

EN

E-000389/2026

Answer given by Mr Várhelyi
on behalf of the European Commission
(8.4.2026)

1. The Commission acknowledges the importance of improving cross-border healthcare in border regions, including emergency care where timely, efficient responses are vital. The Directive 2011/24/EU¹ and Social Security Coordination Regulations² (e.g. via the European Health insurance Card, EHIC) both facilitate this process ensuring that citizens can access health services across borders when needed (including in emergency).
2. Through the implementation of Directive 2011/24/EU, the Commission requires Member States to make reimbursement conditions transparent and objective, as well as encourage mutual recognition of prescriptions to avoid administrative barriers. EU social security coordination rules ensure the coordination, not the harmonisation, of national social security systems, protecting individuals' rights when moving within Europe, while Member States remain competent in defining their own schemes. The EHIC provides those insured under a Member State's statutory scheme³ with needed healthcare in other Member States during temporary stays, covering more than just emergencies.
3. The Commission supports Member States in addressing obstacles in cross-border healthcare including in emergency through INTERREG⁴ and B solutions⁵. The Commission also provides support for the establishment of Cross-Border Coordination Points (CBCP), in the framework of BRIDGEforEU⁶ with dedicated calls for proposals.

¹ <https://eur-lex.europa.eu/eli/dir/2011/24/oj/eng>.

² <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A02004R0883-20190731>.

³ Article 19 of Regulation 883/2004 *juncto* Article 25 Regulation 987/2004.

⁴ <https://interreg.eu/>.

⁵ <https://www.b-solutionsproject.com/>.

⁶ <https://eur-lex.europa.eu/eli/reg/2025/925/oj/eng>.