

From Edward Argar MP Minister of State for Health

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The Rt Hon Sir Roger Gale MP By email to:galeri@parliament.uk 29 Cottober 2020

Dear Joyev,

Thank you for your correspondence of 10 February, 4 August, and 6 October to Matt Hancock about reciprocal healthcare arrangements. I apologise for the long delay in replying, which has been caused by an unprecedented volume of correspondence in recent months.

I read the correspondence with care and I appreciate your concerns. Current reciprocal healthcare arrangements enable UK-insured individuals to access healthcare when they live, study, work or travel in the EU or European Free Trade Association (EFTA) states. An individual is UK-insured when the UK reimburses another member state for the state-funded element of healthcare. This includes state pensioners, people exporting disability benefits, posted workers and UK residents using European Health Insurance Cards (EHICs) when visiting the EU temporarily.

Under the terms of the Withdrawal Agreement, during the transition period (until 31 December 2020) there will be no changes to reciprocal healthcare entitlements. EHICs will continue to operate and those living and working in member states will continue to be able to access healthcare as they do now.

Regardless of any future reciprocal healthcare arrangements, UK-insured people who have settled in the EU or member state-insured people that have settled in the UK before 31 December 2020 will continue to have life-long reciprocal healthcare rights, provided they remain covered under the terms of the Withdrawal Agreement. In effect, this means being legally resident in the member state they are living in at the end of 2020. This means a UK-insured person will continue to receive:

- access to healthcare in their country of residence using their UK-issued S1 form;
- a UK-issued EHIC for travel;
- access to planned treatments in other EU countries via the S2 route; and
- access to the NHS in England, Scotland and Wales, when visiting the UK.

The Withdrawal Agreement also protects people who find themselves in a 'cross border' situation over the end of the transition period; for example, someone whose holiday begins

before but ends after 31 December 2020. These people will be able to continue to use their EHIC to access 'needs arising' treatment until they return to the UK or EU. UK nationals who have worked in one or more EU member states prior to 31 December will be able to export their benefits and apply for UK-funded healthcare through the S1 scheme in the member state they choose to live in.

For people not covered by the Withdrawal Agreement, the future of reciprocal healthcare arrangements between the UK and the EU/EFTA are subject to negotiations, which as you will be aware, are currently ongoing. Both the UK and EU have stated in their published negotiating approaches that they are open to agreeing future reciprocal healthcare arrangements. The UK has indicated that it wishes to work with the EU to establish practical, reciprocal provisions on social security coordination that support tourists, short-term visitors and service providers to access healthcare.

The Government always advises that UK nationals travelling overseas, whether to the EU or elsewhere in the world, and non-UK citizens visiting the UK, should take out comprehensive travel insurance. This remains our advice.

It should be noted that an EHIC gives the cardholder the right to needs-arising treatment during a temporary stay in another EU country, with an exception for posted workers and students. Anyone who has been using a UK-issued EHIC to access healthcare in a country they are residing in should register for residence and, if necessary, pay into the local healthcare system or take out health insurance, according to the rules of the country they are residing in.

In response to your question about what being in scope of the Withdrawal Agreement means, information on how to access healthcare under the Withdrawal Agreement can be found at www.gov.uk by searching for 'living in Europe'. Further information on the Withdrawal Agreement in general can be found at www.gov.uk by searching for 'new Withdrawal Agreement and Political Declaration'.

With regard to people with pre-existing conditions, a negotiated agreement with the EU along the lines set out by the UK, would support the travel of those with long-term or pre-existing conditions. As stated above, this agreement is still being negotiated.

Should an agreement not be reached with the EU, the Government will want to consider the impact on different groups, including those with long term conditions. The default position, however, is that should there be no negotiated outcome, individuals would be treated as Third Country Nationals and subject to the same requirements as anyone from outside of the European Union.

People with pre-existing or long-term medical conditions can also check the Money and Pensions Advice Service website, which has information for people about their options for purchasing travel insurance. This is available at www.moneyadviceservice.org.uk/en by searching for 'Travel insurance for over 65s and medical conditions'.

The arrangements for those looking to migrate to the EU after the end of the transition period, are also subject to the ongoing negotiations.

The webpages on the Government website are regularly updated, and there is also a tool to find out how to access healthcare, and whether the way it is accessed is going to change. This can be found at www.gov.uk by searching for 'check your EU healthcare rights'.

I hope this reply is helpful. - and ance again in applement of the debyer my

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