Implementation of the Cross-border Healthcare Directive

2018/2108(INI) - 29/01/2019 - Committee report tabled for plenary, single reading

The Committee on the Environment, Public Health and Food Safety adopted the report by Ivo BELET (EPP, BE) on the implementation of the Cross-Border Healthcare Directive.

Implementation

Members noted the benefits of the directive in clarifying the rules on cross-border healthcare and in ensuring access to safe and high-quality cross-border healthcare in the Union, as well as for achieving patient mobility in accordance with the case law of the Court of Justice. They expressed disappointment, however, that a significant number of Member States have not effectively implemented the requirements for guaranteeing patients' rights, urging Member States to transpose the Directive correctly in order to ensure high-quality and accessible cross-border healthcare for patients.

The Commission was invited to proceed with its triennial evaluation reports on the operation of the Directive and to factor patient quality of life and care outcomes into its evaluation of the cost-efficiency of the implementation of the Directive, and establish guidelines on implementation.

Funding

Members recalled that while the financing of cross-border healthcare is the responsibility of Member States, the Commission, through its health programmes, supported the cooperation provided for by the Directive.

Concerned about the proposed reduction in funding for the health programme, they called for the programme to be restored as a robust stand-alone programme with increased funding in the next multiannual financial framework (MFF) (2021-2027).

Patient mobility

The report stated that the reasons for low patient mobility are fourfold: i) some Member States were quite late implementing the Directive; ii) citizens' awareness about their general rights to reimbursement is extremely low, iii) certain barriers limiting cross-border healthcare have been erected by some Member States, and iv) information on patients seeking healthcare in another Member State on the basis of the Directive is missing or incomplete.

The Commission and Member States were asked to work together to assess, realign and simplify reimbursement procedures for patients receiving cross-border care, including by clarifying the reimbursement of follow-up care and procedures, and to set up coordinating one-stop-shop front offices at the relevant healthcare insurers. The report urged the Member States to notify the Commission of any decision to introduce limitations regarding reimbursement of costs, giving their reasons for doing so.

Information for patients

The report encouraged Member States and border regions to deepen cross-border healthcare cooperation, in an efficient and financially sustainable manner, including by providing accessible, sufficient and understandable information, in order to secure the best possible care for patients. It also called on the

Commission and the Member States to invest further in the development and promotion of accessible and clearly visible National Contact Points (NCPs) and eHealth platforms for patients, which should provide user-friendly, digitally accessible and barrier-free information for patients and health professionals in multiple languages.

Rare diseases, rare cancers and European Reference Networks (ERNs)

The report stressed the importance of EU-wide cooperation in ensuring the efficient pooling of knowledge, information and resources to tackle rare and chronic diseases, including rare cancers, effectively across the EU. It encouraged the Commission, in that regard, to support the setting up of specialised centres for rare diseases in the EU, which should be fully integrated into the ERNs. It also recommended building on the steps already taken to increase public awareness and understanding of rare diseases and rare cancers and to increase funding for R&D.

Mutual recognition of (e-)prescriptions

The report called on Member States and their respective health authorities to address the legal and practical issues that are hindering the mutual recognition of medical prescriptions across the EU. It also called on the Commission to take steps to ensure that prescriptions issued by ERN-linked centres of expertise are accepted for reimbursement in all Member States.

EHealth

Members acknowledged that eHealth can help to ensure that health systems are sustainable, by reducing certain costs, and can be an important part of the EU's response to current healthcare challenges. They welcomed the creation of the EU-wide eHealth Digital Service Infrastructure, which will foster the cross-border exchange of health data, specifically e-prescriptions and patient summaries. They called on the Commission to address the digital health needs in the Member States as a matter of priority.

Brexit

The Commission was asked to negotiate a solid agreement with post-Brexit UK on health, devoting specific attention to cross-border rights for patients and the functioning of the ERNs.