



Directive on patients' rights in cross-border healthcare



DG SANCO



Headline messages:

- Patients' rights to choose care and providers abroad confirmed, increased and clearly explained
- Information to patients on health systems and treatments
- Minimum set of patients' rights established in the EU





1. Basic principles

- Patients have right of reimbursement when they receive healthcare in another EU MS
- Level of reimbursement up to cost of treatment at home
- Quality and safety standards / legislation of Member State of treatment applies



2. Prior Authorisation

- Prior authorisation possible for
 - a) overnight stay; or*
 - b) highly specialised and cost intensive healthcare ("hospital care")...*
- Authorisation may be refused if no "undue delay"...
- *...and that decision must be "properly reasoned"*

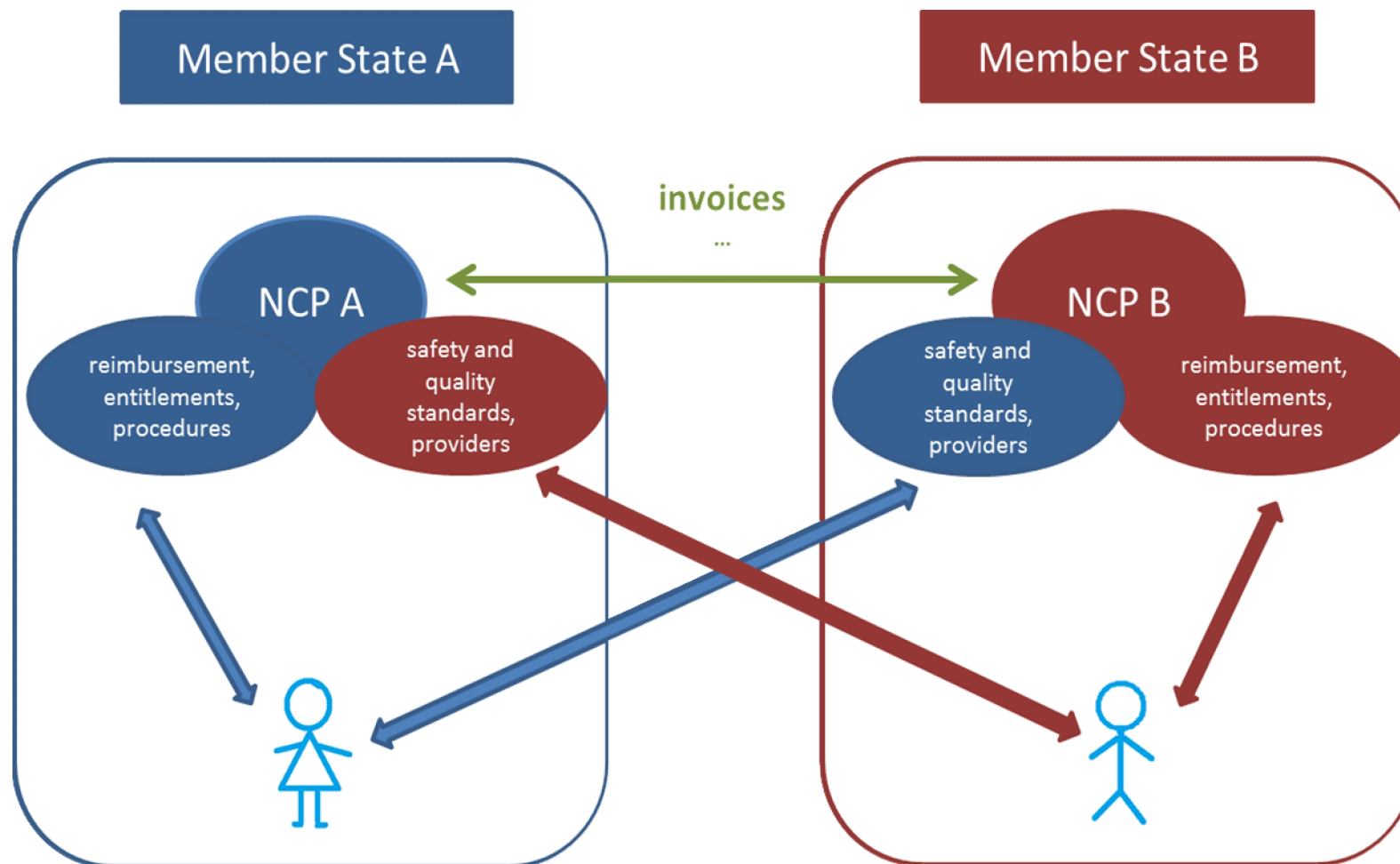


3. Information to patients:

- 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
- Healthcare providers must provide information on: treatment options; quality and safety; prices; authorisation status; insurance / liability cover



Role of National Contact Points





4. 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?





5. Minimum patients' rights

- 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





6. What's new since social security Regulations?

- Regulations only cover public-sector or contracted providers: Directive covers all providers in EU (for planned and unplanned care)
- Planned care – prior authorisation is the norm under Regulations, but the exception (if used at all) under Directive
- Regulations cover patient cost at level of MS of treatment; Directive at level of MS of affiliation ("home" MS)
- Directive introduces significant "flanking" measures: information; patient guarantees etc.





7. Co-operation between health systems

- Cooperation on guidelines for quality and safety
- European Reference Networks
- Health Technology Assessment
- eHealth
- Cross-border healthcare in border regions





Next steps:

- Transposition check
- Monitoring of transposition by individuals and stakeholders
- Reflection on functioning of National Contact Points
- Regular reporting by Commission to EP and Council, with recommendations





Thank you!



Further information:

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