EU Supplement

This supplement covers the significant EU developments from October 2013 to February 2014 in the broad areas of social policy, consumer policy and citizens’ rights.

There is further information about almost all the issues mentioned on the Europa website: europa.eu. In some cases, we give the extended website address. The Official Journal of the EU may be accessed via eur-lex.europa.eu.

Employment and social policy

Youth employment

The Commission has proposed a Recommendation on a Quality Framework for Traineeships. This is designed to enable trainees to acquire high-quality work experience under safe and fair conditions and to increase their chances of finding a good quality job. It is being proposed in the context of the implementation of the Youth Guarantee.

Among other things, the guidelines would require that traineeships be based on a written traineeship agreement. The agreement should cover learning content (educational objectives, supervision) and working conditions (limited duration, working time, a clear indication whether trainees would be paid or otherwise compensated and whether they would qualify for social security).

The proposed recommendation does not cover traineeships that form part of university degrees or that are mandatory to access a specific profession. Website: ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=2011&furtherNews=yes.

Youth Guarantee

The Youth Guarantee aims to ensure that all young people up to the age of 25 years receive a good quality offer of:

- Employment
- Continued education
- An apprenticeship or
- A traineeship

within four months of becoming unemployed or leaving formal education.

The Irish Government’s Youth Guarantee Implementation Plan was sent to the European Commission in December and was published in January 2014.

The Government expects to implement the Youth Guarantee for young people up to the age of 18 by the end of 2015. The guarantee of an offer of training, education or work experience for those aged 18–24 years after a four-month period will be implemented on a phased basis starting in 2014. It will start at different times in different parts of the country.

By the end of 2014, it is proposed that all young unemployed people who need most support (that is, those who are assessed as having a low probability of getting employment in the absence of support from the public employment services) will receive a Youth Guarantee offer within four months. Those with a medium to high probability of getting a job will, if still unemployed after nine months, receive a Youth Guarantee offer – this should be fully in place by the end of 2015.

Health

Accessing health services in EU member states

Under the Directive 2011/24/EU on Patients’ Rights in Cross-Border Healthcare, you may access health care in another EU/EEA member state or Switzerland and be reimbursed the costs involved if you meet certain conditions. This directive, which is generally known as the Cross-Border Directive, came into
effect on 25 October 2013. The necessary statutory provisions have not yet been put in place in Ireland but the directive is being implemented here on an administrative basis.

There are now three different arrangements for getting health care in these other countries. They are:

- Emergency health care abroad
- Treatment Abroad Scheme (TAS)
- Cross-Border Directive

The arrangements for emergency health care while visiting another country and the Treatment Abroad Scheme have been in existence for many years and are not changed by this new directive. These arrangements each operate under EU Regulations 883/04 and 987/09.

**Emergency health care abroad**

If you are visiting one of the EU/EEA countries or Switzerland, for example, on business or on holidays, and you need emergency health care, you are entitled to receive such care on the same basis as nationals of the country concerned. You need to have a European Health Insurance Card (EHIC) to establish your entitlement.

**Treatment Abroad Scheme**

In certain circumstances, you may be able to get health treatment in another EU or EEA member state or Switzerland. The Health Service Executive (HSE) operates what is called the Treatment Abroad Scheme (TAS).

In general, in order to qualify, the treatment concerned must not be available in Ireland or must not be available within a reasonable time, taking account of your current state of health and the probable course of your illness. You must be referred through the public health system. If you are being treated privately by a consultant, you may not be referred. However, you may exercise your entitlement to go through the public system and be referred from there.

Your consultant in Ireland must certify that the treatment is:

- Medically necessary and will meet your needs
- A proven form of medical treatment and is not experimental or a test treatment
- In a recognised hospital or institution and is under the control of a registered medical practitioner

As well, the hospital in question must accept the EU/EEA forms.

If you qualify under this scheme and you get the necessary approval from the HSE you go to the nominated health care centre in the other country and your treatment there is free of charge to you. The HSE may also pay your travel expenses.

Further information is available from the Treatment Abroad Scheme office: Tel 056 778 4551 or by email at treatmentabroad.scheme@hse.ie.

**The Cross-Border Directive**

The new directive gives you some choices about the country in which to have your treatment. In general, it provides that you may get health care in one of the other countries and be reimbursed the costs involved up to the level applicable to the same or similar treatment in your home country.

Each country has some discretion in how it applies the directive. The information here relates to how the HSE is applying the directive in respect of people who habitually live in Ireland and decide to avail of health care in one of the other countries.

If you are living in Ireland and are entitled to access health care services as a public patient, you may choose to avail of those services in another EU/EEA member state or Switzerland. Everyone ordinarily resident in Ireland is entitled to access health care as a public patient. You choose where to go, you pay for the service and you then claim re-imbursement from the HSE.

**Prior approval**

Unlike the TAS, you do not always need prior approval from the HSE. You do need prior HSE approval in the following cases:

- For healthcare that involves an overnight hospital stay of at least one night
- For highly specialised and cost-intensive healthcare
- In serious and specific cases relating to the quality or safety of the care provided by the particular provider in question

While prior approval may not always be needed, in practice, it is advisable to check with the HSE about whether or not the health care you wish to avail of comes under the Cross-Border Directive (CBD) scheme. It is likely that most people using the scheme will do so for hospital treatment involving an overnight stay so they must get prior approval. You should get the necessary forms in advance from the HSE as you need the healthcare provider in the other country to provide the information in the required format.

**Payment**

Unlike the Treatment Abroad Scheme (TAS) where the HSE pays for the treatment, you pay for your treatment under the CBD scheme and then you claim reimbursement from the HSE. You do not qualify for any travel expenses.

You may not get the full costs involved. The maximum you will get is the cost involved or the cost of the same service in Ireland, whichever is the lesser.
You cannot reclaim prescription charges under the scheme. Spending on prescribed drugs may be reclaimed under the same terms as apply to the Drugs Payment Scheme.

**Healthcare covered**
You may avail of any health service that is provided by the public health services in Ireland. You may not avail of organ donation or transplant services or long-term care services.

**Accessing the services**
Like the TAS system, your referral must come through the public health system. The referral may be to a public or private facility in the other country. The national contact point in each country has information on the services available in that country.

You must be referred in the same way as you are referred to public health services in Ireland. Thus, you must be referred to those services by your doctor (GP), a hospital consultant you are attending as a public patient or a HSE clinician, for example, a community dentist or orthodontist. In practice, if you are not entitled to attend a HSE dentist, you are not entitled to get a referral to a dental health service abroad under this directive.

It is up to you or your doctor to choose where the care is to be provided. You have the right to a copy of your medical records from your home country before going for treatment in another country. When you come home, you are entitled to the same follow-up treatment as you would get if the health care was provided in Ireland.

Prescriptions issued in one of the other countries should be recognised in Ireland. You are entitled to get the prescribed medicines provided they are authorised and available here.

**Appeals**
The HSE has an appeals system in place for the scheme.

**National contact points**
A national contact point (NCP) has been put in place in Ireland as required by the directive. You can contact it at:

National Contact Point
Cross-Border Healthcare Directive Department
Health Service Executive
Dr Steevens Hospital
Dublin 8
Tel: 01 635 2375
Email: crossborderdirective@hse.ie.

The national contact points in the other countries are listed at: [ec.europa.eu/health/cross_border_care/policy/index_en.htm](http://ec.europa.eu/health/cross_border_care/policy/index_en.htm).

The main function of the national contact point is to facilitate the exchange of information for patients concerning their rights and entitlements to receive healthcare in another member state so that they can make choices. In particular, the NCP must give you information on the practical aspects of getting healthcare abroad including information about providers, costs, and quality and safety. The Irish NCP also has information available on the relative costs of comparable treatment in Ireland – this is the maximum that you may be reimbursed.

**Further information**

Information on how it is being applied in Ireland is at: [hse.ie/eng/services/list/1/schemes/cbd/CBD.html](http://hse.ie/eng/services/list/1/schemes/cbd/CBD.html).

**Health programme 2014–2020**
The third Programme of EU action in the field of health (2014–2020) has been agreed. It aims to foster health in Europe by encouraging co-operation between member states to improve the health policies that benefit their citizens.

Its specific aims are to:

- Promote health
- Reduce health inequalities
- Protect people from serious cross-border health threats
- Encourage innovation in health
- Increase the sustainability of health systems

The programme will support the EU member states in reforming their health systems by:

- Promoting actions on the prevention of chronic and major diseases and
- The uptake of innovation in health such as Health Technology Assessment and eHealth

The main decisions about health services are made by the individual member states. The EU has a role in addressing cross-border health threats and facilitating people to access cross-border care. It also has a role in making and implementing rules on:

- Medicines
- Medical devices
- The advertising and marketing of tobacco products

Funding programmes

**Horizon 2020**

Horizon 2020 is the new EU research and innovation programme. It has been allocated almost €80 billion in funding over seven years. This is a significant increase in funding over the previous programme.

Funding from the programme is organised around three pillars:

- **Support for Excellent Science** – including grants for individual researchers from the European Research Council and Marie Skłodowska-Curie fellowships (formerly known as Marie Curie fellowships)
- **Support for Industrial Leadership** – including grants for small and medium-sized enterprises and indirect finance for companies through the European Investment Bank and other financial intermediaries
- **Support for research to tackle societal challenges**

The following categories come under the heading of societal challenge:

- Health, demographic change and wellbeing
- Food security, sustainable agriculture and forestry, marine, maritime and inland water research and the bioeconomy
- Secure, clean and efficient energy
- Smart, green and integrated transport
- Climate action, environment, resource efficiency and raw materials
- Inclusive, innovative and reflective societies
- Secure and innovative societies

The programme also provides that a number of priorities are to be addressed within all three pillars. These include gender equality and the gender dimension in research; social and economic sciences and humanities; and international co-operation.

No specific funding is allocated to any country. Calls for proposals are issued from time to time. Anyone may respond to these calls. The first calls were published in December 2013. The Horizon 2020 work programme sets out the funding opportunities in 2014–15. There are 12 specific areas including personalising health and care and new ideas, strategies and governance structures for Europe. Website: [Europa.eu/rapid/press-release_MEMO-13-1085_en.htm](http://Europa.eu/rapid/press-release_MEMO-13-1085_en.htm).

**Erasmus+**

The new Erasmus+ programme has been agreed and is now open for funding applications. The programme is open to organisations in the field of education, training, youth or sport. This is the first time sport has been included in the Erasmus programme. Individuals cannot apply directly for grants; instead they should contact their university, college or organisation, which makes the application. The total funding for the period 2014–2020 is €14.7 billion. More funding may be made available for actions involving non-EU countries. Erasmus+ has three main targets:

- Learning opportunities within and outside the EU for students, trainees, teachers and other educational staff, young people on youth exchanges, youth leaders and volunteers – this takes up two-thirds of the funding
- Partnerships between educational institutions, youth organisations, businesses, local and regional authorities and non-governmental organisations (NGOs)
- Reforms to modernise education and training and to promote innovation, entrepreneurship and employability

As well as universities and training institutions, new innovative partnerships may also get funding. Website: [ec.europa.eu/programmes/erasmus-plus/index_en.htm](http://ec.europa.eu/programmes/erasmus-plus/index_en.htm).

**Creative Europe**

Creative Europe is the new EU programme supporting the cultural and creative sectors in the period 2014–2020. It has a budget of about €1.4 billion over the next seven years. It is the successor to the Culture and MEDIA programmes. Website: [ec.europa.eu/culture/creative-europe/index_en.htm](http://ec.europa.eu/culture/creative-europe/index_en.htm).

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