

WP 6 – Legal problems in cross-border (regions) health care

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Content WP 6

- Background
- Challenges CB health care (provision and cooperation)
- Where are we now?
- Plan

European health law

- Article 168 TFEU; Community doesn't have exclusive competence in health care.
- CB health care is mentioned in the new TFEU > impact ?
- Multiple possibilities for CB cooperation (e.g. EGTC).

Cross-border cooperation - legal framework

- Legal problems are an obstacle to CB health provision.
- Often legal uncertainty (despite European framework).
- Also often difficult to oversee real problem > diverted into legal problem.
- In any case, many difficulties arise because of different health structure, legislation, type of insurance/benefit at every side of the border. And, the main difficulty is: who pays what when CB health care is involved. (AEBR)

Liability

- No legal framework regulating liability in CB cooperation has been established.
 - Can agreements (bilateral) on national rules be applied if required?
 - Are national liability regulations known on each side of the border.
- Ø CB emergency service in EMR

Data protection

- What falls under the scope of data protection (e.g. What is Ehealth?); acquaintance with European rules?
 - Do all MS have national rules (also applicable for health care)?
 - European tendencies?
- Ø Data processing between MS (second opinion).

Priority lists partners

- CB emergency care (EMRIC+/GGD; UM)
- CB elective care: a patient cross the border to receive care with the authorization of his/her insurance (HOPE)
- CB diagnostic: a patient cross the border to get a diagnostic (HOPE)
- CB distance diagnostic : an healthcare professional use information on patient provided by a diagnostic made in another country (HOPE)
- Cooperation between Gmünd and Czech Velenice; what set-up? (GM)
- CB buying networks (Euregio Rijn-Waal).

Possible cases

- Two examples given: do you have examples?

Further input

- Please email for input/questions:
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- Overview end of May; svp input before end of June.