



EMN Ad-Hoc Query on Access to healthcare

Requested by Laura SEIFFERT on 15th November 2017

Miscellaneous

Responses from Austria, Belgium, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Germany, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovak Republic, Slovenia, Sweden, United Kingdom, Norway (23 in total)

Disclaimer:

The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

Background information:

EU Member States have experienced an increased influx in recent years. The increased influx has an impact on the health care systems of MS. The challenges for public health authorities relate to migrants' individual health problems and how to respond adequately to their needs, including providing access to healthcare. In terms of an immediate public health response, the World Health Organization recommends a triage of migrants, followed by proper diagnosis and treatment targeting specific groups. It advocates full access to high-quality care for all migrants. In the longer term, it stresses the need to ensure that national health systems are adequately prepared.

To a large extent, there are significant differences between countries, creating the need for tailored policy responses that take into account the specific barriers to access to healthcare.

This ad-hoc query aims to examine the access of beneficiaries of international protection to the Member States healthcare systems in order to write an EMN Inform on the subject that is being drafted by the HR, LU, NL, and PL EMN NCPs.

Questions

1. Is access to healthcare the same for Convention refugees, beneficiaries of subsidiary protection and nationals in your MS? Yes/No. If not, please explain the differences.
2. How is the healthcare of beneficiaries of international protection funded in your MS? a) Is the financing of healthcare for beneficiaries of international protection insurance based? If yes, what type of insurance (e.g. public, private or mixed type)? If not, then how is it financed?
3. How is the healthcare of beneficiaries of international protection funded in your MS? b) Is there a special budget available for healthcare for beneficiaries of international protection?
4. Do beneficiaries of international protection have access to the following types of care in your Member State? Yes/No. If yes, please describe measures/procedures in your MS to gain access to those medical services. a) Immediate/emergency; b) Long-term care.
5. Do special measures/procedures apply in your MS to beneficiaries of international protection who are in need of long-term care?
6. Which organizations/authorities are involved in your Member State in organizing healthcare for beneficiaries of international protection?

Responses

	Country	Wider Dissemination	Response
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	Austria	Yes	<p>1. Yes</p> <p>2. Beneficiaries of international protection are integrated into the general healthcare system. Financing of healthcare in Austria is insurance based. Regarding the total healthcare budget, insurance contributions paid by employers and employees are complemented by general tax revenue. The amount of insurance contributions depends on the income of the respective person. Compulsory health insurance is required by law (Art. 4 ff. General Social Insurance Act) and public insurance covers almost 100% of people living in Austria. Individuals may opt for additional private health insurance. As Austria is a federal state, financing of the healthcare budget is shared between the federal government and the provinces according to a certain allocation key, laid down in the Agreement according to Art. 15a of the Federal Constitutional Act on the organization and financing of the health care system (Vereinbarung gemäß Art 15a B-VG über die Organisation und Finanzierung des Gesundheitswesens). Funding of the health insurance of a respective beneficiary of international protection depends on whether the person is economically active or not. Economically active persons are subject to compulsory insurance due to gainful employment, thus their insurance is funded according to the above-mentioned system of insurance contributions and tax revenue. In case a person is economically inactive and receives Needs-based Guaranteed Minimum Resources, this also includes health insurance and is funded by the provinces (Art. 8 para 2/art 20 para 2 Agreement Pursuant to Art. 15a of the Federal Constitutional Act between the Federal State and the Provinces Stipulating a Nationwide System of Needs-based Guaranteed Minimum Resources).</p> <p>3. Beneficiaries of international protection are included in the general health system, thus the general healthcare budget provides funding for healthcare for beneficiaries of international protection.</p> <p>4. Beneficiaries of international protection enjoy the same insurance status like all other insured persons. Before the treatment one must present his/her e-card to the physician. This is the national health insurance card providing proof of one's access to health insurance benefits in Austria. It is issued automatically to all insured persons and their dependents. In case of an acute emergency (life-threatening danger), physicians are obliged by law to treat the patient, regardless of the patient's insurance status (Art. 48 Law on Doctors).</p>
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	<p>Belgium</p>	<p>Yes</p>	<p>1. Yes.</p> <p>2. a) Yes As for all Belgian citizens, beneficiaries of international protection are covered by one of three types of social protection systems (system for salaried persons, system for self-employed persons, system for civil servants). The compulsory insurance for medical care and benefits is one of the seven sectors of the social security. The compulsory insurance for medical care is not only destined to salaried or self-employed persons and civil servants, but also to the unemployed, the retired, the persons who are entitled to the integration wage, the disabled, students, orphans, non-accompanied under-aged foreigners, etc. as well as to their dependents who qualify to be dependents. The Belgian social protection system combines different types of financing • Employees and employers' contributions • Government contribution • Percentage of VAT revenue</p> <p>3. No, there is no special budget for healthcare for beneficiaries of international protection. The general health care system includes beneficiaries of international protection without any difference with Belgian citizens.</p> <p>4. Yes. As for Belgian citizens, beneficiaries of international protection must meet a number of conditions to open the right to health insurance benefits, inter alia affiliating or registering with a health insurance fund (either a mutual insurance fund or a regional service of the Auxiliary fund for sickness and invalidity insurance or the Health insurance fund of the Belgian national railway company Holding (NMBS - SNCB)). In case of affiliation to a mutual insurance fund: a large part of health care is covered, including consultations with the general practitioner and also with medical specialists, physiotherapy, dental care. The choice of mutual insurance fund is free. It is done</p>

			<p>according to the advantages offered as part of the complementary insurance or according to the use of these advantages in the specific situation of the affiliate. In case of affiliation to the Auxiliary Disability Health Insurance Fund (CAAMI): the services are similar to those offered by the mutual insurance, for what concerns the compulsory insurance (but not for what concerns complementary services or optional insurance).</p> <p>5. No, they have the same rights like Belgian citizens.</p> <p>6. Several institutions are involved in the organization of health care in Belgium: • Belgian Federal Public Service Health, Food Chain Safety and Environment • Belgian Federal Public Service Social Security, • National Institute for Health and Disability Insurance (INAMI-RIZIV)</p>
	Croatia	Yes	<p>1. Yes.</p> <p>2. The Law for International and Temporary Protection (Official Gazette 70/2015) Article 69 (2) states that the costs of health care of the asylees and foreigners under subsidiary protection shall be paid from the State Budget of the Republic of Croatia, under the item of the ministry competent for health care.</p> <p>3. The Republic of Croatia has a universal public health care that includes beneficiaries of international protection.</p> <p>4. The beneficiaries of international protection have access to both medical services, immediate/emergency and long-term care.</p> <p>5. No. The beneficiaries of international protection are treated in the same way as other residents.</p> <p>6. The Ministry of Health and Croatian Health Insurance Fund.</p>
	Cyprus	Yes	<p>1. Yes</p>

			<p>2. Public Insurance. Private insurance is optional.</p> <p>3. General State budget. There is no special budget available.</p> <p>4. Yes they have access, same to nationals.</p> <p>5. No. Measures/procedures applied same to nationals.</p> <p>6. Ministry of Health</p>
	Czech Republic	Yes	<p>1. Yes.</p> <p>2. Yes, financing of healthcare is insurance based. It is a public insurance, same like for the country nationals.</p> <p>3. Specialized healthcare needs (for disabled persons etc.) that cannot be covered from the public health insurance can be covered from the State Integration Programme (This programme supports beneficiaries of international protection during the initial 12 months after receiving positive decision).</p> <p>4. a) Yes – public health insurance b) Yes – public health insurance</p> <p>5. Yes.</p> <p>6. Ministry of the Interior, Ministry of Health, Public Health Insurance Company</p>
	Estonia	Yes	<p>1. Yes</p> <p>2. The Access to healthcare is the same as for nationals – minors are insured by the state, adults will receive national health insurance after they are either registered at the Unemployment Office (30 days after the registration) or working (in which case employer is covering necessary payments as part of the social tax to the Estonian Health Insurance Fund).</p>

			<p>3. As described above, it comes from the state budget (through Estonian Health Insurance Fund).</p> <p>4. Yes. They have the same rights as nationals a) to call an ambulance for help; b). To turn to family doctor or to specialized doctor with the specific issues, be hospitalized etc.</p> <p>5. No</p> <p>6. Ministry of Social Affairs, Estonian Health Insurance Fund, Estonian Unemployment Office, Estonian Tax and Customs Board.</p>
	Finland	Yes	<p>1. Yes, when the beneficiaries of international protection are assigned a municipality as their place of residence, they have access to health care in the same manner as all nationals, as the public health care system is residence-based.</p> <p>2. The public health care system is financed by taxes as well as patient fees.</p> <p>3. It is funded from the general social and health care budget. The municipalities are entitled to compensation from the state for beneficiaries of international protection living in the municipality. This compensation is paid for 4 years (resettled refugees) or 3 years (beneficiaries of international protection) and is envisaged to cover the various costs of integration not only health care.</p> <p>4. Yes, please also see response to Q.1.</p> <p>5. If a beneficiary of international protection is in need of protracted and specialized health care, the municipality can receive additional compensation from the state for these costs for a maximum of 10 years. They are always subject to an individual assessment.</p> <p>6. The municipalities are responsible for organizing health care for beneficiaries of international protection after they have left the reception system.</p>
	France	Yes	<p>1. Beneficiaries of international protection and French nationals have the same access to the common law healthcare system. There is a regular and stable residence condition, meaning that the person has</p>

been legally on the French territory for at least three months. However, beneficiaries of international protection are exempted from stable residence condition, which means they can directly access the common law health care system as soon as they legally reside in France.

2. As the healthcare for beneficiaries of international protection is based on common law, it is based on a mixed type of insurance. A public insurance, the universal health protection (PUMa) is the basic health insurance that beneficiaries of international protection can benefit from, due to the regular residence condition. Then, they can benefit from a complementary health protection (CMU-C), due to the regular residence condition and if they respect the resources condition (earning less than 8,723 € per year for a single person). If a beneficiary of international protection finds a job, his/her health insurance will be shifted from the residence criteria to the employment criteria. If he/she earns less than the CMU-C resources condition threshold, he/she will still benefit from CMU-C. If he/she earns more than that threshold, he/she should subscribe to a general law complementary health insurance.

3. As the beneficiaries of international protection's healthcare is not a specific mechanism for third country nationals, there is no special budget to finance it. The PUMa budget is part of the social security budget and the CMU-C is funded by the CMU funds that are fueled by the tobacco tax and the contribution of complementary insurance organizations.

4. a) Yes b) Yes As beneficiaries of international protection's healthcare is based on the common law system, they can access both immediate/emergency care and long-term care (doctor consultations, hospital fees, laboratory exams, dentist costs). The patient should only follow the medical path (seeing a generalist before a specialist) and, if he/she benefits from PUMa and CMU-C, only consult doctors that accept these types of insurances. Beneficiaries of international protection need first to register to the Primary Health Insurance Fund through the social security office (CPAM) competent for their home address. This registration enables them to get a temporary social security number and access PUMa and CMU-C. Once the international protection is issued, the beneficiary receives a permanent social security number and his/her social security card (carte vitale).

5. No.

6. The national social security, CPAM, is responsible for the organization of the healthcare in France

			<p>for all registered persons including beneficiaries of international protection. There are CPAM offices spread across the country to organize the healthcare for each region.</p>
	<p>Germany</p>	<p>Yes</p>	<p>1. Based on German Basic Law, people in need have the right to a humane subsistence level – including healthcare. During the asylum seeking process access to healthcare is limited. Basic medical services are provided according to the Asylum Seekers’ Benefit Act including emergencies, medically indicated preventive examinations or vaccinations. In case of recognition as Convention refugee or beneficiary of subsidiary protection, access to healthcare is equivalent to that of German nationals. When recognized, foreigners receive labor market access and as a consequence are entitled to the same social security as German citizens according to the Social Security Statute Books II (basic income) and XII (social welfare).</p> <p>2. If the foreigner can work, but has no job yet, he/she receives basic income for job seekers according to the Social Security Statute Book II, which includes becoming a member of public health insurance. While receiving the benefit, the job center covers the contribution to public health insurance. As soon as the foreigner finds a job, he/she becomes subject to compulsory insurance and must cover the contributions to health insurance him-/herself. In case the foreigner is not able to work, he/she may receive social welfare according to the Social Security Statute Book XII. This includes health aid for basic healthcare.</p> <p>3. Basic income and social welfare are part of the welfare system in Germany. These are financed via taxes.</p> <p>4. Yes, both a) and b) are included in public health insurance and health aid, although health aid is more restrictive regarding the services that are paid for.</p> <p>5. According to the Social Security Statute Book XII, social welfare includes an entitlement to care allowance (care aid). Alternatively, home or residential care may be provided. For employees, nursing care insurance is compulsory. Payment for nursing care insurance is also included in the basic income for job seekers according to the Social Security Statute Book II. This also applies to German nationals. According to § 60 article 7 German Residence Law, foreigners may not be deported to another state, if a substantial danger for body, life or freedom is at stake. Health is only a valid</p>

			<p>ground in case of life threatening or severe illness that would worsen significantly in the event of a deportation. Therefore, this article may be a basis to avoid deportation in severe cases of long-term care.</p> <p>6. Basic income is provided by local job centers and the employment agency. Social welfare is distributed by the social welfare office of the respective city or district. Health insurances are involved in the implementation.</p>
	Hungary	Yes	<p>1. Yes. If recognized refugees or subsidiary protected persons are not under social security according to current refugees legislation from the date their recognizing decision comes into force they are entitled to medical care for 6 months. After this period they get the same medical care as any Hungarian citizen according to the social security Act LXXX. of 1997.</p> <p>2. Health care is funded from the national budget.</p> <p>3. Health care is funded from the national budget.</p> <p>4. According to current refugee legislation, within the above mentioned 6 months free medical care include the following: - basic health care - vaccination based on age - outpatient specialist care in case of emergencies (examination, treatment, medication) - inpatient care in case of emergencies (treatment, necessary operations, medication, etc) - post-treatment care (examination, treatment, medication) until recovery or stabilization of condition - patient transport services if necessary - emergency dental care and tooth preservation - pregnant and maternity care (in certain defined cases abortion) - medicine and medical devices provided within public health care</p> <p>5. No.</p> <p>6. Basic health care is provided by the GPs, and specialist care is provided by assigned health care providers which both are assigned on a territorial basis.</p>

	Italy	Yes	<p>1. Yes, in the Italian legal system the right to access to health care and medical treatment is a fundamental right set forth by article 32 of the Italian Constitution, therefore it has constitutional status. However, the terms and conditions within which such right can be exercised are affected by the personal situation of the individual. As for the category of subjects of our concern, refugees and beneficiaries of subsidiary/humanitarian protection, articles 34 (1)(b) of the D. Lgs. No. 286/1998 and 42 of the implementing regulation (D.P.R. 394/1999) establish that the enrolment in the National HealthCare System (SSN) is mandatory and that they enjoy the same rights with regard to the access to the health care assistance system (type of treatments performed and period of validity) and have the same duties in respect to the contributory obligation on equal terms with the Italian nationals. Paragraph (7) of the abovementioned article establishes that aliens enrolled in the SSN, are enrolled in the Local HealthCare Authority (ASL) of the Municipality in which he/she resides as well. The enrolment in the SSN ensures the performance of Essential Levels of Assistance (LEA) free of charge or upon payment of a fee (ticket). The provision of the mandatory enrolment in the SSN is extended to the family members of the refugee/beneficiary of international protection as well.</p> <p>2. No, the financing of healthcare for beneficiaries of international protection is not insurance based. They are enrolled in the National Service (SSN) providing medical treatment and assistance, which is financed by all tax-payers, both citizens and legally residing aliens. Some of the medical services provided by the SSN are free of charge, whilst some medical treatments performed by practitioners imply the payment of a ticket (which represents the contribution to the healthcare expenditure) under the same conditions as nationals, even though cases of exemptions from the payment are envisaged for specific conditions of income, age, invalidity or for certain pathologies. Lastly, there are medical treatments that are not included in the LEA (Essential Level of Assistance) and, therefore, the cost is passed on the refugee/beneficiary of international protection (as it also happens for nationals).</p> <p>3. Beneficiaries of international protection are enrolled in the National Service (SSN) providing medical treatment and assistance, which is financed by all tax-payers, both citizens and legally residing aliens. The Ministry of the Interior can identify projects addressing healthcare related issues and targeting refugees/beneficiaries of international protection to which the resources of the AMIF Fund (2014-2020) can be allocated. E.g. Project START (cooperation among hospitals, cooperatives and ISMU - Initiatives and Studies on Multi-ethnicity): transversal social and healthcare reception services for asylum seekers and beneficiaries of international protection, which is a pilot project</p>
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aimed at creating an effective, alternative (to the standard protocol of the SSN) and experimental procedural health care protocol to be carried out directly in the reception centres.

4. Yes, refugees and beneficiaries of international protection have access to both immediate/emergency and long-term medical care on equal terms with nationals. Specifically, the enrolment in the National Healthcare System (SSN) is free of charge when is mandatory, its duration equals that of the residence permit and it is documented by the issuance of a healthcare card. At the moment of the enrolment in the SSN the refugee/beneficiary of international protection chooses the general practitioner (GP) or the pediatrician of preference whose name is written on the personal healthcare card and whom the person can consult free of charge. The GP issues the prescriptions for the requested medical treatment and with it the patient is allowed to book the service according to the terms and conditions set forth by the Region in which he/she is enrolled. Some medical treatment performed by practitioners imply the payment of a ticket under the same conditions as nationals, even though cases of exemptions from the payment are envisaged for specific conditions of income, age, invalidity or for certain pathologies.

5. No. They are enrolled in the SSN and the enrolment is valid up to the expiry date of their residence permit and pending the renewal of it (in fact, article 39 of the D. P.R. 334/2004 prevents the decay of the enrolment in the SSN during such period). However, there is an increasing attention towards the psychological aspect of the health care and, therefore, towards the systems supporting refugees and beneficiaries of international protection suffering from mental disorders, especially from PTSD. Notably, on 22 March 2017 the Ministry of Public Health alongside UNHCR, Save the Children Italia, Association Doctors against Torture, Association for Juridical Studies on Immigration, Caritas Italiana, Italian Council for Refugees, National Institute promoting the well-being of the Migrant Populations, the Ministry of the Interior etc. adopted the “Guidelines on programming assistance and rehabilitation interventions, as well as on the treatment of mental disorders of refugees and beneficiaries of subsidiary protection who are victims of torture, rape or other forms of severe psychological, physical or sexual violence”. In this context, the Niguarda Hospital in Milan runs an ethno-psychiatric service.

6. As for the Essential Level of Assistance (list of medical treatments both of urgent and long-term nature that are provided for by the National HealthCare Service free of charge or upon payment of a

			<p>fee) the authority responsible is the Ministry of Public Health. However, several different projects of medical and psychological assistance targeting asylum seekers/refugees/beneficiaries of international protection are operated by associations and cooperatives. E.g.: in Turin, Project Hopeland of Association Me.Dia.Re. and Centre Frantz Fanon offer psychological support and psychotherapy. In Rome Centre Astalli, in cooperation with the Local HealthCare Authority, runs Project SAMIFO, which is a Centre for the Health Care of Forced Migrants. Alongside, Project SAMIFO, Association Doctors against Torture addresses physical, psychological and social health needs of asylum seekers, refugees and beneficiaries of international protection victims of torture. In Milano, Naga Har offers medical assistance without discrimination on any grounds to asylum seekers, refugees, beneficiaries of international protection, as well as to irregular migrants.</p>
	Latvia	Yes	<ol style="list-style-type: none"> 1. Yes. 2. The healthcare of beneficiaries of international protection is funded from the State budget. 3. The healthcare of beneficiaries of international protection is funded from the State budget. 4. a) Yes: as soon as they are in the territory of Latvia. b) Yes: as soon as they are granted refugee status or subsidiary protection status. 5. No. They are treated in the same way as other residents. 6. The National Health Service: http://vmnvd.gov.lv/en/644-about-nhs
	Lithuania	Yes	<ol style="list-style-type: none"> 1. Yes 2. Yes. Health insurance is universal in Lithuania as every permanent resident is compulsory contributing to health insurance system. Unemployed persons, children, etc., as well as, beneficiaries of international protection receives public health insurance, covered by the state. 3. No, there are no special budget funds available for healthcare for beneficiaries of international

			<p>protection. They are covered by the state.</p> <p>4. a) Yes, all beneficiaries of international protection have access to Immediate/emergency care. b) Refugees (permanent residents) have all access to long-term care. Beneficiaries of subsidiary protection (temporary residents) - only to Immediate/emergency care (on a non-contributory basis).</p> <p>5. No.</p> <p>6. National Health Insurance Fund under the Ministry of Health of the Republic of Lithuania; State Social Insurance Fund Board; Ministry of Social Security and Labour.</p>
	Luxembourg	Yes	<p>1. Yes.</p> <p>2. In Luxembourg, the healthcare system is based on a contributory system and is financed by the contributions of the insured and the public authorities. Any person carrying out a paid professional activity in Luxembourg must be affiliated to the Luxembourg social security bodies and administrations. This affiliation at the Joint Social Security Centre (Centre commun de la sécurité sociale - CCSS) aims to provide cover for the employee in terms of sickness and maternity insurance, pension insurance, accident insurance and long-term care insurance. The CCSS is the body responsible for the registration of affiliations and collection of contributions for all social security institutions. The contributions related to the different types of insurance are deducted directly by the employer from the insured party's income. Moreover, family members benefit from co-insured status for sickness insurance, if they are not insured themselves. Luxembourg residents who do not otherwise have health insurance may obtain insurance voluntarily through continued or optional health insurance. Continued health insurance: It is possible for the individual residing in Luxembourg previously affiliated to the CCSS (as a main insured person or co-insured person) but whose affiliation has ceased. In order to benefit from voluntary continued health insurance the applicant must : • be at least 18 years old, • have been registered with the CCSS (as a main insured person or co-insured person) for an uninterrupted period of 6 months prior to the cessation of affiliation. In the continued insurance the contributions are due after three months of the last month when the individual was insured. Optional health insurance: This insurance is open to any person residing in the Grand-Duchy that cannot obtain any health insurance (whether as a main insured or co-insured</p>

person, or if said person is not entitled to the voluntary continued health insurance), as long as he/she provides proof of residence. There will be a waiting period of three months during which the individual cannot access the health care benefits. In case that the beneficiary of international protection does not have employment and s/he benefits from the minimum guaranteed income (RMG), s/he is automatically affiliated to the health insurance. The contribution for the health insurance is deducted from the minimum guaranteed income account. S/he is reimbursed of health care expenses under the same terms and conditions as any person carrying out a paid professional activity. a) Is the financing of healthcare for beneficiaries of international protection insurance based? Contributions represent the classic financial source of social insurances and they are paid by the employees and/or by the employers. Also in the case of contributions for the voluntary insurance. They are calculated exclusively on the gross professional income of the individual by means of an uniform contribution rate independently of the particular situation of the individual (age, family situation, health status), but specific in regards to the insured risk. In regards to beneficiaries of international protection, see answer to question 2. b) If yes, what type of insurance (e.g. public, private or mixed type)? If not, then how is it financed? It is a public contributory healthcare system. See answer to question 2.

3. a) How is the healthcare of beneficiaries of international protection funded in your MS? See answer to question 2. b) Is there a special budget available for healthcare for beneficiaries of international protection? No.

4. 4. Do beneficiaries of international protection have access to the following types of care in your Member State? Yes. If yes, please describe measures/procedures in your MS to gains access to those medical services. a) Immediate/emergency; If the beneficiary of international protection has a job he/she is immediately insured. Insuring his/her employees is compulsory for the employer. A beneficiary of international protection will be insured by his/her employer and will be benefiting from the health insurance immediately. The family members of the beneficiary of international protection who has a job will be covered as co-insured persons (see answer to question 2). As a beneficiary of the RMG, the recognized international protection seeker is affiliated to the health insurance and will be benefiting from it. b) Long-term care. Long-term care includes: -personal hygiene: washing, brushing the teeth, skin care, visit to toilet -nutrition: preparing adequate meals, eating and drinking - mobility: moving around -benefits in kind: a professional from a care assistance network provides the

			<p>person with support and advice at home. - Cash benefits: If a friend or relative takes care of the beneficiary the benefit in kind can be replaced by cash benefits. Cash benefits do not apply when the person lives in an establishment providing care and assistance. Lump sum for care products, equipment or alteration in the home can be covered. For benefiting of long-term care it is necessary to have a special contribution (Dependence insurance – Contribution dépendance). This contribution is 1,4% of the annual gross income of the beneficiary of international protection if s/he has salaried employment. The same will happen with the beneficiary of international protection who is receiving RMG, because the contribution is a tax which affects not only professional income, but also replacement and personal wealth income. Besides the individual contribution of the beneficiary the State contributes to this insurance (40% of the total expenditures are dedicated to this insurance).</p> <p>5. No. See answer to question 4.b).</p> <p>6. The National Health Fund and the Joint Center of the Social Security.</p>
	Malta	Yes	<p>1. Yes the same as long as they received some form of asylum status in Malta</p> <p>2. Yes</p> <p>3. Not insurance based but through NHS like for all Maltese through taxes paid by all maltese who work.</p> <p>4. Healthcare in Malta is financed by Social Security contributions and Tax.</p> <p>5. a)Taken from health care budget given to the ministry of health for general population b)NO special budget</p> <p>6. No specially dedicated budgets are available but healthcare of beneficiaries of international protection is funded through central budget dedicated to healthcare.</p> <p>7. a)YES, they just present at the casualty department at our only state hospital b)Not clear what you</p>

			<p>mean by long term care? If for a chronic disease like diabetes or cancer than yes</p> <p>8. Yes we provide for Immediate/emergency care.</p> <p>9. No but they have to be recognised locally with some form of asylum status</p> <p>10. The Ministry responsible, does not have a policy for long term service provision that specifically caters for beneficiaries of international protection.</p> <p>11. Ministry of health</p> <p>12. In Malta the Ministry for Health is responsible in organizing healthcare and the Section responsible for Person with Disability and Active Aging falls within the Ministry for the Family.</p>
	Netherlands	Yes	<p>1. Yes, access to healthcare is the same for the abovementioned groups in the Netherlands. Moreover, no distinction is made between Convention refugees and beneficiaries of subsidiary protection in the Dutch legislative framework.</p> <p>2. The financing of healthcare is insurance based for all individuals legally residing in the Netherlands. The health insurance contributions are paid by those who pay income tax and by direct nominal contributions to the insurance company that are paid by the insured. A government contribution is also made in connection with the health care costs for children younger than 19 years. From the moment that international protection is offered to the asylum seeker, he or she needs to apply within four months for health insurance. The healthcare insurance of beneficiaries of international protection is of a mixed type. If aged 18 year or older, beneficiaries of international protection require a private insurance. But the beneficiaries of international protection will receive an subsidy on the basis of their income level.</p> <p>3. There is no special budget available for beneficiaries of international protection.</p> <p>4. Yes, they have access to both immediate/emergency and long-term care. In the Netherlands, no special long-term care insurance exists. This type of care falls within the AWBZ (insurance for</p>

			<p>special health care), but is also taken care of by the municipalities.</p> <p>5. No, see Q4</p> <p>6. The following organizations/authorities are involved in organizing healthcare for beneficiaries of international protection: - the Ministry of Health, Welfare and Sport (responsible for the health care system), -Health Care Institutions (like hospitals and general practitioners) - the Municipalities (who are in charge taken with their local partners) - the Public Health Service (GGD) - the Health Care Insurance Companies - the Tax and Customs Administration (Belastingdienst).</p>
	Poland	Yes	<p>1. According to the act of 27 August 2004 on health care benefits financed from public funds people with formal status of refugees or beneficiaries of subsidiary protection in Poland enjoy access to healthcare benefits on the same conditions as Polish citizens. Beyond persons subject to obligatory or voluntary health insurance entitled to benefits are also persons with very low material status (on the basis of individual decisions issued by municipal authorities), children under 18 years of age and women during pregnancy and birth.</p> <p>2. The organization responsible for safeguarding access to healthcare benefits for all persons entitled to such benefits under the act mentioned above, including refugees and beneficiaries of subsidiary protection, is the National Health Fund (NHF).</p> <p>3. The organization responsible for safeguarding access to healthcare benefits for all persons entitled to such benefits under the act mentioned above, including refugees and beneficiaries of subsidiary protection, is the National Health Fund (NHF).</p> <p>4. All persons entitled to healthcare benefits enjoy access to both immediately necessary/ emergency treatment and long-term-care treatment, but in the second case a referral from a health insurance doctor is required.</p> <p>5. Refugees or beneficiaries of subsidiary protection may be subject to compulsory health insurance if they meet one of the conditions for such insurance (eg. professional activity, unemployment, students etc.) or take out insurance with the NHF on voluntary basis. Refugees or beneficiaries of subsidiary</p>

			<p>protection who are: persons with very low material status (on the basis of individual decisions issued by municipal authorities), children under 18 years of age and women during pregnancy and birth are entitled to the same benefits as insured persons. In their case the costs of healthcare are funded from the state budget (in form of subsidies transferred to the NHF).</p> <p>6. Ministry of Health</p>
	Portugal	Yes	<p>1. Yes</p> <p>2. By National Healthcare System which is public financed</p> <p>3. No.</p> <p>4. Once they are granted beneficiary status they have access to both types of care</p> <p>5. No</p> <p>6. Health Ministry and National Healthcare System as for all other beneficiaries.</p>
	Slovak Republic	Yes	<p>1. Asylum seekers are entitled to urgent healthcare. Persons granted subsidiary protection who do not have public health insurance are provided healthcare to such extent as it is provided through public health insurance. Refugees are entitled to healthcare similarly as Slovak citizens, i.e. they have public health insurance.</p> <p>2. The Ministry of Interior covers urgent healthcare for asylum seekers who do not have public insurance. The Ministry of Interior covers also urgent healthcare for persons granted subsidiary protection. The healthcare for refugees is covered by the state (it is covered from a different budget than in case of persons granted subsidiary protection).</p> <p>3. Yes.</p>

			<p>4. Beneficiaries of international protection are entitled to both kinds of healthcare.</p> <p>5. No.</p> <p>6. Healthcare providers (doctors, hospitals, health centers), Healthcare Surveillance Authority, health insurance companies, Ministry of Healthcare of the Slovak Republic, Ministry of Interior of the Slovak Republic.</p>
	Slovenia	Yes	<p>1. Yes.</p> <p>2. Yes, public type of insurance.</p> <p>3. Healthcare of beneficiaries of international protection is funded within general budget.</p> <p>4. a) Yes. The same as as nationals who are included in the insurance system. b) Yes. The same as as nationals who are included in the insurance system.</p> <p>5. No. The measures/procedures are the same as for nationals.</p> <p>6. Ministry of Health and Government Office for Support and Integration of migrants.</p>
	Sweden	Yes	<p>1. Yes</p> <p>2. All health care is publicly financed.</p> <p>3. All health care is publicly financed. No, but each county council, who is providing the health care, get a lump-sum for additional costs for each beneficiary living within their region.</p> <p>4. Once a person has a residence permit valid for more than one year (which is the case for beneficiaries for international protection) they have the same right to health care as everyone else living in the country. And the procedure for gaining access is the same for everyone.</p>

			<p>5. No</p> <p>6. County councils are responsible for ensuring that everyone living in Sweden has good health and equal access to good healthcare. This includes beneficiaries of international protection. Healthcare is largely tax financed.</p>
	United Kingdom	Yes	<p>1. Yes.</p> <p>2. No, access to the NHS is funded by public taxes.</p> <p>3. No, access to the NHS is funded by public taxes.</p> <p>4. Yes, they would need to call emergency services in the event of an emergency. Hospitals and local authorities would arrange long term care.</p> <p>5. No.</p> <p>6. Department of Health.</p>
	Norway	Yes	<p>1. Yes</p> <p>2. Tax based universal health and social security system</p> <p>3. Tax based universal health and social security system</p> <p>4. a) Yes: as soon as they are on Norwegian territory. b) Yes: as soon as they are recognised as asylum seekers. Following a final rejection of the application for international protection, only a) applies.</p> <p>5. No. They are treated in the same way as other residents.</p>

			6. The National Directorate of Health; cf. https://helsedirektoratet.no/English
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