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PE 386.640v01-00

AMENDMENTS 1-172

Draft report

(PE 386.390v01-00)

Bernadette Vergnaud

Impact and consequences of the exclusion of health services from the Directive on Services in the Internal Market
2006/2275(INI))

Motion for a resolution

Amendment by Antonyia Parvanova

Amendment 1

Recital A

- A. whereas the Member States are responsible for organising, managing, delivering and financing health *care systems*, which are different in every Member State,

Or. en

Amendment by Konstantinos Hatzidakis

Amendment 2

Recital A

- A. whereas the Member States are responsible for organising, managing, delivering and financing health *systems and* services, which are different in every Member State,

Or. en

Amendment by Antonia Parvanova

Amendment 3

Recital B

- B. whereas the Court of Justice of the European Communities, ***addressing the issues of access to and quality of health care***, has *handed down* a number of judgments authorising patients to move freely in order to find health care ,

Or. en

Amendment by Marco Rizzo

Amendment 4

Recital B

- B. whereas the Court of Justice of the European Communities has *handed down* a number of judgments ***providing EU citizens with the legal right to avail themselves of medical services in another Member State***, whereas the European Court of Justice, in those judgments, ***mainly clarified issues such as the settlement of costs and criteria for prior authorisation procedures for treatment abroad***,

Or. en

Amendment by André Brie

Amendment 5

Recital B a (new)

- Ba. whereas patient mobility should not be conceptualised as a patient's right to shop around for treatment in a European health care market; whereas improving the availability of high quality and appropriate healthcare services, regionally or locally, may be the best remedy for ensuring that there are no waiting lists, which encourage people to seek treatment abroad,***

Or. en

Amendment by Søren Bo Søndergaard

Amendment 6

Recital B a (new)

- Ba. whereas patient mobility, based exclusively on the principle of reimbursement of the costs of treatment, could undermine the principles of solidarity and equity in Member State's health care systems and increase health inequalities, as low-income***

patients who are inadequately informed could get into serious financial difficulties as a result of there being higher costs of treatment abroad, while patients insured in countries offering high levels of benefits could go bargain hunting in countries with lower treatment costs,

Or. en

Amendment by Søren Bo Søndergaard

Amendment 7
Recital B b (new)

Bb. *whereas there are clear limits to available data and incomplete statistics on cross border patient mobility; whereas, however, the absolute volume of patient and health professional mobility within the EU is very limited in that, according to available research, the total sum concerning claims for reimbursement of cross-border health care represents only 0.1 - 0.2 per cent (Palm et al 2000) or 1 per cent (COM 2003) of overall public spending on health care in the EU,*

Or. en

Amendment by Charlotte Cederschiöld

Amendment 8
Paragraph 1

1. Considers that the mobility of patients and health professionals will increase in future years within the EU and that all European citizens (*deletion*) should be guaranteed equal access to high quality health care (*deletion*) **in due time**;

Or. en

Amendment by Mia De Vits

Amendment 9
Paragraph 2

2. Points out that in accordance with the provisions of the Treaty, the Member States must retain the necessary regulatory tools: systems for authorising and planning health care and regulating prices; **therefore asks the Commission to take sufficient account of the findings of the Aachen Group concerning the necessary policy space for Member States to frame planning mechanisms in the health care sector on the basis of transparent and objective criteria;**

Amendment by Maria Matsouka

Amendment 10

Paragraph 1

1. Considers that the mobility of patients and health professionals will increase in future years within the EU and that all European citizens, whatever their level of income or place of residence, should be guaranteed equal **and affordable** access to health care, in accordance with the principles of universality, quality, safety, continuity, and solidarity, thus contributing to the social and territorial cohesion of the Union;

Or. el

Amendment by Ieke van den Burg

Amendment 11

Paragraph 1

1. Considers that the mobility of patients and health professionals will increase in future years within the EU and that all European citizens, whatever their level of income or place of residence, should be guaranteed equal access to health care, in accordance with the **continuation and safeguarding of the** principles of universality, quality, safety, continuity, **affordability** and solidarity **as well as the financial sustainability of national health care systems**, thus contributing to the social and territorial cohesion of the Union;

Or. en

Amendment by Anja Weisgerber and Andreas Schwab

Amendment 12

Paragraph 1

1. Considers that the mobility of patients and health professionals will increase in future years within the EU and that all European citizens (**deletion**) should be guaranteed equal access to health care, in accordance with the principles of **solidarity**, quality, **and safety (deletion)**;

Or. de

Amendment by André Brie

Amendment 13

Paragraph 1

1. Considers that *(deletions)* all European *residents*, whatever their level of income or place of residence, should be guaranteed equal access to *high quality* health care, in accordance with the principles of universality, quality, safety, continuity, *equity* and solidarity, *patient involvement, redress, privacy and confidentiality and following a rights and values-based approach to health services*, thus contributing to the social and territorial cohesion of the Union;

Or. en

Amendment by Charlotte Cederschiöld

Amendment 14

Paragraph 1 a (new)

- 1a. *Considers that the mobility of patients and health professionals gives the patient more choice and that patients, as well as health service providers, will benefit from increased cross-border patient mobility;*

Or. en

Amendment by Charlotte Cederschiöld

Amendment 15

Paragraph 1 b (new)

- 1b. *Recalls that the Member States that have implemented the existing case law of the European Court of Justice have not experienced any major increase of health care budgets as a result of patient's mobility;*

Or. en

Amendment by Charlotte Cederschiöld

Amendment 16
Paragraph 1 c (new)

1c. Takes into account that the Member States may only introduce a system of prior authorisation once it has been proven that cross-border movement of patients has a negative effect on the financial balance of the national health budget; urges Member States to take note of the possibility to implement a test period during which no prior authorisation is used;

Or. en

Amendment by Charlotte Cederschiöld

Amendment 17
Paragraph 1 d (new)

1d. Urges the Commission to evaluate the possibility of implementing a test period in relation to hospital dental care, during which patients can access hospital dental care in other Member States in line with national reimbursement rules, without any need to obtain prior authorisation;

Or. en

Amendment by Charlotte Cederschiöld

Amendment 18
Paragraph 1 e (new)

1e. Emphasises that Internal Market rules apply to health services and that health-service providers are fully entitled to establish and to provide services in any Member State, following national and EU rules; equally emphasises that patients are fully entitled to seek health care in any Member State;

Or. en

Amendment 19
Paragraph 1 f (new)

1f. Stresses that patient mobility contributes towards improving access to, and raising the quality of, healthcare,

Or. en

Amendment by Zuzana Roithová and Charlotte Cederschiöld

Amendment 20
Paragraph 1 g (new)

1g. Stresses that access to cross-border care is required to achieve the free movement of citizens within the Community and helps raise employment and competitiveness levels in Member States,

Or. en

Amendment by Zuzana Roithová and Charlotte Cederschiöld

Amendment 21
Paragraph 1 h (new)

1h. Stresses the need to cut red tape connected with both the use and provision of cross-border health services,

Or. en

Amendment by Zuzana Roithová

Amendment 22
Paragraph 1 i (new)

1i. Notes that, in order to cut the red tape relating to the use of cross-border health services, it is necessary to improve the handling of patient identification and patient claims for reimbursement,

Or. en

Amendment by Zuzana Roithová and Charlotte Cederschiöld

Amendment 23
Paragraph 1 j (new)

1j. Calls on the Commission and on the governments of the Member States to actively support the introduction of E-Health,

Or.

Amendment by Zuzana Roithová and Charlotte Cederschiöld

Amendment 24

Paragraph 1 k (new)

1k. Notes that effective sharing and exchange of information on health, in a transparent way, is a vital requirement for ensuring consistency and maintaining a high quality of health care when using health-care services in different Member States,

Or. en

Amendment by Zuzana Roithová and Charlotte Cederschiöld

Amendment 25

Paragraph 1 l (new)

1l. Calls on the Commission to draw up technical standards, and calls on the governments of the Member States to actively support the introduction of interoperable transparent information systems allowing effective exchange and sharing of information on health between health-care providers in individual Member States,

Or. en

Amendment by Charlotte Cederschiöld and Zuzana Roithová

Amendment 26

Paragraph 2

2. Points out that in accordance with the provisions of the Treaty, the Member States (deletion) retain primary responsibility for providing efficient and high quality health care to their citizens; stresses that, to this end, they should be able to use the appropriate regulatory tools and, in exercising that power, they must always respect the provisions of the Treaties, notably those on fundamental freedoms;

Or. en

Amendment by Rosa Díez González and Manuel Medina Ortega

Amendment 27

Paragraph 2

2. Points out that in accordance with the provisions of the Treaty, the Member States must retain the necessary regulatory tools ***comprising, for example,*** systems for authorising and planning health care and regulating prices;

Or. es

Amendment by Pierre Jonckheer

Amendment 28

Paragraph 2

2. Points out that in accordance with the provisions of the Treaty ***and the principle of subsidiarity,*** the Member States must retain the necessary ***(deletion)*** tools ***to regulate and safeguard their*** systems for authorising and planning health care and regulating prices;

Or. en

Amendment by Toine Manders

Amendment 29

Paragraph 2

2. Points out that in accordance with the provisions of the Treaty, the Member States must retain the necessary regulatory tools ***to manage their national healthcare systems and health authorities;***

Or. en

Amendment by Zuzana Roithová

Amendment 30

Paragraph 2

2. Points out that in accordance with the provisions of the Treaty, the Member States must retain the necessary regulatory tools: systems ***for planning, authorising, accrediting and surveying*** health-care systems, and regulating prices; ***points out that the regulatory tools should be compatible with the coexistence of public and private providers;***

Amendment by Ieke van den Burg

Amendment 31

Paragraph 2

2. Points out that in accordance with the provisions of the Treaty, the Member States must retain the necessary regulatory tools: systems for authorising, **financing** and planning health care and regulating prices;

Or. en

Amendment by Bernadette Vergnaud

Amendment 32

Paragraph 2 a (new)

- 2a. ***Points out that the situation of legal uncertainty in which health services currently find themselves is unsatisfactory, and that Court of Justice decisions with regard to individual cases cannot suffice to formulate a policy on health services;***

Or. fr

Amendment by André Brie

Amendment 33

Paragraph 3

3. Stresses that health services are a special case because ***a high level of human health protection must be regarded as a public good***, as recognised in Articles 2 and 152 of the Treaty, and considers that ***the present legal uncertainty in relation to health services should be remedied by introducing a chapter on public goods and services of general interest into the Treaty, clarifying that public goods, public services, services of general interest and the non-profit sector are not subject to the rules on competition, state aid, public procurement and the internal market, but must be regarded as a sector which is guided solely by the public interest and which is organised according to the principle of subsidiarity within the sole competency of the Member States and their respective regional and local authorities in order to ensure their proper functioning;***

Or. en

Amendment by Charlotte Cederschiöld

Amendment 34

Paragraph 3

3. ***Points out that neither the exclusion of health services from Directive 2006/123/EC, nor their special nature remove them from the ambit of the Treaty provisions on fundamental freedoms, as recognised, in particular, by the settled case law of the European Court of Justice;***

Or. en

Amendment by Ieke van den Burg

Amendment 35

Paragraph 3

3. Stresses that health services are a special case because ***they are*** by their nature ***derived from an involuntary need***, they are of general interest, as recognised in Articles 16 and 152 of the Treaty, and considers that this should be guaranteed in the application of the provisions on the free movement of services, freedom of establishment and competition, and state aid;

Or. en

Amendment by Charlotte Cederschiöld

Amendment 36

Paragraph 3 a (new)

- 3a. ***Stresses that, secondary law, such as an EC Directive, may not curtail the rights that patients derive directly from the Treaty and which have been confirmed by the settled case law of the European Court of Justice;***

Or. en

Amendment by Toine Manders

Amendment 37

Paragraph 4

deleted

Amendment by Charlotte Cederschiöld

Amendment 38

Paragraph 4

4. Points out that in any case patients must be able to have equal access to appropriate treatment as close as possible to their home, ***and, if possible***, in their own language; ***equally points out that access to specialist care must be the right of every patient, even if not provided for or accessible in the home Member State;***

Or. en

Amendment by Rosa Díez González and Manuel Medina Ortega

Amendment 39

Paragraph 4

4. Points out that in any case patients must be able to have equal access to ***the right*** treatment as close as possible to their home and in their own language;

Or. es

Amendment by Zuzana Roithová

Amendment 40

Paragraph 4

4. Points out that in any case patients must be able to have equal access to appropriate treatment ***either*** as close as possible to their home and in their own language ***or in a care setting which is as safe as possible, commensurate with needs;***

Or. en

Amendment by Jacques Toubon

Amendment 41

Paragraph 4

4. Points out that in any case patients must be able to have equal access to appropriate treatment as close as possible to their home and in their own language; ***considers that Council Directive 89/105/EEC of 21 December 1988¹ on transparency should be***

better applied, so that medicines would be placed on the market more quickly, innovation and safety of medicines would be supported and use of the centralised procedure for marketing authorisation more strongly promoted;

¹ OJ L 40, 11.2.1989, p. 8.

Or. fr

Amendment by Anja Weisgerber

Amendment 42

Paragraph 4

4. Points out that in any case patients ***should*** be able to have equal access to appropriate treatment as close as possible to their home and ***whenever possible*** in their own language;

Or. de

Amendment by Antonyia Parvanova

Amendment 43

Paragraph 4 a (new)

- 4a. Stresses that Member States should treat residents of another Member State on an equal basis with regard to access to health services, regardless of whether they are private or public patients;***

Or. en

Amendment by Zuzana Roithová

Amendment 44

Paragraph 4 b (new)

- 4b. Points out that patients should have access to information on which health-care provider has obtained international accreditation and that the accredited providers of the health care should, regardless of where they are in the EU, ensure that health care is safe, based on measurable international indicators of quality;***

Or. en

Amendment by Ieke van den Burg

Amendment 45
Paragraph 4 c (new)

4c. *Stresses that patient and professional mobility should not be an excuse for a Member State's failure to invest in its own health-care system;*

Or. en

Amendment by Stefano Zappalà, Guido Podestà, Roberta Angelilli and Aldo Patriciello

Amendment 46
Paragraph 4 d (new)

4d. *Maintains that any policy initiative relating to health services should, as far as possible, be the subject of parliamentary law-making rather than being pursued on an ad hoc basis through rulings of the Court of Justice;*

Or. it

Amendment by Toine Manders

Amendment 47
Paragraph 5

deleted

Or. en

Amendment by Søren Bo Søndergaard

Amendment 48
Paragraph 5

deleted

Or. en

Amendment by Charlotte Cederschiöld

Amendment 49

Paragraph 5

5. ***Points out that all health services, including those with a social (deletion) component, such as care for elderly and disabled people, are covered by the rules of the Treaty on the fundamental freedoms;***

Or. en

Amendment by Maria Matsouka

Amendment 50

Paragraph 5

5. Requests clarification of the rules on provision of health services which have a social service component, such as care for elderly or disabled people, ***bearing in mind that there is no clear division between the provision of health services and the provision of social services of general interest;***

Or. el

Amendment by Zuzana Roithová

Amendment 51

Paragraph 5

5. Requests clarification of the rules on provision of health services which have a social service component, such as care for elderly or disabled people, ***children or other categories of vulnerable patient;***

Or. en

Amendment by Toine Manders

Amendment 52

Paragraph 5 a (new)

- 5a. ***Requests a clear definition of health services; and to clarify which elements of a healthcare system are relevant in this context;***

Or. en

Amendment by Charlotte Cederschiöld

Amendment 53

Paragraph 6

6. Requests *that any* further clarification of concepts *used in the case law of the European Court of Justice does not alter the balance struck by the European Court of Justice between Member States' prerogatives in the field of public health and the rights of the individual patient; in this respect recalls that, as regards the concept of "reasonable waiting time", the European Court of Justice has clearly indicated that it should exclusively be defined in the light of an assessment of each patient's medical situation and that economic considerations should not play any role in that assessment;*

Or. en

Amendment by Arlene McCarthy

Amendment 54

Paragraph 6

6. Requests further clarification of concepts such as 'reasonable waiting time' and *(deletion)* inpatient and outpatient treatment;

Or. en

Amendment by Zuzana Roithová

Amendment 55

Paragraph 6

6. Requests further clarification of concepts such as 'reasonable waiting time', *bearing in mind the need to guarantee patient safety*, and definitions of inpatient and outpatient treatment;

Or. en

Amendment by Charlotte Cederschiöld and Andreas Schwab

Amendment 56

Paragraph 6

6. Requests *that any* further clarification of concepts *used in the case law of the European Court of Justice does not alter the balance struck by the European Court of Justice between Member States' prerogatives in the field of public health and the rights of the individual patient; in this respect recalls that as regards the concept of "reasonable waiting time", the European Court of Justice has clearly indicated that it should exclusively be defined in the light an assessment of each patient's medical situation and that economic considerations should not play any role in that assessment;*

Or. en

Amendment by Anja Weisgerber

Amendment 57

Paragraph 6

6. Requests *(deletion)* definitions of in-patient and out-patient treatment;

Or. de

Amendment by Bert Doorn

Amendment 58

Paragraph 6 a (new)

- 6a. *Requests a clear definition of health services, so as to clarify and clearly demarcate the scope of application of future legislation in this field;*

Or. en

Amendment by Charlotte Cederschiöld

Amendment 59

Paragraph 6 b (new)

- 6b. *Points out that the case law of the Court is directly applicable and does not require implementing measures; points out, in particular, that the Commission should ensure that no authorisation is required for a reimbursement of the cost of non-hospital services provided in another Member State;*

Amendment by Charlotte Cederschiöld

Amendment 60
Paragraph 6 c (new)

- 6c. *Points out that as regards hospital services in another Member State, the procedure for granting authorisation must provide a guarantee for patients protecting them from arbitrary decisions taken by their national authorities; points out that, in order to facilitate the free movement of patients without prejudicing Member States' planning objectives, in the light of the case law of the European Court of Justice, hospital treatment should be defined narrowly, as treatment which can only be provided within hospital infrastructure and may not, for example, in a practitioner's surgery or at the patient's home; points out, in particular, that any refusal to grant an authorisation must be open to challenge in judicial and quasi-judicial proceedings and that, for the purpose of assessing the medical situation of each patient, entirely objective and impartial advice from independent experts should be sought;*

Or. en

Amendment by Antonya Parvanova

Amendment 61
Paragraph 7

7. Notes the great diversity of mobility among patients sent abroad by their national health system *and of patients looking for medical treatment abroad of their own volition*, tourists who fall ill, migrant workers, students, retired people and anyone living in an EU country other than their country of origin, or living in border regions;

Or. en

Amendment by Zuzana Roithová

Amendment 62
Paragraph 7

7. Notes the great diversity of mobility *and the different reasons* among patients sent abroad by their national health system, tourists who fall ill, migrant workers, students, retired people and anyone living in an EU country other than their country of origin, or

living in border regions;

Or. en

Amendment by Ieke van den Burg

Amendment 63
Paragraph 7

7. Notes the great diversity of mobility among patients sent abroad by their national health system, tourists who fall ill, migrant workers, students, retired people and anyone living in an EU country other than their country of origin, or living in border regions ***and stresses that those differences should be taken into account when designing policy;***

Or. en

Amendment by Marc Tarabella

Amendment 64
Paragraph 7 a (new)

- 7a. Calls on the Commission to provide annual statistics for each Member State on patient mobility and on the number of cases of reimbursement being refused, and the reasons for such refusal;***

Or. fr

Amendment by Bert Doorn

Amendment 65
Paragraph 7 b (new)

- 7b. Notes that considerable numbers of patients from several Member States are not, , able to receive the necessary medical treatment in their own country within a reasonable timeframe because of the waiting lists and notes that these patients are, therefore, dependent on medical treatment abroad;***

Or. en

Amendment by Maria Matsouka

Amendment 66
Paragraph 7 c (new)

7c. stresses that the increased mobility of patients must not be allowed to upset the financial balance of the social systems

Or. el

Amendment by Antonia Parvanova

Amendment 67
Paragraph 7 d (new)

7d. Calls for the establishment of an EU regulation on risk management;

Or. en

Amendment by Toine Manders

Amendment 68
Paragraph 8

8. Notes how difficult it is for patients to obtain clear and precise information on health care, ***especially in relation to cross-border health care***, and the complexity of the procedures that have to be followed;

Or. en

Amendment by Marianne Thyssen

Amendment 69
Paragraph 8

8. Notes how difficult it is for patients to obtain clear and precise information on health care and the complexity of the procedures that have to be followed ***and urges the players involved, particularly the social insurance agencies or the public health services in the health care sector, to provide citizens, patients and suppliers with better information;***

Or. nl

Amendment by Zuzana Roithová

Amendment 70

Paragraph 8

8. Notes how difficult it is for patients to obtain clear and precise information on health care, and the complexity of the procedures that have to be followed; ***notes that this difficulty, which is not only created by language barriers, potentially increases the risk to patient safety;***

Or. en

Amendment by Charlotte Cederschiöld

Amendment 71

Paragraph 8 a (new)

- 8a. Considers that the EU has an important role to play when it comes to improving patients' access to information on access to cross-border health care;***

Or. en

Amendment by Charlotte Cederschiöld and Zuzana Roithová

Amendment 72

Paragraph 9

9. Considers that it is important to give patients the right to choose health care in another country when this choice allows them to receive ***adequate*** treatment more rapidly, and ***that in conformity with the case law of the European Court of Justice***, prior authorisation ***for hospital care*** should be easily *obtainable* , dealt with immediately, evaluated on the basis of objective and neutral criteria, ***and that any refusal should be reasoned with reference to the opinion of independent experts;***

Or. en

Amendment by Rosa Díez González and Manuel Medina Ortega

Amendment 73

Paragraph 9

9. Considers that it is important to give patients the right to choose health care in another country when this choice allows them to receive better treatment more rapidly, and

that prior authorisation should be easily accessible *and* evaluated on the basis of objective and *(deletion)* criteria *(deletion)*;

Or. es

Amendment by Bert Doorn

Amendment 74
Paragraph 9

9. Considers that it is important to give patients the right to choose health care in another country when this choice allows them to receive better treatment more rapidly, and that, *where* prior authorisation *is necessary, it* should be *granted without delay; refusal of authorisation is possible only* on the basis of objective *reasons which must be verified in transparent fashion* by an expert and independent doctor;

Or. nl

Amendment by Toine Manders

Amendment 75
Paragraph 9

9. Considers that it is important to give patients the right to choose health care in another country when this choice allows them to receive better treatment more rapidly, *(deletion)*;

Or. en

Amendment by Othmar Karas

Amendment 76
Paragraph 9

9. Considers that it is important to give patients the right to choose health care in another country when this choice allows them to receive better treatment more rapidly, *but that medical tourism should not be actively encouraged; is also of the opinion* that prior authorisation should be easily accessible, dealt with immediately, evaluated on the basis of objective and neutral criteria and considered by an expert and independent doctor;

Or. de

Amendment by Maria Matsouka

Amendment 77

Paragraph 9

9. Considers that it is important to give patients the right to choose health care in another country, ***having informed them fully of both the terms and conditions for access to such care and the implications of such a choice***, when this choice allows them to receive better treatment more rapidly, and that prior authorisation should be easily accessible, dealt with immediately, evaluated on the basis of objective and neutral criteria and considered by an expert and independent doctor;

Or. el

Amendment by Zuzana Roithová

Amendment 78

Paragraph 9

9. Considers that it is important to give patients the right to choose health care in another country when this choice allows them to receive better treatment more rapidly, and that prior authorisation should be easily *obtainable*, dealt with immediately, evaluated on the basis of objective and neutral criteria and considered by an expert and independent doctor ***who is an expert in patient-safety issues and related matters*** ;

Or. en

Amendment by Marianne Thyssen

Amendment 79

Paragraph 9

9. Considers that it is important to give patients the right to choose health care in another country when this choice allows them to receive better treatment more rapidly, and that ***regulation of cross-border access to care should be aimed at improving access for patients to necessary and qualitative care; also takes the view that various regulatory techniques can help to achieve this including bilateral agreements between countries and various players involved; is of the opinion that restrictions on cross-border patient mobility can be justified solely on the basis of a potential risk either to the financial balance of the system or of adverse effects in terms of the other objectives set out in paragraph 2;***

Or. nl

Amendment by Marc Tarabella

Amendment 80
Paragraph 9 a (new)

9a. Asks that reasons be given within a reasonable period of time by the specialist doctor, or the relevant sickness insurance scheme, for any refusal of prior authorisation for cross-border treatment;

Or. fr

Amendment by Rosa Díez González and Manuel Medina Ortega

Amendment 81
Paragraph 10

deleted

Or. es

Amendment by Luisa Fernanda Rudi Ubeda

Amendment 82
Paragraph 10

10. Calls for the adoption of a European charter of patients' rights on the basis of the various existing charters in the Member States and work carried out by non-governmental organisations, **to be included in a future directive on health services;**

Or. fr

Amendment by Toine Manders

Amendment 83
Paragraph 10

10. Calls for the adoption of a European charter of patients' rights on the basis of the various existing charters in the Member States and work carried out by non-governmental organisations, **and based on a codification of existing European Court of Justice rulings;**

Or. en

Amendment by Zuzana Roithová

Amendment 84
Paragraph 10

10. Calls for the adoption of a European charter of patients' ***and family*** rights on the basis of the various existing charters in the Member States and work carried out by non-governmental organisations;

Or. en

Amendment by Anja Weisgerber

Amendment 85
Paragraph 10

- 10. Points out that Member States already have charters of patients' rights;***

Or. de

Amendment by Charlotte Cederschiöld

Amendment 86
Paragraph 10

- 10. Encourages the Commission to ensure that, when it comes to mobility for health service providers, there are common guidelines incorporating principles on best medical practice, including continuing training, quality and safety control (deletion);***

Or. en

Amendment by Rosa Díez González and Manuel Medina Ortega

Amendment 87
Paragraph 10 a (new)

- 10a. Believes that any regulation brought to bear in future on health services should encompass patients' rights;***

Or. es

Amendment by Charlotte Cederschiöld and Konstantinos Hatzidakis

Amendment 88

Paragraph 11

11. ***Acknowledges the existing differences between health-care systems in Member States and the perplex legal frameworks which regulate reimbursements; calls for a codification of existing case law on the reimbursement of cross-border health care in order to ensure the proper application of the case law by all Member States, and to improve the information available to patients, national sickness insurance schemes and health care providers without creating additional cumbersome bureaucratic burdens for Member States;***

Or. en

Amendment by Andreas Schwab

Amendment 89

Paragraph 11

11. ***Calls for a codification of existing case law on the reimbursement of cross border health care in a single legal instrument, such as an interpretative communication from the Commission, in order to ensure the proper application of the case law in all Member States, and to improve the information available to patients, national sickness insurance schemes and health care providers;***

Or. en

Amendment by Konstantinos Hatzidakis

Amendment 90

Paragraph 11

11. ***Acknowledges the existing differences between health-care systems in Member States and the perplexing legal frameworks which regulate reimbursements; Calls for clarification of the procedures and conditions for reimbursement to provide better legal certainty for patients, national sickness insurance schemes and health care providers without creating additional cumbersome bureaucratic burdens for Member States;***

Or. en

Amendment by Mia De Vits

Amendment 91
Paragraph 11

11. Calls for clarification of the procedures and conditions for reimbursement to provide better legal certainty for patients, national sickness insurance schemes and health care providers; ***to this end, advocates that host Member States retain the right to charge the actual cost price to foreign patients who are referred for treatment under an agreement with a foreign health insurance agency;***

Or. nl

Amendment by Toine Manders

Amendment 92
Paragraph 11

11. Calls for clarification of the procedures and conditions for reimbursement *in order* to provide *patients with a better understanding of the access conditions in relation to health-care services abroad and the patient's right to reimbursement;*

Or. en

Amendment by Marc Tarabella

Amendment 93
Paragraph 11 a (new)

- 11a. Calls on all Member States to apply the existing procedures with regard to reimbursement of cross-border health care; considers that it should be possible, if necessary, to prosecute Member States which fail to do so;***

Or. fr

Amendment by Zuzana Roithová

Amendment 94
Paragraph 11 a (new)

- 11a. Calls for a European reference scheme to be put in place concerning reimbursement in order to allow citizens to make a comparison and to make the most suitable choice for them;***

Or. en

Amendment by Charlotte Cederschiöld

Amendment 95
Paragraph 11 a (new)

11a. Calls for a codification of existing case law on the reimbursement of cross-border health care in a single legal instrument, such as an interpretative communication from the Commission, in order to ensure the proper application of the case law in all Member States, and to improve the information available to patients, national sickness insurance schemes and health care providers;

Or. en

Amendment by Charlotte Cederschiöld

Amendment 96
Paragraph 12

Delete

Or. en

Amendment by Arlene McCarthy

Amendment 97
Paragraph 12

12. Calls for further development of the European Health Insurance Card in order to simplify the procedures for European citizens obtaining health care in other Member States, and for work to continue on the development of a standardised set of electronic patient data, whilst ensuring confidentiality of sensitive medical data;

Or. en

Amendment by Marco Rizzo

Amendment 98
Paragraph 12

12. Calls on the Member States to ensure that statutory health services and physicians etc. are obliged to accept the European Health Insurance Card (EHIC) and form E 112 etc. instead of treating the patients on a private basis or demanding cash payments from them; calls on the Member States to ensure that health service

providers post a clearly visible symbol demonstrating (in a similar way as with credit cards in hotels, restaurants etc.) that a patients' EHIC can be accepted in a given Member State, in line with Regulation (EC) No 883/2004; calls for a high level of data protection for patients as regards cross-border cooperation in health services in order to ensure confidentiality of sensitive medical data;

Or. en

Amendment by Andreas Schwab

Amendment 99
Paragraph 12

12. Calls for a European sickness insurance card to be compulsory for all European citizens, *without undermining data protection; considers that cardholders themselves should decide what health data should be stored on the card and that the card must not be used for billing purposes;*

Or. de

Amendment by Marianne Thyssen

Amendment 100
Paragraph 12

12. Calls for a European sickness insurance card to be compulsory for all European citizens, with a standardised electronic recording system for patients to ensure confidentiality of sensitive medical data; *believes that it is appropriate to expand the European sickness insurance card scheme to include a system of international exchange of data concerning the insurance status of the patient;*

Or. nl

Amendment by Jacques Toubon

Amendment 101
Paragraph 12

12. Calls for a European sickness insurance card to be compulsory for all European citizens, with a standardised electronic recording system for patients to ensure confidentiality of sensitive medical data; *to make the most effective use of this*

system, calls for the adoption of European health indicators;

Or. fr

Amendment by Rosa Díez González and Manuel Medina Ortega

Amendment 102
Paragraph 12

12. Calls for a European sickness insurance card to be compulsory for all European citizens *(deletion)*;

Or. es

Amendment by Marc Tarabella

Amendment 103
Paragraph 12 a (new)

- 12a. Calls for rapid adoption of a single European nomenclature for medical procedures;*

Or. fr

Amendment by Andreas Schwab

Amendment 104
Paragraph 13

13. Notes that European Parliament and Council Directive 2005/36/EC of 7 September 2005 on the recognition of professional qualifications *(deletion)* does not remedy all the current regulatory shortcomings at EU level concerning the free movement of health professionals, particularly with regard to continuing training;

Or. de

Amendment by Bert Doorn

Amendment 105
Paragraph 13

13. Notes that European Parliament and Council Directive 2005/36/EC of 7 September 2005 on the recognition of professional qualifications, which has not yet been transposed in every Member State, does not remedy all the current regulatory shortcomings at EU level concerning the free movement of health professionals, particularly with regard to continuing training; ***Stresses that any future legislation in this field should strongly facilitate the provision of cross-border health services and the establishment of service providers from other Member States;***

Or. en

Amendment by Arlene McCarthy

Amendment 106
Paragraph 13

13. Notes that European Parliament and Council Directive 2005/36/EC of 7 September 2005 on the recognition of professional qualifications, which has not yet been transposed in every Member State, does not remedy all the current regulatory shortcomings at EU level concerning the free movement of health professionals, particularly with regard to continuing training ***and providing assurance of the current competence of health professionals;***

Or. en

Amendment by Antonia Parvanova

Amendment 107
Paragraph 13

13. Notes that European Parliament and Council Directive 2005/36/EC of 7 September 2005 on the recognition of professional qualifications, which has not yet been transposed in every Member State, does not remedy all the current regulatory shortcomings at EU level concerning the free movement of health professionals, particularly with regard to continuing training ***and the right of establishment;***

Or. en

Amendment by Zuzana Roithová

Amendment 108

Paragraph 13

13. Notes that European Parliament and Council Directive 2005/36/EC of 7 September 2005 on the recognition of professional qualifications, which has not yet been transposed in every Member State, does not remedy all the current regulatory shortcomings at EU level concerning the free movement of health professionals, particularly with regard to continuing training ***with a particular emphasis on communication skills, safety procedures and guidelines on patient safety;***

Or. en

Amendment by Charlotte Cederschiöld

Amendment 109

Paragraph 14

Deleted

Or. en

Amendment by Arlene McCarthy

Amendment 110

Paragraph 14

14. Underlines the need to take account at European level of continuing training of healthcare providers ***and their current competence to practise in order*** to ensure the best possible quality of care;

Or. en

Amendment by Andreas Schwab

Amendment 111

Paragraph 14

14. Underlines the need to take account at European level of continuing training of health care providers to ensure ***a high standard of health protection;***

Or. de

Amendment by Marco Rizzo

Amendment 112

Paragraph 14 a (new)

14a. Points out that the movement of health-care professionals to richer Member States has created shortages and problems with staffing in poorer Member States and third countries, thus beginning to destabilise the health-care systems of the latter ones; calls on the Commission and the Member States to look for remedies in order to prevent such a brain drain at the expense of the poorer countries and to jointly examine which measures might be necessary to maintain and improve a high quality health care sector there;

Or. en

Amendment by Zuzana Roithová

Amendment 113

Paragraph 14 b (new)

14b. Stresses that specific training should be provided on communication skills, patient safety issues and clinical risk management;

Or. en

Amendment by Othmar Karas

Amendment 114

Paragraph 14 c (new)

14c. Considers it very important for health care providers directly in contact with patients to have a sufficient command of the language spoken in the host Member State concerned;

Or. de

Amendment by Luisa Fernanda Rudi Ubeda

Amendment 115

Paragraph 15

15. Calls on the Commission to set up a system for collecting data and exchanging information between the various national authorities on health care providers and to

set up a European card to provide access to information on the skills of health care professionals; (*deletion*)

Or. fr

Amendment by Charlotte Cederschiöld and Bert Doorn

Amendment 116
Paragraph 15

15. Calls on the Commission to set up a system for collecting data and exchanging information between the various national authorities on health care providers and to set up a European card to provide access to information on the skills of health care professionals ***and to also develop a reliable health information system for service providers;***

Or. en

Amendment by Toine Manders

Amendment 117
Paragraph 15

15. Calls on the Commission to set up a system for collecting data and exchanging information between the various national authorities on health care providers and to ***make that information available to patients;***

Or. en

Amendment by Arlene McCarthy

Amendment 118
Paragraph 15

15. Calls on the Commission to set up a system for collecting data exchanging information between the various national authorities on healthcare providers ***with an obligation on national authorities to share such information;***

Or. en

Amendment by Zuzana Roithová

Amendment 119

Paragraph 15

15. Calls on the Commission to set up a system for collecting data and exchanging information between the various national authorities on health care providers ***and on their patient-safety programmes for clinical risk management*** and to set up a European card to provide access to information on the skills of health care professionals; also calls for a ban on advertising by health care providers;

Or. en

Amendment by Charlotte Cederschiöld

Amendment 120

Paragraph 15 a (new)

- 15a. Considers that it is necessary, for patient-safety reasons, to oblige national authorities to exchange information on registration and disciplinary matters relating to health care providers operating across borders;***

Or. en

Amendment by Malcolm Harbour

Amendment 121

Paragraph 15 a (new)

- 15a. Welcomes the work carried out by Health Professionals Crossing Borders as a good example of close multilateral cooperation between Member States' healthcare regulators;***

Or. en

Amendment by Konstantinos Hatzidakis

Amendment 122

Paragraph 15 a (new)

- 15a. Stresses the need to better inform health care professionals of their right of mobility within the EU by using existing tools set by the Commission, such as EURES (European Employment Services);***

Or. en

Amendment by Arlene McCarthy

Amendment 123
Paragraph 15 a (new)

15a. *Calls on the Commission, in the context of increased professional mobility in Europe, to incorporate into a European legal framework a duty on national authorities to exchange registration and disciplinary information about health-care professionals where patient safety may be at risk;*

Or. en

Amendment by Charlotte Cederschiöld and Malcolm Harbour

Amendment 124
Paragraph 15 b (new)

15b. *Stresses the need to strengthen the protection of patients by requiring health professionals to take out professional indemnity insurance;*

Or. en

Amendment by Charlotte Cederschiöld and Malcolm Harbour

Amendment 125
Paragraph 16

Deleted

Or. en

Amendment by Anja Weisgerber and Andreas Schwab

Amendment 126
Paragraph 16

deleted

Or. de

Amendment by Maria Matsouka

Amendment 127

Paragraph 16

Affects Greek version only

Or. el

Amendment by Diana Wallis

Amendment 128

Paragraph 16 a (new)

16a. *Insists that patient mobility cannot be allowed to grow unchecked without concurrent and clear rules governing liability for the provision of cross-border health services and the resultant need for ease of access to redress and justice mechanisms;*

Or. en

Amendment by Diana Wallis

Amendment 129

Paragraph 16 b (new)

16b. *Notes that the combination of current private international law rules on jurisdiction and applicable law, with various Community instruments based on a country of origin approach, leads to a complex and difficult web of regimes on legal liability which does not promote ease of access to justice, which is a matter of particular concern in relation to health services and which are, by their nature, both personal and individual; moreover, a patient who seeks redress is likely to be both vulnerable and proceeding alone against either an institution or a professional body;*

Or. en

Amendment by Malcolm Harbour

Amendment 130

Paragraph 17

17. *Stresses the need to strengthen the protection of patients by requiring health professionals to take out professional indemnity insurance; notes, however, that both the means of guaranteeing that and the definition of a health professional, will be determined by the relevant insurance or other financial security arrangements in*

each member state;

Or. en

Amendment by Marianne Thyssen

Amendment 131

Paragraph 17

17. Therefore stresses the need to guarantee the legal security of patients and professionals, **and** calls for clarification of liabilities in the event of injury (**deletion**);

Or. nl

Amendment by Anja Weisgerber

Amendment 132

Paragraph 17 a (new)

- 17a. Notes that liability matters are sufficiently regulated; points in this connection to the Convention of 19 June 1980 on the Law applicable to Contractual Obligations, the proposal for a regulation of the European Parliament and of the Council on the law applicable to contractual obligations (Rome I) (COM(2005)0650) and the proposal for a regulation of the European Parliament and the Council on the law applicable to non-contractual obligations (“Rome II”) (COM(2003)0427), and to Council Regulation (EEC) No 1408/71 of 14 June 1971 on the application of social security schemes to employed persons and their families moving within the Community¹; considers, therefore, that there is no further need for regulation and urges the Member States to guarantee proper protection to patients where liability is concerned;**

¹ OJ L 149, 5.7.1971, p. 2. Last amended by Regulation (EC) No 1992/2006 of the European Parliament and of the Council (OJ L 392, 30.12.2006, p. 1).

Or. de

Amendment by Anja Weisgerber and Andreas Schwab

Amendment 133

Paragraph 18

deleted

Or. de

Amendment by Anja Weisgerber and Andreas Schwab

Amendment 134
Paragraph 18

deleted

Or. de

Amendment by Antonyia Parvanova

Amendment 135
Paragraph 18

18. Points out that health care often requires follow-up medical checks; calls for clarification of the rules on the division of responsibilities between health care providers during the various stages of medical treatment *in order to ensure continuity in care;*

Or. en

Amendment by Marianne Thyssen

Amendment 136
Paragraph 18

18. Points out that health care often requires follow-up medical checks; calls for clarification of the rules on the division of responsibilities between health care providers during the various stages of medical treatment; *points out that telemedicine and E-health are developing on such a scale that new rules of play need to be agreed in the areas of social protection, funding and access to such care;*

Or. nl

Amendment by Stefano Zappalà, Guido Podestà, Roberta Angelilli and Aldo Patriciello

Amendment 137

Paragraph 18

18. Points out that health care often requires follow-up medical checks; calls for clarification of the rules on the division of responsibilities between health care providers during the various stages of *(deletion)* treatment;

Or. it

Amendment by Luisa Fernanda Rudi Ubeda

Amendment 138

Paragraph 18

18. Points out that health care often requires follow-up medical checks; calls for clarification of the rules on the division of responsibilities between health care providers during the various stages of *(deletion)* treatment;

Or. es

Amendment by Bernadette Vergnaud

Amendment 139

Paragraph 18

18. Points out that health care often requires follow-up medical checks; calls for clarification of the rules on the division of responsibilities between health care providers during the various stages of *such* treatment;

Or. fr

Amendment by Charlotte Cederschiöld

Amendment 140

Paragraph 18 a (new)

- 18a. *Stresses the need to strengthen patient protection by requiring health professionals to take out professional indemnity insurance;***

Or. en

Amendment by Charlotte Cederschiöld

Amendment 141

Paragraph 19

19. Considers that closer cooperation between health systems *on local, regional, intergovernmental and European levels should* make it possible to obtain appropriate treatment in other *Member States*, improve the quality of services and thus increase citizens' confidence;

Or. en

Amendment by Maria Matsouka

Amendment 142

Paragraph 19

19. Considers that closer cooperation between health systems would make it possible to obtain appropriate *health care* in other countries, improve the quality of services and thus increase citizens' confidence;

Or. el

Amendment by Charlotte Cederschiöld

Amendment 143

Paragraph 20

20. Encourages the development of networks of reference centres, *including electronic reference centres that deal with some rare, specific and chronic diseases* and exchange of knowledge between various EU countries on best treatment practices and the organisation of health care systems; and calls on the Commission to optimise transnational administrative cooperation;

Or. en

Amendment by Arlene McCarthy

Amendment 144
Paragraph 20

20. Encourages the development of networks of reference centres for some rare and specific diseases and the open coordination method, and exchanges of knowledge between various EU countries on best treatment practices and the organisation of health care systems; and calls on the Commission to ***support and facilitate this work, including providing appropriate resources***;

Or. en

Amendment by Zuzana Roithová

Amendment 145
Paragraph 20 a (new)

- 20a. Stresses that, in order to achieve a high level of quality and safety of health services across Europe, it is important to support the development of an international accreditation system based on high quality standards; insists that Member States should, in cooperation with the Commission, take accompanying measures to encourage the establishment and publication, at Community level, of comparable quality indicators for safe health services;***

Or. en

Amendment by Konstantinos Hatzidakis

Amendment 146
Paragraph 21

21. Hopes that bilateral or multilateral agreements between Member States will develop, which would stimulate sharing of material and human resources in cross-border areas, ***and in particular in areas with high numbers of short-term visitors***, and exchanges of skills and knowledge, and would help to rationalise funding for health systems and sickness insurance schemes;

Or. en

Amendment by Toine Manders

Amendment 147

Paragraph 21

21. Hopes that bilateral or multilateral agreements between Member States will develop, which would stimulate sharing of material and human resources in cross-border areas and exchanges of skills and knowledge (*deletion*);

Or. en

Amendment by Marco Rizzo

Amendment 148

Paragraph 21

21. ***Welcomes the fact*** that bilateral or multilateral agreements between Member States have developed, which (*deletion*) stimulate sharing of material and human resources ***in health care*** in cross-border areas and exchanges of skills and knowledge, ***which should be further encouraged and funded by the INTERREG programme; considers that the great advantage of that form of cross-border cooperation in health care is the 'local care approach', and that, therefore, any need for improvement to existing regional or local requirements can only be examined on an individual basis and in the absence of measures at EU level, which are not required;***

Or. en

Amendment by Marianne Thyssen

Amendment 149

Paragraph 21

21. Hopes that bilateral or multilateral agreements between Member States, ***regions and local authorities and between the players in the health care sector*** will develop, which would stimulate sharing of material and human resources in cross-border areas and exchanges of skills and knowledge, and would help to rationalise funding for health systems and sickness insurance schemes;

Or. nl

Amendment by Ieke van den Burg

Amendment 150
Paragraph 21

21. ***Encourages*** bilateral or multilateral agreements between Member States ***(deletion)***, ***that*** stimulate sharing of material and human resources in cross-border areas and exchanges of skills and knowledge, and ***(deletion)*** help to rationalise ***administrative procedures and ensure sustainable and solidarity*** funding for health systems and sickness insurance schemes, ***in order to improve the efficiency, quality, speed and accessibility of health-care provision for people living in border regions;***

Or. en

Amendment by Rosa Díez González and Manuel Medina Ortega

Amendment 151
Paragraph 22

22. Calls ***on the Member States*** to guarantee access to objective and independent information for patients, health professionals, health care institutions and the competent authorities; ***considers that health professionals can assist patients in seeking this information;***

Or. es

Amendment by Toine Manders

Amendment 152
Paragraph 22

Deleted

Or. en

Amendment by Marianne Thyssen

Amendment 153
Paragraph 22

22. Calls for the creation in each Member State of ***an effective information system,***

having regard to the distinctiveness of each health care system, to guarantee access to objective and independent information for patients, health professionals, health care institutions and the competent authorities; considers that health professionals can assist patients in seeking this information;

Or. nl

Amendment by Charlotte Cederschiöld and Andreas Schwab

Amendment 154
Paragraph 22 a (new)

22a. *Encourages the Commission to make use of all existing instruments, such as SOLVIT and infringement procedures, in order to assist patients who have been refused reimbursement (for non-hospital care) or authorisation (for hospital care) even though the conditions laid down in the case law have been fulfilled;*

Or. en

Amendment by Antonia Parvanova

Amendment 155
Paragraph 22 a (new)

22a. *Encourages the Commission to continue collecting data from the Member States and to further analyse trends and challenges facing cross-border mobility of patients and health professionals;*

Or. en

Amendment by Andreas Schwab

Amendment 156
Paragraph 22 a (new)

22a. *Calls on the Commission to draw up a proposal introducing a claim settlement system for the health sector, possibly modelled on the Internal Market Problem-Solving Network (SOLVIT), to help enforce the claims of national insurance schemes against health care providers from other Member States;*

Or. de

Amendment by Charlotte Cederschiöld

Amendment 157

Paragraph 22 a (new)

22a. Calls on the Commission to examine ways of actively supporting health and also calls for the promotion of the European Health Insurance Card for all European Citizens, with a standardized electronic recording system for patients, in order to ensure confidentiality of sensitive medical data;

Or. en

Amendment by Charlotte Cederschiöld

Amendment 158

Paragraph 23

23. Considers *that the Treaties and the case law of the European Court of Justice are clear when it comes to the rights and obligations of patients and health professionals* with regard to cross-border services;

Or. en

Amendment by Toine Manders

Amendment 159

Paragraph 23

23. Considers that a legislative instrument is needed to clarify the rights and obligations of patients and health professionals (*deletion*) and of the competent authorities with regard to cross-border services;

Or. en

Amendment by Søren Bo Søndergaard

Amendment 160

Paragraph 23

23. *Points out that the overwhelming majority of patients receiving treatment in a Member State other than their own have done so on the basis of Regulation (EC) No 1408/71 EC (now Regulation (EC) No 883/2004), whereas the number of patients receiving treatment on the basis of the rights created by the European Court of Justice judgments is negligible; considers, therefore, that patient mobility and cross-border health care should be regulated mainly within the mechanisms of*

Regulation (EC) No 883/2004, and that the right context to clarify the rights and obligations of patients and health professionals in connection with sickness insurance schemes, and of the competent authorities with regard to cross-border services is the implementing regulation to the latter regulation; considers that the implementation and application of the criteria laid down by European Court of Justice jurisprudence and transposed into national law is the sole responsibility of the Member States and does not require any legislative initiative at EU level;

Or. en

Amendment by Charlotte Cederschiöld

Amendment 161

Paragraph 23 a (new)

23a. Calls on the Commission to strengthen its policy of pursuing violations of EU law with a view to ensuring that all Member States comply with the case law of the European Court of Justice and that all European patients, irrespective of their country of origin, benefit from the rights conferred on them by the Treaty;

Or. en

Amendment by Stefano Zappalà, Aldo Patriciello and Guido Podestà

Amendment 162

Paragraph 23 b (new)

23b. Believes that an exclusion clause should be laid down in order to make an exception to the rules in force for care and treatment in (university) teaching hospitals and those which are recognised research and therapy centres;

Or. it

Amendment by Charlotte Cederschiöld

Amendment 163

Paragraph 23 c (new)

23c. Encourages the Commission to propose an appropriate instrument in order to codify the rights of patients but calls, however, for the immediate withdrawal of any initiative that might endanger or curtail those same rights as laid down in the Treaty

and in the case law of the European Court of Justice;

Or. en

Amendment by Anja Weisgerber and Andreas Schwab

Amendment 164
Paragraph 24

deleted

Or. de

Amendment by Toine Manders

Amendment 165
Paragraph 24

Deleted

Or. en

Amendment by André Brie

Amendment 166
Paragraph 24

24. Invites the Commission to submit to Parliament and to the Council a proposal for *(deletion)* a framework directive on services of general economic interest; *points out that health services must be strongly regulated by public interest obligations and that the current tendency to privatise health services or to make health services increasingly subject to internal market regulation must be reversed; opposes the creation of a liberalised internal market for health services and calls on the Commission to refrain from promoting its 'old' Bolkestein agenda again by way of a proposal for a separate directive on health services ;*

Or. en

Amendment by Charlotte Cederschiöld

Amendment 167

Paragraph 24

24. Invites the Commission to submit to the Parliament and to the Council a proposal for ***an appropriate instrument with a view to codifying the case law of the European Court of Justice***;

Or. en

Amendment by Bert Doorn

Amendment 168

Paragraph 24

24. ***Calls on*** the Commission to ***ensure more legal certainty in the area of health services and, where necessary, to formulate a proposal for a sector-specific directive in those fields in which it is appropriate to do so***;

Or. en

Amendment by Luisa Fernanda Rudi Ubeda

Amendment 169

Paragraph 24

24. Invites the Commission to submit to Parliament and to the Council a proposal for a directive on health services; ***(deletion)***

Or. fr

Amendment by Rosa Díez González and Manuel Medina Ortega

Amendment 170

Paragraph 24 a (new)

- 24a. ***Considers that the above proposal for a directive, rather than dealing solely with patient mobility, should also incorporate the shared values on which European health systems are founded, as well as covering other matters of vital importance for improving citizens' health, such as health information systems, coordination in the event of health alerts and emergencies, health promotion and public health policies (vaccination, for example), health-related research, or the general conditions for the authorisation and accreditation of health care centres and institutions (including Europe-wide basic services)***;

Amendment by Toine Manders

Amendment 171

Paragraph 24 b (new)

24b. *Considers that problems arise from the exclusion of health services from Directive 2006/123/EC, which are not covered by Directive 2005/36/EC;*

Or. en

Amendment by Toine Manders

Amendment 172

Paragraph 24 c (new)

24c. *Invites the Commission to submit, to Parliament, a proposal to reintroduce health services into Directive 2006/123/EC, and a proposal to codify European Court of Justice rulings on European patients' rights;*

Or. en