Basic information

2018/2108(INI) INI - Own-initiative procedure	Procedure completed
Implementation of the Cross-border Healthcare Directive See also 2008/0142(COD) **Subject** 2.20 Free movement of persons 2.40 Free movement of services, freedom to provide 4.10.10 Social protection, social security 4.20.06 Health services, medical institutions	

Key players

European Parliament

Committee responsible	Rapporteur	Appointed
ENVI Environment, Public Health and Food Safety	BELET Ivo (PPE)	16/04/2018
	Shadow rapporteur WÖLKEN Tiemo (S&D) KRUPA Urszula (ECR) RIES Frédérique (ALDE) PEDICINI Piernicola (EFDD) MÉLIN Joëlle (ENF)	

Committee for opinion	Rapporteur for opinion	Appointed
EMPL Employment and Social Affairs (Associated committee)	The committee decided not to give an opinion.	
IMCO Internal Market and Consumer Protection (Associated committee)	GRAPINI Maria (S&D)	23/04/2018

European Commission

Commission DG	Commissioner
Health and Food Safety	ANDRIUKAITIS Vytenis Povilas

Key events

Date	Event	Reference	Summary

14/06/2018	Committee referral announced in Parliament		
14/06/2018	Referral to associated committees announced in Parliament		
22/01/2019	Vote in committee		
29/01/2019	Committee report tabled for plenary	A8-0046/2019	Summary
12/02/2019	Decision by Parliament	T8-0083/2019	Summary
12/02/2019	Results of vote in Parliament		
12/02/2019	Debate in Parliament		
12/02/2019	End of procedure in Parliament		

Technical information	
Procedure reference	2018/2108(INI)
Procedure type	INI - Own-initiative procedure
Procedure subtype	Implementation
Amendments and repeals	See also 2008/0142(COD)
Legal basis	Rules of Procedure EP 55
Other legal basis	Rules of Procedure EP 165
Stage reached in procedure	Procedure completed
Committee dossier	ENVI/8/12701

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Committee draft report		PE628.580	30/10/2018	
Committee opinion	IMCO	PE623.966	23/11/2018	
Amendments tabled in committee		PE631.903	05/12/2018	
Committee report tabled for plenary, single reading		A8-0046/2019	29/01/2019	Summary
Text adopted by Parliament, single reading		T8-0083/2019	12/02/2019	Summary

European Commission

Document type	Reference	Date	Summary
Commission response to text adopted in plenary	SP(2019)327	17/07/2019	

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.

Implementation of the Cross-border Healthcare Directive

2018/2108(INI) - 12/02/2019 - Text adopted by Parliament, single reading

The European Parliament adopted by 512 votes to 32, with 62 abstentions, a resolution on the implementation of the Cross-Border Healthcare Directive.

Parliament 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. It 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. Parliament recognised that specific improvements could be made with regard to access to prescribed medicines and continuity of treatment. It also called on the Commission to explore the possibility of expanding the scope of the Directive to include vaccination programmes, since the Directive does not cover these.

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

Parliament considered that the reasons for low patient mobility are fourfold:

- some Member States were quite late implementing the Directive;

- citizens' awareness about their general rights to reimbursement is extremely low;

- certain barriers limiting cross-border healthcare have been erected by some Member States;

- 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. Parliament urged the Member States to notify the Commission of any decision to introduce limitations regarding reimbursement of costs, giving their reasons for doing so.

Border regions

The resolution 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.

Information for patients

Parliament 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)

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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.

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