

28<sup>th</sup> International Conference on

# FAMILY NURSING & HEALTHCARE

September 11-13, 2017 San Antonio, USA

## Health care in the European Union: Reluctant Europeanization

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Contrary to the European Single Market logic (free movement of people, capital, products and services), the health care systems of the European Union (EU) Member States (MS) have been organized around the principle of territoriality. In practical terms it means that the EU citizens are supposed to use the public health services located in their state of residence and insurance. Beyond this common principle, EU health systems are separated into two main models. The first is based on a system of universal coverage of health service provision which is free at the point of delivery and which is funded through general taxation. The second model is a social insurance system, under which insurance payments are made to sickness insurance funds, which then fund treatment. Due to the subsidiarity principle, the health care system of the EU member states is not substantially affected by the EU policies. Therefore the national health care models are under the relatively soft Europeanization pressure in legal terms. However, contrary to the relatively moderate competence in the area of health, it appears that the EU has influenced this sector through a number of different regulatory initiatives. In certain policy areas, such as medical trials, data protection and pharmaceuticals, EU legislation and regulations provide common standards and give patients' rights which may exceed those afforded by domestic rules. The EU is increasingly involved in the health care sector directly and indirectly. Directly, like for example in the case of hard law and indirectly via the free movement of persons principle or soft forms of governance, for example the Open Method of Coordination. This results in hard and soft synchronization of various dimensions of the health care. The reasons behind the current status of health care markets integration in the European Union (or wider the European Economic Area) are not only legal but also economic and cultural. The lack of legal framework and failures to develop an effective legislation in that field certainly constitutes the major obstacle to the development of the pan-European healthcare market. But the author of the paper argues that it is the economic and cultural factors that are decisively important. Europeanization pressures do not necessarily lead towards the health care systems converging. Transformation of national health care systems does not need to be driven by the idea of one single European model. Most probably, the future of the health care governance in Europe will follow the famous united in diversity principle.

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