Healthcare and patients' rights in the European Economic Area



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Introduction

The majority of EU citizens receive healthcare in their own country. However, under some circumstances, patients may wish to exercise their rights in other Member States.

Based on the common goals of the European Union healthcare systems, the principles of universality, equal treatment, high quality and solidarity must be respected while receiving the healthcare services. The organization, planning and financing of healthcare is the responsibility of Member States. Moreover, the European Union may bring significant value through the enhanced cooperation, which is beneficial for all the patients: not only for those receiving healthcare services in another Member State, but also for those receiving healthcare services in their own country.

1. Legal basis of the right of healthcare services abroad

The right for healthcare services differs in many aspects in the member states of the European Union, or more widely in the EEA countries, and in other countries.

The questions of the social politics and social security are not legislated by the European Union, this belongs to each country's jurisdiction: citizens that are entitled to social security (health coverage), and the basket of benefits are set in each member state in the national legislation.

Basically, one is entitled to healthcare services in that particular state where he/she contributes to the healthcare costs and can have social security only in one country. The European Union, however, strives to secure the right for healthcare services in other member states - upon the freedom of movement of persons - for the citizens and their family members travelling to the European Union.

Based on the legislation of the European Union:

- the rights of the citizens are recognized by other member states;
- if covered in his/her own country, no other security is needed in other member states (double coverage ban);
- no discrimination allowed on citizenship;
- earlier health coverage times are not lost, they are taken into account later at the performance of healthcare services.

Based on the principles above, the Hungarian Citizens are entitled to emergency care, full healthcare services or foreign healthcare instead of the home services in the EU member states, depending whether they stay in a particular state with the aim of temporarily or permanent settlement, or with the expressed purpose of obtaining special healthcare services.

2. Claims for healthcare abroad according to EU legislation

Claims for healthcare abroad may arise in different cases for Hungarian citizens. Medical care may be necessary if someone temporarily stays abroad (holiday, business, education) and unexpectedly becomes ill. Some would stay longer abroad (e. g. for work), and need medical treatment. Some would like to receive a healthcare service which is only available in another state, so they have to travel there. Lastly, some would settle down in another state for their retirement.

In the European Union, and the European Economic Area, healthcare can be claimed in accordance with the following rules:

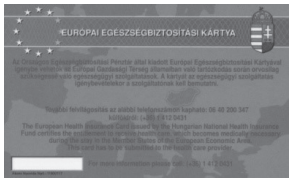
a) the Regulation No. 883/2004 of the European Parliament and of the Council on the coordination of social security systems (EU Regulations);
b) the Directive No. 2011/24 of the European Union on the cross-border healthcare.

3. Healthcare in the European Economic Area according to EU regulations

The Regulation (EC) No 883/2004 of the European Parliament and of the Council on the coordination of social security systems (and the Regulation /EC/ No 987/2009 of the European Parliament and of the Council laying down the procedure for implementing this Regulation; together **EU Regulations**) made it possible that individuals entitled to healthcare services in the EEA – the EU member states, Iceland, Liechtenstein, Norway and Switzerland – may receive the same healthcare services in other states as though they were citizens of that state from the providers signed with social insurance. The expenses are paid by their own state's health insurance.

A) Receiving healthcare services abroad on temporal stay

Individuals (e.g. tourists) **staying abroad temporarily** in the EEA states may receive the same (medically necessary) healthcare services as the citizens of that state (at providers which signed with social insurance) on the expense of the Hungarian health insurance. The entitlement for the services can be verified by the **European Health Insurance Card (EHIC)**.





With the EHIC one can contact directly the healthcare provider (which is in contract with the state's social/health insurance authorities) to receive healthcare services during the planned time of stay if it is medically necessary regarding the patient's health status. The entitled Hungarian citizens may receive healthcare services in other EEA Member States in accordance with the principles of equal treatment. The healthcare provider should treat the insured Hungarian as if he/she were insured in the Member State.

Contributions / co-payments that have to be paid in the Member State by insured citizens are not covered by the EHIC, which means that if the insured persons in that Member State have to pay any costs for the treatment, those also need to be paid by entitled Hungarians.

The fact that the service is **medically necessary** is judged by the treating physician. 'Medically necessary' does not only qualify for the services to be provided immediately. If the claimed treatment - in regards of the patient's condition - may not be necessary in short term, the service provider must take into account how long the person intends to remain in that state.

The basket of benefits, as well as the range of medically necessary treatments, differs from one Member State to another and it is therefore possible that in some cases - e. g. rescue - certain types of benefits are not covered by the EHIC. By the decisions of the European Commission, treatment is considered medically necessary in cases of dialysis therapy, oxygen therapy and treatments related to birth.

The Card may not be used if the entitled has traveled to another Member State to receive healthcare services!

Since the card can only be used at providers contracted with social security, and physicians at resorts frequently visited by tourists work mainly in private practice, and in some states range of the social security services have limited availability than the Hungarian system, and the costs of transportation in case of an accident happened abroad is covered by the compulsory health insurance only in special cases, it is recommended to have a **travel insurance** as well.

For those who have **accidents in mountains, the exploring, mountain rescue and transport** are usually provided in the country for a fee. The charged fees are often not reimbursed by the health insurance, those have to be paid by those who concerned, plus they may use sports and leisure insurances or use insurance provided by their credit cards. In the case of mountain rescue, and especially rescue helicopter services, a fee is charged, and health insurance does not reimburse the full costs of invoices, but only a predetermined fixed amount.

The EHIC can be claimed by persons entitled to Hungarian health services free of charge[1] at the health insurance administration government offices in person, in writing, and by the e-customer service [2]. For the issuing (in case the entitlement cannot be proved by the official registry), the following documents are required:

» identity proving documents;
» documents that prove Social Security number;
» in case the insurance contract is not settled, the documents that prove the eligibility.

The card contains the following information:

» family name;
» first name;
» date of birth;
» social security number.

The card is **valid** for 36 months after the date of issue (except in the case of civil servants performing Foreign Service, where the expected duration may be longer, but not more than 48 months).

If the health insurance fund cannot issue the claimed card immediately, a **'Temporary Card**

1 In case of destruction, damage, lost, or stolen card - against administrative fee.
2 www.oep.hu – Forms/E-forms.

Replacement Form' containing details of the card has to be issued, which can be used to receive the benefits in the same manner and extent as an actual card. This form is valid for a period of 90 days; its issue is free of charge.

B) Receiving Healthcare in cases of work and study abroad

Healthcare for Hungarian citizens working abroad is basically covered by the coordinating rules and national laws of the EU states. The fundamental principles of EU legislation are the following:

- for the working people, the legal system (and health care system) of the country where work is carried out is concerned, regardless of where their permanent residence is;
- any employees of the EU member states, regardless of citizenship, receive the same treatment as nationals of the country they work in;
- rights acquired in one Member State by workers may be 'transferred' in another Member State;
- during the determination of the periods of insurance, eligibility acquired in different Member States, shall be aggregated.

The scope of the EU rules only apply to state insurance systems, they are not subject to collective bargaining, sectorial agreements, voluntary or compulsory supplementary sectorial, occupational, or other non-state programs.

If one does not work in the country where he/she lives, he/she is entitled to all healthcare regarding residence and place of work. To have this a registration to the healthcare system of the country of employment is needed; the charges have to be paid and an evidence of access to healthcare must be obtained by the S1 (former E 106) form from the local authorities. This allows registration to the healthcare system of the country of residence, to qualify for healthcare benefits there.

In some EU countries[3], the workers' relatives receive the same entitlements as the worker him/herself; in cases of employees living or working in other countries[4], if there are no bilateral agreements, only emergency treatments, or planned medical treatment whose eligibility are issued by the country of residence's healthcare insurance on the S2 (former E112) form, can be received.

In the case of **posted workers and self-employed,** working in another Member State - not exceeding two years - the worker or self-entrepreneur continues to be insured under the laws of the sending state, as if he/she continues to work on that field. For the duration of posting, the A1 (former E101) form verifies to the competent authority of the country where the work is, that the worker is qualified for health benefits, he/she will continue to be insured in the state from which he/she is posted, and he/she is exempted from the payment of contributions in the country where he/she is sent.

Hungarian citizens doing study, research or professional practice abroad are entitled to healthcare similar to those working abroad. If they are employed, a registration is needed in the host country's social system. If they are not employed, an application for the EHIC is necessary. If they are sent to a university or research institution in another Member State for a specified period, they may act like the posted workers (they remain in the sending country's social insurance system).

3 Austria, Belgium, Bulgaria, Cyprus, Czech Republic, France, Germany, Greece, Latvia, Luxembourg, Malta, Poland, Portugal, Romania, Slovakia, Slovenia.

4 Denmark, United Kingdom, Estonia, Finland, the Netherlands, Ireland, Lithuania, Italy, Spain, Sweden.

C) Receiving healthcare for pensioners

In the European Union, pensioners and members of their family shall be eligible for full healthcare in their state of residence. If they receive pension from the same state (regardless of whether they receive a pension from another country or not), then they belong to that country's health system. If they do not receive pension or similar benefits in the country of residence, then they belong to the healthcare system of that country from which they receive pension or, if more appropriate, to the country in which it was provided for the longest period of time. In this case, the right to have healthcare must be verified by an S1 (former E106) form issued by that country. Some EU Member States[5] provide full medical care for pensioners not residing there, if they previously worked there and they get a pension based on that.

D) Receiving healthcare in cases of planned care abroad

Within the EU, an entitled in a Member State is granted the right to receive the same medical treatment in another EU member state under the same conditions and benefits. Some Member States may restrict treatments in excess of the available capacity of the health service.

For receiving planned care abroad, a prior authorization is needed, which can be claimed by turning in the S2 (previously E112) form certifying the right to receive healthcare. If the permission is granted, the health insurance covers the full costs of the healthcare.

The request for permission for treatment abroad cannot be rejected by the health insurance if the necessary treatment is accepted by the social security, and it cannot be given in medically acceptable time.

4. The implementation of the EU legislation in Hungary

The Government Decree 340/2013. (IX. 25.)

The **Government Decree 340/2013. (IX. 25.) (Decree)** on The detailed rules of the healthcare services abroad have been approved to unify the rules regarding cross-border healthcare and to amend the former legislation according to the Directive. The Decree re-pealed the former Government Decree 227/2003. (XII.13.) that used to regulate the rules of healthcare abroad.

According the Decree there are three ways of obtaining healthcare abroad:

- upon the **EU Regulations** (that existed before the Directive);
- upon **cross-border healthcare services** upon the Directive; and
- upon the **equity process** (in case the treatment is not supported by the Hungarian National Health Fund).

5 Austria, Belgium, Bulgaria, Cyprus, Czech Republic, France, Germany, Greece, Luxembourg, the Netherlands, Poland, Slovenia, Spain, Sweden

5. Obtaining and financing healthcare services in Hungary according to the EU Regulations

Each individual entitled to obtain healthcare treatment abroad /in case of planned care and financed by the **Hungarian National Health Fund (OEP)**/ may use this service – within the scope of the EU Regulations and the equity process cases uniquely, within the scope of the cross-border healthcare services unless the medical treatment is not listed in the Annex #1 of the Decree – upon the **prior consent and given permission of the OEP.**

The prior authorization process is uniformed, and based on the important rule that the preferable fully reimbursed treatment should be inspected, and, if necessary, the authorization should be given based on the EU regulations.

A foreign healthcare treatment may be authorized on the basis of equity if the **not accepted medical treatment** by the Hungarian social security is professionally acknowledged and has real health benefit, or, according to EU Regulations and the Directive, if the **accepted medical treatment,** regarding the patient's state of health and the expected course of the illness at the time of the request, is not available in reasonable time according to medical professional terms at a Hungarian publicly funded healthcare provider.

A) The proceedings of OEP based on the EU Regulations

The patient (or his/her physician or legal representative) turns in a form named 'Application for healthcare abroad' to the OEP, which examines in 8 days whether the treatment in Hungary accepted by the social security or not.

a) **Rejection:** If the treatment is accepted by the social security, the OEP examines in 15 days whether the patient can be treated by Hungarian healthcare provider in medically reasonable time set in the application form. If yes, the OEP rejects the claim and makes a suggestion on the domestic publicly financed healthcare provider.
b) **Approval:** If the treatment cannot be performed in medically reasonable time at a domestic, publicly financed healthcare provider, the OEP examines whether the treatment can be performed at the foreign healthcare provider set in the application form (**the cost-effectiveness rule:** the cost of the treatment shall not exceed more than 30% of the domestic cost of the treatment; if the treatment exceeds this costs, the OEP looks up another provider). If the chosen healthcare provider is acceptable, the OEP obtains information on its availability and the possible date of the medical treatment, and presents in 8 days the **certificate of entitlement** and the **judging sheet** upon the EU Regulations.
c) **Reimbursement of costs:** reimbursement for treatment abroad is based on the rules of the EU Regulations, ie. the total cost of the treatment will be reimbursed. The non-reimbursable costs of medical treatment abroad, including the costs of travel and the accompanying persons, may be reimbursed by the OEP – based on the patient's request and the advice of the physician – based on equity. The costs are paid by the National Health Insurance Fund to the institution, so **they do not have to be paid in advance.**

6. Obtaining healthcare abroad according to Directive 2011/24/EU

Decades of application of the EU Regulations did not resolve the issue of free movement of health services and persons. After a long legislative debate, the European Parliament and Council created the 2011/24/EU Directive on patients' rights in cross-border healthcare (Directive). The Directive aims to establish rules for facilitating access to safe and high-quality cross-border healthcare in the Union. The Member States had to implement the requirements of the Directive in their own legal systems until 25th October 2013. The Directive was passed to help clarifying the rights of the patients that travel to another Member State to obtain healthcare outside the scope of EU Regulations. The latter definition should definitely be emphasized, since the Directive itself states that the EU Regulations should be applied as a favorable legislation, and the application of the Directive should take place when it is better for the patient, or it is specifically requested by the patient. However, according to the Directive, healthcare can only be obtained in the Member States of the EU.

The Directive lays down, among others, that:

» The non-discrimination regarding to nationality has to be applied to patients from other Member States;
» The Member State of treatment should ensure that the patients from other Member States receive the requested information on the local safety and quality standards as well as on which healthcare providers are subject to these standards;
» If a treatment is not available in a Member State, the national authorities cannot refuse a patient to receive healthcare in another Member State (the reimbursement of costs is possible, if the treatment is accepted by the local social insurance);
» The prior authorization of national authorities responsible for reimbursement can only be requested in three cases:
    1. the treatment involves overnight hospital accommodation of the patient in question for at least one night;
    2. requires use of highly specialised and cost-intensive medical infrastructure or medical equipment;
    3. treatments presenting a particular risk for the patient or the population.

The Member States make a list of appropriate treatments in their competence, subject to these categories, and report it to the European Commission. The lists should be accessible to everyone.

An important rule is that the costs of treatments obtained according to the Directive must be paid in advance by the patients, and may claim a reimbursement to the specified extent.

Reimbursement of costs

The EU Directive 2011/24/EU is based on the right of free movement of services. According to the directive, neither the special nature nor the way of organizing and financing does not exclude the healthcare from the fundamental principle of freedom to provide services. However, the Member State may choose to limit the reimbursement of healthcare services, for reasons relating to the safety and quality of healthcare.

The **Directive lays down**, among others, that:

» The obligation to the reimbursement for cross-border healthcare should be limited to those treatments to which the insured person is entitled under the legislation of his/her Member State;
» The reimbursement should also include pharmaceuticals and medical devices provided during the treatment;
» The cost of treatment abroad may be reimbursed up to the same extent as the insurance would have paid for the same treatment, but the total and other related costs may be reimbursed.

For the cross-border healthcare, each Member State shall designate one or more **National Contact Points**. The National Contact Points communicate with patients' organizations, healthcare providers and health insurance companies. Their objective is to inform patients requiring cross-border healthcare about their rights in Member States based on the Directive, or, for the outgoing patients, the basic rules of foreign medical treatment, as well as the contacts of the National Contact Points of other Member States, and the cooperation with other Contact Points and the European Commission.

A) The implementation of the Directive in Hungary – The National Contact Point

The National Center of Patients' Rights and Documentation (NCPD) was established by the Governmental Decree 214/2012. (VII.30.) as an independent central bureau in order to protect effectively the rights of patients and the children and socially disabled. In addition to its principle task, the NCPD was appointed to be the national contact point for cross-border healthcare in the European Union.

Under the TÁMOP-5.5.7-08/1-2008-0001 project, a bilangual, two-way webpage has been started to inform the outgoing patients (www.eubetegjog.hu) and the patients that intend to seek cross-border healthcare services in Hungary (www.patientsrights.hu), and to inform the healthcare professionals. The NCPD operates an online message board which allows the visitors to send their requests and claims directly to the national contact point.

Furthermore, the NCPD has activated an internal green number (80/620-600) and an international green number (+36-20-999-0025), that can be reached between 08.00 a.m. and 04.00 p.m. on working days and multilingual and skilled professionals accept the calls.

In addition to the contact possibilities above, one can arrange an appointment for a personal interview at the official site of the NCPD.

7. Obtaining and reimbursement of healthcare abroad in Hungary according to EU Regulations

As mentioned above, in case of cross-border healthcare, the insured person may only receive financed treatment abroad **with the prior authorization of the National Health Insurance Fund, if the treatment is listed in appendix 1 of the Government decree.** In case a treatment does not need prior authorization (ie. not explicitly named in the annex of the De-cree) reimbursement procedure is subsequently initiated.

An important rule is that the authorization procedure is uniformised, and based on the important rule that the more favorable, fully reimbursed option under the EU Regulations must be examined, and, if necessary, authorization must be granted by the EU Regulations.

A) The proceedings of OEP according to the Directive

Given that the EU Regulations should be applied, if their rules are favorable, the National Health Insurance Fund always examines first, if the patient is entitled to the treatment based on EU Regulations, and if so, it applies the procedure mentioned above.

The Directive may be applied at the request of the patient, moreover, the rules of the Directive shall be applied even if the patient wishes to receive healthcare at providers not covered (that is, not publicly funded) **by the EU Regulations,** or requires an authorisation, which authorises receiving the treatment at any healthcare provider of the EU, or if the treatment is provided by another provider than listed in the authorisation received under the EU Regulations.

Reimbursement

In case the costs of the treatment does not exceed 3.000 (4.500 in case of medical appliances and equipment) OENO domestic cost-rate points per treatment, or equal amount of medicaments, the patient does not receive any reimbursement.

The reimbursement proceeding is an **official proceeding launched on petition.** Mandatory attachments are:

- medical referral or the copy of it;
- the original invoice of the medical treatment performed and its official translation, the certification of payment;
- if the data necessary for accounting the treatment under the local regulations cannot be determined, an official document (e.g. Final report) that explains the medical service performed and its time period, and its official translation.

The OEP adopts its Resolution and reimburses the cost of the healthcare service performed abroad. It is possible exclusively to receive post-reimbursement of the exact costs of the healthcare services (transport, travelling costs, visitors' costs cannot be reimbursed). The extent of the reimbursement may not exceed the actual costs, and the **domestic cost-rate** of the Hungarian publicly financed healthcare treatment. This is to be defined by the National Health Insurance Fund (OEP) and displayed (monthly updated) at the web-page of the OEP.

8. Appeals on treatments received based on EU Regulations or the Directive

The person entitled to medical treatment, his/her legal representative, physician, or the OEP may appeal against the decision rejecting the healthcare abroad at the Office of Health Authorisation and Administrative Procedures (EEKH) within 15 days. The EEKH turns in a request to the Medical Research Council (ETT) within 8 days which reviews the medical profes-sional proposal and its justification within 30 days. The deadline may be extended once to 15 days in particularly complex cases – additionally notifying the claimant. Based on the official decision of ETT, the EEKH decides within 15 days of its receipt. The EEKH officially notifies the applicant of its decision.

9. Equity process

Hungary would like to ensure that treatments not recognized by the social insurance can be claimed abroad, if they are medically acceptable and result in a realistic health gain.

According to the procedures based on the Government Decree 340/2013. (IX.25.), if the National Health Insurance Fund states that the treatment abroad, for which the application is turned in, is not accepted by the Hungarian social insurance, the request is forwarded to GYEMSZI, which calls on the competent Medical College branch of the case for medical professional judgment. The Department will examine the justification for treatment abroad, whether it is professionally accepted and causes a realistic health gain.

If the Department determines that the treatment abroad is professionally accepted, but it does not cause realistic health gain, or it is not professionally accepted, it rejects the request of the NHIF.

If the Department determines that the treatment abroad causes a realistic health gain and it is professionally accepted, it may decide the treatment to be executed in Hungary by the assistance of a foreign expert. If the Department deems that medical treatment is necessary abroad, it makes proposal for foreign health providers, taking into account the provider specified in the request. The Department may propose healthcare providers established outside the European Economic Area in case the treatment

a) is not available in the Member States of the European Economic Area;
b) is more cost-efficient;, or
c) results in real health gain.

The NHIF decides about the authorization of the treatment abroad and the extent of funding based on the proposal submitted by the GYEMSZI. The NHIF may provide support for travel and, if necessary, for the accompanying persons in respect to equity.

In cases the treatment is given by the assistance of a foreign professional, the NHIF determines whether to cover all or part of the following costs:

- the travel expenses, the costs of accommodation, and the remuneration of the foreign professional;
- the costs of necessary equipment, medical devices and pharmaceutics;
- the additional care-related costs at the healthcare provider.

There is no appeal for equity procedures, the decision can only be challanged in the Court.

10. Healthcare abroad and the patients' rights

The European Charter of Patients' Rights

The legislation of the patients' rights is realized in different ways in each country. The European Charter of Patients' Rights was drawn up and adopted in November 2002 by the Active Citizenship Network, an international NGO, in the framework of the unified European patients' rights. Although the Charter does not qualify as an official document of the European Union, several documents of the EU and decisions of the Court refer to it.

The document is based on the **Charter of Fundamental Rights** which constitutes a milestone of the European Constitution. This document contains a list of general and inalienable rights, which cannot be restricted by the bodies of the EU and the member states, and which cannot be renounced by individuals. The Article 35 states that everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices.

The **European Charter of Patients' Rights** consists of **fourteen rights,** as follows:

1. *Right to Preventive Measures:* Each individual has the right to a proper service in order to prevent illness.
2. *Right of Access:* Each individual has the right of access to the health services that his or her health needs require. The health services must guarantee equal access to everyone, without discriminating on the basis of financial resources, place of residence, kind of illness or time of access to services.

3. *Right to Information:* Each individual has the right to access to all kind of information regarding their state of health, the health services and how to use them, and all that scientific research and technological innovation makes available.
4. *Right to Consent:* Each individual has the right of access to all information that might enable him or her to actively participate in the decisions regarding his or her health; this information is a prerequisite for any procedure and treatment, including the participation in scientific research.
5. *Right to Free Choice:* Each individual has the right to freely choose from among different treatment procedures and providers on the basis of adequate information.
6. *Right to Privacy and Confidentiality:* Each individual has the right to the confidentiality of personal information, including information regarding his or her state of health and potential diagnostic or therapeutic procedures, as well as the protection of his or her privacy during the performance of diagnostic exams, specialist visits, and medical/surgical treatments in general.
7. *Right to Respect of Patients' Time:* Each individual has the right to receive necessary treatment within a swift and predetermined period of time. This right applies at each phase of the treatment.
8. *Right to the Observance of Quality Standards:* Each individual has the right of access to high quality health services on the basis of the specification and observance of precise standards.
9. *Right to Safety:* Each individual has the right to be free from harm caused by the poor functioning of health services, medical malpractice and errors, and the right of access to health services and treatments that meet high safety standards.
10. *Right to Innovation:* Each individual has the right of access to innovative procedures, including diagnostic procedures, according to international standards and independently of economic or financial considerations.
11. *Right to Avoid Unnecessary Suffering and Pain:* Each individual has the right to avoid as much suffering and pain as possible, in each phase of his or her illness.
12. *Right to Personalized Treatment:* Each individual has the right to diagnostic or therapeutic programs tailored as much as possible to his or her personal needs.
13. *Right to Complain:* Each individual has the right to complain whenever he or she has suffered a harm and the right to receive a response or other feedback.
14. *Right to Compensation:* Each individual has the right to receive sufficient compensation within a reasonably short time whenever he or she has suffered physical or moral and psychological harm caused by a health service treatment.

These rights above apply to all European citizens, however taking into account that the need for a treatment may be affected by the age, sex, religion, social-economic position, education, etc. of the patients.

The rights of the Hungarian citizens abroad

The Hungarian citizens are entitled - in principle everywhere, also during their stay abroad - to the general rights set in the European Charter of Patients' Rights. The legislation of the patients' rights, however, is realized in each country in different ways:

- specific patients' rights regulation: some countries adopted specific patients' rights laws that include all questions of the subject and do not reflect on other topics;
- framework law: a specific patients' rights law does not exist; the general patients' rights are embedded in different pieces of law;

» charter: legislation with no legal binding force;
» treatment contract, or, in case of its absence, special legislation to cover this issue.

Several forms of patients' rights institutions, both governmental and NGOs can be found in the member states of the European Union. In the same country a number of institutions can be concerned in the protection of patients' rights. Specialized civil organizations for the protection of patients' rights are e.g. Patient Rights Protection Association in Slovakia; Patient Rights Platform in Turkey; Patient Rights Lawyers' Association in Estonia, or the Association for the Protection of Patients Right in Bulgaria.

In many member states patients' rights are handled by generalized legal protection organizations (e.g. European Social Forum in Cyprus, Health Coalition in the Czech Republic), or by professional/patients' rights organizations (e.g. in Romania the Association of Cancer Patients, or in Spain the Organization for Patients and Families with Mental Illness).

* * *

This publication sets its goal to provide information on cross-border healthcare, on the introduction of the available options and on the related procedures for Hungarian citizens in the European Union. The NCPD would like to contribute to the safety and quality of EU cross-border healthcare of the patients, and to the enforcement of their rights related to the reimbursement of expenses in this form as well. Related to this, the coordination of the freedom of health services in EU, the right to receive healthcare in any EU Member State, and the maintenance of financing the national health systems, is a major challenge for all EU Member States. This will primarily appear in the authorization procedure for the planned care; however, legislators, policy-makers and relevant agencies and institutions strive to remain true to the fundamental rules of the Directive, i.e. "The system of prior authorization shall be restricted to what is necessary and proportionate to the objective to be achieved, and may not constitute a means of arbitrary discrimination or an unjustified obstacle to the free movement of patients."

Notes and web-sites

(where more detailed and updated information are available)

1. National Center of Patient Rights and Documentation. Cross-border healthcare. (www.obdk.hu/hataron-atnyulo-ellatas.html)
2. National Center of Patient Rights and Documentation. National Contact Point. (www.eubetegjog.hu; www.patientsrights.hu)
3. The materials of the National Health Fund regarding the healthcare services. (www.oep.hu);
4. The European Committee. Public health. Cross-border healthcare. (http://ec.europa.eu/health/cross_border_care/policy/index_hu.htm)
5. European Patient Forum. Cross-border healthcare. (www.eu-patient.eu/whatwedo/Policy/Patients-Mobility).
6. Patient Rights in the EU. (http://europatientrights.eu)

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