

SPA TREATMENTS AND NATIONAL
HEALTH SYSTEMS. A COMPARATIVE
STUDY OF THE LEGAL SYSTEMS IN
THE EU

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THE AIM OF THE RESEARCH PROJECT IS:

TO ANALYSE:

1. THE LEGAL PROVISIONS GOVERNING THE HEALTH SYSTEMS IN THE EU AND
2. THE STANDING OF THE EU COMMISSION AND OF THE ECJ

CONCERNING SPA TREATMENTS,
ESPECIALLY WHEN THEY ARE
BENEFITED ABROAD



WORKING PROPOSITION

EXISTENCE OF STRONG
CONNECTIONS
BETWEEN SPAs, HEALTH
CARE AND TOURISM



THE EU BACKGROUND

- EVOLUTION OF THE “CURE”
CONCEPT
- INCREASING DEMAND FOR
WELL BEING
- HEALTH TOURISM: MOBILITY OF
EUROPEAN PATIENTS OUTSIDE
NATIONAL BORDERS



- PUBLIC HEALTH IS MEMBER STATES' RESPONSIBILITY
- NEED OF EU COORDINATION
 - FREEDOM OF MOVEMENT
 - IMPORTANCE OF THE ECJ DECISIONS
 - DRAFT PROPOSAL OF A DIRECTIVE ON SERVICES IN THE INTERNAL MARKET



THE '90s REFORMS

- FROM A CENTRALISED SYSTEM TO CONTRACTS
 - INTRODUCTION OF “SUPERVISED” COMPETITION SYSTEMS AMONG PROVIDERS



CONSEQUENCES ON NATIONAL HEALTH SYSTEMS

- SEARCH FOR ALLIANCES WITH OTHER SECTORAL POLICIES
- SUSTAINABILITY, EFFICIENCY AND EFFECTIVENESS OF ACTIONS
- REGULAR EVALUATION OF THE IMPACT OF ACTIONS AND THERAPIES CHOSEN



HOW ABOUT SPAs?
THEIR CROSS-BORDER
VOCATION CANNOT
ALLOW THEM TO BE LEFT
OUT OF THIS
TRANSFORMATION
PROCESS



HEALTH SYSTEMS IN THE EU

TWO MAIN MODELS:

1. THE BEVERIDGE MODEL
(SERVICES PROVIDED TO ALL
CITIZENS)

2. THE BISMARCK MODEL
(HEALTH FUNDS, FRIENDLY
SOCIETIES, INSURANCE POLICIES)



ORGANISATION

- REIMBURSEMENT OF EXPENSES INCURRED BY PATIENTS
- DIRECT CONTRACTS (IN KIND)
- PROPERTY AND MANAGEMENT IN ONE ORGANISATION (IN KIND)



SECTION 152 AMSTERDAM TREATY

- FULL RIGHT TO HEALTH IS RECOGNISED AS EU ENTITLEMENTS
- THE EU IS ALLOWED TO ACT DIRECTLY IN THOSE SECTORS REGARDED AS TOP PRIORITY FOR HEALTH PROTECTION



HOWEVER....

THE EU MUST
RESPECT THE
SUBSIDIARITY
PRINCIPLE



FREEDOM OF MOVEMENT

ENFORCED BY THE EU REGULATION No.
1408/71, ALLOWING

ALL CITIZENS TO ACCESS
ANOTHER MEMBER STATE'S
HEALTH SYSTEM ONLY AFTER
BEING GRANTED PRIOR
AUTHORISATION



PRIOR AUTHORISATION

IT HAS ACTUALLY CONFINED
THE POSSIBILITY OF PATIENTS
OF GOING ABROAD TO ACCESS
OTHER HEALTH CARE
PROVISIONS AND SERVICES,
REGARDED AS MORE
EFFECTIVE OR ADEQUATE



THE ECJ

- CONFIRMS MEMBER STATE'S RESPONSIBILITY IN THE HEALTH CARE SECTOR
- BUT ALSO PATIENTS' FREEDOM OF MOVEMENT



- DIFFERENCES BETWEEN HOSPITAL AND NON HOSPITAL SERVICES

- INTRODUCES DIFFERENCES BETWEEN EU REGULATION AND “KOHLL AND DECKER OPTION”



PRIOR AUTHORISATION (FOR
HOSPITAL TREATMENTS) CANNOT
BE DENIED IF TREATMENT
ABROAD:

IS CERTIFIED AND RECOGNISED BY
INTERNATIONAL MEDICAL
STANDARDS

CANNOT BE OBTAINED WITHOUT
UNDUE DELAY IN THE PATIENT'S
COUNTRY



- MEMBER STATES CAN FIX THE MAXIMUM AMOUNT OF EXPENSES TO BE REIMBURSED
 - REIMBURSEMENT FOR TREATMENTS ABROAD CAN BE AS MUCH AS THAT GRANTED FOR TREATMENTS AT HOME



THE LEICHTLE DECISION
DENIAL OF AUTHORISATION IS
AGAINST THE FREEDOM OF
ESTABLISHMENT OF SERVICES
BECAUSE IT MAKES A DIFFERENCE
BETWEEN CITIZENS ACCESSING
HEALTH SERVICES AT HOME AND
THOSE WHOM INTEND TO GO
ABROAD



ACCORDINGLY....

- NO NEED FOR PRIOR AUTHORISATION TO START A TREATMENT
- NO NEED FOR A MEDICAL CERTIFICATE STATING THE POSSIBILITY OF A GREATER SUCCESS ABROAD
- NEED FOR A SPA ABROAD TO BE ENROLLED IN A SPECIFIC REGISTER

SERVICES DIRECTIVE


THE AIM IS TO REMOVE
HINDRANCES IN THE
FREEDOM OF
ESTABLISHMENT OF
SERVICES AND IN THE
FREEDOM OF MOVEMENT
WITHIN THE EU



SECTION 23 OF THE DRAFT

- NO AUTHORISATION FOR (NON HOSPITAL) TREATMENTS ABROAD IF THEY ARE ALSO PROVIDED BY THE NATIONAL HEALTH SYSTEM
- NEED OF A MEDICAL PRESCRIPTION
- NO DENIAL OF AUTHORISATION FOR HOSPITAL TREATMENTS ABROAD IF PROVIDED WITH UNDUE DELAY
- REIMBURSEMENT OF EXPENSES NO LESS THAN THAT GRANTED FOR TREATMENTS AT HOME

AS TO THE EXPENSES

- NO NEW RIGHTS FOR PATIENTS
 - CLARIFIES THE REQUIREMENTS TO BE ENTITLED TO REIMBURSEMENT
 - REPEALS PRIOR AUTHORISATION FOR NON HOSPITAL TREATMENTS
 - LEVEL OF EXPENSES TO BE RECOGNISED IS THAT PROVIDED FOR BY THE NATIONAL HEALTH SYSTEM
- 

SPAs AND TOURISM

- IMPORTANT CONNECTION
 - MEMBER STATES' RESPONSIBILITY
- DG INTERNAL MARKET:
STRATEGIES FOR THE
INTERNAL MARKET –
PRIORITIES FOR THE PERIOD

2003-2006



COMITTEE ON TRANSPORT AND TOURISM (TRAN) REPORT

- LOCAL DEVELOPMENT
- SUPPORT OF EUROPEAN OPERATORS AND FREE PROMOTION OF TOURIST SERVICES
- NEED FOR GREATER INTEGRATION AMONG OPERATORS
 - PROMOTION OF PPPs



SPA TREATMENTS IN
SOME EU MEMBER
STATES



ITALY

- SPA TREATMENTS FALL WITHIN THOSE SERVICES THAT THE NATIONAL HEALTH SERVICE COMPULSORY GRANTS ITALIAN CITIZENS
- ACCORDINGLY, EXCEPT FOR A FEE TO BE PAID BY PATIENTS EXPENSES ARE INCURRED INTO BY THE HEALTH AUTHORITIES



FRANCE

- THE SOCIAL AND HEALTH SYSTEM PROVIDE FOR SPA TREATMENTS
- THE TREATMENTS MUST BE RECOGNISED BY THE HEALTH FUNDS/FRIENDLY SOCIETY AND BE ENROLLED IN A SPECIFIC REGISTER

BELGIUM

THE NATIONAL HEALTH SYSTEM
DOES NOT COVER THE
EXPENSES INCURRED INTO BY
CITIZENS TO ACCESS SPA
TREATMENTS, EITHER AT
HOME OR ABROAD



GERMANY

- SPA TREATMENTS COME WITHIN THE SCOPE OF THE NATIONAL HEALTH SYSTEM
- SPAs MUST BE “AUTHORISED” BY THE MAIN HEALTH FUNDS
- PATIENTS ARE REQUESTED TO PAY A PERCENTAGE OF THE TOTAL AMOUNT OF EXPENSES INCURRED INTO



SPAIN

- SPA TREATMENTS DO NOT FALL WITHIN THE SERVICES PAID FOR BY THE HEALTH SYSTEM
 - NEVERTHELESS, THERE IS A SPECIAL SOCIAL PROGRAMME TO THE BENEFIT OF THE ELDERLY AND PENSIONERS



HUNGARY

THE HEALTH SYSTEM PAYS
FOR THE 85% OF THE
EXPENSES INCURRED INTO
FOR SPA TREATMENTS (116
SPAs)



UNITED KINGDOM

- THE NHS DOES NOT COVER THE EXPENSES FOR SPA TREATMENTS
 - THEY FALL WITHIN THE RESPONSIBILITY OF HEALTH LOCAL AUTHORITIES
 - NO RECOGNITION FOR SPA TREATMENTS ABROAD



POLAND

SPA TREATMENTS ABROAD
ARE RECOGNISED BY THE
NATIONAL HEALTH SYSTEM
BUT THE PROCESS IS LONG
AND COMPLEX



THE SLOVAK REPUBLIC

- SPA TREATMENTS FALL WITHIN THE SERVICES GRANTED BY THE HEALTH SYSTEM
- SPA TREATMENTS ABROAD ARE ALSO RECOGNISED



SOME CONCLUDING REMARKS

- TO STRENGTHEN SUSTAINABILITY
- LOCAL DEVELOPMENT PROJECTS CONSISTENT WITH SPA PROMOTION
 - WORK TOWARDS GREATER INTEGRATION OF SPAs, HEALTH CARE AND TOURISM
 - NEED FOR NEW LEGAL AND ORGANISATIONAL FORMS OF PPPs

