With this humble contribution to the Committee's work I merely wish, if I can, to supply a small amount of context, mainly on the legal side of things, in respect of ramifications of a possible "Brexit" on the country's health policy. Where possible, I have tried not to repeat arguments already discussed during the live session of 26 April 2016, but, where such repetition does occur, I have flagged this up. Thus, I have made no mention of the Working Time Directive, which was thoroughly debated on that occasion, or indeed the impact of a UK departure from the EU on research collaboration.[1]

I have divided my submission into four segments. The first three consider three of the EU's four "fundamental freedoms" and attempt to identify health-related issues arising thereunder and how these might fare if the UK left the EU. These are the free movement of services (section 1), of goods (section 2) and of persons (section 3). The fourth segment is a residual section, looking at a few other potential impacts arising in different fields of EU competence, or shared UK-EU competence.

1. The free movement of services: health tourism and procreative tourism

In the Equality Analysis which it carried out prior to transposition of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare,[2] the UK Government stated that some 3% of UK citizens (1,800,000 people) received medical treatment in another EU Member State in the 12 months from June 2006 to June 2007, including a large cohort seeking emergency treatment.[3] It is not new to assert that such people will face greater hardships following a British decision to leave the European Union, caused inter alia by the consequential exclusion of the UK from the European Health Insurance Card scheme. Of more concern, though, is the small portion of these se 1,800,000 [illegible] 46.1029968beg (Written)T( )T

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been heard with the UK outside the EU, it is likely that Ms Blood would have been prevented from exporting her husband’s sperm.

2. The free movement of

Some national regulatory autonomy was retur BT /FAu4

hampering their sale there (even in the supposed absence of post-"Brexit" tariffs), and possibly leading to a withdrawal of those goods from the Continental market.[18] Such difficulties for British manufacturers would again come, not only from Member State rules in non-harmonised areas, but also from EU rules in areas which had been harmonised. It is important to note this, as one argument discussed by the Committee during the live evidence was the difficulty of getting "teaspoon labelling" on products containing sugar, as labelling of goods is an EU competence. Were Britain to leave the bloc, and were she to pass her own labelling law requiring "teaspoon labelling" when it came to sugar content, British manufacturers of goods containing sugar would find their wares barred from the EU as they would no longer comply with the EU rules. This would leave them only the domestic market and the current non-EU market (presuming no contrary regulations) in which to sell the UK-compliant products. It would of course be open to them to relabel for the EU market, but this might be prohibitively costly. They could also concoct a label satisfying both sets of rules, but if the idea of the UK law was to make things simpler for consumers, one wonders if that goal might not be jeopardised by a hybrid label stating the sugar content in two different ways!

3. The free movement of persons: language/ medical tests for migrants, their equal treatment with UK citizens threatened

The UK's no longer being bound by the Treaty rules on the free movement of persons would also have a number of potential impacts on health policy. As already discussed during the live evidence, the UK would be able to *systematically* test doctors and nurses from EU Member States for their language skills, something which is not allowed presently under EU Law, particularly case-law.[19] A case like that of Dr Daniel Ubani (mentioned by Professor McKee and alluded to during the evidence of Jane Ellison MP), the German-trained GP who killed a patient by giving him ten times the normal dose of diamorphine, might conceivably be avoided, assuming that it was a language error which led to this tragic mistake. A future UK Government would also be able, were it minded to, exclude EU migrants from entering the country on the grounds that they were suffering from certain conditions, such as HIV. As things stand, prohibition of EU citizens from entering the UK may only be where the individual being excluded has a disease "with epidemic potential" as defined by the World Health Organisation or other infectious/contagious parasitic disease if it is the subject of

have their disability benefit cut or stopped altogether, their right to it deriving solely from the Treaty and secondary EU legislation by which the UK would no longer be bound. In the same way, it could not be guaranteed that

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