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Q&A: Patients' Rights in Cross-Border Healthcare

An elderly German man with diabetes brings extra prescriptions with him on a trip to Italy but will the pharmacist accept the prescription? A Polish woman would like to receive hip surgery in the country where her grandchildren live and work but how can she organise this from Poland? A Portuguese man seeks cataract surgery from a specialist in Spain but will he be reimbursed? EU law now offers clarity on rights and rules for cross-border healthcare.

The law clarifies patients' rights to access safe and good quality treatment across EU borders, and be reimbursed for it. Patients travelling to another EU country for medical care will enjoy equal treatment with the citizens of the country in which they are treated. If they are entitled to that healthcare at home, then they will be reimbursed by their home country. Their reimbursement will be up to the cost of that treatment at home. In some cases, they may need to seek authorisation before travelling for treatment, in particular if the treatment requires an overnight stay at an hospital or highly specialised and cost-intensive healthcare.

This new law will benefit EU patients in several other ways. It will make it easier for patients to access information on healthcare in another EU country, and thus increase their treatment options. It will also make it easier for national health authorities to work closer together and exchange information on quality and safety standards of healthcare. It will support the development of "European Reference Networks" bringing together, on a voluntary basis, specialised centres of expertise already recognised in Europe. It will also promote co-operation between EU countries to help deliver the considerable potential benefits of Health Technology Assessments and eHealth.

What scale of cross-border healthcare are we talking about?

Patients prefer to receive healthcare in their own country. That is why the demand for cross-border healthcare represents **only around 1% of public spending on healthcare**, which is currently around €10 billion. This estimate includes cross-border healthcare which patients had not planned in advance (such as emergency care for tourists). This means that, at present, considerably less of that 1% of the expenditure and movement of patients is for **planned** cross-border healthcare, like hip and knee operations or cataract surgery.

What about the existing legislation in this area (Regulations on social security)?

Citizens needing care (including emergency care) when temporarily abroad will continue to benefit from the existing Regulations and the European Health Insurance Card, and be provided with the care they need.

For planned care, under the Regulation, a patient can apply for prior authorisation. This authorisation cannot be refused if he/she cannot be treated in the home country within a time limit which is medically justifiable.

It is important to note that the Regulations do not cover all healthcare providers. Some private providers are excluded, for example. In addition, under these Regulations, patients are usually obliged to apply for authorisation for all treatments, whereas under the Directive, authorisation should be the exception rather than the rule.

What is the added benefit of this legislation?

This Directive will not affect the benefits already offered to citizens through the existing Regulations on social security, which have their basis in the EU Treaty article on free movement of people. However, it clarifies those patients' rights that have their basis in the free movement of services, and which have been set out in various European Court of Justice rulings. In the case of hospital care, one of the main achievements of this new Directive is that patients will be able to choose their healthcare provider.

Other advantages of the new legislation are:

- **More choice:** the Directive covers **all** healthcare providers in the EU.
- **Less red-tape for patients:** under the Directive, seeking prior authorisation should be the exception rather than the rule.
- **Information to patients:** patients will receive all information they need to make an **informed choice**, for example on quality and safety of healthcare, through National Contact Points, which will be set up in all Member States. Moreover, the Directive introduces new measures to help all patients make the best use of their rights under both pieces of legislation.
- **Procedural guarantees**: all patients are entitled to properly reasoned decisions, and to appeal if they feel their rights have not been respected. All patients have the right to complain and to seek redress (and all treatment must be covered by liability insurance or a similar guarantee). And patients have the right to a copy of their medical record.

When would I need prior authorisation from my national authority?

National authorities can introduce a system of "prior authorisation" for going to another Member State for treatment in 3 cases:

1) For healthcare which involves overnight hospital stay of at least one night
2) For highly specialised and cost-intensive healthcare
3) In serious and specific cases relating to the quality or safety of the care provided by the particular provider in question

In these three cases, patients may need to ask for permission in advance from their national health authority in charge of reimbursement. Member States are required to set out publicly which treatments are subject to such authorisation – you can find the list via your National Contact Point.

Can this authorisation be refused?

National health authorities can refuse authorisation if the treatment in question, or the healthcare provider in question, could present a risk for the patient. If the healthcare can be provided at home within a medically justifiable time limit, then authorisation can also be refused. However, Member States will need to explain why such a decision is

necessary, and will need to base their assessment of what is "medically justifiable" on your individual case.

What if I am refused authorisation?

Patients have the right to request a review of any administrative decision on cross-border healthcare for their individual case.

How much will I be reimbursed after receiving a treatment abroad?

Patients will be reimbursed the same amount as they would receive in their own country for the same type of healthcare. Member States where care is free at the point of delivery will need to inform patients about their reimbursement tariffs. If the treatment abroad is cheaper than in the home country, the reimbursement will reflect the real price of the treatment.

Can I seek healthcare abroad if the treatment is not available in my country?

Yes, but you will only be entitled to reimbursement if it falls within the "basket of benefits" you are entitled to according to the legislation or rules of your home country.

Your National Contact Point will be able to advise you how to check whether a given treatment falls within your "basket of benefits".

Do I need to pay for cross-border treatment upfront?

Yes, generally the patient pays upfront and would then be reimbursed by their national authority as quickly as possible. The law also gives Member States the option of confirming the amount of reimbursement in writing in advance.

Member States also have the option of paying for the healthcare directly, rather than reimbursing patients.

Can I transfer my medical data to the Member State where I will be treated?

You have the right to a copy of your medical data from your home country prior to receiving treatment in another Member State, and from the provider in the country where you receive treatment before returning to your home country.

What should I do if something goes wrong whilst receiving treatment abroad?

If something goes wrong, it is the rules of the country where the treatment took place which apply. The National Contact Point of that country will be able to explain your rights.

How can I be sure that the treatment I received abroad will be followed up properly on my return home?

Your home country has an obligation to ensure that the medical follow-up is of the same quality regardless of where in the EU the treatment took place.

Will my prescription be recognised in another EU Member State?

A prescription issued in another EU country should be recognised in a patient's country of residence and vice versa. This ensures that the healthcare provided in another EU country is properly followed-up on the patient's return home. The patient is entitled to obtain the prescribed medicine provided that the medicine in question is authorised for sale and available in the country where he or she wishes to have the product dispensed.

Although these principles are not new, in practice getting prescriptions recognised can be difficult. Although it will not solve the problem overnight, the provisions of the Directive should greatly increase the ability of pharmacists to understand and dispense prescriptions issues in another Member State.

What are the benefits of the networks on Health Technology Assessment (HTA) or eHealth?

Health Technology Assessments help decision-makers to make the right decisions on health investment and spending. There is clearly great potential benefit in greater collaboration between EU countries in this area, where currently each country makes such assessments on their own.

Similarly, eHealth has the potential to deliver great benefit to health systems. Formal and permanent cooperation between Member States will help decision-makes within countries, and improve interoperability between them.

These networks benefit national health systems directly, and patients indirectly.

Where can I find more information about my rights to healthcare abroad?

Check with your National Contact Point, or on the Your Europe website: [insert link]

For further information:

http://ec.europa.eu/health/cross_border_care/policy/index_en.htm