

EUROPEAN ECONOMIC AREA  
JOINT PARLIAMENTARY  
COMMITTEE

30<sup>TH</sup> MEETING OF THE EEA JOINT PARLIAMENTARY COMMITTEE

*Svartsengi, Iceland*

**RESOLUTIONS AND RECOMMENDATION**

Adopted pursuant to Rules 11 and 13 of the Rules of Procedure,  
at the 30<sup>th</sup> meeting of the Joint Parliamentary Committee

in Svartsengi, 29 April 2008

***Resolution: The Annual Report on the Functioning of the EEA Agreement in 2007***

Co-rapporteurs: Ms Renate WOHLWEND (Progressive Citizen's Party, Liechtenstein)  
Mr Alyn SMITH (Greens/EFA, UK)

adopted unanimously

***Resolution: Health Services in the European Economic Area***

Co-rapporteurs: Mr Svein Roald HANSEN (Labour Party, Norway)  
Mr Paul RÜBIG (EPP-ED, Austria)

adopted unanimously with one abstention

***Recommendation: Future Perspectives for the EEA***

Co-rapporteurs: Ms Katrín JÚLÍUSDÓTTIR (Social Democratic Alliance, Iceland)  
Ms Bilyana RAEVA (ALDE, Bulgaria)

adopted unanimously

## **RESOLUTION**

**on**

### **The Annual Report on the Functioning of the EEA Agreement in 2007**

The Joint Parliamentary Committee of the European Economic Area:

- A. in accordance with its task laid out by the EEA Agreement (Article 95, paragraph 4),
- B. emphasising that the EEA EFTA States are not third countries in matters concerning the Internal Market, but full participants,
- C. mindful of the importance of maintaining homogeneity within the EEA,
- D. noting that the information and consultation process provided for in the EEA Agreement is an essential tool for the EFTA States to participate in the shaping of common rules,
- E. acknowledging the importance of implementation of EEA legislation in order to maintain a dynamic and homogenous European Economic Area,
- F. recalling its resolutions on the functioning of the EEA in 1994 (adopted 29 May 1995), in 1995 (adopted 3 June 1996), in 1996 (adopted 14 April 1997) in 1997 (adopted 25 May 1998), in 1999 (adopted 16 March 2000), in 2000 (adopted 24 May 2001), in 2001 (adopted 20 June 2002), in 2002 (adopted 20 May 2003), in 2003 (adopted 27 April 2004), in 2004 (adopted 25 April 2005), in 2005 (adopted 22 May 2006), and in 2006 (adopted 27 June 2007);
- G. recalling its resolution on Implementation of EEA legislation (adopted on 10 October 2006) and its resolution on Enlarging the EEA: Experiences and Perspectives (adopted on 10 October 2006),
  1. emphasises that the EEA Agreement needs to be taken seriously by all stakeholders in the EEA and needs to be the focus of constant efforts so that outstanding differences are solved promptly and that the good functioning of the EEA is not put at risk;
  2. takes note of the Annual Report of the EEA Joint Committee for 2007 and agrees with the general assessment that the EEA functioned well in the reporting period, once important outstanding differences were solved by mid-year 2007;
  3. welcomes that at the beginning of 2008 there were no outstanding issues from the year before and that the four large issues which caused considerable problems in the EEA in 2007: EEA Enlargement, free movement of persons, the EEA EFTA States' participation in EFSA, and the Greenhouse Gas Emission Trading Scheme, have been solved.

4. welcomes Bulgaria and Romania as new members of the European Economic Area;
5. reiterates its reservations about the serious time delays in reaching a solution between the EEA EFTA States and the European Commission on the four substantial issues in 2007 and urges the relevant authorities to use all means necessary in the future to prevent such differences to go unsolved for such a considerable period of time and thereby jeopardizing the good functioning of the EEA;
6. reiterates its recommendation that in addition to the Joint Committee Annual Report, the EEA Joint Committee drafts a more analytical report for the purposes of the EEA JPC, taking major EU developments and horizontal policy issues into account when assessing the functioning of the Agreement, enabling the Report to be understood by a wider audience, which could better permit the EEA JPC to exercise the democratic scrutiny of the functioning of the Agreement; and asks why such a report has not been produced despite repeated recommendations from the EEA JPC;
7. welcomes the EEA JPC's institutional relationship with the EEA Joint Committee and the EEA Council and appreciates the oral responses provided by the President-in-Office of the EEA Joint Committee and by the representatives of the EEA Council, which have been comprehensive;
8. recommends the distribution of written EEA Joint Committee statements on JPC resolutions before JPC meetings which would facilitate a fruitful dialogue with EEA Council and Joint Committee representatives;
9. welcomes the EEA EFTA States' comprehensive participation in EU Programmes such as the 7<sup>th</sup> Research Framework programme, Youth in Action, Lifelong Learning Programme, Progress, Consumer protection, Competitiveness and Innovation Framework Programme, MEDIA 2007, Culture, and the Internal Market Budget lines;
10. regrets that the EEA EFTA States were excluded from participation in the Gender Institute in 2007 and requests detailed information on the reasons behind this;
11. emphasises that EEA EFTA participation in EU programmes constitutes an important and vital part of the EEA Agreement; and encourages the EEA EFTA States to continue to participate in EU committees, comitology committees, programmes, expert and non-comitology committees with the aim of influencing EU decision-shaping to the widest extent possible;
12. expresses its regret that in terms of decision shaping the EEA EFTA States only submitted 7 EFTA Comments to the EU side (compared to 11 in 2006, 8 in 2005, 13 in 2004, 12 in 2003, 22 in 2002, 18 in 2001, 15 in 2000, 16 in 1999, 20 in 1998 and 22 in 1997) which constitutes the lowest level ever; and requests for clarifications as to the reasons for this, not least

due to the fact that 2007 saw the release of several pertinent communications and packages to which the EEA EFTA States could make a contribution;

13. underlines that EEA EFTA Comments represent a very important line of communication between the EU and the EEA EFTA States as well as a decision shaping tool; and reiterates the importance of the EEA EFTA States submitting comments at an early stage when the EEA EFTA States have the greatest chance of shaping the outcome;
14. welcomes the contributions from the EEA EFTA States towards the reduction of social and economic disparities in the enlarged Internal Market with the Financial Mechanisms 2004-2009; and underlines the importance of increasing efficiency and transparency in the application and approval procedure, so that money is made quickly available to quality projects;
15. recommends that the EEA EFTA States and the European Commission start consultations on the EEA EFTA States' possible financial contributions to reduce the social and economic disparities in the European Economic Area after April 2009, with the aim of a timely conclusion;
16. welcomes that the EU Member States' average transposition deficit for 2007 remained at 1.2%, which is not only below the 1.5% target set by the Heads of State and Government in 2001 but also brings the EU average closer to the 1.0% target by 2009 set by Heads of State and Government in 2007; and welcomes especially the fact that 12 Member States have reached their best targets ever;
17. regrets that both the average and individual transposition deficit of the EEA EFTA States increased to 1.7% from 1.2% and is now considerably above the 1.2% EU average; and urges the EEA EFTA States to increase their efforts considerably to improve this situation;
18. instructs its President to forward this resolution to the EEA institutions, to the European Parliament and the EEA EFTA Parliaments and to the European Ombudsman.

## **RESOLUTION**

**on**

### **Health Services in the European Economic Area**

The European Economic Area Joint Parliamentary Committee:

- A. underlining that the free movement of citizens, one of the cornerstones of the internal market, entails inevitably an opening of the EEA States' healthcare systems in order to ascertain that the use of this freedom is not jeopardized by a possible loss of the migrants' social security rights;
- B. having regard to the judicial recognition of patient mobility based on the freedom to receive a cross-border service within the EEA which privileges the interest of the individual patient;
- C. recognising that generalising and consequently applying this approach will promote the overall quality of healthcare services in the EU. It will thus not only benefit the individual patient negatively affected by the shortcomings some EEA States' healthcare systems, but effectively also help to boost the entire healthcare sector;
- D. having regard to that the 'opening' of national healthcare systems inevitably implies changes for the systems;
- E. underlining that besides adaptation costs, better services are tantamount to higher prices. As these will be borne by the citizens, either directly (private funding) or indirectly (through contributions), raising healthcare budgets might well undermine the 'sacred' values and principles in EU health systems: universality, equity and solidarity. This is even truer in the context of the enlarged EU comprising important economic disparities between countries and regions;
- F. highlighting the inherent risks of promoting cross-border healthcare services as a dangerous strategy for a legislator who has to strike a balance between two conflicting principles in this sensitive area: that of a system of closed, self-contained health services, and of the liberalising dynamic influence of free movement;
- G. having regard to the underlying assumption of the European Parliament that neither the primary responsibility of the EEA States for providing healthcare services nor the considerable complexities inherent in 'approaching' the different national systems should prevent the European Union to assume its main task: promoting public health through facilitating cross-border mobility;
- H. recognising that the promotion of public health through facilitating cross-border mobility entails the conservation of the individual patient's right to

seek healthcare service abroad as recognised by the ECJ. The possibility to access timely treatment in another EEA State when suffering from life-threatening conditions is defined as the patients' 'minimum right';

- I. having regard to that the patients' 'minimum right' requires tackling the ensuing coordination and efficiency problems, by adopting a new European regulatory framework for cross-border healthcare;
  1. underlines the need to clarify the very definition of healthcare service, the concept of "reasonable waiting times" and "undue delay", to define narrowly the scope of "hospital treatment", to establish an easily obtainable authorisation and an appeal procedure allowing for an independent review of negative authorisation decisions;
  2. stresses that the prior authorisation scheme must be easily accessible and that the requests have to be dealt objectively within a reasonable time and with a minimum of administrative burdens;
  3. stresses the importance of that any action in the field of cross-border health services does not undermine national values and principles and the quality of health services; underlines the importance of maintaining a sufficient supply of health services in scarcely populated areas; emphasises the maintenance of specialised services and that developments in the area of patient mobility does not lead to greater social inequality with respect to accessibility to health services;
  4. emphasises that the responsibility to organise and finance the national health and social security systems should remain with the EEA States in accordance with the principle of subsidiarity; however, a common approach should be considered – be it through the coordination of national policies or, in specific cases, even through harmonisation to create a health system for the benefit of the patients;
  5. urges the establishment of a set of reliable data on patient mobility, including refused authorisations, on health indicators and provide for exchange of information making use of electronic tools (whilst observing high standards of data protection);
  6. urges the establishment of common quality standards within the European Union and the independent and neutral information of patients about the quality of care within the Member States;
  7. recognises the need of informing patients properly about their rights to receive cross-border treatment, the procedures to be observed, the implications of such a choice (content, reimbursement, follow-up checks etc.) and liability provisions;

8. points out that a European Lead Market in healthcare requires transparent and fair pricing to promote competition and to simplify and improve the choice for patients;
9. stresses the need of elaborate a charter of patients' rights, enhance EEA States' cooperation with regard to technical standards and supervision of healthcare professionals, to clarify liability issues;
10. points out the importance of new technologies to promote health and to predict, prevent and treat illness, for example information and communication technologies (ICT) innovation in genomics, biotechnology and nanotechnology, to ensure a competitive and sustainable future;<sup>1</sup>
11. recognises the necessity of encouraging the development of cooperation between national health systems both in 'Euregions' and - with regard to specific and/or rare diseases and treatments, but also pharmaceutical services – at a pan-European level, either through closer cooperation among EEA States or by means of open coordination;
12. encourages the establishment of a higher number of small and middle size enterprises, charities or non-profit organisations, in the area of healthcare in order to enable a flourishing fair and just competition on the market;
13. underlines the potential benefits of competition and diversity seen from the patients' point of view to enhance the quality and increase choices as regards the current and future development of healthcare and in this way increase the rights of the consumers;
14. urges the European Commission to issue its proposal for a Community framework for health services at the earliest possible date;
15. instructs its President to forward this resolution to the EEA institutions, to the European Parliament and to the EEA EFTA Parliaments.

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<sup>1</sup> For an overview of the Commissions strategy on health see Commission Staff Working paper Together for Health: A Strategic Approach for the EU 2008-2013, COM(2007) 630 final

## **RECOMMENDATION**

**on**

### **Future Perspectives for the European Economic Area**

The EEA Joint Parliamentary Committee of the European Economic Area:

- A. Having regard to the Treaty of Lisbon which was adopted by the heads of state and government on 13 December 2007 and which is currently undergoing a ratification process by the European Union Member States;
- B. having regard to the working paper on the Future perspectives of the European Economic Area, debated in the 29<sup>th</sup> meeting of the European Economic Areas Joint Parliamentary Committee;
  1. asks the national parliaments of the EEA EFTA States to provide the Committee with a factual description of the way in which they organise their EEA related work; how this work has changed since the EEA entered into force; and if the national parliaments foresee changes in their working structures in the immediate future;
  2. asks the European Parliament for its opinion on the effects of the Treaty of Lisbon and how the Parliament intends to increase its cooperation with the National Parliaments of the EU Member States, as foreseen in the Treaty, and if this opens opportunities in enhancing the European Parliament's cooperation with the National Parliaments of the EEA EFTA States in matters concerning the Internal Market, of which the EEA EFTA States are full members;
  3. asks the European Commission to consider whether legislative proposals which will be sent to the national parliaments of the EU Member States for consultation, as foreseen in the Lisbon Treaty, also to be sent to the national parliaments of the EEA EFTA States for consultation when they regard matters of the Internal Market, of which the EEA EFTA States are full members;
  4. asks the EEA EFTA States for a comprehensive analysis of the implications of the Treaty of Lisbon for the functioning of the European Economic Area;
  5. asks the EEA EFTA States for their views on the increased role of the national parliaments of the EU Member States, as foreseen in the Treaty of Lisbon; the implications for the national parliaments of the EEA EFTA States; and on the way in which the national parliaments of the EEA EFTA States can cooperate more closely with the European Parliament on matters concerning the Internal Market;

6. requests that the relevant authorities provide the Committee with their contributions in written form before 10 October 2008.
7. instructs its President to send this recommendation to the national parliaments of the EEA States, the European Parliament, the European Commission, and the EEA EFTA States.