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*(Information)*INFORMATION FROM EUROPEAN UNION INSTITUTIONS, BODIES, OFFICES
AND AGENCIES

EUROPEAN COMMISSION

COMMUNICATION FROM THE COMMISSION

**Guidelines on EU Emergency Assistance on Cross-Border Cooperation in Healthcare related to the
COVID-19 crisis**

(2020/C 111 I/01)

1. Objective and Scope

The COVID-19 pandemic has already placed great stress on healthcare systems in a number of EU Member States. Many fear that their available intensive care places will not be sufficient. Health professionals are overworked and workforce shortages are growing acute in many healthcare facilities. A number of countries are calling for emergency assistance from the EU and other EU Member States. This call for support has been already answered by some. Recent regional initiatives of hospital cooperation to treat COVID-19 patients – several German Länder and Luxembourg offering intensive care places and hospital treatment to Italian and French patients – are saving lives and help alleviate the capacities of health systems under stress by providing intensive care places. This is an encouraging and important signal of European solidarity. Since exceptional emergency situations exist a more coordinated approach in cross-border healthcare ⁽¹⁾ is justified.

The European Commission calls on national, regional and local health authorities to make full use of:

- existing structures and mechanisms to work together to assist patients in need of critical care by offering available hospital bed capacity, and
- available health professionals who constitute the backbone of our health systems and to enable them to share expertise and skills working hand in hand with health professionals across borders.

so as to alleviate overstretched healthcare facilities in Member States in need and where it does not put the functioning of their own health systems at risk.

The European Commission is fully committed to assisting health authorities by:

- coordinating requested and offered **intensive care places** for patients and appropriately qualified medical personnel through the Health Security Committee and the Early Warning and Response System (EWRS);
- coordinating and co-funding the **emergency transport** of patients and appropriately qualified teams of medical personnel across borders when Member States request assistance through the EU Civil Protection Mechanism;

⁽¹⁾ Cross-border healthcare, as defined in the Cross-border Healthcare Directive, is defined as healthcare provided or prescribed in a Member State other than the Member State of affiliation; it does not exclusively concern healthcare provided in a neighbouring Member State.

- providing clarity on the **reimbursement** of healthcare costs for treatment in another Member State in line with the Social Security Coordination Regulations;
- providing clarity on **arrangements for patient mobility across borders**: transfer of patient records, continuity of care and the mutual recognition of prescriptions in line with the Cross-Border Healthcare Directive;
- encouraging local, regional and national health authorities to use, where existing, **bi-lateral and regional agreements** and contact points to relieve the burden of critical care units treating COVID-19 patients in the neighbouring region;
- encouraging Member States or specialist non-governmental organisations to send **appropriately qualified teams of medical personnel** across borders.

2. Health Security Committee to coordinate cross-border assistance in healthcare

- The EU Health Security Committee ^(?), composed of Member States representatives and chaired by the Commission, supports the exchange of information and the coordination of preparedness and responses to serious cross-border health threats.
- The Commission, via the EU Health Security Committee and the Early Warning and Response System, will facilitate the coordination of requests for cross-border health care assistance. Requests for assistance could relate to intensive care places, treatment and transfer of patients as well as appropriately qualified teams of medical personnel.
- The competent authority of the Member State in need of assistance notifies the Member States and the European Commission through the EWRS. The criteria for when to request assistance from the EU are for the national authorities to determine.
- Member States able to offer assistance can respond to the request through the EWRS. Once an offer has been accepted, the cooperating Member States coordinate the support directly with each other and with the hospitals concerning the details of the support.
- A summary table of requests and available assistance on offer will be regularly updated by the Commission and the Health Security Committee will be kept informed.

3. Emergency transport of patients: coordination and co-funding

- The Emergency Response Coordination Centre (ERCC) provides a 24/7 service that can coordinate and co-finance the necessary medical transport.
- When Member States request such assistance, the ERCC will activate the European Union Civil Protection Mechanism in accordance with its standard procedures ^(?).

4. Reimbursement of the patient's medical costs in the treating Member State

- The coverage of healthcare costs will be governed by the Social Security Coordination Regulations ^(?).
- Patients who have to be transported to a hospital in a neighbouring or another Member State offering assistance should normally be in possession of a prior authorisation from the competent social security institution. This is not practical in view of the COVID-19 pandemic and the emergency situation.
- The Commission calls on the Member States to take a pragmatic approach for patients requiring urgent care and in view of the public emergency to consider a general prior authorisation to ensure the coverage of all the expenses incurred by the hosting health care provider.
- It is recommended that it should be sufficient for the competent Member State to ensure that the patient carries a document attesting that s/he is covered at the time of hospital admission or any other practical arrangements that the Member States involved may agree upon. This guidance applies to emergency healthcare only in the context of the COVID-19 pandemic.

^(?) Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health (OJ L 293, 5.11.2013, p. 1).

^(?) https://ec.europa.eu/echo/what/civil-protection/mechanism_en

^(?) Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems (OJ L 166, 30.4.2004, p. 1).

- For patients still able to access non-urgent planned healthcare the usual procedures apply in principle for healthcare treatment in another Member State ⁽⁵⁾.

5. Healthcare arrangements for cross-border patients

- Member States should share patient summaries and ePrescriptions using MyHealth@EU, where these services are used ⁽⁶⁾. In addition, patients should receive a copy of their medical records to facilitate both the treatment in another Member State, and the follow-up treatment at home.
- Health authorities may need to take additional steps to ensure the continuity of care, given possible differences in treatment protocols between borders.
- The general principle of the mutual recognition of prescriptions applies in accordance with the Cross-Border Healthcare Directive ⁽⁷⁾.
- The National Contact Points on Cross-Border Healthcare can provide general information for cross-border patients ⁽⁸⁾.

6. Free movement of patients across internal borders

- For EU citizens the rules laid down in the Free Movement Directive ⁽⁹⁾ continue to apply. Patients in need of urgent care in a healthcare facility in another Member State should not be refused entry where temporary controls at internal borders exist. Patients travelling for treatment for non-urgent care to another Member State should check that the border controls would enable them to travel.
- Emergency transport services should have priority within the transport system (via the “green lanes” ⁽¹⁰⁾ in accordance with COVID-19 guidelines for border management).
- Appropriate safety measures need to be taken for people who are identified as posing a risk to public health from COVID-19.

7. Cross-border healthcare cooperation in border regions

- The EU supports cooperation and integration of health systems in border regions with its Interreg programmes (i. e. seven zones of organised access to cross-border healthcare have been created alongside the Franco-Belgian border; emergency control centres of Lower Austria, South Bohemia and South Moravia are linked in real time to enable cross-border dispatch of ambulances under the Healthacross initiative; in Upper Rhine between the French-Germany-Switzerland border the TRISAN project coordinates networking activities to upgrade skills of professionals in healthcare sector).
- Several projects in Interreg regions are now contributing to a more coordinated approach to the pandemic. The Euregio Meuse-Rhine (NL/BE/D) in the Maastricht-Aachen-Liege-Hasselt area set up a tri-lateral crisis management centre (Task Force Corona). The cross-border Cerdanya Hospital (ES) between France and Spain co-operates with French hospitals to share intensive care capacity and personnel, working with the border police to ensure access for patients and health professionals.
- Member States, regional and local authorities should use the maximum flexibility offered by the Interreg programmes to address the challenges of the pandemic. Many border regions have already a history of and structures for cooperation, including in health, which should now be fully exploited to help each other in the spirit of European solidarity.

⁽⁵⁾ https://europa.eu/youreurope/citizens/health/planned-healthcare/index_en.htm

⁽⁶⁾ CZ, EE, FI, HR, LU, MT, PT. For more details, see https://ec.europa.eu/health/ehealth/electronic_crossborder_healthservices_en.

⁽⁷⁾ Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare (OJ L 88, 4.4.2011, p. 45).

⁽⁸⁾ https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_ncp_en.pdf

⁽⁹⁾ Directive 2004/38/EC on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States; Regulation (EU) No 492/2011 on freedom of movement for workers within the Union (OJ L 158, 30.4.2004, p. 77).

⁽¹⁰⁾ https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-migration/20200316_covid-19-guidelines-for-border-management.pdf

8. Healthcare personnel working together across borders

Free movement of health professionals

- It is imperative that critical workers are able to reach their destination without delay. Member States should facilitate the smooth border crossing for health professionals and allow them unhindered access to work in a healthcare facility in another Member State ⁽¹¹⁾.

Emergency Medical Teams

- Member States or specialist NGOs can send appropriately qualified teams of medical personnel across borders, in response to requests for assistance.
- Eight European Emergency Medical Teams are already or in the process to be accredited by WHO for international emergency management assistance, deployable through the Union's Civil Protection Mechanism in response to a request. Existing capacity is currently limited as personnel may in most cases already be fully occupied in their home country. However, the European Medical Teams could be expanded through the activation of additional EU financial support.

Recognition of Health Professional Qualifications

- Many health professions such as doctors with basic medical training, a number of medical specialisations, such as respiratory medicine, immunology or communicable diseases and nurses of general care are based on a minimum harmonisation under the Directive on the recognition of professional qualifications ⁽¹²⁾. In cases of temporary and occasional service provision, only a simple declaration may be required for these professionals without any need to wait for a decision from the host Member State authorities. For other health professions, a mutual recognition procedure can take place, if the competent authorities deem it necessary to compare the substance of the training.
- The Directive on the recognition of professional qualifications sets out the most that can be required of health professionals wishing to move within the EU; it does not oblige the Member States to impose restrictions as regards recognition procedures and therefore does not prevent Member States from taking a more liberal approach to the treatment of incoming health professionals, be it for purposes of service provision or establishment, for instance by dropping the requirement for a prior declaration and prior check for qualifications or applying shorter deadlines for handling of applications, requesting fewer documents than usual, no certified translations or not insisting on a compensation measure when the host Member State considers that there is no major risk for patient safety.
- Further guidance from the Commission on aspects relevant for the cross-border mobility of health care professionals can be provided.

Sharing Clinical Knowledge and Expertise in the EU: COVID19 CMSS (Clinical Management Support System)

- Member States' competent authorities and healthcare professionals are encouraged to use the COVID19 CMSS (*Clinical Management Support System*) in order to ensure a quick exchange of knowledge and experience between clinicians from across the EU and EEA on how to manage patients with severe COVID-19. Any clinician working in a hospital treating complex COVID-19 can have access to the Web Conferencing system and be supported by a dedicated Helpdesk by sending an e-mail to SANTE-COVID-CLINICIANS-NETWORK@ec.europa.eu.

9. Financial assistance for cross-border healthcare cooperation

- The EU offers financial assistance to Member States affected by a public health emergency via the Solidarity Fund ⁽¹³⁾.

⁽¹¹⁾ Communication on guidelines for the exercise of the free movement of workers – C (2020) 2051 final.

⁽¹²⁾ Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (OJ L 255, 30.9.2005, p. 22).

⁽¹³⁾ Regulation (EU) 2020/461 of the European Parliament and of the Council of 30 March 2020 amending Council Regulation (EC) No 2012/2002 in order to provide financial assistance to Member States and to countries negotiating their accession to the Union that are seriously affected by a major public health emergency (OJ L 99, 31.3.2020, p. 9).

- Health expenditure is also eligible expenditure under Structural Funds to countries and regions and further flexibility to shift funds was provided as part of the co-ordinated economic response to the COVID-19 outbreak.
 - Additional financial means are likely to be made available soon from the EU budget through the Emergency Support Instrument (ESI) subject to the approval of the budgetary authorities. The funds channelled through the ESI are expected to cover cross-border cooperation to alleviate the pressure on health systems in the most affected EU regions. In particular, transportation of patients in need to cross-border hospitals which can offer free capacity, exchange of medical professionals, hosting foreign patients or other type of mutual support and deployment of temporary health care facilities.
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