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### Europe

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#### Ministers Agree on Working Time Directive

The latest Slovenian Presidency can be proud of its success in finding an agreement within the Ministers Council after three years of debate on the reform of the working time directive.

Under the newly found deal, workers are limited to a weekly maximum of 48 hours, but the social partners are allowed to find 'flexible arrangements' if granted approval by the employer. Workers could effectively put in up to 60-65 weekly hours, which was one of the UK government's main demands, while Spain and other nations lobbied heavily against it and voted against.

The main points of agreement in the working time directive are: on-call time to be split into active and inactive on-call time. Active on-call time to be counted as working time; inactive on-call time may not be counted as rest time and can be counted as working time if national laws or social partners agree; standard maximum limit remains at 48 working hours per week unless an individual worker chooses otherwise (opt-out); new protective limit (cap) for workers who opt out: maximum working week of 60 hours unless social partners agree otherwise; new cap for workers who opt-out if inactive on-call time is counted as working time: maximum working week of 65 hours; the cap protects all workers employed for longer than 10 weeks with one employer; opt-out only under certain conditions, such as: no signature during first month of employment, no victimisation for not signing or withdrawing opt-out, employers must keep records on working hours of opted-out workers.

It is now up to the European Parliament to wave the proposal through. Already today, the agreement paves the way for the Commission to present a comprehensive social package in the coming weeks.

At the same time, agreement was also reached on strengthening the rights of temporary agency workers, granting them the same rights in areas like holiday and sick pay as their permanent colleagues.

#### EU Crossborder Healthcare Directive

Beginning July, the Commission adopted a proposal for a directive to facilitate the application of European patients' rights in relation to crossborder healthcare. Despite several clear European Court of Justice rulings confirming that the EU Treaty gives individual patients the right to seek healthcare in other member states and be reimbursed at home, uncertainty remains over how to apply the principles of this jurisprudence more generally. With this proposal the Commission aims to provide legal certainty on this issue.

This directive, once adopted by the Council and the European Parliament, will provide a clear framework for crossborder care. It will provide clarity over how these rights can be exercised and the level of financial coverage that is provided for crossborder care. The directive will also facilitate European cooperation on healthcare.

Healthcare was excluded from the scope of the directive on services in the internal market. The Council and the Parliament asked the Commission to address issues relating to crossborder healthcare in a separate instrument.

#### MEPs Call for European Organ Donor Card

On 22 April, the European Parliament adopted a report on the Commission's proposals for EU action on organ donation. The initiative aims to improve cooperation between member states on the issue and make recommendations on the way forward. Reducing the organ and donor shortage is "the main challenge that EU member states face with regard to organ transplantation", found MEPs. They proposed a wide range of measures, including a European donor card, to tackle problems like organ shortage, transplantation risks and organ trafficking.

The European Parliament stressed that organ donation must stay "strictly noncommercial" and should be made altruistically and voluntarily, ruling out payments between donors and recipients.

Proposing the introduction of a European donor card, complementary to existing national systems, MEPs also noted that those who are not suitable donors should be encouraged to carry a card to that effect as well in order to facilitate a swift identification of organs. Additionally, member states should make it possible to appoint a legal representative who can decide on donation after one's death, states the report.

Finally, MEPs recognised that it is "vitaly important to improve the quality and safety of organ donation and transplantation" to reduce transplant risks. Hence, the Parliament looks forward to the Commission's proposal for a directive setting requirements to assure the quality and safety for organ donation across the EU.

#### **EU to Act on Health Security**

During the current French Presidency, the Commission is to launch discussions on health security issues and how the EU action should be structured in this field.

The EU executive has presented a specific 'health security package' including the long-awaited cross-border health care proposal (see next item and (E)Hospital 2/2008). This has been confirmed by Public health director Andrzej Rysz at DG Sanco at the European Commission.

Defining some of the future EU health priorities, Dr. Rysz said these were to ensure a safe, efficient and equitable access to cross-border healthcare and tackling major health threats.

According to Commission sources, there could also be important developments in the implementation mechanism of the EU health strategy, including an increased EU involvement. In particular, a specific Commission-Council group could be established to plan the strategy and assure its overall coherence with the real health problems faced by member states.

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