ECJ 29 October 2000, Case C-243/19 (Veselības ministrija), Social Insurance, Miscellaneous

A – v – Veselības ministrija, Latvian case

Summary

Article 20(2) of Regulation No 883/2004 does not preclude the insured person's Member State of residence from refusing to grant that person the authorisation provided for in Article 20(1) of that regulation, where hospital care is available in that Member State but the treatment used is contrary to that person's religious beliefs.

Questions

1. By its first question, the referring court asks, in essence, whether Article 20(2) of Regulation No 883/2004, read in conjunction with Article 21(1) of the Charter, must be interpreted as precluding the insured person's Member State of residence from refusing that person the authorisation provided for in Article 20(1) of that regulation where hospital care, the medical effectiveness of which is not contested, is available in that Member State, although the method of treatment used is contrary to that person's religious beliefs.
2. By its second question, the referring court asks, in essence, whether Article 8(5) and (6)(d) of Directive 2011/24, read in the light of Article 21(1) of the Charter, must be interpreted as precluding a patient's Member State of affiliation from refusing to grant that patient the authorisation referred to in Article 8(1) of that directive where hospital care, the medical effectiveness of which is not contested, is available in that Member State, although the method of treatment used is contrary to that patient's religious beliefs.

Ruling

1. Article 20(2) of Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems, read in the light of Article 21(1) of the Charter of Fundamental Rights of the European Union, must be interpreted as not precluding the insured person's Member State of residence from refusing to grant that person the authorisation provided for in Article 20(1) of that regulation, where hospital care, the medical effectiveness of which is not contested, is available in that Member State, although the method of treatment used is contrary to that person's religious beliefs.
2. Article 8(5) and (6)(d) of Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, read in the light of Article 21(1) of the Charter of Fundamental Rights of the European Union, must be interpreted as precluding a patient's Member State of affiliation from refusing to grant that patient the authorisation provided for in Article 8(1) of that directive, where hospital care, the medical effectiveness of which is not contested, is available in that Member State, although the method of treatment used is contrary to that patient's religious beliefs, unless that refusal is objectively justified by a legitimate aim relating to maintaining treatment capacity or medical competence, and is an appropriate and necessary means of achieving that aim, which it is for the referring court to determine.

ECJ 11 November 2020, Case C-300/19 (Marclean Technologies SLU), Collective Redundancies

UQ – v – Marclean Technologies SLU, Spanish case

Summary

Article 1(1), first paragraph under (a), must be interpreted as meaning that, in order to assess whether a disputed individual dismissal is part of a collective dismissal, the reference period referred to in this provision to determine whether there is a collective dismissal must be calculated by each period of 30 or 90 consecutive days in which this individual dismissal has taken place and in which the largest number of dismissals by the employer has occurred for one or more reasons that do not relate to the person of the employee within the meaning of this provision.
Unfortunately, no English translation has been made available yet. Other language versions are available on: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:62019CJ0300.

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