

## **P6\_TA-PROV(2007)0073**

### **Cross-border healthcare**

#### **European Parliament resolution of 15 March 2007 on Community action on the provision of cross-border healthcare**

*The European Parliament,*

- having regard to the Communication from the Commission entitled 'Consultation regarding Community action on health services' (SEC(2006)1195/4),
  - having regard to Article 152 of the Treaty,
  - having regard to the judgments of the Court of Justice of the European Communities ('European Court of Justice') in Decker (C-120/95, 28 April 1998), Kohll (C-158/96, 28 April 1998), Geraets-Smits & Peerbooms (C-157/99, 12 July 2001), Vanbraekel (C-368/98, 12 July 2001), IKA (C-326/00, 25 February 2003), Müller-Fauré & van Riet (C-385/99, 13 May 2003), Inizan (C-56/01, 23 October 2003), Leichtle (C-8/02, 18 March 2004) and Watts (C-327/04, 16 May 2005),
  - having regard to its resolution of 9 June 2005 on patient mobility and healthcare developments in the European Union<sup>1</sup>
  - having regard to Oral Question B6-0013/2007 by the Committee on the Environment, Public Health and Food Safety pursuant to Rule 108 of its Rules of Procedure,
  - having regard to Rule 108(5) of its Rules of Procedure,
- A. whereas health services are excluded from Directive 2006/123/EC of the European Parliament and of the Council of 12 December 2006 on services in the internal market<sup>2</sup>,
- B. whereas in the European Parliament there is currently a discussion of a draft report on the impact and consequences of the exclusion of healthcare services from the scope of Directive 2006/123/EC;
- C. whereas the European Court of Justice (ECJ) has given a number of rulings since 1998 allowing patients to move freely in search of medical treatment and care and thus applying the principle of free movement to the reimbursement of healthcare provided abroad,
- D. whereas the ECJ first ruled that making reimbursement of costs incurred in another Member State subject to prior authorisation should be considered as a barrier to the provision of services, but then developed further the principles on reimbursement and the need for prior authorisation,

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<sup>1</sup> OJ L 124 E, 25.5.2006, p. 543.

<sup>2</sup> OJ L 376, 27.12.2006, p. 36.

- E. whereas healthcare systems in the European Union are based on the principles of solidarity, equity and universality, in order to guarantee that all people, regardless of their income, social status and age receive appropriate high-quality care,
- F. whereas the arrangements for healthcare delivery vary from country to country,
1. Welcomes the Commission initiative to launch a consultation procedure on the best form of Community action with a view to providing a framework for cross-border aspects of healthcare;
  2. Recalls the Treaty obligation to ensure a high level of human health protection in all Community policies; recalls also Article 95(3) of the Treaty, which sets the legal basis for internal market measures concerning health; considers it therefore necessary to create a legal framework for cross-border healthcare provision which best guarantees patients' timely access to appropriate and high-quality healthcare, the development of cross-border healthcare provision and the sustainability of healthcare financing;
  3. Points out that the cross-border aspects of healthcare cover both patient mobility and the mobility of healthcare professionals, as well as the provision of healthcare from another country; also points out that the ECJ rulings specifically address the problem relating to patients' rights to seek treatment abroad and subsequently get reimbursed by their national health insurance schemes;
  4. Considers, therefore, that ensuring legal certainty as regards the reimbursement of the costs for cross-border healthcare is one of the priority issues not only for patients but also for national health insurance systems and healthcare providers; underlines the need to clarify procedures and conditions for reimbursement in various cases;
  5. Urges the Commission to develop common principles and basic guidelines for healthcare in order to guarantee patient safety; takes the view, also, that the development of harmonised health indicators (such as blood test standards) at Community level is very important to improving the exchange of best practice, particularly between health professionals;
  6. Considers that the EU must play an important role in improving the availability of information for patients on cross-border mobility by coordinating cooperation between Member States in this field;
  7. Considers that patient mobility must always be a matter for free patient choice and that no pressure must be brought to bear on patients' freedom of choice;
  8. Stresses the need to ensure patient safety in all circumstances regardless of where and how healthcare is provided; calls for clarity on the responsibilities between authorities in supervising healthcare providers and for effective information exchange between national authorities on the registration and disciplinary status of health care professionals; considers it necessary to create a mechanism for appeals on malpractice in cross-border healthcare;
  9. Points out that, in almost all cases, healthcare and medical treatment require follow-up, which may take a long time; recognises the need for clear rules on the division of tasks

and responsibilities between healthcare providers during the different stages of treatment and care;

10. Considers the introduction of a legislative framework at Community level as the best way to ensure legal certainty for patients, national healthcare systems and private healthcare providers; believes that it is also the best way to enhance the optimal use of healthcare resources and speed up access to treatment;
11. Considers that there is a need to incorporate a common charter of patients' rights in that framework in order to ensure that such rights are exercised in practice across borders and in the home country;
12. Considers it necessary also to incorporate into the framework a mechanism for data collection and exchange of information between national authorities on healthcare providers, their registration and disciplinary status, and available expertise; believes also that the creation of a network of European Centres of Reference would bring considerable benefits to the treatment of diseases;
13. Considers it necessary, for patient safety, to incorporate into the legal framework a duty upon national authorities to exchange registration and disciplinary information about healthcare professionals engaging in cross-border healthcare;
14. Appeals to the Member States to introduce a one-stop-shop approach to complaint procedures for patients;
15. Calls on the Commission to pay special attention to the provision of information to patients on their rights and obligations and introduce appropriate provisions in its legislative proposal;
16. Believes that the forthcoming Community framework can provide an opportunity to empower European citizens as patients as well as encourage Member States to develop their healthcare systems;
17. Instructs its President to forward this resolution to the Council, the Commission and the governments and parliaments of the Member States.