

**2018****LEGAL ACCESSIBILITY**
along the Hungarian borders
Third milestone**FINAL REPORT****Written by
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1. Legal accessibility in Europe and along the Hungarian borders

Over the past few years, an increasing attention can be considered towards the obstacles originating from the shortages of legal harmonisation within the EU. While the mandatory legislation to the Member States is in a constant growth and these legislations are gradually integrated into the legal system of each country, experience shows that the differences between the administrative systems and the legal background generates a number of legal and administrative obstacles that make the everyday life of the people living along the border and the success of the cross-border cooperation difficult.

In August 2015, the European Commissioner for Regional Policy launched a project titled **Cross-border Review**¹ aiming at identifying obstacles, since the creation of the Single Market and the equal management of the EU citizens' rights is impossible without eliminating these problems.

The project itself lasted for a year and a half and

- on the one hand, it included the compilation of an expert study (*Easing legal and administrative obstacles in EU border regions*²), which summarised and analysed the existing obstacles as a result of a comprehensive research concerning the European internal borders;
- it launched a database³ with available information about the obstacles and about good practices already existing of the elimination thereof;
- as well as, it included a wide-ranging consultation process (online questionnaires⁴; consultation workshops at 11 locations; expert working group meetings), which enabled the involvement of the experiences of local actors, in order to draw up a joint EU report.

As a result of the project which was completed at the beginning of 2017, the Commission issued a Communication that was introduced at the international conference in Brussels, on 20th of September 2017.

¹ https://ec.europa.eu/regional_policy/en/policy/cooperation/european-territorial/cross-border/review/

² https://ec.europa.eu/regional_policy/en/information/publications/studies/2017/easing-legal-and-administrative-obstacles-in-eu-border-regions

³ http://ec.europa.eu/regional_policy/sources/policy/cooperation/european-territorial/cross-border/factsheets/list.cfm

⁴ http://ec.europa.eu/regional_policy/en/newsroom/consultations/overcoming-obstacles-border-regions/

The Communication, **Boosting Growth and Cohesion in EU Border Regions**⁵ highlights that the significance of the problems on the border regions is arising from the fact that these regions are covering about 40% of the territory of the EU, comprising almost one third of the EU's population living there, and producing also one third of the EU's GDP. 1.3 million EU workers pass the border for commuting every day. Researchers at the Polytechnic University of Milan have shown that eliminating the existing administrative obstacles would increase the GDP of these regions by some 8%⁶.

The Communication identified 10 particular interventions in order to gradually eliminate the obstacles and it reported about setting up of a Border Focal Point⁷ within the DG REGIO, which can be the forum and coordinator of knowledge-sharing, relating to the accessibility.

BFP launched its work at the beginning of 2018, and the DG Regio launched the Boosting platform on the Futurium portal. At the same time, implementation of the 10 actions of the Communication began, too. Among others, the EU regulation on the non-discrimination of cross-border online services (the so-called Geo-blocking Regulation⁸) can be identified as a result of this process. Likewise, the so-called call for B-Solutions⁹ was announced by the DG Regio and the AEBR as a result of the *Communication*. In this call, local actors can identify the obstacles to be resolved and they can formulate suggestions for their solutions by autumn 2019. During the first call, 10 applications were selected for support. Obstacles which are to be processed affect many areas, from recognition of qualifications, through provision of bilingualism to the area of regulating small-producers' cross-border appearance. These examples can also help the introduction of the ECBM instrument.

In parallel with the initiative of the Commission, the Luxembourg Presidency initiated a consultation process in the second half of 2015 on a new legal instrument, the so-called **European Cross-Border Convention (ECBC)**. The ECBC would treat problems arising from the different regulatory environment of the neighbouring countries in a way that the application of the relevant legislation in the neighbouring country would be accepted temporarily and with a territorial limit.

⁵ https://ec.europa.eu/regional_policy/en/information/publications/communications/2017/boosting-growth-and-cohesion-in-eu-border-regions

⁶ Camagni et alii (2017): *Quantification of the effects of legal and administrative border obstacles in land border regions* (EC, Brussels) <https://publications.europa.eu/en/publication-detail/-/publication/151ca695-b92f-11e7-a7f8-01aa75ed71a1/language-en/format-PDF>

⁷ <https://ec.europa.eu/futurium/en/border-regions/terms/all/Border%20Focal%20Point>

⁸ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32018R0302>

⁹ <https://www.b-solutionsproject.com/>

The Ministry of Foreign Affairs and Trade of Hungary and CESCI were also members of the working group set up by the Luxembourg Presidency. The working group submitted its proposal for a new legal instrument to be applied on a voluntary basis to the European Commission in June 2017. The proposal received a positive response and was included in the aforementioned Commission Communication. By May 2018, the initiative was included in the Cohesion Policy regulation package for the new budget period, now titled as **European Cross-Border Mechanism (ECBM)**¹⁰. The importance of the issue is well illustrated by the fact that legal accessibility has become part of the legislative environment defining Cohesion Policy.

In **Hungary**, CESCI implemented the first **Legal Accessibility** project in 2016 with the support of the Ministry of Justice. The **first project** was successfully completed and with the help of 10 stakeholder workshops, more than 30 interviews, a compilation of European good practices and the survey of nearly 250 laws, the staff of CESCI could expose the background for a total of 39 legal-administrative obstacles, and where it was necessary, provided suggestions based on good European practices. The nearly 600-page documentation gives special attention to four areas (cross-border mobility, healthcare, labour mobility and short supply chains - local products) and addresses two horizontal themes that can help the systematic (non-occasional) handling of obstacles: the first outlines the potential, institutional mechanisms of accessibility while the second targets the elimination of the lack of information.

With the support of the Ministry, the association continued to work on four topics in 2017. Within the framework of the **second Legal Accessibility project**, firstly, it proposed to facilitate the cross-border movement of ambulance cars; secondly, it summarised possible solutions for the cross-border trade of local products; thirdly, it has developed a draft legislation to assist the adoption of the Serbian EGTC Act (it also organized an international conference with some 200 participants in Novi Sad in connection with this activity); it also investigated the sources of information available for the cross-border interactions related to different life situations and suggested their integration ("all in one place").

In parallel with the project, at the request of the Minister of Justice, the staff of CESCI drafted a proposal for setting up an interministerial working group for "obstacle elimination", as well as they drafted a project documentation for the establishment of a **V4 level mechanism**. The proposal to set up the mechanism was developed by the staff of CESCI, with the involvement of three other partners in 2018.

With analysing three thematic areas, the initiative *Legal Accessibility along the Hungarian borders* achieved its new milestone in 2018.

¹⁰ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=COM%3A2018%3A373%3AFIN>

2. The third milestone of the *Legal Accessibility* initiative

Implementation of the third milestone of the Legal Accessibility initiative took place in 2018. The aim of the project was to continue on with the outcomes and the knowledge gained from the previous two projects, as well as the EU experience.

Activities had three main themes. On the one hand, we wanted to supplement the results of the study from 2017 on the Hungarian cross-border movement of ambulance cars by exploring the policy environment of the neighbouring countries. On the other hand, the research, elaborated in 2005 on cross-border share of healthcare services was updated and supplemented in the light of the EU regulatory environment that has undergone significant transformation in the meantime. Conditions of the regionally integrated border area patient care along the Hungarian border were analysed on the basis of good Western European practices. The original aim of the third sub-project was to systematize the experiences of the Hungarian EGTCs in relation to the incorrect, as well as its exemplary application of the EGTC Regulation and to propose amendments to the Regulation in connection with the EU level planning process of the new budgetary period, started in 2018. Yet, the Commission Report from 17th of August 2018 concluded that there is a need for other types of activities instead of further amendment of the EGTC Regulation. Nevertheless, we did not exclude clarifying of the situation in Hungary, collecting of the perceived legal difficulties and recording of good practices.

The results of the 2018 *Legal Accessibility* project are summarized below.

2.1 Cross-border rescue

Objective of the sub-project

The aim of the sub-project was to continue on with the results of the previous initiatives based on the knowledge and experience gained during the two previous *Legal Accessibility* projects and also to start a cross-border discourse with the participation of Hungary and the neighbouring EU countries in the field of cross-border rescue. From the viewpoint of cross-border ambulance services, we intended to explore the positions of the authorities of the neighbouring countries, and the existing policy orientations concerning the subject which could bring us closer to the forming of the proposals related to the multilateral legislative harmonisation.

Presentation of the sub-project activities

The manager of the sub-project was Enikő Hüse-Nyerges, the working plan was completed on 29th May 2019.

Interviewing

In the framework of the sub-project, we contacted the competent institutions on the other side of the border and collected information during personal interviews about the details of the operation of the rescue and emergency health care system.

Our interviewees:

- **Alexander Heller**, head of the centre - Landessicherheitszentrale Burgenland (Ambulance Service of Burgenland), Austria
- **Valerija Bartolić**, director – Zavod Za hitnu medicinu koprivničko-križevačke županije (Emergency Institution of Koprivnica-Križevci County), Croatia
- **Mirjana Hanžeković**, deputy director – Zavod Za hitnu medicinu koprivničko-križevačke županije (Emergency Institution of Koprivnica-Križevci County), Croatia
- **Tomislav Novinščak M.D.**, director – Zavod Za hitnu medicinu međimurske županije (Emergency Institution of Međimurje County), Croatia
- **László Gencsi**, Deputy CEO – Ambulance Service Oradea, Bihor County, Romania
- **Daniel Grabar**, head of the emergency institution – Splošna bolnišnica Murska Sobota (Murska Sobota General Hospital), Slovenia
- **Ivan Tibaut**, Director – Območne enote ZZZ Murska Sobota (Regional centre of the Health Insurance Institute of Slovenia), Slovenia

Because reasons beyond our control, we have not managed to make the interview with the Slovakian authorities yet.

The interviews were made between 31 August and 14 September 2018.

Interactive seminar

The interactive seminar was held in Budapest on 13th November, during which the aim was to establish the personal relationships among those involved, and to summarise the possible frames of the regulatory harmonisation.

We invited to the seminar the regionally (i.e. borderlands') competent leaders of the authorities and the representatives of the competent ministries and state institutions of domestic and neighbouring countries.

The participants of the seminar were:

- **Alexander Heller** - Landessicherheitszentrale Burgenland (AT)
- **Mag. Erich Hohenkamp** – Land Burgenland (AT)
- **Mag. Christine Philipp** – Land Burgenland (AT)
- **Valerija Bartolić** – Zavod Za hitnu medicinu koprivničko-križevačke županije (HR)
- **Mirjana Hanžeković** – Zavod Za hitnu medicinu koprivničko-križevačke županije (HR)
- **Tomislav Novinščak M.D.** – Zavod Za hitnu medicinu međimurske županije (HR)
- **Dr. Juca Dacian** – DSU Romania (RO)
- **László Gencsi**– Ambulance Service Oradea, Bihor (RO)
- **László Kurucz** - Ambulance Service Oradea, Bihor (RO)
- **Daniel Grabar** – Šplošna bolnišnica Murska Sobota (SI)
- **Ivan Tibaut** – Območne enote ZZZ Murska Sobota (SI)
- **Marianna Kozmannová** – Ministerstvo zdravotníctva (SK)
- **Lucia Mesárošová** – Operačné stredisko záchranej zdravotnej služby (SK)
- **Michal Škvarka** – Ministervozdravotníctva (SK)
- **Dr. Pál Golopencza**– National Ambulance Service (HU)
- **Dr. Anett Jova**– National Ambulance Service (HU)
- **Dr. László Kőrösi**– National Health Insurance Fund of Hungary (NEAK)(HU)
- **Enikő Hüse-Nyerges**– CESCI (HU)
- **Dr. Norbert Jankai**– CESCI (HU)
- **Gyula Ocskay**– CESCI (HU)
- **Szilvia Szilágyi**– CESCI (HU)

We also invited the colleagues of the Department of EU and International Health and Social Affairs of the Ministry of Human Resources of Hungary to the seminar, however in contrast to their previous feedback, they did not participate at the meeting.

During the interviews, we experienced that the usage of English language restricts the explanation and understanding of the topic details, thus in order to encourage the participation, the seminar was held in 6 languages (Hungarian, Slovak, German, Slovenian, Croatian, Romanian) with the involvement of conference translators.

Before the seminar, the participants had a chance to visit the rescue control centre of the National Ambulance Service in Budapest with the leading of dr. Pál Golopencza, chief medical officer.

Summary of the sub-project results

The starting point of the sub-project

The starting point was the 2017 analysis of CESCI¹¹, in the framework of which, a study containing a comprehensive analysis and concrete legislative and policy proposals on the Hungarian side was prepared about the possibilities for organising cross-border emergency rescue.

In the study, we analysed the conditions of implementing cross-border emergency rescue through thematic approach, then we formulated legal and policy recommendations.

As a consequence, we made a proposal for the involvement of the competent authorities from the other sides of the borders in order to explore the viewpoint of the authorities of the neighbouring countries concerning the existing policy orientations and developments, hereby complementing and further developing the examination made concerning the Hungarian framework.

¹¹ Results / Healthcare integration (2nd milestone – 2017): <http://legalaccess.cesci-net.eu/en/milestone-no-2/healthcare-integration/results-healthcare-integration-2nd-milestone-2017/>

The main findings and results of the interviews

	AUSTRIA	CROATIA	ROMANIA	SLOVENIA	SLOVAKIA¹²
Organisational structure	<ul style="list-style-type: none"> • control and professional coordination: Ministry of Health • implementation: provincial rescue services, in many cases with national service providers (e.g. Red Cross) 	<ul style="list-style-type: none"> • control: Ministry of Health • professional coordination: National Institute of Emergency • implementation: 21 county centres, maintained by the municipalities 	<ul style="list-style-type: none"> • control: Ministry of Health • professional coordination: Departamentul pentru Situații de Urgență • implementation: on 2 levels – (1) SMURD (apart from the fire department) and (2) county rescue services 	<ul style="list-style-type: none"> • control and professional coordination: Ministry of Health • implementation: 10 emergency centres apart from the big hospitals (the national level is sustainable) 	<ul style="list-style-type: none"> • control: Ministry of Health • professional coordination: n.a. • implementation: 1 national operational centre and 13 public and private service providers
Financing	<p>financed by: 50% provincial -50% city finance</p> <ul style="list-style-type: none"> • fixed annual budget for the maintenance of the cars and for the staff • the transport to the hospital is refunded up to 70% by health insurance on the basis of kilometre signs 	<ul style="list-style-type: none"> • financed by: county-level health institute + municipality + own incomings (sport, cultural programmes) • fixed monthly budget + they can ask for money for infrastructure development once a year 	<ul style="list-style-type: none"> • financed by: the Ministry • fixed annual budget based on the number of cases of the previous year • extra aid can be requested 	<ul style="list-style-type: none"> • financed by: social insurers and other voluntary insurers • fixed annual budget by the number of employees + cost reimbursement concerning the patient transport by the number of cases • the emergency service is refunded by the number of cases 	<ul style="list-style-type: none"> • n.a.

¹² In the absence of an interview, the table was filled out based on the information provided at the seminar.

	AUSTRIA	CROATIA	ROMANIA	SLOVENIA	SLOVAKIA¹²
Rescue units	<p>3 level system:</p> <ol style="list-style-type: none"> ambulance 1: it has a doctor and can use emergency vehicle sign ambulance 2: doctor is necessary patient transport 	<p>2 level system:</p> <ol style="list-style-type: none"> with doctor with assistant <p>(patient transport is not available in every county)</p>	<p>4 level system:</p> <ol style="list-style-type: none"> C2 van (emergency vehicles): doctor, nurse, driver car: with doctor B2: assistant and driver patient transporter 	<p>3 level system:</p> <ol style="list-style-type: none"> doctor, assistant, driver 2 assistants, driver patient transporter <p>(there are no paramedics, the driver also has medical qualifications)</p>	n.a.
Arriving to site time limit	n.a.	<p>recommendation: 10 minutes in urban areas, 20 minutes out of the urban areas</p>	<p>according to regulation: 11 minutes in urban areas, 15 minutes out of the urban areas</p>	n.a.	<p>according to regulation: the team must leave for the site within 2 minutes</p>
Border crossing	n.a.	<p>practice without regulation: according to experiences at Koprivnica, they can cross without a control</p>	<p>practice without regulation: they use the lane for diplomats in the case of emergency, 2-3 minutes long control</p>	n.a.	n.a.
Operating licenses	<ul style="list-style-type: none"> equipment conditions: providers fixed on a state level; staff conditions: the certification of diplomas and chamber membership is required 	<ul style="list-style-type: none"> staff conditions: the certification of diplomas and chamber membership is required + special training in every 4 years 	<ul style="list-style-type: none"> equipment conditions: providers fixed on a state level; staff conditions: the certification of diplomas and chamber membership is required + special courses 	<ul style="list-style-type: none"> equipment conditions: providers fixed on a state level; staff conditions: the certification of diplomas and chamber membership is required + special training (also available in English) 	<ul style="list-style-type: none"> n.a.

	AUSTRIA	CROATIA	ROMANIA	SLOVENIA	SLOVAKIA¹²
Emergency vehicle sign	<ul style="list-style-type: none"> • minimum requirements: 2 nurse/doctor in the car, with special (state-level) qualification • authorisation: on a provincial level 	<ul style="list-style-type: none"> • minimum requirements: a special training mentioned at the staff conditions • authorisation: on a state level 	<ul style="list-style-type: none"> • minimum requirements: one month long special course for the drivers • authorisation: on a state level 	<ul style="list-style-type: none"> • national level regulation • according to the respondents, it does not exclude the Hungarian ambulances 	<ul style="list-style-type: none"> • n.a.
Administrative-technical conditions	<ul style="list-style-type: none"> • minimum equipment requirements determined on state level. 	<ul style="list-style-type: none"> • state = European minimum equipment requirements, but they decide on a county level about the type of the tools and about the quantity of the active ingredient (continental vs. coastal areas) 	<ul style="list-style-type: none"> • liability insurance: domestic validity – The ministry handles it, but it is funded by the county organs • question: payment of tolls/road charges? • minimum equipment requirements on state level, but they decide on a county level, where to buy them 	<ul style="list-style-type: none"> • liability insurance: it needs to be checked by the respondents • European minimum requirements • in the case of an alarm, the composition of the units is decided by the doctor 	<ul style="list-style-type: none"> • the issue of patients' data protection was raised
Emergency call centres	<ul style="list-style-type: none"> • national and provincial phone numbers (do not have 112) 	<ul style="list-style-type: none"> • phone number: 112 + own national emergency number • county dispatcher centres: there is two people in one shift 	<ul style="list-style-type: none"> • 112 is the phone number • the county dispatcher service is connected to the fire brigades • constant medical attendance 	<ul style="list-style-type: none"> • phone number: 112 • 2 national centres in Maribor and in Ljubljana 	<ul style="list-style-type: none"> • phone numbers: 112 and 155 • district dispatcher centres: there is usually somebody speaking Hungarian

	AUSTRIA	CROATIA	ROMANIA	SLOVENIA	SLOVAKIA¹²
Radio systems	<ul style="list-style-type: none"> joint network for the law enforcement authorities, with different, but interoperable frequencies national level network, but the provinces are responsible for its maintenance TETRA there is practice for the network sharing providing limited access (only ambulances) between the provinces 	<ul style="list-style-type: none"> joint network for the law enforcement authorities (except the military), with different, closed frequencies national level network, the maintainer is the police TETRA communication on the phone can also be a solution 	<ul style="list-style-type: none"> joint network for the law enforcement authorities (except the military), with different frequencies only the dispatcher centres can connect to other frequencies national level network, the communication company, STS is the maintainer TETRA if they cannot reach their own network, they communicate on the phone 	<ul style="list-style-type: none"> joint network for the law enforcement authorities, with different, closed frequencies national level network, the Ministry is the maintainer currently the tools are not compatible with the network of the other side communication on the phone can also be a solution 	<ul style="list-style-type: none"> TETRAPOL
Language as a factor	<ul style="list-style-type: none"> the majority can speak English there are ambulance staff and hospital staff, who can speak Hungarian 	<ul style="list-style-type: none"> while organising the shifts, the English language knowledge is important most of the ambulance staff speaks English, the dispatchers not that much BUT those living along the border do not speak English to save lives, the communication is not that necessary 	<ul style="list-style-type: none"> while organising the shifts, they take into consideration to always have a dispatcher and ambulance staff, who speaks Hungarian in the given shift there is no regulation concerning language issues neither by the organisation nor by qualification 	<ul style="list-style-type: none"> there is no regulation, but almost everyone speaks English (there are also people, who speak German, Croatian and Hungarian) they tried to hire dispatchers, who speak Hungarian, this attempt is still unsuccessful 	<ul style="list-style-type: none"> usually there is Hungarian-speaker staff member operators speaking EN, DE, HU, RUS have an advantage it is not a requirement to have foreign language-speaker when organizing the shifts

	AUSTRIA	CROATIA	ROMANIA	SLOVENIA	SLOVAKIA¹²
About the cooperation	<ul style="list-style-type: none"> the political will is necessary Regarding Hungary, the connections are missing in the area of Lake Fertő / Neusiedlersee, Austrian rescue is also provided for on the Hungarian side 	<ul style="list-style-type: none"> they think that a 5-10 km wide border zone would be realistic, in the case of a disaster, this is wider there would not be a big number of cases, but it would be important to cross the border in the case of emergency (Drava is a bottleneck) they suggest a bilateral agreement 	<ul style="list-style-type: none"> regarding patient transport, they have professional connection with the ambulance staff of Debrecen the cooperation highly depends on staff questions they think that a 15-20 km wide border zone would be realistic the ambulance supply is good on the Romanian side, but the contact with the high level Hospital in Debrecen would be important 	<ul style="list-style-type: none"> there would not be a big number of cases, but it would be important to cross the border in the case of emergency, as there are areas, from where it is hard to reach the Slovenian hospitals they have connection with Szombathely, but the stronger cooperation failed because of language difficulties 	<ul style="list-style-type: none"> the Ministry of Health is open to cooperate

The main findings and suggestions of the seminar

The meeting was opened by Gyula Ocskay, the secretary general of CESCI, who presented the legal accessibility initiative of the association. Following this, the participants of the seminar introduced themselves, and the project manager of CESCI, Enikő Hüse-Nyerges, presented the results of the ambulance service part of the project that was implemented last year.

Related to this, Dr. Pál Golopencza, the Chief Medical Officer of the National Ambulance Service highlighted that he can imagine the possibility of further developing the cooperation in the frame of a bilateral agreement. On the other hand, he called for the establishment of a direct telephone link between the chief operational officers of the neighbouring countries in order to develop and facilitate cooperation.

The first interactive section aimed to enumerate the legal and administrative obstacles to free border crossing and operating of ambulances in the countries concerned. The participants reported the following obstacles:

- based on experience, the authorities are trying to help fastening the border crossing for the ambulances (e.g. with the use of the lane for diplomats), but there is no regulation about this.
- they cannot use the distinctive sign after crossing the border, or in the case of use, they are penalised on the Hungarian side for it.
- the radio networks vanish by the borders; the usage of mobile phones is the current solution.
- the assessment of the language obstacles differs in every borderline, which can be explained with the minorities living there. While organising the shifts of the dispatchers and ambulances, the language skills do not constitute as an official aspect, however in practice, the services always take this factor into consideration.
- the regulation about the licenses and the equipment of the ambulance cars and the staff is currently not uniform but there are no serious professional differences, so the participants think that they can easily overcome this obstacle.
- although the EU regulation works well in relation to the hospital emergency care, the mechanisms concerning the financial accounting of the rescue are completely lacking.

It was also said that while saving the life of patients, the services sometimes have to break the rules, which is settled afterwards with a lot of paperwork. The participants also determined some focal points (e.g. Rajka and its region, the areas that are hard to reach along the Slovenian border), where the cooperation would have crucial significance.

The second section was intended to identify further steps for cooperation, as a result of which, the participants determined the actors that need to be involved by each country: (1) the border regions' ambulance services, (2) the central body responsible for policy coordination, (3) the competent ministries, (4) the state and private insurance companies. In the case of Austria, the central professional organisation is the Ministry, while in the other states, these two are separated.

On an operational professional level, the participants made suggestions on:

- providing easy and fast interinstitutional access, by **well-defined contact mechanisms**;
- the development of **an international (even EU-level) certification system and common certification** with respect to the licenses;
- the establishment of **national coordination centres**, where the organisation of cross-border cooperation and the continuous contacts are delegated to;
- the establishment of **translation/interpretation service centres** (because of the high number of tourists, it would be extremely helpful not only in the border areas);
- the establishment and **harmonisation of the TETRA networks and their equipment** which is considered by the participants to be possible even in the short-term, both from technical and financial point of view.

In order to strengthen cooperation on a long-term basis, besides interstate connections, the establishment and rebuilding of contacts through personal consultations at the local level should also be started, even within the framework of EU projects.

Fulfilment of the defined indicators

THE INDICATOR	TARGET	FULFILLED
Interviews made in the neighbouring countries	5 pc	5 pc
Professional seminars	1 pc	1 pc
The number of EU member states participating at the seminar	6 countries	6 countries
Number of participants at the seminar	30 ps	28 ps ¹³
Summary report	1 pc	1 pc

¹³ The Ministry of Human Resources of Hungary had preliminary delegated one development and one legal expert who were not able to attend the event because of other duties.

Possibilities for continuing the sub-project

There is an opportunity to continue the project on 3 levels, in parallel by exploiting the synergies:

1. **European Union level:** it would be worth sharing the problems, obstacles, and solutions identified in the framework of the project at European level, while paying special attention to addressing the competent EU institutions that are supporting legal harmonisation.
2. **Interstate level:** for the bi- or multilateral legal harmonisation, it would be necessary to continue the professional consultation that already started during the project, with the involvement of all central bodies including ministries, institutions and insurance companies. Regular meetings clearly contribute to the development of long-term professional discourse.
3. **Regional level:** for the smooth cross-border cooperation, the organisation of meetings is considered to be necessary, which can be held independently by the borderlines, which serve the shaping and strengthening of personal contacts, and which serve professional consultation (joint exercises, study tours, etc.).

2.2 The establishment of cross-border healthcare services

Objective of the sub-project

The researches of the previous years laid the foundation for the activities of the sub-project. The cross-border healthcare integration was considered as a priority area already in the framework of the first project in 2016¹⁴ – due to the number of identified obstacles and problems. In 2017, in the course of the second milestone, a separate study was prepared¹⁵, in which we analysed the legal frameworks of the topics concerned (cross-border ambulance services and patient mobility).

The sub-project targeted the followings:

- the improvement of living conditions of people living in border peripheries and their access to treatments,
- the enforcement of the patient rights provided by EU and national legislations,
- the enhancement of cross-border patient mobility based on the existing Western European examples and EU regulatory frameworks,
- the strengthening of the integration of areas along the border,
- in the light of the above, the examination of how and under what conditions could cross-border healthcare zones be established with the participation of Hungary and Hungarian hospitals.

Presentation of the sub-project activities

1. Questionnaire

We prepared a questionnaire and sent it to municipalities (53 pc) and hospitals (55 pc) located along the borders. In this questionnaire, first we examined whether the given municipality or hospital has international relations, and whether they are involved in cross-border healthcare cooperation or project. In the questionnaire the addressed institutions could introduce the professional content, geographical territory, expected results and implementation time frame of the cooperation in details.

¹⁴ Set of recommendations (1st milestone – 2016): <http://legalaccess.cesci-net.eu/en/set-of-recommendations/>

¹⁵ Results / Healthcare integration (2nd milestone – 2017): <http://legalaccess.cesci-net.eu/en/milestone-no-2/healthcare-integration/results-healthcare-integration-2nd-milestone-2017/>

13 municipalities or municipal bodies and 13 hospitals filled in the questionnaire, but we did not receive any useful information: none of the respondents could give example on specific cross-border healthcare cooperation.

2. Interviews

We were able to make interviews in four hospitals, we addressed other four, but we could not arrange a meeting with them, even after multiple requests. The four interviews gave us very useful field experiences, which were incorporated in the analysis. The National Health Insurance Fund of Hungary (NEAK) provided us answers for our written questions, as they could not undertake to give personal interviews.

3. Western European study tour (November 12-16, 2018)

We organised a study tour to the French-Belgian and the German-Dutch borders in order to gather knowledge and experience on the well-functioning Western European practices and to demonstrate the advantages of the service-sharing to the Hungarian professionals. In the two border regions, cross-border patient mobility has decades of experience and the established institutional system operates well. The two study tours were arranged in a unified way due to organisational and financial reasons. Thus, the participants of the study tour (the senior expert invited by CESCI, the representatives of the Ministry of Human Resources of Hungary (EMMI), of the NEAK, and of the Vaszary Kolos Hospital in Esztergom and the group leader interpreter of CESCI) visited both border areas with a minibus in a week and made interviews with the professionals there. The experiences of the study tour were summarised at a workshop. A professional summary on the tour had also been prepared, which was attached to the study as an Annex and the lessons were also incorporated in the study – with some further good examples.

4. Data collection

The data collection concerning cross-border patient mobility would have been an important activity of the sub-project, which was mainly intended to help health economic examinations. During the research however, only the Vaszary Kolos Hospital could give us the data about the funded treatments between 2010 and 2017, in the framework of the contract concluded with the Slovakian Dôvera Health Insurance Company. Our request for data from NEAK did not result in a usable data-set, as the information that we required could only have been obtained from the existing databases with extremely hard work. The important lesson of the case is that there is a

need for monitoring activities related to cross-border patient mobility and for the necessary database that could be used for it.

5. Legal analysis

The senior expert invited by CESCI analysed the legal background of the cross-border patient mobility comprehensively, starting with the international legal frames of cross-border cooperation (with particular emphasis on the role of the Madrid Outline Convention), the EU practices, introducing the evolution of the relevant EU sectoral regulations (from the 1971 EEC Regulation on Social Security for Migrant Workers to the 2011 Directive on Patients' Rights in Cross-border Healthcare), the related Hungarian regulations (internal legislations, bilateral agreements with neighbouring countries and the results of the adaption of EU regulations), and the legal background of the financial issues related to cross-border services were also analysed.

The analysis also mentions the summary of the results of two previous (2005 and 2011) analyses, their comparison with the current situation, and the financial issues (on a project level and for specific individual care).

Summary of the sub-project results

The main findings of the study:

- the legal, policy and financial frameworks of cross-border institutional cooperation are available (mostly concerning neighbouring EU Member States);
- the regulatory frameworks of cross-border patient mobility are available in the case of every neighbouring countries;
- the Hungarian examples of cross-border healthcare cooperation are at basic level and only a minimal development was shown since joining the EU;
- at the same time, the intensity of patient mobility is growing continuously, which has different administrative, capacity and financial consequences;
- several practices have been developed relating to the financing of the treatments based on the status of the given country of origin and to the legal status of the patient's insurance (*cf. Hiba! A hivatkozási forrás nem található.*);
- at the same time, the question of patient mobility along the border should not be considered solely as a financial issue, as the access to the adequate services is a universal right that is guaranteed by several relating EU legislations.

Table 1: The grouping of the treatments

What kind of treatments are provided?				
Healthcare services within the scope of the compulsory healthcare insurance				Healthcare services out of the scope of the compulsory healthcare insurance
Who receives the treatment?				
EEA citizen		non-EEA citizen		There is no limitation
With permission (EHIC, E112/S2, directive)	Without permission	From a conventional country	Not from a conventional country	
What kind of income does the service provider receive?				
EEA citizen		non-EEA citizen		Unlimited price
Financing only from the National Healthcare Fund	Unlimited price	Financing only from the National Healthcare Fund	Unlimited price	

Concerning those above, the study draws up 10 specific proposals; six for the border crossings for healthcare purposes and four others concerning health tourism. In connection to the financing of the treatments, those who made the study consider four alternatives as possible:

- the hybrid model: which combines the health insurance and private financing model and thus, can be applied in the most general way;
- domestic financing of a foreign healthcare provider: which could be applicable with the modification of the current legal background and with increasing the resources of the Health Insurance Fund;
- post-reimbursement of the treatment costs (quasi-financing): the application of which would be optimal with the reduction of administrative burdens and in the case of similar foreign and domestic treatment costs;
- exploiting the potential of the European patient treatment regime: which can be applied on a larger scale from a territorial point of view along the internal European borders if the treatment costs are (almost) identical on both sides of the border.

The authors formulated two proposals for the professional and policy support of cross-border patient mobility:

- on the one hand, they consider it necessary to establish and operate a research centre, similarly to the accession period to the EU which has the mandate to collect data on cross-border patient mobility, to analyse the processes and on this basis, to elaborate policy proposals and strategic documents for healthcare decision-makers;
- on the other hand, as a continuing of the project they consider it to be important to elaborate agreements with neighbouring countries and to draw up contract templates and guidelines for 4 hospitals along the border (after screening them).

The following suggestions were made for cooperation in health tourism:

- state data collection, data analysis, and observatory functions should be fully extended to the treatments that need to be paid for and to the institutions of the private healthcare sector;
- the regulation of public- and private-type cares in public institutions;
- the health and medical tourist developments not well founded should be avoided;
- enforcement of the mandatory patients' waitinglists and the controlling of the compliance of the obligation and, if necessary, sanctioning.

Fulfilment of the defined indicators

THE INDICATOR	PLANNED	COMPLETED
Western European study tours on cross-border healthcare cooperation	2 pc	1 pc ¹⁶
Number of experts participating in the study tours	6 persons	6 persons
Proposal for the regulation concerning the adaptation of Western European patterns	1 pc	1 pc

Possibilities for continuing the sub-project

The relevance of the study prepared during the sub-project is provided by the followings:

- the level of cross-border mobility is constantly growing, there are around 150 thousand workers and students along the Hungarian borders, who are commuting;
- the number of users of healthcare services in another EU country is increasing thanks to the opening of borders, the extension of patient rights and due to the EU legal framework that facilitates the free movement of persons and services;
- thanks to the above mentioned processes, the financing needs of the Hungarian Health Insurance Fund for foreign medical treatments is also increasing; in 2017 it reached HUF 2.1 billion;
- meanwhile, in Hungary, more and more people are using healthcare services, and despite the relevant EU legal frameworks (Regulation (EC) No 883/2004 and Directive 2011/24/EU), there is a constantly accumulating loss relating to the treatment of

¹⁶ The two study tours (to the two destinations) were arranged unified in a week due to geographical proximity, financial reasons and to make the organisation easier.

foreigners in hospitals along the border, which increases the financial burden of the Hungarian healthcare;

- the Central and Eastern European countries face intensive outmigration and the healthcare sector is highly affected by this phenomenon: in Hungary, 3000 medical jobs are vacant, in Slovakia, 3500 medical professionals are missing, and Romania, Croatia, Serbia and Ukraine are in even a worse situation. Meanwhile, maintaining and developing the institutions puts a heavy burden on the state budget in every country;
- in the light of the above, cross-border share of capacities would be rational, as the countries concerned are usually very small, so cross-border treatments would be available to a large part of the population; and parallel capacities could be eliminated, thus reducing the financial pressure on the sector – while improving the quality of treatment, even with the existing human capacities.

The European Union encourages cross-border share of healthcare services: it ensures the necessary regulatory framework, provides policy support and it also makes funding opportunities available for local actors. All the conditions are therefore given to extend patient rights to ensure cross-border patient mobility. In order to make the above mentioned processes more transparent and more designed, the implementation of the following activities is recommended as a continuation of the sub-project:

- the examination of the institutional and legal environment and the qualification test of 4 specific hospitals along the border (PILOT analyses): the aim of the activity is to examine how suitable the selected healthcare institutions are for cross-border patient mobility;
- proposal for the text of intergovernmental agreements facilitating cross-border patient treatment, based on Western European patterns, taking into account the frameworks of existing bilateral agreements;
- the development of contract templates with the participation of the relevant partners, which facilitate the cross-border treatment of the relevant hospitals;
- the development of a Hungarian guide for the organisation of cross-border patient treatment (this guide can give the practical summary of the analyses carried out in recent years).

2.3 Analysis of the operational experiences of the Hungarian EGTCs

Objective of the sub-project

The sub-project focusing on the legal obstacles and the operational experiences of the EGTCs with Hungarian interest (i.e. including Hungarian members) would have initially fed into the planning procedure of the EU's new budgetary period in 2018. The original goal of the sub-project was to gather the Hungarian experiences concerning the correct and incorrect application of the Regulation, and to make proposals how to amend the Regulation in order to exclude its incorrect and to promote its correct application across the whole territory of the EU. The Commission Report¹⁷ from 17th of August 2018 concluded that there is a need for other types of activities instead of further amendments of the EGTC Regulation. In spite of that, we did not exclude to clarify the situation in Hungary, to collect the perceived legal difficulties, as well as to record good practices.

Presentation of the sub-project activities

1. Questionnaire survey

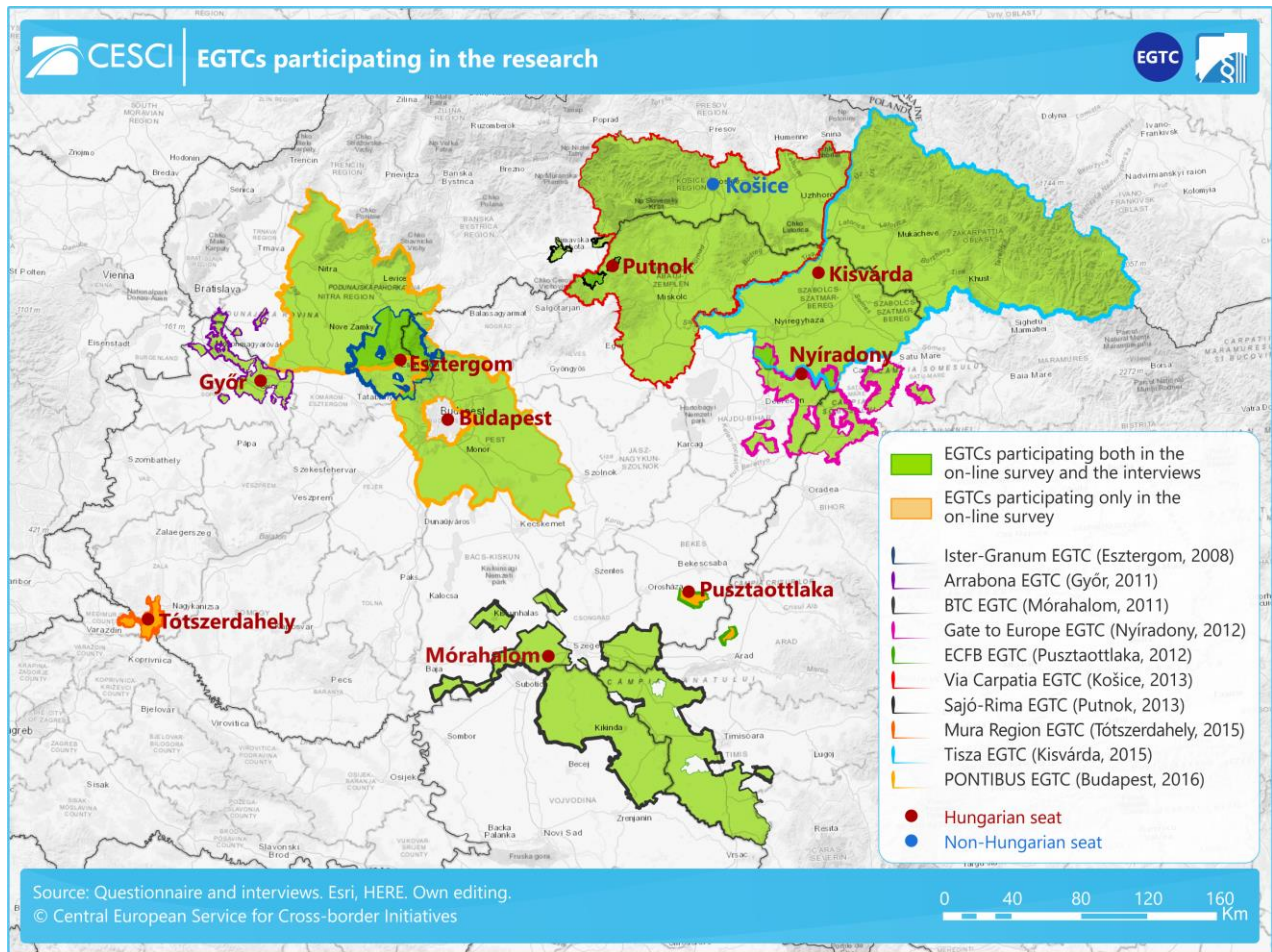
A **survey**, consisting of 19 questions, was sent to the EGTCs with Hungarian interest in order to gather information on their operational experiences. The survey contained questions in the following topics:

- contact information of those EGTCs completed the survey (5 questions);
- experiences on designing, managing and the calls of CBC-programmes (7 questions);
- experiences related to the recognition of the EGTCs as independent legal entities (7 questions).

The survey was completed by 10 EGTCs. As it can be seen on the following figure, we received a completed questionnaire from five border areas (Slovakian, Ukrainian, Romanian, Serbian, Croatian); nine EGTCs of them have their seat in Hungary, and one of them in Slovakia. The map below shows the location of the EGTCs participating in the survey, while their basic data is shown in the table below.

¹⁷ REPORT FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL AND THE COMMITTEE OF THE REGIONS on the application of Regulation (EC) No 1082/2006 on a European Grouping of Territorial Cooperation (EGTC) as amended by Regulation (EU) No 1302/2013 as regards the clarification, simplification and improvement of the establishment and functioning of such groupings

Figure 1: The surveyed EGTCs



Basic data of EGTCs participating in the survey

NAME OF THE EGTC	ABBREVIATION USED (+ EGTC)	SEAT OF THE EGTC	AFFECTED NEIGHBOURING COUNTRY	YEAR OF REGISTRATION
Ister-Granum European Grouping of Territorial Co-operation Ltd	Ister-Granum	Esztergom (HU)	Slovakia	2008
Arrabona EGTC Ltd.	Arrabona	Győr (HU)	Slovakia	2011
Bánát - Triplex Confinium Limited Liability EGTC	BTC	Mórahalom (HU)	Romania and Serbia	2011
EGTC Gate to Europe Ltd.	Gate to Europe	Nyíradony (HU)	Romania	2012
European Common Future Building European Grouping of Territorial Cooperation with Limited Liability	ECFB	Pusztatótlaka (HU)	Romania	2012

NAME OF THE EGTC	ABBREVIATION USED (+ EGTC)	SEAT OF THE EGTC	AFFECTED NEIGHBOURING COUNTRY	YEAR OF REGISTRATION
European Grouping of Territorial Cooperation Via Carpatia Limited	Via Carpatia	Košice (SK)	Slovakia	2013
Sajó - Rima / Slaná - Rimava European Grouping of Territorial Cooperation with Limited Liability	Sajó-Rima	Putnok (HU)	Slovakia	2013
Mura Region European Grouping of Territorial Cooperation Limited Liability	Mura	Tótszerdahely (HU)	Croatia	2015
Tisza European Grouping of Territorial Cooperation Limited Liability	Tisza	Kisvárdá (HU)	Ukraine	2015
PONTIBUS European Grouping of Territorial Cooperation Limited Liability	PONTIBUS	Budapest (HU)	Slovakia	2016

2. Conducting personal interviews with the representatives of the EGTCs

Based on the survey, a **personal interview** was made with the representatives of 8 EGTCs. The main goal of the survey was to specify the uncovered problems, and through the personal communication, to go into further details concerning the experiences of the EGTCs. We discussed the following themes with the interviewees:

- the general and legal identification on EGTCs;
- the public opinion on EGTCs' in their home country and in the other member countries;
- the interpretation of EGTCs by the competent authorities /other administrative authorities / public service providers/ the actors of the private sector;
- experiences in relation with programming of ETC programmes;
- experiences in relationship with participation in ETC calls;
- experiences concerning the participation in other calls;
- the advantages identified during the on-line survey;
- the difficulties identified during the on-line survey;
- suggestions on how to improve situation and the assessment of the EGTCs.

3. Desk research

Besides of the EGTC survey and personal interviews, we implemented a **desk research** within the framework of the sub-project. On the one hand, this research work focused on the regulations on EGTCs both at EU and national levels; and on the other hand it served as a review of the regulations relevant from the point of view of the EGTCs' experiences.

Summary of the sub-project results

Based on the obstacles identified during the research and the professional experience of the past years, we made findings and proposals in three areas to handle the legal obstacles and operational experiences of the EGTCs:

- suggestions formulated based on the experiences of the EGTCs identified within the framework of the research;
- suggestions on the basis of the acquired experience during the multi-annual professional support provided by CESCI for the EGTCs;
- suggestions to utilize the opportunities offered by SGEI and EGTC regulations.

While the first two sets of proposals contained recommendations based on the existing experience, the third one aimed to highlight the opportunities which are granted by the current SGEI and EGTC Regulations. The following tables give an overview about the three packages.

Proposals formulated on the basis of experiences of the EGTCs

CONCLUSIONS FORMULATED ON THE BASIS OF THE EXPERIENCES OF THE EGTCs	RECOMMENDATIONS IN RELATION WITH THE FINDINGS
<p>The EGTC, as a legal form, has become increasingly integrated into professional public awareness, but its general awareness is still very limited.</p>	<ul style="list-style-type: none"> • Information material to be sent to the possible members as target group. • Publication of interpretations, application sheets, etc. about the Regulation and the substance of the relevant national EGTC rules in understandable language on the website of the national approving authority. • Mandatory delivery of the above national interpretations to the Committee of the Regions, and, in parallel, initiating of a single information platform about the EGTC regulations of the member states and concerned third countries.

CONCLUSIONS FORMULATED ON THE BASIS OF THE EXPERIENCES OF THE EGTCs	RECOMMENDATIONS IN RELATION WITH THE FINDINGS
<p>The EGTC is often not mentioned as a separate legal entity by different sectorial legislations (such as tax or labour legislation).</p>	<p>The EGTC concept has been adapted within the concerned legal acts of the main fields relevant in terms of the EGTC legislation (e.g. civil law, law on corporate tax and dividend tax, law on civil procedure, law on bankruptcy and liquidation proceeding); although, in many other cases this has not been realised yet. It is recommended to complement the legislative activity by processing the relevant cases.</p>
<p>Establishment of an EGTC in Serbia is not possible, yet.</p>	<p>The situation can be handled either by bilateral agreement or by internal Serbian law. CESCI put forward a textual proposal for the latter option in 2017, but it has not been applied until today. The EU could provide political support, encouragement, while the Hungarian Ministry of Foreign Affairs and Trade could provide professional assistance for legal harmonisation during the accession process of Serbia, for putting the topic on the agenda of the Joint Committee meetings.</p>
<p>The legal status of an EGTC registered abroad is still not recognized in the territory of Ukraine.</p>	<p>Similarly to the example of Serbia, Ukraine should also be encouraged to adopt the relevant implementation legislation; however, in this region there is a need to increasingly count with the changes of the actual political situation.</p> <p>The initiative of the Tisza EGTC aiming to establish a professional working group with the involvement of the Ukrainian Academy of Sciences and the Faculty of Law of the University of Uzhgorod, which would prepare a summary about the relevant EU level and Hungarian legal frameworks in Ukrainian language, and a proposal addressing the Supreme Council (the government) of Ukraine.</p>
<p>Participation of the EGTCs in the ETC programming differs from programme to programme.</p>	<p>The good practices which were launched in the SKHU INTERREG V-A programme should also be taken by other programmes. The EGTCs, as</p>

CONCLUSIONS FORMULATED ON THE BASIS OF THE EXPERIENCES OF THE EGTCs	RECOMMENDATIONS IN RELATION WITH THE FINDINGS
	important territorial actors, should be mandatory members of the programming working groups. Nevertheless, it has to be seen that the majority of the EGTCs is currently professionally, financially and strategically weightless, hence discussing the conditions of participation can be one of the most urgent issues to tackle among the concerned authorities and the EGTCs.
The EGTCs along the Hungarian-Slovak border can participate at the SKHU INTERREG V-A Programme MC meetings with an observer status, on the basis of rotation principle; however, there is no similar possibility in the case of other programmes.	Good practices launched in the SKHU programme could be taken by other programmes, in harmony with the 2021-2027 Cohesion Policy regulations. For this purpose, the capacities of the EGTCs should be developed in order to effectively participate within the work of the monitoring committees.
Two EGTCs, as intermediary bodies, were selected for managing the implementation of the Small Project Fund (SPF) within the SKHU INTERREG V-A Programme.	The good practice should be extended also to other programmes; since through this model, EGTCs could effectively promote social cohesion in the given region. Management of the small project fund could even prepare some EGTCs for future Management Authority role.
EGTCs appear as beneficiaries only in the ETC programmes' calls.	EGTCs eligibility should be ensured especially in the case of direct EU calls based on an initiative taken at EU level during the finalization of the CP Regulations.. For this purpose, the Ministry of Foreign Affairs and Trade should get in contact with the authorities preparing relevant rules and those designing the new programmes.
During the calls for applications, the EGTCs are classified on the basis of their seat.	Basically, the problem originates from a misunderstanding which could be handled by guides issued by the EU. The elaboration of these guides could be initiated by the national EGTC authorities.

CONCLUSIONS FORMULATED ON THE BASIS OF THE EXPERIENCES OF THE EGTCs	RECOMMENDATIONS IN RELATION WITH THE FINDINGS
<p>The application of the State Aid scheme for the EGTCs is (also) based on the principle of the EGTC seat.</p>	<p>Consultations should be initiated with the competent authorities of the two concerned governments, involving the Joint Committees as needed. Financial support from the sub-system of public finances is available also now, based on legislation or individual decision, through application or outside of it.</p>
<p>The Arrabona EGTC implements a project as a single partner.</p>	<p>This good practice could also be promoted towards other EGTCs – coupled with information on the necessary supplementary conditions.</p>
<p>The Ister-Granum EGTC, with seat in Hungary, participates in a cross-border project as a Slovakian beneficiary.</p>	<p>The legal background of the option is assured by the Regulation and the majority of the projects also allow for such “two-sided” participation, hence knowledge on the concerned national authorities should be expanded, helping establish a more supportive approach. We recommend that the project should be promoted as a best practice in the territory of the EU, besides of introducing the relevant legal provisions.</p>
<p>During the preparation of the project entitled <i>“Building cross border ferry connection and necessary infrastructure between Neszmély and Radván nad Dunajom”</i> it was not clear on which country’s procurement rules should be applied by the Ister-Granum EGTC in relation to the investments of individual project elements.</p>	<p>The legal background is given on the basis of the EU Directive mentioned in this study, and on the basis of the national public procurement legislation. However, clear information is important.</p>
<p>The EGTCs play a decisive role in the implementation of cross-border territorial action plans for employment (TAPE) within the framework of the Slovak-Hungarian programme.</p>	<p>Territorial cooperation programmes should put greater emphasis on integrated cross-border developments whose natural beneficiaries are the EGTCs. The lack of interest for cross-border integrated territorial investment is very often rooted in the complexity of the related (EU) regulatory environment; subsequently, it needs to be simplified (in the spirit of the new draft CP regulations).</p>

Suggestions articulated on the basis of professional experience of CESCI

CONCLUSIONS ARTICULATED ON THE BASIS OF PROFESSIONAL EXPERIENCES OF CESCI	RECOMMENDATIONS IN RELATION WITH THE FINDINGS
<p>The institution, mission, and purpose of the EGTC are difficult to interpret for some of the founding members, sometimes false expectations are linked to them, which can lead to disappointment. However, termination of the organization is time consuming and complicated process. In the case of Hungary, currently we can speak about two EGTCs (Kras-Bodva, UTTS) which are in the process of termination, but we can speak about suspension of activities in case of further 5-6 EGTCs.</p>	<p>Clear information about the nature of the EGTC, separation from other models, about the possible tasks as articulated above. In the near future, information available on the Hungarian government website is worthwhile to complement with the negative experiences of the EGTCs which are in crisis or which are in the process of termination, thus helping to create a realistic picture about the process of foundation of new EGTCs.</p>
<p>Some of the founders do not put enough emphasis on financial planning of the EGTC or they do it only within a limited scope. The initiators think that the founded EGTC will be maintained by the EU or by the support system of the granting Member State concerned. They want a quick registration, early fund raising without serious planning foundation.</p>	<p>In order to stop this tendency, we recommend that national authorities should examine the economic sustainability of the EGTCs more effectively; although, giving financial-economic advices (regulatory adjustment proposal, which is given in the case of membership request rejection, is not a basis for this) is not a task of the national authorities, hence it is useful to handle this question with the involvement of experts.</p>
<p>In some Member States, also further authorities, beyond the approving authority, participate in the approval process; accordingly, sometimes the foundation process of the EGTC simply gets stuck.</p>	<p>We recommend that the Member State approval authorities consult with the relevant authorities on how to keep (respect) the legislative duration of the approval process, at the same time, the relevant founders and other competent national EGTC authorities should receive clear information about the number of involved authorities in the other Member States concerned, as well as about the procedural rules of EGTC's administration laid down in national legislations. The Hungarian Government initiated the annual meeting of approval authorities of the</p>

CONCLUSIONS ARTICULATED ON THE BASIS OF PROFESSIONAL EXPERIENCES OF CESCI	RECOMMENDATIONS IN RELATION WITH THE FINDINGS
	<p>EGTC, where difficulties in application of the Regulation can be clarified by sharing of experiences and direct exchange of opinions. In 2018, the Committee of the Regions was also involved in organizing the annual meeting, which appears as an important milestone in the history of the initiative. However, Member State participation is rather low at these meetings, which does not help increase the visibility and recognition of the EGTC tool and it does not help the simplification of procedures.</p>
<p>Incorrect interpretation, non-compliance of the law by the authorities. It happened several times that the partner member state approving authority requested amendments from the founders which were contradictory to the Regulation; or the authority did not complied with its own national legislation.</p>	<p>Consultation with the seat Member State authority, or, if necessary, request the CoR guideline for the given case.</p>
<p>Thanks to the expansion of the EGTC activities, it is more and more common that the EGTC appears on the other side of the border through their branches as a "subsidiary" with legal personality or as a non-taxable organizational unit. The way of managing this phenomenon is sometimes different by the authorities of the concerned Member States.</p>	<p>Besides the seat member authority, the participating Member States' authorities need to clarify the legal framework for such an "expansion". Clear provisions is needed in order to avoid future misunderstandings. At the same time, independent legal entity of the EGTC should remain as a principle.</p>
<p>Different operation of EGTCs based on public or private law generates various practical difficulties during the founding, as well as the operation. There are some national EGTC laws defining the legal status of the EGTC, but this is not general.</p>	<p>The Committee of the Regions should ask for the status declaration of the EGTCs from the Member States, and to publish it on its website and/or to send a register to all the Member State authorities. Within the framework of the annual EGTC Report, such problems similar to the above should be included, thus helping the functioning of EGTCs without problems.</p>

CONCLUSIONS ARTICULATED ON THE BASIS OF PROFESSIONAL EXPERIENCES OF CESCI	RECOMMENDATIONS IN RELATION WITH THE FINDINGS
<p>The Regulation does not prohibit economic-entrepreneurial activity, moreover, some forms are even named (undertakings entrusted with operations of services of general economic interest), though some national authorities prohibit to use of this term within the founding documents of the EGTCs.</p>	<p>The EGTC Report, as well as a possible independent CoR Communication, could help clarify such misinterpretations.</p>
<p>The responsibility prescribed by the Regulation on providing information on the completion of the establishment procedure to the concerned Member States and to the Committee of the Regions is fulfilled only toward the Committee of the Regions, but according to the experiences it does not happen in the case of the Member States.</p> <p>According to the last sentence of the article 5, (1) paragraph of the Regulation: <i>"The members shall inform the Member States concerned and the Committee of the Regions of the registration or publication of the convention and the statutes."</i></p> <p>First sentence of the article 5, paragraph (2) of the Regulation: <i>"The EGTC shall ensure that, within ten working days of the registration or publication of the convention and the statutes, a request is sent to the Committee of the Regions following the template set out in the Annex to this Regulation."</i></p>	<p>The registration authority of the concerned home Member State should warn the given EGTC about this legal obligation. It can be achieved by strengthening the cooperation between the approval authorities this information can also be directly exchanged. The EGTC Platform could play a central role in this process.</p>
<p>It happened in the case of a national minority self-government founding member (which itself includes several settlements) that (at the request of the competent authority of the non-home Member State) only the settlements located close to each other could enter the EGTC, thereby reducing the area of operation of the grouping.</p>	<p>The EGTC Report, as well as a possible independent CoR Communication could help clarify such (false) interpretations.</p>
<p>If the liability of one member is limited according to the given national legislation on the basis of which it was established, the other members of the Convention may also limit their liability if it is allowed by their national legislation, but the</p>	<p>The EGTC Report, as well as a possible independent CoR Communication, could help clarify such misinterpretations.</p>

CONCLUSIONS ARTICULATED ON THE BASIS OF PROFESSIONAL EXPERIENCES OF CESCI	RECOMMENDATIONS IN RELATION WITH THE FINDINGS
<p>extent of the responsibility undertaken is unknown.</p> <p>According to the article 12. paragraph (2a), <i>"If the liability of at least one member of an EGTC from a Member State is limited as a result of the national law under which it is established, the other members may also limit their liability in the convention where national law implementing this Regulation enables them to do so."</i></p>	
<p>The incomplete, inaccurate EGTC Register of the CoR, lack of information on national EGTC authorities and their registers, as well as the content-wise questions of the Regulation needed for a guidance require comprehensive administrative changes at the relevant EU platforms.</p>	<p>CESCI recommends the Hungarian approval authority to elaborate a package of suggestions toward the CoR.</p>

Making the most of the opportunities offered by SGEI and EGTC Regulation

The study also addressed the issue of services of general economic interest (SGEI). Although currently there are no Hungarian examples of cross-border share of services by EGTCs, the reference to the SGEI in the amended EGTC Regulation is an extension of today's case law and subsequently it was considered to be important to discuss within the framework of this study. In addition, it is expected that the use of the EGTC tool will be extended over time to this area too.

The experience gained by CESCI over the past 10 years in the establishment and operation of EGTCs has shown that the involved authorities tend to interpret the EGTC as an official legal body which excludes the possibility of the provision of market services. This conservative approach was also detectable in the case of EGTCs along the Hungarian-Romanian border where the Romanian approving authority categorically refused to include the word "enterprise" in the EGTC's founding documents and even considered the term "economic activity" as an exaggeration.

The amendment to the EGTC Regulation has clearly overridden this practice, as the scope of potential EGTC members has been extended to companies with actual market activity. The categories of *public undertaking* and *undertaking entrusted with the operation of services of general economic interest* have been introduced, with a view to the emergence of EGTCs in fields such as *education and training, medical care, social needs in relation to health care and long-*

*term care, childcare, access to, and reintegration into, the labour market, social housing and the care and social inclusion of vulnerable groups*¹⁸.

According to the wording of the Revised Regulation, the EGTC may not engage in SGEI-related tasks but may invite undertakings entrusted with the operation of SGEIs among its members and may carry out such activities preferably through the undertaking which operates the SGEI¹⁹. This means that companies entrusted with the operation of SGEIs are expected to pass the same approval procedure as the other EGTC members – with the possible difference that if the State exercises decisive influence over the SGEI, then the rules of the approval procedure will be developed accordingly. If the SGEI company has succeeded in obtaining the approval, the EGTC may provide cross-border services in the above areas and may set related tariffs on both sides of the border. All this confirms the legal interpretation of the study on the basis of which the above suggestions were formulated.

Fulfilment of the defined indicators

TITLE OF THE INDICATOR	TARGET	FULFILLED
Number of EGTC consultations	8 consultations	8 consultations
Comprehensive policy and legal recommendation relating to the obstacles of the functioning of the EGTCs ²⁰	1 pc	1 pc

Possibilities for continuing the sub-project

On the basis of information that were found within the sub-project, the research achieved a similar result as the repeatedly referred Commission Report did: basically, the problem is not with the legal framework per se, but with the unequal and unclear interpretation of the available legislation, as well as in parallel with the under-awareness of the stakeholders. In relation with this, the following activities are proposed as a continuation of the sub-project:

- The experienced difficulties during the preparation of the project “Building cross border ferry connection and necessary infrastructure between Neszmély and Radvaň nad

¹⁸ See the (8) Preamble of the Regulation.

¹⁹ See the Article 7 Paragraph (5) of the Regulation.

²⁰ According to the original objective of the subproject, the legal recommendation would have been prepared to the amendments of the EGTC Regulation. Although, further amendment of the EGTC Regulation is currently not actual on the basis of the Commission Report from 17th of August 2018. Hence, the articulated suggestions and recommendations, prepared within the framework of the subproject, relate to individual problems identified by the Hungarian EGTCs.

Dunajom” underlined that there is a need for a clear, understandable overview and introduction of legal background of public procurement that is related to cross-border investments. Subsequently, CESCI plans to compile **a guide relating to the public procurement legal environment for cross-border developments within its *Legal Accessibility* project in 2019.**

- One of the main findings of the research is that most of the difficulties which are associated with EGTCs are generated by lack of information. To overcome this general problem of under-awareness, CESCI started to develop an **online platform with the title ‘EGTC-monitor’** in 2018. The aim of the platform is to clearly share different (legal, professional, statistical, operational) information which are related to Hungarian EGTCs. The platform is expected to be available to the professionals and the public in 2019.

3. Summary, possibilities of continuing legal accessibility

Relating to the three topics, analysed in 2018, the possibilities for further improvement were presented.

As it is visible, the research highlighted many opportunities in the field of cross-border health care, from a concrete cross-border bilateral ambulance co-operation implemented along a border region, through suitability assessment of concrete hospitals in border areas, until coordination of emergency dispatcher systems. Concerning the application of the EGTC Regulation in the member states (in harmony with the Report in 2018), there would be many things to do, especially in the domain of sharing relevant information.

In 2019, CESCI plans to implement another *Legal Accessibility* project, which would focus on two topics: preparing of cross-border share of health services; as well as knowledge share of public procurement rules with the help of a guide, affecting cross-border developments.

In parallel with this project, we have launched the implementation of another one, which is supported by the International Visegrad Fund, to prepare a common accessibility mechanism for the four Visegrad countries. In the framework of the project, we would like to adapt the model of the Nordic Council, established in 2014, to Central European conditions.

To this end, we examined the operation of the Nordic Council Secretariat on the site in April 2018, then we made a literature review which was followed by a study that summarized the Nordic model. In the second half of 2018, we analysed the legislative system of the four countries together with our partners, and on this basis we proposed a solution on the level of V4 (outlining 3 options), which would also facilitate the application of the ECBM²¹ tool of the European Union.

Likewise, we started to develop the EGTC monitor, mentioned above, in 2018. The purpose of the on-line platform is to provide a comprehensive picture about the regulatory background of the Hungarian EGTCs, about their operation and their development frameworks in Hungarian and English. An information interface with statistical and map files is expected to be available from the summer of 2019.

By doing so, we would like to ease the everyday lives of citizens along the border, as well as to promote the success of cross-border integrated cooperation with initiatives supporting each other in a synergetic way.

²¹ More information about the project is available at the following link: <http://legalaccess.cesci-net.eu/en/about-the-v4-project/>