

**INAMI - 2<sup>nd</sup> symposium**  
**European Integration and Healthcare**  
**Systems**

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# Health policy is a «cross-services » issue

- Health is no « stand alone » competence of any single DG of the European Commission:
- DG EMPL: Responsible i.a. for aspects of statutory health care and for health at work
- DG SANCO: Responsible i.a. for the general health policy of the Commission («Community framework for safe, high-quality and efficient cross-border healthcare” – draft Communication + draft Directive)

## ....concerning in particular DG MARKT

- DG MARKT: deals with Internal Market aspects of health issues such as:
  - Mobility of health professionals (legal base: Directive on recognition of professional qualifications)
  - Patient mobility (legal base: Jurisdiction of the European Court of Justice)
  - Last but not least: Voluntary private health insurance (legal base: Third non-life directive)

## **.... and even more so the Insurance Unit**

- Unit H2 (Insurance and Pensions) of DG MARKT is therefore i.a. closely involved in securing:
- A level playing field between domestic and cross-border providers of voluntary health insurance
- A level playing field between private health insurance undertakings and statutory bodies, when offering voluntary health insurance
- This is done, if necessary, by infringement procedures (currently against IE, BE and SI) under the EC-Treaty

# But: What is « Voluntary health insurance » ?

- Important issue, since relevant for:
- Applicability (or not) of solvency rules, supervision and funding rules, but also of limits to scope of business (cf. case of IE, BE)
- Applicability (or not) of approval requirements for policy conditions or scales of premiums (cf. case of SI)
- Obligation (or not) to observe « general good-rules » if substituting for statutory health care (cf. case of SI)

# Challenges for private health insurance ?

- Financial viability of public health care is at stake
- Long term care: a problem very much linked also with pensions
- Possibility of government intervention « forcing » the insurance industry (and perhaps also the pension funds) to take on board certain cover ?
- Pressure on companies to include health care and cover in their compensation package ?
- Result: new markets, new products, new players ?

## Three pillars – two classes ?

- Privatisation and outsourcing will shift the burden to private providers, employers and consumers
- Thus, private health insurance will be faced with problems similar to social security (how to deal with those who cannot afford).
- Consequence: A three-pillar-health care structure (statutory, occupational, individual), turning into a two-class health care system ?

# Old age – new problems

- How to deal with long term care, given the demographic « time-bomb » ?
- How to deal with special sophisticated, but expensive treatment ?
- Growth of health care industry with possibility to save for the old age, giving rise to new products

# The problem: Mobile patients – rigid borders

- Cross border patient mobility: not just an issue for public health care
- Potential (or necessity) for insurance companies to conclude agreements with hospitals and health care operators in other Member States ?
- Question: Should there be legislative action on cross border patient mobility (i.e. reimbursement of medical costs), and if so, should it include also voluntary health insurance providers

# The solution: Community framework for health services ?

- Draft Directive tries to achieve this by concentrating on three areas:
- Common principles in all EU health systems
- Specific framework for cross-border healthcare
- European cooperation on health services

# Solvency II

- What will be the impact of Solvency II on the health insurance market ?
- Will it put the private insurance sector in a position to deal with medical inflation ?
- .... so as to be able to offer health care cover that is affordable not only for the « lucky few » ?

# Conclusion

- There is no single « one size fits all » solution!
- But there may come strong pressure for even more political action, even at EU-level.
- The objective: European health care must not fall ill!