

AIM's MEMORANDUM TO THE NEW EUROPEAN PARLIAMENT

About AIM

The Association Internationale de la Mutualité (AIM, International Association of mutual benefit societies) brings together 42 national federations of autonomous health insurance and social protection bodies in 27 countries worldwide, all operating according to the principles of solidarity, democratic governance and with a not-for-profit orientation.

AIM members provide coverage against sickness and other social welfare risks to more than 230 million European citizens, either by participating directly in the management of compulsory health insurance, or by providing voluntary private health insurance or by delivering directly health care and social services through owned or contracted facilities.

About mutuality

A mutual society functions essentially according to the principle of autonomous management, absence of shareholders and independence from public authorities. Although mutual societies are required to comply with national legislation and are consequently subject to supervision by these same authorities, democratic control of their functioning is exercised primarily by their statutory bodies. Their autonomy and democratic structure serve as a guarantee of durability, dynamism and constant adaptation in response to the actual and future needs of their members.

Mutual societies, like other social economy actors, have proved to be very robust in times of financial and economic turmoil. Independent from stock markets, share-value and stock options, they continue to provide the best services in the interest only of their members.

Cross-border health care and patients' rights

Many Court rulings have led the European Commission to propose a Directive on patients' rights in cross-border healthcare. This proposal as well as the EP resolution (adopted on 23 April 2009 in first reading) goes beyond a simple codifying of the patient mobility rulings. This would lead to another, extra reimbursement procedure, which neither adds to legal and financial security nor clarity for patients and payer organisations. AIM favours the continued use and improvement of existing frameworks in particular Reg. 1408/71 and 883/2004.

Cross-border care in the EU is rather marginal. Nevertheless a sound European legal framework is needed. Not only for reimbursement issues, but certainly also for patient safety, quality and continuity of care.

AIM favours

- One single reimbursement procedure based on Reg. 1408/71 with adaptations to integrate ECJ rulings
- Transparency in prices, quality and provision of health services in the EU and within the Member states
- Provision of and access to reliable, independent information about healthcare services, reimbursement procedures and good practices in cross-border health projects.

AIM presses for a European Mutual Statute

In 2006, under the "better regulation" initiative, the Barroso Commission withdrew the draft Regulation and Directive for a European mutual statute. Without such a statute, Europe ignores the specificities of mutual governance rules – persons-based societies - which places these organisations in an anti-competitive and discriminatory situation compared to capital based enterprises when running their activities in the framework of the European internal market. The mutual sector, the EP and the EESC have repeatedly called for a statute for all social economy actors, including mutuals.

Our proposal

- To re-table the statute for a European mutual society on the political agenda of the new Commission
- To base the regulation on the joint text and proposals of the representative associations of the mutual sector in Europe, in particular AIM and AMICE
- To start feasibility studies and preparatory works as soon as possible

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Fight against health inequalities - Health and Social Care Workforce

The European Commission recently launched a consultation on the European Health Workforce as well as on health inequalities. Both topics are real challenges at national and European level. The European 'method of open coordination' could help to identify good practices, to find sustainable solutions to face these challenges.

AIM favours

- Extending the scope of the Green paper and consultation to the medico-social workforce
- Development of e-Health and new technologies to cope with workforce shortages and to improve efficiency
- Increasing the budget of European structural and social Funds to fight against health inequalities.

Social & Health Services of General Interest - SHSGI

Social and Health Services of 'General Interest' constitute the pillars of the European Social model. In the current context of the financial, economic and social crisis, AIM considers that the changes of the European Parliament and Commission provide excellent opportunities to reaffirm these values in all social and health policies as well as other European policies.

The Services Directive and several Court rulings show the need for a specific legal framework for social and health services of 'general interest' in order to assure accessibility, affordability and quality. Such a framework should provide a clear and well-defined place for 'general interest' missions in the Internal market.

AIM favours

- Recognition of 'general interest' missions
- Considering SHSGI as key for implementing Lisbon Strategy
- Continuation of the work started by the Commission and Parliament

External EU relations: Development and Cooperation Policy

AIM welcomed the EU policy for better aid delivery, the EU thematic policy to tackle the critical shortage of health workers in developing countries and the future Communication on policy for financing of health systems and social protection in health. AIM strongly supports a deeper EU involvement at political, financial and technical level on the issue of universal health protection. This is of particular importance in the current context of economic crisis. Moreover, AIM deeply regrets the lack of a formal platform, at EU level, where "civil society" could promote exchanges on social protection issues in EU development policy.

AIM favours

- A deeper commitment of the EU to the objective of universal health coverage in developing countries
- The creation of a permanent exchange platform at an EU level, about social and health protection systems in developing countries

Pharmaceutical Policy:

Pharmaceutical policy to be in the interest of patients ...not firstly in Industry's interest

The role of AIM and its members in EU pharma policy is widely recognised. Together with many EU stakeholders and associations, AIM formed a strong coalition to re-centre the discussions on public health and patients' needs.

The proposed changes to the existing legislation outlined in the pharmaceutical package, adopted by the European Commission in December 2008, would have a substantial impact on patients, citizens and national health systems. But any such attempts to alter the current legislation should be based on an in-depth assessment of patients' and citizens' needs.

The issues of information to patients, pharmacovigilance and counterfeit medicines are extremely complex and politically sensitive. It is imperative that their overall implications on public health, patients and health systems are seriously evaluated.

AIM favours

- Prioritising public health and general interests more highly than commercial industry interests
- Switching the 'lead' on pharmaceutical policy from DG ENTERPRISE to DG SANCO
- Empowerment of patients via independent, reliable, comparative, unbiased information
- Maintain the ban on direct-to-consumer advertising for prescription drugs in the EU
- Improved transparency, including information on added therapeutic value and components of price
- Encouraging a strong 'generics' policy, allowing financial savings in order to fund new innovative medicines
- Tackling urgently the competition problems and abuses of the current patent system revealed in the pharmaceutical sector inquiry (28 November 2008)
- Fair and affordable prices



SOLVENCY II – Too little time to implement !

Health mutuals consider the time limits to fulfil Solvency II requirements too short. Especially in this time of financial and economical downturn, more time is needed for most health mutuals.

Inter-generational Solidarity and LTC

Inter-generational solidarity is a common value of EU societies. Together with Long Term Care (LTC) it should be an integral part of EU social protection systems.

AIM fully supports the Commission's Joint Report on Social Protection and Social Inclusion 2009.

AIM favours

- An EU framework or set of quality guidelines for LTC
- Respecting subsidiarity and diversity
- A EU Charter of fundamental rights for people in need of long term care

The Association Internationale de la Mutualité (AIM) represents national federations of private, but not-for profit healthcare funders.



ANMC - Belgium
▶ 4,5 million EU citizens



UMP - Portugal
▶ 0,850 million EU citizens



UNMN - Belgium
▶ 0,450 million EU citizens



BKK - Germany
▶ 10 million EU citizens



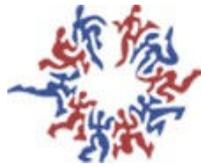
IKK e.V. - Germany
▶ 3 million EU citizens



Benenden - UK
▶ 0,950 million EU citizens



LSV - Germany
▶ 0,850 million EU citizens



Zorgverzekeraars Nederland
The Netherlands
▶ 16 million EU citizens



MLOZ - Belgium
▶ 1.9 million EU citizens



FIMIV - Italy
▶ 0,450 million EU citizens



OATYE - Greece
▶ 0,1 million EU citizens



Knappschaft - Germany
▶ 1,7 million EU citizens



FNMF - France
▶ 38 million EU citizens



Santésuisse - Switzerland
▶ 7,2 million citizens



VZAJEMNA
zdravstvena zavarovalnica, d.v.z.

Vzajemna - Slovenia
▶ 0,9 million EU citizens



SZP - Czech Republic
▶ 3,8 million EU citizens



VZP - Czech Republic
▶ 6,2 million EU citizens



**Union Nationale des
Mutualités Libérales**

UNML - Belgium
▶ 0,580 million EU citizens



VHI - Ireland
▶ 1,55 million EU citizens



VŠEOBECNÁ
ZDRAVOTNÁ
POIŠTOVŇA

VZP - Slovak Republic
▶ 2,9 million EU citizens



vdek - Germany
▶ 24 million EU citizens



BUPA - UK
▶ 4,1 EU citizens



UNMS - Belgium
▶ 3 million EU citizens



MSA - France
▶ 4 million EU citizens