

## **Cross-border cooperation in social affairs: difficulties and perspectives**

### **Keynote Speech by Karl-Heinz Lambertz**

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Cross-border cooperation is an important, difficult, but also fascinating task. It applies to all areas of policy making and especially in social matters. This has been made clear impressively in an almost dramatic manner by the handling of the Covid19 crisis in recent months.

Cross-border cooperation is important because Europe is the continent with the greatest density of national borders and because European cohesion depends on whether it is possible to transform the borders, which are often seen as the wounds of history, into strong welds of European integration.

This is not always easy and can sometimes be extremely difficult. You need endurance and patience. Success depends on three prerequisites: to may – to want – to can.

Permission: Cross-border cooperation must be allowed. The national capitals are often suspicious.

Will: Sunday speeches are not enough. You must really and specifically want and be willing to sacrifice short-term benefits to long-term results.

Ability: Language skills are just as necessary as detailed knowledge of the historical, economic, administrative, and social conditions on the other side of the border. The magic formula is intercultural communication skills.

Cross-border cooperation is also fascinating. It leads to a paradigm shift. The horizon is expanded by 180 degrees. People who have been back to back face each other face to face. Completely new options for action and mobility perspectives are emerging.

Cross-border cooperation encompasses all areas: from business to education, from the environment to spatial planning, from culture to leisure.

In social matters, even 70 years after the Schuman Declaration, the national differences are particularly large and the EU has only limited powers. If borders have been opened and more and more people are using the new mobility to work in the neighbouring country or to use health services, numerous problems can arise that are difficult to manage. The standardization and harmonization of national legislation through European regulations and services is often only possible to a limited extent. Creative solutions often have to be found within the framework of bilateral agreements so that compatibility is created and pragmatic answers can be found.

This is often very complicated and requires a lot of effort. But it is worth taking this path, as it often leads to significant improvements in the living conditions of people, and especially those living in border regions, which make up around 30 percent of the EU population. This highlights the added value of European integration and the cross-border cooperation involved. And it can also be used to demonstrate how the European, national and regional levels can work together effectively and bring the principle of subsidiarity to life.

About Subsidiarity: In his report on the state of the EU, the then President of the Commission Juncker in 2017 suggested the creation of a “Task Force on Subsidiarity, Proportionality and Doing less more efficiently”, which was created in late 2018 and submitted its final report in mid-2018.

As a follow-up measure for this task force, the CoR launched in the beginning of 2019 the network of Regional Hubs for EU Policy Implementation review (RegHub). The network currently consists of 36 so called 'hubs', covering territories in 18 EU member states. These hubs, represented by regional contact points reach out to over 250 stakeholders. Through consultations of its contact points, the network gathers feedback on the implementation of EU policies, from local and regional authorities and their stakeholders, who deal with these policies on a day to day basis. So far, the network has concluded 3 consultations. These consultations have each led to an 'implementation reports': on public procurement, on air quality and on cross-border healthcare.

As a concrete result of RegHub's work, in its recent decision to set up the Fit for Future platform (F4F), the Commission decided to give RegHub a prominent role in this new platform. In fact, it is foreseen that RegHub will become one of the sub-groups of F4F, which can be asked by the Platform to carry out surveys about the first-hand experiences of the implementation of EU legislation on the ground.

In the further course of my contribution, I would like to go into the content of the Implementation Report on Cross Border Healthcare. The preliminary draft of this report is available for a few days and illustrates by the example of health policy, how problems due to the system differences in neighbouring countries can be solved. This report assesses how well the cross-border healthcare directive has been taken up by regional authorities in the EU. It takes a detailed look at the successful examples of implementation, at challenges and also at obstacles.

The publication of this third report of the Regional Hubs network comes in the midst of the greatest global health scourge since the Spanish influenza pandemic. This naturally sheds new light on the findings of this consultation and rekindles the question of the responsibilities of the local, regional, national and European authorities in making sure that the health of their citizens is given the highest priority in all policies and actions.

The relevance of this report is therefore twofold: on the one hand, it provides the European Union and its Member States with the most up-to-date review of the progress in implementation and challenges on the ground. On the other, it also serves as a reminder that diseases know no borders and neither should healthcare provision. Supporting existing cooperation agreements and launching new ones, especially in border regions, should thus be prioritised.

Bearing in mind that the majority of regions in Europe are in charge of health systems, the first and only EU Directive on the rights of patients in cross-border healthcare was chosen as the subject of this review. Adopted nine years ago and in force since 2013, the directive remains a fairly little-known piece of European law – both for patients, health professionals and public authorities.

Most regions knew that people were free to access care or purchase health products abroad. Nevertheless, some had not made the connection between this right and the directive. This is not surprising, given how low awareness is in general, but further reflection is merited on what else could be done to better anchor the law in people's minds.

To address this knowledge and awareness gap, almost half of the hubs consulted have reported taking matters into their own hands and providing information themselves, rather than waiting for the National Contact Points to up their game. Not surprisingly, the border regions are more likely to have specific regional contact persons or structures to assist the public and professionals alike. This could in future be further strengthened through a network of border region contact points, as most participants felt they could do with more strategic advice, training and information-sharing.

Reporting on what is considered in the academic literature and in the EU institutions' reviews of the greatest obstacles to cross-border healthcare, namely the issue of reimbursement and the system of prior authorisation, the hubs at first shared no negative comments or views. Not a single mention of difficulties in charging or reimbursing patients and no differentiation on the basis of nationality or type of provider was reported back.

However, this initial assessment must be read in parallel with comments made by the hubs in different parts of the survey, where several of them complain about difficulties related to billing and reimbursement procedures. Many ask for clearer EU rules and templates in this field. Some just want an exchange of information while others go so far as to request a fully-fledged system of standard cross-border medical bills.

Interestingly, prior authorisation, regarded critically by many, does not seem to bother the participating hubs. Most actually assess this safeguard as useful and necessary for keeping tabs on costs and the use of resources. Confirming that the list of treatments requiring prior authorisation should be publicly available, the hubs also express their positive attitude towards a much-less used arrangement under the directive, namely the system of "prior notification" which is not "permission" to access care but an estimate of cost that a patient can request before embarking on the journey abroad. Most regions consider that this should be introduced in their health systems to give patients more clarity.

Similarly, the hubs felt that the financial compensation mechanism, replacing upfront payment by patients with direct billing between the relevant health institutions, would have a positive impact on cross-border cooperation, with the potential to improve financial management and facilitate access to care.

Particularly interesting insights come from the hubs' assessment of cooperation agreements, especially in border regions. The hubs were invited to review some 25 factors grouped into six broad categories, and they reported that the key to success was to have:

- well-informed and supported healthcare professionals and public administrations;
- suitable regulatory frameworks and information on healthcare conditions abroad;
- trust and a shared language;
- public transport links;
- comparability of the level of tariffs for medical services and the content of the basket of healthcare goods and services available.

Drawing on experience from the past and looking to the future, the hubs were also invited to assess another 30 factors in four areas covering the reasons for setting up cross-border cooperation projects and the tools to keep them alive.

Not surprisingly, inspiration in most cases comes directly from the public and listening to their wishes. The most commonly selected response confirms that local and regional authorities are close to their populations, engage meaningfully in dialogue and take people's wishes to heart.

The key areas in which the new projects are likely to be set up include emergency care, specialist care and care for people affected by rare diseases. To make this happen, the hubs felt they needed better information on available EU funding. Combined with ongoing political support, long-term EU funding

and committed medical staff, these elements keep cooperation agreements sustainable and operational over years.

Though still relevant for over 60% of respondents, the least chosen option was the European Cross-Border Mechanism.

It is also worth highlighting the fact that the majority of regional hubs would consider setting up cross-border healthcare cooperation in the near future.

Reflecting on the need to review the directive or its implementing measures, the hubs did not have a clear position, with their answers split almost 50-50. Some of their suggestions included harmonising certain protocols, better training, more visibility for National Contact Points and their linkage to regional health authorities, less red tape and simpler administrative procedures, and better communication with the public and health professionals.

These suggestions are not dissimilar to what the hubs expect from the European Union, namely a better flow of information between Brussels and the regions. They want more opportunities for sharing good practice and raising awareness. As expected, many argue for the removal of legal and administrative barriers identified, request support for research and development and call for sustainable long-term funding of cross-border healthcare initiatives, in particular via the Interreg programme.

Specifically, in terms of the CoR's role, the hubs expect it to give impetus to new cross-border projects and take on a more active role in promoting existing initiatives. The CoR could also assist the regions in their advocacy work to secure optimal funding conditions in the upcoming programming period.

This consultation thus proves that there is interest at regional level not only to keep up existing cooperation projects but also to develop new ones, making cross-border healthcare a more widespread and "normal" type of care. This is what people want and what makes sense logistically or financially in the planning and delivery of care, especially specialist care, in border regions. The report should therefore be read as an incentive to Member States and the EU to create better conditions for cross-border healthcare and support regions that wish to make it a reality.

Finally, reading this publication during the coronavirus crisis raises the question of whether the potential of the directive has been fully realised. The closure of national borders seemed to have an adverse impact on the majority of cross-border activities and opportunities, for example for cross-border healthcare workforce exchanges or patient transfers between the neighbouring hospitals, which have not been explored. These will need to be discussed further once the acute phase of the pandemic is over.

The CoR's commitment, as attested by over a decade of political work on cross-border healthcare, will not cease with the publication of this report. The CoR expects its findings to be reflected in the forthcoming implementation report of the European Commission and will share the views of the regions with other EU institutions, networks and public authorities keen to embark on the journey to better cross-border healthcare cooperation. Because good access to care matters in normal and in exceptional times.

I have placed the health system at the centre of my Keynote because it is of current importance on the one hand and because it illustrates in a very special way the effects of the tension between European and national responsibilities on the everyday life of people in the border regions on the other hand.

Similar considerations can also be made for other areas of social policy, such as the status of cross-border commuters, the European unemployment insurance, or the ability to act and invest of public service providers. All chapters of the European Social Pillar can be considered.

The Danube Macro Region has made an important contribution to European integration since it was founded. Authorities and civil society from old and new member states work together in trust and face the challenges of the future together. I wish you continued enthusiasm and success!

Karl-Heinz Lambertz