

Health care provisions for asylum seekers

Summary EMN Ad-Hoc Query No. 2020.18

Launched on 13 March 2020 by EMN Netherlands. Answered by AT, BE, BG, CY, CZ, DE, EE, EL, ES, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, PL, PT, SE, SI, SK, and NO.

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-post-ponable health care in the first two months¹ 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

As long as asylum seekers have not been granted refugee status 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 neighbouring 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.

KEY POINTS TO NOTE

- Several (Member) States (AT, BE, BG, CY, CZ, EE, EL, ES, FI, HR, IE, IT, LU, PL, PT and NO) provide access to secondary or non-emergency care from the start of the asylum procedure.
- In some (Member) States (DE, FR, NL) secondary (non-necessary) medical treatment becomes available after a waiting period ranging from 2 months (NL) to 17 months (DE).
- Asylum seekers awaiting the decision on their application are entitled only to immediate/emergency care in some (Member) States (HR, LT, LV, MT, SI and SK).
- Some (Member) States have restricted the access of asylum seekers to certain treatments (EE, LU, NL and PL). In LU and NL, asylum seekers are not entitled to gender reassignment surgery, IVF treatment and cochlear implants.
- In all (Member) States health care for asylum seekers awaiting a decision on their application is financed by the state (AT, BE, BG, CY, CZ, DE, EE, EL, ES, FI, FR, HR, IE, IT, LT, LU, LV, MT, NO, NL, PL, PT, SE, SI and SK).
- In some (Member) States (BE, CY, EE, FR, IE, IT, FI and NO) asylum seekers may be required to cover (some of) the costs of medical services.

Main Findings

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)?

All (Member) States provide access to urgent health care to asylum seekers awaiting the decision on their application. In several (Member) States asylum seekers are entitled to the same health care package as (insured) residents (**AT, BG, CY, CZ, FI, EL, ES, IE, IT, PL, PT and NO**), sometimes after a waiting period (**DE, FR, LU and NL**). In **SE**, it is the county council/region that decides which type of healthcare he/she can receive. Children have full access similar to citizens or residents. In **BE** and **LT**, the organisation of health care depends on the reception facility in which the asylum seeker is accommodated.

In **AT, BE, BG, CY, CZ, FI, LV, LT, NL, PL** and **SK**, reception centres are equipped with medical staff on location who can refer patients if necessary. In **LU**, asylum seekers contract voluntary health insurance with the National Health Fund through the reception centre, which grants access to general and specialist medical treatment. In **AT, CY, CZ,³ ES, IE, IT,⁴ PL, PT** and **NO**, asylum seekers are granted access to the public health system under similar conditions as citizens.

Several (Member) States (**BG, CZ, DE, EL, FI, HR, IT, LT, SE, SK and NO**) mention that asylum seekers undergo a health assessment at the start of their asylum claim. In **BG, CZ, EL, FI, HR, SK** and **NO**, the medical unit in the reception centre performs the initial medical screening upon the registration of applicants for international protection. This initial screening is used to determine whether an applicant for international protection belongs to a vulnerable group and whether he/she has special needs, though this can also be determined at a later stage.

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))?

In several (Member) States (**AT, BE, BG, CY, CZ, EE, EL, ES, FI, HR, IE, IT, LU, PL, PT** and **NO**) access to secondary or non-emergency care is provided from the start of the asylum procedure. This includes specialised medical services as provided in the national health care or insurance system of that (Member) State. In some (Member) States (**DE, FR** and **NL**) secondary (non-necessary) medical treatment becomes available after a waiting period (see question 5). In **BE**, an asylum seeker is entitled to certain medical care not usually covered by insurance, e.g. dental care, psychological care, glasses for children and adults and powdered milk for infants.

In other (Member) States (**HR, LT, LV, MT, SI** and **SK**), asylum seekers awaiting the decision on their application are entitled only to immediate/emergency care. In **HR, LT** and **SI** access to specialized care is guaranteed for vulnerable groups, e.g. pregnant women and minors. In **EE**, the necessity of providing a certain health care service is determined by the accommodation or detention centre's contractual health service provider. In **MT**, necessary medical or other assistance should be provided to applicants who have special reception needs, including appropriate mental health care where needed. In **SE**, the asylum seeker is entitled to emergency healthcare and dental care, and health care that cannot wait. In **SK**, access to specialized healthcare can be provided if considered necessary in individual cases.

The provision of mental health care and/or psychosocial support is reported on by the majority of (Member) States (**AT, BE,**

BG, CY, DE, EE, EL, FI, FR, HR, IE, IT, LV, LT, NL, PL, PT, SE, SK, SI and **NO**). In **HR** and **SK**, mental health care is provided mainly by NGOs in coordination with the State. Furthermore, some Member States also report on the availability of (non-emergency) dental care (**BE, FR, EL, HR, PL, PT, SK**, and **NO**) and ophthalmological services (eye care) (**BE, DE, EE,⁵ FR, HR**, and **PT**). Other specialised medical services mentioned are vaccination programmes (**EE,⁶ FR, IT, HR, NL** and **PL**); maternity care (**BG, EE,⁷ FR, IT, LV, PT** and **SE**); and rehabilitation or disability services (**BG, EE,⁸ EL, IE, IT, PL** and **PT**).

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

In several (Member) States (**AT, BG, CY, CZ, EL, ES, FI, FR, IE, IT, PT**, and **NO**), asylum seekers who are awaiting the decision on their application are entitled to the same treatments as (insured) residents and citizens without exceptions.⁹ **CY** points out that their national health plan excludes gender reassignment surgery and IVF. In **EL, ES, FI, PT** and **NO**, access to these treatments is determined on a case-by-case basis both for asylum seekers and (insured) residents or citizens. However, for **NO** it is mentioned that gender reassignment surgery and IVF are unlikely to be initiated during the processing of an asylum application due to the complex and long-term character of the treatment.

Asylum seekers awaiting a decision on their application are excluded from certain treatments in some (Member) States (**EE, LU, NL** and **PL**). In **EE**, applicants for international protection are excluded from non-emergency dental care and health care provisions regarding procurement, handling and transplantation of cells, tissues and organs. In **LU** and **NL**, asylum seekers are not entitled to gender reassignment surgery, IVF treatment and cochlear implants. The reason behind this is that these treatments can interfere with the (outcome of the) asylum procedure. In **PL**, asylum seekers awaiting a decision on their application are not eligible for treatment and rehabilitation in sanatorium, which is otherwise covered by compulsory or voluntary health insurance.

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.

In all (Member) states the state finances the health care for asylum seekers (**AT, BE, BG, CY, CZ, DE, EE, EL, ES, FI, FR, HR, IE, IT, LT, LU, LV, MT, NL, PL, PT, SE, SI, SK** and **NO**).

In **AT**, the costs of reception conditions are shared in a 60:40 ratio between the federal government and the provinces. This also includes the costs of health insurance contributions. In

BE, asylum seekers who are employed are required to obtain health insurance and bear the costs of approximately €100 per year. The cost of compulsory health insurance for unaccompanied minors is covered by the State. In **LU**, asylum seekers contract voluntary health insurance, the cost of which is borne by the National Reception Office. In **BE, BG, EE, LV** and **SK**, some (mental) health services are funded through the Asylum, Migration and Integration Fund (AMIF). In **SK**, the cost of healthcare is covered by the State unless asylum seekers obtain insurance through employment.

In some (Member) States (**BE, CY, EE, FI, FR, IE, IT and NO**), asylum seekers may be required to cover some of the costs of some medical treatments. In **BE** and **EE**, asylum seekers are required to pay a user fee only if they have insurance (**BE**) or sufficient funds (**EE**). In **FR**, those with low financial resources can benefit from a free complementary health coverage. In **IE**, most protection applicants hold a medical card which exempts them from paying a fee. In **IT**, asylum seekers are exempt from paying for medical care for 60 days from the submission of the international protection's application. Afterwards, they can be exempted in certain cases.¹⁰

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.

The majority of (Member) States (**AT, BE, BG, CY, CZ, EE, EL, ES, FI, HR, IE, IT, LV, LT, MT, PL, PT, SE, SI** and **SK**) do not differentiate access to healthcare based on the duration of stay. In **FR**, asylum seekers receive only emergency treatment during the first 3 months of their stay. After 3 months of residence, they are covered by the French universal health care.

This rule applies to all third-country nationals (regular and irregular). Children are exempt from this rule. In **DE**, the minimum period of stay before access to secondary (non-necessary) medical treatment is 17 months. In **LU**, asylum seekers cannot access the full range of services covered by insurance during the first three months. In **NL**, asylum seekers are in the first two months of their stay entitled only to necessary non-postponable health care, as determined by the health care practitioner. After this initial period they can access the same basic health package as citizens. In **NO**, asylum seekers are entitled to full rights to health care. However, the duration of stay affects the access to dental care, with full access being available after six months.

EMN NATIONAL CONTACT POINTS (NCPs) PARTICIPATING:

Responses from Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden plus Norway (26 in total). Hungary has requested that their answers are not disseminated further. Therefore, their answers are not included in this summary.

DISCLAIMER: The responses of the Member States regarding this ad-hoc query have been provided primarily for the purpose of information exchange among the EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided information that is to the best of their knowledge up-to-date, objective and reliable. However, the information provided in the present summary is produced under the exclusive responsibility of the EMN The Netherlands and does not necessarily represent the official policy of an EMN NCP's Member State. The responses are interpreted by EMN The Netherlands to write this summary.

- 1 Children (under the age of 18) receive basic health care during the total duration of their stay in a reception facility.
- 2 Some treatments are excluded such as applying a cochlear implant, gender reassignment surgery and IVF.
- 3 In **CZ**, asylum seekers who stay in a reception centre can access health care through the Medical Facility of the Ministry of the Interior of the Czech Republic. After two weeks the asylum seekers usually move to an accommodation centre or private accommodation and have access to the public health care system.
- 4 In **IT**, asylum seekers have the duty of registration to the National Health Ser-

vice. Before registration, asylum seekers have access to some treatments and are always able to access private health care.

- 5 Additional information submitted by **EE** EMN NCP.
- 6 Ibid.
- 7 Ibid.
- 8 Ibid.
- 9 In **FR**, this is the case after three months of residence. In **NO**, optional surgery can have a 6-month wait for anyone.
- 10 For example on the grounds of income, disability or rare/chronical disease.

