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### **EU News**

### "Europe for Patients" Initiative

At the end of September, Health Commissioner Androulla Vassiliou launched the "Europe for Patients' campaign in Brus sels. This campaign outlines the future health policy the Com mission intends to adopt in the following 6-9 months. The aim of this campaign is to provide "a tangible and readily understandable communication framework for the many different healthcare policies that we plan to adopt and under take", according to Ms. Vassiliou.

This campaign follows the 2nd of July initiative for a directive on crossborder healthcare (see (E)Hospital 3/2008, p.7).

For more information on the "Europe for Patients" campaign visit their web address at: http://ec.europa.eu/health-eu/ europe\_for\_patients/

### Migration and the Blue Card Scheme

The EU Parliament is scheduled to vote on the "Blue Card" Scheme this fall. This scheme was proposed last October by the Commission, and is a proposed plan to facilitate the mi gration of skilled workers to the European market. At present there are 27 different visa regimes in place making it ex tremely difficult for skilled migrants to legally immigrate. The harmonisation of "skilled migration" schemes would allow Europe to gain a muchneeded edge in the recruitment of skilled labour.

## **Crossborder Healthcare Directive**

Following the release of the Commission proposed directive on crossborder healthcare, an impact assessment was re cent ly published by the Commission. Five different types of impacts have been analysed. First of all the impact on treatment costs and on treatment benefits due to patient mobility have been mapped. The assessment makes it clear that an increa se of possibilities to receive healthcare abroad will create an in crea se in treatment costs. These costs remain nevertheless marginal compared to the increased treatment benefits, whichalso increase with the increase of possibilities to receive health care abroad. The compliance costs were also analysed. The impact assessment reveals that with the creation of more legal certainty these compliance costs decrease. The more legal certainty is created, the more those administrative costs can be reduced.

Option 4, for instance, goes beyond the proposed directive rules by establishing detailed legal rules at European level, which might be difficult to justify in the light of the subsidiarity principle. Under this option, treatment costs would amount to 30 mil. euros, treatment benefits to 585 mil. euros with 780,000 extra patients receiving treatment, but compliance costs would reach 20 billion euros. (GF)

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