

The Juridical Protection for the European Health Insurance Card

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Abstract: This paper present the rights and obligations of the insured citizens in the national healthcare system by using the European Health Insurance Card in their temporary stays in other Member State. The concept of European Health Insurance Card hires into the politics of free persons' circulation in the EU and for this reason its implementation into the national Member States' legislation is very important for the beneficiaries of the social insurance health system.

Key Words: the European Health Insurance Card, national healthcare system, treatment, falsification

1. Introduction

The aim of the European Health Insurance Card (EHIC) is to simplify procedures for accessing the healthcare system in another Member State in case of sickness or accident while the citizens are in temporary stays in other state.

Starting from the principle of free citizens' circulation in EU, the community legislation, and we mean The Decisions of the Administrative Commission for the social security of the immigrants workers no. 189/2003, no.190/2003 [1] and no.191/2003 [2], provides that all the persons which are assured in the frame of the national healthcare system in a Member State and which go for a temporary sitting into another Member State for tourist, professional or for studies reasons can use the European Health Insurance Card. Through this decisions was annulled the Regulation of the Council no. 1408/1971 on the application of social security schemes to employed persons and their families moving within the Community, and so the European Health Insurance Card has replaced the form E111, E110, E128 and E119.

Before the EHIC for each time a trip was made, had to be applied a new form E111, E110, E128 or E119, and some time was required to present the form to national authorities before treatment was allowed. With the health card it will no longer be required to complete all the forms each time a person travels abroad and on production of the card the treatments were be available in the public healthcare system.

Having an EHIC means that a patient is entitled to the same medical treatment as a local patient while the cost of the treatment will be completely or

partly met by his or her sickness insurance scheme, only if the patient is assured in own national healthcare system. However EHIC can only be used in the framework of public health care provision and does not replace supplementary travel insurances. [3]

The Health eCard put the patients and its needs in the center of health system and is in the same time the future of 'patient informatics'; ecards offers a secure, proven and very easy-to-use method of involving patients and help doctors. Also e-cards will facilitate the people mobility in all the world. [4]

The date on 1st June 2004 was the date when the EHIC was come into circulation in some Member State as Belgium, France, Luxembourg, Spain, Germany, Greece, Ireland, Sweden, Denmark, Finland, Norway, Estonia and Slovenia.

2. Aspects of using EHIC

After four years from its launch, almost 173 million people have a European Health Insurance Card (EHIC) to use in their trips in Europe, and this number represents around 36% of the total EU population.

If we look at the official statistics about the number of EHIC in use at the end of the year 2007 [3], we can observe significant differences between Member States as in the next table (Table 1).

| Country | EHIC in circulation 31/12/2007 | % population holding an EHIC |
|--------------|--------------------------------|------------------------------|
| BE | 1 907 993 | 18 |
| BG | 104 871 | 1 |
| CZ | 8 400 000 | 82 |
| DK | 849 903 | 16 |
| DE | 45 000 000 | 55 |
| EE | 99 590 | 8 |
| GR | 104 326 | 1 |
| ES | 1 729 962 | 4 |
| FR | 4 631 709 | 8 |
| IE | 1 066 476 | 25 |
| IT | 56 981 277 | 97 |
| CY | 32 077 | 4 |
| LV | 32 884 | 1 |
| LT | 142 002 | 4 |
| LU | 401 421 | 80 |
| HU | 431 089 | 4 |
| MT | 120 781 | 30 |
| NL | 768 878 | 5 |
| AT | 7 967 193 | 96 |
| PL | 555 761 | 1 |
| PT | 667 827 | 6 |
| RO | 55 000 | 0 |
| SI | 251 084 | 13 |
| SK | 799 575 | 15 |
| SE | 2 900 000 | 32 |
| FI | 361 378 | 7 |
| UK | 27 500 000 | 46 |
| CH | 7 000 000 | 96 |
| IS | 78 770 | 39 |
| LI | 35 317 | 99 |
| NO | 2 021 197 | 46 |
| Total | 172 998 041 | 36 |

Tabel 1

Trying to explain the differences we have to

look at the national Member State legislation about the healthcare system, mostly about the national sickness insurance card, and so we will observe that the Member State with and old and well trimmed national system for sickness insurance card are the state with the biggest procent of population holding an EHIC, as Italy, Liechtenstein and Austria.

The model of the EHIC is common for all the Member State in which are used this card and have a distinctive symbol representing the 12th stars from the European Union flag and in center of them is abbreviated the name of the residence state who emit the EHIC, like in the next picture. (fig.1). The same model is stipulated also in the Romanian legislation. [4].



Fig.1.

The common model for the EHIC is to ensure immediate recognition of the card by all those involved in the health system, respectively doctors, pharmacists, dentists and public hospitals insurance system.

The citizens must know that the EHIC not cover the treatments costs or the operations costs if some one decided to do it in other Member State, and not to use the own national healthcare system. Also, must be known that the card will cover the medical costs in case of breaking a leg, falling out a tooth, catching a virus in the period of the trip in other Member State or for medical emergency assistance like heart attack, stroke, hypertensive attack, diabetic crisis or premature delivery. The medical services are granted according with to the national legislation from the Member State where the holder of the EHIC is in travel.

Today, the common model of the EHIC does not contain medical information about the holder, as blood group or sickness, the only information contained are the name and surname of the insured

person, the numeric personal code of the person, birth date, date of expiration, the number for identification the health insurance authority and the number for identification the card (fig.1.) The aim of the EHIC is to facilitate the access to the medical treatments in the same conditions as the local patient for the EHIC holder during the temporary sitting in a Member State and to accelerate the reimbursement of the treatment costs.

To facilitate exchange of information between Member States national healthcare system and also to reduce the risk of error, fraud and abuse of using the EHIC, in long term intention is to incorporate into the EHIC an electronic chip. The decision to incorporate in future an electronic chip in the EHIC was got by the Administrative Commission for the social security of the immigrants workers through the adoption of the Decision no 189/2003, and so the face of the EHIC will be as in the next figure (fig.2,3.).



Fig.2.



Fig.3.

Based on national legislation about the health insurance, in some Member State, the health insurance covers, for public medical provision, all free medical treatment, whilst in other Member State it covers in certain percent the costs of medical treatment. On the same structure behaves the EHIC concerning the medical treatment costs.

Concerning the reimbursement of the medical

treatment cost in case of using the EHIC, must say that the holder of the EHIC dose not pay the costs, and the health insurance authority who emitted the EHIC must return the cost of medical treatment to the health insurance authority which stands the cost.

The procedure of the reimbursement of the medical treatment costs is different, because in some Member State, such as Spain, Germen or United Kingdom, the holder of the EHIC dose not pay in case of use EHIC, while in other Member State, such as Belgium or France, in case of use EHIC it may require payment, to be claimed back later from the national health insurance authority.

3. National health insurance card

Through the national health insurance card the holder make the proof of his/her insured quality in the Romanian healthcare system.

As in the Romanian legislation, in the legislation of other Member State is regulated the juridical regime for the national health insurance card, the first step for the implementation of the EHIC.

In Romania, the national health insurance card is regulated by the Law no.95/2006 [5] in article 330-338, and is a different instrument from the EHIC, with different characteristics. Also the dates of entering into force of the article who stipulated the EHIC and those who stipulated the national health insurance card are different, because the EHIC should take effect from the date of adhesion of the Romania to the EU, while the national insurance card is in force after three days from the publishing of the Law in the Official Gazette (2 May 2006).

The minimum information which can be read from the Romanian national health insurance card unlike the minimum information from the EHIC are : the proof of payment the health insurance contributions, the record of the number of the medical services requests, the medical diagnostic with vital risk and the blood group and RH. All this information are added to the information about the date of identification the holder of the card, the information to detect the card and the health insurance authority which issues the health card.

The costs for deliverance the cards, so the EHIC as the national health insurance card, are supported from the budget of the National House of Social Health Insurances, whilst initially the costs were covered by the insured persons, holders the cards.

Another difference between the EHIC and the Romanian national health insurance card is the period of its validity. The EHIC is valid for the

whole period of temporary travel but not more than 6 months from the date of its issuance, while the national health insurance card has no legal period of validity, so it can be used until the date of expiration written on it.

Unlike the Romanian health insurance card, the Italian health insurance card is valid for a period of 5 years and also it is valid throughout Italy and grants the holder the right to obtain health services throughout the European Union. So, in accordance with Article 50 of law 269/2003, converted, with amendments, by law 326/2003, the Italian Ministry of Economy and Finance in cooperation with the Italian Agency of Revenue has issued the Italian health insurance card for Italian citizens.

And so, in Italy is issued and used only one card for the national healthcare system and for medical services in temporary trips outside Italy. The same model of one card one part for the national health insurance and the other part for EHIC is used also in Austria health insurance system.

The Italian health insurance card contains biographical data and a tax code on magnetic band format as well as barcode.

The material consists of a plastic card with identical size and consistency to a typical ATM card. The Italian health insurance cards are printed on the front with the tax code, expiration date and biographical data. The front of the card also includes Braille characters for the blind. On the back of the card is the tax code barcodes, the magnetic strip, and the words, *Tessera europea di assicurazione malattia*, meaning "European health insurance card" [6], as in the next figure (fig.4.)



Fig.4.

In Germany are used two types of card, one for the medical treatment necessary for residences (the national health insurance card) and one card (the EHIC) for the German residences used in trips around the Member State of EU. The EHIC validity is one year from the date of issued.

4. Conclusion

Observing the legislation from the Member States of EU we have detected two models: some Member States already had in 2004 national health insurance cards and they had opted to incorporate the elements of the European health insurance card into their national card, on the reversed part, and other States issued separate cards for the national healthcare system and for EHIC.

Also we have remarked that all the legislation from the Member States stipulate the same juridical protection for the e-cards: all people who are insured under a social healthcare system of a Member State can benefit in need from the rules and services regarding the healthcare system from the state where are in temporary stay

The e-card is about making access to healthcare system easier and getting reimbursements more quickly, ensured in the same time the confidentiality about the holder's diagnostic history and medical dates.

About the possibility of fabrication the e-cards we observed that the national legislation have no special rules about it, but in case of false e-cards are applicable the common criminal rules about fake in official documents and use of fake.

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