

# Medical Tourism: Implications for Providers and Plans

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This article addresses the practice of traveling from the United States to another country for the purpose of obtaining medical care or treatment, a phenomenon known as outbound medical tourism.

Estimates of the prevalence and projected growth of outbound medical tourism vary widely, but a number of factors combine to support its continuing growth and expansion.

The three major groups of medical tourists have different but overlapping legal concerns. All three are affected by medical tourism facilitators and operators, quality rating and accreditation agencies, and liability insurers.

Outbound medical tourism presents a mixture of challenges and potential for health plans and providers, including price competition, revenue loss, continuity-of-care obstacles, taxation, international instability, liability under a wide variety of unsettled legal theories, and a number of complex issues that increase the cost and difficulty of related litigation.

Overwhelming uncertainty permeates virtually every aspect of medical tourism and is magnified by the current healthcare reform debate. Specific practice tips may assist the health lawyer confronted with that uncertainty. Medical tourism and the manner in which providers and plans respond to it will both influence and be influenced by healthcare reform.

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