European Parliament

2014-2019



Committee on the Internal Market and Consumer Protection

2018/2108(INI)

23.11.2018

OPINION

of the Committee on the Internal Market and Consumer Protection

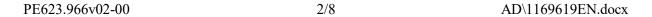
for the Committee on the Environment, Public Health and Food Safety

on the implementation of the Cross-border Healthcare Directive (2018/2108(INI))

Rapporteur for opinion: Maria Grapini

(*) Associated committee – Rule 54 of the Rules of Procedure

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SUGGESTIONS

The Committee on the Internal Market and Consumer Protection calls on the Committee on the Environment, Public Health and Food Safety, as the committee responsible, to incorporate the following suggestions into its motion for a resolution:

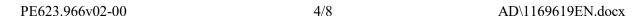
- having regard to Articles 114 and 168 of the Treaty on the Functioning of the European Union (TFEU),
- having regard to Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare¹,
- having regard to the report from the Commission of 21 September 2018 on the operation of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare (COM(2018)0651),
- having regard to the Commission communication of 25 April 2018 on enabling the digital transformation of health and care in the Digital Single Market; empowering citizens and building a healthier society (COM(2018)0233),
- A. whereas, pursuant to Article 20 of Directive 2011/24/EU, the Commission has the obligation to present an implementation report on the operation of that directive every three years; whereas the Commission should constantly assess and regularly present information on patient flows, on the administrative, social and financial dimensions of patient mobility and on the functioning of the European reference networks and national contact points;
- B. whereas on 21 September 2018 the Commission presented a report on the operation of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare, showing that a large number of Member States have not properly implemented the Directive; whereas the obstacles placed in the way of patients by health systems are significant and further contribute to the fragmentation of access to healthcare services;
- C. whereas, according to a 2015 Eurobarometer survey, fewer than 20 % of citizens were aware of their rights regarding cross-border healthcare; whereas there has been little change in the level of awareness since 2015, as demonstrated by the slow increase in the number of citizens travelling to receive care;
- D. whereas, according to the Commission report of 21 September 2018 on the operation of Directive 2011/24/EU, it remains difficult for citizens to find out how they can use their rights in terms of cross-border healthcare; whereas further clarity and transparency is needed on the conditions under which healthcare providers operate in order to secure safe patient mobility;
- E. whereas the Commission communication on e-health of 25 April 2018 notes that health and care systems require reforms and innovative solutions in order to become more resilient, accessible and effective; whereas therefore the use of new technologies and digital tools should be strengthened to improve the quality and sustainability of

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¹ OJ L 88, 4.4.2011, p. 45.

healthcare services;

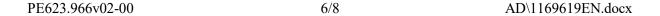
- 1. Notes the benefits of Directive 2011/24/EU in clarifying the rules on cross-border healthcare and in ensuring access to safe and high-quality cross-border healthcare in the Union, as well as for achieving patient mobility in accordance with the case-law of the Court of Justice; expresses disappointment that a significant number of Member States have not effectively implemented the requirements for guaranteeing patients' rights; urges Member States therefore to ensure its proper implementation, guaranteeing a high level of public health protection that contributes to the improvement of citizens' health, while respecting the principle of the free movement of persons within the internal market;
- 2. Stresses the need to ensure clarity and transparency regarding the conditions under which healthcare providers operate; underlines the importance of healthcare providers and professionals having professional civil liability insurance, as provided for in Directives 2005/36/EC and 2011/24/EU, in order to improve the quality of health services and to increase patient protection;
- 3. Calls on the Commission and the Member States to put in place or to enhance an appropriate complaint mechanism for patients seeking treatment abroad, should their rights not have been respected;
- 4. Calls on Member States to make the reimbursement of costs for cross-border healthcare much simpler and to avoid undue delays or unnecessary and disproportionate limitations; encourages national authorities not to apply burdensome requirements such as the provision of unnecessary additional documents accompanied by certified translations;
- 5. Believes it is essential for the smooth functioning of the internal market to address future challenges, and underlines that digitalisation could bring added value to the implementation of the Directive; encourages the Commission and the Member States to focus on developments in the field of digital healthcare and to look into new initiatives, such as electronic invoices, electronic prescription or interoperable and properly functioning eHealth solutions, that could ensure smooth patient mobility, while guaranteeing effective personal data protection through appropriate security and privacy requirements; urges the Commission and the Member States to address remaining issues concerning the mutual recognition of medical prescriptions between Member States, as well as the lack of clarity concerning the reimbursement of telemedicine in which medical consultations are provided from a distance;
- 6. Underlines that citizens, and in particular patients, as well as healthcare professionals providing services abroad, either experience difficulties in finding and understanding information on the applicable rules and procedures in other Member States, or are unaware of their rights; stresses the importance of the availability of comprehensive, easily accessible and user-friendly information to patients about their rights and the procedures, costs and reimbursement rates in cross-border healthcare within the framework of Directive 2011/24/EU;
- 7. Calls on the Commission and the Member States to take measures to increase patients' awareness about their rights, and in particular to inform patients, in cooperation with





- patient organisations, on the complex practical and legal aspects of medical information in an easily understandable way, including by developing guidelines on step-by-step procedures for using cross-border healthcare services and by providing standardised templates for all types of forms required in cross-border healthcare;
- 8. Highlights in this regard the key role of National Contact Points (NCPs) in providing information to patients and professionals on their rights, and on procedures, costs and reimbursements, in order to help them take well-informed decisions on whether to seek treatment, or whether to provide a service, at home or abroad and thus save time and costs; recognises the importance of providing detailed information on complaint procedures and the settlement of disputes by electronic means through the NCPs; calls therefore for the allocation of appropriate resources in order to ensure the proper functioning of the NCPs and to promote regular exchange of information between them;
- 9. Encourages the Commission to promote increased cooperation between Member States' authorities in general, and not only through the NCPs, and to assess further the benefits of existing initiatives for cooperation, especially in cross-border regions, guaranteeing access to safe, high quality and efficient healthcare for citizens;
- 10. Notes with satisfaction the positive impact of initiatives such as the European Health Insurance Card (EHIC), which is issued free of charge and allows anyone who is insured by or covered by a statutory social security scheme to receive medical treatment in another Member State free or at a reduced cost; stresses the importance of successful cooperation between institutions in order to avoid misuse of the EHIC;
- 11. Regrets that patient mobility for planned healthcare, and especially specialised care, in other Member States remains low due to the lack of clarity for patients in a number of Member States as regards treatments subject to prior authorisation and involving an 'overnight stay' and 'highly specialised care'; urges Member States to clarify and simplify the regimes for prior authorisation and recalls that any system of prior authorisation must be non-discriminatory, justified and proportionate to the objective pursued, and may not constitute an unjustified obstacle to the free movement of patients, leading to patients suffering from health inequalities between different Member States being unable to access much-needed specialist treatment in other Member States;
- 12. Highlights the importance of relying on comparable data for monitoring the implementation of the Directive; notes that the collection of data varies significantly from one Member State to another; calls on the Commission to establish and make publicly available benchmarks and key indicators for the quality of healthcare and patient mobility in order to allow for better comparisons between Member States;
- 13. Welcomes the intention of the European Court of Auditors to conduct an audit on the effectiveness of the implementation of the Directive, and to examine in particular the Commission's monitoring and supervision of this implementation, the results achieved to date in delivering cross-border healthcare access, and the effectiveness of the EU funding framework as regards the action funded;
- 14. Points out that, pursuant to Article 20 of Directive 2011/24/EU, the Commission is obliged to draw up a report on the operation of this Directive every three years; urges

the Commission, however, to constantly monitor the performance and the efficiency of healthcare systems, including by undertaking a mapping exercise of patients' rights across the Union, in order to support the implementation and enforcement of these rights, and to report regularly to Parliament thereon.



INFORMATION ON ADOPTION IN COMMITTEE ASKED FOR OPINION

Date adopted	22.11.2018
Result of final vote	+: 27 -: 2 0: 1
Members present for the final vote	Carlos Coelho, Sergio Gaetano Cofferati, Daniel Dalton, Nicola Danti, Dennis de Jong, Evelyne Gebhardt, Maria Grapini, Robert Jarosław Iwaszkiewicz, Liisa Jaakonsaari, Philippe Juvin, Antonio López-Istúriz White, Morten Løkkegaard, Eva Maydell, Virginie Rozière, Christel Schaldemose, Olga Sehnalová, Jasenko Selimovic, Ivan Štefanec, Catherine Stihler, Anneleen Van Bossuyt, Marco Zullo
Substitutes present for the final vote	Julia Reda, Adam Szejnfeld, Sabine Verheyen
Substitutes under Rule 200(2) present for the final vote	Salvatore Cicu, Mady Delvaux, Czesław Hoc, Jean Lambert, Juan Fernando López Aguilar, Anne-Marie Mineur

FINAL VOTE BY ROLL CALL IN COMMITTEE ASKED FOR OPINION

27	+
ALDE	Morten Løkkegaard, Jasenko Selimovic
ECR	Daniel Dalton, Czesław Hoc, Anneleen Van Bossuyt
EFDD	Marco Zullo
PPE	Salvatore Cicu, Carlos Coelho, Philippe Juvin, Antonio López-Istúriz White, Eva Maydell, Ivan Štefanec, Adam Szejnfeld, Sabine Verheyen
S&D	Sergio Gaetano Cofferati, Nicola Danti, Mady Delvaux, Evelyne Gebhardt, Maria Grapini, Liisa Jaakonsaari, Juan Fernando López Aguilar, Virginie Rozière, Christel Schaldemose, Olga Sehnalová, Catherine Stihler
Verts/ALE	Jean Lambert, Julia Reda

2	-	
GUE/NGL	Anne-Marie Mineur, Dennis de Jong	

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EFDD	Robert Jarosław Iwaszkiewicz

Key to symbols:

+ : in favour- : against0 : abstention

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