



BRIEFING PAPER

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EU reciprocal healthcare arrangements: Brexit guidance

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There remains some uncertainty about the status of current EU reciprocal healthcare arrangements in the event the UK leaves the EU without a negotiated deal. The NHS website provides information on [travelling to the EU after Brexit](#) and includes links to information on individual countries. The UK Government has also published some recent advice on accessing healthcare after Brexit for [UK nationals living in the EU/EEA and Switzerland \(updated 23 September 2019\)](#), and for [citizens of the EU, Norway, Iceland, Liechtenstein and Switzerland living in the UK \(updated 3 October 2019\)](#).

The Department of Health and Social Care (DHSC) made a [Written Ministerial Statement](#) on 26 September 2019, about its plans for reciprocal healthcare, particularly in the event of no-deal.¹ This restated that the UK Government has proposed to all EU Member States that existing reciprocal healthcare arrangements should continue until 31 December 2020 in a no-deal scenario. These existing arrangements currently provide access to healthcare for UK-insured individuals living in EU/EEA countries, and UK nationals who require medical treatment while holidaying in Europe. They also ensure that EU/EEA citizens can receive healthcare in the UK, whether they are here on holiday, or to live and work.

While EU reciprocal healthcare is funded and administered on a UK-wide basis, the Devolved Administrations have responsibility for healthcare provision in Scotland, Wales and Northern Ireland. The UK Government has said it is working closely with all parts of the UK on its approach to reciprocal healthcare arrangements after Brexit.²

This Commons Library briefing provides background information and links to further reading and guidance on:

- Current EU reciprocal healthcare arrangements (Section 1)
- Healthcare after Brexit for citizens of EU/EEA countries and Switzerland living in the UK (Section 2)
- Healthcare after Brexit for UK-insured individuals living in EU/EEA countries and Switzerland (Section 3)

¹ [DHSC Written Ministerial Statement \(HCWS1832\), Brexit: Reciprocal Healthcare Arrangements, 26 September 2019.](#)

² [DHSC Written Ministerial Statement \(HCWS1429\), 19 March 2019](#)

1. Current EU reciprocal healthcare arrangements

The EEA Member States and Switzerland co-ordinate the provision of social security, including healthcare, under EU Regulations (EC)883/2004 and (EC)987/2009. The Regulations include rules on the reimbursement of healthcare costs between Member States in the following circumstances:

- for visitors using the European Health Insurance Card (EHIC) for all necessary care during temporary stays in another Member State;
- for state pensioners and their dependants who have moved abroad, the state that pays their state pension is responsible for paying the costs of their healthcare – known as the S1 route;
- for a person undergoing planned medical treatment in another Member State, costs are paid by the Member State that has referred them – via either the S2 scheme or the Patients' Rights Directive.

The EU's reciprocal healthcare framework has 32 participating countries (the 28 current Member States of the EU, the three EEA/EFTA states - Norway, Iceland and Liechtenstein - and Switzerland).

The Government has set out that current EU reciprocal healthcare arrangements ((EC)883/2004) require equal treatment between EU/EFTA citizens when accessing healthcare in another EU/EFTA Member State. Any EU citizen (or economically active third country national) resident in the UK who moves to the EEA or Switzerland can access state-provided healthcare by paying the same taxes as nationals of that country or people who are eligible for state healthcare.³

There are around 180,000 UK-insured persons who live in Europe, mainly pensioners, and approximately 50,000 posted workers protected through current EU reciprocal arrangements.

There are also around 50 million UK tourist visits to the EU annually and the European Health Insurance Card (EHIC) scheme currently grants UK nationals access to free or reduced cost healthcare within the EEA. The UK has issued [27 million EHIC cards](#) and these cover payments for around 250,000 medical treatments each year.

The current EU healthcare arrangements operate on a reciprocal basis. The UK, EU Member States and EFTA states (Iceland, Norway, Liechtenstein and Switzerland) reimburse each other for the healthcare of those who remain covered by their respective social security schemes when living in, working in or visiting each other's country. These arrangements are a function of EU membership that also applies to the EFTA countries. As a result, extending these functions in the event of the UK leaving the EU without a deal is subject to agreement and cannot be done by the UK alone. Separately, the UK and Irish

³ [DHSC Written Ministerial Statement \(HCWS1832\), Brexit: Reciprocal Healthcare Arrangements, 26 September 2019](#). There was an earlier DHSC [Written Ministerial Statement \(HCWS1429\)](#) on reciprocal healthcare on 19 March 2019. This earlier statement noted that, subject to the previously negotiated Withdrawal Agreement, current reciprocal healthcare rights would continue during the implementation period, until 31 December 2020. The Withdrawal Agreement and EFTA Agreements would also give longer-term reciprocal healthcare rights to those who are living in or previously worked in another EU/EEA country or Switzerland on exit day.

Governments are committed to continuing to facilitate access to healthcare services within the [Common Travel Area](#) (CTA).⁴

The EHIC scheme

As noted above, the UK Government has proposed to all EU Member States that when the UK leaves the EU the existing healthcare arrangements including the European Healthcare Insurance Card (EHIC) Scheme should continue until at least 31 December 2020. However, Government guidance cautions that UK-issued EHICs may not be valid if there is a no-deal Brexit.

Continued access to healthcare with UK-issued EHICs may be possible in some individual countries, for at least a limited period. For example, the UK and Spain have reached a bilateral agreement that provides holders of UK-issued EHICs in Spain (and holders of Spanish EHICs in the UK) with continued access to healthcare in the same way it does now, until at least 31 December 2020.

The UK Government has consistently advised UK nationals to take out comprehensive travel insurance when going overseas, both to EU and non-EU destinations, and state that the EHIC is not an alternative to travel insurance.⁵ In the event that UK EHICs are no longer valid after EU exit, concerns have been raised about the affordability of travel insurance for people with pre-existing health conditions travelling to Europe. For example, there have been a number of Parliamentary Questions about access to dialysis. The Government has responded as follows:

We understand the concerns of patients who require life-sustaining treatment, such as dialysis, and we are working to secure agreements to ensure ongoing care and treatment in EU Member States is accessible for UK insured individuals.

However, it is important that individuals make the best decision for their circumstances post exit day. Advice has been published on NHS.UK and GOV.UK, to help individuals make informed decisions about the options available to them.⁶

Further reading:

BBC Reality Check, [Will the EHIC be valid after Brexit?](#), 3 September 2019

Kidney Care, [The impact of Brexit on kidney patients](#), 23 September 2019

2. Healthcare after Brexit for citizens of EU/EEA countries and Switzerland living in the UK

The Government has stated that the rights of citizens of EU/EEA countries and Switzerland living in the UK on exit day will be protected, and this includes being able to access NHS care without charge on the basis that they are ordinarily resident in the UK. The Government has also said that access to healthcare for EU/EEA citizens already living in the UK on exit day will remain the same regardless of whether they apply for UK Settled Status. In the event that the UK leaves the EU without a deal the Department of Health

⁴ Ibid.

⁵ NHS website, [Travelling in the EU, Norway, Iceland, Liechtenstein and Switzerland](#)

⁶ PQ 284986, [Dialysis Machines: British Nationals Abroad](#), 5 Sep 2019

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and Social Care (DHSC) has advised NHS providers that they should continue to establish eligibility for healthcare in the same manner as they do now.⁷

The DHSC made a [Written Ministerial Statement](#) on 26 September 2019, updating on reciprocal healthcare plans, particularly in the event of no-deal. This repeated assurances to EU citizens who are living in the UK on or before 31 October 2019, that they will be able to access free healthcare on the NHS after the UK leaves the EU, with or without a deal.

The Government has proposed to all EU Member States that existing reciprocal healthcare arrangements should continue for new arrivals from EU/EEA countries and Switzerland until 31 December 2020 in a no-deal scenario. However, the Written Statement noted that “should EU countries not agree to our offer to continue the existing reciprocal healthcare arrangements until December 2020, visitors from those EU countries will be charged for NHS care.”⁸

After Brexit the Government intends to implement a new, unified immigration system for all those who come to the UK, including EU/EEA nationals. The proposals for the immigration system are set out in [The UK’s future skills-based immigration system](#) (HM Government, December 2018), which indicates that EU/EEA nationals applying for a Tier 2 visa would have to pay the Immigration Health Surcharge. It is not clear in which other visa categories the charge may apply to EU/EEA nationals.⁹

2.1 Updated overseas visitor charging guidance for NHS service providers

There have been a number of updates to the Government guidance, [Overseas visitor charging: no-deal Brexit guidance for NHS service providers](#). An update published on 12 August 2019 set out how NHS Trusts should deal with EU/EEA citizens in the event of a no-deal Brexit. It made clear that citizens from EU countries who are living lawfully in the UK on or before exit day will still be eligible for free NHS care after the UK leaves the EU (and that their families will also be eligible for free NHS care, even if they arrive after the UK leaves the EU). For new visitors from EU/EEA countries and Switzerland who arrive in the UK after exit day, the guidance stated that, in the absence of a reciprocal healthcare agreement, they will no longer automatically be entitled to free NHS-funded healthcare in England (under NHS overseas visitor charging regulations¹⁰ most non-emergency NHS hospital treatment is chargeable for those not ordinarily resident in the UK, or otherwise exempt under the regulations).¹¹ The following key section is set out below:

After exit day

In the absence of a reciprocal healthcare agreement with an EU country or a broader agreement with Norway, Iceland, Liechtenstein or Switzerland, after exit day new visitors from that country to the UK will no longer automatically be entitled to free NHS-funded healthcare in England. They will be chargeable at the standard NHS tariff unless they fall within one of the existing exemptions. They may, however, choose to use private healthcare, or travel insurance to recover costs paid to the NHS for treatment received. Providers should continue to follow existing guidance on upfront charging.

⁷ [PQ 285168 \[Health Services: EU Nationals\] 5 September 2019](#)

⁸ [DHSC Written Ministerial Statement \(HCWS1832\), Brexit: Reciprocal Healthcare Arrangements, 26 September 2019](#)

⁹ Commons Library briefing, [Immigration Health Surcharge: common casework questions](#), January 2019

¹⁰ See Commons Library briefing, [NHS charges for overseas visitors](#), 11 October 2019

¹¹ Separately, the UK and Irish Governments are committed to continuing to facilitate reciprocal access to healthcare services within the [Common Travel Area](#) (CTA).

Should a visitor from the EU, Norway, Iceland, Liechtenstein or Switzerland (other than an Irish visitor) who arrives after exit day want to stay in the UK for longer than 3 months, to be exempt from charging for relevant NHS services, they will need to meet the ordinary residence test. They may also be required to comply with any immigration requirements set by the Home Office.

Citizens from the EU, Norway, Iceland, Liechtenstein or Switzerland who are lawfully resident in the UK by exit day will be protected by citizens' rights arrangements. They will likely meet the ordinary resident test and will continue to receive access to NHS-funded healthcare as they do now. They will need to provide evidence that they were residing in the UK on exit day.¹²

Following the update to the guidance issued on 12 August 2019 the Times reported concerns from the 3Million group, which campaigns for the rights of EU/EEA citizens in the UK, that it will be difficult for NHS Trusts to distinguish between chargeable and non-chargeable EU/EEA nationals. The Times also reported that NHS Providers, which represents NHS Trusts, had raised concerns about the administrative burden of checking eligibility following exit day.¹³

The [Government guidance was updated on 3 October 2019](#) following confirmation of a bilateral agreement between the UK and Spain. In the event of a no-deal Brexit on 31 October 2019 this agreement should ensure that UK-insured people living in Spain, and Spanish-insured people living in the UK, can continue to access healthcare as they do now until at least 31 December 2020. For example, a citizen of Spain living in the UK on exit day would be able to use their Spanish-issued S1 form to access NHS funded care until at least 31 December 2020.

3. Healthcare after Brexit for UK-insured individuals living in the EU/EEA countries and Switzerland

The UK Government has published some advice on accessing healthcare for [UK nationals living in the EU/EEA and Switzerland \(last updated 23 September 2019\)](#). The webpage advises that individuals should go to the NHS website for the latest information on individual countries.

As noted previously, DHSC made a [Written Ministerial Statement](#) on 26 September 2019, updating on reciprocal healthcare arrangements. This noted that, "where possible", the Government had made unilateral commitments to protect the rights of UK nationals living in the EU. This also noted that while all EU Member States had put in place measures to protect the residency rights of UK nationals living in the EU by exit day "...there are still areas where we hope that Member States will improve their offers to UK nationals", in line with the UK offer to EU nationals in the UK (see above).¹⁴

The Written Statement also outlined a number of arrangements that are already in place with individual countries to support reciprocal healthcare after Brexit, these include

¹² Gov.uk, [Overseas visitor charging: no-deal Brexit guidance for NHS service providers](#), updated 3 October 2019

¹³ See [Get ready to charge EU citizens under no-deal Brexit, NHS bosses told, Times, 14 August 2019](#)

¹⁴ [DHSC Written Ministerial Statement \(HCWS1832\), Brexit: Reciprocal Healthcare Arrangements, 26 September 2019](#)

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agreements with Spain, Switzerland and the EEA-EFTA states (Iceland, Liechtenstein, and Norway).¹⁵

To support UK-insured individuals living in the EU, the Written Statement announced that the UK Government will put in place a number of contingency arrangements. These include that for six-months after exit day (from 1 November 2019 until 30 April 2020), the UK Government will fund the healthcare of existing UK-insured individuals living or working in the EU, on the same basis as now (either through the reimbursement of individual's healthcare costs or by paying providers directly where necessary). The 26 September 2019 Written Statement also confirmed that the UK Government would continue to cover healthcare costs for those travelling to the EU, whose visits or treatment commenced prior to exit day until they return to the UK. This will include funding for planned treatment in another EU country under the S2 scheme (if authorisation for that treatment has been applied for before Brexit and later granted or authorised before Brexit, even if that treatment is scheduled to start after Brexit). The Statement also confirmed cover for students who began their courses in the EU ahead of exit day for the duration of their course.¹⁶

Acknowledging that some UK nationals living in the EU may decide to return to the UK for treatment, the Statement confirmed that UK nationals living in the EU whose healthcare is currently funded by the UK will continue to be able to be eligible for NHS-funded care when temporarily visiting England, Scotland and Wales. UK nationals living in the EU will also be eligible for NHS care if they move permanently back to the UK (including Northern Ireland) and meet the ordinarily resident test.¹⁷

The 26 September 2019 Written Statement included the following details on healthcare contingency arrangements for UK-insured individuals living in the EU:

While we continue to promote our offer to all MS [Member States] to continue existing reciprocal healthcare arrangements until at least 31 December 2020, the Government does recognise that as we leave the EU, arrangements may not be straightforward and people may experience some challenges. As such, while countries and individuals put arrangements in place, we have taken a number of steps to support and protect UK-insured individuals living in the EU.

Not all UK-insured individuals will need to access these UK arrangements, as we may negotiate some further arrangements and many countries have put in place comprehensive arrangements already for UK-insured individuals and others may follow suit. However, coverage does vary, and the UK Government wants to ensure that all UK-insured individuals are in a good position to assess their options and prepare for what comes next.

Specifically:

(1) We have provided information online and are sending a letter to S1 holders living in EU and EFTA MS, encouraging individuals to consider their circumstances and options and to take the necessary steps to ensure they have appropriate coverage in place. The steps necessary will vary depending on individual's circumstances and by country.

(2) For UK-insured individuals who may find themselves in a particularly vulnerable situation because they fall ill before the UK leaves and require treatment that spans exit day, we have made specific transitional provisions. If an individual requires healthcare treatment before the UK leaves the EU and the treatment will continue until after Brexit, the UK Government will pay for this course of treatment for up to

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ More information about UK nationals using the NHS when returning to live in the UK can be found on the [UK Government website](#).

one year (or the authorised period in relation to an S2) or the period of treatment if shorter. This will apply for those receiving healthcare as an S1, S2 or as an EHIC holder.

(3) The UK Government will fund the healthcare of existing UK-insured individuals living or working in the EU, on the same basis as now, for a further six months from the point of Brexit. This provision is aimed at providing individuals time to make alternative arrangements for their future healthcare cover, including registering for healthcare in their country of residence.

The UK funded protection may be required if the EU or MS refuse to enter into arrangements with the UK or refuse to offer comprehensive protections to UK-insured through domestic legislation. In addition, some MS do not fund healthcare for those who are going through the healthcare registration process. To give as much protection as possible to UK-insured individuals, after the six months is over, the UK Government will continue to fund healthcare for the length of the registration period if that MS does not fund healthcare for that period (up to one year) and the individual has taken steps to register in-line with local timeframes and no later than six months from exit day. This will ensure there is appropriate coverage should there be delays or overly lengthy registration processes. If a UK-insured individual leaves their country of residence to travel to another country, they will have to take out full travel insurance as their EHIC will not be valid.

(4) The UK will also continue to cover those travelling to the EU, whose visits commenced prior to Brexit day until they return to the UK, up to a period of six months.

(5) Students may find themselves in a particularly challenging position if they are already studying abroad. All students are encouraged to take out comprehensive travel insurance and to investigate local healthcare schemes that they may be eligible for. However, given the circumstances, the UK Government has agreed to continue existing cover of healthcare costs for students for the duration of their course, should they be already studying in a MS at the point that the UK leaves the EU and on the basis of evidence from their Institution. More information on support for students can be found here: www.gov.uk/guidance/studying-in-the-european-union-after-brexit

(6) In exceptional circumstances, the UK Government has put in place provisions to provide bespoke support to people who find themselves in a challenging position due to a change in their healthcare cover after Brexit. This scheme will run from 1st November 2019 for at least a year with strict criteria and will only support those with very limited financial means.

The overall contingency package will be most relevant in MS whose domestic legislation does not protect UK-insured individuals during the registration period, exposing them to gaps in healthcare coverage and potentially high costs. We are seeking to agree with MS that they will accept our payments for healthcare cover if the UK leaves the EU without a deal. Where a MS does accept these payments, this would mean UK-insured individuals could continue accessing healthcare as now, beyond deciding whether to register with the local scheme or return to the UK within six months of Brexit. If a MS does not agree to this, then the UK Government will step in to pay healthcare costs directly. To access this support after the UK leaves the EU, UK-insured individuals will need to contact the NHS Business Services Authority (NHS-BSA) to provide them with the healthcare provider's details, so that the BSA can arrange for the healthcare provider to invoice the UK Government directly.

Individuals should not delay taking action to put appropriate permanent arrangements in place for when the UK leaves the EU on account of this additional support, particularly as for some EU countries the timeframe for UK-insured individuals to register with their domestic health system is far shorter than six months.¹⁸

¹⁸ [DHSC Written Ministerial Statement \(HCWS1832\), Brexit: Reciprocal Healthcare Arrangements, 26 September 2019](#)

Responding to the Government's announcement on contingency plans for reciprocal healthcare arrangements in the event of a no-deal Brexit, Dr Layla McCay, Director of International Relations at the NHS Confederation, said:

This has been a major worry for UK nationals living in EU countries and today's announcement will provide some reassurance that most won't have to pay for their healthcare costs immediately after Brexit. It's a further sign of the extensive preparations that have been made for a no-deal outcome. But it's only a temporary measure and the best way of guaranteeing that patients are protected in future will be through a negotiated deal.

We now need reassurance in other areas such as the UK's continued participation in key data sharing platforms that protect the public from health threats, and recognising the authorisations of medicines and medical goods to keep medical supplies flowing. This will be best achieved through a negotiated deal but at the very least we will need a mini deal, or technical adjustments to keep both UK and EU patients safe.¹⁹

Further reading:

BBC Reality Check, [Will Britons in the EU have to pay for NHS treatment](#), 11 September 2019

4. Healthcare (European Economic Area and Switzerland Arrangements) Act 2019

On 26 March 2019 Government legislation to enable the implementation of new reciprocal healthcare arrangements received Royal Assent: the *Healthcare (European Economic Area and Switzerland Arrangements) Act 2019*.

The legislation was introduced as the *Healthcare (International Arrangements) Bill* on 26 October 2018. During the Lords stages there were significant changes to limit the global scope of regulations and to confine the Bill to replacing the arrangements with EEA countries and Switzerland which will end with Brexit. To reflect these changes at [Report stage on 12 March 2019](#), the Lords amended the title to the *Healthcare (European Economic Area and Switzerland Arrangements) Bill*. The Government has also laid Statutory Instruments which will give specific legal basis to implement the UK Government's proposals for the continuation of reciprocal healthcare arrangements (subject to the agreement of other EU and EEA countries, and Switzerland). The [Commons Library briefing for the Healthcare \(International Arrangements\) Bill](#) (17 January 2019) provides some further background, and brief summaries of the Commons Second Reading and Committee Stage debates. Further information on the *Healthcare (European Economic Area and Switzerland Arrangements) Act 2019*, including Explanatory Notes and Impact Assessments, can be found on the Parliament website [here](#).

¹⁹ NHS Confederation, [No-deal Brexit protection for UK nationals living in Europe welcome but we still need a deal, says NHS Confederation](#), 23 September 2019

5. Further reading

Commons Library briefing, [Immigration Health Surcharge: common casework questions](#), January 2019

[Commons Library reading on the effect of leaving the EU on the health and care sector](#), March 2019

Commons Library briefing paper [NHS staff from overseas: statistics](#), July 2019

[Joint health trade union's statement on no-deal Brexit](#), 29 August 2019

BMA briefing, [A health service on the brink: the dangers of a no-deal Brexit](#), 2 September 2019

[Open letter to MPs from the King's Fund, the Health Foundation and Nuffield Trust, on the impact of a no-deal Brexit on health and care](#), 3 September 2019

DHSC guidance, [How healthcare providers can prepare for Brexit](#), 20 September 2019

Academy of Medical Royal Colleges, [Statement on no-deal Brexit](#), 24 September 2019

National Audit Office, [Exiting the EU: supplying the health and social care sectors](#), 27 September 2019

HM Government, [No-deal readiness report](#), 8 October 2019

Commons Library briefing, [NHS charges for overseas visitors](#), 11 October 2019

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