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Cross-Border

By 2013, a new system of cross-border healthcare will be in place throughout the European Union. This will enable patients to receive reimbursable healthcare in another EU country, provided the costs would normally have been covered if they had been treated at home.

Although only one percent of national health budgets are currently spent on cross-border healthcare, patients facing the prospect of long waiting lists at home will now enjoy other options.

The European Parliament and EU governments finally reached agreement on the legislation earlier this year. The new rules follow a series of judgements from the European Court of Justice. For more than a decade, these have confirmed that EU citizens have the right to be treated abroad and have the costs reimbursed. The legislation is designed to ensure clarity for patients and health services alike. All EU countries will now have to establish one or more national contact points where prospective patients can turn to for advice. The information centres will have to cooperate closely with each other, the European Commission, patient organisations, healthcare providers and insurers. When contacted, they must supply relevant information on the supervision and assessment of healthcare providers and the standards and guidelines that apply in the country where the treatment will take place.

The legislation places clearly identifiable responsibilities both on a patient's home country and on the member state providing the treatment. The latter must ensure that healthcare providers supply full details on the availability, quality and safety of the services they offer so patients can make an informed choice on the potential treatment available.

The same scale of fees must be applied to patients from other member states as for nationals in a similar medical situation. If there is no comparable price for domestic patients, the fee must be based on objective, non-discriminatory criteria. Individuals' personal data must be protected and a transparent complaints procedure in place to enable a patient to seek a suitable remedy in the country where the treatment was carried out if they suffer any harm from the healthcare they receive.

Member states may apply measures limiting access to their healthcare system to citizens living elsewhere in the Union, but these must be proportionate, limited to what is necessary and be publicly available in advance. They must be justified by overriding reasons of general interest such as the need to ensure sufficient and permanent access to a balanced range of high quality treatment, to control costs or to avoid any waste of financial, technical and human resources.

In general terms, a patient's own member state must ensure that the costs of any treatment received abroad are reimbursed, if the healthcare in question is among the benefits provided in their own country. While the level of reimbursement is generally limited to the cost of similar treatment at home, it is possible for higher costs, including travel and accommodation expenses, to be refunded, if the health insurance company or authority decides to do so. The payment may also be made directly to the health provider, sparing patients the need to use their own money and then reclaim.

There are clear limits to this new right. The legislation does not apply to long-term care where patients require assistance to carry out routine, everyday tasks. Nor does it cover organ transplants or public vaccination programmes. As a principle, a patient wishing to be treated abroad does not require prior authorisation from the authority that will cover the costs. However, to ensure that national authorities can retain control over their health expenditure, this can be insisted on in certain circumstances provided it does "not constitute a means of arbitrary discrimination or an unjustified obstacle to the free movement of patients".

Member states can use a general provision to insist on prior authorisation if they consider it necessary to ensure "sufficient and permanent access to a balanced range of high-quality treatment", to control costs or to avoid any waste of financial, technical and human resources. More specifically, it can be required for any treatment involving an overnight hospital stay or specialised healthcare. However, any refusal will have to be fully justified and limited to a restrictive list of reasons, such as possible risks to the patient or general public.

The legislation clarifies responsibility for follow-up medical treatment if this is required after a patient returns home. This must be provided by the patient's own health authority as if the original healthcare had taken place in that country.

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