



AD HOC QUERY ON 2020.18 Health care provisions for asylum seekers

Requested by EMN NCP Netherlands on 13 March 2020

Responses from Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden plus Norway (24 in Total)

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1. Background information

Health care provisions for asylum seekers

Background:

General note: *The information request in this AHQ relates to health care in general, and is therefore by no means connected to the current developments of COVID-19.*

Adult asylum seekers that reside in asylum reception facilities in the Netherlands awaiting a decision on their asylum application are entitled to emergency and necessary and non-postponable health care in the first two months[1] after entry. After these two months the adult asylum seekers can obtain health care that is similar to the basic health care for Dutch citizens[2].

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As long as asylum seekers have not been granted status refugee or subsidiary protection they cannot take out a health care insurance in the Netherlands. Health care for asylum seekers is delivered by the regular health care institutions that also deliver health care to Dutch citizens. Exception is the health care that is provided by the general practitioner. They hold practice at the reception facilities.

Over the past years the Netherlands was affected by the influx of third-country nationals coming from safe countries of origin or coming from third-countries via neighboring European countries. The Netherlands would like to know whether the availability and accessibility of health care could be a pull factor. For this reason the Netherlands is doing a review of the access to and availability of health care for asylum seekers in the Netherlands who have not been granted refugee or subsidiary protection. The Netherlands would therefore like to know how health care is arranged for asylum seekers in the other Member States.

Note that this AHQ refers to **asylum seekers who are still awaiting the decision** on their application for asylum **only**. In 2017 there has been an AHQ (and Inform) on Access to healthcare (nr. 2017.1246), but this did not relate to applicants but to beneficiaries of subsidiary protection instead.

[1] Children (under the age of 18) receive basic health care during their total stay in a reception facility.

[2] Some treatments are excluded like applying a cochlear implant transgender operations and IVF.

2. Questions

1. How is health care for asylum seekers awaiting the decision on their application organized (e.g. are there special arrangements for the organization of health care for these asylum seekers)?

2. Besides immediate/emergency care, to which health care provisions are asylum seekers awaiting the decision on their application entitled (e.g. somatic care, mental health care and psychosocial support (MHPSS))?

3. Are there certain treatments to which asylum seekers who are awaiting the decision on their application are not entitled to (for example for transgender operations and in-vitro-fertilization (IVF)) and why?

4. Who finances the health care for asylum seekers who are awaiting the decision on their application, or do they (partly) have to pay for health care themselves? Please explain.

5. Does your Member State have a differentiation of access to healthcare for asylum seekers who are awaiting the decision on their application based on the length of stay? Yes/No. If yes, can you please explain.


We would very much appreciate your responses by **30 April 2020**.

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3. Responses

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		Wider Dissemination ²	
	EMN NCP Belgium	Yes	<p>1. The medical accompaniment of asylum seekers residing in collective reception centres or those who decided voluntarily to go and live with friends/relatives outside of the reception network is governed by Fedasil, the Federal Agency for the Reception of Asylum Seekers. Medical care is delivered by Fedasil or its reception partners such as the Croix Rouge de Belgique / Rode Kruis Vlaanderen (based on a convention established by Fedasil as described in Article 62 of the Reception Law). For asylum seekers residing in local reception initiatives, managed by the Public Social Welfare Centres in the municipalities, an informal agreement was set in 2002 between Fedasil and the Public Social Welfare Centres that the latter would be responsible for the management of health care for asylum seekers in local reception initiatives (see article 64 of the Reception Law). As a result, the organisation of health care depends on the reception facility in which the asylum seeker is accommodated (and thus how the asylum seeker receives medical care and which authority pays for the medical care).</p> <p>A. Asylum seekers in collective reception centres: In collective reception centres, primary and some secondary care provision is organised and coordinated by the medical service of the centre during weekdays, usually managed by salaried nurses and internal and/or external generalist practitioners. Concerning psychological care: internal or external psychologists can do consultations in the reception centres or in their own practice. Fedasil can enter into agreements with local general practitioners in order to ensure continuity of care in the medical accompaniment of asylum seekers accommodated in their</p>

¹ If possible at time of making the request, the Requesting EMN NCP should add their response(s) to the query. Otherwise, this should be done at the time of making the compilation.

² A default "Yes" is given for your response to be circulated further (e.g. to other EMN NCPs and their national network members). A "No" should be added here if you do not wish your response to be disseminated beyond other EMN NCPs. In case of "No" and wider dissemination beyond other EMN NCPs, then for the Compilation for Wider Dissemination the response should be removed and the following statement should be added in the relevant response box: "This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further."

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			<p>reception centres.</p> <p>External generalist practitioners (GPs) are paid on a fee-for-service basis according to the National Institute for Health and Disability Insurance (NIHDI) nomenclature (more information on the nomenclature, see question 2). Internal general practitioners are paid a fixed monthly salary. A payment per session is offered for psychologists, with different tariffs depending on the type of session (group therapy or individual therapy). Asylum seekers may also access specialised healthcare (i.e. specialty care or surgery) if deemed necessary by the centre's medical service (i.e. clinical gatekeeping). In this case, a payment guarantee (or betalingsverbintenis in Dutch) is issued by the medical service of the reception centre. Fedasil then covers the costs, based on the pricing of the NIHDI nomenclature and the Plus-list (more information on the nomenclature and the Plus-list, see question 2 and 3).</p> <p>If an asylum seeker wishes to consult other health care professionals than those present in or collaborating with the reception centres or if the asylum seeker bypasses the clinical gatekeeping for health care outside the reception centre, fees have to be covered privately by the asylum seeker (unless they ask for and were granted an exception).</p> <p>* Exceptions for some categories of asylum seekers in collective reception centres *</p> <p>Unaccompanied minors: UAMs are entitled to compulsory Belgian health insurance after having attended school for at least 3 consecutive months (primary or secondary education) or being exempted from compulsory education by an accredited body. The guardian will register the UAM with compulsory health insurance.</p> <p>Employed asylum seekers: From the moment an asylum seekers is employed, s/he must register with a health insurance (compulsory Belgian health insurance). From the moment the asylum seeker is registered with a health insurance fund, s/he is responsible for his/her medical costs through their health insurance fund and these costs are no longer charged to the reception structure. The membership of a health insurance fund costs a beneficiary approximately € 100 / year.</p> <p>Asylum seekers and UAMs who are affiliated with a health insurance fund are entitled to full or partial reimbursement of the medical treatments provided in the National Institute for Health and Disability Insurance (NIHDI), as are Belgian nationals. The medical treatments reimbursed by the health insurance through the health insurance fund are determined by law. The main categories of treatments are: visits and consultations with general practitioners and specialist doctors, care by physiotherapists, nursing care and home nursing services, dental care, the accouchements, the prostheses, wheelchairs, bandages and implants, hospital nursing, care in retirement homes for the elderly, rehabilitation care. The health insurance fund also covers the price of medicines: magisterial preparations, pharmaceutical specialties and generic medicines.</p>
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			<p>B. Asylum seekers with a code 207 “No show”: Asylum seekers with a code 207 “No show” are asylum seekers who, on a voluntary basis, decide not to stay in a reception facility of Fedasil’s reception network, but choose to live with relatives, friends, etc. They decline the material aid offered in reception facilities, but they remain entitled to medical care that is reimbursed by Fedasil. As such, asylum seekers with a code 207 “No show” can choose their health care professionals or services. Before accessing care, they should obtain a payment guarantee from the Medical Costs Unit of Fedasil Headquarters, whether it concerns primary or specialty care. With this payment guarantee they can visit a doctor or specialist. Invoices related to health care are directly paid by Fedasil to the health care professionals or services based on the payment guarantee. In case of exceptional costs, the Medical Costs Unit of Fedasil may request a medical report and/or a cost estimate before authorising, e.g. for an expensive surgery. In case of emergency or if the asylum seeker has no payment guarantee, the attending physician should add a medical certificate, confirming the urgent character of the medical consultation, to the invoice. If not acknowledged as urgent, asylum seekers have to cover all fees personally.</p> <p>C. Asylum seekers in local reception initiatives: Beneficiaries of reception in a local reception initiative can contact doctors or medical institutions that have a convention with the Public Social Welfare Centres or Public Social Welfare Centres leave the free choice of healthcare provider to the asylum seekers. Some of the Public Social Welfare Centres work with a payment guarantee (in this case called a ‘medical card’) by which the Public Social Welfare Centre commits itself to the care provider to pay for the costs of (certain) medical services for a certain period of time, others don’t. While in collective reception centres managed by Fedasil and its partner organisations, the Plus and Minus lists (see question 2) are automatically applied, the federal Public Planning Service Social Integration bases its reimbursement decisions only on the NIHDI nomenclature. So for the costs mentioned in the ‘Plus-list’ of the Royal Decree of 7 April 2007, but not in the NIHDI nomenclature, the Public Centre for Social Welfare, to which the local reception initiatives is connected, has the liberty to decide which extra costs will be covered, depending on its internal policy and/or budget.</p> <p>D. Other situations: In case of withdrawal/reduction of material reception conditions When the material reception conditions are reduced or withdrawn as a sanction measure, the asylum seekers’ right to medical aid will not be affected (Article 45 of the Reception Act). As mentioned above, asylum seekers who are not staying in a reception structure (by choice or following a sanction) have to ask for a payment</p>
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			<p>guarantee at the Medical Costs Unit of Fedasil before going to a doctor. This can sometimes be a time-consuming process.</p> <p>If the asylum application has been rejected</p> <p>If the rejected asylum seeker is still entitled to reception (material aid), s/he can continue to rely on the medical accompaniment of his/her reception facility.</p> <p>Once the reception rights have come to an end and the person's stay on the territory has become irregular, s/he will only be entitled to emergency medical assistance, for which s/he must turn to the local Public Social Welfare Centres (Articles 57 and 57ter/1 of the Organic Law of 8 July 1976 on the Public Social Welfare Centres). Exceptionally, the Public Social Welfare Centre must provide the person concerned with social aid and s/he is entitled to medical care in that context. For example, s/he is entitled to Public Social Welfare support in the event of medical force majeure. And exceptionally, the ex-asylum seeker can be still entitled to reimbursements from his/her health insurance.</p> <p>Legislation (available in Dutch and French – here only mentioned in Dutch since the request is from the Netherlands):</p> <p>8 JULI 1976. - Organieke wet betreffende de openbare centra voor maatschappelijk welzijn. http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=nl&la=N&cn=1976070801&table_name=wet.</p> <p>12 JANUARI 2007. - Wet betreffende de opvang van asielzoekers en van bepaalde andere categorieën van vreemdelingen, http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=nl&la=N&cn=2007011252&table_name=wet.</p> <ul style="list-style-type: none">• Onderafdeling I. - Medische begeleiding: Art. 23-29• Onderafdeling II. - Psychologische begeleiding: Art. 30 <p>9 APRIL 2007. - Koninklijk besluit tot bepaling van de medische hulp en de medische zorgen die niet verzekerd worden aan de begunstigde van de opvang omdat zij manifest niet noodzakelijk blijken te zijn en tot bepaling van de medische hulp en de medische zorgen die tot het dagelijks leven behoren en verzekerd worden aan de begunstigde van de opvang, http://www.ejustice.just.fgov.be/cgi_loi/loi_a.pl.</p> <p>14 JULI 1994. - Wet betreffende de verplichte verzekering voor geneeskundige verzorging en uitkeringen gecoördineerd op 14 juli 1994. http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=nl&la=N&table_name=wet&cn=1994071438.</p> <p>2. In Belgium, health care for asylum seekers is regulated by articles 23-25 and 30 of the 2007 Reception Act.</p>
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			<p>An asylum seeker is entitled to medical care necessary to live a life in human dignity (Article 23 Reception Act). This is defined by the Royal Decree of 9 April 2007 which established a 'Plus list', with the medical acts that are not or only partially reimbursed by the National Institute for Health and Disability Insurance (NIHDI) nomenclature, but fully reimbursed to asylum seekers because they are considered necessary to live a life in human dignity. And a 'Minus list' with the medical acts of the NIHDI nomenclature which are not reimbursed for asylum seekers because they are considered not necessary (see question 3). The NIHDI nomenclature can be consulted at: https://www.riziv.fgov.be/nl/nomenclatuur/nomen/Paginas/default.aspx.</p> <p>The care outside the National Institute for Health and Disability Insurance nomenclature, but ensured to asylum seekers and reimbursed by Fedasil because it belongs to everyday life of asylum seekers, i.e. the Plus-list, consists of:</p> <ul style="list-style-type: none"> • Class D medications (not A, B, C, Cs, Cx) requiring a medical prescription (except for the treatment of impotence), • Class D medications (not A, B, C, Cs, Cx) on free delivery in the following categories: Antacids, spasmolytic, antiemetic, antidiarrheal, analgesic, antipyretic (paracetamol, salicylic acid, ibuprofen 400 mg, sodium naproxen 220 mg) and medications for oral and pharyngeal affections which are reimbursable according to the cheapest variant of the active agent, • Dental extractions • Dental prostheses, only to restore mastication capacities • Glasses for children, prescribed by an ophthalmologist, at the exception of bi or multifocal glasses and tainted glasses, • Glasses for adults, in case of a refraction index of at least 1D at the best eye, prescribed by an ophthalmologist, at the exception of bi or multifocal glasses and tainted glasses, • Powder milk for infants when breastfeeding is impossible <p>Furthermore, asylum seekers are also entitled to psychological counseling (Art. 30 of the Reception Act). Fedasil refunds the costs of all necessary psychological assistance for asylum seekers who fall under their responsibility, although these costs are not on the National Institute for Health and Disability Insurance nomenclature. To this end, Fedasil or its reception partner may conclude agreements/conventions with specialised organisations, institutions or independent psychologists providing psychological care. Fedasil will refund the psychological consultations if the attending doctor has determined the need for consultation with a</p>
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			<p>psychologist. Fedasil uses homogeneous rates depending on the type of session (group therapy or individual therapy).</p> <p>3. As mentioned in question 2, some medical assistance and care that are included in the said nomenclature are not paid by Fedasil to asylum seekers since they are not considered to be necessary for a life in human dignity (Article 24 Reception Act and Royal Decree of 9 April 2007 on Medical Assistance). Care within the NIHDI nomenclature that is not reimbursed by Fedasil:</p> <ul style="list-style-type: none">• Orthodontia• Diagnosis and treatment of infertility• Dental prosthesis in absence of mastication problems, whatever the age of the asylum seekers• Purely aesthetic surgeries, except for reconstruction after a surgery or a trauma• Dental care and dental extractions under general anesthesia (sometimes exception for children) <p>Concerning transgenders: Fedasil only takes on proven (documented) and already ongoing hormonal treatments. Hormonal treatments that have yet to be started will not be taken in charge by Fedasil. Surgical procedures will not be taken in charge by Fedasil.</p> <p>Exceptions: In the interest of the patient, the Director-General of Fedasil may exceptionally provide the beneficiary of reception with the medical assistance and medical care necessary for him/her to have access to medical care that is conform to human dignity, even if they are neither mentioned in the nomenclature as provided for in Article 35 of the Act on Compulsory Medical Care and Benefits, coordinated on 14 July 1994, nor in Annex 2 to Decree of 9 April 2007.</p> <p>The decision of the Director-General of the Agency is made on the basis of a doctor's proposal.</p> <p>4. See also question 1. Fedasil, the Federal Agency for the Reception of Asylum Seekers in Belgium, has the mandate to ensure material assistance – including health care - for asylum seekers in Belgium, except for those residing in local reception initiatives.</p> <p>Fedasil covers the medical costs, based on the pricing of the NIHDI nomenclature and the Plus List of the Royal Decree of 9 April 2007. Fedasil also covers the necessary psychological assistance for asylum seekers who fall under their responsibility, although these costs are not on the NIHDI nomenclature. Through national and AMIF funding, Fedasil also subsidises projects and activities concerning mental health for asylum seekers.</p>
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			<p>For those living in local reception initiatives, material assistance is managed by the Public Social Welfare Centres in the municipalities according to the article 25 of the 2007 Reception Law and the medical costs are borne by the Federal Public Planning Service Social Integration (Programmatorische Federale Overheidsdienst Maatschappelijke Integratie - https://www.mi-is.be/nl). This service bases its decisions to pay medical costs for asylum seekers only on the National Institute for Health and Disability Insurance nomenclature. As a consequence, the situation of asylum seekers in local reception initiatives varies per municipality as it depends on the policy of the local Public Centre for Social Welfare which health care provisions from the so-called 'Plus-list' of the Royal Decree of 9 April 2007 will be covered.</p> <p>Asylum seekers, who are not covered by Belgian health insurance, are not required to pay a so-called "franchise patient fee" (Remgeld in Dutch) which is the amount of medical costs a patient needs to pay without being reimbursed by the health insurance. The franchise patient fee is covered by Fedasil or the Public Social Welfare Centre, depending on where the asylum seeker is accommodated.</p> <p>The medical costs of an asylum seeker with a professional income who is registered with a health insurance fund (compulsory Belgian health insurance) are reimbursed by his/her health insurance and are no longer charged to the reception structure. The "franchise patient fee", which is the amount of medical costs a patient needs to pay without being reimbursed by the health insurance, has to be paid by the asylum seeker him/herself.</p> <p>More information on the health care per payment scheme can be found on the website of the non-profit organisation Medimmigrant (https://www.medimmigrant.be/?lang=nl) in Dutch and French.</p> <p>5. No, not in principle.</p> <p>In practice: In addition to the limitations foreseen in the law, Fedasil sometimes makes other exceptions on the ground that continuation of treatment cannot be guaranteed at the end of the of the asylum procedure or the proposed care can be postponed until the end of the procedure. So extremely expensive and new treatments, will be assessed on a case by case base, as this treatment is often not available in the country of origin. This assessment depends on the individual medical situation and the advice of the doctors. Meanwhile an alternative treatment, often older and sometimes cheaper, but therefore more probably accessible at the end of the procedure, can be proposed and taken in charge.</p> <p>As mentioned above, and not necessarily linked on the length of stay of the applicants, a differentiation of access to healthcare for asylum seekers who live in collective reception centres and those who live in individual reception initiatives exists. A critical report on this, 'Asylum seekers in Belgium: options for a more equitable</p>
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			access to health care. A stakeholder consultation', was published by the Belgian Health Care Knowledge Centre (KCE) on 29 October 2019 (2nd edition on 5 November 2019) and is available in Dutch and French on https://kce.fgov.be/sites/default/files/atoms/files/KCE_319_Asylum_seekers_in_Belgium_Report_1.pdf .
	EMN NCP Bulgaria	Yes	<p>1. Asylum seekers are entitled to the same health care as nationals. In compliance with the Law on Asylum and Refugees over the course of proceedings, asylum seekers have the right to receive health care, access to medical care and free-of-charge medical services under the terms and procedure applicable to Bulgarian nationals.</p> <p>Asylum seekers are accommodated in a registration-and-reception centre following an assessment of their health condition. The medical examination determines whether an applicant for international protection belongs to a vulnerable group and whether he/she has special needs. All reception centres are equipped with consulting rooms and provide medical services. The medical units in the reception centres perform initial medical screening upon the registration of applicants for international protection; ongoing medical monitoring; provision of first-aid; preparing and keeping medical records for each applicant. Medical care in reception centres is provided through own medical staff or by referral to emergency care units in a hospital. Healthcare establishments provide the necessary scope of emergency healthcare to any person in need of such care, regardless of their nationality, residence and health insurance status. The costs for the provision of emergency healthcare are ensured by the state.</p> <p>The health insurance for persons in a procedure is paid by the State Agency for Refugees with funds from the State Budget. Every health-insured person has the right to register with a general practitioner (GP) under the terms and following the procedure for Bulgarian nationals. The access to a specialist is ensured by means of a referral issued by the GP. The consultation with a specialist doctor is covered by the health insurance fund.</p> <p>2. Asylum seekers are entitled to free of charge access to the national health system and are entitled to the same health care package that Bulgarian citizens receive. The basic medical package contains health activities, services and goods including early disease detection and disease prevention procedures; non-hospital and hospital medical care; rehabilitative care; maternity care; prescription and dispensation of medicinal drugs. Asylum seekers are entitled to psychological support.</p>

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			<p>3. Asylum seekers who are awaiting the decision on their application have the right to receive free healthcare, but not for all types of medical treatment. Some types of medical care are not included in the health insurance package. Through a project co-funded by the Asylum, Migration and Integration Fund, medical treatment for rare diseases that are not covered by the National Health Insurance Fund; medical and DNA expertises, etc. are provided for asylum seekers.</p> <p>4. The health insurance for asylum seekers who are awaiting the decision on their application, is paid by the State Agency for Refugees with funds from the State Budget.</p> <p>5. No.</p>
	<p>EMN NCP Croatia</p>	<p>Yes</p>	<p>1. Health care for asylum seeker in Croatia is organized on two levels, Government and NGOs.</p> <p>On Government level, in the Republic of Croatia, asylum seekers are provided with emergency and indispensable health care and medicines. Upon arrival at the Reception centers, a compulsory initial health examination is performed, a translator is provided, psychosocial assistance is available. Further health care within primary health care is ensured by the continued availability of the family medicine team at the nearest public health center. Urgent and indispensable dental, pediatric and gynecological health care at the primary health care level and laboratory diagnostics are also provided at the public health center.</p> <p>In case of need determined by the doctor of the public health center, the person is referred to specialist-consultative and diagnostic health care in hospitals, with the provision of translators and transportation.</p> <p>Ministry of the Interior which is responsible for asylum seeker and Ministry of Health signed mutual Contract that includes providing health service for asylum seekers.</p> <p>Non-government organizations such as Red Cross and Mediciens du Monde-Belgique (MDM) provide translators and transportation based on contract they signed with the Ministry of the Interior. MDM provide also initial exam for asylum seekers upon arrival and they organize follow up medical appointments after exam at primary physician or after hospital release.MDM also provides transportation and translators. MDM arranges vaccination</p>



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			<p>appointments for children, gynecologist appointments and psychiatric appointments for those who need it and transportation and appointment for addicts to public Health Centre. Hospitals according to International Protection Law cover life threatening conditions and serious medical conditions. All other medical services and expenses are covered by NGOs.</p> <p>2. In case of need determined by the doctor of the public health center, the person is referred to specialist-consultative and diagnostic health care in hospitals, with the provision of translators and transportation. According to the Croatian legislation, pregnant women, minors or unaccompanied minors, persons who have been subjected to torture, rape or other serious forms of violence (vulnerable groups), regardless of the status of asylum seekers, are provided with the same scope of health care as all insured persons in the Republic of Croatia. In conjunction with epidemiologists in the public health system, the vaccine status of children is checked, and vaccination is carried out as needed. Special psychosocial support services for vulnerable groups are provided by specialist psychiatrists in hospitals.</p> <p>Furthermore,</p> <ul style="list-style-type: none">• Mental health care and psychosocial support are provided in Mental Health Centre and also NGOs. NGOs have available psychologists and occupational therapists for both mental health and support.• Nursing care is provided in same conditions as for Croatian citizens, including home visitations. Nursing care is organized by the local Health Centre.• Stomatology is covered by the health insurance via Ministry of Health only urgent cases and follow up dental care is provided by Croatian Baptist Association who collaborates with the Ministry of the Interior according to the signed contract.• Ophthalmology exam is provided in local Health Centre but medical devices (like glasses) are provided from the Red Cross. <p>3. See answers to Q.1 and Q.2. Transgender operations or IVF are not within the scope of asylum seekers' health care.</p> <p>4. Health care costs of asylum seekers are covered by the State Budget of the Republic of Croatia from the position of the Ministry of Health.</p>
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			5. No.
	EMN NCP Cyprus	Yes	<p>1. In Cyprus, all asylum seekers have access to the National Health System, similar to Cypriot citizens and other categories of TCNs, including beneficiaries of international protection. For asylum seekers that stay in the First Reception Center and in the Reception and Accomodation Center (Cyprus'only two facilities for asylum seekers) there is additional coverage, that is a general practitioner visits the Center 3-4 times per week and there are also 2 nurses stationed in the Center in a 24h basis.</p> <p>2. National Health System covers almost every health provision, including psychiatrists, but not psychologists. However, the beneficiary must be referred to the psychiatrists by his/hers personal general practitioner first. Moreover, psychological support is offered to asylum seekers that stay in the First Reception Center and in the Reception and Accommodation Center (Cyprus' only two facilities for asylum seekers)</p> <p>3. Asylum seekers are entitled to all treatments covered by the National Health System, similar to Cypriot citizens and other categories of TCNs, including beneficiaries of international protection. However, neither transgender operations or in-vitro-fertilization (IVF) are currently covered by the National Health System.</p> <p>4. National Health System beneficiaries have to pay a small contribution per treatment, depending of the type of the treatment.</p> <p>5. No.</p>
	EMN NCP Czech Republic	Yes	<p>1. Asylum seekers in the Czech Republic fall under public healthcare insurance. If the asylum seeker stays in Reception Centres of the Refugee Facilities Administration of the Ministry of the Interior there is medical care provided by the Medical Facility of the Ministry of the Interior of the Czech Republic (first 2 weeks). After first phase of the asylum procedure asylum seeker usually moves to accommodation centre or to the private accomodation there is healthcare provided by the medical professionals same as provided the medical care to</p>


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			<p>the citizens.</p> <p>2. The same medical care is provided to asylum seekers as to the citizens, it means the whole range of the healthcare.</p> <p>3. No.</p> <p>4. Medical insurance is paid from the state budget. Other additional care could be financed by the applicant himself.</p> <p>5. No, there is no limitation based on length of stay.</p>
	<p>EMN NCP Estonia</p>	<p>Yes</p>	<p>1. There are some special arrangements in place for the organisation of health care for applicants for international protection awaiting the decision on their application.</p> <p>Firstly, it is the function of the accommodation centre and the detention centre for applicants for international protection to arrange, as necessary, for the provision of medical examinations and necessary health services in assistance to applicants during proceedings for international protection or proceedings for temporary protection. The performance of this function may be transferred to a sole proprietor or a legal person on the basis of an administrative contract concluded in the procedure provided for in the Administrative Co-operation Act. If the applicant for international protection is staying outside of the accommodation centre then the accommodation centre is still required to facilitate their access to health care services (i.e. to the contractual service provider).</p> <p>Secondly, the necessity whether to provide a certain health care service to the applicant for international protection is decided by the accommodation centre's or detention centre's contractual health care service provider.</p> <p>Finally, the provider of the health care service and the time as well as the place for providing the service is decided by an employee of the accommodation centre or an official at the detention centre, while taking into account the needs of the applicant for international protection and the principles of efficient use of funds.</p> <p>2. Applicants for international protection have access to all the health care provisions mentioned in the List of</p>


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			<p>Health Care Services by the Estonian Health Insurance Fund at no cost (including somatic care, mental health care etc.), with the exceptions of:</p> <ol style="list-style-type: none"> 1. health care provisions regarding procurement, handling and transplantation of cells, tissues and organs specified under the Procurement, Handling and Transplantation of Cells, Tissues and Organs Act; 2. adult dental care except for emergency dental care. <p>However, the necessity whether to provide a certain health care service to the applicant for international protection is decided by the accommodation centre's or detention centre's contractual health care service provider.</p> <ol style="list-style-type: none"> 3. Yes, there are certain treatments to which applicants for international protection who are awaiting the decision on their application are not entitled to. Further details are described in the answer to the question number 2. 4. The state finances the health care for applicants for international protection, except in cases when the applicant has sufficient funds themselves to pay for the health care services in which case, they have to recover the costs made. 5. No.
	<p>EMN NCP Finland</p>	<p>Yes</p>	<ol style="list-style-type: none"> 1. According to the Act on the Reception of Persons Applying for International Protection, health care for asylum seekers awaiting a decision is organized in the reception system. The reception facility where the asylum seeker is registered coordinates the organization of health care for the person in question. Health care professionals (general nurses) are present in the reception facilities and are responsible for carrying out the initial health checks and interviews with the asylum seekers regarding the state of their health upon arrival. Based on that information, the health care professionals in the reception centre decide on further actions, e.g. access to the public and/or private health care providers (specialized health care) if necessary. 2. The asylum seekers are entitled to all necessary health care provisions (including also somatic care, mental health care and psycho-social support). The health care professionals at the reception centres are responsible

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			<p>for deciding on the necessity of the health care provisions for a given person. As with nationals, resources and queues in the health care system have an impact, which means that waiting times can be longer for certain services even if they are deemed necessary.</p> <p>3. Nothing is explicitly excluded, but the needs assessment, which is based on legislation and case-by-case examination, by the health care professionals in the reception centre and the doctor (if referred to specialised public and/or private health care), determines the provision of treatments for the person in question.</p> <p>4. Health care is publicly financed. If the asylum seeker has an income or other available means, he/she might have to pay a customer fee (as nationals do) e.g. for an appointment at a health care service provider (public or private).</p> <p>5. No</p>
	<p>EMN NCP France</p>	<p>Yes</p>	<p>1. Emergency treatment during the first 3 months in France While waiting for the health care cover offered to asylum seekers as part of Universal Health Care Cover – Protection maladie Universelle (PUMA) after 3 months of residence, asylum seekers may go to hospitals where there are permanent health care access points – Permanences d’Accès Aux Soins de Santé (PASS). They will be treated by doctors and any medication will be given free of charge. In addition, some associations offer dental, ophthalmological and psychological care access points without having to have health insurance. The Maisons du Département usually house PMIs (Protection Maternelle et Infantile – mother-and-child clinics) responsible for regular check-ups for children and for their vaccinations as well as the Family Planning Centres and for women’s health education centres (information on contraception and pregnancy check-ups). Emergency treatment covers:</p> <ul style="list-style-type: none"> • diseases for which the lack of treatment may lead to death or to a serious and durable deterioration of health of the person or of the child to born • treatment to prevent the further spread of disease to the relatives or community (for example tuberculosis) ;


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			<ul style="list-style-type: none"> • all treatment to pregnant woman and the newborn child, all preventive examinations during and after pregnancy and delivery ; • termination of pregnancy (voluntary or for medical reasons); • all treatment to children. <p>Universal Health Care Cover (PUMA) after 3 months of uninterrupted residence in France (except for children) After 3 months of residence in France and during the whole asylum process, asylum seekers are eligible for the basic and supplementary Universal Health Care Cover (Protection maladie universale = PUMA). This cover is provided from the filing of the asylum application, upon presentation of the asylum application attestation issued at the one-stop service, together with a document certifying the address of residence and 3 months of residence.</p> <p>It will cover all medical and hospital expenses for the asylum seeker, his/her spouse and children. Children are not subject to the requirement of 3 months of residence.</p> <p>The right to basic Universal Medical Cover is permanent and effective straight away. The right to supplementary medical cover is valid for one year and renewable every year.</p> <p>2. After 3 months of residence all treatment related to diseases and pregnancy are covered, including mental health and somatic care, as long as they are covered by the French medical health care system.</p> <p>3. All treatments covered by the French medical health care cover apply to asylum seekers as long as they are duly registered and reside in France. Treatments not covered by the French medical health care apply to all beneficiaries of the French medical health care cover.</p> <p>All treatments and care for sterility are covered to 100% if approved by the competent doctor for all persons covered by the French medical health cover and regularly residing in France. Medically assisted reproduction care is covered until the woman is 43 (with previous approval).</p> <p>Are covered one artificial insemination per sexual cycle with a maximum of 6 to become pregnant and 4 IVF attempts to become pregnant.</p> <p>4. It is financed by the French state</p> <p>Usually the person pays for medical expenses and is reimbursed by the health care cover on the basis of the social security coverage rates.</p> <p>For those with low financial resources who reside regularly in France, they can benefit from a free</p>
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			<p>complementary health cover in order to:</p> <ul style="list-style-type: none"> - be covered for additional costs usually paid by the beneficiary (glasses, dentures and hearing devices) for a specific limited amount; - be exempted from an advance of expenses for doctor's consultations, for buying cures at pharmacy, for medical analyses in medical laboratory as long as cures and medical analyses are required by a doctor. <p>5. NO the rule of 3 months of residence applies to all TCNs (irregular and regular), except children.</p>
	EMN NCP Germany	Yes	<p>1. During the first 17 months of their stay, asylum seekers are entitled to "necessary or essential" health care. The resulting costs are borne by the responsible social welfare office. When an asylum seeker arrives in Germany, he/she will be placed in a reception center. In accordance with the legal requirements, the asylum seeker initially receives a health examination being examined for communicable diseases. Irrespective of this, necessary health care benefits will be granted in case of acute illness or acute states of pain. Other health care benefits that are indispensable for securing livelihood or health can also be granted in accordance with the statutory provisions. These include, for example, the decision on necessary medical remedies and aids, such as glasses, wheelchairs but also the granting of psychotherapy or the carrying out of an MRI. After 17 months of stay there is an entitlement to the range of services of the statutory health insurance, which is also responsible for billing. The costs therefore are still borne by the responsible social welfare office.</p> <p>2. See answer to question 1.</p> <p>3. No information.</p> <p>4. See answer to question 1.</p> <p>5. See answer to question 1.</p>

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	<p>EMN NCP Greece</p>	<p>Yes</p>	<p>1. According to art.2 par.1 in Joint Ministerial decision 717/2020 (Gov. Gazette 199 B / 31-1-2020), pursuant to art.55 (transposition of art.17 and 19 EU Directive 2013/33), par.2 L.4636/2019, Greek Asylum Service is designated as competent authority of processing the provision of Temporary Social Security and Health Care Number for TCN (P.A.A.Y.P.A), by registering this number mandatory on the International Protection Applicant's card. Greek Asylum Service by registering the application for International Protection, proceeds simultaneously to the provision of P.A.A.Y.PA through the web service provided by the Company " Electronic Governance of Social Security SA" , (IDIKA SA). Source: Greek Asylum Service Asylum seekers are assured all necessary medical and drug assistance in the same conditions provided for national citizens. in order to satisfy basic health needs, primary and emergency health care, as well as secondary care. Source: Department for the Protection of Asylum claimants All third-country nationals and stateless persons who enter Greece without complying with the legal formalities are submitted to reception and identification procedures, that include medical screening and the provision of any necessary care and psychosocial support. Throughout the reception and identification procedures it is ensured that the third-country nationals or stateless persons have access to emergency health care and essential treatment of illnesses, or psychosocial support. In case of vulnerable person, the appropriate treatment is provided. Source: Reception and Identification Service (RIS)</p> <p>2. Asylum seekers are entitled to free of charge access to the national health system and are entitled to the same health care package that Greek citizens receive. Asylum seekers receive: (a) Preventive medicine benefits. (b) clinical, diagnostic, extra-clinical and laboratory examinations. (c) dental care. (d) hospital care; (e) obstetric care; (f) rehabilitation operations, such as physiotherapy, speech therapy, ergotherapy, psychotherapy as well as the provision of medical aids and consumables to deal with treatment and rehabilitation issues of the injury or disease or disease on a case-by-case basis g) pharmaceutical treatment Source: Department for the Protection of Asylum claimants To assess and address medical needs and identify cases in potential need of special assistance, the triage system is used. Relevant assessment from the medical process is sufficiently justified in order to channel into a suitable medical pathway. Where examination by special physician or hospitalization is needed, or in severe</p>
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			<p>emergency cases requiring admission to a hospital, there is referral to an adequate Health Unit. A physical medical file/medical history is created for each person assuring medical confidentiality, as laid down in the Medical Code of Ethics. Information shall be gathered through: a) the individual memory, b) the history of current disease, c) the clinical examination performed.</p> <p>Efforts are made so as the examination to be conducted by a doctor, in the presence of an interpreter of the same gender to the examinee, with confidentiality and individually. Special care is placed for the identification of the victims of torture, rape or other serious form of psychological, physical or sexual violence or exploitation and potential victims of trafficking in human beings, as the medical examination contributes often to the identification of these incidents, taking into account the nature of the examination and the fact that the victims trust health professionals more than others. Once the medical screening is concluded, the psychosocial assessment follows. Psychologists and social workers, belonging to RIS Medical and Psychosocial Unit, carry out thorough examination for early diagnosis of mental disorders and detection of social and psychosocial vulnerabilities. Mental Health History and Social History is recorded for each examined person, with confidentiality and individually.</p> <p>Source: RIS</p> <p>3. Answer pending by Department for Asylum seekers are not entitled to transgender operations, in-vitro-fertilization applicants' protection</p> <p>Source: Department for the Protection of Asylum claimants</p> <p>The protocol for receiving such treatments is the same with state nationals, i.e. for transgender operations and in-vitro-fertilization (IVF)). Only in special and justified cases, decided by medical committees/ doctors, could such treatments be paid. For instance, in the case of IVF, factors as age, state of health, attempts already made etc. are taken into account.</p> <p>Source: RIS</p> <p>4. The national health system finances asylum seekers' health care. Asylum seekers have free of charge access to health care.</p> <p>Expenditure arising from the provision of health services by public health bodies and private health care units may be covered by European Union funding programs and funds. Pharmaceutical expenditure corresponding to PAYPA holders is presumed to be related to applicants for international protection and may be covered by European Union funding programs and funds.</p>
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			<p>Source: Department for the Protection of Asylum claimants For the need of medical care, access to health services, labor market and social insurance, the applicants for international protection, are granted the Temporary Foreign Security and Health Care Number (PAAYYPA). This remains active throughout the examination of the asylum application. The holder of PA.A.Y.P.A. has access to health services based on the provisions of Article 33 of Law 4368/2016 (Health coverage of uninsured and vulnerable social groups).xi) applicants for international protection and their family members (spouse and minors or protected children) from the date of manifestation of the will to submit an application for international protection (initial or subsequent) and until the decision on their request for international protection becomes final that is, by a decision of the competent court on the application for annulment by decision of the Appeals Committee or if the time limit for submitting the application for annulment has expired. Source: RIS</p> <p>5. No Source: Department for the Protection of Asylum claimants All persons without insurance and vulnerable social groups, as defined in paragraph 2 hereof, have the right to free access to Public Health Structures. and are entitled to nursing and medical care in Greece. Medical care is provided through Hospitals and Mental Health Units supervised and subsidized by the Ministry of Health as well as through the institutions of rehabilitation and social care supervised by the Ministry of Labor, Social Security and Social Solidarity. The expenses are covered by EOPY (National Health Service Organization) Pharmaceuticals/ medicine are provided by the contracted with the EOPYY. private pharmacies. Source: RIS</p>
	EMN NCP Hungary	No	This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further.
	EMN NCP	Yes	1. Ireland accommodates protection applicants in both permanent accommodation centres across the State and


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	Ireland		<p>in temporary emergency accommodation centres, which have been used to provide emergency accommodation on a temporary basis due to lack of capacity within the permanent reception system. Such accommodation is provided to those protection applicants who indicate that they require material assistance and cannot provide for themselves. Protection applicants may leave the accommodation at any time if they find their own accommodation. All accommodation centres also link in with other state service providers such as the Health Service Executive, the Department of Housing, Planning and Local Government and the Department of Employment Affairs and Social Protection.</p> <p>Protection applicants who require accommodation are initially referred to a reception centre in Dublin, before being allocated to accommodation centres across the State. Applicants are offered medical screening on a voluntary basis in the reception centre. This service is also offered at other locations for those who do not avail of it in Dublin. This ensures that applicants can be assessed for any special reception needs that they may have before they are designated an accommodation centre. Every effort is made to ensure that applicants are dispersed to locations where their medical needs can be met.</p> <p>Most protection applicants within the accommodation system avail of the General Medical Card scheme. This is a means tested scheme providing general mainstreamed health services, for example, general practitioner services and prescriptions to the general population. It is not an automatic entitlement for protection applicants as means are assessed. Applicants will also have access to the public hospital system, whether medical card holders or not.</p> <p>The International Protection Accommodation Service (IPAS) of the Department of Justice and Equality links vulnerable and at risk persons with the appropriate services, including the health services.</p> <p>2. If a protection applicant qualifies for a medical card, they will be entitled to avail of the services provided under the medical card scheme. Protection applicants can also access the public hospital system, whether medical card holders or not. Applicants access health services through the same referral pathways as Irish citizens including referral to disability and mental health services.</p> <p>3. Any treatments to which applicants are not entitled will not be on the basis that they are an asylum seeker. Entitlements will be within the framework of the medical card scheme.</p> <p>4. Medical card holders have their healthcare costs met by the State in accordance with the medical card scheme. Protection applicants who hold medical cards are not required to pay a contribution towards medication</p>
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			<p>prescriptions. If a protection applicant does not hold a medical card, they will have to pay for general practitioner services or medication on the same basis as an Irish national who does not qualify to hold a medical card. Public hospital services to which the protection applicant is entitled, are covered by the State.</p> <p>5. No.</p>
	<p>EMN NCP Italy</p>	<p>Yes</p>	<p>1. First, it's necessary to clarify that the Consolidated law on Immigration (law 286/1998) provides the equal treatment and the full equality in the enjoyment of rights and duties compared to Italian citizens with regard to the medical assistance provided by the National Health Service. So, also asylum seekers – in respect of which a residence permit for asylum application is issued (art. 4 of law 142/2015) - have the duty of registration to National Health Service (Law 286/1998 art. 34 co. 1 lett. b); Law 142/2015 art. 21; Agreement between State – Regions - Autonomous Provinces of 20 December 2012) and the right to enjoy all welfare rights granted by the so called “Essential Healthcare Levels”, provided by the Decree of the President of Council Ministers' of 12 January 2017. However, the residence permit issued to asylum seekers does not give them the right to be registered in the Civil Register, so they are allowed to access public services in the place where they have elected domicile or the reception center is placed (Law n. 132/2018). It follows that the access to health system is granted to asylum seekers on the basis of the domicile elected during the submission of the international protection's application. Also pending the registration to National Health Service, asylum seekers should be granted urgent, essential and continuative outpatient and hospital care, protection of pregnancy and maternity, minor's health, vaccination, prophylaxis, diagnosis and treatment of infecting diseases (according to art. 35 co. 3 of law 286/1998, the abovementioned assistance should be granted also to irregular migrants).</p> <p>2. As just said, also before the registration in the National Health Service, asylum seekers should be granted urgent, essential and continuative outpatient and hospital care, protection of pregnancy and maternity, minor's health, vaccination, prophylaxis, diagnosis and treatment of infecting diseases. More specifically, during the first reception phase (which should last about one month), health assistance should</p>

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			<p>include a full medical examination in order to identify possible disorders and particular conditions –such as pregnancy and minor age for which a specific reception path is provided – and to guarantee an effective access to health care (see Guidelines published on June 2017 by the National Institute for the promotion of the migrants' healthcare and the fight against diseases of poverty, in collaboration with the Italian National Institute of Health).</p> <p>it is important to note that - throughout the whole reception/integration path - asylum seekers receive specific psychological support: in fact, reception programs provide multidisciplinary team of psychologists, psychotherapists, educators, ethno-psychiatric experts.</p> <p>Upon submitting the international protection's application, asylum seekers have the duty of registration in National Health Service and the right to enjoy all welfare rights granted by the so called "Essential Healthcare Levels", provided by the Decree of the President of Council Ministers' (12 January 2017).</p> <p>Essential healthcare levels are the benefits and services which the national health service is required to provide to all citizens, free of charge or on payment of a ticket, with the public funds collected through taxes.</p> <p>Health benefits and services provided free of charge are:</p> <ul style="list-style-type: none"> - laboratory-diagnostic tests, included in screening and prevention programs promoted or authorized by Regions (such as PAP test, mammography, etc.); - laboratory-diagnostic tests necessary to protect public health in case of risk of an epidemic; - treatment provided by general practitioner and pediatrician of free choice; - benefits and services provided during a hospitalization; - medical devices for the treatment of diabetes and foods for particular categories (e.g. gluten free foods); - prosthesis, orthoses and technological tools for people with disabilities. <p>Payment of a ticket is not due also in case of medical treatments for particular categories regarding pregnancy, maternity, prevention of HIV, blood tissues and organs donation, vaccines included in the National Plan of Vaccine Preventable.</p> <p>Health benefits and services provided on payment of a ticket are:</p> <ul style="list-style-type: none"> - specialist visits and laboratory-diagnostic tests; - non urgent medical treatment performed in the emergency room (white code), except for minors of 14; - hydrotherapy. <p>As for Italian citizens, also asylum seekers may benefit from the exemption of payment of the abovementioned ticket for the following reasons:</p> <ul style="list-style-type: none"> - for chronic and rare disease, which are identified in the Decree of the President of Council Ministers' (12
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			<p>January 2017); - for insufficient income; - for pregnancy; - for disability.</p> <p>It is important to highlight that, according to law n. 142/2015, asylum seekers are allowed to work after 60 days from the moment the asylum application has been lodged (art. 22). So, only after this period of 60 days, asylum seekers may freely register in the Public Employment Service. It follows that, during this period of 60 days, asylum seekers are exempt from paying medical ticket: they can use the code "E02" (which is part of the category of exemption for income grounds) for reasons of inactivity/unemployment.</p> <p>3. No laws limit the access to healthcare on the basis of asylum seekers' status, once they enrolled in the National Healthcare Service. In fact, right to healthcare is granted by the Italian Constitution (art. 32) and by the Consolidated law on Immigration (art. 34 of law 286/1998), which provides the equal treatment and the full equality in the enjoyment of rights and duties compared to Italian citizens with regard to the medical assistance provided by the National Health Service. Furthermore, not all medical treatments (as said in the previous question) are included in the Essential Healthcare Levels, granted (free of charge or on payment of a ticket) by the National Healthcare Service. So, for example, cosmetic surgeries are financed by National Healthcare Service also if they shall be performed for medical issues and not merely for aesthetic purposes.</p> <p>4. As said in Q. 2, the national health service grants also to asylum seekers benefits and services included in the Essential Healthcare Levels. These treatments are free of charge or on payment of a ticket, thanks to the public funds collected through taxes on healthcare. As just said, asylum seekers are exempt from paying medical ticket for 60 days from the submission of the international protection's application: in this period they are not allow to work and so they can use the code "E02" issued for reasons of inactivity/unemployment. Then, they can enjoy of other types of exemption inly if they fulfil the requirements provided by law for each category (exemption for grounds of income, disability, rare/chronical disease, etc).</p>
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			<p>The cost of the ticket is 36,15€ maximum plus the prescription fee (10€ which can vary among Regions). Anyway, no laws prevent asylum seekers from accessing to private healthcare, if they have sufficient financial resources.</p> <p>5. No.</p>
	EMN NCP Latvia	Yes	<p>1. Asylum seekers are entitled to basic health care package. These following health services are ensured to asylum seekers: emergency medical assistance, maternity assistance, dental assistance in urgent cases, primary healthcare, psychiatric assistance, medical assistance to minors.</p> <p>In Asylum seekers centre there is medical office. The medical office is open 5 days a week from Monday to Friday, all of this period from 8:00 to 16:30 is health nurse. As well as three times a week doctor and nurse are available.</p> <p>To asylum seekers there are available the following services on the spot - analysis and diagnostics, prescribing and dispensing of medicines, making appointment to specialists and transporting the asylum seeker to the medical specialists (transport is provided by Office of Citizenship and Migration Affairs of Latvia).</p> <p>2. See question 1 - the asylum seeker is only entitled to basic health care package.</p> <p>3. Asylum seekers are not entitled to transgender operations, in-vitro-fertilization and cochlear implants.</p> <p>4. All treatments are financed by state or The Asylum, Migration and Integration Fund (AMIF).</p> <p>5. No</p>
	EMN NCP Lithuania	Yes	<p>1. Asylum seekers has the right to receive the necessary medical assistance and psychological assistance in the Republic of Lithuania free of charge. Some of these services are also provided in temporary accommodation for foreigners. E.g. Asylum seekers accommodated in the Foreigners Registration Center are provided with primary</p>

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			<p>personal health care services according to the person's health care needs either in the center or in public health care institutions. Asylum seekers accommodated in the Refugee Reception Center can use the services of a psychologist provided by this center. If asylum seekers are accommodated in temporary accommodation, the entities organizing this accommodation shall, if necessary, accompany the asylum seeker to a family doctor in order to ensure primary health care, as well as organize the provision of necessary medical assistance. Asylum seekers suffering from dangerous or particularly dangerous infectious diseases shall be hospitalized and (or) isolated, examined and (or) treated in accordance with the procedure established by the Law on the Prevention and Control of Infectious Diseases.</p> <p>2. Please see answer to Q1.</p> <p>3. Please see answer to Q1.</p> <p>4. Health care for asylum seekers who are awaiting the decision on their application is paid from the state budget.</p> <p>5. No.</p>
	<p>EMN NCP Luxembourg</p>	<p>Yes</p>	<p>1. As soon as an application for international protection is opened, each international protection applicant (IPA) contracts voluntary health insurance with the National Health Fund (CNS) through the intermediary of the National Reception Office (ONA) which will pay the monthly fee for the duration of the international protection procedure. Given that there is a 3-month trial period, any IPA benefits during this period of medical assistance by means of care vouchers issued by the Sanitary Inspectorate. During this period and in the event of an emergency, hospitals, treating physicians and pharmacies send medical invoices together with a medical certificate to the ONA. Medical aid covers the costs resulting from consultations with general and specialist doctors, hospital costs and surgical treatment, pharmacy costs and other medical prescriptions.</p> <p>In the case of chronic or long-term illness, the Health Inspectorate may grant special assistance. From the moment CNS affiliation is effective, the IPA must pay its own medical bills and pay for its drugs at the</p>


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			<p>pharmacy. To help IPA better cope with medical expenses, the ONA covers the share of the third-party payer through a revolving fund made available to IPAs. The ONA does not take into account costs related to unobserved appointments, personal participation in glasses for adults or orthodontic costs. If hospitalization is necessary, the IPA must inform the social worker of the ONA beforehand, except in case of emergency. If the IPA lives in a structure managed by a contracted manager, he must notify the manager of the facility.</p> <p>2. See answer to question 1. They are entitled to any kind of treatment as they have voluntary health insurance paid by the ONA.</p> <p>3. AIPs are not entitled to transgender operations, in-vitro-fertilization and cochlear implants. The reason behind this is that these treatments can interfere with the (outcome of the) asylum procedure.</p> <p>The Luxemburgish government is taking in charge medical treatment if the treatment is in direct relation to the health of the asylum seeker. The Luxemburgish government is taking in charge the same treatment than the National Health Fund (caisse nationale de santé – CNS). AIPs are not entitled to the following treatments by the CNS:</p> <ul style="list-style-type: none"> • Cosmetic and plastic surgery without urgent medical indication • In-vitro-fertilization • Cosmetic products • Medication which can contribute to the sexual potency (viagra, i.e. spedra) • Medication for hair growth disorders, pigmentation disorders • Orthodontic treatments, dental prosthesis • Expenses for missed medical appointments • Hormonal treatment during transition period for transgender operations <p>4. The ONA will pay the voluntary health insurance during all the duration of the international protection procedure. See answer to question 1.</p> <p>5. Yes. As we mentioned in answer to question 1 there is a three-month trial period in which the IPA cannot access the full services covered by the insurance.</p>
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	<p>EMN NCP Netherlands</p>	<p>Yes</p>	<p>1. In the Netherlands asylum seekers are entitled to (necessary) health care. When an asylum seeker arrives in the Netherlands, they are placed in a reception facility. At every reception center a general practitioner holds practice and takes care of the primary health care. If the asylum seeker needs to be seen by a specialist or secondary health care is needed, the asylum seeker is referred by the general practitioner. In the Netherlands asylum seekers are in the first two months of their stay only entitled to necessary non-postponable health care. It is the health care practitioner that decides whether health care is needed and cannot be postponed. After these two months asylum seekers are entitled to the health care as described under answer 2.</p> <p>Besides the practice of the general practitioner the Netherlands make use of the same health care institutions that are available for Dutch citizens. For the care for asylum seekers health care practitioners can make use of interpreters free of charge. For the health care for other migrants the health care practitioners have to provide for interpreters themselves.</p> <p>2. Asylum seekers are entitled to very much the same basic health care package that Dutch citizens receive under the health care insurance act. This contains both somatic as psychological and psychosocial health care that is qualified as necessary medical health care. Besides somatic and psychological and psychosocial health care asylum seekers are entitled to public health care which contains information campaigns on for example sexual productive health and parenting but also youth care and vaccination programs for children (against polio, diphtheria, tetanus, parotitis, measles, rubella and meningitis). Asylum seekers can also be entitled to home help, access to social workers and pararental care.</p> <p>3. Asylum seekers are not entitled to transgender operations, in-vitro-fertilization and cochlear implants. Reason behind this is that these treatments can interfere with the (outcome of the) asylum procedure.</p> <p>4. Because (of the assumption that) asylum seekers are often not able to take out a health care insurance at the time they leave the country of origin and in most cases they have no money to pay for treatments and as long as asylum seekers have no residence permit they cannot take out a health care insurance in the Netherlands, the Dutch government pays for the health care for asylum seekers.</p> <p>5. In the Netherlands asylum seekers are in the first two months of their stay only entitled to necessary non-postponable health care. It is the health care practitioner that decides whether health care is needed and cannot be postponed. After these two months asylum seekers are entitled to the health care as described under answer</p>
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	<p>EMN NCP Poland</p>	<p>Yes</p>	<p>1. The rules of granting health care services to foreigners applying for international protection are set out in the Act of June 13, 2003 on granting protection to foreigners in the territory of the Republic of Poland (Journal of Laws of 2016 item 1836 as amended). The provision of medical services is based on a civil law agreement concluded between the Office for Foreigners and the Medical Operator.</p> <p>Medical care for persons applying for protection in the territory of the Republic of Poland is determined by the Polish law, and is the same for foreigners, and Polish citizens including basic medical care, diagnostics, specialized care, hospital treatment, calendar vaccination of children. Foreigners use the same medical facilities available to Polish citizens, have access to the same diagnostic, and therapeutic methods including surgery procedures, receive free medicines, and dental care. In case of clinical indications they are qualified for treatment programs including antiretroviral treatment. Children participate in calendar vaccinations if necessary the so-called individual vaccination calendars are set up for them. Foreigners can use rehabilitation services both in outpatient clinic and in hospital. If there is a medical need they are also placed in care and treatment facilities.</p> <p>Medical care is provided at medical centers in all centers for foreigners, Foreigner Handling Service at ul. Taborowa 33. in Warsaw.</p> <p>At every center, a doctor, nurse and psychologist work together to provide basic medical care, as well as to send for specialized testing.</p> <p>Medical care for foreigners living away from the centers is implemented through outlets in provincial cities. Scheduling and coordination of medical visits is made through the medical operator's helpline where foreigner acquires information about the date and place of the visit, and about method of filling of prescription.</p> <p>In the event of sudden illness or sudden deterioration of health condition during working days between 18.00-8.00 of the following day, and 24 hours a day on Saturdays, Sundays and other public holidays, medical services are provided in night and holiday health care mode in publicly accessible medical facilities throughout the country.</p> <p>Night and holiday health care services are free and provided without referral.</p> <p>In the event of a sudden threat to health and life requiring immediate emergency medical treatment foreigners are entitled to use the General Public Rescue System available in Poland. To call in the State Emergency Medical Response Team one should call the emergency number 999 or 112.</p> <p>2. The scope of eligibility for medical care is in the case of asylum seekers the same as the scope of eligibility for publicly funded health care benefits provided to persons covered by compulsory or voluntary health</p>
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			<p>insurance. The exception to the above rule is treatment and rehabilitation in sanatorium which are excluded from the catalogue of services provided free of charge to asylum seekers. Hence, foreigners applying for international protection are guaranteed comprehensive medical and psychological care including access to mandatory preventive vaccination. Medical services organized for applicants cover: primary health care, including the mandatory vaccination of children in accordance with the calendar of vaccination, specialized health care (consultations and specialized tests), hospital treatment (hospitalization), care under the long term care, dental treatment, psychological and psychiatric care, emergency medical-hospital conditions, in order to save people in a state of health emergency;</p> <p>3. The scope of eligibility for medical care is in the case of asylum seekers the same as the scope of eligibility for publicly funded health care benefits provided to persons covered by compulsory or voluntary health insurance. The exception to the above rule is treatment and rehabilitation in sanatorium which are excluded from the catalogue of services provided free of charge to asylum seekers. Transgender operations or in-vitro-fertilization are not refunded by public fund in Poland. If a foreigner wants to take advantage of treatments excluded from the catalogue of services provided free of charge to Polish citizens, he should do so for a fee in one of the private clinics.</p> <p>4. Health care provided to asylum seekers in Poland is not based on universal health insurance. Legislation in force in Poland provides asylum seekers with access to medical care financed from a separate budget remaining - in the case of most health care benefits - at the disposal of the Head of the Office for Foreigners. This budget provides funding for the prevention and treatment of this group of patients. For certain health care benefits, such as those provided under programmes or vaccinations the source of their funding is the budget of the minister responsible for health affairs or the budget of another state body. The above does not change the general principle that the Head of the Office for Foreigners is responsible for the proper functioning of the asylum seekers health system.</p> <p>5. No.</p>
	EMN NCP	Yes	<p>1. Asylum seekers are assured medical and drug assistance in the same conditions provided for national</p>


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	Portugal		<p>citizens, in order to satisfy basic health needs, primary and emergency health care, as well as to enable the asylum seeker's return to the origin or a third country, in physical and health conditions allowing his/her to undertake travelling.</p> <p>Granting this medical and drug assistance implies coordination and integrated action from the Ministry of Health, with other authorities and services, namely SEF (Immigration and Borders Service) and the Ministry of Home Affairs, so that the right to information, access to emergency services and primary health care are assured; If necessary, the same authorities will cease this right</p> <p>2. Asylum seekers are entitled to free of charge access to the national health system (SNS) for emergency care, including diagnosis and therapeutics, as well as primary health care and drug assistance, which are conveyed by their residence area's health service.</p> <p>This primary health care, paid by SNS, includes:</p> <ul style="list-style-type: none"> • Illness prevention and health promotion, as well as medical clinic, ranging from general clinic, maternal and child care, family planning, school care and geriatrics; • Specialised care, namely ophthalmology, stomatology, otolaryngology and mental health; • Hospitalizations that do not imply differentiated care; • Complementary elements of diagnosis and therapy, including rehabilitation; • Nursing care, including home visitation. <p>3. No.</p> <p>4. The national health system (SNS) finances asylum seekers' health care; that is, asylum seekers have free of charge access to health care.</p> <p>5. No.</p>
	EMN NCP Slovakia	Yes	<p>1. After lodging an application for asylum, an asylum seeker is placed in the reception center where they must undergo a medical examination. They must stay in the reception center until the announcement of the result of the medical examination. A nurse is present in the reception center every day and a GP comes to the center</p>


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			<p>three times a week or even more if necessary. Asylum seekers are later moved from reception centers to accommodation centers where there is also a nurse present every day and a GP comes once a week or more if necessary. Asylum seekers are entitled to urgent medical care both in reception and accommodation centers. In individual cases, the Ministry can also cover the costs for the provision of special health care if considered necessary in individual cases. The Migration Office of the Ministry of Interior of the Slovak Republic is responsible for adequate health care for minor applicants who are victims of abuse, neglect, exploitation, torture or cruel and inhuman and degrading treatment, or who have suffered from consequences of an armed conflict.</p> <p>2. Asylum seekers also receive inevitable somatic care and they are entitled to go to the dentist outside of the reception or accommodation center. Currently, psychological support and other mental health care for asylum seekers in reception centers and accommodation centers are provided by an NGO which implements a project funded through AMIF. There is also other additional health care provided through this project.</p> <p>3. Asylum seekers are not entitled to any operations mentioned above, only to emergency/inevitable operations. The Ministry can also cover the costs for the provision of special health care if considered necessary in individual cases.</p> <p>4. The Migration Office of the Ministry of Interior of the Slovak Republic covers the cost of health care provided to asylum seekers who do not pay for their health insurance (mostly all). The additional health care can be covered from the above-mentioned project (in 2.) but the Migration Office must approve these health care procedures. Otherwise, the expenses are not eligible. After an asylum seeker becomes employed, they must return a document issued by the Migration Office entitling them to the provision of health care if they become insured based on their employment contract.</p> <p>5. No.</p>
	<p>EMN NCP Slovenia</p>	<p>Yes</p>	<p>1. An asylum applicant in Slovenia has the right to emergency medical treatment. Health care for asylum seekers is delivered by the regular health care institutions.</p>


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			<p>2. According to the Slovenian International Protection Act, the emergency medical treatment of applicants includes the right to:</p> <ol style="list-style-type: none"> 1. emergency medical care and emergency transport upon a physician's decision and the right to emergency dental care; 2. emergency treatment upon a decision of the attending physician, which encompasses: <ul style="list-style-type: none"> - the preservation of essential functions, stopping serious hemorrhaging and preventing blood loss; - the prevention of a sudden deterioration of his or her health condition which could cause permanent damage to individual organs or bodily functions; - treatment for shock; - health-care services addressing chronic illnesses and conditions which, if not received, could directly and in a relatively short period of time lead to disability, permanent damage to health, or death; - treatment for hyperthermia and the prevention of the spread of an infection that might lead to sepsis; - treatment or prevention of poisoning; - treatment of bone fractures or sprains and other injuries requiring immediate intervention by a physician; - medication from the positive and intermediate lists in accordance with the list of mutually interchangeable medication prescribed for the treatment of indicated illnesses and conditions. 3. Vulnerable persons with special needs, and in exceptional cases other applicants, shall also be entitled to additional health-care services, including psychotherapy, which are approved and determined by a special commission. Applicants who are minors and unaccompanied minors shall be entitled to health care equivalent to that enjoyed by children under mandatory health insurance as family members. School children aged 18 years or older shall be entitled to health care to the same degree until they leave school, but not after they reach the age of 26. 4. The provided health care is funded by the ministry responsible for health. 5. No.
	EMN NCP	Yes	<ol style="list-style-type: none"> 1. Asylum seekers in Spain, since they make their application for IP, are entitled to public health care attention in


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	Spain		<p>same conditions as Spanish citizens.</p> <p>2. Same health care provisions as Spanish citizens.</p> <p>3. No</p> <p>4. It is paid by each autonomous community as health care for all citizens is a transferred responsibility.</p> <p>5. No</p>
	EMN NCP Sweden	Yes	<p>1. Public health and medical care in Sweden is managed by the regions. These exist throughout the country. There are no special arrangements for asylum seekers.</p> <p>2. When a person seeks asylum in Sweden, he/she is entitled to emergency healthcare and dental care, and health care that cannot wait. It is the region that decides which type of healthcare the person can receive. He/she is also entitled to childbirth care, abortion care, advice on contraception, maternity care and healthcare under the Swedish Communicable Diseases Act (a law intended to prevent the spread of contagious diseases). Children and young people under 18 seeking asylum are entitled to the same healthcare and dental care as children resident in Sweden. Healthcare is largely free of cost for children, but this can vary depending on where you live. Medicine for children is free if there is a prescription from a doctor. All asylum seekers are offered a health assessment. The applicant will receive an invitation to a free health assessment as soon as possible after application for asylum. For more information please see: https://www.migrationsverket.se/English/Private-individuals/Protection-a...</p> <p>3. See question 2 - the asylum seeker is only entitled to emergency healthcare and dental care, and health care that cannot wait</p> <p>4. The regions are provided economic compensation from the state.</p> <p>/</p>

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			5. No
	EMN NCP Norway	Yes	<p>1. Asylum seekers are entitled to the same health system as other residents in Norway, in other words, there is no alternative organization of health care for asylum seekers. This is applicable to all asylum seekers, that is, those who stay in and outside of reception centers. It is voluntary for applicants to stay in reception centers in Norway.</p> <p>We may also add that this system also applies to dental health services. (Note: due to the sometimes-lengthy wait for handling of chronic health issues or complex health problems, most refugees will only receive care for acute health issues the first 6 months to a year.)</p> <p>2. Asylum seekers awaiting their decision, which includes waiting for their final decision (after the appeal) are entitled to, in practice, the same health services as other citizens in Norway. The applicants are entitled to full rights to health services, both from the municipal and specialist health care services, which encompass somatic - and psychological health services, and even includes help with substance abuse problems. Specialist health services can involve treatment in hospitals. Applicants are also entitled to dental health care. The level of the care differs however according to the duration of the stay in the country. Applicants are entitled to full dental health services when the stay exceeds six months.</p> <p>3. First, the objective of the immigration authorities is that the asylum applications should be processed in a short period of time.</p> <p>In principle, e.g. the mentioned treatments could be initiated, in the sense that there are no explicit exemptions in the regulations on such a detailed level (diagnoses, etc). The mentioned treatments are however complex and usually long term, and therefore they are not likely to be initiated in the said time period. Each case will be considered individually, and of course health issues are primarily the responsibility of the health personnel, and between patient and doctor. The immigration authorities do not override the health authorities' decisions on health issues. The abovementioned cases often have both a medical and an ethical side though. The health personnel need, in addition to the medical issues, to consider inter alia the uncertain outcome of the application and the processing time.</p>

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			<p>Having said that, these cases also have an economic side. Even though asylum seekers become members of the Norwegian national insurance scheme from the day they register their application for protection, and consequently their health expenses are covered, there is still a question of co-pay user fees and medication, ie payments that the applicants themselves are responsible for, similarly to all Norwegians.</p> <p>See also our answer in 4) for a brief overview of the financing and payment of health services for asylum seekers in general.</p> <p>The state (UDI) provides applicants (in the reception centers) with financial allowances, which are supposed to cover the applicants' expenses, including co-pay/user fee for health services and medication. The rates are low, and therefore there is a scheme in place that ensures that applicants, who need additional support for medical reasons, may receive additional support. The financial allowances are administered by the UDI, and it is through this responsibility that the immigration authorities can be involved in some special cases, like the ones mentioned above. In such extraordinary cases UDI exercises a degree of discretion.</p> <p>The conclusion is that applicants basically have the right to be offered the same kind of health services as any other citizen in the country. Health services that are not deemed necessary, i.e. medically justified, also considering the cost efficiency, etc, will be assessed individually. This is a very simplified answer to a very complex question, and you are welcome to contact UDI for a more elaborate answer.</p> <p>4. As mentioned above, the asylum seekers become members of the Norwegian national insurance scheme, which means that expenses for health care is covered by the state. For consultations with the general practitioner, the applicant must pay a user fee, like all inhabitants in Norway. Children under the age of 16, do not pay a user fee. The membership ends upon a final rejection.</p> <p>When it comes to dental health care, as for all Norwegians, adults must cover all costs themselves unless they have chronic gum disease. This is the general rule. For asylum seekers who stay in reception centers during a transit or arrival phase and hence receive respectively reduced allowances or none at all, UDI covers the cost for emergency treatments.</p> <p>Dental care for children under 18 years old is free. 19- and 20-year-old young adults pay 25 % of the costs.</p> <p>5. No.</p>
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AD HOC QUERY ON 2020.18 Health care provisions for asylum seekers

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