

Please keep your contributions as **brief and succinct as possible**, capturing headline information only on no more than three sides. An opportunity to provide a full assessment for your policy area will follow. If you can see challenges overlapping with other policy areas please flag these up.

Cabinet Minister Subject Area: Cross Border Healthcare

Portfolio Co-ordinator Contact:

Subject Area Contact: (Information redacted Section 40)

Policy or operational area/dossier: The National Health Service (Charges to Overseas Visitors) Regulations 1989	
1. Headline outcomes sought	We are waiting to see the proposed UK position on this in the light of UK Brexit negotiations and then determine whether we wish to be part of this or do something different for Wales - having regard to necessary legislative competency.
2. Red line issues and top priorities	<p>The key issue for Wales is that Wales would not longer be part of the EEC arrangements for the charging of non-emergency healthcare in each other's countries.</p> <p>The Regulations set the framework for charging persons who are not ordinarily resident in the UK for non-emergency hospital treatment which is provided in Wales. The Regulations provide that overseas visitors who reside in an EEA state (including non EEA nationals) are exempt from charges for any medically necessary treatment they receive in Wales, as long as they present the appropriate EEA healthcare documentation. This arrangement is then reciprocated for UK/Welsh residents in the other EEC countries.</p>
3. Current international and EU legislative base (summary)	The National Health Service (Charges to Overseas Visitors) Regulations
4. Key issues for domestic legislation post-Brexit.	Depending on the outcome of discussions at UK Government/EU level the Welsh NHS (Charges to Overseas Visitors) Regulations 1989 may need to be revoked / amended / replaced.
5. Key devolution considerations	<p>To determine whether or not Wales wishes to continue to have such arrangements in place.</p> <p>It may be a visa system would need to be introduced (as is the case for all non EEA people coming to the UK) or that new / additional reciprocal healthcare agreements will need to be</p>

	<p>negotiated with EU countries either at the UK Government level or unilaterally at Welsh Government level in the same or similar way that agreements already exist with non-EU countries.</p> <p>In relation to financial implications, at present Wales does not pay for Welsh residents treated abroad under EHIC rules. This is claimed back from the Department for Health by the EEA countries as they hold the budget. Currently Wales is able to claim 25% of the cost of any patients from the EEA who receive treatment in Wales upon production of an EHIC. The costs are claimed back from the host country with England retaining the other 75%. The UK is generally quite poor compared to other EEA countries in identifying and claiming back costs. This loss of income to Wales from this is however minimal. If no UK level replacement arrangements were put in place following Brexit, the likely effect of this would be that we would all have to pay our own medical costs for EEA persons receiving healthcare in Wales resulting in a saving to the DH and increased costs to the Welsh NHS.</p> <p>For EEA residents in Wales who are exercising one of the 5 treaty rights (In employment, self employed, looking for work, students and self-sufficient) Wales is required to provide free treatment. If this is revoked, unless new reciprocal arrangements put in place, potentially these persons would have to pay for their healthcare. If visas were introduced at the UK level these persons might have to pay a health surcharge (as is the case for all non EEA people coming to the UK) and Wales would receive its Barnett share if this income. This is however speculative until we know the terms of exit.</p>
<p>6. Sector/area vulnerability and/or potential</p>	<p>Potential increased costs to the Welsh NHS for the treatment of EEC patients unless a UK level system is put in place or Wales can introduce its own unilateral charging system.</p> <p>The loss of the EEA reciprocal healthcare arrangements has implications for Welsh patients who travel, work or study in other EU countries.</p>
<p>7. Other critical considerations</p>	
<p>8. Key public messages</p>	<p>No statements made by the Cabinet Secretary for Health and Well-being so far.</p> <p>Key message is for Wales to be involved in the UK negotiations on this issue.</p>

All contributions must be sent to (Information redacted Section 40) by 18:00 22 July 2016

Lead Director: Joanna Jordan

Author: (Information redacted Section 40)

Date: 22 July 2016

For any further advice or assistance, please contact either of the following EU Policy contacts:

Information redacted (Section 40)