

HEALTHCARE (INTERNATIONAL ARRANGEMENTS) BILL

EXPLANATORY NOTES

What these notes do

These Explanatory Notes relate to the Healthcare (International Arrangements) Bill as introduced in the House of Commons on 26 October 2018 (Bill 279).

- These Explanatory Notes have been prepared by the Department of Health and Social Care in order to assist the reader of the Bill. They do not form part of the Bill and have not been endorsed by Parliament.
- These Explanatory Notes explain what each part of the of the Bill will mean in practice; provide background information on the development of policy; and provide additional information on how the Bill will affect existing legislation in this area.
- These Explanatory Notes might best be read alongside the Bill. They are not, and are not intended to be, a comprehensive description of the Bill.

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Overview of the Bill/Act

- 1 The Bill provides the Secretary of State with powers to fund and arrange healthcare outside the UK, to give effect to healthcare agreements between the UK and other countries, territories or international organisations, such as the European Union (EU), and make provision in relation to data processing, which is necessary to underpin these arrangements and agreements.
- 2 The Bill is being introduced as a result of the decision to leave the EU and is intended to enable the Government to respond to the wider range of possible outcomes of EU Exit in relation to reciprocal healthcare including the implementation of new reciprocal healthcare agreements. It sits alongside the European Union (Withdrawal) Act 2018 and the European Union (Withdrawal Agreement) Bill as part of the Government's legislative response to EU Exit.

Policy background

What is reciprocal healthcare?

- 3 Reciprocal Healthcare agreements support people from the UK to obtain healthcare when they live in, work in or visit other countries and vice versa, for people from other EU countries in the UK. They normally involve the UK and the other country agreeing to waive healthcare charges for migrants, workers or visitors. Some agreements involve the UK and other countries reimbursing one another for the cost of healthcare—an approach that underpins EU reciprocal healthcare. Reciprocal healthcare agreements can also facilitate co-operation on planned treatment or other areas of healthcare policy.
- 4 There is currently a complex EU healthcare system which the UK is part of (as explained in the section below). The UK is also party to many reciprocal healthcare agreements, for example with Australia and New Zealand among others. Many of the current reciprocal agreements are modernised versions of long-standing historical agreements that were arranged in the course of the 20th century. These do not, however, cover state-to-state cost reimbursement and are considerably more limited in scope as compared to the EU reciprocal healthcare arrangements. Please see Annex C for a list of current reciprocal healthcare arrangements (outside the EU).

EU Reciprocal Healthcare

- 5 The EU reciprocal healthcare system enables UK citizens to access healthcare when they live, study, work, or travel abroad in the EU and likewise for EU citizens when they are in the UK. This includes:
 - a. **State Pensioners (using "S1" forms):** healthcare for 180,000 UK state pensioners living abroad, principally in Ireland, Spain, France and Cyprus and for their dependent relatives. There are smaller numbers of EU state pensioners residing in the UK.
 - b. **Visitors and students (using European Health Insurance Cards (EHIC):** emergency and needs-arising healthcare when UK residents visit the EU/EEA e.g. on holiday, to study, etc. People who are ordinarily resident in the UK qualify for an EHIC and 250,000 medical claims are resolved each year. EU nationals visiting the UK can use EHICs to receive emergency and needs-arising NHS healthcare for free.
 - c. **Workers (using "S1" forms or an EHIC):** healthcare for employees of UK firms/bodies working in the EU/EEA (posted workers) and for frontier workers living in the EU/EEA and vice versa.
 - d. **Planned treatment (using "S2" forms):** funding for UK residents to travel overseas to

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receive planned treatment in other countries (e.g. for procedures unavailable in the UK within a medically-justifiable timescale or returning home to give birth). EU citizens may also be able to access planned healthcare in the UK via this system.

- 6 EU reciprocal healthcare arrangements in relation to the UK has to date been enabled by EU regulations (Regulations (EC) 883/2004 and 987/2009 and their predecessors – “the EU Social Security Coordination Regulations”), which set out detailed rules for who is eligible and reimbursement, and provide the legal authority for the Secretary of State to make overseas payments.
- 7 The UK is responsible for reimbursing other EEA states or Switzerland for the cost of healthcare received in such other states by people for whom the UK is responsible under the EU Social Security Coordination Regulations, for example UK nationals using their EHIC card to access healthcare as tourists or students in another state, or UK pensioners or certain workers residing in another state, who are “S1” holders. These all operate on a reciprocal basis, meaning that the other EEA states reimburse the UK for the cost of the healthcare provided to their own nationals living in, working in, or visiting the UK under the EU Social Security Coordination Regulations.
- 8 These rules mean that UK nationals residing in another state may obtain treatment as a resident of the country in question. The range of medical services in EU countries may be more (or less) restricted than under the NHS, and in some cases patients need to make a contribution towards the costs of their care (co-payments), but they ensure access to healthcare at reduced cost (and in some cases for free).
- 9 Table 2 presents a break down by Member State of where UK citizens receive healthcare under the routes described in paragraph 5. More than 90% of UK state pensioners and their dependents reside in Ireland, Spain, France and Cyprus. The use of EHIC by UK residents is highest in Spain, Poland and Germany representing approximately 70% of claims against the UK for healthcare use by UK citizens in the Member States.

Summary of UK-issued S1 and S2 forms and EHIC use by UK residents, by Member State^{1 2}

Member State of residence	Sum of UK Insured S1 Registered Pensioners and Dependents in the EEA and Switzerland (2018) ³	UK-issued S2 forms (2017) ⁴	Use of EHIC in EU by UK residents (2016)	Number of UK residents' visits to the EU/EEA (2017) ⁵
Belgium	450	25	2,700	1,616,711
Bulgaria	900	<10	690	527,635
Czech Republic	200	60	3,800	576,602
Denmark	30	0	0	468,016
Germany	2,800	90	22,000	2,909,349
Estonia	25	<10	0	N/A
Greece	2,600	10	2,300	2,382,736
Spain	67,000	150	91,000	15,871,874
France	41,000	100	18,000	8,861,670
Croatia	80	<10	2,200	N/A
Ireland ⁶	45,000 ¹¹	40	N/A	N/A
Italy	2,400	50	5,200	4,159,927
Cyprus	11,600	0	2,800	901,370
Latvia	35	<10	100	N/A
Lithuania	35	25	900	389,234
Luxembourg	50	<10	100	80,200
Hungary	400	60	<10	669,419
Malta	2,600	<10	0	518,645
Netherlands	250	15	3,800	2,659,846
Austria	600	10	9,200	589,809
Poland	450	550	55,000	2,672,386

1 The table does not include Ireland. UK and Ireland only exchange S2 forms. The reimbursement for the healthcare of UK state pensioners and care provided to UK visitors is based on an agreed formula between the two countries.

2 The UK has waiver agreements with Denmark, Estonia, Finland, Hungary, Norway and Malta for EHIC claims. The UK do not seek reimbursement for the healthcare provided to UK citizens in these countries and similarly these countries do not seek reimbursement from the UK.

3 Figures based on UK's return to the EU Commission's questionnaire for S1 registrations for year 2017 and are rounded

4 Figures based on UK's return to the EU Commission's questionnaire for approved S2 applications for year 2017 and are rounded

5 ONS Travel Estimates: UK residents' visits abroad (2017)

6 The figures for Ireland are based on estimates. This is because the UK and Ireland only exchange S2 forms. The reimbursement for the healthcare of UK state pensioners and care provided to UK visitors is based on an agreed formula between the two countries. This figure does not include pensioner dependents

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Portugal	3,800	<10	0	2,875,595
Romania	35	<10	35	1,008,754
Slovenia	70	0	750	N/A
Slovakia	35	90	5,400	185,988
Finland	45	<10	0	158,613
Sweden	150	10	3,200	376,223
Iceland	<10	<10	700	N/A
Liechtenstein	N/A	0	<10	N/A
Norway	40	<10	0	304,855
Switzerland	300	15	3,300	955,303
Total	180,000	1,350	233,000	

- 10 In addition to reciprocal healthcare under the EU Social Security Co-ordination Regulations, the EU put in place additional arrangements to promote patient mobility and choice within the EU/EEA. These are set out in a Cross-Border Healthcare Directive 2011/24/EU. The main measures include: allowing patients to obtain reimbursement for certain healthcare they purchase in the EU/EEA; allowing patients to have prescriptions fulfilled when they visit another member state; and arrangements for provision of information on services. The UK legislation transposing the Directive includes the National Health Service (Cross-Border Healthcare) Regulations 2013 for England and Wales, the National Health Service (Cross-Border Health Care) (Scotland) Regulations 2013 for Scotland, and the Health Services (Cross-Border Health Care) Regulations (Northern Ireland) 2013 for Northern Ireland).
- 11 As set out in the White Paper on the Future Relationship with the EU7, the Government's ambition is to ensure broad continuation of the current EU reciprocal healthcare arrangements after the UK exits the EU. The UK intends to do this by way of a future agreement with the EU, EEA countries and Switzerland. However, the UK could also enter into bilateral agreements with individual countries if necessary.
- 12 Presently, the Secretary of State has only very limited statutory powers to pay for treatment received in other member states and to recover costs from EU member states in certain scenarios. The Secretary of State does not have powers to arrange for overseas healthcare, or implement reciprocal healthcare agreements with other states other than the ability to exempt individuals from charges for relevant NHS services under the NHS overseas visitors charging regime. When the UK leaves the EU, therefore, it will be necessary for domestic legislation to provide the Secretary of State with powers to arrange for, and fund, the provision of healthcare overseas.

7 Available here, <https://www.gov.uk/government/publications/the-future-relationship-between-the-united-kingdom-and-the-european-union>

- 13 The EU (Withdrawal Agreement) Bill will allow the UK to continue reciprocal healthcare during the Implementation Period (as provided for by the Withdrawal Agreement⁸) following Exit day (and after the implementation period for those people covered by the Withdrawal Agreement). However, it does not support long-term arrangements covering the general UK population after the Implementation Period. Further, the powers in the EU (Withdrawal) Act would not be sufficient for the UK to make provision in the event the UK does not reach agreement with the EU, but wishes to arrange for healthcare overseas for UK citizens, either on a unilateral basis or by means of bilateral agreements with individual countries.
- 14 The Bill provides the Secretary of State with powers which are necessary to arrange for the provision of healthcare overseas and to fund this, after the UK leaves the EU. The powers are required both in a deal and in a no deal scenario, and go beyond the EU sphere, to allow the Secretary of State to implement any new agreements on reciprocal healthcare which the UK puts in place with both EU and non-EU states should this be part of a global strategy.
- 15 The powers enable the Secretary of State to address the essential matters relating to healthcare overseas, including defining individual entitlements to healthcare, and operational and administrative matters, including data sharing where necessary to facilitate treatment. This also includes being able to reimburse other states for healthcare costs, and to recover health care costs from them.
- 16 These powers will ensure the Government is prepared for a number of different EU Exit outcomes and is able to implement new reciprocal healthcare agreements in future by:
- supporting the UK to implement our future relationship with the EU on reciprocal healthcare. The White Paper set out that there should be reciprocal healthcare cover for state pensioners retiring to the EU or the UK, continued participation in the EHIC scheme and cooperation on planned medical treatment, supported by any necessary administrative cooperation and data-sharing requirements;
 - ensuring the UK is prepared if there is no deal. It will enable the Government to implement a reciprocal healthcare agreement with Ireland based on current arrangements. It will also enable the Government to implement reciprocal healthcare agreements with other member states, or if necessary to make unilateral arrangements for UK citizens to have access to healthcare abroad;
 - allowing the UK to strengthen its other reciprocal healthcare agreements or implement new ones outside the EU as part of future global health and trade policy.

Legal background

- 17 The relevant legal background is explained in the policy background section of these notes.

⁸ Draft Agreement on the withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Energy Community, 19 March 2018, TF50 (2018) 35 – Commission to EU27

Territorial extent and application

- 18 Clause 6 sets out the territorial extent of the Bill, that is the jurisdictions which the Bill forms part of the law of. The provisions of the Bill extend to the whole of the United Kingdom.
- 19 There is a convention that Westminster will not normally legislate with regard to matters that are within the legislative competence of the Scottish Parliament, the National Assembly for Wales or the Northern Ireland Assembly without the consent of the legislature concerned.
- 20 To the extent that the provisions of the Bill fall within the legislative competence of devolved legislatures, the legislative consent procedure would be appropriate.
- 21 See the table in Annex A for a summary of the position regarding territorial extent and application in the United Kingdom. The table also summarises the position regarding legislative consent motions.

Commentary on provisions of Bill

Clause 1: Power to make healthcare payments

- 22 Clause 1 provides the Secretary of State with a power to make payments, and arrange for payments to be made, to fund healthcare outside the United Kingdom.
- 23 This clause enables the funding of reciprocal healthcare agreements with EU states and non-EU states and international organisations such as the EU, as well as unilateral funding of treatment abroad.

Clause 2: Healthcare and healthcare agreements

- 24 Clause 2(1) provides the Secretary of State with a discretionary power to make regulations that make provision:
- a. in relation to the payments and arrangement for such payments in respect of healthcare outside the United Kingdom made under clause 1,
 - b. for an in connection with the provision of healthcare outside the United Kingdom,
 - c. to give effect to healthcare agreements.
- 25 Clause 2(1)(a) may be used to make provisions related to the exercise of the payment power in clause 1. If the intention is to provide for healthcare outside of the UK, clause 2(1)(b) may be used for and in connection with this. Clause 2(1)(c) may be used to give effect to a healthcare agreement.
- 26 The powers are capable of being used on their own or in combination with other powers.
- 27 In the event of a future deal with the EU that includes reciprocal healthcare, the regulation making powers in sub-clauses (b) and (c), in combination with clause 5 could be used, in part, to implement aspects of that deal alongside powers available under the European Union (Withdrawal) Act 2018 and/or the European Union (Withdrawal Agreement) Bill.
- 28 If any deal reached with the EU does not replicate the current system of reciprocal healthcare or does not cover reciprocal healthcare then the powers provide the Secretary of State with the flexibility to implement a new policy using regulations to address this if this is appropriate. It may involve giving effect in domestic law, by way of regulations made under clause 2(1)(c), to new international agreements made between the UK and countries or territories both within and outside the EU/EEA dealing with reciprocal healthcare.
- 29 This example may also involve making regulations under clause 2(1)(a) to set out the details of payments and under clause 2(1)(b) to set out the details of any arrangements established to enable the Government to support certain people (for example a person residing in another country in receipt of a UK pension, or a UK resident temporarily visiting another country) to access healthcare outside the UK in prescribed circumstances.

- 30 Clause 2(2) sets out some examples of what may be included in regulations made under clause 2(1). The provisions in each set of regulations will be entirely dependent on the nature of the arrangements and/or agreements put in place. Regulations may vary considerably in terms of scope depending on the underlying detail of the arrangements. Clause 2(2) provides examples of what may be included in regulations but it is not envisaged all such provisions will be necessary in every set of regulations made under the Bill. Clause 2(2) explains that regulations may include provision about the type of arrangements or payments that may be made; provision about appeals; provision about the types of healthcare which may be arranged or funded; the arrangements for payment, waiver or reimbursement; and the administrative and other processes that might be needed to support such arrangements or payments.
- 31 Regulations made under clause 2(1) are capable of being used to confer functions on the Secretary of State or any other person and provides for the delegation of functions too.
- 32 Clause 2(3) provides the Secretary of State with a discretionary power to make directions about the exercise of any functions that have been conferred or delegated by Regulations under clause 2(1). Directions may be given as necessary and as circumstances require.

Clause 3: Meaning of “healthcare” and “healthcare agreement”

- 33 This clause defines “healthcare” which is used in clause 1 and clause 2, and “healthcare agreement” which is used in clause 2.
- 34 The definition of “healthcare” is modelled on, but not confined to the definition contained in, the Health and Social Care Act 2012. The additional element of “ancillary care” is included to enable the Secretary of State to provide, where considered necessary, for ancillary costs such as travel costs which do not strictly fall within the definition of healthcare.
- 35 A healthcare agreement, bilaterally or multilaterally, is an agreement between parties (states / countries / multilateral organisations) to provide for access to stated / agreed forms of healthcare when individuals from one country are seeking healthcare in another country and provides for how funding of such treatment will be shared between the two parties. Funding could mean direct payment, arrangements to waive or off-set costs, or other arrangements for covering costs.

Clause 4: Data processing

- 36 As part of a reciprocal healthcare system, “authorised persons” may need to share personal data (including medical data) between themselves within the UK, or receive from or share personal data with, equivalent persons or bodies overseas, to enable the reciprocal healthcare system to function. Currently, EU law provides the necessary powers to do this (within the EU). This clause provides a legal basis for processing data to facilitate reciprocal healthcare after EU Exit, whether as part of an agreement with the EU, an agreement with a country outside of the EU, or in connection with contingency plans. It also ensures that the appropriate safeguards are in place in relation to data transfers.
- 37 This clause provides a basis for facilitating data processing to support the making of payments, or provision for payments to be made, for healthcare outside the UK and the giving effect to healthcare agreements as provided for by the Bill.

- 38 If, for example, after EU Exit, a person who is paid a UK pension but resides in Spain is to have their healthcare funded by the UK, it may be necessary for the relevant Spanish healthcare provider to share information with the relevant government department in the UK (for which the Spanish healthcare authority would rely on its own domestic powers to process data) to determine that the person is, in fact, in receipt of a UK pension and to confirm that person's identity. The government department in the UK would need to share personal data with that Spanish health authority to confirm the person's identity and their receipt of a UK pension, so that the reciprocal healthcare arrangement in this scenario can operate correctly. They would do so in reliance on this clause.
- 39 It may sometimes be necessary for healthcare providers to share medical information to facilitate treatment. This includes when someone requests to give birth or have treatment with a provider in another country (as currently happens using the 'S2 route'), and may sometimes happen when someone needs urgent healthcare (using the EHIC entitlement) and the provider requests information about their medical history to ensure they provide safe and effective care.
- 40 "Authorised person" is defined in clause 4(6) and includes the Secretary of State, Scottish Ministers, Welsh Ministers and a Northern Ireland department, providers of healthcare and other NHS bodies (such as Special Health Authorities which may have administrative functions in relation to the NHS but do not provide healthcare directly).
- 41 Subsection (6)(e) enables the Secretary of State to make regulations adding other persons to this list of authorised persons. This regulation making power enables the Secretary of State to ensure that any person or body who is vital to the operation of a future reciprocal healthcare system would be able to process personal data to support its operation.
- 42 Personal data means any information relating to an identified or identifiable living individual.
- 43 As the personal data in question may include information about medical treatment to which the duty of confidence would attach, the clause overrides an obligation of confidence owed by the person processing the personal data, or any other restriction that would apply to the processing of that personal data. However, any such processing must continue to comply with data protection legislation (as defined in section 3 of the Data Protection Act 2018); clause 4(3) expressly provides that nothing in clause 4 authorises the processing of personal data which contravenes data protection legislation or relevant parts of the Investigatory Powers Act 2016 (or the Regulation of Investigatory Powers Act 2000 until its repeal).

Clause 5: Regulations and directions

- 44 Clause 5(1) provides that regulations made under this Bill are exercisable by the Secretary of State by statutory instrument.
- 45 Clause 5(2) enables regulations and directions under the Bill to provide for exceptions; different provisions for different purposes; for provisions to be conditional or subject to specified conditions, to exercise a discretion in dealing with any matter and include consequential, supplemental, incidental, transitional or consequential provision. This may include transitional and savings provisions.
- 46 Clause 5(3) provides that Regulations that may be made under Clause 2 may amend, repeal or revoke primary legislation. This use is restricted to regulations made for the purpose of conferring functions or to give effect to a healthcare agreement.
- 47 Clause 5(4) provides that regulations under the Bill may amend repeal or revoke retained EU law.

48 Clause 5(5) provides that regulations that amend, repeal or revoke primary legislation will be subject to the affirmative resolution procedure.

Clause 6: Extent, commencement and short title

49 Clause 6(1) provides that the Bill extends to the whole of the UK.

50 Clause 6(2) provides the Bill will come into force on Royal Assent.

51 Clause 6(3) establishes that the short title of the Bill is the Healthcare (International Arrangements) Act 2018.

Commencement

52 Clause 6(2) provides the Bill will come into force on Royal Assent.

Financial implications of the Bill

53 The payment power in clause 1 will have financial implications. The scale of these implications will depend on the policy introduced. In addition, exercise of the delegated powers contained in the Bill may result in associated expenditure being incurred.

54 In a scenario where there is a deal with the EU, the associated costs of establishing a future reciprocal healthcare relationship would be estimated around £630m per year (the amount of the current budget, excluding new users of reciprocal healthcare arrangements, general economy inflation and healthcare inflation) if the UK continues to participate in the current EU arrangements.

55 In the absence of a deal with the EU and in a scenario where the UK will seek to implement bilateral arrangements with individual EU/EEA countries, the range of costs may be similar. This will range from £630m per year if the UK has a bilateral arrangement with every EU/EEA Member State and Switzerland, or less depending on the number and terms of bilateral arrangements the UK will be entering in.

56 These costs are sensitive to exchange rates.

57 The way in which the powers in the Bill will be used will depend on the outcome of negotiations with the EU and on policy decisions yet to be taken, meaning it is not possible at this stage to provide a full estimate of the expenditure which may be incurred or the income which may be generated by future healthcare arrangements and agreements. The explanatory memorandum accompanying each statutory instrument made by a minister of the Crown under a power in this Bill will include details of the financial implications of the instrument, providing ongoing transparency of the financial implications of the use of the powers in the Bill.

Financial implications of the current system of EU Reciprocal Healthcare

58 DHSC expenditure on healthcare provided to UK-insured individuals in the EU in 2016/17 (through all of the aforementioned routes) is estimated at £630m.

- 59 More than 90% of UK state pensioners and their dependents reside in Ireland, Spain, France and Cyprus. The use of EHIC by UK residents is highest in Spain, Poland and Germany representing approximately 70% of claims against the UK for healthcare use by UK citizens in the Member States.⁹
- 60 The income from provision of NHS services to EU-insured individuals is estimated at £66m for 2016/17 activity. The majority of this income arises from temporary visitors and planned treatment, at £41m.¹⁰ Estimated income from provision of healthcare to EU-insured pensioners and their dependents in 2016/17 is £25m.¹¹

Parliamentary approval for financial costs or for charges imposed

- 61 There is potential expenditure by the Secretary of State under the provisions of the Bill. Therefore, a money resolution is required for this Bill. In particular, there is a power in clause 1 to allow the Secretary of State to make payments, and arrange for payments to be made, in respect of the cost of healthcare provided outside the UK. Clause 2 gives the Secretary of State powers to make regulations for and in connection with the provision of healthcare provided outside the UK, and to give effect to healthcare agreements, the terms of which could include the UK agreeing to make payments.

Compatibility with the European Convention on Human Rights

- 62 The Government considers that the Healthcare (International Arrangements) Bill is compatible with the European Convention on Human Rights (ECHR). Accordingly, the Secretary of State for Health and Social Care, has made a statement under section 19(1) (a) of the Human Rights Act 1998 to this effect.

Equalities

- 63 In relation to the policy which is given effect by the Bill, the Secretary of State for Health and Social Care has had due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010.

9 DH Resource Accounting and Budgeting (RAB) exercise. Totals are based on estimates of the costs of European Economic Area (EEA) healthcare claims made annually for the purposes of provisions made in the Department of Health accounts in accordance with Treasury resource accounting rules. Estimates are for 2016/17.

10 This also includes a minority of income from other groups covered by Article 93.

11 Ibid.

Related documents

64 The following documents are relevant to the Bill and can be read at the stated locations:

- Delegated Powers Memorandum
- Impact Assessment
- The future relationship between the United Kingdom and the European Union

Annex A

The Healthcare (International Arrangements) Bill extends and applies to the whole of the UK.

The information provided is the view of the UK Government.

Provision	Extends to E & W and applies to England?	Extends to E & W and applies to Wales?	Extends and applies to Scotland?	Extends and applies to Northern Ireland?	Would corresponding provision be within the competence of the National Assembly for Wales?	Would corresponding provision be within the competence of the Scottish Parliament?	Would corresponding provision be within the competence of the Northern Ireland Assembly?	Legislative Consent process needed?
Clause 1	Yes	Yes	Yes	Yes	N/A	N/A	N/A	Yes (S, W, NI)
Clause 2	Yes	Yes	Yes	Yes	N/A	N/A	N/A	Yes (S, W, NI)
Clause 3	Yes	Yes	Yes	Yes	N/A	N/A	N/A	No
Clause 4	Yes	Yes	Yes	Yes	N/A	N/A	N/A	Yes (S, W, NI)
Clause 5	Yes	Yes	Yes	Yes	N/A	N/A	N/A	No
Clause 6	Yes	Yes	Yes	Yes	N/A	N/A	N/A	No

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Annex B – Glossary

Term	Definition
EU Social Security Co-ordination Regulations	<p>The following EU Regulations:</p> <ul style="list-style-type: none">• Regulation (EC) No 883/2004 of the European Parliament and of the Council on the coordination of social security systems;• Regulation (EC) No 987/2009 of the European Parliament and of the Council laying down the procedure for implementing Regulation (EC) No 883/2004;• Regulation (EEC) No 1408/71 on the application of social security schemes to employed persons, to self-employed persons and to members of their families moving within the Community;• Regulation (EEC) No. 574/72 fixing the procedure for implementing Regulation (EEC) No. 1408/71;• Regulation (EC) No 859/2003 extending Regulation (EEC) No 1408/71 to nationals of non-EU Member Countries.

Annex C – List of current reciprocal healthcare arrangements

Country	Further information
Anguilla	Applies to all residents of that country. Can also refer four patients to the UK for free NHS hospital treatment (persons hoping to be referred should contact authorities in Anguilla in the first instance).
Australia	<p>Applies to all residents of that country.</p> <p>Under the reciprocal healthcare agreement the UK has with Australia, UK residents temporarily in Australia—including students—are eligible for free immediately necessary medical treatment as a public patient in a public hospital. UK residents temporarily in Australia—technically defined as ‘lawfully present but not ordinarily resident in the territory [of Australia]’—retain temporary visa status and remain eligible for all services under the agreement for as long as they hold a valid temporary visa.</p> <p>Visitors from the UK, including students, are eligible to enrol in Medicare which covers out-of-hospital services and subsidised medicines through the Pharmaceutical Benefits Scheme, which would otherwise be very costly. Upon enrolling, they are issued with a yellow Reciprocal Health Care Agreement (RHCA) Medicare by the Department of Human Services to show their entitlement.</p> <p>It is worth noting that when they are in Australia as students, UK residents are required—by a mandatory condition of their visa—to purchase and maintain adequate Overseas Student Health Cover for the duration of their stay.</p> <p>Furthermore, although the RHCA refers to the provision of ‘immediately necessary medical treatment’, in practice eligible visitors who obtain a reciprocal Medicare card are able to access any medical service available under Medicare on the same terms as Australian residents.</p>
Bosnia and Herzegovina	Applies to all insured persons of that country.
British Virgin Islands	Applies to all residents of that country. Can also refer four patients to the UK for free NHS hospital treatment (persons hoping to be referred should contact authorities in the British Virgin Islands in the first instance).
Falkland Islands	Applies to all residents of that country. Can refer an unlimited number of patients to the UK for free elective treatment (patient should arrange this with the Falkland Islands’)
Gibraltar	Applies only to citizens resident in that country when that citizen is not expected to stay in the UK for more than 30 days. Can also refer an unlimited number of patients to the UK for free elective treatment. Patient should arrange this with the Gibraltar authorities.
Isle of Man	Applies to all residents of the Isle of Man for a period of stay in the UK that has not exceeded, nor is expected to exceed, three months.
Jersey	Applies to all residents of Jersey for a period of stay in the UK that has not exceeded, nor is expected to exceed, three months.
Kosovo	Applies to all insured persons of that country.
Macedonia	Applies to all insured persons of that country.
Montenegro	Applies to all insured persons of that country.

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Montserrat	Applies to all residents of that country. Can also refer four patients per year for free NHS hospital treatment (persons hoping to be referred should contact authorities in Montserrat in the first instance).
New Zealand	Applies only to citizens resident in that country.
Serbia	Applies to all insured persons of that country.
St Helena	Applies to all residents of that country. Does not include Ascension Island or Tristan da Cunha. Can also refer four patients per year for free NHS hospital treatment (persons hoping to be referred should contact authorities St Helena in the first instance).
Turks and Caicos Islands	Applies to all residents of that country. Can also refer four patients per year for free NHS hospital treatment (persons hoping to be referred should contact authorities in Turks and Caicos Islands in the first instance).

HEALTHCARE (INTERNATIONAL ARRANGEMENTS) BILL

EXPLANATORY NOTES

These Explanatory Notes relate to the Healthcare (International Arrangements) Bill as introduced in the House of Commons on 26 October 2018 (Bill 279)

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