Procedure file

Basic information			
INL - Legislative initiative procedure	1995/2189(INL)	Procedure completed	
European health card			
Subject 4.20 Public health			

Key players			
European Parliament	Committee responsible	Rapporteur	Appointed
	ENVI Environment, Public Health and Consumer Protection		27/06/1995
		FE LEOPARDI Giacomo	
	Committee for opinion	Rapporteur for opinion	Appointed
	TRAN Transport and Tourism		

Key events			
25/01/1995	Non-legislative basic document published	B4-0007/1995	
27/06/1995	Committee referral announced in Parliament		
20/03/1996	Vote in committee		Summary
20/03/1996	Committee report tabled for plenary	A4-0091/1996	
16/04/1996	Debate in Parliament		Summary
17/04/1996	Decision by Parliament	T4-0173/1996	Summary
17/04/1996	End of procedure in Parliament		
13/05/1996	Final act published in Official Journal		

Technical information	
Procedure reference	1995/2189(INL)
Procedure type	INL - Legislative initiative procedure
Procedure subtype	Request for legislative proposal
Legal basis	Rules of Procedure EP 47
Stage reached in procedure	Procedure completed
Committee dossier	ENVI/4/06775

Documentation gateway				
Non-legislative basic document	<u>B4-0007/1995</u>	25/01/1995	EP	
Committee report tabled for plenary, single reading	<u>A4-0091/1996</u> OJ C 141 13.05.1996, p. 0005	20/03/1996	EP	
Text adopted by Parliament, single reading	T4-0173/1996 OJ C 141 13.05.1996, p. 0086-0104	17/04/1996	EP	Summary

European health card

The draft report by Mr Giacomo LEOPARDI (UFE, I) on a European health card was adopted. The purpose of the report is to bring pressure to bear on the Council and Commission to heed the European Parliament's long-standing request for the introduction of a European Health Card. Despite some legal and technical obstacles (such as the need to ensure "interoperability" between the social security systems of different Member States), the Commission representative told the committee that the introduction of such a card was feasible and could help with the reorganization of health care systems. Pilot schemes, involving half a million cards, were already under way in 10 Member States. In his explanatory statement, the rapporteur, Mr Leopardi, who is a pharmacist by profession, suggested that the European health card was likely be a computerized one using the latest technologies. The introduction of such a card was required, he said, to meet the Treaty obligation of ensuring the highest level of health protection for the citizens of Europe. The committee threw out an earlier description of the card as a "European health passport" on the grounds that the word passport had a negative connotation suggesting possible restrictions on movement. In the resolution it adopted, the committee called on the Commission to submit, by 1 January 1997, a proposal for a Council and European Parliament Decision (based on Article 129 of the Treaty) setting up, by 1 January 1999, a European health card to be issued to every European citizen on a voluntary and optional basis. The object would be to facilitate free movement of persons within the European Union by providing them with appropriate access to the health care and treatment required by their state of health. The card would contain information on the bearer's civil status, medical data and information regarding social insurance cover and the right to reimbursement for treatment. The medical data would include blood group, known allergies, details of medication, chronic and industrial diseases, treatment being administered, and vaccines. It would also indicate whether the bearer was averse to blood transfusions on medical grounds and, possibly, whether he or she was willing to donate his organs for medical use in the event of death. Rules on the confidentiality of data and medical secrecy should be monitored. Provisions regarding the form, content and conditions for access to data contained in the card would be drawn up in conjunction with the Member States, associations of health care professionals, and consumer organizations. The committee called on the Commission to instruct the European Committee for standardization to standardize the technical aspects of the card so as to make it usable in all countries of the Union. Standardized texts should appear on the card in all the languages of the Member States. Member States should take steps to ensure that the validity of the card is recognized in their territory and can be easily obtained by any citizen wanting it. The Commission should run information campaigns aimed at making citizens and health care professionals aware of the existence of the card, its benefits and how to obtain it. Finally, the Community should encourage cooperation on this question with third countries and international health organizations, particularly the World Health Organization. The committee thereby recognized the truism that health measures could not stop at the frontiers of the Union. However, according to Mr Leopardi, the Union might provide a test-bed for the workability of the card system. ?

European health card

The rapporteur, Mr LEOPARDI (UPE, I), thought that a European health card issued to every EU citizen would facilitate the free movement of persons within the Union. Such a card would contain medical data and other information on social insurance cover and reimbursement for treatment. Pointing out that current technology and IT capabilities were well up to producing such a card system, Mr Leopardi called on the Commission to present a draft decision by 1/1/97 at the latest, so that the Council and Parliament could approve the proposal before the end of 1998. Commissioner Flynn said that such a system had been under review for many years, but that the results had not been particularly encouraging. While recognising that such a card would have its advantages, he presented a list of problems linked to the introduction of such a scheme: confidentiality and the protection of medical data in the event that the card were to be lost, stolen or used for non-authorised purposes, compatibility of hardware and software and the burden of responsibility for doctors.

European health card

Adopting the report by Mr Giacomo LEOPARDI (UPE, I) on a European health card, the European Parliament called on the Commission to submit, by 1 January 1997, a proposal for a Council and European Parliament decision based on Article 129 of the EC Treaty, setting up a compulsory European health card in all Member States, to be issued to every European citizen on a voluntary and optional basis. The object of the card would be to facilitate the free movement of persons within the Union by providing them with appropriate access to the health care and treatment required by their state of health and would contain information on the bearer's civil status, medical data (blood group, known allergies, chronic diseases, an indication of any refusal on religious grounds to be given blood transfusions or transfusions of derived products, willingness to be an organ donor etc.) and information regarding social insurance cover and reimbursement for treatment. This card would be introduced gradually, with priority being given to persons with chronic or serious illnesses needing ongoing or urgent treatment. Provisions regarding the form, content and conditions for access to the data contained in the European health card would be drawn up with the Member States, associations of healthcare professionals and consumer organizations. Member States were also called on to take the necessary steps to ensure that the validity of this card was recognized within their territory, that it was easily obtainable by any citizen wishing to acquire it and that it was in widespread use throughout the healthcare systems. They were also called on to appoint the authorities responsible for issuing and distributing the card and for compliance with the rules on confidentiality of data and medical secrecy. The Commission was called on to run information campaigns aimed at making citizens and healthcare professionals aware of the existence of the European health card and to

standardize the technical aspects of the card with the European Committee for Standardization (ECS) on the basis of a numerical indication of the main diseases.?