Basic information

2004/2148(INI) INI - Own-initiative procedure	Procedure completed
Patient mobility and healthcare developments in the European Union **Subject** 4.20.06 Health services, medical institutions	

Key players

European Parliament	**Committee responsible**	**Rapporteur**	**Appointed**
	ENVI Environment, Public Health and Food Safety	BOWIS John (PPE-DE)	01/09/2004
Council of the European Union	**Council configuration**	**Meetings**	**Date**
	Employment, Social Policy, Health and Consumer Affairs	2627	2004-12-06

Key events

Date	Event	Reference	Summary
20/04/2004	Non-legislative basic document published	COM(2004)0301	Summary
28/10/2004	Committee referral announced in Parliament		
06/12/2004	Debate in Council		
25/04/2005	Vote in committee		Summary
02/05/2005	Committee report tabled for plenary	A6-0129/2005	
07/06/2005	Debate in Parliament		
09/06/2005	Decision by Parliament	T6-0236/2005	Summary
09/06/2005	Results of vote in Parliament		
09/06/2005	End of procedure in Parliament		

Technical information

Procedure reference	2004/2148(INI)
Procedure type	INI - Own-initiative procedure
Procedure subtype	Initiative
Legal basis	Rules of Procedure EP 55

Stage reached in procedure	Procedure completed
Committee dossier	ENVI/6/23422

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Committee report tabled for plenary, single reading		A6-0129/2005	02/05/2005	
Text adopted by Parliament, single reading		T6-0236/2005 OJ C 124 25.05.2006, p. 0421-0543 E	09/06/2005	Summary

European Commission

Document type	Reference	Date	Summary
Non-legislative basic document	COM(2004)0301	20/04/2004	Summary

Other institutions and bodies

Institution/body	Document type	Reference	Date	Summary
EESC	Economic and Social Committee: opinion, report	CES1433/2004 OJ C 120 20.05.2005, p. 0054-0059	27/10/2004	

Patient mobility and healthcare developments in the European Union

2004/2148(INI) - 09/06/2005 - Text adopted by Parliament, single reading

The European Parliament adopted a resolution based on the own-initiative report by John BOWIS (EPP-ED, UK) on patient mobility and healthcare. (Please see the document of 25/05/2005.) The report was adopted by 554 votes in favour to 12 against with 18 abstentions. Parliament welcomed the Commission's communication on patient mobility and the ideas it outlines for structuring cooperation in healthcare, but regretted that it did not provide a timetable for action and did not make any commitment to an integrated policy on patient mobility.

Parliament felt that European health policy is being driven in a piecemeal fashion by European Court of Justice rulings on patient mobility. The process of enlargement will bring even more complex cases for the European Court of Justice to deal with. It is in both patients' and governments' interests that clear guidance on policy and procedures should be agreed and put in place without delay. Further clarity is needed to enable patients, healthcare professionals and health budget holders and insurers to understand and participate in cross-borderand transnational healthcare.

Parliament believed that as a minimum the patient who suffers from a life-threatening condition should have a right and the possibility to seek timely treatment in another Member State, if this is not available in his/her own country or not within a reasonable period of time.

In addition, the issue of patient mobility needs a separate Commission proposal. The Services Directive should concentrate on service mobility rather than patient mobility, but the Services Directive should incorporate a call to the Commission to bring forward a proposal on patient mobility within six months of that measure entering into force. Furthermore, this proposal should be based on the work of the High Level Group on Health Services and Medical Care and should address a framework for guidance to patients, health professionals and health budget managers and proposals to cover information to patients and patient security and confidentiality. Guidelines should include procedures to obtain treatment, sources of information about health professionals and healthcare facilities, mechanisms for paying for care, arrangements for travel and linguistic support, arrangements for continuing care, follow-up, convalescence and rehabilitation prior to or after return, complaints and other related procedures and special care for the elderly and pensioners. Mechanisms of payment for care should be uniform and impartial so as to avoid inequalities and the creation of disadvantages to certain patients.

Parliament considered that priority should be given, in the context of patient mobility, to adopting guidelines concerning access to treatments which do not exist in the patient's Member State of origin and treatments for which there is an urgent need but no possibility of immediate availability in the patient's Member State of origin.

Finally, Parliament encouraged the Commission to monitor the deployment of the European Health Card in Member States to ensure that Member States are providing clear and comprehensible information to the public about how the card works. It asked the Commission to consider whether the European Health Card should form the basis for promoting a common approach to patient identifiers and developing new functions such as the storage of medical emergency data, in accordance with the eEurope 2005 Action Plan.

Patient mobility and healthcare developments in the European Union

2004/2148(INI) - 20/04/2004 - Non-legislative basic document

PURPOSE : to set out initiatives following the high level reflection process on patient mobility and healthcare developments in the European Union.

CONTENT : Patients wish to benefit from high quality healthcare as close to home and as quickly as possible. Sometimes, however, this can be best achieved through healthcare provided in another Member State. The EU provides freedoms for citizens to seek healthcare in other Member States, as confirmed by the European Court of Justice. The latter has also clarified the conditions under which medical costs may be reimbursed when patients have sought medical treatment in another Member State. When patients seek healthcare in other Member States, it is essential to ensure that the well-being and safety of the patient is properly protected.

Patient mobility also has consequences for health services and medical care both in the country where the patient is insured and the country where care is provided. Health systems across Europe also face common challenges as they adapt to constant developments in medical science, the ageing of the European population, and rising public expectations. Although these health systems are primarily the responsibility of the Member States, cooperation at European level has great potential to bring benefits both to individual patients and to health systems overall. A European strategy is therefore needed to ensure that citizens can exercise their rights to seek care in other Member States if they wish, and that European cooperation can help systems to work together to better meet the challenges they face.

The first step must be to provide citizens with a clearer overview of the existing EU legal framework regarding access to healthcare and the reimbursement of the costs incurred in another Member State. Access to care for individuals is part of the responsibility of Member States for their health care and health insurance systems. Rights under Community law principally concern reimbursement for healthcare provided in another Member State.

The Proposal for a Directive on Services in the Internal Market clarifies the authorisation regime for reimbursement of medical costs incurred in another Member State. The proposal, together with the proposal for implifying Regulation 1408/71/EEC provides greater legal certainty as regards the conditions for the reimbursement of healthcare costs incurred in another Member State. Jurisprudence form the Court of Justice indicates:

- Any non-hospital care to which you are entitled in your own Member State you may also seek in any other Member State without prior authorisation, and be reimbursed up to the level of reimbursement provided by your own system;

- Any hospital care to which you are entitled in your own Member State you may also seek in any other Member State provided you first have the authorisation of your own system;

- If you wish to seek treatment abroad, your health authorities can provide you with information on how you can seek authorisation for care in another Member State, the reimbursement levels that will apply and how you can appeal against decisions. Furthermore, according to Regulation 1408/71, if you are staying temporarily in another Member State than your own - for travel, study, posting, or seeking employment - and if you happen to need healthcare, it will be delivered on the same basis as to people insured in that country. If you have to pay for this care, then you will be reimbursed in your home country, on the basis of the tariffs and fees in force in the Member State where the care was delivered. After June 1st, 2004, you can show this entitlement using the European health insurance card, which will replace the current paper forms, in particular form E111.

The Communication sets out a range of ways in which European collaboration can bring concrete benefits to the effectiveness and efficiency of health services across Europe. This includes:

- European collaboration to make better use of resources, covering issues such as developing a better understanding of the rights and duties of patients, sharing spare capacity between systems and cross-border care, mobility of health professionals, identifying and networking European centres of reference, and coordinating assessment of new health technologies;

- information requirements for patients, professionals and policy-makers;

- the European contribution to health objectives;

- response to enlargement through investment in health and health infrastructure.

A table summarizing the Commission’s response to the recommendations of the reflection process is also included at Annex one.

The Communication also covers improving information and knowledge about health systems to provide a better basis for identifying best practice and ensuring universal access to high quality services, and the use of the High Level Group on Health Services and Medical Care to help those responsible for health systems to work together at European level.

The new Member States face greater health problems than the rest of the Union but have less economic means to address them. Their health systems are therefore under particular pressure as they strive not just to improve the quality of life of their citizens, but by doing so also to contribute to the overall economic growth and sustainable development of those countries. Collaboration at European level can bring particular benefits to those systems, combined with setting a high priority for investment in health and health infrastructure in the new Member States.

The proposals set out in this communication are the Commission’s response to the recommendations of the high level process of reflection on patient mobility and healthcare developments, which was established following the conclusions of the Health Council of June 2002. This forms part of a wider strategy. It should be noted that a separate communication proposes extending the ‘open method of coordination’ to health care and long-term care, to support the efforts of Member States in developing high-quality, accessible and sustainable health and long-term care services. A further communication sets out an "e-Health action plan"within the framework of a European e-Health Area for using information and communication technologies to help improve access, quality and effectiveness for health services across the Union.