



**COUNCIL OF  
THE EUROPEAN UNION**

**Brussels, 19 April 2004**

**8524/04**

**SAN 64**

**NOTE**

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From: General Secretariat  
To: Delegations  
Subject : Conclusions of the Council on patient mobility and health care developments in the European Union

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Delegations will please find in the Annex a new proposal from the Presidency for draft Council Conclusions on the above subject.

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**Conclusions of the Council on patient mobility and health care developments in the European Union**

THE COUNCIL OF THE EUROPEAN UNION:

1. RECALLS:

- the Conclusions of the Council and of the Representatives of the Member States meeting in the Council of 19 July 2002 on patient mobility and health care developments in the European Union <sup>1</sup>;
- the report of 8 December 2003 from the high level process of reflection on patient mobility and health care developments in the European Union, which included Health Ministers and their personal representatives, as well as representatives of patients, health professionals, health insurers, and the European Parliament; and
- the Commission Communication of *[date]* following on the report from the high level process of reflection on patient mobility and health care developments in the European Union.

2. ACKNOWLEDGES the responsibilities of Member States under Article 152 of the Treaty for the organisation and delivery of health services and medical care, and at the same time NOTES the rulings of the European Court of Justice on the application of internal market rules to the issue reimbursement of the cost of health services provided in another Member State.

3. TAKES note of the enlargement of the European Union and the resultant increase in diversity in health care systems across an enlarged Europe and the particular issues which may arise surrounding patient and health professionals mobility related to the enlargement.

4. EMPHASISES the need for national health systems in the European Union to be guided by the principles of universality, solidarity and equity, and the need to respect the said principles

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<sup>1</sup> OJ C 183, 1.8.2002, p.1.

when work is carried forward within the field of health care and other sectors which impact on the health care sector, and **UNDERLINES** the common challenges that Member States face in safeguarding these principles while maintaining the financial stability and sustainability of health care systems.

5. **NOTES** that, whilst the primary responsibility for health systems resides with the Member States, the systems within each Member State are unique, reflecting historical developments, different social, economic and cultural values, and different legal systems and views on the rights and responsibilities of the individual, the family, the employer, the charities and the State.
6. **RECOGNISES** that there are already many cases where Member States or regional or local health authorities within Member States have negotiated bilateral or multilateral agreements for provision of health care both across borders with neighbouring countries and in other countries of the European Union for their own citizens and other citizens of these Member States.
7. **RECOGNISES** that rising health care costs may create challenges at the national level with regard to accessibility, quality and financing of health care delivery; and **EMPHASISES** that financial issues, especially reimbursement, will continue to play an important role in influencing the extent of patient movement.
8. **UNDERLINES** the unique distinguishing characteristics of the health care sector and recognises that the market for health care is imperfect and increasingly complex, creating major information asymmetries between suppliers and consumers.
9. **EMPHASISES** that, in accessing health care abroad, patients should receive from the care-provider correct and precise information about the price and costs involved in the treatment, the quality of care, and the medical competence and practices that they can expect.

10. NOTES that information technology allows information about health to be far more widely disseminated than before, and, at the same time, NOTES that health is one of the most frequently searched for subjects on the internet, and information technology allows some health services to be advertised and provided across borders.
11. NOTES that the exchange of expertise and information through health technology assessment may be enhanced through increased systematic EU-wide co-operation, in order to assist Member States to plan, deliver and monitor health services effectively, based on the best available scientific evidence on the medical, social and economic implications of health technology.
12. RECOGNISES that other developments, such as those related to the internal market, social policy in general, employment and recognition of professional qualifications and diplomas, have an impact on health systems.
13. NOTES that the rulings of the European Court of Justice and the coverage of these judgements may have focused public attention on the increased possibilities of medical treatment abroad, and UNDERLINES that given, inter alia, the rulings of the European Court of Justice in this area, there is a need for greater legal certainty in the coverage of health care abroad. It is therefore timely for health ministers to continue to enhance co-operation in the field of health care.
14. UNDERLINES that complete deregulation of access to health care and free movement of patients throughout the European Union is neither a realistic nor a desirable option for a number of reasons which include the fact that patient choice may be influenced by language, by cultural barriers and by lack of information.
15. NOTES that some restrictions on free movement of patients may be considered to be justified, provided that they are in accordance with the Treaty, when, for example, they are necessary to ensure proper provision of balanced health services accessible to all, to ensure the financial sustainability of health systems, or to enable effective planning of services and AGREES that such restrictions as may be necessary should be objective and contestable, and should take into account the specific medical condition of each individual patient.

16. NOTES that, whilst both patients and professionals prefer care to be provided as close to home as possible, people are travelling more and have more information about more immediate treatment alternatives available in other Member States and NOTES that in border situations the most accessible care may be in another Member State. This new combination of opportunities may encourage people to consider treatment in another Member State.
17. NOTES that patients have a number of rights, entitlements and expectations when accessing healthcare. Patients would therefore benefit from greater transparency about health care, protection of personal data, compensation, informed consent, rights and obligations of professionals with regard to patients, and obligations of patients such as providing complete and accurate information.
18. NOTES that the introduction of the European Health Insurance Card on 1 June 2004 will help to facilitate mobility within the European Union by simplifying procedures involved in accessing health care during a temporary stay in another Member State.
19. NOTES that it may be possible to share spare capacity within the framework of formal agreements to help reduce waiting times where waiting is due to capacity limits rather than budgetary constraints.
20. NOTES that the rapid introduction of new medical technology in one Member State may, while conferring clear benefits to patients, tend to increase pressure on other Member States; that growing medical specialisation, involving very costly clinical interventions, is resulting in the progressive creation of European centres of reference which attract patients from all over Europe; and that European collaboration could potentially improve access to high-quality and cost-effective care, especially for rare diseases.
21. NOTES that, whilst there are a wide range of issues linked to patient mobility and health care in the Internal Market, no existing forum or mechanism with a supporting legal basis has

emerged at Community level as being appropriate to take forward the consideration of co-ordination and co-operation in the provision of cross-border care (cross-border care is a general term which covers both co-operation in border regions and, more generally, care received in another Member State, without any implication of proximity) and, more generally, to monitor the impact of the European Union on health systems.

22. SUPPORTS the conclusion in the report from the high level process of reflection on patient mobility and health care developments in the European Union that Member States' responsibilities for health care include:

- how the health care and social security system is financed (e.g. tax, social insurance etc.) and the overall organisation of the system including how prices are fixed;
- setting overall priorities for health expenditure and the right of determining the scope of publicly funded care;
- internal allocations of resources (including human resources) through central or devolved mechanisms;
- prioritisation of individuals' access to the system (if being paid for by the national scheme) with regard to clinical need;
- management strategies within set budgets, for instance the use of evidence-based medicine, with allowance for national diversity in health policies and treatment patterns; and
- issues of quality, effectiveness and efficiency of health care such as clinical guidelines.

23. SUPPORTS the recommendations in the report from the high level process of reflection on patient mobility and health care developments in the European Union inviting the Commission to consider the development of a permanent mechanism at the level of the European Union to support European co-operation in the field of health care.

24. CALLS UPON THE MEMBER STATES to take due account of the recommendations of the report of the high level process of reflection on patient mobility and health care developments in the European Union and, in particular, to:
- exchange information on existing bilateral and multilateral arrangements for provision of patient care;
  - explore further the possibility of reaching a common understanding on patients' rights, entitlements and duties, both individual and social, at European level, starting by bringing together existing information on these issues and how they are addressed within the Member States;
  - consider existing cross-border health projects and the development of networking between these projects with a view to sharing best practice; and consider setting up framework agreements for co-operation in the health care sector;
  - provide views on how different access routes for health care in other Member States operate in the country of origin, and the impact of these operations;
  - explore further co-operation within the health care field for follow-up on exchange of information, experience and good practice;
  - consider the organisation, designation and development of further centres of reference;
  - map centres of reference and ways of fostering networking and co-operation between these in conjunction with the Commission;
  - consider how exchanges of expertise and information on health technology assessment can be promoted and improved between Member States; and
  - ensure access to all health care for all citizens in accordance with the principles of equity and solidarity.

25. CALLS UPON THE EUROPEAN COMMISSION to follow up the recommendations of the report of the high level process of reflection on patient mobility and health care developments in the European Union and, in particular, to:

- move forward with the early establishment of a permanent mechanism to complement the work of the Member States in the development of health policy at the European Union level;
- ensure that such a mechanism will work, as appropriate, in co-operation with other relevant bodies and committees including the Social Protection Committee, the Administrative Commission for Migrant Workers and the Economic Policy Committee;
- consider further studies on patient mobility and health care developments within the European Union to provide data for informed decisions on further trans-national co-operation; and
- ensure co-operation and co-ordination between relevant international bodies including the World Health Organisation, the Organisation for Economic Co-operation and Development and the Council of Europe.

26. CALLS UPON THE MEMBER STATES AND THE EUROPEAN COMMISSION TO:

- take due account of the recommendations of the report of the high level process of reflection on patient mobility and health care developments in the European Union in the definition and implementation of all European policies and activities;
- develop and reinforce systems of gathering accurate data relating to the mobility of patients and health professionals, in collaboration with the Commission;
- consider how to facilitate the inclusion of health, health infrastructure development and skills development as priority areas for funding under existing European Union financial instruments, such as cohesion and structural funds; and
- collect and share comparable workforce data in collaboration with the Commission and appropriate external organisations.