Trans-border patient rights – latest EU developments

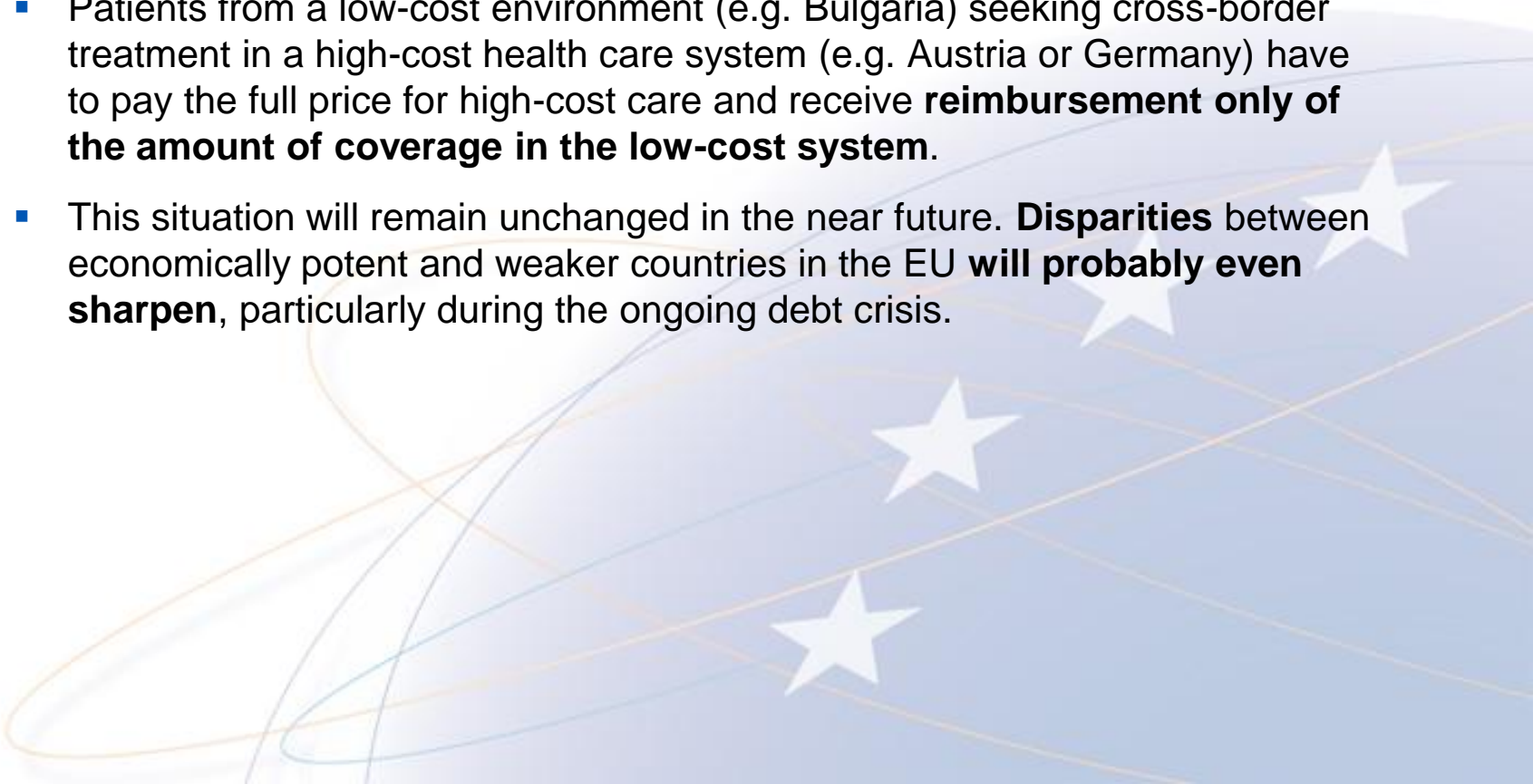**EUMASS Seminar on 8 February 2013 in Brussels**

The European Social Insurance Platform:
Who we are and what we do

- A strategic alliance of over 40 national statutory social security organisations (healthcare, pensions, accidents-at work and occupational diseases, family allowances, unemployment insurances) in 15 EU Member States, Croatia and Switzerland.

- ESIP's mission is to preserve high profile social security for Europe, to reinforce solidarity based social insurance systems, and to maintain European social protection quality.

- ESIP is based in Brussels at the „Maison européene de la Protection Sociale" (www.esip.org) together with other organisations active in the field of social protection at European level.

Cross-border health care treatment: Patient has 2 options

- **EU Regulation 883/2004/ European Health Insurance Card, EHIC (April 2004):**
  provides "benefits in kind"; the patient does not bear any financial risk.
  Problem: some health professionals/hospitals in various countries
  refuse treatment using EHIC.

- **EU Directive on Patient's Rights to Cross-border Health Care (March 2011):**
  provides "benefits in cash"; the patient bears a considerable financial risk:
  Reimbursement is limited to the level covered by health care system of the
  country of origin.

- **In both cases (EHIC and Directive):**
  Planned cross-border hospital treatment or treatment requiring use of highly
  specialised and cost-intensive equipment always requires
  prior authorisation of the health care system of the country of origin
  (only in cases of emergency prior authorisation is unnecessary).

The practical relevance of the Directive for the patient

- **Limited consequences** for patients living in countries where the local offer of health care is inadequate or not accessible without backhanders.

- Patients from a low-cost environment (e.g. Bulgaria) seeking cross-border treatment in a high-cost health care system (e.g. Austria or Germany) have to pay the full price for high-cost care and receive **reimbursement only of the amount of coverage in the low-cost system**.

- This situation will remain unchanged in the near future. **Disparities** between economically potent and weaker countries in the EU **will probably even sharpen**, particularly during the ongoing debt crisis.

Transposition of the Directive on Patient's Rights to Cross-border health care (1)

- Member States have to transpose the Directive by 25 October 2013

Important Changes:

- **National Contact Points for cross-border healthcare**
- Each Member State shall designate contact points for cross-border healthcare.
- These contact points shall consult with **patient associations**, **healthcare providers** and **healthcare insurers**. They are responsible for providing patients with information on their rights, the reimbursement and conditions of treatment when they decide to take advantage of cross-border healthcare.
- Member States decide whether to assign this task to healthcare providers or other private or public institutions.

Transposition of the Directive on Patient's Rights to Cross-border health care (2)

- **European Reference Networks (ERN)**

- ERN should reflect the need for **services and expertise** to be distributed across the EU and help professionals and centers of expertise to exchange and to share their knowledge.

- The aim is in particular **to improve the diagnosis of rare and specific diseases**, updating and contributing to the latest scientific findings, treating patients from other Member States and ensuring the availability of subsequent treatment facilities where necessary.

- **Common rules on medical prescriptions**

- **Minimum list of elements** to be included in a **medical prescription** taken by a patient travelling from one EU country to another. Provisions for a common way to identify the patient, the prescriber and the prescribed.

- Important for **patients with chronic diseases** wishing to travel to another country, for **patients living in border regions**, or for **patients with a rare disease**, where the best expertise can be found across a border.