European health card

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The draft report by Mr Giacomo LEOPARDI (UFE, I) on a European health card was adopted. The purpose of the report is to bring pressure to bear on the Council and Commission to heed the European Parliament's long-standing request for the introduction of a European Health Card. Despite some legal and technical obstacles (such as the need to ensure "interoperability" between the social security systems of different Member States), the Commission representative told the committee that the introduction of such a card was feasible and could help with the reorganization of health care systems. Pilot schemes, involving half a million cards, were already under way in 10 Member States. In his explanatory statement, the rapporteur, Mr Leopardi, who is a pharmacist by profession, suggested that the European health card was likely be a computerized one using the latest technologies. The introduction of such a card was required, he said, to meet the Treaty obligation of ensuring the highest level of health protection for the citizens of Europe. The committee threw out an earlier description of the card as a "European health passport" on the grounds that the word passport had a negative connotation suggesting possible restrictions on movement. In the resolution it adopted, the committee called on the Commission to submit, by 1 January 1997, a proposal for a Council and European Parliament Decision (based on Article 129 of the Treaty) setting up, by 1 January 1999, a European health card to be issued to every European citizen on a voluntary and optional basis. The object would be to facilitate free movement of persons within the European Union by providing them with appropriate access to the health care and treatment required by their state of health. The card would contain information on the bearer's civil status, medical data and information regarding social insurance cover and the right to reimbursement for treatment. The medical data would include blood group, known allergies, details of medication, chronic and industrial diseases, treatment being administered, and vaccines. It would also indicate whether the bearer was averse to blood transfusions on medical grounds and, possibly, whether he or she was willing to donate his organs for medical use in the event of death. Rules on the confidentiality of data and medical secrecy should be monitored. Provisions regarding the form, content and conditions for access to data contained in the card would be drawn up in conjunction with the Member States, associations of health care professionals, and consumer organizations. The committee called on the Commission to instruct the European Committee for standardization to standardize the technical aspects of the card so as to make it usable in all countries of the Union. Standardized texts should appear on the card in all the languages of the Member States. Member States should take steps to ensure that the validity of the card is recognized in their territory and can be easily obtained by any citizen wanting it. The Commission should run information campaigns aimed at making citizens and health care professionals aware of the existence of the card, its benefits and how to obtain it. Finally, the Community should encourage cooperation on this question with third countries and international health organizations, particularly the World Health Organization. The committee thereby recognized the truism that health measures could not stop at the frontiers of the Union. However, according to Mr Leopardi, the Union might provide a test-bed for the workability of the card system.