

(English version)

**Question for written answer E-002089/25
to the Commission
Lynn Boylan (The Left)
(23 May 2025)**

Subject: Transgender healthcare and the cross-border healthcare directive

Within Ireland, the transgender community regularly rely on Directive 2011/24/EU ⁽¹⁾. There is no national policy for transgender healthcare, and available services are limited within the country. The main publicly-funded gender clinic is estimated to have a 2000 person, 13 year waiting list for new referrals for assessment, and requires a complete assessment for all patients, including those previously diagnosed and receiving treatment from other services.

1. Considering the directive and the case of *W.W. v Poland* — ECHR 31842/20, should patients who have been diagnosed and received treatment in other Member States, either publicly or privately, and who subsequently move to Ireland, be able to continue their care in Ireland, that is, without having to wait 13 years for a complete reassessment and without their treatment being interrupted while waiting?
2. Considering Article 8.5 and Article 8.6.d of the directive, would a 13-year wait to begin assessment generally be considered timely and medically justifiable for cross-border healthcare to be approved for medically necessary healthcare?
3. Should private services, including private health insurance, accept referrals and diagnoses from medical professionals registered in other Member States, as they would from equivalent Irish-registered medical professionals?

Submitted: 23.5.2025

**Answer given by Mr Várhelyi on behalf of the European Commission
(25 September 2025)**

While healthcare delivery is primarily a Member State responsibility ⁽¹⁾, Directive 2011/24/EU ⁽²⁾ stresses that ‘the Member State of affiliation shall take all necessary measures, in addition to the recognition of the prescription, in order to ensure continuity of treatment in cases where a prescription is issued in the Member State of treatment for medicinal products or medical devices available in the Member State of affiliation’ (Article 11(1)).

The patient returning to the country of affiliation after a cross-border intervention can continue care in accordance with the national rules, for instance, following the patient pathway in the Member State of affiliation.

When the patient is entitled to the healthcare in accordance with Article 7 of the directive, Member States may not refuse to grant prior authorisation if the healthcare cannot be provided on its territory within a time limit which is medically justifiable (Article 8(5) and Article 8(6)(d) of the directive).

Whether a given waiting period eventually meets the provisions of this Article is based on an objective medical assessment of the patient’s condition and needs amongst other, as stipulated in the directive.

The directive contains rules on the recognition of prescriptions for medicinal products and medical devices issued in another Member State.

No provisions are laid down for referrals and diagnoses from medical professionals registered in other Member States. Member States are allowed to set their own rules and pathway for accessing healthcare.

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, OJ L 88, 4.4.2011, p. 45, ELI: <http://data.europa.eu/eli/dir/2011/24/oj>.

⁽¹⁾ Article 168(7) of the Treaty on the Functioning of the European Union <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:C:2008:115:FULL>.

⁽²⁾ 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 OJ L 88, 4.4.2011, p. 45-65.