

Cross-border Healthcare (CBC) in the EU:
Implementation of European Legislation in **Austria** and **Germany** – a comparative approach –
and its **relevance for a border-region**

Herta Glatz, Verena Stühlinger
VGKK, UMIT (Austria) UMIT (Austria)
Department of Public Health, Health Services Research and HTA

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Background ^(1/2) – CBC in the EU – legal bases EU

Freedom of Movement for Workers

Art. 48 TFEU



REGULATION (EC)
No 883/2004 on
Coordination of
Social Security
Systems (**R-CSS**)

Freedom to Provide Services

Art. 114 TFEU
Art. 56 TFEU



ECJ



DIRECTIVE
2011/24/EU on
Patient Rights in
Cross-border
Healthcare
(**D-PRCBC**)

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Background ^(2/2) – CBC in the EU – **R-CSS** (REGULATION (EC) No 883/2004) /
D-PRCBC (DIRECTIVE 2011/24/EU)

Medical services covered by public system (MS of affiliation) –
Legal Basis for Claim in MS of affiliation according to **purpose for** (temporary) **stay**:

purpose for stay outside of MS of affiliation		legal basis	prior approval	advance payment	limited coverage
work (business trip)	medically vital services	R-CSS (Art. 19)	No	No	No *
			generally Yes		
other temporary (e.g. vacation)		R-CSS (Art. 19)	generally No	No	No *
			foreseeable cases Yes		
solely seeking health care		R-CSS (Art. 20)	Yes	No	No *
	out- patient care	D-PRCBC	generally No	Yes	Yes
	hospital care	D-PRCBC	generally Yes	Yes	Yes

* ... benefits in kind

Table 1: Legal Basis for Claim – own compilation.

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Research Questions ^(1/1) – Implementation / Relevance of CBC ?

1. How are EU-provisions **transposed** to Austrian and German law?
2. What has been the **legal bases** for **CBC-claims** in
Austria and Germany within the time-period 2013-2015?
 - How frequently R-CSS Art. 19 and which claims (hospital care, outpatient care) ?
 - How frequently R-CSS Art. 20 / D-PRCBC and which claims (hospital care, outpatient care)?
 - Is CBC for this border region rather a matter of **incidence** or individual **planning** ?

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Methods ^(2/2) – Data Set

2. Descriptive statistical analysis – available data – regional health insurance fund: Vorarlberg (VGKK):

Year	VGKK			AOK-Bavaria			AOK-Baden-Württemberg		
	Inh.	Inh. insured	%	Inh.	Inh. insured	%	Inh.	Inh. insured	%
2013	376.347	312.552	83	12.604.244	4.319.342	34	10.631.278	3.886.309	37
2014	379.621	316.334	83	12.691.568	4.301.906	34	10.716.644	3.893.195	36
2015	389.570	320.084	82	12.843.514	4.317.360	34	10.879.618	3.959.921	36

Table 2: Glatz, 2017, 47, (own translation)

Results ^(1/4) – Bases for CBC-claims in A + G

- A / D: almost no data re D-PRCBC
- A: border region A/G: so far no claim based on D-PRCBC

Results (2/4) – Bases for CBC-claims in A + G

Claims of AOK-insured people (Bavaria/Baden-Württemberg) in Austria 2013-2015

(G (Bavaria / Baden-Württemberg) → A (Vorarlberg))

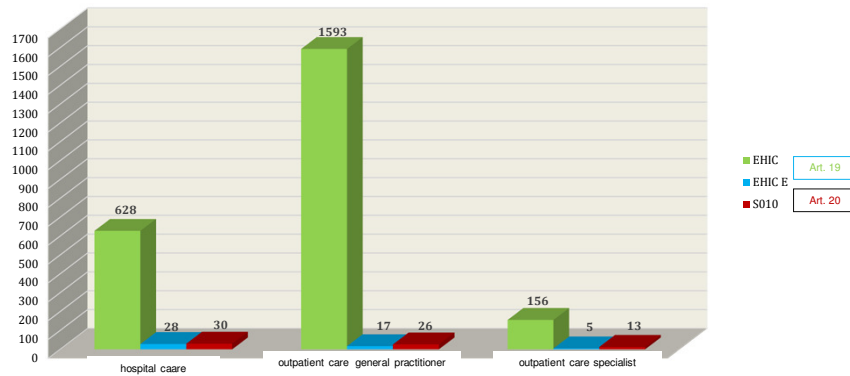


Table 3: Glatz, 2017, 58 (own translation, forthcoming)

Results (3/4) – Bases for CBC-claims in A + G

Claims of VGKK-insured people (Vorarlberg) in Germany 2013-2015

(A (Vorarlberg) → G (Bavaria / Baden-Württemberg))

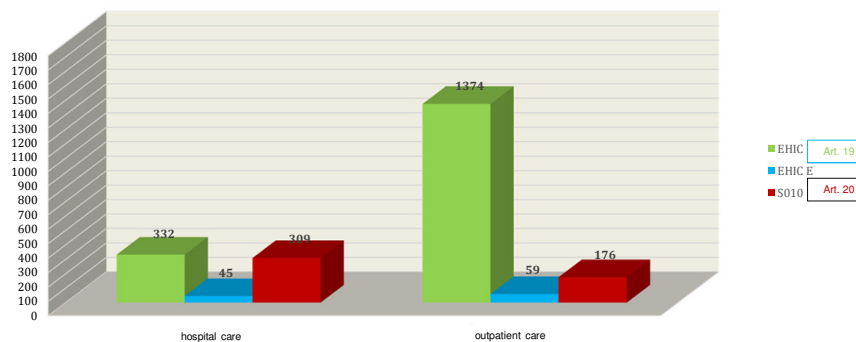


Table 4: Glatz, 2017, 62 (own translation, forthcoming)

Conclusions ^(1/1)

- Need for systematic data re D-PRCBC
- Differences in frequency of CBC – also for planned healthcare
- Specific developments, motivation and reasons for CBC in border regions need to be analysed (according to our data: not (general) level of medical supply – presumable specific supply shortages / savings - ?).
- Coordinated cross-border healthcare planning – especially in border regions and for high-cost investments – could be taken into consideration.
- Coordinated HTA-strategies could be one approach in this context (Art. 15 D-PRCBC).

verena.stuehlinger@umit.at
