparency required on reimbursement entitlements: which treatments and how much?
- Recognition of prescription*;

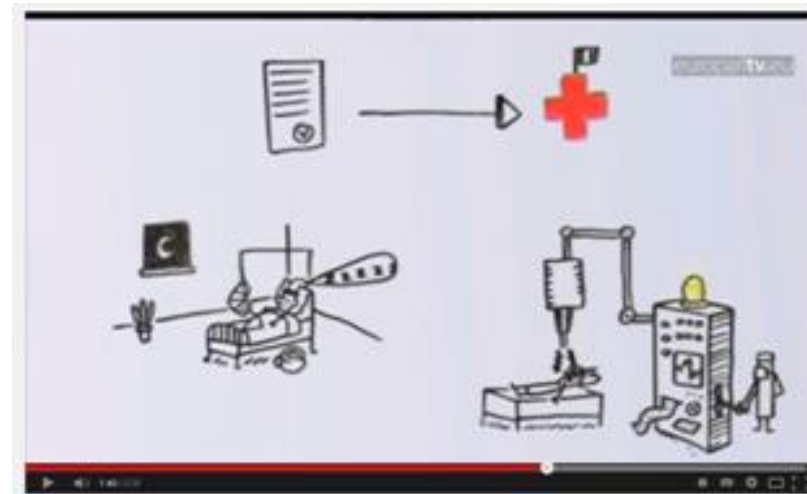


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2. Rules of reimbursement clarified

2.2. Prior authorisation possible for

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



Authorisation may be refused if no "undue delay" ...
...and that decision must be "properly reasoned";



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3. Procedural guarantees

Minimum patients' rights in the EU:

- **Right of appeal** on authorisation and reimbursement decisions;
- Right to transparent **complaint procedure and to seek redress** (all treatment must be covered by liability insurance or similar guarantee);
- Right to **privacy**;
- Right of access to/**copy of medical records**;
- **Non-discrimination**: access and prices;

4. Co-operation between health systems

- *Cooperation on guidelines for quality and safety*

- ***European Reference Networks***

Networks bringing together specialised centres across Europe helping citizens to better access highly specialized and complex healthcare and to disseminate information and expertise

- *Health Technology Assessment*

- *eHealth*

- *Cross-border healthcare in border regions*

- *Committee on Cross-border Healthcare*





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What is new on health services since social security Regulations?

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;



Next steps

- **Checking Member States' transposition**
 - **Completeness check**
 - ✓ Systematic work on MS' transposition measures; Infringement procedure (huge number of Letter of Formal Notices and Reasoned Opinions were sent to MS).
 - ✓ Full transposition by almost all MS were reached.
 - **Compliance check**
 - Effective implementation of the Directive
- **Report on implementation of the Directive by October 2015**

To sum up

- Patients' rights to choose care and providers abroad confirmed, increased and clearly explained;
- Common rules on information to patients on health systems, treatments, patient safety and quality;
- Minimum set of patients' rights established in the EU;
- Establish formal cooperation between health systems;



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Thank you for your attention!



Further information:

http://ec.europa.eu/health/cross_border_care/policy/index_en.htm