New progress regarding the access to the Healthcare Services in the European Union – Patient's rights in cross-border Healthcare Directive

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Abstract

The article is a review of the **Patients' Rights in Cross-border Healthcare Directive** that would be implemented by all the EU member states till the 25th of October, 2013. According to this directive, the patients that have a health insurance in a member state have the right to request cross-border healthcare services with or without prior authorization, depending on the context. The patients have the right to benefit for healthcare services, based on the non-discrimination principle and in accordance with the legislation, standards and guidelines of quality and safety from the MS of treatment. Also they have the right to be reimbursed for the healthcare costs to the level assumed by the member state of affiliation for the healthcare provision on its territory, but without exceeding the actual costs of the healthcare received. The effects of this directive in improving access to healthcare for the Romanian citizens remain under a question mark, due to the fact that the patients suppose to pay firstly the total cost of the cross-border healthcare.

Key words: pacients' rights, healthcare services, cross-border healthcare

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The general opinion is EU is that the majority of the patients prefer to seek medical care in their own countries and only around 1% of the public spending for health represents demand for cross-border healthcare (around 10 billion EUR) [1]. However, the new facts related to health, like free movement of persons and health professionals, the increasing expectations from the health systems and the spectacular development of technologies are real challenges in assuring an adequate access to healthcare in all Member States (MS).

The recently adopted Directive 24 of the European Parliament and of the Council tries to guarantee the access of all EU citizens to adequate healthcare services in EU, in regard to the principles of universality, equity and solidarity. The directive is based on the article 168 (1) of the Treaty on the Functioning of EU, according to which "a high level of human health protection is to be ensured in the definition and implementation of all Union policies and activities ". The aim of the directive is to clarify the situations of potential benefit for cross-border healthcare in EU, reimbursed by the MS of origin for the person.

According to the provisions of this new directive, an EU citizen insured in a certain MS can benefit for cross-border healthcare, reimbursed by the state of affiliation. In emergency situations, the citizens will receive the needed care, according the existing regulations, but also for the planned healthcare, a patient has the right to seek services abroad. The patients have the right to ask directly for the services in ambulatory care, but they need to apply for prior authorization in certain situations (hospital services, use of highly specialized and cost-intensive medical infrastructure or medical equipment and treatments presenting a particular risk for the patient or for the population). Usually they need to pay for the medical services and to request the reimbursement after their return in the MS of affiliation.

Two more basic rights are also stipulated by the directive: the transferability of the patient's written or electronic medical records from the country of origin to the healthcare provider in the country of treatment (aacording to the Directives on data protection) and the continuation of the started treatment through recognition of the medical prescription between the treatment state and the state of affiliation (EU-wide, in principle).

Two major questions are influencing the real access of the patient to cross-border healthcare. Does the MS of affiliation reimburse the cost of care in all the situations? And, if yes, how much for the total cost will be reimbursed?

The member state of affiliation has to reimburse the health care costs for an insured person that received cross-border health care if the healthcare services are included among the benefits to which the insured person is entitled in the MS of affiliation. These costs will be paid to the level assumed by the member state of affiliation for the healthcare provision on its territory, but without exceeding the actual costs of the healthcare received. So, seeking cross-border healthcare is not a threat for equity at national level.

Another question is related to the quality of care: Could the patient be sure that he received the appropriate care? Yes, the patient has the guarantee of appropriate quality care, because the MS of treatment is obliged to provide health care services in accordance with its legislation, standards and guidelines of quality and safety, based on the non-discrimination principle. The healthcare providers have to provide: adequate information to help the patients in making an informed choice, like treatment options, info on quality and safety of the service they provide; a written/electronic medical record for the continuity of care and a clear invoice with correct prices (same scale fees as for their domestic patients). The health care providers are not obliged, however, to deliver more detailed information compared to that provided to their nationals. But both the treatment MS and the MS of affiliation are responsible to deat with complaints if any complication does occur during the patient treatment.

Further developments of the cooperation between the MS in relation to cross-border healthcare are related to few objectives: developing a health technology assessment structure, developing European Refference Networks that bring together the specialized canters across EU, on voluntary base and developing also the e-Health, including the recognition of the prescriptions.

The MS need to achieve few milestones in implementing this directive, like developing national regulation and operational mechanisms to comply with the directive in a period of 30 months (till 25 of October 2013). They are encouraged to develop also mutual collaboration in all the issues under the directive.

The first report on how the directive will operate will be prepared by the Commission by 25 of October 2015. Till then, an open question remains about how much the Romanian citizen will be able to benefit for this right in EU.

References

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

2 *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 healthcare,* published in the Official Journal of EU no. 188/4.04.2011.

Rezumat

Articolul trece în revistă noutăţile de reglementare prevăzute în *Directiva privind drepturile pacienţilor la servicii de sănătate transfrontaliere,* care trebuie implementată de statele membre până la 25 octombrie 2013. Conform acestei directive, pacienţii asiguraţi dintr-un stat membru au dreptul de a solicita servicii de sănătate transfrontalieră, cu, sau fără autorizare prealabilă, în funcţie de situaţie. Ei au dreptul de a primi aceste servicii fără discriminare, conform standardelor de practică, de calitate şi de siguranţă din statul în care se face tratamentul şi, totodată, de a li se rambursa contravaloarea serviciilor de sănătate, la tarifele practicate în statul în care sunt asiguraţi, dar fără a depăşi costurile suportate. Efectele acestei directive asupra accesului la servicii în spaţiul UE pentru cetăţenii români rămân însă sub semnul întrebării, în condiţiile în care aceştia, de regulă, trebuie iniţial să suporte costul integral al serviciilor.

Cuvinte cheie: servicii de sanatate, drepturile pacientilor, sănătate transfrontalieră