

(English version)

**Question for written answer E-000927/26
to the Commission
Marcin Sypniewski (ESN)
(5 March 2026)**

Subject: Debt of public hospitals in the EU

In many Member States public hospitals are becoming increasingly indebted. Data has been published showing that more than half of hospitals in Germany are either insolvent or at the limits of solvency. In France, the total debt of public hospitals is high, with some estimates pointing to a level of EUR 30 billion. The situation is similar in Poland and other Member States.

The increase in hospital debt is influenced by operating costs, including energy, heating, gas, medicines and wages. Hospital creditors often pursue claims through legal proceedings. Compensation for debt collection and interest for late payment in commercial transactions, which is significantly higher than statutory interest, is added by creditors to the amount charged for deliveries. This generates a further cost and burden for hospitals, increasing their indebtedness.

1. In this connection, does the Commission see any possibility of taking legislative action to reduce the deficit in hospitals? If so, what kind of action?
2. Does the Commission see any possibility of exempting public hospitals from the application of Directive 2011/7/EU of the European Parliament and of the Council of 16 February 2011, so that they would not be obliged to bear the burden of additional costs?

Submitted: 5.3.2026

**Answer given by Executive Vice-President Séjourné on behalf of the European Commission
(19 May 2026)**

1. Under Article 168(7) of the Treaty on the Functioning of the EU ⁽¹⁾, EU action must respect Member States' responsibilities for organising and delivering health services. The EU is therefore not competent for legislative action aimed at directly reducing hospital deficits.

The EU's economic governance framework supports Member States in strengthening debt sustainability and growth through reforms and investments, including in healthcare, where efforts are needed to improve capacity, quality and resilience. Through the European Semester, the Commission provides policy recommendations and monitors implementation.

The EU also supports Member States through funding, technical assistance and knowledge sharing.

2. Directive 2011/7/EU ⁽²⁾ ensures suppliers are paid within a set timeframe. It recognises the specific situation of public hospitals by allowing Member States to extend the 30-day payment period up to 60 days for public entities providing healthcare. The Commission does not envisage exempting public hospitals from its scope, as this would adversely affect suppliers, in particular small and medium-sized enterprises.

The directive sets minimum interest rates. Parties can negotiate other rates, if not 'grossly unfair'. The Commission's proposed Regulation to replace the directive puts forward a fixed interest rate and eliminates the 'grossly unfair' provision. While such Regulation is not approved by Council, the Commission is open to finding a negotiated solution.

Meanwhile, the Commission continues to monitor the situation and prioritise enforcement, as late payments by public authorities are a priority for specific enforcement actions and horizontal investigations in the Annual Single Market Enforcement Agenda 2026 ⁽³⁾.

⁽¹⁾ <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:12012E/TXT&from=en>.

⁽²⁾ <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:048:0001:0010:en:PDF>.

⁽³⁾ <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52026DC0046>.