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Commission



Access to financial products
for persons with a history of
cancer in EU Member States

An exploratory study

Europe's Beating Cancer Plan

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Access to financial products for persons with a history of cancer in EU Member States

An exploratory study

Specific Contract No SC 2020 71 01 in the context of the Single
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Executive summary

Background

The European Commission's "Europe's Beating Cancer Plan" sets out a new approach for the European Union (EU) to beat cancer considering the entire disease pathway, from cancer prevention to survivorship, focusing on actions where the EU can add the most value. In support of this plan, the Commission seeks to examine practices in the area of financial services (including banking and insurance) from the point of view of fairness towards persons with a history of cancer in long-term remission. This examination includes looking into the principles behind personal history questionnaires that are required for accessing financial products. EU level legislation, including the Mortgage Credit Directive (MCD) and the new proposal for a Directive on consumer credits take the position that assessments of creditworthiness should be based on the appropriate legal basis and comply with the relevant data protection rules and principles, thereby meaning that health data, including cancer data, is not required when a creditor is processing personal data for the purposes of providing a loan.

Aim of this exploratory study

The Directorate-General for Health and Food Safety (DG SANTE) has tasked the EUHealthSupport consortium to conduct an exploratory study with the purpose to: 1) get a better understanding of the current situation regarding access to financial products for persons with a history of cancer in EU Member States, and 2) explore the perceptions of Member States and stakeholders regarding national and EU level action on this topic. These aims were addressed by conducting a quick scan of the (scientific and grey) literature, bilateral expert consultations, a consultation of the Member States through a survey (with a response from 23 Member States plus Norway and Iceland), and an open consultation among wider stakeholder audiences at EU and/or national level (with a response from 104 stakeholders). These four sources led to insights related to the two abovementioned aims, as summarised below.

Current situation within Member States regarding actions to support access to financial products

Findings show that fair access to financial products is a topic of attention in most Member States, with patient and consumer organisations having raised the topic. The study shows a variable regulatory landscape across the EU. Belgium, France, the Netherlands, Portugal (since January 2022) and Italy (since March 2022) currently have legislation adopted/implemented, while in Luxembourg the Ministry of Health and insurance companies agreed on a convention to support access to insurances for persons with a history of cancer. In seven Member States, self-regulatory actions have been or are being developed (BE, DK, FI, FR, EL, NL, and RO). Furthermore, some Member States report that fair access to financial products for persons with a history of cancer is addressed in other more general legislation, such as general anti-discrimination legislation (HU).

Views of Member States as well as stakeholders are mixed regarding the need for further governmental action. Some indicate that no further national policies are needed, considering, among others, that fair access to financial products for persons with a history of cancer is already covered in existing legislation, that they do not have evidence of unequitable access for this group and/or that evidence of the effectiveness of policy measures is currently lacking. Other Member States and stakeholders do see the importance of addressing this topic on a national level.

Perceptions of Member States and stakeholders regarding EU level action

There is a good level of support among the responding Member States for initiating EU level policy to support fair access to financial products for persons with a history of cancer, either legislative or non-legislative. Support from the responding Member States is greatest when it comes to a role of the EU in increasing awareness about the importance of equitable access to financial products for persons with a history of cancer, in supporting the exchange of knowledge, experiences and practices across Member States and in establishing an EU level body that synthesises and regularly updates relevant (scientific) evidence. In addition, a number of Member States support the development of an EU level code of conduct or other non-legislative EU level policy on the topic and/or the development of EU level legislation. At the same time, some Member States currently do not support possible EU level policy actions, among others as they already have national legislation in place or because a better understanding of the scale and impact of the problem would be required first.

Among stakeholders it can be observed that representatives of persons with (a history of) cancer as well as healthcare professionals, academia and other groups, broadly express their support for EU level policy action to improve access to financial products for persons with a history of cancer. For each of the eight possible types of EU level action that were presented, a majority of these stakeholders express their (strong) support. E.g., 86% supports EU level legislation on the topic, while the same share also confirms that the EU should support Member States in the implementation of legislation. In comparison, representatives of the (re)insurance and financial sector show more reservations regarding EU level policy actions, with only two types of actions receiving support from a majority: 81% believe the EU should support the exchange of practices and experiences across Member States, while 75% support the notion that the EU should develop an EU level code of conduct (a set of common rules) on the topic, often with the extra clarification that such a Code is mostly intended to provide transparency about how the current rules should be interpreted. The same group is far less supportive towards EU level legislation, with two stakeholders providing to some degree support to the development of such legislation. Arguments for their reserved positions are among others that they believe a more in-depth analysis and potential initiation of actions at the national level are needed before addressing the issue at the EU level.

Conclusion

The outcomes of this exploratory study imply that access to financial products for persons with a history of cancer is a topic of attention in most European Member States. Furthermore, most Member States and key stakeholders are positive with respect to a further exploration of EU level action that would support access to financial products for persons with a history of cancer in all Member States. Specifically the exchange of practices and experiences across Member States and the development of an EU level Code of Conduct are supported by most Member States and stakeholders, although the exact interpretation on the scope and nature of such a code may still differ considerably between various parties involved.

The work conducted in the context of this study also implies that a number of issues need to be addressed. Main concerns are that EU level action might be difficult to achieve given the existing variation in regulatory arrangements between Member States and that EU level action may cross legislation or agreements that are currently in place in some Member States, the impact of which has not been well evaluated yet. Furthermore, there is considerable variation in stakeholder views which makes the identification of one common approach difficult, requiring a multifaceted approach to address the topic.

The exchange of experiences and practices between Member States and stakeholders and evaluating the current provisions that are in place in Belgium, France, Luxembourg, the Netherlands and Portugal, including their impact, will shed more light on potential

actions that could be considered for implementation in other Member States or at EU level. These are therefore seen as important first steps in the development process of EU level action on the topic of access to financial products for persons with a history of cancer.

Regardless of the next steps that are chosen at EU level, it is clear that further co-operation and information sharing is crucial. Indeed, a common reflection, shared by both stakeholders and Member States delegates was that EU level actions to improve access to financial products for persons with a history of cancer, should involve policy makers, representatives of persons with (a history of) cancer, and representatives of the (re)insurance and financial sector from the start. Furthermore, equal rights for persons with a history of cancer across Europe as well as a level playing field for actors in the insurance and financial sector can be considered two important points of departure for any EU level action in this area.

1. Introduction

1.1. Issue at stake

This study explores whether and how access to financial products could be improved for persons with a history of cancer by actions at EU level and/or within Member States. In this study the term ‘financial products’ is used to refer to personal insurances, such as life insurances, and loans or credits. An important element of this study is to explore what type of financial products are in particular difficult to access for persons with a history of cancer and would therefore be relevant to address in (policy) actions at national or EU level. The research questions guiding this study are:

1. What measures are in place or are being developed in Member States to address and improve access to financial products for persons with a history of cancer?
2. What are the views of Member States and stakeholder audiences regarding the need for national and/or EU level action on the topic of access to financial products for persons with a history of cancer; and if considered necessary, through which types of non-legislative and/or legislative measures?

1.2. Background

National and EU level actions to address access to financial products by persons with a history of cancer

Due to advances in cancer care, early diagnosis, and innovative treatments, the survival rate of cancer patients has significantly improved over the last decades. However, persons with a history of cancer continue to face barriers in various domains of life, including the financial domain. Persons with a history of cancer in long-term remission living in the EU have reported that the disclosure of their cancer history can result in a higher premium or exclusion from certain financial products, mainly personal insurances, such as life insurance required to obtain a mortgage credit, travel insurance, optional (additional) health insurance, (individual) disability insurance, and funeral plans [1, 2, 3, 43]. This can even be the case many years after successful treatment and recovery, prohibiting persons with a history of cancer to fully participate in society, for instance because they are refused a life insurance and are therefore not able to obtain a mortgage to buy a house.

This has led some EU Member States to implement provisions in the last five years, to improve access to financial products for persons with a history of cancer. Belgium, France, the Netherlands and recently also Portugal and Italy adopted legal measures; whereas in Luxembourg the government agreed on a convention with the (re)assurance association and private insurance companies to improve accessibility of financial products for persons with a history of cancer (see Section 3.1 for more detailed information) [4]. In some other Member States, insurance markets have implemented self-regulatory policies that provide options for persons with a history of cancer to access financial products under certain conditions, such as Italy and Denmark [5, 6].

Cancer patient representatives have advocated for the implementation of (similar) legislation in all EU Member States [7], to ensure fair access to financial products for all persons with a history of cancer living in the EU. The call for EU level action on this topic was heard by both the European Commission and the European Parliament Special Committee on Beating Cancer (BECA). In February 2021, the European Commission presented Europe’s Beating Cancer Plan. With this plan, the Commission aims to tackle

the entire disease pathway, from prevention to survivorship. One of the aims of Europe's Beating Cancer Plan is to improve the quality of life of persons with (a history of) cancer, which also includes removing barriers to financial products and services for persons with a history of cancer [8]. The Commission made a commitment in the Europe's Beating Cancer Plan to:

“closely examine practices in the area of financial services (including insurance) from the point of view of fairness towards cancer survivors in long term remission. In the short term, the Commission will work with relevant stakeholders to address access to financial products for cancer survivors. The Commission will also engage in dialogue with businesses to develop a code of conduct to ensure that developments in cancer treatments and their improved effectiveness are reflected in the business practices of financial service providers to ensure that only necessary and proportionate information is used when assessing the eligibility of applicants for financial products, notably credit and insurance linked to credit or loan agreements.”¹

Next to the Europe's Beating Cancer Plan, the BECA Committee also expressed a commitment to address this potential discrimination of persons with a history of cancer, by calling for common standards across the EU and national legislation change if needed. Noting the Commission's intention to engage with businesses to develop a code of conduct, the Committee:

“Considers that insurers and banks should not take into account the medical history of people who have been affected by cancer; calls for national legislation to ensure that cancer survivors are not discriminated against compared to other consumers; notes the Commission's intention to engage with businesses to develop a code of conduct to ensure that developments in cancer treatments and their improved effectiveness are reflected in the business practices of financial service providers; supports, in parallel, the promotion of advances made in France, Belgium, Luxembourg and the Netherlands, where cancer survivors enjoy the 'right to be forgotten'; requests that by 2025, at the latest, all Member States should guarantee the right to be forgotten to all European patients 10 years after the end of their treatment, and up to five years after the end of treatment for patients whose diagnosis was made before the age of 18; calls for the introduction of common standards for the right to be forgotten under the relevant provisions on consumer protection policy of the Treaty on the Functioning of the European Union, in order to remedy the fragmented national practices in the area of creditworthiness assessment and ensure equal access to credit for cancer survivors; calls for embedding the right to be forgotten for cancer survivors into relevant EU legislation to prevent discrimination and improve cancer survivors' access to financial services”.²

Quotes from both the Europe's Beating Cancer Plan and the BECA Committee show that potential measures to address could consider non-legislative measures and legislative measures at Member State and/or EU level. Some Member States already have a provision in place (as described previously), but most of them do not, leading to a call for action at EU level. In the case of legislative measures, these could be directed to persons with a history of cancer specifically, but could also be of a more general nature. For instance, the recent BECA report called for the adoption of an anti-discrimination directive, which would particularly refer to the Directive Proposal (COM(2008)462) against discrimination based on age, disability, sexual orientation, and religion or belief beyond

¹ Communication from the Commission to the European Parliament and the Council - Europe's Beating Cancer Plan, COM(2021) 44 final (SWD(2021) 13 final), page 25.

² Special Committee on Beating Cancer (2022) Report on strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy 2020/2267(INI), 07.1.2022.
https://www.europarl.europa.eu/cmsdata/243836/BECA%20final%20report_tabled_PE693752v02-00EN.pdf

the workplace.³ The same BECA report also calls for the fair and equal implementation of directives on financial services, such as the Consumer Credit Directive, without any discrimination against persons with (a history of) cancer.^{4,5}

Furthermore, the Parliamentary Assembly of the Council of Europe [9] has also acknowledged the difficulties that persons with a history of cancer face when requesting products and services from the credit and insurance market. Given the context that life expectancy has increased for persons with a history of cancer, “it is legitimate to question the meaning of an insurance contract where all risks are avoided”. The Assembly recommends Member States to do more to protect the rights of persons with (a history of) cancer. It suggests engaging with actors in the private sector to fight discrimination suffered by these survivors and encourages to evaluate patient protection systems like the ‘right to be forgotten’.⁶ One conclusion was:

“the European Union should be able to expand its powers to support the dissemination of good practices in the fight against cancer and other chronic and long-term diseases. The consultation of the ECPRD (European Centre for Parliamentary Research and Documentation) [...] allowed the committee to gather information on the implementation of the “right to be forgotten”, which is an example of good practice. Thanks to this right, patients in remission of cancer have been able to return to a normal life by being able to borrow money without having to declare their illness to the insurer. This right is a major contribution by the European Union in favor of the rights of sick people. The protection of personal data has made a leap forward.”

Linkage to other EU level legislation

Existing EU level legislation, including the above mentioned Consumer Credit Directive as well as the Mortgage Credit Directive, already seeks to ensure that consumers are treated fairly and transparently. The Mortgage Credit Directive protects against refusal of a mortgage on the basis of health data (this does however not prohibit mortgage providers to refuse a person who is unable to get mortgage protection, e.g. life insurance, because of past health problems).

In case of the Consumer Credit Directive, a new proposal for a Directive will repeal and replace the Consumer Credit Directive (2008/48/EC). It aims to ensure a high and consistent level of consumer protection across the EU, including for vulnerable consumers, and to fostering the internal market for consumer credit. The proposal for this Directive refers to European Banking Authority Guidelines on information to be considered for the assessment of consumer creditworthiness, and points out that such assessments should be based on information on the financial and economic situation of the consumer, while health data, including cancer data, should not be used (Recital 47). Once in force,

³In addition, with certain cancer types being particularly relevant for women rather than men - or vice versa - it could potentially also refer to Directive 2004/113/EC concerning the equal treatment for men and women in the access to and supply of goods and services

⁴ Directive 2008/48/EC of the European Parliament and of the Council of 23 April 2008 on credit agreements for consumers, OJ L 133, 22.5.2008, amended by Regulation (EU) 2019/1243 of the European Parliament and of the Council of 20 June 2019. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A02008L0048-20190726>

⁵ For an overview of legislation in the field of financial services, see https://ec.europa.eu/info/law/law-topic/eu-banking-and-financial-services-law_en

⁶ Applied to persons with a history of cancer, this concept implies that after a certain amount of time (depending on national statistics on cancer mortality and survivorship), insurances or banks should not take into consideration the previous cancer in their risk assessments for providing their services.

all credit agreement up until EUR 100 000 should be included in the scope of application of the Directive (Recital 15).⁷

Next to the above mentioned directives, the topic of access to financial services also links to the General Data Protection Regulation (GDPR), which came into force in 2018. Based on that legislation, personal data of citizens, including their health data, can only be used under certain conditions, which then also applies to their use to establish an insurance. In essence, GDPR does not create a prohibition to process personal data, but any processing must be necessary, limited and minimised and have the appropriate lawful basis.

Furthermore, the European Commission presented in 2021 the European Strategy for the Rights of Persons with Disabilities, to ensure their full participation in society, on an equal basis with others in the EU and beyond, in line with the Treaty on the Functioning of the European Union and the Charter of Fundamental Rights of the European Union. Even though the past decades brought progress in access to healthcare, education, employment, recreation activities and participation in political life, many obstacles remain. The new strategy builds on its predecessor, the European Disability Strategy 2010-2020.⁸

1.3. Reading guide

The overview above manifests that the topic of access to financial services is a matter which not only has been under attention at the highest political levels within the EU, but also that it cannot be seen in isolation from various forms of existing legislations, at EU level, as well as national level. Purpose of this study will not be to conduct an in-depth legal analysis of such regulations and the manners in which they interact. Instead, the focus of this exploratory study will be on what the views and perceptions are of both Member State delegates and stakeholders. For this, the next chapter describes the methods used, while chapter 3 and 4 present the main results, respectively responding to research question one and two, followed by chapter 5 in which final remarks and conclusions are described.

Since the term 'cancer survivor' is commonly used in both (grey) literature as well as legislation covering this topic, this term was also adopted in the Member States survey and stakeholder consultation form that were developed for the purpose of this study. However, the term 'persons with a history of cancer' is considered preferable over the term 'cancer survivor' because of the stigmatising connotation of the latter. The term 'cancer survivor' will therefore only be used in some tables and sections of chapter 3 and 4, to describe the main results. In the other parts of this report the term 'persons with a history of cancer' will be used.

⁷However, unsecured credits the purpose of which is the renovation of a residential immovable property, including those involving a total amount of credit above EUR 100 000, should not be excluded from the scope of the proposed Consumer Credit Directive (Recital 21).

⁸ https://ec.europa.eu/commission/presscorner/detail/en/ip_21_810

2. Methods

This study was based on the following methods, as described in detail below: a quick scan of (grey and scientific) literature; an expert consultation; a member states survey; and a stakeholder consultation.

2.1. Quick scan of literature

The study started with a quick scan of relevant scientific and grey literature to gather information on the problems related to access to financial products and services as experienced by persons with a history of cancer and on (potential) policies or measures to reduce the problems experienced in this area. Studies or reports from non-EU Member States were thereby not excluded in advance, but screened for useful elements for the EU and its Member States.

The quick scan considered scientific and grey literature, including for instance websites and blogs, addressing access to financial products by persons with a history of cancer. The search was conducted in several search repositories (PubMed, Scopus, Google, and Google Scholar). In addition, the websites of relevant international organisations were screened (e.g. WHO, OECD, and cancer organisations). Key terms that were used in combination to search for relevant materials included: 'cancer survivor', 'cancer patient', 'patient in remission', 'survivorship', 'extended survivorship', 'permanent survivorship', 'cancer', 'living beyond cancer', 'after cancer', 'survival', 'increased risk', 'financial products', 'right to be forgotten', 'mortgage', 'insurance', 'funeral plan', 'life insurance', 'house insurance', 'mortgage insurance', 'financial services', 'insurance hardship', 'financial discrimination', 'loan', 'credit', 'access', 'barrier', 'hurdle', 'challenge', 'availability', 'legislation', 'policy'. There were no limitations on language; the search terms were translated from English into the local language(s) of each Member State, making use of machine translation. Machine translation was also used to review documents and websites that came out of the search.

All materials that addressed the issue, either by acknowledging it, by providing positions or calls for action, or by describing current policies or self-regulated actions were read and subsequently summarised in a table (see Annex 1 for an overview of the collected relevant materials).

2.2. Expert consultation

Bilateral expert consultations were carried out to obtain a better understanding of the issue(s) at stake and more specific aspects to address in both the Member States survey and stakeholder consultation. Twelve experts in the field (three from Belgium, four from France, two from the Netherlands, two from Spain, and one from Sweden) were invited for an online consultation. These experts had either been involved in the development and implementation of Member State level legislation on the topic or had actively been involved in the topic as a representative of persons with (a history of) cancer, researchers, or the (re)insurance sector. The experts were approached by email and were all willing to participate in a meeting. During the meetings the experts shared their views regarding the issue at stake and provided feedback on the initial drafts of both the Member States survey and the stakeholder consultation form.

2.3. Member States survey

In parallel to and based on the quick scan of the literature and the expert consultation, a Member States survey was developed. The survey was then sent to members of the SGPP Subgroup on Cancer, nominated to take seat in the Subgroup on behalf of their national government, which most commonly is their Ministry of Health. All potential participants were invited to consult additional experts where relevant, for example, within their own authorities (most commonly Ministries of Health) as well as from other authorities, e.g. Ministries of Justice and Economic Affairs. The survey was circulated in November and December 2021.

The following issues were considered in drafting the survey:

1. Member States can opt to address access to financial products via legislation (as it is the case in Belgium, France, the Netherlands, Portugal and Italy), but also in softer regulations such as a convention (as is the case in Luxembourg).
2. Similarly, Member States can opt to a) restrict legislation to certain cancers, b) exclude certain cancers, or c) distinguish between cancer types based on general criteria such as the duration of remission.
3. Member States may also decide to include other diseases as part of their legislative measures.
4. Member States may differ in the scope of their legislation in terms of financial products included, the degree to which current or anticipated legislation allows for expansion to other conditions besides cancer, and the type of body that should monitor whether adaptations are justified based on new scientific evidence regarding treatment effectiveness.
5. Member States may be in various stages of readiness regarding the development and implementation of policy and legislation on access to financial products. This may range from Member States discussing the desirability or necessity to develop policies or legislation; Member States exploring or preparing policy or legislative action; to Member States finding themselves in different stages of implementing policy or legislation. Last, Member States may also have had such discussions or preparations but have decided not to pursue this further.
6. Member States have relevant general legislation or Codes of Conduct and which financial services sectors need to abide by, as it might indicate that equity is already secured to a certain extent, but more indirectly through other relevant acts.

The final questions of the Member States survey can be found in Annex 4.

Because not all Member States were able to respond to the Member States survey, possibly due to several factors including the COVID pandemic, time constraints or the complexity/political sensitivity of the topic, Member States who had not responded to the survey were asked if it would be possible to provide a short response to three more general questions, as described below:

- Is it correct that there is no dedicated legislation in your country on the topic of access to financial products, specifically for cancer survivors? Yes / No / Don't know
- Could it be that there is some other form of regulation or broader legislation in your country that covers the topic of access to financial products for cancer survivors? Yes / No / Don't know
- Do you agree that it is explored at EU level how access to financial products for cancer survivors could be improved through EU level policy measures? Yes / No / Don't know

Annex 2 provides an overview of the responding countries (including abbreviations) and whether countries filled out the survey or provided a response to the three general questions. The results of the Member States survey and the three general questions will be described in both quantitative and qualitative terms.

2.4. Stakeholder consultation

A stakeholder consultation was prepared and circulated in the same period as the Member States survey (November - December 2021). Stakeholders from the following groups were invited per email to participate in an online questionnaire, that was offered via the online platform EUSurvey: cancer patient organisations, general patient organisations, consumer organisations, organisations from the field of oncology, organisations from the financial and insurance sector and academia from the field of cancer/survivorship. It was aimed for to invite stakeholders from all of the EU Member States as well as from Norway and Iceland.

The invitation to participate was sent to contact points at organisations as well as to contact points at national and international associations and federations. These were in part contact points from the network of the researchers conducting the study and in part contacts points that were found through an online search for relevant stakeholders. All the invitees were asked to further distribute the link to the online questionnaire among their network/members organisations.

The online stakeholders questionnaire covered the same topics and contained many questions that were similar to the questions in the Member States survey (see Annex 5). The main difference with the Member States survey, is that no questions were asked on the governments views regarding national and EU level action on access to financial products for persons with a history of cancer.

The results of the stakeholder consultation will be described per stakeholder group in qualitative terms, thereby providing insight into the viewpoints and considerations of different stakeholder groups.

Respondents were asked to indicate which of the following groups of stakeholders they represented or considered themselves to be part of: (1) cancer patients or cancer survivors; (2) patients or citizens in general; (3) healthcare professionals; (4) healthcare organisations; (5) (re)insurance companies; (6) banks; (7) other providers of financial products or services; (8) academia; (9) industry; or (10) other. In the description of the findings, the following combined categories were applied: persons with (a history of) cancer (1); healthcare organisations or professionals (combining 3 and 4); academia (8); (re)insurance and financial sector (combining 5, 6 and 7); other (combining 2, 9 and 10).

Tables showing the distribution of the responses in numbers and percentages per stakeholder group are included in Annex 3. Caution is however advised when interpreting the numbers included in these tables, as they represent responses on behalf of (EU level or national) associations or federations, organisations, and in some cases individuals. This means that some responses represent the views of a group where other responses represent the views of individuals.

3. Current situation in EU Member States regarding access to financial products for persons with a history of cancer

3.1. Existing legislation and other policies in EU Member States

Currently there are five EU Member States that have legislation and/or non-legislative policies in place to improve access to financial products for persons with a history of cancer: Belgium, France, Luxembourg, the Netherlands and Portugal. In addition, shortly before the finalisation of this report, the Italian Senate passed a bill on equal treatment of persons with a history of cancer.

France was the first country to implement a provision on ‘the right to be forgotten’ in 2016, which has been integrated since 2019 in the AERAS Convention. The ‘right to be forgotten’ implies that people with a history of cancer who are in long-term remission (ten years or more after completed treatment when cancer was diagnosed in adulthood, five years or more for those with a history of paediatric cancer) do not have to report their cancer history when applying for insurance to cover certain consumer or business loans, and real estate loans.

The AERAS Convention includes mechanisms to also improve access to certain financial products for people for whom the ‘right to be forgotten’ does not (already) apply, but who have been diagnosed with specific types of cancer (and some other pathologies) and at a specific stage of the disease, for which there is scientific evidence of a reduced death risk based on improved treatment results. For this purpose, a reference grid has been developed, which is being updated regularly. To apply for the protection based on the AERAS reference grid, people are obliged to disclose their history of the specific pathology at stake.

In 2019, Belgium introduced a ‘right to be forgotten’ for cancer patients, who’s treatment has already been ten years successful terminated and in so far no relapse has occurred within this period. In addition, Belgium law also foresees in two reference grids, one for specific cancer pathologies (for which the time limit of ten years is reduced), and one for specific chronic diseases. Both reference grids are being regularly reviewed and updated. A similar legislative approach was adopted in the Netherlands in 2020.

The recently adopted legislation in Portugal (Law n^o 75/2021) has been entered into force on January 1, 2022. It also introduces a ‘right to be forgotten’ to people who have overcome or mitigated situations of aggravated health or disability risks, including those who have overcome cancer. It includes shorter time limits for those who have overcome their pathology before the age of 21 and for those who have an aggravated health risk or mitigated disability.

Italy most recently (March 29, 2022) adopted a law (Law n^o 2548) on equal treatment of people who have been affected by oncological diseases.⁹ The bill addresses the issue that those who have been affected by cancer should not suffer, after recovery, discrimination with respect to access to banking and insurance services and adoption procedures. The bill introduces the ‘right to be forgotten’ for those who completed their cancer treatment ten years ago without a relapse of the disease since then or five years if the cancer arose before the age of 21.

⁹ <https://www.senato.it/service/PDF/PDFServer/DF/368376.pdf>

In Luxembourg, exclusively non-legislative protective measures are in place, as the Ministry of Health agreed in 2020 with the association of (re)insurers and a number of private insurance companies on a voluntary basis on a convention to apply a 'right to be forgotten' and a supplementary list of pathologies that allow protection against exclusion or a high premium (with an obligation to declare, similar to the French AERAS Convention) with a reduced time limit.

Furthermore, it should be mentioned that in some Member States self-regulatory policies have been implemented. For example, in Denmark, insurers provide a life insurance to persons with a history of cancer upon certain conditions, such as the type of cancer and the time after cure or no relapse [10, 11]. Likewise, some insurance companies in Italy have started providing options to persons with a history of cancer after conducting a risk evaluation and at higher premiums [6, 12].

The boxes below provide a brief description of the governmental legislative and non-legislative policy measures that are currently in place in France, Belgium, Luxembourg, the Netherlands, Portugal and Italy. Thereafter, a comparison will be drawn between the provisions in these countries, highlighting the main similarities and differences. A detailed analysis of most of these provisions can be found in other publications.^{10,11}

France

To facilitate access to insurance and credit for people with an aggravated health risk (people who have been diagnosed with cancer, but also some other pathologies), the AERAS Convention 2019 and its updated – extended – version of September 2020, set up mechanisms allowing to improve the taking into account by insurers of therapeutic advances for people with or having been with certain pathologies. The AERAS Convention concerns the coverage of death and invalidity risk related to certain loans for professionals and private consumers. The French state has agreed the Convention with consumer/patient associations, associations of the banks/financing sector and the insurance sector. The terms and deadlines are updated regularly based on therapeutic progress and scientific data.

The AERAS Convention 2019 - and later versions - integrate the "right to be forgotten" and previous versions of the AERAS Convention¹². It consists of:

- The non-declaration of a cancer history ("right to be forgotten"): This right applies to insurance contracts that cover allocated or dedicated consumer loans, business loans for the acquisition of buildings and/or equipment, and real estate loans, in case the insurance contract will expire before the borrower's 71st birthday. It states that not any medical information related to a history of cancer can be requested by the insurer, if:
 - the cancer has been diagnosed before the age of 18 and the treatment protocol has been completed for more than 5 years and no relapse¹³ has been observed;
 - the cancer has been diagnosed at the age of 18 or older and the treatment protocol has been completed for more than 10 years and no relapse has been

¹⁰ Scocca, G. and F. Meunier, A right to be forgotten for cancer survivors: A legal development expected to reflect the medical progress in the fight against cancer. *Journal of Cancer Policy*, 2020. 25.

¹¹ European Cancer Patient Coalition, Public consultation The European Pillar of Social Rights.

¹² Before 2019 there was already an AERAS Convention, but since 2019 it has been extended (and again in September 2020) and integrated the 'right to be forgotten'.

¹³ Defined as any new medically proven manifestation of cancer, whether through a clinical, biological or imaging examination.

observed.¹⁴

- AERAS reference grid: This reference grid defines:
 - the characteristics of the pathologies (precise definition) and the deadlines beyond which no increased rate (additional premium) or exclusion of coverage will be applied;
 - the maximum premium rates that insurers may ask for a borrow insurance from persons with certain pathologies (who cannot borrow insurance against a standard rate).

In these cases, the person who wants to borrow should declare information about his/her health status to the insurer and the insurance company may grant access to the insurance under standard conditions or under conditions "approaching standard conditions". In the latter case, the borrower is informed by the insurer of the standard premium pricing and can thus assess the level of the applied surcharge. The applied premium rate due to the history shown in the reference grid cannot exceed the ceiling set by this grid.

The reference grid applies for insurance contracts that cover professional loans for the acquisition of buildings and/or equipment, and real estate loans. These are either insurance contracts related to real estate loans for the acquisition of a residence principal, of which the insured portion does not exceed 320,000€ or insurance contracts related to a cumulative outstanding loan of which the insured portion does not exceed 320,000€ for other cases of real estate loans and business loans for the acquisition of buildings and/or equipment. In all cases the contract must expire before the borrower's 71st birthday. The AERAS Convention has agreed that for consumer loans not exceeding 17,000€, insurers do not ask a health declaration, if the repayment period is no longer than four years and the borrower is 50 years or younger and the borrower submits a declaration of honor that he/she has no other loans that cumulate (including the new one applied for) above the ceiling of 17,000€.

On January 19 2022 the French Senate adopted provisions strengthening the Right to be Forgotten for cancer survivors including a reduction of the period of the Right to be Forgotten from 10 to 5 years after the end of cancer treatment and the withdraw of a medical questionnaire for loans of less than 200,000€.

Source: Document d'information AERAS à destination des personnes souscrivant un contrat d'assurance en relation avec un emprunt entrant dans le cadre de la Convention AERAS (s'assurer et emprunter avec un risque aggravé de santé) (septembre 2020).

[https://www.aeras-
infos.fr/files/live/sites/aeras/files/contributed/aeras/documents/ConventionAERAS2020.pdf](https://www.aeras-infos.fr/files/live/sites/aeras/files/contributed/aeras/documents/ConventionAERAS2020.pdf)

Source : proposition de loi pour un accès plus juste, plus simple et plus transparent au marché de l'assurance emprunteur (senat.fr). <http://www.senat.fr/leg/pp121-368.pdf>

Belgium

Legal Ref. : Law no. C – 2019/40839, 4 April 2019. Promulgated in April 2019 and entered in force in February 2020, the Law modified the Insurance regulation (Loi relative

aux assurance, C – 2014/11239, 4 Avril 2014) and reformed the article 61. A new section entitled: “Section *Ibis* – Right to be forgotten” was added to the law on insurances. This new section includes provisions that are applicable to insurance contracts concerning outstanding insurance for mortgage and professional loans. The Belgian regulation does not provide a limitation related to the amount covered by loans or insurance contracts.

Individuals who have been or will be affected by a cancer disease, regardless of its type, and who apply for insurance must report that condition to their insurer. However, the insurance company is prohibited from taking this cancer condition into account when determining the current state of health after a period of ten years after successful termination of treatment and insofar as no recurrence has occurred within this period. The insurance company may not exclude this cancer condition from the insurance contract or refuse the insurance because of this cancer condition.

In addition, a reference grid defines a number of types of cancer conditions (and other conditions), for which the intended term is shortened. The insurance company is prohibited from taking this condition into account when determining the current state of health after this shortened period. Conditions can also be defined in the reference grid for which, if applicable, linked to the detailed rules:

1. the insurance company may not charge additional premiums, nor may it provide for an exclusion or refuse the contract as a result of this condition;
2. the insurance company can charge an additional premium as a result of this condition, whereby the Belgian federal government also determines the level at which this additional premium is medically and insurance-technically justified.

The reference grid can be adjusted on the proposal of the Federal Knowledge Center for Healthcare, which evaluates the scheme every two years. The further rules, the terms and the level of the additional premium must be objectively and reasonably justified for medical and insurance purposes on the basis of scientific data. The Belgian monitoring office of pricing (Bureau du suivi de la tarification) is in charge of the disputes relating to the application of the concerned provisions.

Very recently, the Belgian association of insurers (Assuralia) agreed with the insurance companies on a code of conduct, that will enter into force on February 1, 2022, to apply the ‘right to be forgotten’ to all insurances guaranteed income, such as an (individual) disability insurance for self-employed persons. In concrete terms, this means that the insurer shall be prohibited, at the end of the ten years after the successful completion of the treatment and provided that there had been no relapse, nor incapacity to work due to the cancer within this period, take this cancer into account when determining the current state of health. The person with a cancer history will still have to report the disease when applying for guaranteed income insurance.

Source: Wet tot wijziging van de wet van 4 april 2014 betreffende de verzekeringen waarbij voor bepaalde persoonsverzekeringen een recht om vergeten te worden wordt ingevoerd. 4 April 2019.

https://www.abcassurance.be/sites/default/files/document_files/20190404-wet-droit-a-l-oubli.pdf

Source: Factsheet on the Right to be forgotten in the EU National Legislations, European Cancer Patient Coalition. https://ecpc.org/wp-content/uploads/2020/12/Factsheet-National-Legal-framework-on-the-right-to-be-forgotten_UpdatedDEC2020-1.pdf

Source: MTH20031 Verzekeringen gewaarborgd inkomen: recht om vergeten te worden voor exkankerpatiënten Gedragscode. Assuralia, beroepsvereniging van verzekeringsondernemingen, 2021. Gedragscode inzake Verzekeringen gewaarborgd inkomen: recht om vergeten te worden voor ex-kankerpatiënten (assuralia.be)

Luxembourg

In the context of its national cancer plan, the Ministry of Health together with Association des Compagnies des Assurance et Réassurance (ACA) signed a Convention with eight private insurance companies in Luxembourg to allow cancer survivors under certain conditions the 'right to be forgotten'. The ACA recommends that any private insurance company operating in Luxembourg subscribes to the Convention. The Convention came into effect on 1 January 2020, for the duration of three years with the signed insurance companies. It will be renewed after the three years, unless the insurance company withdraws at least three months before the end of the convention. Other insurance companies who want to join could still sign.

The Convention applies exclusively to the balance outstanding insurance for a loan or estate loans for the acquisition of the main residence or professional facilities and whose maximum amount does not exceed 1,000,000€ (in total, including any existing contracts). It concerns life insurance related to death risk, not to invalidity. The insured period should end before the 71st birthday of the applicant.

The conditions are similar to those set for the non-declaration dispositive in France:

- the cancer has been diagnosed before the age of 18 and the treatment protocol has been completed for more than 5 years and no relapse has been observed;
- the cancer has been diagnosed at the age of 18 or older and the treatment protocol has been completed for more than 10 years and no relapse has been observed.

Furthermore, a reference grid with reduced time limits to access the 'right to be forgotten' applies to specific types and stages of cancer, hepatitis C and HIV. This reference grid consists of two parts: pathologies, to be declared to the insurer, which allow access to insurance under standard acceptance conditions, and those that allow access to the insurance under conditions that 'approach the standard acceptance/premium without exclusion of coverage'.

The "Comité de suivi et de réévaluation" monitors the application of individuals and it could assign experts that review individual complaints. Furthermore, this committee provides an advice on adaptation of the convention (or the reference grid) at least every three years. The committee consists of experts assigned by the insurers, by the Ministry of Health and by the national cancer institute, representatives of the ACA, of the insurance companies that signed the convention and of patient associations.

Source: Convention « Droit à l'oubli » - S'assurer et emprunter avec un risque de santé aggravé en raison d'une pathologie cancéreuse ou d'une infection virale à l'hépatite C ou d'une infection par le VIH

<https://www.lalux.lu/fileadmin/mediatheque/documents/Divers/convention-droit-a-l-oubli-29102019.pdf>

Source: Factsheet on the Right to be forgotten in the EU National Legislations, European Cancer Patient Coalition. https://ecpc.org/wp-content/uploads/2020/12/Factsheet-National-Legal-framework-on-the-right-to-be-forgotten_UpdatedDEC2020-1.pdf

The Netherlands

The Netherlands approved the 'Decree insurance examinations of ex-cancer patients' to protect the privacy of consumers and limit insurers to ask about a person's illness history for a certain period of time after someone is cancer-free. This decree entered into force on 1 January 2021.

This Decree picks up on Article 14, paragraph 3, of the Medical Examination Act (Wmk). The Wmk, which has been in force since 1 January 1998, regulates the legal position of those who undergo a medical examination in connection with a civil-law employment relationship or a pension, life- or disability insurance. Questions about a person's health are a medical examination within the meaning of that law and term life insurances as well as funeral insurances are both types of life insurances. Article 14, paragraph 3 states that further rules may be laid down by order in council for the implementation of Articles 2, 3, 4, 5, 6, 7, 8 and 13, paragraphs 2 and 3.

The Wmk provides in Article 3, first paragraph, in a general sense that no questions may be asked and no investigations may be conducted that disproportionately infringe on the personal privacy of the examinee. The present Decree ties in with the general rule from Article 3(1) of the Wmk, by regulating that after a period of time it is no longer allowed to ask whether someone has had cancer in the past that did not come back.

Over time, in view of the socially responsible balance between the accessibility of insurance for cancer survivors on the one hand and the importance of a reasonable risk assessment on the other, asking these questions is no longer justified. This means that such questions, if asked, constitute a disproportionate invasion of the privacy of the cancer survivor. If an insurer nevertheless asks these questions, Article 11 of the Wmk provides that the examiner has the right to refuse to cooperate. In concrete terms, this means that a cancer survivor does not have to provide information about this medical history if a term life insurer or funeral insurer nevertheless asks for it in violation of this Decree. The applicant can submit any disputes about this to the Financial Services Complaints Institute.

The article 2 of the Decree states that the question whether cancer has been diagnosed in the past in a candidate may represent the risk of disproportionate violation of the privacy within the meaning of Article 3, first paragraph, of the Medical Examinations Act. For that reason, ensuring the balance between different interests of parties, the decree rules that it is no longer allowed to ask whether someone has had cancer in the past when, if according to the opinion of the care provider who treated the candidate, there was complete remission, and calculated from the moment when complete remission was established, no recurrence of cancer has been diagnosed for an uninterrupted period of ten years.

The norm establishes also that if the candidate is younger than 21 at the time the cancer was diagnosed, the term referred to in the first paragraph of this article is five years. A further derogation concerns the application of shorter periods after which a candidate may no longer be asked whether (s)he has suffered from a certain form of cancer in the past, for forms of cancer for which, according to generally accepted medical insights and actuarial and statistical data, the chance of that cancer returning after a short period of time is so small that the prudential interest of the insurer is no longer compelling enough to ask candidates about this. In this regard, agreements have been made between representative organisations of patients and insurers about the time limits to be used regarding that form of cancer.

The Decree applies to life insurance policy for applicants under the age of 71 and to funeral insurance policy that are entered into or concluded before the person to whose life the insurance relates reaches the age of 61.

Source: Decree of 2 November 2020, containing rules for insurance examinations of ex-cancer patients for the purpose of taking out life insurance and funeral insurance (Decree on insurance examinations for ex-cancer patients [13])

Source: Factsheet on the Right to be forgotten in the EU National Legislations, European Cancer Patient Coalition. https://ecpc.org/wp-content/uploads/2020/12/Factsheet-National-Legal-framework-on-the-right-to-be-forgotten_UpdatedDEC2020-1.pdf

Portugal

Legal Ref.: Law No. 75/2021: “Reinforces access to credit and insurance contracts for people who have overcome or mitigated situations of aggravated health or disability risk, prohibiting discriminatory practices and enshrining the right to be forgotten, amending Law No. 46/2006, of 28 of August, and the legal regime of the insurance contract” [14].

This law prohibits discrimination and enshrines the right to be forgotten to people who “have overcome or mitigated situations of aggravated health or disability risks” – for example, cancer survivors – (and are no longer in this situation after carrying out treatment or are undergoing treatment that is proven capable of limiting the effects of their situation) when contracting housing and consumer credit, as well as for mandatory or optional insurance associated to credits. These persons cannot be subject to an increase in their premiums or exclusion of guarantees from insurance contracts. The right to be forgotten allows for no information on the medical situation to be collected or processed by credit institutions or insurers in a pre-contractual context, considering that the following has taken place uninterruptedly: 10 years from the end of treatment; 5 years from the end of treatment for those who have overcome their pathology before the age of 21; 2 years of continuous and effective treatment in the case of an aggravated health risk or mitigated disability.

The State maintains a national agreement regarding access to credit and insurance contracts by people who have overcome or mitigated situations of aggravated health or disability risk. The purpose of this agreement is:

- To ensure non-discriminatory access to housing credit and consumer credit for people who have overcome or mitigated situation of aggravated health or disability risk;
- To define categories of data and information required and operations for processing such data and their confidentiality guarantees;
- To develop a mediation mechanism between insurers and credit institutions and people who have overcome or mitigated aggravated health or disability risks;
- To define general guidelines regarding the information to be disclosed;
- To define a procedure for setting a reference grid to define the terms and deadlines for each pathology or disability in line with therapeutic progress, scientific data and knowledge about health risk, credit, or insurer that each pathology represents. This reference grid must be updated every two years and is public.

Applicants for credit or insurance are informed of the provisions of the right to be forgotten and the terms of this agreement in a format intelligible to non-specialists. The agreement also states that the Bank of Portugal (Banco de Portugal) and ASP should supervise the compliance of this agreement. The CNSF (Conselho Nacional de Supervisores Financeiros - National Council of Financial Supervisors) should submit to the Ministry of Finance and the Assmbley of the Republic a biennial monitoring report on the implementation of the agreement.

Source: Assembleia de la República, Lei n.º 75/2021 [Law No. 75/2021], in Diário da República n.º 224/2021, Série I de 2021-11-18, páginas 4 - 8, A.d.I. República, Editor. 2021: Portugal.

Italy

The Italian Senate recently (March 29, 2022) adopted law n.º 2548 titled “Provisions on equal treatment of people who have been affected by oncological diseases”.

Article 1 of the draft law describes that pursuant to articles 2, 3 and 32 of the Italian Constitution, articles 7, 8, 21, 35 and 38 of the Charter of Fundamental Rights of the European Union, as well as Article 8 of the European Convention on the Protection of Human Rights and Fundamental Freedoms, this law recognises the rights of people who have been affected by cancer, not to face discrimination in accessing child adoption and banking and insurance services.

Article 2, titled ‘Access to banking and insurance services’ introduces the ‘right to be forgotten’ for persons with a history of cancer. It describes that if a person is cancer free for at least ten years after completion of treatment, or five years if the cancer was diagnosed before the age of 21, banks, insurers and other financial service providers are not allowed to ask consumers about their cancer history, nor to use this information for risk or creditworthiness calculations. This article also describes that these terms can change for certain pathologies, based on scientific knowledge and protocols, to be adopted every two years on the proposal of the instituted Council (see description Article 4 below). Furthermore Article 2 prescribes that consumers must be fully informed by banks and insurers about their rights that can be derived from this law.

Article 4 of the draft law describes that a Council for the equal treatment of people who have been affected by oncological diseases, will be set up by the Ministry of Health. This Council is deemed essential for the implementation of the law. It will be renewed every four years and its members cannot carry out more than two consecutive mandates. It is described that this Council will: supervise the implementation of the law; formulate the proposal for the decree referred to in Article 2 of the law to the Minister of Health; collect the reports of consumers in relation to the application of this law and, if necessary, forwards them to supervisory authorities; provides advice to banking and insurance operators on the correct application of this law; promotes adequate knowledge of this law among banking operators, insurers and consumers, also through specific information campaigns; delivers an annual report to the Chambers.

As the final legislation is not accessible to date, the information in this box provides a provisory impression of the law that is to be implemented.

Source: Senato della Repubblica, N. 2548, Comunicato alla presidenza il 28 febbraio 2022, Disposizioni in materia di parità di trattamento delle persone che sono state affette da patologie oncologiche. <https://www.senato.it/service/PDF/PDFServer/DF/368376.pdf>

Similarities and differences

The provisions mentioned above show both similarities and differences. Regarding the similarities, they all consist of a ‘right to be forgotten’ for people who completed their cancer treatment successfully at least ten years ago at adult age, and who had no relapse since then. Differences exist on whether a shorter period of long-term remission (five years) applies to people who completed their treatment of cancer successfully before the age of 18 or 21.

Furthermore, Belgium, France, Luxembourg and the Netherlands use a reference list of specific pathologies that provide additional protective measures for people who cannot (already) appeal to the ‘right to be forgotten’. The exact cancer types that are included in these lists and the other conditions that should be met, differ to some extent between the countries. For instance, the remission time terms for certain cancer pathologies on the lists differ between the countries, which relates to the fact that they are based on national

data and remission times vary according to country level factors, including the quality of cancer treatment.

Another difference is that people in the Netherlands who meet the conditions specified in the reference grid can assert the ‘right to be forgotten’, which means that they do not have to report their cancer history, and can thus be accepted under standard conditions. In contrast, in Belgium, France and Luxembourg people who meet the conditions specified in the reference grid should declare their cancer history and may then get access to the insurance they apply for either under standard conditions or under ‘conditions that approach standard conditions’.

An important difference to be aware of is that the provisions in these countries cover different financial products. The French legislation applies to insurance contracts that cover professional loans for the acquisition of buildings and/or equipment, and real estate loans. In Belgium, the legislation applies to outstanding insurances for mortgages and professional loans. In Luxembourg, it covers outstanding insurances for a loan or estate loans for the acquisition of the main residence or professional facilities. In the Netherlands it applies to life insurances and funeral insurances and in Portugal to housing and consumer credits, as well as to mandatory or optional insurance associated to credits. In Italy, the draft law describes that it applies to insurance contracts and contracts concerning banking and other financial services. Furthermore, there are differences between the countries with respect to the amount of money that can be covered by the insurances.

And finally, the impact of these provisions may be different, considering that some are legislative and others are not. For instance, it makes a difference whether the ‘right to be forgotten’ and other measures to improve access to financial products for persons with a history of cancer are based on a regulation to which all insurance companies operating in a country should adhere, or whether they are based on a Code of Conduct that insurers may sign on a voluntary basis.

Effects

It should be noted that the effects of the provisions that are currently in place are largely unknown, as several experts we consulted emphasised. Furthermore, it remains unclear to what extent the provisions in the various countries are known and used by eligible persons. Gaining more insight in the use of these provisions and their effects seems important to further develop existing and new policies in EU Member States and at EU level. At the same time it should be recognised that evaluations of these regulation and policies are complex. For instance, as ‘the right to be forgotten’ is a matter of not declaring, it is not possible to know how many (eligible) people did not declare their cancer history based on this right. Furthermore, experts mentioned that the different ways in which insurers integrate these provisions complicate their evaluation. It appears that some insurers make so-called level 1 proposals (standard condition, mutualised risk), whereas others apply the conditions at level 2 (the aggravated health risk is recognised, the provisions are applied). By law, statistics on levels 1 and 2 are limited. Notwithstanding that, the French National Cancer Institute is currently undertaking a study to obtain more insight into the impact of the AERAS Convention in France.

3.2. Stakeholder perspectives on the issue at stake

To develop any further policy actions in this area, either at national or EU level, it is important to get a better understanding of the views of different stakeholder groups on the exact issue at stake regarding access to financial products for persons with a history of cancer. Therefore, the stakeholder survey asked respondents to describe the type of issue(s) they perceive in relation to the topic.

Overall, there are clear differences between the stakeholder groups regarding the main issues they emphasise. Representatives of persons with (a history of) cancer mainly address the barriers that persons with a history of cancer face when obtaining financial products and the importance of legislations that enable access to financial products. On the other hand, representatives of the (re)insurance sector, although recognising the issue from a cancer survivor point of view, mainly describe the complexities that are bound to the execution of measures that address access to financial products for persons with a history of cancer. A summary of the responses of the various stakeholder groups is provided below, highlighting the key issues that were mentioned.

Persons with (a history of) cancer

Many respondents of the stakeholder survey replied from the perspective of persons with (a history of) cancer (n=57). They indicated that once cancer has been declared cured, people should be enabled to get on with their lives, without consideration of a cancer diagnosis in their past. However, having a history of cancer can be a major hurdle to access financial products, particularly insurance products including a general life insurance, life insurance related to a mortgage, travel health insurance, (additional) health insurance, occupational disability insurance, and unemployment insurance, as well as business loans. According to several representatives, persons who have been declared free of cancer for at least five or ten years, depending on the cancer type, should have the right to non-declare their previous cancer when subscribing to a life insurance required for a mortgage or credit.

According to multiple respondents, access to financial products within Europe is specifically a burdensome obstacle for (young) adult who have overcome paediatric cancers. These persons often experience huge social and economic disparities hindering their everyday social and societal participation. It was described that due to their prior illness, many encounter problems (re)integrating in society and perceive economic discrimination, for example denied loans, barriers to access private health insurance, or mortgage insurances with huge premiums. The responding stakeholders consider it essential that these young adults have the same chances and rights as their peers, including being able to buy a house, start their own business, and become independent without the stigma of cancer continuing to weigh on their lives.

Respondents also added that national governments should recognise the inequities and disparities that exist within the financial service landscape for persons with a history of cancer, examine their national legal frameworks and propose remediating measures. At the same time, it was mentioned that the implementation of the legal provisions regarding fair access to financial products for persons with a history of cancer in all Member States is pivotal for ensuring that all persons with a history of cancer in the EU have access to jobs, insurances, and mortgages without suffering from the stigmas of cancer. One respondent suggested that the EU should act to harmonise the legal frameworks of Member States.

Healthcare organisations or professionals

The group of respondents representing healthcare organisations or professionals (n=12) expressed, among others, that a 'right to be forgotten' legal framework is needed and should be harmonised across EU Member States and EU Legislation. They made specific reference to the Consumer Credit Directive and Mortgage Credit Directive as highlighted examples. It was also mentioned that persons with a history of cancer should receive some type of financial help to cover for disease-related expenses.

(Re)insurance and financial sector

The consultation was also filled in by stakeholders representing the (re)insurance or financial sector (n=16), in part being respondents working at EU level, but also by officers based at national insurance associations. They expressed their awareness of the difficulties faced by people with an aggravated health risk and the choice to progress in the insurability of these people. These stakeholders believe that different steps at the national level are necessary before addressing the issue at the EU level. It was mentioned, for instance, that not all Member States have developed policy on the topic of access to financial products for persons with a history of cancer and EU level action could create an unlevel playing field between more advanced countries in that matter and the others.

Respondents also indicated that general directions or guidelines from the EU based in existing mechanisms and experience of national markets could help improve access to financial services for all persons with a history of cancer across the EU. The development of any legislation should first be addressed at national level, in coordination with already existing national laws according to some respondents from this stakeholder group. Furthermore, they consider it important to evaluate the current legislation and obtain insight into what people think of this legislation, how it works in practice and what the impact is on insurance product availability and design. A better understanding of the access to insurance for persons with a history of cancer, the impact of new regimes on access to insurance, and on product design and availability are considered important in order to properly assess the need for any action at EU level and the best options for action (if any).

An important issue to take into consideration when developing EU level action, according to this stakeholder group, is that risk assessment is the cornerstone of the business model of private health and life insurance. As one respondent explained, it ensures risk equalisation within the relevant community of insured persons. Furthermore, in private insurance there is no obligation to contract. In addition, insurance companies reinsure their risks and, therefore, must meet reassurance guidelines.

Academia

Stakeholders representing academia (n=6) expressed that the issue at stake is that a person's health status should not influence her/his ability to get access to a mortgage or life insurance. It was also suggested that the French legal framework could be extended to all EU Member States to improve the quality of life of persons with a history of cancer in Europe.

Other stakeholders

Other stakeholders, including citizens or patients in general (n=13) or those not explicitly representing a specific stakeholder group (n=14), expressed that the issue at stake is that cancer survivors should be granted the same rights as any other individual. They should have access to mortgages and insurances, without having to pay a loaded premium. Specifically, life insurances, travel health insurance, insurance for long absence from self-employment, and insurance for protection against dismissal in the event of exceeding the maximum period of illness were mentioned. In addition, access to employment and the financial consequences of not being able to work were mentioned as important issues, and were also described in the literature [2, 3, 16, 21], but are outside the scope of this report. A broader formulation of the issue at stake, according to this stakeholder group, is ensuring that citizens' access to financial services is not impaired by health problems that are beyond their control.

3.3. Overview of how EU Member States address access to financial products

Member State representatives were asked in the survey to report the current situation in their country on the topic of access to financial products for persons with a history of cancer. As the term 'cancer survivor' was used in both the Member States survey and the stakeholder survey, this term will be used in some parts of this chapter to describe the findings.

A total of 16 Member States responded to the survey including Belgium, Denmark, Estonia, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Luxembourg, Malta, the Netherlands, Portugal, Spain and Sweden. Furthermore, Norway and Iceland, as members of the EFTA, responded to the survey. In addition, 7 Member States provided a short response to three general questions instead of a response to the whole survey, including Austria, Croatia, Czech Republic, Lithuania, Poland, Slovak Republic and Slovenia.

The results of the responses to the Member States survey, regarding the question of what the current situation in the Member States was on the topic of equitable access to financial products for cancer survivors, are provided in Table 3.1. In case no response was provided (either to the survey or the three general questions) by a Member State representative, stakeholder responses from that Member State (if available) were used as an alternative to obtain an impression. Stakeholder responses are marked with an asterisk in Table 3.1. It is relevant to mention that in Italy and Portugal, legislation was adopted after Member States filled out the survey.

Table 3.1

Current situation in EU Member States regarding how access to financial products is addressed based on the answers of 16 Member States plus Iceland, combined with responses from stakeholders from 5 additional Member States.

Current Situation	Nr	Countries
Patient or consumer organisations have raised the topic.	13	BE, BU*, CY*, EL, FR, IE, IS, IT, LU, MT, NL, PT, SK*
Providers of financial services are developing self-regulatory actions.	3	DK, FI*, FR
Patient or consumer organisations are involved in the development of self-regulatory actions.	5	BU*, FR, EL, IT, NL
Providers of financial services have developed self-regulatory actions.	7	BE, DK, FI*, FR, EL, NL, RO*
Patient or consumer organisations have been involved in the development of self-regulatory actions.	4	DK, ES, FR, NL
The parliament has discussed the topic.	6	BE, CY*, FR, MT, NL, PT
Governmental policy options are being explored.	3	BU*, BE, EL
Governmental policy proposal is being developed.	2	EL, PT
Governmental policy has been implemented.	5	BE, FR, EL, LU, NL
The topic is being addressed in another way at national level.	5	BU*, CY*, DE, ES, MT
The topic is not addressed at national level.	7	DK, EE, FI*, HU, LV, RO*, SE
I do not know whether the topic is being addressed at national level.	-	-

* Only based on the responses to the stakeholder consultation

Overall, the results show that there is variation in the extent to which the topic of access to financial products is being addressed in Member States. In most of the Member States (13), the topic has been raised by patient or consumer organisations. For instance, in Cyprus the 'Cyprus Association of Cancer Patients and Friends (PASYKAF)' demands practical ways to ensure equitable access to financial services through the law [15]. And in Ireland, the Irish Cancer Society is seeking to understand the implications of a cancer diagnosis on accessing financial services and products [16]. In Italy, there is currently discussion about the need for specific policy actions to allow persons with a history of cancer to have the same right as any other citizen when it comes to access to financial products, as indicated in the response to the Member States survey.

Furthermore, several countries are exploring or have already implemented policy actions, in particular, five Member States reported to have governmental policy implemented

(Belgium, France, the Netherlands and Luxembourg, as described in section 3.1, and Greece).¹⁵

From five countries it was reported that the topic was addressed in another way by governmental policy at national level: Bulgaria (based on stakeholder response), Cyprus (based on stakeholder response), Germany, Spain and Malta. Germany exemplified that protection of persons with disability against unfair discrimination by insurers is provided by the General Equal Treatment Act (§20 (2) AGG). Additionally, Germany exemplified that Article 17 of the Insurance Distribution Directive provides that insurance products are distributed honestly, fairly, and professionally in accordance with the best interests of the customers.

Spain exemplified that the General Law for the Defence of Consumers and Users was modified in 2018 for HIV/AIDS patients, with the aim of including an additional annex that states that “those conditions or agreements that exclude HIV/AIDS patients will be considered null and non-binding”. The law states that the government should present a policy proposal for a period of one year, in which it will determine the application of these principles to other diseases that suffer the same excluding effects, such as cancer. This policy proposal has yet to be fully developed. In addition, Spain exemplified that the Spanish National Cancer Plan places special emphasis on caring for long-term cancer survivors, but has prioritised health and social care needs first.

Malta exemplified that under the New Hope Guarantee scheme, the Maltese government acts as a guarantor to enable individuals with medical problems or disabilities to buy a house. The government, through the Housing Authority, will be offering a guarantee that will cover a maximum loan of €250,000 on property that will be used as a primary residence. Persons with a medical problem or disability who fail to obtain insurance protection can apply for this scheme.¹⁶

Furthermore, from seven countries it was reported that providers of financial services have developed self-regulatory actions, generally also involving patient or consumer organisations. An example stems from Italy, where an agreement was reached between F.A.V.O. (Italian federation of voluntary associations in oncology) and the insurance broker ‘Better Together’ to facilitate an insurance for persons with (a history of) cancer. Under this agreement, insurer companies are providing personalised premiums for life insurances to persons with a history of cancer [17]. Another example stems from Spain, where the FECEC (Federació Catalana Entitats contra el Càncer - Catalan Federation of Cancer Organizations) signed an agreement with the Lliure Medicine Institute to offer access to various medical services in the private sector to persons with a history of cancer who are not able to obtain healthcare insurance because of their medical history [18]. Furthermore, Denmark reported that patient organisations have entered into partnerships with insurance companies, which has resulted, amongst others, in better terms for travel health insurance.

Norway provided a more general response to the survey, describing that the Norwegian Insurance agreement act (Forsikringsavtalelov) denies insurance companies in Norway to request information of significance for their risk assessment, including health information, from before the past ten years.

In response to the three general questions, Austria, the Czech Republic, the Slovak Republic, Slovenia and Lithuania indicated that there is currently no dedicated legislation on the topic of access to financial products in these countries, specifically for persons with a history of cancer. For Poland this is unknown. In addition, Austria, the Czech Republic,

¹⁵ This is based on what was reported by Member States and therefore somewhat deviates from what was described under paragraph 3.1. In the period in which the survey was conducted, the legislation in Portugal was not yet in place.

¹⁶ [https://housingauthority.gov.mt/en/Pages/Schemes/SKEMA-NEW-HOPE--SKEMA-TA%E2%80%99-GARANZIJA-\(2021\).aspx](https://housingauthority.gov.mt/en/Pages/Schemes/SKEMA-NEW-HOPE--SKEMA-TA%E2%80%99-GARANZIJA-(2021).aspx)

Lithuania and Poland indicated that there is also no other form of regulation or broader legislation that covers this topic. For the Slovak Republic this is unknown. Slovenia indicated that the basic protection of human rights and liberties is part of their constitution, including equality despite different personal circumstances. Slovenia refers to the Protection Against Discrimination Act as a general form of legislation that covers this topic. Croatia indicated that financial support is offered to those who suffer from a severe disease or a disability, which is handled by the Centre for Social Care, but that it is unknown to what extent cancer patients make use of this.

3.4. Views on national governmental actions

3.4.1. Views regarding the role of the national government

Views of Member States

Member State representatives were also asked in the survey about their views regarding the role of their national government in improving access to financial products for cancer survivors (see Table 3.2).

Table 3.2

Views of Member States on the national government's role in ensuring access to financial products based on the answers of 15 Member States plus Iceland

Views on the role of the national government	Nr	Countries
The government should regularly assess the existence and extent of any issues related to this topic.	6	BE, FR, EL, IS, NL, PT
The government should develop, implement and regularly update policies on this topic.	7	BE, ES, EL, IS, MT, NL, PT
The government should address other cancer related issues first.	4	DK, ES, EL, LV
There is no need for governmental policy on this topic, as it should be addressed by self-regulatory actions of stakeholders.	-	-
There is no need for governmental policy on this topic, as it should be addressed at EU level.	-	-
There is no need for governmental policy on this topic, as evidence of unequitable access to financial products for cancer survivors does not exist.	3	DE, HU, LV
There is no need for governmental policy on this topic, as evidence of the effectiveness of policy on this topic does not exist.	2	EE, SE
There is no need for governmental policy on this topic, as it is covered by existing legislation or regulation not specifically directed at cancer survivors.	4	ES, HU, IE, LU

The findings show that, overall, seven Member States see the need for governmental policy on the topic of access to financial services for cancer survivors. The Member States that support governmental policy actions in their country, include countries that reported to already have legislation in place (Belgium, Greece, the Netherlands, Portugal). These countries are also the ones in favour of their government regularly assessing the existence and extent of any issue related to this topic, next to France and Ireland. Spain, Iceland and Malta are the three Member States without governmental policy on the topic in place, that do see a role for their government in addressing access to financial products for cancer survivors.

The Netherlands highlighted that treatment and survival rates of cancer patients are improving over time and that this should be in pace with the access they have to essential financial products. When, over time, the chance of relapse for a cancer survivor is very small, the Netherlands considers their interest in having access to essential financial products to weigh heavier than the interest of an insurer to be able to use historical medical data to assess the risk of insuring the cancer survivor. They mentioned that governmental policy should ensure that a proper balance is achieved regarding these two interests.

Some Member States indicate that their government needs to address other cancer related issues first (e.g. access and quality of cancer prevention and treatment to increase cancer survival rates). This is not necessarily to say that the topic is not considered to be of importance, but rather that larger scale worries exist with respect to consequences of cancer, especially among vulnerable groups, as mentioned during the expert consultation.

For some Member States a lack of evidence on unequitable access to financial products for cancer survivors or on the effectiveness of policy on this topic are reasons to be reluctant regarding governmental policy action. Some other Member States report that there is no need for governmental policy action on this specific topic, because it is already covered by existing legislation or regulation not specifically directed at cancer survivors. Hungary for instance reports that the current general policy to protect consumers seems sufficient. Hungary exemplified that there is a legal surveillance system over the financial products by the National Bank and a programme for consumer-friendly mortgages where the National Bank audits and certifies the mortgages of the commercial banks. In addition, Ireland describes that the Equal Status Acts provide that people can be treated differently on grounds, including disability in relation to insurance, but only if the difference in treatment is based on actuarial or statistical data, and is reasonable.

Views of stakeholders

In addition to Member State representatives, stakeholders were asked if and how they thought access to financial products for cancer survivors should be addressed on a national level in EU Member States. Among stakeholders representing persons with (a history of) cancer, healthcare organisations or professionals, academia or non-specified groups, there was overall consensus that the topic should be addressed in EU Member States. Stakeholders representing the (re)insurance and financial sector were more reluctant in this respect (see paragraph 3.2 for a description of main reasons).

Stakeholders were then asked what their views were on the role their national government should play in ensuring equitable access to financial products for cancer survivors. A number of propositions were especially supported by representatives of cancers patients or survivors and far less so by representatives of the (re)insurance sector. This applied in particular to the following propositions: a) the government should regularly assess the existence and extend of any issues related to the access of financial products; b) the government should develop, implement, and regularly update policies on this topic.

The following propositions were overall infrequently supported by stakeholders: c) the government should address other cancer related issues first; d) there is no need for governmental policy on this topic, as it should be addressed by self-regulatory actions of

stakeholders; e) there is no need for governmental policy on this topic, as it should be addressed at EU level.

Some representatives of the (re)insurance sector supported the proposition that (f) no policy on Member State level is needed, because of a lack of evidence for unequitable access. This proposition was not supported by representatives from the other stakeholder groups. Furthermore, none of the stakeholder representatives supported the proposition that (g) there is no need for governmental policy on this topic, as evidence of the effectiveness of policy on this topic does not exist.

Some representatives of the (re)insurance sector supported the proposition that (h) there is no need for governmental policy on this topic, as it is covered by existing legislation or regulation not specifically directed at cancer survivors. An Irish respondent from this stakeholder group for instance indicated that, in Ireland, when an applicant is declined life insurance and is unable to source an insurer, there is a waiver of this obligation enshrined in national legislation under the Consumer Credit Act. Section 126 of the Consumer Credit Act allows a mortgage applicant to apply to the lender for a waiver of this requirement not only where life insurance is not obtainable, but also if the policy is unreasonably expensive.

Views regarding the type of policy instruments used

There are several ways in which Member States could address access to financial services in national policies, e.g. by means of soft measures such as communicative instruments, agreements with stakeholders, letters of intent or financial-economic instruments, as well as by legislative measures. Table 3.3 shows various policy instruments listed by Member State delegates, that could be exploited, including examples and/or clarifications provided per country, if applicable. Luxembourg exemplified that a monitoring and re-evaluation committee will be set up, made up of representatives of the State, the ACA, the signatory insurance companies, patients' associations and foundations, the National Cancer Institute (INC), and the Health Directorate. Their aim is to ensure that the agreement that is currently in place is properly applied.

Table 3.3.*Type of policy instrument*

Type of policy instrument	Countries
Communicative instrument (e.g. information centre, monitor)	BE (Bureau du suivi de la tarification; Belgian Health Care knowledge Centre; FPS Economy) NL (The Ministry of Finance, The Dutch Association of Insurers, the Federation Cancer Patients Organisations and the Royal Dutch Medical Society provide public information)
Agreement with stakeholders (e.g. code of conduct, covenant)	BE (In connection with guaranteed income insurance, a code of conduct) NL (The list of cancer pathologies for which a shorter term applies than the statutory term of ten years is adopted in a covenant between the Dutch Association of Insurers and the Federation of Cancer Patients Organisations) FR (Convention AERAS) LU (An agreement/convention between the Ministry of Health and eight insurance companies marketing "outstanding balance" insurance: Convention "Droit à l'oubli" (open for other insurance companies to join)
Letter of intent	BE (p. 49 of the coalition agreement of the Belgian government Parliament's resolution to extend the right to be forgotten to other chronic diseases)
Financial-economic instrument (e.g. charge, subsidy, investment)	EE (Grant (pension) of incapacity for work; additional information: https://www.eesti.ee/en)
Statute or law	BE (Loi modifiant la loi du 4 avril 2014 relative aux assurances et instaurant un droit à l'oubli pour certaines assurances de personnes -> article 61/1 – 61/4 loi relative aux assurances loi relative aux assurances) FR (law n°2016-41 of January 26, 2016 of modernisation of the health system) ES (The General Law for the Defense of Consumers and Users) NL (Besluit verzekeringskeuringen ex-kankerpatiënten) PT (Law No. 75/2021, of November 18, which reinforces access to credit and insurance contracts by people who have overcome or mitigated situations of aggravated health or disability risk, prohibiting discriminatory practices and enshrining the right to be forgotten, amending Law no. 46/2006, of 28 August, and the legal regime of the insurance contract)

Views regarding the type of financial products (to be) addressed in national policies

Member State representatives were also asked about the type of financial products for which policy has been or will be developed. From the expert consultation it became clear that the type of financial product that is being addressed in any national policy, highly depends on how national markets look like within Member States. For instance, in France there is more interconnection between loans and insurances than in Sweden. This explains why in a country as France, life insurance needed to obtain a mortgage is

considered important to address in national legislation that supports access to financial products for persons with a history of cancer.

As illustrated by Table 3.4, the policies in place or in development mainly cover mortgages, life insurances, health-, disability- and unemployment insurances as well as loans and credit for personal or business use. Travel insurance is not covered by any of the policies that are in place, whilst this type of insurance was mentioned in the literature to be difficult to obtain for persons with a history of cancer [19, 20]. Belgium, one of the four Member States with legislation in place, described that the scope of the current legislation needs to be extended with respect to the financial products that are covered.

Table 3.4.

Types of financial products for which policy has been or is being developed based on the answers of 8 Member States

Types of financial product	N	Countries
Mortgage for a first home	5	FR, EL, LU, MT, PT
Mortgage for a second home	2	FR, PT
Life insurance and/or disability insurance related to a mortgage for a first home	6	BE, FR, EL, LU, MT, PT
Life insurance and/or disability insurance related to a mortgage for a second home	4	BE, FR, EL, PT
Loan or credit for personal use (buy a car, holiday etc)	3	FR, EE, PT
Life insurance and/or disability insurance related to a loan or credit for personal use	2	FR, PT
General life insurance	2	EE, PT
(Additional) health insurance plan	3	FR, EE, PT
(Individual) occupational disability insurance	4	BE, FR, EE, PT
(Individual) unemployment insurance	3	FR, EE, PT
Private pension product	2	EE, PT
Funeral plan	1	PT
Travel insurance	1	PT
Mortgage for a business real estate	2	FR, PT
Life insurance and/or disability insurance related to a mortgage for a business real estate	3	FR, LU, PT
Loan or credit for business	2	FR, PT
Life insurance and/or disability insurance related to a loan or credit for business	2	FR, PT
Other	1	NL; funeral insurance, term life insurance
Do not know yet	-	-

4. Views of Member States and stakeholders on EU level action

4.1. Views on potential types of EU level action

Views of Member States

Member States were asked about their positions regarding any EU level action. Table 4.1 shows the potential actions that may be taken at EU level and which of these actions would be supported by Member States.

In addition, Austria, Croatia, Czech Republic, Poland, the Slovak Republic, Slovenia, (who did not respond to the full survey but instead to three more general questions), all agree that it is explored at EU level how access to financial products for cancer survivors could be improved through EU level policy measures. Lithuania partially agrees.

Table 4.1.

Views on potential actions that may be taken at EU level based on the answers of 13 Member States

Type of potential action	Countries that strongly support this action	Countries that support this action to some extent	Countries that do not support this action	No opinion
Increase awareness about equitable access to financial products for cancer survivors in Member States	5 (BE, FR, IT, NL, PT)	7 (EE, ES, EL, HU, IE, LV, MT)	1 (DE)	
Support the exchange of practices and experiences across Member States	7 (BE, ES, FR, IE, IT, MT, NL)	5 (EE, EL, HU, LV, PT)	1 (DE)	
Support Member States in the implementation of non-legislative policy on the topic	3 (BE, FR, IT)	6 (ES, EL, HU, MT, NL, PT)	2 (DE, EE)	2 (IE, LV)
Support Member States in the implementation of legislation on the topic	4 (FR, MT, NL, PT)	6 (BE, EE, ES, EL, HU, IT)	3 (DE, HU, IE)	1 (LV)
Support Member States by establishing an EU level body that synthesises and regularly updates relevant (scientific) evidence	6 (BE, EL, ES, FR, IT, MT)	3 (LV, NL, PT)	4 (DE, EE, HU, IE)	
Develop an EU level code of conduct (a set of common rules) on the topic	5 (ES, FR, MT, NL, PT)	4 (BE, EL, HU, IT)	4 (DE, EE, HU, IE)	1 (LV)
Develop other non-legislative EU level policy on the topic	3 (FR, IT, MT)	7 (EE, ES, EL, HU, LV, NL, PT)	2 (DE, EE)	2 (BE, IE)
Develop EU level legislation on the topic	4 (BE, FR, MT, PT)	3 (EL, IT, NL)	4 (DE, EE, HU, IE)	2 (ES, LV)

There is general support to take actions at EU level in relation to access to financial services. A large majority of Member State delegates especially support the increase of awareness about equitable access to financial products for cancer survivors and to support the exchange of practices and experiences across Member States. Many of the responding Member States' delegates also support other types of action, such as establishing an EU level body that synthesises and regularly updates relevant (scientific) evidence. This type of action relates to a point mentioned during the expert consultation, namely that up-to-date country level data on death risks are important for the accurate calculation of remission times. This type of evidence could be part of such a potential EU level body. Furthermore, several of the responding Member States' delegates support the development of new EU level legislation, an EU level Code of Conduct or other non-legislative policy on the topic.

At the same time, some Member States currently do not support these latter types of actions, among others as a better understanding of the scale of the problem would be required first. E.g., Germany exemplified that before deciding on any specific action on EU level, the first step should be a quantitatively validated inventory to identify to what extent a problem calls for (EU level) action, from the perspective of proportionality. In this context, Germany indicates it would also be sensible to clarify whether/why such a need for action should exclusively relate to former cancer patients and not to customers recovering from other serious illnesses. In this context Germany refers to Articles 20 (equal treatment) and 21 (principle of non-discrimination on the basis of personal characteristics) of the European Charter of Fundamental Rights as well as Article 3 (equal treatment) of the German Basic Law. Based on these laws, Germany considers it could constitute unequal treatment if any potential policy measure would only concern persons with a history of cancer, unless such unequal treatment might be justified by objective reasons.

In addition, the Netherlands states that EU legislation could be developed but that differences between Member States should be considered. A general regulatory framework at EU level that leaves competences to Member States to address specific national issues would therefore be a preferred option, according to the Netherlands.

Furthermore, Belgium indicates that there is interest from their side in the development of a European legislation on this topic, given that the development of regulation at European level will not negatively impact the existing protection at the Belgian level.

Views of stakeholders

Stakeholders were also asked about their views on potential actions that may be taken at EU level. It was found that especially representatives of persons with (a history of) cancer, but also representatives of healthcare organisations or professionals, academia, or other non-specified stakeholders, overall (strongly or to some extent) support the increase of awareness about equitable access to financial products for cancer survivors (93% of all the respondents from these stakeholder groups). Furthermore, a fast majority of these stakeholder groups are in favor of EU support for the exchange of practices and experiences across Member States (91%), EU support for the implementation of legislation within Member States (86%) and the development of EU level legislation on the topic (86%). Among these groups there is also a good level of support for an EU level code of conduct (84%), an EU level body that synthesises and regularly updates relevant (scientific) evidence (72%), EU support for Member States for the implementation of non-legislative policy on the topic (66%), or other non-legislative EU level policy (65%).

In comparison, among representatives of the (re)insurance and financial sector a majority (strongly or to some extent) supports EU support for the exchange of practices and experiences across Member States (81%), and the development of an EU level code of conduct on this topic (75%). Few representatives of this stakeholder group supported any of the other potential EU level actions, including the increase of awareness about

equitable access to financial products for cancer survivors (38% support this action strongly or to some extent), support for the implementation of legislation within Member States (6%), the development of EU level legislation on the topic (13%), EU support for Member States for the implementation of non-legislative policy on the topic (44%), an EU level body that synthesises and regularly updates relevant (scientific) evidence (38%), and other non-legislative EU level policy (38%).

Most stakeholders from the (re)insurance and financial sector provided extra clarification following this set of questions, often by adding considerations against many of the proposed actions at EU level. This among others included the consideration to first get a clearer view of the issue, i.e. a better problem definition. The consideration to raise awareness of existing legislation that ensures transparency and prevents discrimination was also added, as well as the consideration that any EU level action would not be supported if this would set limitations to making individual risk assessments. Also in the case of Codes of Conducts, while this was one of the instruments for which support was highest, stakeholders often provided extra clarification that such a Code should only be limited in its scope, among others by providing transparency about how the current rules should be interpreted and by fostering a better understanding of stakeholders' experiences, concerns and limitation.

4.2. Views on who to involve in the development of potential EU level action

Views of Member States

Member State representatives and stakeholders were asked about their views on who to involve in the development of potential EU level policy actions. Table 4.2 shows the results of the Member States survey, which indicate that especially representatives of persons with (a history of) cancer, should be involved in the development of actions according to the responding Member States, but also researchers in oncology/survivorship, national policy makers, EU policy makers, general patient or consumer organisations, insurance representatives and representatives of healthcare professionals. Member States less often indicated that representatives of bankers/lenders and representatives of other providers of financial products or services should be involved.

Table 4.2.

Views on whom to involve in the development of potential EU level policy actions based on the answers of 14 Member States plus Iceland

	Should be involved	May be involved	Should not be involved	No opinion/Not applicable
Representatives of cancer survivors or cancer patients	14 (BE, EE, ES, FR, EL, HU, IE, IS, IT, LU, LV, MT, NL, PT)	1 (EL)		1 (DE)
General patient or consumer organisations	8 (BE, EE, ES, FR, IE, IS, LU, PT)	6 (EL, HU, IT, LV, MT, NL)		1 (DE)
Insurance representatives	9 (BE, EE, ES, FR, IE, IT, LV, MT, NL)	5 (EL, HU, IS, LU, PT)		1 (DE)
Representatives of banks/lenders	6 (ES, FR, HU, IE, LV, MT)	8 (BE, EE, EL, IS, IT, LU, NL, PT)		1 (DE)
Representatives of other providers of financial products or services	4 (ES, FR, HU, IE)	10 (BE, EE, EL, IS, IT, LU, LV, MT, NL, PT)		1 (DE)
Representatives of healthcare professionals	9 (EE, FR, HU, IE, IS, IT, MT, NL, PT)	4 (BE, ES, EL, LU)	1 (LV)	1 (DE)
Researchers in oncology / survivorship	11 (BE, EE, FR, HU, IE, IS, IT, LV, MT, NL, PT)	2 (EL, LU)	1 (ES)	1 (DE)
National policy makers	11 (EE, ES, FR, HU, IE, IS, IT, LU, MT, NL, PT)	3 (BE, EL, LV)		1 (DE)
EU policy makers	10 (BE, EE, ES, FR, HU, IE, IT, MT, NL, PT)	3 (EL, LU, LV)		2 (DE, IS)

Views of stakeholders

Overall, representatives of persons with (a history of) cancer, healthcare professionals or organisations, academia, or other non-specified stakeholders, indicate that all of the stakeholders as listed in Table 4.2 should or may be involved in the development of potential EU level actions. According to these stakeholder groups, national policy makers, EU level policy makers and representatives of cancer survivors/patients are especially considered important to involve.

Some representatives of the (re)insurance and financial sector expressed that representatives from all the stakeholder as listed in Table 4.2 should or may be involved in the development of potential EU level action. Yet for most of the respondents from this stakeholder group this question was not applicable as they were often not in favour of EU level policy actions.

4.3. Views on what financial products to address in potential EU level action

Views of Member States

Member States representatives and stakeholders were also asked what type of financial products should be addressed in potential EU level policy action. Table 4.3 shows that the perspectives of Member States vary in this respect. This variation is likely to be related to the specific problems faced by persons with a history of cancer within Member States. Additional types of financial products, not listed in the table below, that were mentioned by Member States include access to funeral assurances (the Netherlands).

In addition, Member States were asked to prioritise the types of financial products to potentially be addressed in EU level policy action. The financial products that were mentioned by responding countries included: insurance tools (Estonia); Life insurance and/or disability insurance related to a loan or credit for business or related to a mortgage for a first home (France); mortgage for the first home, occupational disability insurance, private pension product, unemployment insurance (Italy); (individual) occupational disability insurance and (individual) unemployment insurance (Latvia); first home loan and home insurance (Malta); term life insurances, notably those required for obtaining a mortgage or business credit, and especially for lower incomes (the Netherlands).

Some Member States state that all financial products should be included (Spain) or recommend not to prioritise as in different situations different products could be important to persons with a history of cancer (Hungary). In line with these perceptions, the Netherlands states that there are no indications that persons with a history of cancer have limited access to other (essential) financial products that are not covered by the current Dutch legislation. However, if this would be the case leeway should remain to address this issue on a national level so specificities of the national insurance market, and other factors (for instance prudential effects) can be considered, according to the Netherlands.

Table 4.3.

Views on financial products to be addressed by a potential EU level policy action based on the answers of 13 Member States

Type of financial product to possibly be addressed in EU level action	Should be addressed	May be addressed	Should not be addressed	No opinion/Not applicable
Mortgage for a first home	6 (ES, FR, IT, LU, MT, PT)	2 (BE, HU)	1 (NL)	4 (DE, EE, EL, LV)
Mortgage for a second home	2 (FR, MT)	3 (BE, HU, PT)	1 (NL)	4 (DE, EE, EL, LV)
Life insurance and/or disability insurance related to a mortgage for a first home	9 (BE, EE, ES, FR, IT, LU, MT, NL, PT)			3 (DE, EL, LV)
Life insurance and/or disability insurance related to a mortgage for a second home	4 (BE, FR, MT, PT)	1 (HU)	1 (NL)	4 (DE, EE, EL, LV)
Loan or credit for personal use (buy a car, holiday etc)	3 (FR, MT, PT)	2 (EE, HU)	2 (LV, NL)	3 (BE, DE, EL)
Life insurance and/or disability insurance related to a loan or credit for personal use	4 (EE, FR, MT, PT)	2 (HU, NL)		4 (BE, DE, EL, LV)
General life insurance	4 (BE, EE, MT, PT)	1 (HU)		4 (DE, EL, LV, NL)
(Additional) health insurance plan	5 (BE, EE, FR, MT, PT)	1 (HU)	1 (NL)	3 (DE, EL, LV)
(Individual) occupational disability insurance	6 (BE, EE, FR, IT, MT, PT)	1 (HU)	1 (NL)	3 (DE, EL, LV)
(Individual) unemployment insurance	5 (BE, EE, FR, IT, PT)	3 (HU, LV, MT)	1 (NL)	2 (DE, EL)
Private pension product	2 (EE, PT)	3 (HU, IT, MT)	1 (NL)	4 (BE, DE, EL, LV)
Funeral plan	2 (MT, PT)	2 (EE, HU)	1 (NL)	4 (BE, DE, EL, LV)
Travel insurance	2 (EE, MT)	2 (HU, PT)	1 (NL)	4 (BE, DE, EL, LV)
Mortgage for a business real estate	2 (ES, FR)	3 (HU, MT, PT)	2 (EE, NL)	4 (BE, DE, EL, LV)
Life insurance and/or disability insurance related to a mortgage for a business real estate	3 (ES, FR, LU)	4 (HU, MT, NL, PT)	1 (EE)	4 (BE, DE, EL, LV)
Loan or credit for business	1 (FR)	4 (EE, HU, MT, PT)	1 (NL)	4 (BE, DE, EL, LV)
Life insurance and/or disability insurance related to a loan or credit for business	2 (FR, NL)	4 (EE, HU, MT, PT)		4 (BE, DE, EL, LV)

Views of stakeholders

The stakeholder consultation showed that representatives of persons with (a history of) cancer, healthcare professionals or organisations, academia, or other non-specified stakeholders, generally think that the following financial products should be addressed in potential policy action: (life insurance and/or disability insurance related to) the mortgage for a first home; general life insurance.

Within these stakeholder groups, views vary with respect to the other types of financial products. The following financial products should or may be addressed according to their views: (life insurance and/or disability insurance related to) a loan or credit for personal use; (life insurance and/or disability insurance related to) a loan or credit for business; (additional) health insurance plan; (individual) occupational disability insurance; (individual) unemployment insurance; private pension product.

With respect to the following products, a substantial part of these stakeholder groups has no opinion or state that this product should not be addressed: (life insurance and/or disability insurance related to) a mortgage for a second home; (life insurance and/or disability insurance related to) a mortgage for a business real estate; and funeral plan.

Among the stakeholder group representing the (re)insurance and financial sector, a few representatives state that the following products should be addressed: (life insurance and/or disability insurance related to) a mortgage for a first home, (life insurance and/or disability insurance related to) loan or credit for personal use, (life insurance and/or disability insurance related to) loan or credit for business and mortgage for a business real estate. Yet overall, representatives from this group state that none of these products should not be addressed or remain neutral, given that this stakeholder group is currently not in favour of EU level policy actions at this stage.

5. Final observations and conclusion

In this closing chapter, some final observations will be described, which could be taken into consideration when exploring or developing EU level action regarding the improvement of access to financial products for persons with a history of cancer. These final observations will be followed by a conclusion.

5.1. Final observations

Views on the term ‘discrimination’

We observed that there are different views on the use of the term ‘discrimination’ in the context of access to financial products. Representatives of persons with (a history of) cancer as well as healthcare professionals and academia feel that persons with a history of cancer that are in long term remission are discriminated when they are denied access to a personal insurance or need to pay a higher premium due to their medical history. Singling out former cancer patients for having increased health risks can be considered a form of discrimination as many other health risks may significantly reduce life expectancy as well, such as living with certain genetic predispositions, unsafe behavior, unhealthy dieting, that may not be used as judgement criteria.

Representatives of the (re)insurance sector state that persons with a history of cancer are asked about their health information like all insurance policy applicants. They explain that because private insurance operates by pooling the risks of many, the fairness of terms (such as premiums and benefits) is determined not only from an individual consumer’s perspective but also from the perspective of the larger group of consumers whose risks are pooled together. Insurers differentiate according to risks, which is from their point of view not the same as ‘discrimination’ as meant in antidiscrimination legislation.

The differences in interpretation and terminology used may hamper the exploration of potential policy actions and, thus, also showcase the potential added value of bringing various stakeholders together to develop a joint understanding and definition of the problem and potential policy options to address it.

Country-level factors

Experts emphasise that a solid understanding of the markets within countries is essential to come to a potential policy option at EU level. One of the insights from this study is that country-level factors play a major role in the approach that would fit best within Member States to improve access to financial products for persons with a history of cancer. Markets, including the social security market, pension systems, banking sectors, and insurance sectors differ greatly between EU Member States, as well as the entanglement of life insurances and loans or mortgages. The different markets complicate the transfer of a policy that works in one country to another.

Furthermore, there are differences between countries with respect to cancer treatments and death risks after cancer diagnosis. Therefore, EU ‘average’ remission times may not be appropriate. Financial/insurance experts stated that terms per Member State should be specified based on data from that Member State or, if data on specific types of cancer is not (sufficiently) available, based on data from comparable countries. Good national registries and central databases on cancer survival rates could therefore play a key-role in the development of policy action on access to financial products for persons with a history of cancer.

Differences between countries play an important role in the design of legislation or other policy measures to improve access to financial products for persons with a history of cancer. This needs to be taken into account, when options to exchange expertise and

experience between countries or country ‘twinning’ would be considered. Some Member States suggest that actions on this topic should ideally take place at national level, rather than EU level, given these country differences.

In addition, some Member States have other high-priority policy areas related to cancer (e.g. improving access or quality of cancer treatment). This is not necessarily to say that the topic is not considered of importance, but that efforts and resources should be carefully balanced between priority areas.

Lessons from implemented policies

A relevant observation is that the number of EU Member States that have national policy in place to improve access to financial products for persons with a history of cancer is increasing. The provisions that are adopted in Belgium, France, the Netherlands, Luxembourg and Portugal may provide important insights on options to consider, when exploring and developing national and/or EU level action. What becomes clear from the countries that have legislation in place is that the involvement of and the agreement between insurers, bankers, and patient representatives positively affects the development, implementation and execution of a legislation or agreement.

Another lesson to be learned from these implemented legislations is that raising awareness among persons with a history of cancer regarding the legislation in place appears to be a challenge. For instance, in France, bankers provide loan applicants with all the needed information, including the information on the right to be forgotten and the framework including the cancer types and corresponding terms of remission times. Since it is a very big pile of documents that people need to read, it is unsure whether they do and whether they understand all of it. Moreover, persons with a history of cancer may refrain from contacting banks or insurance companies in advance, to apply for a loan or insurance, because they may believe their application will not be accepted. It is therefore very important to explore communication channels that are easily accessible and trusted by persons with (a history of) cancer, and that guarantee confidentiality when they disclose their cancer history to inform about their options for loans or insurance.

The effects of the provisions that are currently in place are largely unknown. Some Member States have indicated that this lack of evidence of effectiveness is a reason why no national policy on the topic has been developed. At the same time, it is acknowledged that it is complex to evaluate the effects of the provisions. For example, as ‘the right to be forgotten’ is a matter of not declaring, it is difficult to get insight in how many persons eligible for this right have used it to apply for the financial products that covered in the countries that have legislation in place.

At EU level the previously mentioned revised Consumer Credit Directive (not yet into force) as well as the Mortgage Credit Directive seek to ensure that consumers are treated fairly and transparently. While the Mortgage Credit Directive protects against refusal of a mortgage on the basis of health, a mortgage provider may still refuse someone who is unable to get mortgage protection based on health data. Further explorations on how EU level action on the topic of access to financial products could be linked to these Directives seem useful, especially given the fact that in the context of this study no extensive legal analyses of both national and EU level legislation was conducted.

Data on remission times

Currently, reinsurers (insurers for insurers) provide the data for risk calculations based on classified manuals, meaning it is not (easily) possible for external audiences, including persons with a history of cancer and other consumers of financial products, to understand on what basis decisions about acceptance or premium levels for loan or insurance applications are made. To accomplish agreement or legislation on access to financial products for persons with a history of cancer in Member States or at EU level, it is

important that (re)insurers have access to and use transparent and accurate data for risk calculations. Several Member States and stakeholders see a role for the EU in providing syntheses and regularly updates scientific evidence, which could also include data to be used for risk calculations.

Scope of potential agreement or policy

Current study indicates that life insurance and/or disability insurance related to a mortgage for a first home are considered important products to cover in EU level action by Member State representatives as well as a majority of the stakeholders. The countries that have legislation in place all cover this type of financial product. In addition, various Member States considered (individual) occupational disability insurance an important product to be potentially addressed in EU level action, and stakeholders, specifically stakeholders representing persons with (a history of) cancer, consider (individual) unemployment insurance and general life insurance relevant to address. These insights could serve as starting points when exploring the scope of any potential EU level action.

Furthermore, with respect to exploring the scope of potential EU level action, it is relevant to highlight that in the countries that currently have legislation in place, it is being explored how the protective measures could be extended to other subgroup of cancer or other diseases. It would therefore be a relevant point of discussion and further exploration what cancer pathologies and possibly other conditions should be covered by any EU level action.

Potential for a Code of Conduct

As mentioned earlier, relevant policy actions can refer both to legislative and non-legislative actions. In the case of non-legislative measures, one of the instruments referred to most commonly is a Code of Conduct at EU level. In general, a Code of Conduct would outline the rules, and responsibilities or proper practices, generally based on voluntary participation by relevant service providers and other stakeholders (see e.g. the European Code of Good Conduct for Microcredit Provision¹⁷). Such a Code of Conduct could give clarity and common rules about certain concepts which may benefit from further EU wide interpretation and clarification. It should be noted however that a Code of Conduct has limitations and cannot change or replace existing legislation. Furthermore, unless constructed in close collaboration across all Member States, a risk exists that a European Code of Conduct could include elements that are at variance with national legislation. However, if such possible variances can be raised in the process of drafting a Code of Conduct, the resulting Code could be a very useful complement to both EU and national legislation. However, it could have quite a long path from initial idea to final adoption. This is especially the case as stakeholders may have very different interpretations of what a Code of Conduct should cover. For instance, the findings of the current study indicate that representatives of the (re)insurance and financial sector see a Code of Conduct mostly as a way to provide transparency about how the current rules should be interpreted, rather than a new set of common rules that outline responsibilities and appropriate practices.

¹⁷ https://www.fi-compass.eu/sites/default/files/publications/codeOfGoodConduct_en.pdf

5.2. Conclusion

The outcomes of this exploratory study imply that access to financial products for persons with a history of cancer is a topic of attention in most EU Member States. Furthermore, most Member States and stakeholders are positive with respect to a further exploration of EU level action that would support access to financial products for persons with a history of cancer. Specifically the exchange of practices and experiences across Member States, establishing an EU level body that synthesises and regularly updates scientific evidence, and the development of an EU level code of conduct are supported by most Member States and stakeholders, although the exact interpretation on the scope and nature of such a code may still differ considerably between various parties involved.

A concern regarding the development and implementation of EU level action in this area, is that cross-border actions might be difficult given the differences between countries in terms of financial and social markets. Another concern is that EU level action may cross legislation or agreements that are currently in place in Member States and that have not been well evaluated yet.

The exchange of experiences between Member States and evaluation of current provisions is therefore considered to be an important first step in the development of EU level action on the topic of access to financial products for cancer survivors. Furthermore, equal rights for persons with a history of cancer across Europe as well as a level playing field for actors in the insurance and financial sector can be considered two important points of departure for any EU level action in this area.

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Annex 1 Overview of provisions in the EU and beyond based on the quick scan

Country	Action(s) taken	Financial Services/Products addressed	Population addressed	Summary points	References	Type of reference
Austria						
Belgium	Law in place modifying insurance regulation (Law no. C – 2019/40,839 and reformed article 61)	Insurance contracts concerning loans and mortgages	All cancer survivors	The new provisions in the article 61/2 state that persons who are or have been suffering from any type of cancerous disease and who wish to take out insurance shall declare that disease to their insurer. However, the insurance undertaking shall be prohibited, on the expiry of a period of ten years after the end of successful treatment and in the absence of relapse within that period, from taking that cancerous condition into account in determining the current state of health. Since April 1st, 2020, a reduced time limit to access the right to be forgotten for specific cancer pathologies was determined.	[4, 22]	Scientific journal article
Bulgaria						
Croatia						
Cyprus	Acknowledgement of the issue and a call for action in the law	Loans, mortgages, and life insurance	All cancer survivors	Patients in Cyprus demand the right to be forgotten and end obstacles for former cancer patients on having access to financial instruments	[15]	Website
Czechia						
Denmark	Situation on insurance market	Life insurance	All cancer survivors	Insurers have voluntarily agreed to disregard a prior cancer diagnosis after some time and subject to certain caveats. Cancer survivors out of treatment for 2 to 5 years are more eligible for insurance but at higher rates and for cancer that can be treated. Once cured of cancer and there is no evidence of disease or relapse, it is easier to get coverage. If the cancer is considered unlikely to recur, survivors can get affordable coverage and fall into low-risk category. The acceptance depends on a risk assessment and the premiums might be higher than for someone that had never had cancer. Some insurances – ‘Guaranteed’ contracts – can cover funeral costs.	[10, 11, 23]	Website
Estonia						
Finland	Acknowledgement of the issue	Insurance and loans	Young cancer	Raise awareness for the right to be forgotten since long term cancer	[19]	Website

	and raising awareness		survivors	survivors have to declare about their past cancer struggles even after been declared healthy, otherwise it can be considered fraud.		
France	French regulation in 2016, as part of the Law on the modernisation of the National Health System	Insurance contracts and loan	All cancer survivors for certain pathologies and childhood survivors	Within the AERAS Convention, since 2016, two legal mechanisms were adopted behind the 'right to be forgotten' where cancer survivors are legally allowed to not declare their past cancer. For insurance or loan contracts, the period beyond which no medical information relating to cancerous pathologies can be collected by insurer organisms cannot exceed ten years after the date of the end of the therapeutic protocol or before eighteen years of age. At the beginning of 2017, a new decree (Decree 2017-147) was adopted stating that the insurer is responsible for giving an "information document on the right to be forgotten" to applicants for credit repayment insurance.	[1, 4, 20, 22, 24-27]	Scientific journal articles, policy documents, and website
Germany						
Greece						
Hungary						
Ireland	Awareness of the issue	Financial services	All cancer survivors	The Irish Cancer Society is carrying out a study to understand the issues and barrier that cancer survivors face when accessing insurance and other financial products.	[16, 28]	Websites
Italy	Description of the issue with proposals for action and available options for survivors	Mortgage and life insurance; private insurance policies: health and life insurance	All cancer survivors	The difficulties that cancer survivors face to get access to mortgage or life insurance are acknowledged and described. It has been suggested to have a system similar to the one implemented in France on the right to be forgotten and/or having in place personalised premiums (instead of total exclusion). Insurance companies have started to acknowledge the high survival rates of cancer survivors and are adapting their offerings. It is possible to get a life insurance for cancer survivors but at a higher premium. Through careful evaluation of medical documentation, the company can formulate personalised premiums to cancer survivors, which can be reduced in subsequent renewals until it becomes comparable to those for healthy populations. Banks providing mortgages and loans do not require a life insurance nor information on the health status of the applicant; the granting of the loan is linked to capital requirements.	[6, 12, 17, 29, 30]	Guidelines, websites
Latvia						
Lithuania	Description and acknowledgement of the issue	Loans, mortgage, insurance	All cancer survivors	In the Special Committee on Cancer (BECA), the 'right to be forgotten' has been discussed to combat financial discrimination. It has been acknowledged that insurance, mortgage or loan services are not available or are more expensive for cancer survivors	[31-34]	Websites

ACCESS TO FINANCIAL PRODUCTS FOR PERSONS WITH A HISTORY OF CANCER IN EU MEMBER STATES

Luxembourg	Since 2020 the Right to be forgotten has been included in the Convention between the MoH, ACA, and insurance companies	Insurance for loans, estate loans, mortgage	All cancer survivors with provisions for childhood cancer survivors	This Convention allows cancer survivors to omit the cancerous pathology when the therapeutic protocol has ended for 10 years or 5 years for survivors with cancer diagnosed before the age of 18. This Convention applies to insurance for a loan for the acquisition of the main residence or professional facilities.	[4, 22]	Scientific journal article
Malta						
Netherlands	Description of the issue and on the implementation of current regulation/law	Overall financial services (health insurance, life insurance, mortgage)	All cancer survivors	From January 2021, the Netherlands implemented the 'right to be forgotten'. Under the new law, cancer survivors are allowed to not declare their pathology to financial service providers after 10 years of the end of their treatment, or 5 years of diagnosed before 21 years of age. Previously, studies reported on the difficulties faces by cancer survivors to obtain life insurance and mortgage loans.	[2, 3, 22, 35]	Scientific journal article and website
Poland						
Portugal	Description of changes to Law 46/2006	Life insurance, bank products (credit, loans)	All cancer survivors with mention of childhood cancer survivors	Two bills have been passed again discrimination against cancer survivors when accessing life insurance and bank products (credit). One bill recognises the 'right to be forgotten' to guarantee that survivors cannot be subject to price increase or exclusion of products by credit and insurance institutions. Another bill seeks to address access to insurance contracts by survivors and review the legal regime in place. Insurers cannot collect information on cancer pathologies after 10 years of the end of the therapeutic protocol or 5 years if cancer occurred before the age of 21. This is an addition to Law 46/2006 and enters into force on January 2022.	[36, 37]	Websites
Romania	Description of a bill to create the 'National Day of Cancer Survivors' to create a framework to discuss survivors' issues and come to concrete solutions. Among issues, access to financial products has been mentioned	Financial products (loans and insurance)	All cancer survivors with mention of childhood cancer survivors	Through this bill, the aim is to have a framework to address and find concrete solutions to the problems faced by cancer survivors publicly and with relevant stakeholders. Access to financial products was among some issues mentioned. The Ministry of Public Finance holds event with non-governmental, trade union, and employer organisations, where access to financial products (loans and insurance) by cancer survivors has been discussed.	[38, 39]	Websites
Slovakia						
Slovenia						
Spain	Acknowledgement of the issue, provides recommendations to survivors, and describes call for changes in the law to include the 'right to be forgotten'	Life insurance (for mortgage)	All cancer survivors	Highly recommended to get as much information as possible on insurance coverages and exclusions, particularly for insurances included in other financial and mortgage products. To request a loan, Spanish law does not require to acquire a life insurance. However, if an insurer denies a policy for current illness	[18, 40-42]	Websites

				<p>or for survivors, there might be difficulties on getting a loan. The law prohibiting linking of insurance of any kind in mortgages could allow loan applicants that have been denied for health reasons to make a complaint.</p> <p>The FECEC call for a law on the 'right to be forgotten'.</p>		
Sweden						
Europe	<p>Call for action to end discrimination against cancer survivors and ease access to financial products. The issue has been described and recommendations have been made</p>	<p>Insurance and credit markets</p>	<p>All cancer survivors</p>	<p>The issue has been acknowledged as cancer survivors demand better coverage and access to financial products. Considering the context where life expectancy has increased, insurances can take into consideration the context where life expectancy has increased for cancer survivors and risks are avoided. Some action points have been described and suggested, including: the availability of reliable and updated survival data for better risk assessments by insurance companies, patient protection systems and a legal framework such as the 'right to be forgotten' and others playing a role in promoting reintegration, equality and social inclusion, extend patient's rights to survivors, improve awareness with providers and have specialised departments to deal with cancer survivor cases, fostering research and developing guidelines to address cancer survivor issues. A holistic approach has been suggested for strategies and survivorship initiatives to address survivors' needs from physical, psychological and socio-economical aspects. It has been stressed that social and financial components should have a complementary role to the health sector on the reintegration of survivors to the society without discrimination.</p>	<p>[8, 9, 43-49]</p>	<p>Scientific Journal Articles and websites</p>
Europe	<p>Position and reflections on the Right to be Forgotten</p>	<p>Insurance</p>	<p>All survivors</p>	<p>The organisation explains the importance of recognising how private insurance works (in terms of risk calculations and considerations), otherwise the right to be forgotten could jeopardise insurance offerings. Insurance Europe advocates for the implementation of the right to be forgotten under a flexible code of conduct that can be easily adapted to scientific evidence and developments. It is critical that this code of conduct is flexible to reflect the different types of cancer and other factors affecting the risks; meets the needs of countries and markets; and preserves the ability of insurers to determine premiums based on risk factors.</p> <p>The organisation mentions that a code of conduct is preferable to a universal and right to be forgotten implemented in legislation, because of differences in care and socio-economic outcomes between countries.</p>	<p>[23]</p>	<p>Position paper</p>
International – Canada	<p>Acknowledgement of the issue and providing evidence</p>	<p>Life, health, and disability insurance</p>	<p>Adult survivors of paediatric malignancies</p>	<p>Adult survivors of paediatric malignancies face legal difficulties acquiring life, health, and disability insurance. Evidence justify the development of legal resources for adult survivors of paediatric malignancies. As well, research should focus, among others, on exploring the prevalence of these legal difficulties, improving access</p>	<p>[50]</p>	<p>Scientific journal article</p>

				to legal resources.		
International - Singapore	Acknowledgement of the issue	Health insurance	Childhood cancer survivors, adolescents and your adults	Adolescents and young adult survivors face concerns regard their insurance coverage and financial burden that cancer can represent. Insurance information is unclear and there is uncertainty about the possibility of survivors to get new health insurance plans and the duration of the time after treatment where they would be denied enrolment into these new health insurances.	[51]	Scientific journal article
International - Switzerland	Description of the issue and calls for action	Insurance: health, disability, and private	Only childhood survivors	Survivors find it challenging to get disability insurance. As well, they face difficulties to access supplementary health insurance or life insurance. Some survivors are only eligible to supplementary insurance that is not related to their cancer diagnosis and their late effects. Premiums for life insurance would be high or exclude cancer. Switzerland should have policy reforms similar to the 'Right to be forgotten'.	[52]	Scientific journal article
International – United Kingdom	Description of the issue and possible options for cancer survivors	Life insurance, mortgage	All cancer survivors	There are specialist life insurances available for cancer survivors and their families. Many insurance providers don't offer life insurance to cancer survivors until two or three years after recovery. Some insurance providers can offer life insurance to survivors excluding the cancer they had. Government benefits available for cancer survivors include disability benefits, which could be used as additional income to help pay off mortgages. Mortgage lenders base their decision to provide mortgages based on ability to pay and not based on health status.	[53, 54]	Websites
International – United States	Acknowledgement of the issue	Health insurance	All cancer survivors	Survivors face barriers to access private health insurances; still, their enrolment in private insurance is comparable to those with a cancer history. Adult cancer survivors are more likely to be insured than other adults. Many of these hold on to jobs that allow them keeping their private health insurances. Thus, public policies providing alternatives to job-related health insurance can relieve cancer survivors of the costs of keeping access to their insurance. For young cancer survivors, interruptions in work can represent difficulties in keeping health insurance coverage tied to employment. Employer-based insurance is the main source of coverage for adults aged 18-64 years, and cancer-related employment disability can reduce income and limit options for accessing private health plans.	[55, 56]	Scientific journal article

Annex 2 Overview of participating countries including abbreviations

Country	Abbreviation	Response received?
Austria	AT	Yes (to three general questions)
Belgium	BE	Yes (survey response)
Bulgaria	BG	No
Croatia	HR	Yes (to three general questions)
Republic of Cyprus	CY	No
Czech Republic	CZ	Yes (to three general questions)
Denmark	DK	Yes (survey response)
Estonia	EE	Yes (survey response)
Finland	FI	No
France	FR	Yes (survey response)
Germany	DE	Yes (survey response)
Greece	EL	Yes (survey response)
Hungary	HU	Yes (survey response)
Ireland	IE	Yes (survey response)
Italy	IT	Yes (survey response)
Latvia	LV	Yes (survey response)
Lithuania	LT	Yes (to three general questions)
Luxembourg	LU	Yes (survey response)
Malta	MT	Yes (survey response)
Netherlands	NL	Yes (survey response)
Poland	PL	Yes (to three general questions)
Portugal	PT	Yes (survey response)
Romania	RO	No
Slovak Republic	SK	Yes (to three general questions)
Slovenia	SI	Yes (to three general questions)
Spain	ES	Yes (survey response)
Sweden	SE	Yes (survey response)
Norway	NO	Yes (survey response)
Iceland	IS	Yes (survey response)

Annex 3 Tables stakeholder consultation

Table A3.1.

Views of stakeholders on addressing access to financial products in EU Member States

Do you believe that access to financial products for cancer survivors is an issue that should be addressed (somehow) in EU Member States?	Representatives of:									
	<i>Persons with (a history of) cancer (n=57)</i>		<i>Healthcare organisations or professionals (n=12)</i>		<i>Academia (n=6)</i>		<i>(Re)insurance and financial sector (n=16)</i>		<i>Other (n=13)</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Yes	56	98%	12	100%	5	83%	5	31%	12	92%
No	0	0%	0	0%	0	0%	5	31%	1	8%
Do not know	1	2%	0	0%	1	17%	6	38%	0	0%

Table A3.2.*Views of stakeholders on the specific role of the national government in ensuring access to financial products*

Propositions on the role of the national government in ensuring access to financial products	Representatives of:									
	Persons with (a history of) cancer (n=57)		Healthcare organisations or professionals (n=12)		Academia (n=6)		(Re)insurance and financial sector (n=16)		Other (n=13)	
	n	%	n	%	n	%	n	%	n	%
The government should regularly assess the existence and extent of any issues related to this topic.	37	65%	8	67%	2	33%	4	25%	8	62%
The government should develop, implement and regularly update policies on this topic.	49	86%	8	67%	4	67%	4	25%	9	69%
The government should address other cancer related issues first.	3	5%	3	25%	1	17%	3	19%	1	8%
There is no need for governmental policy on this topic, as it should be addressed by self-regulatory actions of stakeholders.	-	-	-	-	-	-	3	19%	1	8%
There is no need for governmental policy on this topic, as it should be addressed at EU level.	3	5%	1	8%	1	17%	-	-	-	-
There is no need for governmental policy on this topic, as evidence of unequitable access to financial products for cancer survivors does not exist.	-	-	-	-	-	-	4	25%	1	8%
There is no need for governmental policy on this topic, as evidence of the effectiveness of policy on this topic does not exist.	-	-	-	-	-	-	-	-	-	-
There is no need for governmental policy on this topic, as it is covered by existing legislation or regulation not specifically directed at cancer survivors.	1	2%	-	-	-	-	4	25%	-	-

Table A3.3.a.*Views of representatives of persons with (a history of) cancer on potential actions that may be taken at EU level*

Cancer survivors and cancer patients (n=57)									
<i>Propositions</i>	<i>I strongly support this action.</i>		<i>I support this action to some extent.</i>		<i>I have no opinion on this action.</i>		<i>I do not support this action.</i>		
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	
Increase awareness about equitable access to financial products for cancer survivors in Member States	53	93%	1	2%	2	4%	0	0%	
Support the exchange of practices and experiences across Member States	45	79%	7	12%	2	4%	1	2%	
Support Member States in the implementation of non-legislative policy on the topic	27	47%	16	28%	4	7%	6	11%	
Support Member States in the implementation of legislation on the topics	47	82%	5	9%	3	5%	0	0%	
Support Member States by establishing an EU level body that synthesises and regularly updates (relevant) scientific evidence	32	56%	16	28%	4	7%	2	4%	
Develop an EU level code of conduct (a set of common rules) on the topic	34	60%	17	30%	2	4%	3	5%	
Develop other non-legislative EU level policy on the topic	22	39%	19	33%	6	11%	6	11%	
Develop EU level legislation on the topic	41	72%	11	19%	3	5%	1	2%	

Table A3.3.b.*Views of healthcare organisations and healthcare professionals representatives on potential actions that may be taken at EU level*

Healthcare organisations or professionals (n=12)									
<i>Propositions</i>	<i>I strongly support this action.</i>		<i>I support this action to some extent.</i>		<i>I have no opinion on this action.</i>		<i>I do not support this action.</i>		
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	
Increase awareness about equitable access to financial products for cancer survivors in Member States	11	92%	1	8%	0	0%	0	0%	
Support the exchange of practices and experiences across Member States	11	92%	1	8%	0	0%	0	0%	
Support Member States in the implementation of non-legislative policy on the topic	6	50%	1	8%	1	8%	4	33%	
Support Member States in the implementation of legislation on the topics	10	83%	2	17%	0	0%	0	0%	
Support Member States by establishing an EU level body that synthesises and regularly updates (relevant) scientific evidence	9	75%	3	25%	0	0%	0	0%	
Develop an EU level code of conduct (a set of common rules) on the topic	8	67%	1	8%	0	0%	3	25%	
Develop other non-legislative EU level policy on the topic	6	50%	2	17%	0	0%	4	33%	
Develop EU level legislation on the topic	9	75%	3	25%	0	0%	0	0%	

Table A3.3.c.*Views of academia representatives on potential actions that may be taken at EU level*

Academia (n=6)								
	<i>I strongly support this action.</i>		<i>I support this action to some extent.</i>		<i>I have no opinion on this action.</i>		<i>I do not support this action.</i>	
<i>Propositions</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Increase awareness about equitable access to financial products for cancer survivors in Member States	5	83%	0	0%	1	17%	0	0%
Support the exchange of practices and experiences across Member States	4	67%	1	17%	1	17%	0	0%
Support Member States in the implementation of non-legislative policy on the topic	2	33%	1	17%	2	33%	1	17%
Support Member States in the implementation of legislation on the topics	4	67%	0	0%	1	17%	1	17%
Support Member States by establishing an EU level body that synthesises and regularly updates (relevant) scientific evidence	4	67%	1	17%	1	17%	0	0%
Develop an EU level code of conduct (a set of common rules) on the topic	5	83%	0	0%	1	17%	0	0%
Develop other non-legislative EU level policy on the topic	2	33%	1	17%	2	33%	1	17%
Develop EU level legislation on the topic	2	33%	1	17%	2	33%	1	17%

Table A3.3.d.*Views of (re)insurance and financial sector representatives on potential actions that may be taken at EU level*

(Re)insurance and financial sector (n=16)									
<i>Propositions</i>	<i>I strongly support this action.</i>		<i>I support this action to some extent.</i>		<i>I have no opinion on this action.</i>		<i>I do not support this action.</i>		
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	
Increase awareness about equitable access to financial products for cancer survivors in Member States	1	6%	5	31%	8	50%	0	0%	
Support the exchange of practices and experiences across Member States	4	25%	9	56%	0	0%	1	6%	
Support Member States in the implementation of non-legislative policy on the topic	3	19%	4	25%	1	6%	6	38%	
Support Member States in the implementation of legislation on the topics	0	0%	1	6%	1	6%	12	75%	
Support Member States by establishing an EU level body that synthesises and regularly updates (relevant) scientific evidence	1	6%	5	31%	0	0%	8	50%	
Develop an EU level code of conduct (a set of common rules) on the topic	1	6%	11	69%	1	6%	1	6%	
Develop other non-legislative EU level policy on the topic	1	6%	5	31%	5	31%	3	19%	
Develop EU level legislation on the topic	0	0%	2	13%	0	0%	12	75%	

Table A3.3.e.*Views of other stakeholders on potential actions that may be taken at EU level*

Other (n=13)									
<i>Propositions</i>	<i>I strongly support this action.</i>		<i>I support this action to some extent.</i>		<i>I have no opinion on this action.</i>		<i>I do not support this action.</i>		
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	
Increase awareness about equitable access to financial products for cancer survivors in Member States	3	23%	8	62%	0	0%	1	8%	
Support the exchange of practices and experiences across Member States	7	54%	4	31%	0	0%	1	8%	
Support Member States in the implementation of non-legislative policy on the topic	3	23%	2	15%	0	0%	3	23%	
Support Member States in the implementation of legislation on the topics	6	46%	2	15%	1	8%	1	8%	
Support Member States by establishing an EU level body that synthesises and regularly updates (relevant) scientific evidence	5	38%	3	23%	0	0%	1	8%	
Develop an EU level code of conduct (a set of common rules) on the topic	5	38%	4	31%	0	0%	2	15%	
Develop other non-legislative EU level policy on the topic	2	15%	3	23%	0	0%	5	38%	
Develop EU level legislation on the topic	7	54%	2	15%	0	0%	1	8%	

Table A3.4.a.

Views of representatives of persons with (a history of) cancer on whom to involve in the development of potential EU level policy actions

Cancer survivors and cancer patients (n=57)								
<i>Propositions</i>	<i>Should be involved</i>		<i>May be involved</i>		<i>Should not be involved</i>		<i>No opinion/Not applicable</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Representatives of cancer survivors or cancer patients	54	95%	1	2%	0	0%	0	0%
General patient or consumer organisations	28	49%	22	39%	3	5%	1	2%
Insurance representatives	39	68%	12	21%	4	7%	0	0%
Representatives of banks/lenders	37	65%	13	23%	4	7%	0	0%
Representatives of other providers of financial products or services	27	47%	18	32%	4	7%	5	9%
Representatives of healthcare professionals	34	60%	17	30%	2	4%	1	2%
Researchers in oncology / survivorship	38	67%	12	21%	3	5%	1	2%
National policy makers	52	91%	4	7%	0	0%	0	0%
EU policy makers	51	89%	4	7%	0	0%	0	0%

Table A3.4.b.

Views of healthcare organisations and healthcare professional representatives on whom to involve in the development of potential EU level policy

Healthcare organisations or professionals (n=12)									
Propositions	Should be involved		May be involved		Should not be involved		No opinion/Not applicable		
	n	%	n	%	n	%	n	%	
Representatives of cancer survivors or cancer patients	10	83%	2	17%	0	0%	0	0%	
General patient or consumer organisations	8	67%	4	33%	0	0%	0	0%	
Insurance representatives	7	58%	5	42%	0	0%	0	0%	
Representatives of banks/lenders	6	50%	6	50%	0	0%	0	0%	
Representatives of other providers of financial products or services	4	33%	7	58%	1	8%	0	0%	
Representatives of healthcare professionals	8	67%	4	33%	0	0%	0	0%	
Researchers in oncology / survivorship	9	75%	3	25%	0	0%	0	0%	
National policy makers	11	92%	1	8%	0	0%	0	0%	
EU policy makers	12	100%	0	0%	0	0%	0	0%	

Table A3.4.c.*Views of academia representatives on whom to involve in the development of potential EU level policy actions*

Academia (n=6)								
	Should be involved		May be involved		Should not be involved		No opinion/Not applicable	
Propositions	n	%	n	%	n	%	n	%
Representatives of cancer survivors or cancer patients	4	67%	1	17%	1	17%	0	0%
General patient or consumer organisations	4	67%	2	33%	0	0%	0	0%
Insurance representatives	3	50%	1	17%	1	17%	0	0%
Representatives of banks/lenders	3	50%	1	17%	2	33%	0	0%
Representatives of other providers of financial products or services	2	33%	3	50%	1	17%	0	0%
Representatives of healthcare professionals	1	17%	3	50%	1	17%	0	0%
Researchers in oncology / survivorship	3	50%	1	17%	1	17%	0	0%
National policy makers	4	67%	2	33%	0	0%	0	0%
EU policy makers	4	67%	1	17%	1	17%	0	0%

Table A3.4.d.

Views of (re)insurance and financial sector representatives on whom to involve in the development of potential EU level policy actions

(Re)insurance and financial sector (n=16)								
<i>Propositions</i>	<i>Should be involved</i>		<i>May be involved</i>		<i>Should not be involved</i>		<i>No opinion/Not applicable</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Representatives of cancer survivors or cancer patients	5	31%	1	6%	0	0%	9	56%
General patient or consumer organisations	1	6%	5	31%	0	0%	9	56%
Insurance representatives	6	38%	0	0%	0	0%	9	56%
Representatives of banks/lenders	6	38%	0	0%	0	0%	9	56%
Representatives of other providers of financial products or services	1	6%	5	31%	0	0%	9	56%
Representatives of healthcare professionals	3	19%	3	19%	0	0%	9	56%
Researchers in oncology / survivorship	6	38%	0	0%	0	0%	9	56%
National policy makers	3	19%	3	19%	0	0%	9	56%
EU policy makers	3	19%	3	19%	0	0%	9	56%

Table A3.4.e.*Views of other stakeholders on whom to involve in the development of potential EU level policy actions*

Others (n=13)									
<i>Propositions</i>	<i>Should be involved</i>		<i>May be involved</i>		<i>Should not be involved</i>		<i>No opinion/Not applicable</i>		
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	
Representatives of cancer survivors or cancer patients	11	85%	0	0%	0	0%	0	0%	
General patient or consumer organisations	7	54%	5	38%	0	0%	0	0%	
Insurance representatives	9	69%	1	8%	2	15%	0	0%	
Representatives of banks/lenders	8	62%	2	15%	1	8%	1	8%	
Representatives of other providers of financial products or services	7	54%	2	15%	2	15%	1	8%	
Representatives of healthcare professionals	6	46%	5	38%	0	0%	0	0%	
Researchers in oncology / survivorship	10	77%	1	8%	0	0%	0	0%	
National policy makers	9	69%	1	8%	0	0%	1	8%	
EU policy makers	9	69%	1	8%	0	0%	1	8%	

Table A3.5.a.

Views of representatives of persons with (a history of) cancer on financial products to be addressed by a potential EU level policy action

Cancer survivors and cancer patients (n=57)								
<i>Type of financial product</i>	<i>Should be addressed</i>		<i>May be addressed</i>		<i>Should not be addressed</i>		<i>No opinion</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Mortgage for a first home	52	91%	3	5%	0	0%	2	4%
Mortgage for a second home	22	39%	24	42%	3	5%	4	7%
Life insurance and/or disability insurance related to a mortgage for a first home	50	88%	4	7%	1	2%	2	4%
Life insurance and/or disability insurance related to a mortgage for a second home	21	37%	23	40%	4	7%	4	7%
Loan or credit for personal use (buy a car, holiday etc)	41	72%	13	23%	1	2%	1	2%
Life insurance and/or disability insurance related to a loan or credit for personal use	41	72%	12	21%	2	4%	2	4%
General life insurance	52	91%	3	5%	0	0%	1	2%
(Additional) health insurance plan	45	79%	10	18%	0	0%	0	0%
(Individual) occupational disability insurance	45	79%	5	9%	1	2%	5	9%
(Individual) unemployment insurance	46	81%	5	9%	1	2%	4	7%
Private pension product	34	60%	15	26%	0	0%	4	7%
Funeral plan	28	49%	18	32%	3	5%	6	11%
Travel insurance	36	63%	12	21%	5	9%	3	5%
Mortgage for a business real estate	36	63%	13	23%	2	4%	4	7%
Life insurance and/or disability insurance related to a mortgage for a business real estate	35	61%	14	25%	2	4%	4	7%
Loan or credit for business	38	67%	12	21%	2	4%	2	4%
Life insurance and/or disability insurance related to a loan or credit for business	35	61%	15	26%	2	4%	2	4%

Table A3.5.b.

Views of healthcare organisations and healthcare professionals representatives on financial products to be addressed by a potential EU level policy action

Healthcare organisations or professionals (n=12)								
	<i>Should be addressed</i>		<i>May be addressed</i>		<i>Should not be addressed</i>		<i>No opinion</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Mortgage for a first home	10	83%	0	0%	0	0%	2	17%
Mortgage for a second home	3	25%	4	33%	0	0%	5	42%
Life insurance and/or disability insurance related to a mortgage for a first home	10	83%	0	0%	0	0%	2	17%
Life insurance and/or disability insurance related to a mortgage for a second home	3	25%	4	33%	0	0%	5	42%
Loan or credit for personal use (buy a car, holiday etc)	8	67%	3	25%	0	0%	1	8%
Life insurance and/or disability insurance related to a loan or credit for personal use	8	67%	3	25%	0	0%	1	8%
General life insurance	10	83%	1	8%	0	0%	1	8%
(Additional) health insurance plan	6	50%	5	42%	0	0%	1	8%
(Individual) occupational disability insurance	7	58%	4	33%	0	0%	1	8%
(Individual) unemployment insurance	7	58%	4	33%	0	0%	1	8%
Private pension product	7	58%	2	17%	0	0%	3	25%
Funeral plan	4	33%	4	33%	1	8%	3	25%
Travel insurance	9	75%	2	17%	0	0%	1	8%
Mortgage for a business real estate	6	50%	2	17%	0	0%	4	33%
Life insurance and/or disability insurance related to a mortgage for a business real estate	6	50%	2	17%	0	0%	3	25%
Loan or credit for business	8	67%	3	25%	0	0%	1	8%
Life insurance and/or disability insurance related to a loan or credit for business	7	58%	4	33%	0	0%	1	8%

Table A3.5.c.*Views of academia representatives on financial products to be addressed by a potential EU level policy action*

Academia (n=6)	Should be addressed		May be addressed		Should not be addressed		No opinion	
	n	%	n	%	n	%	n	%
Mortgage for a first home	4	67%	1	17%	0	0%	1	17%
Mortgage for a second home	0	0%	3	50%	1	17%	2	33%
Life insurance and/or disability insurance related to a mortgage for a first home	4	67%	1	17%	0	0%	1	17%
Life insurance and/or disability insurance related to a mortgage for a second home	1	17%	3	50%	0	0%	2	33%
Loan or credit for personal use (buy a car, holiday etc)	3	50%	2	33%	0	0%	1	17%
Life insurance and/or disability insurance related to a loan or credit for personal use	1	17%	2	33%	1	17%	1	17%
General life insurance	3	50%	1	17%	0	0%	2	33%
(Additional) health insurance plan	3	50%	1	17%	0	0%	2	33%
(Individual) occupational disability insurance	2	33%	2	33%	0	0%	2	33%
(Individual) unemployment insurance	3	50%	1	17%	0	0%	2	33%
Private pension product	2	33%	1	17%	0	0%	2	33%
Funeral plan	2	33%	2	33%	0	0%	2	33%
Travel insurance	2	33%	1	17%	2	33%	1	17%
Mortgage for a business real estate	2	33%	3	50%	0	0%	1	17%
Life insurance and/or disability insurance related to a mortgage for a business real estate	2	33%	2	33%	1	17%	1	17%
Loan or credit for business	3	50%	1	17%	1	17%	1	17%
Life insurance and/or disability insurance related to a loan or credit for business	3	50%	1	17%	0	0%	2	33%

Table A3.5.d.*Views of (re)insurance and financial sector representatives on financial products to be addressed by a potential EU level policy action*

(Re)insurance and financial sector (n=16)								
	<i>Should be addressed</i>		<i>May be addressed</i>		<i>Should not be addressed</i>		<i>No opinion</i>	
<i>Type of financial product</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Mortgage for a first home	4	25%	0	0%	4	25%	7	44%
Mortgage for a second home	1	6%	1	6%	6	38%	7	44%
Life insurance and/or disability insurance related to a mortgage for a first home	4	25%	1	6%	9	56%	1	6%
Life insurance and/or disability insurance related to a mortgage for a second home	1	6%	1	6%	12	75%	1	6%
Loan or credit for personal use (buy a car, holiday etc)	4	25%	2	13%	4	25%	5	31%
Life insurance and/or disability insurance related to a loan or credit for personal use	3	19%	1	6%	10	63%	1	6%
General life insurance	2	13%	0	0%	12	75%	1	6%
(Additional) health insurance plan	0	0%	1	6%	12	75%	2	13%
(Individual) occupational disability insurance	0	0%	1	6%	13	81%	1	6%
(Individual) unemployment insurance	0	0%	1	6%	13	81%	1	6%
Private pension product	1	6%	2	13%	11	69%	1	6%
Funeral plan	0	0%	1	6%	12	75%	2	13%
Travel insurance	1	6%	1	6%	12	75%	1	6%
Mortgage for a business real estate	3	19%	0	0%	5	31%	7	44%
Life insurance and/or disability insurance related to a mortgage for a business real estate	3	19%	0	0%	11	69%	1	6%
Loan or credit for business	4	25%	1	6%	5	31%	5	31%
Life insurance and/or disability insurance related to a loan or credit for business	2	13%	1	6%	11	69%	1	6%

Table A3.5.e.*Views of other stakeholders on financial products to be addressed by a potential EU level policy action*

Type of financial product	Should be addressed		May be addressed		Should not be addressed		No opinion	
	n	%	n	%	n	%	n	%
Mortgage for a first home	7	54%	1	8%	2	15%	1	8%
Mortgage for a second home	2	15%	5	38%	3	23%	1	8%
Life insurance and/or disability insurance related to a mortgage for a first home	8	62%	0	0%	1	8%	2	15%
Life insurance and/or disability insurance related to a mortgage for a second home	3	23%	3	23%	2	15%	3	23%
Loan or credit for personal use (buy a car, holiday etc)	4	31%	4	31%	2	15%	1	8%
Life insurance and/or disability insurance related to a loan or credit for personal use	6	46%	2	15%	1	8%	2	15%
General life insurance	8	62%	1	8%	1	8%	1	8%
(Additional) health insurance plan	5	38%	3	23%	1	8%	1	8%
(Individual) occupational disability insurance	7	54%	2	15%	1	8%	1	8%
(Individual) unemployment insurance	7	54%	2	15%	1	8%	0	0%
Private pension product	5	38%	4	31%	1	8%	1	8%
Funeral plan	3	23%	6	46%	1	8%	1	8%
Travel insurance	5	38%	4	31%	1	8%	1	8%
Mortgage for a business real estate	3	23%	2	15%	3	23%	3	23%
Life insurance and/or disability insurance related to a mortgage for a business real estate	5	38%	1	8%	2	15%	3	23%
Loan or credit for business	4	31%	2	15%	4	31%	1	8%
Life insurance and/or disability insurance related to a loan or credit for business	6	46%	1	8%	3	23%	1	8%

Annex 4 Member State survey form



National Institute for Public Health
and the Environment
Ministry of Health, Welfare and Sport



Access to financial products for cancer survivors

[Start questionnaire](#)

Terminology used

The topic addressed in this consultation is **equitable access to financial products for cancer survivors**, sometimes also referred to by the term ‘right to be forgotten’. Under GDPR, the same term is used for another topic, namely the right to have personal data held by a data controller deleted in certain circumstances. To avoid confusion with the terminology under GDPR, we use the term ‘access to financial products’ in this consultation.

What do we mean with financial products?

In the context of this study, the term **financial products** refers to loans, credits, private pensions, insurances or investments for either personal or business purposes.

What do we mean with self-regulatory actions?

In the context of this study, the term **self-regulatory actions** refers to any agreements, regulations or organisational policies that are initiated by (groups of) organisations of professionals or stakeholders, which do **not include the involvement of national or regional governments**.

This consultation starts with some background questions (part I), followed by part II in which we ask you to inform us on whether and how the topic of access to financial products for cancer survivors is currently being addressed in your country and which (concrete) plans there may be to address this topic in the near future. In part III we ask you how your government views the need for EU level policy on the topic and what type of policy instrument it would then suggest.

Part I: Background questions

1. Please indicate which **country** you represent.

2. Is it **compulsory** in your country to have a life insurance or another type of **mortgage protection**, in order to obtain a mortgage?

- Yes
- No
- Do not know

Part II: Your country's national policy

3. With this question we want to get a general view of the **current situation in your country** on the topic of equitable access to financial products for cancer survivors. Please indicate whether the topic is being discussed or has been addressed at **national level**. (*multiple answers possible*)

- Patient or consumer organisations have raised the topic.
- Providers of financial services are developing self-regulatory actions.
- Patient or consumer organisations are involved in the development of self-regulatory actions.
- Providers of financial services have developed self-regulatory actions.
- Patient or consumer organisations have been involved in the development of self-regulatory actions.
- The parliament has discussed the topic.
- Governmental policy options are being explored.
- Governmental policy proposal is being developed.
- Governmental policy has been implemented.
- The topic is being addressed in another way at national level.
- The topic is not addressed at national level.
- I do not know whether the topic is being addressed at national level.

3a. Can you provide more detail to clarify your answer? *If relevant, please attach or provide links to any public document that describes or explains how access to financial products for cancer survivors is being addressed in your country.*

4. What is the **view of your national government regarding its role** in ensuring equitable access to financial products for cancer survivors? (*multiple answers possible*)

- The government should regularly assess the existence and extent of any issues related to this topic.
- The government should develop, implement and regularly update policies on this topic.
- The government should address other cancer related issues first.

- There is no need for governmental policy on this topic, as it should be addressed by self-regulatory actions of stakeholders.
- There is no need for governmental policy on this topic, as it should be addressed at EU level.
- There is no need for governmental policy on this topic, as evidence of inequitable access to financial products for cancer survivors does not exist.
- There is no need for governmental policy on this topic, as evidence of the effectiveness of policy on this topic does not exist.
- There is no need for governmental policy on this topic, as it is covered by existing legislation or regulation not specifically directed at cancer survivors, namely: *(please specify)*

4a. Can you provide more detail to clarify your answer?

With the following questions we want to get a better understanding of the **governmental policy** on the topic of equitable access to financial products for cancer survivors. In case no governmental policy actions (either legislative or non-legislative) exist or are being explored on this topic, please go to question 12.

5. Please describe in more detail **what the issue is** that has been or should be addressed by governmental policy.

6. Which type of **policy instrument** has been or is being developed to address this issue? *(multiple answers allowed)*

- Communicative instrument (e.g. information centre, monitor), namely: *(please specify)*

- Agreement with stakeholders (e.g. code of conduct, covenant), namely: *(please specify)*

- Letter of intent, namely: *(please specify)*

- Financial-economic instrument (e.g. charge, subsidy, investment), namely:
(please specify)

- Statute or law, namely: (please specify)

- Other, namely: (please specify)

7. Please indicate for which types of **financial products** policy has been or is being developed. (multiple answers possible)

- Mortgage for a first home
- Mortgage for a second home
- Life insurance and/or disability insurance related to a mortgage for a first home
- Life insurance and/or disability insurance related to a mortgage for a second home
- Loan or credit for personal use (buy a car, holiday etc)
- Life insurance and/or disability insurance related to a loan or credit for personal use
- General life insurance
- (Additional) health insurance plan
- (Individual) occupational disability insurance
- (Individual) unemployment insurance
- Private pension product
- Funeral plan
- Travel insurance
- Mortgage for a business real estate
- Life insurance and/or disability insurance related to a mortgage for a business real estate
- Loan or credit for business
- Life insurance and/or disability insurance related to a loan or credit for business
- Other financial product, namely

- Do not know yet

8. How is or will this **policy be updated?** (multiple answers possible)

- By a committee that periodically considers/updates the scientific evidence
- In another way, namely: (please specify)

Do not know yet

9. How is or will the **implementation of this policy be monitored?** (*multiple answers possible*)

By a monitoring committee

In another way, namely: (*please specify*)

Do not know yet

10. Which measures are or will be taken to **inform the general audience and cancer survivors** on (updates of) this policy?

11. Is there a specific body where cancer survivors in your country can go to with **complaints related to this policy?**

Yes, namely: (*please specify*)

Not yet, but a concrete plan exists to set up such a body within five years from now

No

Do not know yet

12. Are there any bodies or parties where cancer survivors in your country can go to for **advice or assistance** on access to financial products?

Yes, namely: (*please specify*)

No

Do not know

13. The European Commission is committed to work together with Member States and stakeholders to address access to financial products for cancer survivors living in the EU. The statements below represent some of the **potential actions** that may be taken at **EU level**. Please indicate whether your national government supports these potential actions at EU level.

	Government strongly supports this action	Government supports this action to some extent	Government does not support this action	Government does not have an opinion on this action
Increase awareness about equitable access to financial products for cancer survivors in Member States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support the exchange of practices and experiences across Member States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Member States in the implementation of non-legislative policy on the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Member States in the implementation of legislation on the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Member States by establishing an EU level body that synthesises and regularly updates relevant (scientific) evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop an EU level code of conduct (a set of common rules) on the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop other non-legislative EU level policy on the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop EU level legislation on the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13a. If other than the above, please specify:

14. What is the view of your government on **who should be involved** in setting up potential EU level policy actions?

	Should be involved	May be involved	Should not be involved	No opinion	Not applicable (government is not in favour of any EU level policy action)
Representatives of cancer	<input type="checkbox"/>				

survivors or cancer patients					
General patient or consumer organisations	<input type="checkbox"/>				
Insurance representatives	<input type="checkbox"/>				
Representatives of banks/lenders	<input type="checkbox"/>				
Representatives of other providers of financial products or services	<input type="checkbox"/>				
Representatives of healthcare professionals	<input type="checkbox"/>				
Researchers in oncology / survivorship	<input type="checkbox"/>				
National policy makers	<input type="checkbox"/>				
EU policy makers	<input type="checkbox"/>				

14a. If other than the above, please specify:

15. Which **financial products** does your government believe should be addressed by a potential EU level policy action?

	Should be addressed	May be addressed	Should not be addressed	No opinion	Not applicable (government is not in favour of any EU level policy action)
Mortgage for a first home	<input type="checkbox"/>				
Mortgage for a second home	<input type="checkbox"/>				
Life insurance and/or disability insurance related to a mortgage for a first home	<input type="checkbox"/>				
Life insurance and/or disability insurance related to a mortgage for a second home	<input type="checkbox"/>				
Loan or credit for personal use (buy a car, holiday etc)	<input type="checkbox"/>				
Life insurance and/or disability insurance related to a loan or credit for personal use	<input type="checkbox"/>				
General life insurance	<input type="checkbox"/>				

(Additional) health insurance plan	<input type="checkbox"/>				
(Individual) occupational disability insurance	<input type="checkbox"/>				
(Individual) unemployment insurance	<input type="checkbox"/>				
Private pension product	<input type="checkbox"/>				
Funeral plan	<input type="checkbox"/>				
Travel insurance	<input type="checkbox"/>				
Mortgage for a business real estate	<input type="checkbox"/>				
Life insurance and/or disability insurance related to a mortgage for a business real estate	<input type="checkbox"/>				
Loan or credit for business	<input type="checkbox"/>				
Life insurance and/or disability insurance related to a loan or credit for business	<input type="checkbox"/>				

15a. If other than the above, please specify:

16. Could you indicate which types of financial products, such as the products listed in the previous question, have the **highest priority** according to your government to be addressed in potential EU level policy actions?

17. Does your government have **any other suggestions on how the European Commission could support** Member States and stakeholders to address equitable access to financial services for cancer survivors in their country?

18. Are there **any other comments** that you would like to make with respect to this topic?

19. Which **Ministries or Authorities** were involved in answering this survey? *Note. This question is to understand whom the relevant authorities in a Member State are. Answers will not be reported in the final report.*

20. In addition to this Member States survey, **stakeholder groups** at national and EU level are being consulted to also give their views on whether and how the EU and its Member States may improve access to financial products for cancer survivors.

We would be happy if you could suggest any stakeholder groups in your country or at EU level to involve in this consultation here:

Thank you for your cooperation.

Annex 5 Stakeholder consultation form



Access to financial products for cancer survivors

Note. This is the MS-Word version of a stakeholder survey, which is circulated via the online survey tool EUSurvey. See

https://ec.europa.eu/eusurvey/runner/Financial_services_cancer_survivors

Outline and terminology

This consultation starts with some background questions (part I), followed by part II, in which we ask you to inform us on whether and how the topic of access to financial products for cancer survivors is currently being addressed in your country (if applicable) and what your thoughts are about national level actions. In part III we ask you how you view -or the organisation you may represent views- the need for EU level policy on the topic and what type of policy instrument it would then suggest.

Terminology used

The topic addressed in this consultation is **equitable access to financial products for cancer survivors**, sometimes also referred to by the term ‘right to be forgotten’. Under GDPR, the same term is used for another topic, namely the right to have personal data held by a data controller deleted in certain circumstances. To avoid confusion with the terminology under GDPR, we use the term ‘access to financial products’ in this consultation.

What do we mean with financial products?

In the context of this study, the term **financial products** refers to loans, credits, private pensions, insurances or investments for either personal or business purposes.

What do we mean with self-regulatory actions?

In the context of this study, the term **self-regulatory actions** refers to any agreements, regulations or organisational policies that are initiated by (groups of) organisations of professionals or stakeholders, which do **not include the involvement of national or regional governments**.

Part I: Background questions

1. Please indicate which **group of stakeholders** you represent or consider yourself to be part of.

- Cancer patients or cancer survivors
- Patients or citizens in general
- Healthcare professionals
- Healthcare organisations
- (Re)insurance companies
- Banks
- Other providers of financial products or services
- Academia
- Industry
- Other

1a. If other, please specify:

2. Are you answering on behalf of an organisation?

- Yes > Q2b
- No > Q2a

2a. In which country do you live? > 2e

2b. Please provide the name of this organisation.

Note that all answers to this survey will be reported anonymously, but that we might consider adding a list of responding organisations as an annex to the final report.

2c. Please indicate at which **geographical level** your organisation is predominantly active.

- Local or regional level within one country > Q2d
- National level within one country > Q2d
- European level (covering multiple European countries) > Q3
- International level (wider than Europe) > Q3

2d. In which **country** are you based?

2e. Is it **compulsory** in your country to have a life insurance or another type of **mortgage protection**, in order to obtain a mortgage?

- Yes
- No
- Do not know

3. Do you believe that access to financial products for cancer survivors is **an issue** that should be addressed (somehow) in EU Member States?

- Yes > Q3a
- No > Q3b
- Do not know > Q3c

3a. Please describe in more detail **what the issue is** that should be addressed.

> skip to Part II

3b. Please describe **why** access to financial products for cancer survivors is **not an issue** that should be addressed.

> skip to Part II

3c. Could you clarify?

> skip to Part II

Part II: Views on actions at national level (You can move to Part III if you respond on behalf of an international organisation)

4. With this question we want to get a general view of the **current situation in your country** on the topic of equitable access to financial products for cancer survivors. Please indicate whether the topic is being discussed or has been addressed at **national level**. (*multiple answers possible*)

- Patient or consumer organisations have raised the topic.
- Providers of financial services are developing self-regulatory actions.
- Patient or consumer organisations are involved in the development of self-regulatory actions.

- Providers of financial services have developed self-regulatory actions.
- Patient or consumer organisations have been involved in the development of self-regulatory actions.
- The parliament has discussed the topic.
- Governmental policy options are being explored.
- Governmental policy proposal is being developed.
- Governmental policy has been implemented.
- The topic is being addressed in another way at national level.
- The topic is not addressed at national level.
- I do not know whether the topic is being addressed at national level.
- Not applicable, I respond on behalf of an international organisation. > *skip to part III*

4a. Can you provide more detail to clarify your answer? If relevant, please provide links to any public document that describes or explains how access to financial products for cancer survivors is being addressed in your country.

5. What is your view on the **role your national government** should play in ensuring equitable access to financial products for cancer survivors? (*multiple answers possible*)

- The government should regularly assess the existence and extent of any issues related to this topic.
- The government should develop, implement and regularly update policies on this topic.
- The government should address other cancer related issues first.
- There is no need for governmental policy on this topic, as it should be addressed by self-regulatory actions of stakeholders.
- There is no need for governmental policy on this topic, as it should be addressed at EU level.
- There is no need for governmental policy on this topic, as evidence of inequitable access to financial products for cancer survivors does not exist.
- There is no need for governmental policy on this topic, as evidence of the effectiveness of policy on this topic does not exist.
- There is no need for governmental policy on this topic, as it is covered by existing legislation or regulation not specifically directed at cancer survivors, namely: (*please specify*)

○

5a. Can you provide more detail to clarify your answer?

Part III: Views on actions at EU level

6. The European Commission is committed to work together with stakeholders to address access to financial products for cancer survivors living in the EU. The statements below represent some of the **potential actions** that may be taken at **EU level**. Please indicate whether you support these potential actions at EU level.

	I strongly support this action.	I support this action to some extent.	I do not support this action.	I have no opinion on this action.
Increase awareness about equitable access to financial products for cancer survivors in Member States	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support the exchange of practices and experiences across Member States	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support Member States in the implementation of non-legislative policy on the topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support Member States in the implementation of legislation on the topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support Member States by establishing an EU level body that synthesises and regularly updates relevant (scientific) evidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop an EU level code of conduct (a set of common rules) on the topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop other non-legislative EU level policy on the topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop EU level legislation on the topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6a. If other than the above, please specify:

7. **Who** do you believe should be involved in setting up potential EU level policy actions?

	Should be	May be	Should not	No opinion	Not applicable
--	-----------	--------	------------	------------	----------------

	involved	involved	be involved		(not in favour of any EU level policy action)
Representatives of cancer survivors or cancer patients	<input type="radio"/>				
General patient or consumer organisations					
Insurance representatives	<input type="radio"/>				
Representatives of banks/lenders	<input type="radio"/>				
Representatives of other providers of financial products or services	<input type="radio"/>				
Representatives of healthcare professionals	<input type="radio"/>				
Researchers in oncology / survivorship	<input type="radio"/>				
National policy makers	<input type="radio"/>				
EU policy makers	<input type="radio"/>				

7a. If other than the above, please specify:

8. Which **financial products** do you believe should be addressed by a potential EU level policy action?

	Should be addressed	May be addressed	Should not be addressed	No opinion	Not applicable (not in favour of any EU level policy action)
Mortgage for a first home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mortgage for a second home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life insurance and/or disability insurance related to a mortgage for a first home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life insurance and/or disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

insurance related to a mortgage for a second home					
Loan or credit for personal use (buy a car, holiday etc)	<input type="radio"/>				
Life insurance and/or disability insurance related to a loan or credit for personal use	<input type="radio"/>				
General life insurance	<input type="radio"/>				
(Additional) health insurance plan	<input type="radio"/>				
(Individual) occupational disability insurance	<input type="radio"/>				
(Individual) unemployment insurance	<input type="radio"/>				
Private pension product	<input type="radio"/>				
Funeral plan	<input type="radio"/>				
Travel insurance	<input type="radio"/>				
Mortgage for a business real estate	<input type="radio"/>				
Life insurance and/or disability insurance related to a mortgage for a business real estate	<input type="radio"/>				
Loan or credit for business	<input type="radio"/>				
Life insurance and/or disability insurance related to a loan or credit for business	<input type="radio"/>				

8a. If other than the above, please specify:

9. Could you indicate which types of financial products, such as the products listed in the previous question, have the **highest priority** from your point of view to be addressed in potential EU level policy actions?

10. Do you have **any other suggestions on how the European Commission could support** Member States and stakeholders to address equitable access to financial services for cancer survivors in their country?

11. Are there **any other comments** that you would like to make with respect to this topic?

Thank you for your cooperation.

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