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Committee on the Environment, Public Health and Food Safety

2006/2275(INI)

23.3.2007

OPINION

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

for the Committee on the Internal Market and Consumer Protection

on the impact and consequences of the exclusion of Health Services from the
Directive on Services in the Internal Market
(2006/2275(INI))

Draftsman: Jules Maaten

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SUGGESTIONS

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

1. Emphasises that Member States' health systems are a fundamental part of the European social infrastructure¹; recalls that health care was excluded from the scope of the services directive because it is not like other services and requires special safeguards to ensure that everyone is able to access high-quality healthcare, and because it entails political choices at European, national and regional level;
2. Underlines that Europe is characterised by making high-quality healthcare available to all citizens regardless of personal circumstances, and therefore while access to cross-border healthcare and the free movement of patients and healthcare professionals may contribute to the improvement of health outcomes, the point of departure should be that all patients receive proper treatment in their own country and patient mobility must not on any account impair the safety of healthcare;
3. Considers that the right to reimbursement of costs of treatment in another Member State of a disease which is not acute should be guaranteed if there are long waiting lists in the patient's own Member State or the quality of treatment there is inferior to that in other Member States subject to mutual agreement between the Member States concerned; also considers that it is not permissible to bring pressure to bear on patients to undergo cheaper treatment in another country;
4. While recognising that healthcare policy is primarily a Member States' competence and emphasising the need for high-quality healthcare provision in the country of origin of the patient, nevertheless welcomes the Commission's initiative to launch a consultation procedure on the best form for Community action with a view to improving the access of patients, within a reasonable timeframe, to a safe, high-quality and efficient framework for cross-border aspects of health care, and calls on the Commission to come up with concrete proposals to encourage and monitor progress in this area;
5. Notes that the Member States do not sufficiently promote health care, as a result of which patients' rights are restricted;
6. While fully respecting the Council conclusions on universality, solidarity and equity as fundamental values underpinning European health care systems and the limited provisions of Article 152 of the EC Treaty, emphasises that the rulings of the European Court of Justice (ECJ) address the problems relating to patients' rights to seek treatment abroad and subsequently get reimbursed by their national health insurance scheme in certain circumstances;
7. Recognises that health services may benefit from more open borders; stresses that treatment methods and patient survival rates vary substantially between Member States; considers that the quality of health services will benefit more from exchanges of treatment

¹ EU Health Ministers statement on common values and principles - Luxembourg, 1-2 June 2006.

methods than from unbridled patient mobility;

8. Recognises that there is a demand for properly regulated, quality health and pharmaceutical cross-border services and for cooperation and the exchange of scientific and technological experience between highly specialised medical centres; however, points out that surveys show that most people would prefer to receive high quality treatment near to where they live; considers that, in order to provide the most appropriate legislative response, the Commission should in advance conduct an exhaustive study firstly of real needs for patient mobility and secondly of the publics to which mobility can apply, while assessing the impact of such mobility on health systems;
9. Stresses that it is desirable to distinguish between, on the one hand, cross-border health services, meaning those which are situated on either side of a border common to two Member States in order to maintain and offer patients a high standard of access and care, and, on the other hand, international health services within the European Union, which must offer health care for the treatment of rare or orphan diseases and/or diseases which require rare and very expensive technologies (care reference centres) or provide access to care which their Member State or State of residence cannot at present offer them;
10. Points out that Regulation (EC) No 1408/71 and Regulation (EC) No 883/2004 on the coordination of social security schemes and Directive 2005/36/EC on the recognition of professional qualifications do not cover all the existing regulatory gaps at EU level or assure the current competence of regulated health care professionals; is of the opinion that patients' safety and rights are not ensured in the cross-border provision of health care at present and that legal uncertainty exists regarding reimbursement mechanisms, obligations on national authorities to share regulatory information, the duty of care for both the initial and follow-up treatment and the risk management provisions for private patients;
11. Points out that provisions for ensuring access to information for patients and national authorities on cross-border healthcare provision, accredited healthcare professionals and medical treatment are lacking;
12. Considers that the EU can play an important role in improving the availability of information for patients on cross-border mobility, including by promoting European health indicators;
13. Points out that, at present, the European health card still does not make it possible to exchange patient information between healthcare professionals;
14. In the context of increased professional mobility in Europe, believes it necessary 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;
15. Considers the introduction of a legislative framework at Community level as the best way to ensure legal certainty for patients, national health care systems and for private health care providers; such a framework should ensure compliance with the fundamental principles of universality, solidarity, equal access, quality, safety and durability; it should also guarantee the Member States' ability to preserve their system of authorisation, in compliance with Community law on price regulation and care planning, thereby enabling

them to organise and finance their health care systems;

16. Believes that, above all, a new European regulatory framework for cross-border healthcare should improve access to high-quality healthcare in the event of illness, contribute to patient safety and increase the choices open to all patients in the European Union without contributing to inequality in healthcare outcomes.

PROCEDURE

Title	The impact and consequences of the exclusion of Health Services from the Directive on Services in the Internal Market		
Procedure number	2006/2275(INI)		
Committee responsible	IMCO		
Opinion by Date announced in plenary	ENVI 29.11.2006		
Enhanced cooperation – date announced in plenary			
Draftsman Date appointed	Jules Maaten 28.11.2006		
Previous draftsman			
Discussed in committee	22.1.2007	28.2.2007	21.3.2007
Date adopted	21.3.2007		
Result of final vote	+: 41 -: 0 0: 0		
Members present for the final vote	Adamos Adamou, Georgs Andrejevs, Liam Aylward, Pilar Ayuso, Johannes Blokland, John Bowis, Frieda Brepoels, Dorette Corbey, Chris Davies, Avril Doyle, Mojca Drčar Murko, Matthias Groote, Françoise Grossetête, Satu Hassi, Gyula Hegyi, Caroline Jackson, Dan Jørgensen, Eija-Riitta Korhola, Aldis Kušķis, Peter Liese, Jules Maaten, Linda McAvan, Marios Matsakis, Alexandru-Ioan Morțun, Riitta Myller, Miroslav Ouzký, Antonyia Parvanova, Frédérique Ries, Guido Sacconi, Richard Seeber, Bogusław Sonik, María Sornosa Martínez, Antonios Trakatellis, Evangelia Tzampazi, Thomas Ulmer, Glenis Willmott		
Substitute(s) present for the final vote	Alfonso Andria, Kader Arif, Giovanni Berlinguer, Alojz Peterle		
Substitute(s) under Rule 178(2) present for the final vote	Radu Podgorean		
Comments (available in one language only)			