Procedure file

Basic information

COS - Procedure on a strategy paper (historic)	2002/2071(COS)	Procedure completed
Social protection: health care and care for the elderly, accessibility, quality and financial viability Subject 4.10.07 The elderly 4.20.06 Health services, medical institutions		

Key players

European Parliament	Committee responsible	Rapporteur	Appointed
	EMPL Employment and Social Affairs	PPE-DE MANTOVANI Mario	24/01/2002
	Committee for opinion	Rapporteur for opinion	Appointed
	BUDG Budgets	The committee decided not to give an opinion.	
	ECON Economic and Monetary Affairs	PSE HONEYBALL Mary	19/03/2002
	ENVI Environment, Public Health, Consumer Policy	UEN MUSSA Antonio	27/03/2002
Council of the European Union	Council configuration	Meeting	Date
	Economic and Financial Affairs ECOFIN	2493	07/03/2003
European Commission	Commission DG	Commissioner	
	Employment, Social Affairs and Inclusion		

Key events

05/12/2001	Non-legislative basic document published	COM(2001)0723	Summary
11/04/2002	Committee referral announced in Parliament		
10/12/2002	Vote in committee		Summary
10/12/2002	Committee report tabled for plenary	A5-0452/2002	
14/01/2003	Debate in Parliament		
15/01/2003	Decision by Parliament	T5-0015/2003	Summary
15/01/2003	End of procedure in Parliament		

07/03/2003	Debate in Council	2493	
12/02/2004	Final act published in Official Journal		

Technical information

Procedure reference	2002/2071(COS)
Procedure type	COS - Procedure on a strategy paper (historic)
Procedure subtype	Commission strategy paper
Legal basis	Rules of Procedure EP 142
Stage reached in procedure	Procedure completed
Committee dossier	EMPL/5/16110

Documentation gateway

Non-legislative basic document		COM(2001)0723	05/12/2001	EC	Summary
Committee report tabled for plenary, single reading		A5-0452/2002	10/12/2002	EP	
Non-legislative basic document		COM(2002)0774	03/01/2003	EC	Summary
Text adopted by Parliament, single reading		T5-0015/2003 OJ C 038 12.02.2004, p. 0175-0269 E	15/01/2003	EP	Summary
Document attached to the procedure		07166/2003	07/03/2003	CSL	Summary

Social protection: health care and care for the elderly, accessibility, quality and financial viability

PURPOSE: to examine future trends and costs for health care and care for the elderly in the European Union. CONTENT: the Lisbon European Council concluded that social protection systems - including health care systems - are an integral part of the European social model. In June 2001 the Goteborg European Council went one step further calling on the Commission to prepare a progress report on guidelines in the field of health care for the elderly. The presentation of this Communication is in response to that request, the results of which will be integrated into the "Broad Economic Policy Guidelines". According to the Communication, the EU has an overall health care system which ranks amongst one of the best in the world and is a branch of social security protection second only to retirement and survivors' pensions. Total health care spending rose from around 5% of GDP in 1970 to over 8% in 1998. Since 1999 health expenditure has returned to a level of growth higher than GDP in several European countries. One significant feature of health care in today's society is that people live longer. Average life expectancy in the EU is one of the highest in the world and is continuing to rise. In 2000, it was 74.7 years for men born in that year and 81.1 years for women born in that year. At the same time there are more elderly people. The share of the total European population older that 65 is set to increase from 16.1% in 2000 to 22% by 2025 and 27.5% by 2050. What implications do these demographic trends then have on the European Union? The Communication states that it is difficult to predict with any accuracy the exact costs of the ageing population. Nonetheless costs overall are expected to increase as a result of the demographic changes taking place. A further attribute of elderly patients is that they tend to require less from the conventional health care system and more from the "medical social" sector. In addition to an ageing population the European health care system is witnessing an overall growth in new technologies and treatment. Within this context, the Report notes that as "consumers" become more informed, educated and sophisticated about various treatments, so they begin to demand the latest medical treatments. These tend to be of the more expensive variety. The Communication goes on to highlight the diversity of national systems. Indeed, the diversity of funding and organisational arrangements is one of the main characteristics of health care systems in Europe. Common to all, however, is that public-sector funding makes up a significant proportion of health expenditure. What role then for the European Union? The Communication stresses that health care is a matter for the nation state. Member States are responsible for determining budgets, priorities and future policies orientations in health care. There are, nevertheless, a number of EU Articles and competencies which impact on overall health priorities within Europe. The more significant ones are: a) Article 28 on the free movement of goods and in this case health product goods. b) Articles 18,39,42 and 43 on the free movement of persons and their right to statuary social security systems in the Member States including health care schemes. c) Article 49 and 50 on the free movement of services - impatient and outpatient health care now falls under the classification of a service. d) Article 152 on Public Health. This Articlestipulates that the EU is committed to ensuring a high level of human health protection in the definition and implementation of all Community policies and activities. To conclude the Communication urges the adoption of three simultaneous challenges for health care and care for the elderly: 1. Access to care for everyone. 2. A high level of quality in the care provided. 3. The financial viability of health care systems. In terms of the first challenge, the Communication notes that the elderly require long-term care, which presents a special challenge both in terms of financing and as regards making the necessary adjustments on the supply side. In terms of the second challenge namely, a high level of quality in the care provided, the Communication notes that an improvement in both transparency and the quality of health care systems is needed. Lastly, regarding the third challenge, the financial viability of health care systems, the Commission advises that reforms on spending evolve at a viable pace whilst at the same time guaranteeing that adequate financing is provided for health care.?

Social protection: health care and care for the elderly, accessibility, quality and financial viability

The committee adopted the report by Mario MANTOVANI (EPP-ED, I) welcoming the Commission communication as a "good basis for discussion" of the future of Member States' health care and long-term care systems for an ageing population. It regretted, however, that the Community strategy and action programme in the field of public health (2003-2008), based on health promotion and primary prevention, had not been taken into account in the Commission's approach on health care and care for the elderly. It also said that the long-term objectives of accessibility, quality and financial viability proposed by the Commission were too narrowly conceptualised and too strongly biased towards a mere cost-cutting strategy in the framework of the stability pact. It warned against the risk of overemphasising the goal of financial viability at the expense of accessibility and quality and pointed out that forecasts relating to the anticipated rise in costs were difficult to make. The report also made a number of recommendations, as follows: - Community cooperation in improving health services should be stepped up through such measures as exchanges of information on the population's state of health and risk factors, the exchange of good practice, the establishment of indicators and an analysis of needs and the drawing up of common standards for monitoring the health services; - training, information and prevention campaigns in the field of health, centred on a lifelong approach, should be organised at national and Community level; - there should be accurate and impartial information for the population regarding the opportunities for care as well as greater freedom of choice for patients; - an internal market should be created in health services and products, which should first and foremost guarantee high quality health care accessible to and affordable for all; - elderly people should be guaranteed access not only to strictly medical services but also to preventive care, physiotherapy, rehabilitation and any other service designed to ensure their independence for as long as possible, in order to prevent and delay the onset of diseases and improve their quality of life; - particular attention should be paid to developing certain aspects of the health and social services for the elderly, such as cultural and social activities to prevent the isolation of elderly people, support for families and individuals caring for an elderly person, combating the maltreatment and neglect of elderly people, providing ongoing training in geriatrics and gerontology for healthcare and social service professionals, the prevention, detection and early treatment of mental illness in the old, and a specific programme to fund nursing training projects and specialised higher training in relevant areas in view of the nursing shortage affecting all the Member States. The committee also welcomed the plans to introduce a European health insurance card and urged the Commission and Council to undertake a fundamental review of the legal framework for cross-border access to health care services in the EU. Moreover, the applicant countries should be involved as far as possible now in EU health policy programmes, and the challenges of EU enlargement should be taken into account in any policy discussion on health care and long-term care for the elderly. Lastly, MEPs wanted the European Convention to include a high level of health protection as a general goal in the draft Constitution and to define health policy as an area in which competence is shared between the Union and the Member States.?

Social protection: health care and care for the elderly, accessibility, quality and financial viability

The European Parliament adopted the report by Mario MANTOVANI (EPP-ED, Italy) on health care for the elderly. (Please refer to the document dated 10/12/02).?

Social protection: health care and care for the elderly, accessibility, quality and financial viability

The Council endorsed the joint Council-Commission report on supporting national strategies for the future of health care and care for the elderly and decided to forward it to the Spring European Council. This report takes up the three broad goals endorsed by the Barcelona European Council (March 2002): access for all regardless of income or wealth; a high level of quality of care; financial sustainability of care systems. It addresses a number of common challenges and issues such as new technologies and treatments, improved well-being and patient information and demographic ageing. The report draws the main conclusions from the analysis of the Member States' responses and proposes future steps. It is recalled that the EPSCO Council also endorsed this report on 6 March.?