

HEALTHCARE (EUROPEAN ECONOMIC AREA AND SWITZERLAND ARRANGEMENTS) ACT 2019

EXPLANATORY NOTES

What these notes do

These Explanatory Notes relate to the Healthcare (European Economic Area and Switzerland Arrangements) Act 2019 (c. 14) which received Royal Assent on 26 March 2019.

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

Table of Contents

Subject	Page of these Notes
Overview of the Act	3
Policy background	3
What is reciprocal healthcare?	3
EU Reciprocal Healthcare	3
Legal background	7
Territorial extent and application	7
Commentary on provisions of Bill	8
Section 1: Power to make healthcare payments	8
Section 2: Healthcare and healthcare agreements	8
Section 3: Meaning of “healthcare” and “healthcare agreement”	9
Section 4: Data processing	9
Section 5: Requirement for consultation with the devolved authorities	10
Section 6: Reports on payments made under this Act	10
Section 7: Regulations and directions	11
Section 8: Extent, commencement and short title	11
Commencement	11
Related documents	12
Annex A – Territorial extent and application in the United Kingdom	13
Annex B – Hansard References	14
Annex C – Progress of Bill Table	15

Overview of the Act

- 1 The Act provides the Secretary of State with a legal framework for implementing comprehensive healthcare arrangements with a European Economic Area (EEA) state, Switzerland or an international organisation (i.e. the European Union (EU)). It provides powers to fund healthcare provided within those countries and powers to give effect to healthcare arrangements and healthcare agreements between the United Kingdom (UK) and an EEA state or Switzerland or an international organisation. It also provides the Secretary of State with powers to lawfully process data which is necessary to underpin these arrangements and agreements.
- 2 The Act was introduced as a result of the UK's decision to leave the EU. It provides the Secretary of State with the legislative means to respond to a wide range of possible outcomes of the UK's exit from the EU in relation to reciprocal healthcare, including the implementation of new complex reciprocal healthcare agreements with an EEA state or Switzerland. It sits alongside the European Union (Withdrawal) Act 2018 and other legislation as part of the Government's legislative response to the UK's withdrawal from the EU.

Policy background

What is reciprocal healthcare?

- 3 Reciprocal healthcare is a small and important element of general healthcare policy in the UK. 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 countries who are in the UK).
- 4 These 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—this approach underpins the EU reciprocal healthcare arrangements. Reciprocal healthcare agreements can facilitate co-operation on planned treatment or other areas of healthcare policy.

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, EEA or Switzerland, and likewise for EU/EEA/Swiss 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 or Switzerland e.g. on holiday, to study, etc. People who are ordinarily resident in the UK qualify for an UK-issued 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 with the cost recouped from their home Member State.
 - c. **Workers (using "S1" forms or an EHIC):** healthcare for employees of UK firms/bodies working in the EU, EEA or Switzerland (posted workers) and for frontier workers living in the EU, EEA or Switzerland and working in the UK and vice versa.

These Explanatory Notes refer to the Healthcare (European Economic Area and Switzerland Arrangements) Act 2019 (c. 14) which received Royal Assent on 26 March 2019.

- d. Planned treatment (using “S2” forms):** funding for UK residents to travel overseas to 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 have to date in the UK 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 reimbursements, and provide the legal authority for the Secretary of State to make overseas payments.
- 7 The UK is responsible for reimbursing other Member States for the cost of healthcare received in other states by people for whom the UK is responsible under the EU Social Security Coordination Regulations. For example, UK nationals using their EHIC to access healthcare as tourists or students in another Member State, or UK pensioners or certain workers residing in another Member State, who are “S1” holders. These all operate on a reciprocal basis, meaning that the other Member States reimburse the UK for the cost of the healthcare provided to their own nationals living in, working in, or visiting the UK if provided for by the EU Social Security Coordination Regulations.
- 8 These rules mean that UK nationals residing in another Member State may obtain treatment as a resident of the country in question. The range of medical services in Member States may be more (or less) restricted than under the NHS, and in some cases patients may need to make a contribution towards the costs of their care (co-payments), but access to healthcare will be at a reduced cost (and in some cases for free).
- 9 The table presents a break down by Member State of where UK nationals 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 to the UK for healthcare use by UK nationals in the Member States.

Summary of UK-issued S1 and S2 forms and EHIC use, by Member State ¹

Member State of residence	Sum of UK Insured S1 Registered Pensioners and Dependents in the EEA and Switzerland (2017 ²)	UK-issued S2 forms (2017) ³	Use of EHIC in EU by UK residents (2016)	Number of UK residents' visits to the EU/EEA (2017) ⁴
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 ⁵	45,000	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
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

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

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

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

4 Office of National Statistics Travel Estimates: UK residents' visits abroad (2017).

5 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. The S1 figure does not include pensioner dependents.

These Explanatory Notes refer to the Healthcare (European Economic Area and Switzerland Arrangements) Act 2019 (c. 14) which received Royal Assent on 26 March 2019.

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 EEA. These are set out in a Cross-Border Healthcare Directive 2011/24/EU ('The Directive'). The main measures include: allowing patients to obtain reimbursement for certain healthcare they purchase in the 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 (SI 2013/2269) for England and Wales, the National Health Service (Cross-Border Health Care) (Scotland) Regulations 2013 (SI 2013/292) for Scotland, and the Health Services (Cross-Border Health Care) Regulations (Northern Ireland) 2013 (SR 2013/299) for Northern Ireland.
- 11 As set out in the White Paper on the Future Relationship with the EU⁶, published 12 July 2018, 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 states and Switzerland. However, it remains open to the UK to enter into bilateral arrangements with individual countries if necessary.
- 12 Prior to this Act, the Secretary of State only had very limited domestic powers to pay for treatment received in other Member States and to recover costs from Member States in certain scenarios. Domestic legislative implementation options related only to fee waiver and making use of, in England, the Secretary of State's overseas visitors charging power and underlying regulations (the devolved administrations have similar legislative mechanisms). The Secretary of State did not have specific powers to give effect to comprehensive healthcare arrangements for overseas healthcare, or implement reciprocal healthcare agreements with other countries other than the ability to exempt individuals from charges for relevant NHS services. As the UK leaves the EU, it is necessary for domestic legislation to provide the Secretary of State with such powers.
- 13 In a deal scenario, primary legislation required for implementation (such as an EU (Withdrawal Agreement) Act) would not support long-term arrangements covering the general UK population after any agreed implementation period. The Healthcare (European Economic Area and Switzerland Arrangements) Act 2019 will work alongside any such primary legislation.
- 14 In the event the UK does not reach agreement with the EU, powers in the Act can be used to make provision to arrange for healthcare within an EEA state or Switzerland for UK citizens, either on a unilateral basis or by means of bilateral agreements with individual countries, as required.

⁶ Available here, <https://www.gov.uk/government/publications/the-future-relationship-between-the-united-kingdom-and-the-european-union>

- 15 The powers enable the Secretary of State to address the essential matters relating to healthcare within the EEA or Switzerland (including the EU as a whole), such as defining individual arrangements to access healthcare for UK nationals, and operational and administrative matters, including data sharing where necessary to facilitate treatment. This includes being able to reimburse other countries for healthcare costs, and to recover healthcare costs from them.
- 16 The powers in the Act provide the Secretary of State with the legislative means to address a number of different EU exit outcomes and an ability to implement new comprehensive reciprocal healthcare agreements in the future.
- 17 The Act:
 - Enables the UK to implement any future relationship with the EU on reciprocal healthcare as necessary; and
 - Ensures the UK is prepared for any outcome if there is no deal on the UK's withdrawal from the EU. This could include implementing any negotiated reciprocal healthcare arrangement, or making unilateral arrangements for UK nationals to assist with accessing healthcare abroad in exceptional circumstances.
- 18 This Act will work alongside other EU exit legislation, such as an EU (Withdrawal Agreement) Act if brought into force in a deal scenario or relevant reciprocal healthcare regulations made under section 8 of the EU (Withdrawal) Act 2018 to take effect in a no deal scenario.

Legal background

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

Territorial extent and application

- 20 Section 8 sets out the territorial extent of the Act; that is the jurisdictions which the Act forms part of the law. The Act extends to England and Wales, Scotland and Northern Ireland.
- 21 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.
- 22 To the extent that the provisions of the Act fall within the legislative competence of the Scottish Parliament and the Welsh Assembly and/or alter the executive competence of the Scottish Ministers and Welsh Minister, legislative consent has been obtained. The Scottish Parliament passed a Legislative Consent Motion on the 27 November 2018 and the Welsh Assembly passed a Legislative Consent Motion on 12 March 2019.
- 23 To the extent that the provisions fall within the legislative competence of the Northern Ireland Assembly, legislative consent would normally be sought. In the absence of the Northern Ireland Executive and sitting Assembly, it was not possible to obtain a Legislative Consent Motion. However, the Government engaged with the Northern Ireland Department of Health during the preparation of the Act and the Department signified its support for the provisions in the Act in so far as they related to devolved matters.
- 24 See the table in Annex A for a summary of the position regarding territorial extent and application in the United Kingdom.

These Explanatory Notes refer to the Healthcare (European Economic Area and Switzerland Arrangements) Act 2019 (c. 14) which received Royal Assent on 26 March 2019.

Commentary on provisions of Bill

Section 1: Power to make healthcare payments

- 25 Section 1 provides the Secretary of State with a power to make payments, and arrange for payments to be made, to fund healthcare in an EEA state or Switzerland.
- 26 Prior to this Act there were limited domestic powers in relation to funding healthcare abroad. The existing reciprocal healthcare arrangements with the EU are based on EU law.
- 27 In line with the Public Accounts Committee Concordat, this section provides statutory authorisation for expenditure in relation to funding healthcare in an EEA state or Switzerland in the future.
- 28 The exact arrangements which will be provided for under future reciprocal healthcare agreements, is a matter still to be negotiated. It is envisaged that the EU arrangements in place prior to the UK's withdrawal from the EU will be used as a basis for future arrangements with an EEA state or Switzerland.
- 29 For example, at the moment if a UK national were to injure themselves on a holiday in France, they would present their EHIC at the hospital and receive the necessary treatment. The hospital would then raise an invoice for the treatment with their liaison body. In the case of the UK, this liaison body is the NHS Business Services Authority (NHS BSA). The French liaison body would then submit a claim for the cost of that treatment to the UK based on receipts of the invoice from the hospital. Once the UK is satisfied that the claim is accurate and valid, the UK would release the payment to France.

Section 2: Healthcare and healthcare agreements

- 30 Section 2(1) provides the Secretary of State with a discretionary power to make regulations that make provision:
 - a. In relation to exercises of the power at section 1, namely payments and arrangement for such payments in respect of healthcare in an EEA state or Switzerland (section 2(1)(a));
 - b. For and in connection with the provision of healthcare in an EEA state or Switzerland (section 2(1)(b));
 - c. To give effect to healthcare agreements (section 2(1)(c)).
- 31 These regulation-making powers are capable of being used on their own or in combination with one another (subject to the operation of section 2(7)).
- 32 In practice regulations under section 2(1)(a) can be used to set out the details of payments between states. Regulations under section 2(1)(b) are capable of being used to establish detailed unilateral arrangements that enable the Secretary of State 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 in an EEA state or Switzerland. This regulation making power provides a mechanism for addressing situations where no bilateral agreement between the UK and a certain country is in place.
- 33 In the event of a future deal with the EU that includes reciprocal healthcare, the regulation making powers in sub-section (c) may be used to implement the comprehensive reciprocal healthcare aspects of that deal.
- 34 If there is no deal reached with the EU in respect of reciprocal healthcare, the powers under section 2(1)(c) are capable of being used by the Secretary of State to implement new comprehensive healthcare agreements with individual EEA States or Switzerland domestically.

These Explanatory Notes refer to the Healthcare (European Economic Area and Switzerland Arrangements) Act 2019 (c. 14) which received Royal Assent on 26 March 2019.

- 35 Section 2(2) sets out the limits to the regulation making powers under section 2(1). It provides an exhaustive list of matters that regulations under section 2(1) can provide for. This means that regulations made under section 2(1) are not able to include provision for anything other than the matters set out at section 2(2) (although the regulations would not have to make provision in relation to all of the matters listed at section 2(2)).
- 36 Among other things, regulations made under section 2(1) are capable of being used to confer or delegate functions. Section 2(3) provides that functions may not be conferred on, or be delegated to, a person who is not a “public authority”.
- 37 “Public authority” is defined at section 2(6) to include only a person who exercises a function of a public nature.
- 38 Section 2(4) provides the Secretary of State with a discretionary power to make directions about the exercise of any functions to a public authority that have been conferred or delegated by regulations under section 2(1). Directions may be given as necessary and as circumstances require and section 2(5) provides that such directions may be varied or revoked.
- 39 Section 2(7) provides that the regulation-making powers in section 2(1)(a) and 2(1)(b) may only be exercisable for a period of five years, beginning with the day the UK leaves the EU. Regulations made under these powers before this sunset period are preserved.

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

- 40 This section defines “healthcare” which is used in section 1, section 2 and section 4, and “healthcare agreement” which is used in section 2.
- 41 The definition of “healthcare” is modelled on, but not confined to, the definition 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.
- 42 A healthcare agreement, bilaterally or multilaterally, is an agreement between the UK and EEA states and Switzerland and/or an international organisation, such as the EU. This agreement is one that provides for access to stated and agreed forms of healthcare when individuals from one country are seeking healthcare in another country, and also provides for how funding of such treatment will be shared between the two parties. An agreement concerning healthcare and other matters is an agreement concerning healthcare, and captured by the definition. Funding could mean direct payment, arrangements to waive or off-set costs, or other arrangements for covering costs.

Section 4: Data processing

- 43 As part of a reciprocal healthcare system, “authorised persons” may need to share personal data (including medical/health data) between themselves within the UK, or receive from or share personal data with, equivalent persons or bodies overseas in the EEA or Switzerland, to enable the reciprocal healthcare system to function. Prior to this Act, EU law provided the necessary powers to do this. This section provides a legal basis for processing data to facilitate reciprocal healthcare as part of an agreement with an EEA state or Switzerland or the EU.
- 44 This section provides a basis for facilitating data processing to support the making of payments, or provision for payments to be made, for healthcare in an EEA state or Switzerland and the giving effect to healthcare agreements as provided for by the Act.
- 45 For example, if 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 to

determine that the person is in receipt of a UK pension and to confirm that person's identity. The government department in the UK may need to share personal data 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 section. The Spanish healthcare authority would rely on its own domestic powers to process data.

- 46 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 from a provider in an EEA state or Switzerland (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.
- 47 "Authorised person" is defined in section 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).
- 48 Subsection (6)(e) enables the Secretary of State to make regulations adding other persons to the list of authorised persons. These regulations would be subject to the draft affirmative procedure. This regulation making power enables the Secretary of State to update the list of authorised persons 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.
- 49 Personal data means any information relating to an identified or identifiable living individual.
- 50 As the personal data in question may include information about medical treatment to which the duty of confidence would attach, this section 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). Section 4(3) of this Act expressly provides that nothing in section 4 authorises the processing of personal data which contravenes UK data protection legislation or relevant parts of the Investigatory Powers Act 2016 (or the Regulation of Investigatory Powers Act 2000 until its repeal).

Section 5: Requirement for consultation with the devolved authorities

- 51 Section 5 places an obligation on the Secretary of State to consult with the devolved authorities in certain situations, namely, before making regulations under section 2 that contain provision within the legislative competence of the devolved legislatures (that is, the Scottish Parliament, the Welsh Assembly and the Northern Ireland Assembly).

Section 6: Reports on payments made under this Act

- 52 Section 6 provides that the Secretary of State must lay before Parliament an annual report on payments made under the Act as soon as is practicable at the end of each financial year. The first report must be laid as soon as is practicable after the end of the first financial year to begin after exit day.
- 53 Section 6(2) stipulates that this report must cover payments made in respect of any healthcare arrangements implemented under the powers conferred by or under the Act.

Section 7: Regulations and directions

- 54 Sections 7(1) and (2) are self-explanatory. They are consistent with regulation and direction making powers in other Acts of Parliament, such as the Health and Social Care Act 2012 and the National Health Service Act 2006. These provisions help ensure that regulations or directions made under the Act will be fit for purpose.
- 55 To give an example – the Secretary of State may use regulations to confer different functions on to different public authorities in order to implement and operate effectively what may be provided for in an agreed reciprocal healthcare agreement. We do this now, in relation to the EHIC Scheme, which the NHS BSA administers on behalf of the Department. This administration includes the registering and the issuing of EHICs and the processing of EHIC claims.
- 56 Future administrative arrangements to implement reciprocal healthcare agreements may reflect this current situation, or may involve conferring different functions on other public authorities, as appropriate. Once arrangements are negotiated, the Secretary of State will be in the best position to decide on the appropriate bodies to administer such arrangements.
- 57 Section 7(3) provides that regulations that may be made under section 2 may amend, repeal or revoke retained EU law that is not primary legislation.
- 58 Section 7(4) provides that regulations made under section 4(6) (matters relating to the definition of “authorised person”) will be subject to the draft affirmative procedure. All other regulations made under the Act are subject to the negative resolution procedure.

Section 8: Extent, commencement and short title

- 59 Section 8(1) provides that this Act extends to the whole of the UK.
- 60 Section 8(2) provides that this Act will come into force on the day it is passed.
- 61 Section 8(3) establishes that the short title of the Act is the Healthcare (European Economic Area and Switzerland Arrangements) Act 2019.

Commencement

- 62 Section 8(2) provides the Act will come into force on the day it is passed.

Related documents

63 The following documents are relevant to the Act and can be read at the stated locations:

- Department of Health and Social Care, Impact Assessment from (October 2018) available at <https://publications.parliament.uk/pa/bills/cbill/2017-2019/0279/Impact%20Assessment.pdf>
- Department for Exiting the European Union, The future relationship between the United Kingdom and the European Union (12 July 2018) available at <https://www.gov.uk/government/publications/the-future-relationship-between-the-united-kingdom-and-the-european-union>
- Department of Health and Social Care, Delegated Powers Memorandum available at <https://publications.parliament.uk/pa/bills/cbill/2017-2019/0279/Delegated%20Powers%20Memorandum.pdf>
- Department of Health and Social Care, Updated Delegated Powers Memorandum available at <https://publications.parliament.uk/pa/bills/lbill/2017-2019/0155/18155-DPM.pdf>
- Department of Health and Social Care, Supplementary Delegated Powers Memorandum available at <https://publications.parliament.uk/pa/bills/lbill/2017-2019/0155/18155-DPMsupplementary2.pdf>

Annex A – Territorial extent and application in the United Kingdom

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?
Power to make healthcare payments Section 1	Yes	Yes	Yes	Yes
Healthcare and healthcare agreements Section 2	Yes	Yes	Yes	Yes
Meaning of “healthcare” and “healthcare agreement” Section 3	Yes	Yes	Yes	Yes
Data processing Section 4	Yes	Yes	Yes	Yes
Requirement for consultation with devolved authorities Section 5	Yes	Yes	Yes	Yes
Report on payments made under this Act Section 6	Yes	Yes	Yes	Yes
Regulations and directions Section 7	Yes	Yes	Yes	Yes
Extent, commencement and short title Section 8	Yes	Yes	Yes	Yes

These Explanatory Notes refer to the Healthcare (European Economic Area and Switzerland Arrangements) Act 2019 (c. 14) which received Royal Assent on 26 March 2019.

Annex B – Hansard References

64 The following table sets out the dates and Hansard references for each stage of the Act's passage through Parliament.

Stage	Date	Hansard Reference
<i>House of Commons</i>		
Introduction	26 October 2018	No debate
Second Reading	14 November 2018	Vol. 649 Col. 339
Money resolution	14 November 2018	Vol. 649
Public Bill Committee	27 November 2018 29 November 2018 29 November 2018	Col. 2 Col. 22 Col. 48
Report and Third Reading	21 January 2019 21 January 2019	Vol. 653 Col. 81 Vol. 653 Col. 99
<i>House of Lords</i>		
Introduction	22 January 2019	Vol. 795
Second Reading	05 February 2019	Vol. 795 Col. 1446
Grand Committee	19 February 2019 21 February 2019	Vol. 795 Col. 2166 Vol. 795 Col. 2370
Report Stage	12 March 2019	Vol. 796 Col. 919
Third Reading	19 March 2019	Vol. 796 Col. 1372
Commons Consideration of Lords Amendments	26 March 2019	Vol. 657 Col. 209
Royal Assent	26 March 2019	Vol. 796

These Explanatory Notes refer to the Healthcare (European Economic Area and Switzerland Arrangements) Act 2019 (c. 14) which received Royal Assent on 26 March 2019.

Annex C – Progress of Bill Table

65 This Annex shows how each section and Schedule of the Act was numbered during passage of the Bill through Parliament.

Section in the Act	Bill as Introduced in the Commons	Bill as introduced in the Lords	Bill as amended at Report in the Lords
Section 1	Clause 1	Clause 1	Clause 1
Section 2	Clause 2	Clause 2	Clause 2
Section 3	Clause 3	Clause 3	Clause 3
Section 4	Clause 4	Clause 4	Clause 4
Section 5	N/A	N/A	Clause 5
Section 6	N/A	N/A	Clause 6
Section 7	Clause 5	Clause 5	Clause 7
Section 8	Clause 6	Clause 6	Clause 8

© Crown copyright 2019

Printed and published in the UK by The Stationery Office Limited under the authority and superintendence of Jeff James, Controller of Her Majesty's Stationery Office and Queen's Printer of Acts of Parliament.



Published by TSO (The Stationery Office), part of Williams Lea Tag, and available from:

Online

www.tsoshop.co.uk

Mail, Telephone, Fax & E-mail

TSO

PO Box 29, Norwich, NR3 1GN

Telephone orders/General enquiries: 0333 202 5070

Fax orders: 0333 202 5080

E-mail: customer.services@tso.co.uk

Textphone: 0333 202 5077

TSO@Blackwell and other Accredited Agents

£6.90

ISBN 978-0-10-560164-7



9 780105 601647