



# **The Directive on Patients ' Rights to Cross-border Health Care and its relevance for Eastern and Central European countries - the view of the Social Insurances -**

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# The ESIP: Who we are and what we do



- A strategic alliance of over 40 national statutory social security organisations (healthcare, pensions, accidents-at work and occupational diseases, family allowances, unemployment insurances) in 15 EU Member States and Switzerland.
- ESIP's mission is to preserve high profile social security for Europe, to reinforce solidarity based social insurance systems, and to maintain European social protection quality.
- ESIP is based in Brussels at the „Maison européenne de la Protection Sociale“ ([www.esip.org](http://www.esip.org)) together with other organisations active in the field of social protection at European level.



# The ESIP: Who we are and what we do



AUSTRIA:	HVSVT (Hauptverband der Österreichischen Sozialversicherungsträger), Vienna
BELGIUM:	ONP (Office National des Pensions), Brussels
BULGARIA:	National Social Security Institute, Sofia
CZECH REPUBLIC:	ČSSZ (The Czech Social Security Administration), Prague
FINLAND:	ETK (Finnish Centre for Pensions), Helsinki FAII (Federation of Accident Insurance Institutions), Helsinki TVR (Unemployment Insurance Fund), Helsinki
FRANCE:	CCMSA (Caisse Centrale de la Mutualité Sociale Agricole), Paris CNAF (Caisse Nationale d'Allocations Familiales), Paris CNAMTS (Caisse Nationale d'Assurance Maladie des Travailleurs), Paris CNAV (Caisse Nationale d'Assurance Vieillesse), Paris RSI (Régime Social des Indépendants), La Plaine Saint-Denis FNMF (Fédération Nationale de la Mutualité Française), Paris
GERMANY:	DSVAE (Deutsche Sozialversicherung Arbeitsgemeinschaft Europa), Berlin
HUNGARY:	ONYF (Central Administration of National Pension Insurance), Budapest
ITALY:	INPDAP (Istituto Nazionale di Previdenza per i Dipendenti Dell'Amministrazione Pubblica), Rome INPS (Istituto Nazionale della Previdenza Sociale), Rome
LUXEMBOURG:	ALOSS (Association Luxembourgeoise des Organismes de Sécurité Sociale), Luxembourg
NETHERLANDS:	CVZ (College voor Zorgverzekeringen), Diemen SVB (Sociale Verzekeringsbank), Amstelveen UWV (Uitvoeringsinstituut Werknemersverzekeringen), Amsterdam
POLAND:	ZUS (Social Insurance Institution), Warsaw
ROMANIA:	NHIF (National Health Insurance Fund), Bucharest
SLOVAKIA:	SIA (Social Insurance Agency), Bratislava
SWEDEN:	SSIA (Swedish Social Insurance Agency), Stockholm
SWITZERLAND:	SUVA (Schweizerische Unfallversicherungsanstalt), Lucerne

# Planned cross-border health care – 2 options



- **EU regulation 883/2004 / European Health Insurance Card (EHIC):** provides “benefits in kind”; the patient does not bear any financial risk. Problem: some health professionals/hospitals in various countries refuse treatment using EHIC.
- **EU Directive on Patient’s Rights to Cross-border Health Care:** provides “benefits in cash”; the patient bears a considerable financial risk: Reimbursement is limited to the level covered by health care system of the country of origin.
- **In both cases (EHIC and Directive):** Planned cross-border treatment of life-threatening diseases always requires **prior authorisation** of the health care system of the country of origin (only in cases of emergency prior authorisation is unnecessary).

# The relevance of the Directive for patients from CEEC



- **Limited consequences** for patients living in countries where the local offer of health care is inadequate or not accessible without backhanders.
- Patients from a low-cost environment (e.g. Bulgaria) seeking cross-border treatment in a high-cost health care system (e.g. Austria or Germany) have to pay the full price for high-cost care and receive **reimbursement only of the amount of coverage in the low-cost system** .
- This situation will remain unchanged in the near future. **Disparities** between economically potent and weaker countries in the EU **will probably even sharpen**, particularly during the ongoing debt crisis.

## What to do – what to avoid?



- **Do: Actors at grass-roots level** (doctors, self-help groups) need to systematically enhance **networking across borders** to facilitate a new discussion on better standards of care, better targeting of financial resources. **To create awareness for more solidarity and co-operation.** This includes twinning projects in support of improving quality of care, task forces and specific projects as well as peer-reviews on best-practices in the field.
- **Avoid: Creating feasibility illusions** about cross-border treatment in high-cost health care systems and giving rise to unfounded expectations. **To further privatise the sector of health care.** This will only lead to higher prices for all, higher gains for some and better services only to a shrinking number of people.