Please keep your contributions as <u>brief and succinct as possible</u>, capturing headline information only on no more than three sides. An opportunity to provide a full assessment for your policy area will follow. If you can see challenges overlapping with other policy areas please flag these up.

<u>Cabinet Minister Subject Area</u>: Cross Border Healthcare

Portfolio Co-ordinator Contact:

Subject Area Contact: (Information redacted section 40)

Policy or operational area/dossier: Directive 2011/24/EU Patients Rights in Cross Border Healthcare	
oroso zoraor rioanaro	
1. Headline outcomes sought	Wales is not an EU Member State in its own right so implementation of this Directive has been by the UK as a whole. We are waiting to see the proposed UK position on this in the light of UK Brexit negotiations and then determine whether we wish to be part of this or do something different for Wales - having regard to necessary legislative competency.
2. Red line issues and top priorities	The key issue for Wales is that the UK will no longer be part of the arrangements whereby UK residents can access both pre-planned healthcare and emergency care in EU countries that they would be entitled to receive in the UK with clarified re-imbursement arrangements. This includes the EHIC arrangements for temporary visitors, pensioners, posted workers etc.
3. Current international and EU legislative base (summary)	Directive 2011/24/EU Patients Rights in Cross Border Healthcare.
4. Key issues for domestic legislation post-Brexit.	There is no clarity yet on whether the UK Government would want to continue with the position of the EU Directive either in its current form or changed form following Brexit.
	We have not yet explored whether the Welsh Assembly has competence to pass similar legislation if it wished to do so unilaterally for Wales.
	Depending on the outcome of the UK and EU discussions some Welsh Regulations and Directions may need to be revoked.
5. Key devolution considerations	To determine whether or not Wales wishes to continue to have such arrangements in place. From a financial perspective the removal of the Directive arrangements is not likely to have a significant impact on the Welsh NHS as numbers of patients using the Directive – both into and out of Wales - is low.
6. Sector/area vulnerability and/or potential	The loss of the healthcare arrangements has implications for Welsh patients who wish to access pre-planned treatment in another EU country.
	It also has implications for those Welsh residents travelling to or

	visiting on a temporary basis EU countries who require emergency treatment.
7. Other critical considerations	
8. Key public messages	No statements made by the Cabinet Secretary for Health and Wellbeing so far.
	Key message is for Wales to be involved in the UK negotiations on this issue.

All contributions must be sent to (Information redacted section 40) by 18:00 22 July 2016

Lead Director: Joanna Jordan

Author: (Information redacted section 40)

Date: 22 July 2016

For any further advice or assistance, please contact either of the following EU Policy contacts:

(Information redacted section 40)