



PRESS BRIEFING

European Federation of Public Service Unions (EPSU)

**ATTENTION! Embargoed until official publication of European Commission
Proposal for a directive on cross-border healthcare**

**EPSU reaction to the European Commission EU
directive on Cross-Border Healthcare**
***10 points that highlight that European Commission
has got it wrong on healthcare:***

EDITORS PLEASE NOTE: also attached is a joint declaration on the Commission plans by the European social partners in the hospital sector. This declaration is also available here; <http://www.epsu.org/a/3411>

Quote:

The EPSU Secretary General, Carola Fischbach-Pyttel, stated that; *“As the recognised social partners in the hospital sector (www.epsu.org and www.hospeem.eu), we hope that this declaration (<http://www.epsu.org/a/3411>) allows the European Commission to realise that the foundation of quality healthcare in the EU is equal access for all, based on medical need, and not an open market based on cost and ability to pay”*.

The EPSU affiliates in the health sector (representing 3.5 million healthcare workers) are of the opinion that :

1. This directive is potentially a ‘Bolkestein directive’ for Health

The Commission will present its proposals as a concrete measure to regulate the freedom of movement and establishment within an internal market for health, seemingly similar in its approach to health as earlier drafts of the Services Directive.

2. This directive is NOT only about Patient Mobility

The directive is about cross-border healthcare, NOT just patient mobility. The Commission public statements about the directive have consistently ignored the fact that this directive, in addition to patient mobility, covers the right to provide health services from one member state to another, the right to establish a health service in another member state, and the right to move as a health professional between EU Member States.

3. The directive is designed to help private health providers and not patients

The definition of cross-border healthcare, particularly the right to provide a healthcare service *from one member state to another*, opens up to questions the issues of quality control, adequate safety monitoring and transparent adherence to agreed standards. The net result is to make healthcare provision easier for private actors to become involved, and harder to monitor quality.

4. Even on patient mobility the Commission has got it wrong

When asked, only 1% of patients express a desire to avail of a medical service abroad. The vast majority of patients prefer to receive high-quality healthcare, close to their own locality, language and loved ones. In terms of patients' mobility, this proposal will only benefit those who have the financial means to pay for travel and accommodation.

5. This directive contradicts the new EU treaty provisions on health

Only last week the leaders of the European Union signed the Reform (Lisbon Treaty). As part of this treaty the Charter of Fundamental Rights is now recognised as having legal weight. Article 35 'Healthcare' states that :

'Everyone has the right of access to preventive healthcare and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities'.

This health directive undermines this Treaty Provision.

6. The Commission claims that the directive will take account of the principles of universality and solidarity, but the Commission has actively blocked any opportunity for this to be achieved.

The draft directive states that;

*"When ensuring compliance with the operating principles, Member States' authorities must respect the shared overarching values **of universality, access to good quality care, equity and solidarity**, which have been already widely recognised by the EU institutions and by all the Member States as constituting a set of values that are shared by health systems across Europe". (Preamble; paragraph 13, draft version (page 33, attached))".*

While this looks impressive, at no point do the Commission outline detailed proposals to ensure that these principles (highlighted) would have legal personality. This is in essence the same debate as that on SGI/SGEI which the Commission is attempting to close unilaterally. Therefore the Commission is again attempt to forge ahead with an extension of Internal Market principles, without having a clearly outlined set of universal principles. That this is being done in the health sector makes it even more insensitive on the Commission's part.



7. This directive will restrict the right of health systems to manage the scheduling of services so that they are based on medical need

The EU Commission proposals would allow patients to travel to Member States for operations, where they would be required to pay up-front. The health service would reimburse the cost to an agreed level for each operation. This would introduce a clear two-tier health service where those who can afford the operating and travel costs, have their operation fast-tracked. It would also tie the health service up in mountains of paperwork and bureaucracy .

8. This will lead to a reduction in services

If a health service, based on the core value of universality, does not have the ability to schedule services based on medical need, they will be forced to drastically reduce the service provided on legal and cost grounds. This will create a vacuum which private operators will fill, thus accelerating the two-tiered approach to healthcare provision.

9. The European Socialists (and others) have condemned the draft text

10. The European Hospital Social Partners have with EPSU issued a statement on the principles for health services in the EU See attached text or go here;

<http://www.epsu.org/a/3411>

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"EPSU is the European Federation of Public Service Unions. It is the largest federation of the ETUC. 8 million public service workers from over 200 trade unions are members. They organise workers in the energy, water and waste sectors, health and social services and local and national administration ".

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