EUROPEAN DISABILITY FORUM

Access to cross border healthcare by patients with disabilities in the European Union

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Editors: Catherine Naughton, Marine Uldry

Consultants: Dr. Nicolas Rennuy, Lecturer York Law School and Lisa Waddington Professor of European Disability Law, Maastricht University

Contributors: EDF Boards members

Graphic Design: visuallythinking.dk

EUROPEAN DISABILITY FORUM

Avenue des Arts 7-8,
1210 Brussels Belgium
info@edf-feph.org
www.edf-feph.org
Twitter: @MyEDF

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Introduction

Access to health is a fundamental human right of persons with disabilities. It is recognised and protected under the UN Convention on the Rights of Persons with Disabilities ratified by the European Union (hereinafter 'EU') and all its Member States, and the EU Charter of Fundamental Rights. Under EU law, patients have a right to seek healthcare in other EU Member States. However, the exercise of this right depends greatly on how well EU law is transposed and implemented, and of the level of discrimination patients with disabilities may face when seeking healthcare.

This report aims to contribute to the evaluation of the Patients Mobility Directive[1] by the European Commission and identify additional measures needed at EU level to better ensure access to cross border healthcare by patients with disabilities.

It provides an analysis of the websites of national contact points for cross-border healthcare (hereinafter 'NCPs') from a disability perspective. More than 7 years after the deadline for the transposition of the Patient Mobility Directive, obstacles to exercising the right to planned cross-border healthcare remain.

1 Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare.

These include deficiencies in the provision of information and low awareness among all patients[2] andamong patients with disabilities in particular[3].

Barriers to exercising rights to planned cross-border healthcare particularly affect patients with disabilities for a number of reasons. Some persons with disabilities may have greater healthcare needs than the rest of the population without disability. In addition, all persons with disabilities face a number of barriers to access to healthcare in general, and to cross-border healthcare in particular. For instance, access to cross-border healthcare raises challenges related to mobility for some patients with disabilities, and challenges related to information, communication and the quality of healthcare for some patients with sensory, intellectual and psychosocial disabilities. Shortcomings in information provision constitute a higher-than-average barrier for patients with a disabilities[4], given the lack of disability-specific information and/or an accessible formats.

The report also examines the level of protection against disability-based discrimination in access to healthcare in the 27 EU-Member States. Different levels of protection against discrimination in the EU limit free movement and equal access to national and cross border healthcare.

2 Study on cross-border health services: Enhancing information provision to patients – Executive Summary (Publications Office of the European Union, 2018), 5.

3 IF, Impact of cross-border healthcare on persons with disabilities and chronic conditions (https://www.ifglobal.org/publications/if-report-impact-of-cross-border-healthcare-on-persons-with-disabilities-and-chronic-conditions/, 2016), 3.

4 See IF, Impact of cross-border healthcare on persons with disabilities and chronic conditions (https://www.ifglobal.org/publications/if-report-impact-of-cross-border-healthcare-on-persons-with-disabilities-and-chronic-conditions/, 2016), 12.

Methodology

The report analyses information providing from the NCPs' websites and the equality national legislation of EU Member States.

NCPs are the main source of information on rights to cross-border healthcare under the Patient Mobility Directive[5]. In relation to patients' rights, this report reviews the information provided on the English version of the websites of the NCPs (hereinafter 'websites') of all EU Member States, as well as the NCP websites of Iceland, Liechtenstein and Norway. It undertakes a qualitative analysis of 28 websites[6]. A survey was addressed to all NCPs. However, given the low response rate and the focus on the websites, this is mostly a secondary source.

The digital accessibility of the website was assessed though an automatised evaluation check conducted by Siteimprove. 33 websites of NCPs were analysed, including those that were not available in English. The 33 websites were also analysed to review the accessibility statements and the web accessibility feedback mechanism.

The equality legislation in access to healthcare in the 27-EU Member States was analysed to provide an overview of the protection against disability based-discrimination. Information was gathered from the non-discrimination country reports of the **European Equality Law Network** which are updated on an annual basis.

5 On other sources of information, see Berki, "Lightning or Lightning Bug: The Role of the Language Gap and the Access to Proper Information on Entitlements in Cross-border Patient Mobility", (2017) European Journal of Health Law, 1–23.

6 NCPs websites of Liechtenstein and Portugal were not available in English.

Key findings

Patients seeking cross border healthcare face difficulties finding information on their rights under the Patient Mobility Directive. On the 30 NCPs websites analysed, only 16 provided adequate information on the rights for treatment on their territory and 17 about treatment in another Member State.

Only 2 countries provide information on access to mental healthcare, and no country provide information on sexual and reproductive healthcare specifically to persons with disabilities.

Only 9 NCPs websites provide information on the physical accessibility of healthcare facilities.

No website provides information on reasonable adjustments of healthcare facilities and healthcare services.

9 of the 33 websites analysed have a (digital) accessibility score below the industry benchmark (average score for websites using Siteimprove in the region and sector).

18 NCPs websites include an accessibility statement. Among them, 15 include a feedback mechanism for users on the accessibility of the website.

Only 14 EU Member States prohibit disability-based discrimination and have a requirement of reasonable accommodation in access to healthcare.

Background information

The right to health under the UN Convention on the Rights of Persons with Disabilities

The UN Convention on the Rights of Persons with Disabilities (herein after 'CRPD') which the EU and all 27 Member States are party to, addresses the right to health of persons with disabilities in its article 25.

Under the CRPD, States Parties are required to "prevent discriminatory denial of health care or health services" and "provide persons with disabilities with the same range, quality and standard of free or affordable health care as provided to other persons". The CRPD can also be interpreted as requiring the provision of reasonable accommodation in the context of healthcare.

EU law does not currently address disability discrimination in the field of healthcare, although a **2008 proposal for a non-discrimination Directive** addressing discrimination on the grounds, amongst others, of disability, does cover healthcare. That proposal remains blocked in the Council of the European Union. As a result, at present responsibility to address the CRPD requirements concerning non-discrimination in access to healthcare falls mostly on the 27 EU Member States.

Two routes for cross-border healthcare under EU legislation

Under certain conditions, patients have a right to obtain funded healthcare in a Member State other than their Member State of affiliation (i.e. the State in which they are insured[7]). In other words, they are entitled to seek diagnoses, treatments, medical follow-up and prescriptions abroad, and to send the bill back home.

7 This report is not concerned with unplanned healthcare, the need for which only arises during a stay in another Member State.

Rights to cross-border healthcare can also be based on **Regulation 883/2004** or on the Patient Mobility Directive. There are important differences between these instruments regarding e.g. whether prior authorisation is needed, whether private healthcare providers are included, and how the healthcare is funded. Patients are entitled to choose whichever instrument is **more favourable** to them.

Broadly speaking, Regulation 883/2004 entitles patients to cross-border healthcare as if they were insured under the social security system of the State of treatment, while the **Patient Mobility Directive** entitles them to cross-border healthcare as if they were treated in their Member State of affiliation.

The **available treatments** are those covered by the social security system of the State of treatment under Regulation 883/2004, and those covered by the social security system of the Member State of affiliation under the Patient Mobility Directive.

Regulation 883/2004 only covers public **healthcare providers** and those private providers that are affiliated to the social security system and whose treatments are covered by it. The Patient Mobility Directive also covers other private healthcare providers.

Regulation 883/2004 always requires the patient to obtain **authorisation** to seek healthcare abroad prior to departure. The national health services or health insurance providers of the Member State of affiliation grant such authorisation (through a form referred to as the S2 form). Under the Patient Mobility Directive, prior authorisation is often unnecessary: it can be required only in specific circumstances such as treatments involving

overnight hospital stay or highly specialised equipment. Under both Regulation 883/2004 and the Patient Mobility Directive, authorisations sometimes must be granted.

Treatments can be fully **funded** or require co-payment by the patient. Under Regulation 883/2004, the Member State of affiliation funds the treatment up to the level of the Member State of treatment. However, where that level of funding is lower than that of the Member State of affiliation, a patient who made a co-payment can request a supplement. Under the Patient Mobility Directive, the State of affiliation reimburses the costs of healthcare up to its own level.

Under Regulation 883/2004, treatments are directly funded by the Member State of affiliation (except to the extent that patients have to make a co-payment). Under the Patient Mobility Directive, patients in principle ought to pay the cost of healthcare upfront and then seek reimbursement by their Member State of affiliation.

While both Regulation 883/2004 and the Patient Mobility Directive cover all **EU Member States, Iceland, Liechtenstein and Norway**, only Regulation 883/2004 covers **Switzerland**.

Which route is more beneficial to patients depends on the situation. Regulation 883/2004 is often more favourable, as patients do not have to pay upfront and there might be an entitlement to a supplement. The Patient Mobility Directive might be attractive because it often lifts the authorisation requirement, or because it includes fully private healthcare providers. Therefore, it is very important that patients are made aware of their rights under both instruments.

Assessments of the rights of patients in cross border healthcare

All patients

This section reviews the extent to which the websites provide information on rights to planned cross-border healthcare under the Patient Mobility Directive and under Regulation 883/2004.[8]

a) The Patient Mobility Directive route

A majority of websites provide an **adequate** explanation of the rights under the Patient Mobility Directive, setting out the rights for treatment on their territory (53%)[9] and treatment in another Member State (57%)[10]. Some Member States provide some, **inadequate** information about the rights for treatment on their territory (20%)[11] and treatment in another Member State (27%)[12]. For instance, misleading or incomplete information could concern the need for prior authorisation, or the reimbursement rates. The remaining Member States provide either no or very limited and misleading information.

The Patient Mobility Directive spells out the information that NCPs should provide, without requiring that it be provided on their website. Upon

8 Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems.

9 16 Member States: Austria, Belgium, Cyprus, Czechia, Estonia, Germany, Greece, Finland, France, Italy, Latvia, Lithuania, Netherlands, Poland, Slovakia and Spain.

10 17 Member States: Austria, Belgium, Cyprus, Estonia, Germany, Greece, Finland, France, Italy, Latvia, Lithuania, Luxembourg, Netherlands, Norway, Slovakia and Spain.

11 6 Member States: Bulgaria, Croatia, Denmark, Hungary, Norway and Romania.

12 8 Member States: Bulgaria, Croatia, Czechia, Iceland, Ireland, Malta, Romania and Slovenia.

request from patients, the NCP of the Member State of treatment shall inform patients about standards and guidelines on quality and safety[13]. Upon request from patients, the NCP of the Member State of affiliation shall inform patients about their rights to cross-border healthcare in general and on rule for reimbursement of costs in particular[14].

b) The Regulation 883/2004 route

Only 37% of Member States provide **adequate** explanation of the rights to planned healthcare under Regulation 883/2004 on their territory or in another Member State[15]. Some Member States provide some, **inadequate** information about the rights for treatment on their territory (17%)[16] and treatment in another Member State (30%)[17]. The remaining Member States provide either no or very limited and misleading information.

Social security institutions must make all necessary information available to patients regarding the conditions and procedures for obtaining healthcare abroad[18]. They are obliged to reply to queries within a reasonable period of time and to provide the information patients need to exercise their rights to planned cross-border healthcare under Regulation 883/2004[19]. The NCP of the Member State of affiliation shall, in providing information to patients upon request, draw a clear distinction between the Patient Mobility Directive route and the Regulation 883/2004 route[20]. It is not required that the information be provided on a website.

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13 Art. 4(2)(a) Directive 2011/24.

14 Art. 5(b) Directive 2011/24.

15 11 Member States provide adequate information as State of treatment: Austria, Belgium, Croatia, Cyprus, Estonia, Finland, Germany, Greece Italy, Netherlands and Poland.

16 5 Member States: Bulgaria, France, Lithuania, Slovakia and Spain.

17 9 Member States: Bulgaria, Croatia, France, Ireland, Malta, Norway, Slovakia, Slovenia and Spain

18 Art. 22(1) Regulation 987/2009.

19 Art. 76(4) Regulation 883/2004.

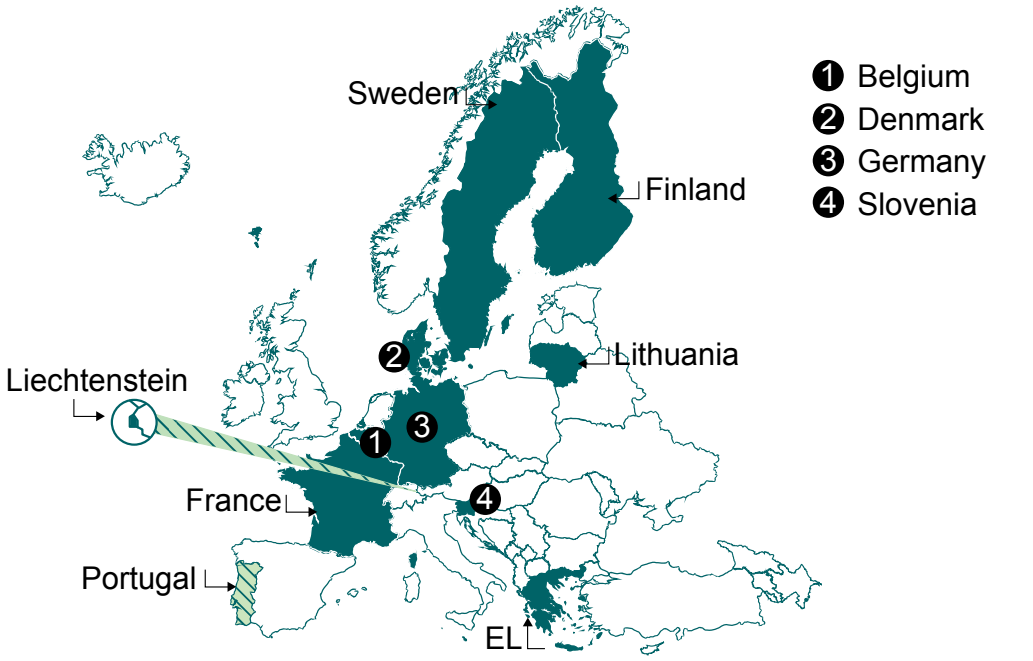
20 Art. 5(b) Directive 2011/24.

Patients with disabilities

a) Targeted information provided to patients with disabilities

Patients with disabilities are entitled to be informed, upon request, about the accessibility of hospitals[21]. Only 30% of websites provide information on the physical accessibility of healthcare facilities[22]. Beyond that, no website provides information on reasonable adjustments of healthcare facilities and healthcare services.

National Contact Points' websites providing information on physical accessibility of healthcare facilities



21 Art. 4(2)(a) Directive 2011/24.

22 NCPs of 9 Member States: Belgium, Denmark , Germany, Greece Finland, France, Lithuania, Slovenia and Sweden.

Only two NCPs websites set out information on access to **mental health care**[23]. No website provides information about **sexual or reproductive health** pecifically to persons with disabilities[24].

The Patient Mobility Directive allows (but does not oblige) the Member State of affiliation 'to reimburse other related costs, such as accommodation and travel costs, or **extra costs which persons with disabilities might incur** due to one or more disabilities when receiving cross-border healthcare, in accordance with national legislation and on the condition that there be sufficient documentation setting out these costs.'[25] Very few websites are explicit as to whether additional cost are reimbursed. One website explains that certain disability-specific costs would be reimbursed, while another states that, while additional costs are not generally reimbursed, disability-related claims are assessed on a case-by-case basis.

23 NCPs of Belgium and Finland.

24 See Art. 25(a) UN Convention on the Rights of Persons with Disabilities; Union of Equality – Strategy for the Rights of Persons with Disabilities 2021-2030 (Publications Office of the European Union, 2021), 20.

25 Art. 7(4) Directive 2011/24.

National Contact Points' website informing about reimbursement of disability-specific costs

Information provided about reimbursement of disability-specific costs

Information not available in English

Only 17% of websites[26] provide some, very limited, **additional information** for patient with disabilities, other than information on the other issues mentioned above in this section (i.e. physical accessibility, mental health care and additional costs).

26 NCPs of Estonia, Finland, Iceland, Ireland, Sweden

National Contact Points' websites providing additional information to patients with disabilities

b) Accessibility of the websites

The information that NCPs provide on topics referred to in section 3.1 'shall be easily accessible and shall be made available by electronic means and in formats accessible to people with disabilities, as appropriate[27]. In addition, as public sector bodies, these websites are bound by the obligations derived from the 2016 Web Accessibility Directive[28]. This legislation requires that all websites and mobile applications comply

27 Art. 6(5) Directive 2011/24.

28 Directive (EU) 2016/2102 on the accessibility of websites and mobile applications of public sector bodies.

with Level A and AA of the internationally recognised standard for web accessibility WCAG included in the harmonised European Standard for accessible ICT[29]. Besides this level of accessibility, public sector bodies must add to their websites an accessibility statement[30] with relevant information about the accessibility of the website, as well as a feedback mechanism for the users to flag any accessibility barrier they encounter or to request alternatives to inaccessible content.

The European Commission has committed to evaluating the accessibility of the websites for patients with disabilities as part of its evaluation of the Patient Mobility Directive[31].

Siteimprove assessed the websites of the NCPs on digital accessibility issues[32]. Digital accessibility is essential for patients with disabilities, including those using assistive technologies, such as screen readers, to access the websites. The analysis was done using automated testing solution (Siteimprove Accessibility) which offers accessibility checks based on the WCAG 2.1 criteria. Each website received a single, overall Accessibility Score over 100 indicating how well it meets the internationally recognised WCAG guidelines.

The average accessibility score[33] accross the websites analysed was **85.4** out of 100. Over 117.000 pages were analysed and 23 different types of issues were found, including over 34.000 PDFs with issues. 72% of the websites[34] analysed had a score above the industry benchmark (average

29 Harmonised European Standard EN 301 549 on accessibility requirements of ICT products and services.

30 Information about what elements should include the accessibility statement can be found at this Commission implementing act.

31 Union of Equality – Strategy for the Rights of Persons with Disabilities 2021-2030 (Publications Office of the European Union, 2021), 20.

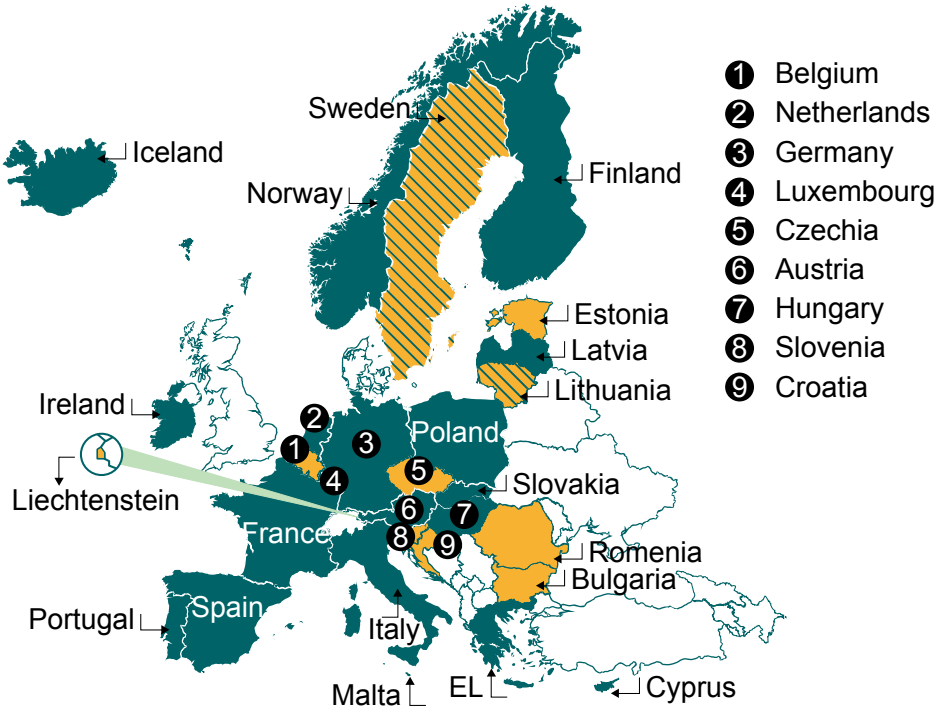
32 Data from 3rd June 2021. More information about the industry benchmark.

33 More information about the accessibility score.

34 NCPs websites from Austria, Cyprus, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lichtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Spain and Sweden.

score for websites using Siteimprove in the region and sector)[35] and no website had a score lower than 70. The most common accessibility issues were related to empty headings, links without text alternative, links not identifiable, container element being empty and insufficient colour contrast between the text and its background[36].

Digital accessibility of the National Contact Points' websites



Accessibility score above industry benchmark (> 81.1)
Accessibility score below industry benchmark (< 81.1)
Lithuania 'EU citizen version of the website' and for Sweden 'Swedish citizen version of the website'

35 Industry benchmark is 81.1.

36 To be accessible colours must have sufficient contrast between text colour and its background. This includes text on images, icons, and buttons. This also applies to colours used to convey information on diagrams, maps, and other types of images.

Only **18 of the 33 NCPs websites analysed included an accessibility statement**[37]. Among these 18 websites, 15 had a feedback mechanism for users on the accessibility of the website[38].

In addition to digital accessibility, some patients with disabilities may need alternative formats such as information provided in Easy-to-Read format or in national sign language or international sign. Only few NCPs' websites analysed provide information in accessible formats for persons with disabilities. Good examples were found on the Swedish websites that included information in national sign language, Easy to Read and include a page reader function[39], the website of Poland that include information in national sign language[40] and the website of Latvia that has information in Easy to read[41].

37 Austria, Belgium, Croatia, Estonia, Finland, France, Germany, Ireland, Italy, Latvia, Luxembourg (EU citizens), Luxembourg (Luxemburgish citizens), Malta, Netherlands, Slovakia, Slovenia, Spain, Sweden (EU citizens website).

38 Austria, Belgium, Croatia, Estonia, Finland, Germany, Ireland, Italy, Latvia, Luxembourg (EU citizens), Luxembourg (Luxemburgish citizens), Malta, Slovakia, Spain, Sweden (EU citizens website).

39 See websites for Swedish citizens and for EU citizens: https://www.forsakringskassan.se/; https://www.socialstyrelsen.se/

40 http://www.kpk.nfz.gov.pl/en/

41 https://www.vmnvd.gov.lv/lv

Disability based discrimination in access to healthcare

This section examines how the 27 EU Member States address disability discrimination in healthcare. Specifically, it identifies whether each Member State has legislation prohibiting disability discrimination in the field of healthcare and whether legislation provides for a duty to provide a reasonable accommodation for individuals with disabilities in the field of healthcare.

Discrimination in access to healthcare

In the context of this report, a prohibition of discrimination is understood to encompass a prohibition of direct discrimination and indirect discrimination. **Direct discrimination** involves adverse treatment which is explicitly linked to a disability, such as a refusal to provide a transplant organ to a person with an intellectual disability. **Indirect discrimination** involves application of a condition or practice which does not explicitly refer to disability, but which is more likely to disadvantage people with (certain kinds of) disabilities than people without disabilities. An example might be a requirement to fill in a paper-based form before a medical appointment, with no alternative arrangements being made for people with disabilities who cannot do this. If a condition or practice is necessary and proportionate, it can still be allowed, even if it is likely to disadvantage some people with disabilities. **Harassment** and an **instruction to discriminate** are also forms of discrimination.

Reasonable accommodation is a requirement under the CRPD and its denial constitutes a form of discrimination. It is understood as "necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms."[42] In

42 Article 2 CRPD.

accessing healthcare, an example of reasonable accommodation can be to get a doctor examination in another accessible room of a building (ground floor instead of upper floor), or to organise a telephone consultation.

Overview of legislation

EU Member States can be divided into four categories in terms of how they address disability discrimination and reasonable accommodation in the area of health care:

- Prohibit disability discrimination and have a requirement to provide reasonable accommodation (14 EU Member States)[43]
- Prohibit disability discrimination but have no requirement for reasonable accommodation (7 EU Member States)[44]
- Do not prohibit disability discrimination but have a requirement for reasonable accommodation (1 EU Member State)[45]
- Do not prohibit disability discrimination and do not have a requirement to provide reasonable accommodation requirement (5 EU Member States)[46]

Just over half of the Member States prohibit disability discrimination and require providing reasonable accommodation in the field of healthcare. A quarter of Member States only prohibit disability discrimination, but do not provide reasonable accommodation obligation, in the field of healthcare, while nearly a quarter do not have any requirement in this respect.

43 Austria, Belgium, Bulgaria, Croatia, Czechia, Finland, Germany, Hungary, Ireland, Malta, the Netherlands, Slovakia, Spain, Sweden

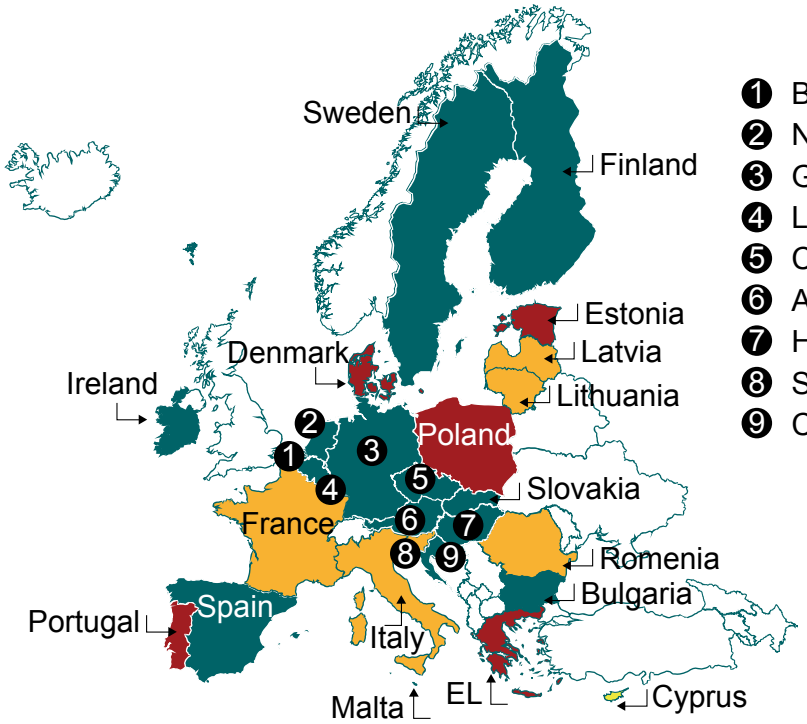
44 France, Italy, Latvia, Lithuania, Luxembourg, Romania, Slovenia

45 Cyprus

46 Denmark, Estonia, Greece, Poland, Portugal

One Member State does not prohibit disability discrimination in the field of healthcare but requires the provision of reasonable accommodation.

Prohibition of disability-based discrimination in EU Member States



- **Category 1**: Prohibit disability discrimination and have a requirement to provide reasonable accommodation
- **Category 2**: Prohibit disability discrimination but no requirement to provide reasonable accommodation
- **Category 3**: No prohibition of disability discrimination but reasonable accommodation provision
- **Category 4**: No prohibition of disability discrimination and no reasonable accommodation provision

Further information, including examples of courts' judgments, and information on the anti-discrimination legislation in each EU Member States is available on **EDF's website**.

Conclusion

The EU and the Member States have committed to 'take all appropriate measures to ensure access for persons with disabilities to health services'[47]. Yet, the review of the NCPs websites and national legislation on disability discrimination reveals a number of obstacles:

- **Patients seeking cross border healthcare face difficulties finding information on their rights under the Patient Mobility Directive**. The content of the websites can be incomplete, inaccurate, or unclear. The "need to further improve the websites" noted in the European Commission's last Report on the operation of the Patient Mobility Directive remains acute.[48] Only 2 NCPs provide information on mental healthcare, and no NCPs provide information on sexual and reproductive health.
- **Limited to no disability specific information is provided to patients with disabilities on the NCPs websites**. The limited information provided to patients with disabilities concerns physical accessibility of healthcare facilities, and/or the provision of reasonable accommodation.
- **Accessibility of information for patients with disabilities is not guaranteed**. NCPs websites are not digitally accessible to patients with disabilities, including those using assistive technologies like screen readers. These websites do not fully comply with the requirements of the Web Accessibility Directive. Other accessibility formats such as videos in sign languages and Easy to Read formats are not provided.
- **Almost no NCPs websites provide information of the reimbursement of additional disability related costs**. Only two

47 Art. 25 UN Convention on the Rights of Persons with Disabilities.

48 Report from the Commission to the European Parliament and the Council on the operation of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare (COM(2018) 651 final), 11.

NCPs websites provide limited information. Although this is optional for EU Member States, this makes more difficult cross-border healthcare to patients with disabilities. The fact that no information is easily accessible may be a deterrent to patients with disabilities even in cases where the State may cover these costs.

- **Disability based discrimination in access to healthcare is not fully prohibited in almost half of the EU Member States**. Disability based discrimination and denial of reasonable accommodation can hinder access to cross border healthcare by patients with disabilities.

Recommendations

The European Disability Forum recommends that the Commission conducts a detailed review of the NCPs' websites and require NCPs to ensure that:

- **Information is provided on both the Patients Mobility Directive and Regulation 883/2004 routes to access cross-border healthcare on the NCPs websites**. Greater transparency would enable patients to make an informed choice while strengthening their ability to exercise their rights to planned cross-border healthcare. Even if information about the Regulation 883/2004 route is available upon request, websites that do not (adequately) inform patients about their rights create an information gap that negatively affects the right to planned cross-border healthcare. Presumably, this would also help to reduce the NCPs' administrative burden by reducing the number of repeat answers to near-identical requests[49].

- **Websites are accessible to patients with disabilities in line with the Web Accessibility Directive**. NCPs should review their websites to ensure they are accessible to persons with disabilities by complying with the Web Accessibility Directive requirements, including an accessibility statement in which users can find accessibility-related information of

49 Such measures would constitute one of the '[a]ctions promoting access to health services and related facilities and care for people with disabilities' that the EU4Health Programme envisages with a view to 'enhancing access to quality, patient-centred, outcome-based healthcare and related care services, with the aim of achieving universal health coverage'.

the website, and a feedback mechanism to raise issues concerning the accessibility of the websites. They should also improve accessibility of the information by providing additional alternative accessible formats, such as Easy-to-Read information and key information in sign language.

- **Websites provide disability specific information for patients with disabilities seeking cross border healthcare**. That should include information on accessibility of healthcare facilities, the possibility to request reasonable accommodation, reimbursement of disability-specific costs, and mental health and sexual and reproductive health services. To enhance visibility, a **specific webpage** could list information that would be relevant to patients with disabilities, adding an invitation to contact the NCP for further queries.

In addition, the European Commission must take additional measures to ensure access to healthcare services, including cross-border healthcare to all patients with disabilities. In particularly it should:

- **Revise the Patients Mobility Directive and Regulation 883/2004 to require the reimbursement of disability-related additional costs**. Whether disability-related additional costs (e.g. increased transport costs and costs incurred by personal assistants) are reimbursed has an obvious impact on the capacity of patients with disabilities to exercise their right to planned cross-border healthcare. A previous report showed that no additional costs were reimbursed in 76% of an admittedly small sample[50].

- **Support the adoption of a horizontal equal treatment directive** prohibiting disability-based discrimination in access to healthcare. The barriers faced by patients with disabilities in access to cross border healthcare is compounded to the barriers and discrimination they encounter in seeking healthcare in general. Harmonised anti-discriminatory legislation and requirement to provide reasonable accommodation are necessary to ensure cross-border healthcare.

50 IF, Impact of cross-border healthcare on persons with disabilities and chronic conditions (https://www.ifglobal.org/publications/if-report-impact-of-cross-border-healthcare-on-persons-with-disabilities-and-chronic-conditions/, 2016), 3, 15.


HOSPITAL

Avenue des Arts 7-8
B-1210 Brussels
T +32 2 329 00 59
info@edf-feph.org
www.edf-feph.org