



Ad-Hoc Query on system of medical treatment of asylum seekers in MS

Requested by PL EMN NCP on 3rd May 2010

Compilation produced on 28 June 2010

Responses from Austria, Belgium, Cyprus, Czech Republic, Estonia, Finland, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Netherlands, Poland, Portugal, Slovak Republic, Slovenia, Sweden, United Kingdom
(20 in Total)

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1. Background Information

The Polish Office for Foreigners has been working on the new set of amendments to the Polish Act on Protection of Foreigners including developments by the EU and the results of our own experience in the field of support for asylum seekers. Especially we are looking for the best practices or even standards for medical help for foreigners who applied for refugee status. We are conscious that our solutions in this respect were established many years ago when the overall asylum system was created in our country. This is a high time to make this kind of support to asylum seekers more efficient and modern. In our opinion it would be good to use the patterns which have already turned out to be useful. So this is the reason that we would like to ask the other EU countries for sharing information on their models of medical support to asylum seekers.

Please provide your responses to the following questions **by 3rd June 2010**.

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2. Responses¹

		Wider Dissemination? ²	<p>1) What is the system of medical treatment of asylum seekers in your country? Is there a:</p> <ul style="list-style-type: none"> a) special system exclusively for asylum seekers, b) general system for everyone which covers the medical needs of asylum seekers or c) general system with the special provisions for asylum seekers. <p>If a) or b) please, show the special features towards asylum seekers.</p> <p>2) Could you, please, describe shortly the system of medical treatment of asylum seekers:</p> <p>3) Which institution/institutions is/are in charge of the management of the medical support system for asylum seekers? Asylum institutions? Local authorities? Any medical institutions? Any other solution?</p> <p>4) Which institution/institutions pays for medical treatment of asylum seekers?</p> <p>5) What is the scope of medical treatment of asylum seekers? (Just basic medical treatment, general treatment and specialized treatment, any other solutions).</p> <p>6) What are the legal bases for medical treatment of asylum seekers?</p>
	Austria	No	This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further.
	Belgium	Yes	<p>Health care during the asylum procedure</p> <p>Applicants who reside in an assigned reception centre: Applicants who reside in an individual or collective reception centre are entitled to medical services and care “necessary to lead a life that responds to human dignity”. They receive the services in the reception centers or are referred to external medical services.</p> <p>The Royal Decree of April 9, 2007 sets out which medical care is covered. These are all the treatments listed in the RIZIV (National</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>Institute for Sickness and Invalidity Insurance) nomenclature. Five specific interventions with RIZIV nomenclature are not paid by FEDASIL (Federal Agency for the Reception of Asylum seekers), that falls under the competence of the Ministry of Social Integration:</p> <p><i>Orthodontics</i> <i>infertility and fertility treatment</i> <i>dental prosthesis if no chewing problem</i> <i>purely aesthetic surgery except for reconstruction after surgery or trauma</i> <i>dental treatments or extractions under general anaesthesia</i></p> <p>Some treatments not covered in the RIZIV (National Institute for Sickness and Invalidity Insurance), are important in everyday life, and are therefore reimbursed by Fedasil:</p> <p><i>Category D drug registered in Belgium and prescribed by doctors (except for the treatment of impotence) : certain registered medicinal D without a prescription from a doctor (antacids, antispasmodics, antiemetics, antidiarrheica, resources buccofaryngelae disorders, analgesics and antipyretics such as paracetamol, aspirin, ibuprofen 400 mg, natiumpnaxen 220 mg) refundable to the cheapest variant of the active medium</i> <i>tooth extraction</i> <i>dentures for the restoration of masticatory function</i> <i>glasses for children, prescribed by an ophthalmologist (not bi-or multifocal glasses or tinted)</i> <i>ID refractive glasses for adults from the better eye, prescribed by an ophthalmologist (not bi-or multifocal glasses or tinted)</i> <i>adapted milk for infants when breastfeeding is not possible</i></p> <p>In the interest of the patient, and if it is necessary for a life in accordance with human dignity, the Director-General of FEDASIL can deviate from this list.</p> <p>Asylum seekers are also entitled to psychological counseling.</p> <p>If the applicant believes that he was wrongfully denied medical care he may, within five days, appeal against this decision for reconsideration:</p> <ul style="list-style-type: none"> - to the Public Centres for Social Welfare Council, for persons residing in an Local Reception Initiative - with the Director-General of FEDASIL, for all other persons <p>Within 30 days from the filing of the appeal, a decision should be taken. In case of a negative decision, or if no decision is made within the period of 30 days, one can appeal to the Labour Court. This must be done within three months after the decision.</p> <p>Applicants who do not reside in an assigned reception centre</p> <p>The applicant who is assigned to a reception centre, but chooses to live elsewhere ("no show" Applicant), is still entitled to the above medical and psychological counseling.</p> <p>Before the treatment, the applicant needs to obtain a "commitment to pay" from:</p> <ul style="list-style-type: none"> - the Public Centres for Social Welfare Council, for persons residing in an Local Reception Initiative. The care provider can then send the

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			<p>bill to the Local Reception Initiative.</p> <p>- Cell "Medical expenses" of FEDASIL, in the case of persons assigned to another reception facility. The care provider can send the bill to the cell "Medical expenses" of FEDASIL. This cell will ensure payment.</p> <p>Applicants who are not assigned to a reception centre</p> <p>These persons are entitled to medical assistance through social services. The total healthcare costs are borne by the competent Public Centres for Social Welfare (CPAS). There is no exhaustive list to determine which medical expenses qualify for reimbursement. CPAS should at least guarantee human dignity.</p> <p>If the applicant is hospitalized for unforeseen urgent care, the CPAS of the location of the health care provider becomes responsible if the request for help was made during his stay in hospital. In addition, the physician must write a medical certificate of urgency.</p> <p>For some persons it is possible to register with the Mutual Health Insurance/Mutual Fund (ziekenfonds/mutualité)= general system</p> <ul style="list-style-type: none"> - persons registered in the National Register - some asylum seekers who have been in procedure for a very long time - applicants who are dependent of a person registered in the National Register <p>The Public Centre for Social Welfare responsible for aid to the applicant, is obliged to assist the applicant to register with the Mutual Fund of his choice. The personal contribution depends on the income of the individual and his/her family. There is an exemption from payment for health insurance for persons whose income does not exceed the minimal wage. (the accuracy is checked by the Department for administrative control of the Belgian social security).</p> <p>Rejected Asylum Seekers:</p> <p>Rejected asylum seekers may in some cases also rely on care in the assigned reception centre. Who is not entitled to care anymore, still has a right to emergency medical assistance if in need.</p>
	Cyprus	Yes	<ol style="list-style-type: none"> 1) general system for everyone which covers the medical needs of asylum seekers 2) The system of medical treatment for asylum seekers is the same as nationals. Right to free medical service. 3) Ministry of Health 4) Annual Budget of the Republic 5) The same treatment as nationals 6) the same as nationals, Constitution of the Republic, The Refugee Laws of 2000-2009
	Czech Republic	Yes	<ol style="list-style-type: none"> 1) The situation described as "b" is the case of the Czech Republic. The applicants for international protection are holders of public health insurance since, for this very purpose, they are deemed aliens with permanent residence. 2) Applicants for international protection became holders of public health insurance since the expression of their intention to apply to the Czech Republic for protection. They must undergo entry medical investigation upon arrival to reception center.

EMN Ad-Hoc Query: PL Medical Treatment of Asylum Seekers




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			<p>3) There is no institution specially designed to direct the system. The scope of entry medical investigation is set by the chief hygienic officer of the Ministry of the Interior; otherwise the medical care of the applicants is identical to the general medical care.</p> <p>4) Entry medical investigation is paid for by the Medical Facilities of the Ministry of the Interior. General health care is paid for by the state in terms of the public health insurance, which is analogous to the case of unemployed, students, and children.</p> <p>5) The scope of medical care of applicants and of Czech citizens is similar, the only extra feature being the entry medical investigation (see above).</p> <p>6) Asylum Act No. 325/1999 Coll., section 88, provides for medical care of applicants for international protection.</p>
	Estonia	Yes	<p>According to the Act on Granting International Protection to Aliens the asylum seekers have right during the asylum process to emergency care and medical examinations, we don't provide other medical services. All medical costs are covered by Ministry of Social Affairs. A certain groups as children under 18 years of age and pregnant women's have right to social insurance witch are equal as other citizens residing in Estonia.</p> <p>According to the Victim Support Act the psychological assistance is provided to these persons. The provision of victim support services will be ensured by the Social Insurance Board in accordance with the principle of regionality. The Social Insurance Board is co-operate with state and local government authorities and legal persons in providing victim support services.</p>
	Finland	Yes	<p>Questions 1 and 6: All asylum seekers are provided with essential social and health care in accordance with section 19, Act on the Integration of Immigrants and Reception of Asylum Seekers 493/1999. Special needs due to the age, vulnerability and physical and mental condition of asylum seekers and beneficiaries of temporary protection shall be taken into account in organising accommodation and in arranging their reception in general. The best interests of children shall be taken into account in reception. Children in need of special support shall be provided with the appropriate counselling, rehabilitation and mental health services. The scope of services is then broader than the services provided for adults.</p> <p>2. While staying at the reception centre, asylum seekers may ask for advice on health matters from a nurse who will direct the applicant to a doctor's appointment if necessary. Municipal Health Centre physician or a private practitioner will then refer the applicant to a hospital for further treatment (if necessary).</p> <p>3. The Ministry of Social Affairs and Health is in charge of the overall functioning of social and health services. It determines the course of the development of these services, drafts legislation and steers reform processes. It monitors the implementation and quality of services via the State Provincial Offices and the National Supervisory Authority for Welfare and Health. The Finnish Immigration Service is responsible for the management and planning of health care services for asylum seekers. The state-run reception centres are under its direct performance guidance and execute the plans for health care services. The centres run by municipalities and various organisations are supervised on the basis of agreements concluded between the maintaining organisations and the Finnish Immigration Service.</p> <p>4. The medical treatment (including special medical care) for asylum seekers is provided under the state budget.</p> <p>5. Asylum seekers are provided with essential social and health care. See above question 1.</p>



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	<p>Germany</p>	<p>Yes</p>	<p>1) Germany provides a special system exclusively for asylum-seekers, based on sec. 4 and 6 AsylbLG (Asylum Seeker Benefits Act). Asylum-seekers who have resided in Germany for more than 48 months while awaiting a decision on their claim will, however, generally be granted health care based on the benefits granted to German nationals. (For special features please see answer to question 2)</p> <p>2) Asylum-seekers are only entitled to government aid if they have no income or assets of their own. Unless there is an emergency, asylum-seekers must receive approval from the Social Services Office prior to visiting a doctor. Medical treatment may be refused if it is not absolutely necessary or it can be performed at a later date. Additional health care services may be granted if they are necessary for the overall health of the asylum-seeker. Asylum-seekers are entitled to regular medical examinations. Pregnant women and mothers with infants have access to a wider range of health care services.</p> <p>3) The Federal States have overall responsibility for the social assistance of asylum-seekers. Thus, it lies within the Federal States to determine the authorities which are in charge locally. These are in general the Local District Units.</p> <p>4) The costs for medical treatment are covered by the Federal States.</p> <p>5) The Asylum Seeker Benefits Act defines the scope and form of assistance granted to asylum-seekers. As a rule, in-kind benefits have priority over financial aid. In-kind benefits comprise medical and dental care if they suffer from an illness requiring treatment (sec. 4 para 1 AsylbLG).</p> <p>6) Sec. 4 and 6 AsylbLG (see above).</p>
	<p>Hungary</p>	<p>Yes</p>	<p>1) A general system exists with special provisions on persons seeking recognition. Persons seeking recognition are entitled to medical treatment both during the preliminary assessment procedure and during the in-merit procedure, if they are in need of assistance. The requirement of being in need of assistance has to be examined ex officio by the asylum authority and can be determined when the person concerned does not have the necessary means of subsistence.</p> <p>2) See under Q 3, 4 and 5 for the characteristics of the system.</p> <p>3) The managing authority is the Office of Immigration and Nationality. The family doctor (general practitioner) treatment takes place at the reception centre. In case the person seeking recognition has accommodation outside of the reception centre, he/she is entitled to this service at the family doctor (general practitioner) of his/her residence. Specific medical treatment is provided by the competent medical service provider.</p> <p>4) In general it is the asylum authority that pays or reimburses the costs of medicines, bandage, therapeutic equipments or medical treatments.</p> <p>5) Persons seeking recognition, who are not in a social security relation, are entitled free of charge to the specific benefits listed in the relevant Government Decree, such as to:</p>



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			<ul style="list-style-type: none"> - examinations and treatments under the scope of treatments provided by a family doctor (general practitioner), - examinations, treatments, medicines provided during outpatient or in-patient medical treatment in emergency, - emergency dental care, - pre-natal and obstetrical care, - certain medicines, - obligatory vaccination based on age. <p>6) Government Decree 301/2007 (XI.9.) on the implementation of the Asylum Act lists the rules related to the medical treatment of persons seeking recognition.</p>
	Ireland	Yes	<p>The government of Ireland implements a scheme of Direct Provision for asylum seekers – asylum seekers and people seeking other forms of protection are provided with accommodation on a full board basis with all basic needs provided for...including a weekly allowance of €19.10 per adult and €6.60 per child. Asylum seekers are accommodated in designated direct provision hostels. Information around the Direct Provision system, numbers of people accommodated via this system etc may be found on the website www.ria.gov.ie/</p> <p>A person seeking asylum in Ireland is entitled to a “medical card” if he/she fulfils the means test – which he/she will in most cases, due to lack of income. This card entitles him/her to access free medical services, including General Practitioner services, public hospital in and out patient services, dental, optical and aural services, maternity and infant care services and grants and psychological services. Costs of providing these services would be funded by the Health Service Executive – a statutory national health service that provides health and personal care services across the country.</p> <p>The HSE National Intercultural Health Strategy 2007-2012 provides a framework within which the health and care needs of people from diverse ethnic and cultural backgrounds may be addressed. The unique needs of asylum seekers and refugees are discussed in this document, with associated recommendations. This strategy may be viewed on the www.hse.ie website (under “Publications”)</p>
	Italy	Yes	<p>The reception of asylum applicants in Italy is implemented through a decentralized system, the so called Protection System for Asylum Applicants and Refugees (SPRAR). SPRAR reception system offers several kind of services including healthcare through the National Health System (SSN). SSN Registration is compulsory and provides full access to all levels of care at the same conditions as Italian citizens. The rules on healthcare to foreigners entering the SSN are contained in Art. 34, Law 286/98 (Consolidated Text on Migration). Even those who are not accepted into the SPRAR system still have the right to qualify for free emergency care by the SSN.</p>
	Latvia	Yes	<p>In accordance with 17.p. of the Cabinet Regulations from 19 December, 2006, Nr.1046 “The arrangements of health care organization and financing” the Ministry of Interior covers the costs for the asylum seekers of health care services (primary health care) which needed at their accommodation time and place and in accordance with the Medical Treatments Law are guaranteed to those persons.</p> <p>In accordance with the Regulations of the Ministry of Interior after the acceptance of the asylum seeker in the Asylum Seekers Reception Centre (hereinafter – the Centre), the asylum seeker is taken to the Health Centre of the Ministry of Interior to perform the mandatory medical examination (lung X-ray and to determine whether a person's hair, and clothes have louses).</p> <p>To ensure the primary health care to the asylum seeker who is accommodated in the Centre, the Centre explains for asylum seeker the order of the receipt of primary health care and on the asylum seeker's request if the Centre has sufficient resources</p>



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			organizes the convey of asylum seeker to the health centre for receiving primary health care. In certain cases of emergency medical assistance, maternity assistance and Epidemiological Safety Law as well as for treatment of the tuberculosis necessary medicines are covered from the financial resources of the state budget provided to health care.
	Lithuania	Yes	<ol style="list-style-type: none"> 1. The system of medical treatment for asylum seekers is general system, but specials provisions apply for them (after they submit an application for asylum). 2. After submitting an application for asylum, asylum seekers become medically insured according to the law on Health insurance of the Republic of Lithuania. They can receive all emergency care, primary care services and special medical services. 3. State Health care institutions are in charge of the management of the medical support system for asylum seekers. 4. The costs of medical services for asylum seekers are covered with the National Budget funds in accordance with the procedure laid down by the Government of the Republic of Lithuania or an institution authorised by it. 5. According to the needs, emergency and primary care services, as well as special medical services are provided to asylum seekers. <p>The Law on Health insurance of the Republic of Lithuania is the main legal act regulating the provision of medical services to asylum seekers.</p>
	Luxembourg	Yes	<ol style="list-style-type: none"> 1) answer c) 2) In order to obtain a membership in Luxembourg's health insurance, i.e. the "Caisse nationale de santé" (CNS), without having a work contract, one needs to apply for a facultative insurance. In this case, the applicant has a waiting period of three months. The monthly membership fee is currently €90,86 (2010). For all insured persons, the out-of-pocket money will be reimbursed, if it exceeds 2.5 percent of the yearly wage (Statuts de la Caisse Nationale de Santé: CNS, art. 154 bis: http://www.secu.lu/legis/Statucm/statactuel/stat_d.html#c16). Given the monthly social allowance of €116,20 for a single adult (if full board is provided by OLAI (Luxembourg Reception and Integration Agency of the Ministry of Family and Integration); cf. grand-ducal decree of 1 September 2006), applicants for international protection (AIPs) with continuous and important medical needs cannot cope with the on average 5 percent. Thus, AIPs would award the annual reimbursement. However, OLAI intervenes directly with a "fonds de roulement" (working capital) allowing the health officer to reimburse the out-of-pocket money. In order to award this supplementary help, the AIPs have to introduce a demand to the health officer of OLAI. 3) The health officer of OLAI (Luxembourg Reception and Integration Agency of the Ministry of Family and Integration) 4) During the whole asylum procedure, OLAI takes over the payment of the monthly fee. Luxembourg's out-of-pocket money is the lowest within the OECD countries (OECD, 2008, <i>OECD Economic Surveys Luxembourg</i>, vol. 2008/12, Paris: OECD: 123), approximately 5 percent of costs of provided health provisions (rates of out-of-pocket money vary: medicaments can be reimbursed at a rate of 40, 80 or 100 percent, visits of the general practitioner (GP) or the specialist at a rate of 90 percent, laboratory analysis at 100 percent). 5) During the first three months, i.e. the <i>waiting period</i>, OLAI provides AIPs with a "bon de prise en charge" (coverage voucher), giving them access to <i>urgent</i> health services according to CNS tariffs. These urgent provisions are e.g. visits to the GP, the specialist, urgent surgeries, medicaments and laboratory provisions which have been prescribed by a doctor, etc. There is no need to introduce a demand before using these provisions. For other provisions, the AIP needs first a 'placet' by the health officer of OLAI, e.g.: dentist treatment, glasses, other surgeries). <p><i>After this waiting period for full membership of CNS</i>, AIPs are awarded the same conditions as other insured persons with a</p>

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			<p>“carte de santé” (national health insurance card).</p> <p>6) Grand-ducal decree of 1 September 2006</p>
	Netherlands	Yes	<p>The Netherlands had a special system exclusively for asylum seekers. However it is closely linked to our general system and based on the Dutch Health Care Insurance Law and General Law for Special Medical Expenses. The Regulation on Health Care for Asylum Seekers was formulated by the Central Agency for the Reception of Asylum Seekers (COA). COA is an independent administrative body funded by the Ministry of Justice.</p> <p>The Health Care Centre Asylum seekers (GC A) is a GP's practice organized nationwide to be the first contact point for medical care for all asylum seekers in the Netherlands. The GC A sees to the access to so-called primary care, GP's, dentists and hospitals. Public health care directed at prevention, screening and treatment of TB, remains a task of the municipalities and their regional health services.</p> <p>Each asylum seeker is being registered with a GP practise that works with the GC A near the Asylum seekers Centre where the asylum seeker is living. The GP offers the same care to asylum seekers as it is offered to all regular patients. The GP is responsible for the primary health care, just like he is for all Dutch patients. In order to book an appointment with a GP, the asylum seeker phones the GC A Practice line. This is a medical call centre where health care assistants –cooperating closely with the GP's- help asylum seekers with their medical questions.</p> <p>Asylum seekers are insured for most medical costs. However some costs, like for example IVF, are excluded. On the other hand the GP pays a lot of attention to mental support and social medical advice because of the situation the asylum seekers are in. The health insurance is being paid by COA.</p>
	Poland	Yes	<p>Medical services for persons applying for refugee status or asylum on the territory of The Republic of Poland, in its basic foundation, is based on the system of our country, but should be seen as a system which is separate for asylum seekers.</p> <p>The Institution which manages the system of medical services for asylum seekers is The Office for Foreigners- in accordance with the regulations of the below mentioned act, which puts the duty of granting medical services for persons applying for refugee status or asylum.</p> <p>Costs resulting from medical services for persons applying for refugee status or asylum are covered from the financial resources of the Office for Foreigners, which are in the disposal of the Head of The Office and come from the state budget.</p> <p>Foreigners applying for refugee status or asylum- who figure in the records of the Bureau of Organization of Centres, of the Office for Foreigners as persons eligible to benefit from social services are granted medical services according to the Act of 13 June 2003 "On granting protection to aliens within the territory of the Republic of Poland" /Journal of Laws. dated 2003, No 128, item. 1176 with amendments/.</p> <p>According to article 73, paragraph 1 of the above quoted act “medical services include health care in the sphere, in which persons covered with obligatory or optional medical insurance receive the right to benefit from services according to the act of 27 August 2004 on health care services financed from public sources (Journal of Laws, No 210, item. 2135, with amendments), with the exclusion of spa</p>


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			<p>treatment ”.</p> <p>Medical services are realized based on civil-law agreements signed between the Head of the Office and healthcare providers selected in public contract proceedings.</p> <p>Foreigners applying for refugee status or asylum are granted the following medical services: basic health care, specialist consultations, specialist examination, hospitalization, medical services included in the State Medical Rescue system, rehabilitation and dentist surgery.</p> <p>Basic health care services are realized in medical points, which are localized in each centre for persons applying for refugee status or asylum, however examinations, specialist consultations and hospitalization take place in the mandatory hospitals or in other medical health care centers with which the mandatory has signed agreements.</p> <p>At the same time, according to the act of General Health Insurance, each person on the territory of Poland- in the situation of sudden illness- can appoint to the nearest medical outpost. This also applies to foreigners.</p>
	Portugal	Yes	<p>According to the legal framework (Act n.º 27/2008, of 30th of June) which establishes the conditions and procedures for granting asylum or subsidiary protection and the status of asylum, refugee and subsidiary protection to applicants, in article 52º “Medical and medical drugs assistance”: it is recognized to the asylum or subsidiary protection seekers and respective members of the family the access to the National Health Service, according to the terms to be defined by common decree from the members of the Government responsible for the Home Office and Health. The documentary evidence of the application for asylum or subsidiary protection submission, issued in accordance with Article 14.º of this Act, is considered to be enough to prove the quality of applicant, for the purposes of the established in the previous number. Medical assistance or any other assistance deemed necessary shall be rendered to particularly vulnerable applicants.</p>
	Slovak Republic	Yes	<p>1. Health care is provided in line with the Chapter II, Article 15, paragraph 1 and 2 of the Council directive 2003/9/EC of 27 January 2003 laying down minimum standards for the reception of asylum seekers in which the minimum standards to be provided to the migrants coming to the territory of the MS are laid down. In line with this directive the Slovak Republic is providing necessary health care for the asylum seekers which include at least the emergency health care and acute treatment of the illnesses. These provisions are included in the Act on Asylum (No. 480/2002). To the asylum seeker who is not subject of the public health insurance the necessary health care is provided. The necessary health care is provided also to minor asylum seekers, who are victims of abuse, neglect, exploitation, torture or a cruel, inhuman and degrading treatment, or who have suffered from consequences of an armed conflict. For the purpose of provision of the health care the Ministry of Interior issues to the asylum seekers a certificate of authorisation to health care. The specimen of this authorisation is provided by the provider of the health care and is published on the website of the General Health Insurance Company. The Ministry of Interior pays for the health care provided on the territory of the Slovak Republic to an alien who was granted subsidiary protection and does not have public health insurance. The Ministry pays for it in the extent normally paid based on public health insurance. For the purposes of provision of the health care, the Ministry issues to an alien who was granted subsidiary protection a certificate of authorisation to health care.</p> <p>According to Act on Asylum article 23, par. 5, the Ministry of Interior may decide, that the asylum seeker is obliged to adequately cover the expenses relating to his stay in the asylum facility or integration centre, or the cost of medical care provided, if his/her financial and proprietary circumstances are such, that it is possible to request from him/her at least a partial payment of the expenses relating to this stay.</p> <p>2. Within the asylum system and in line with the Act on Asylum, Article 22, paragraph 5 and regarding the possible health risks connected</p>

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		<p>with the integration of the aliens, the Migration Office of the Ministry of Interior provides to the asylum seekers the primary and secondary health care via contracted health institutions and by qualified medical personnel.</p> <p>The health care to asylum seekers in the Slovak Republic is provided in the form of the medical-preventive care in the extent of the necessary and urgent health care in line with the Act on Medical Care (No. 98/1995).</p> <p>In the asylum facilities of the Migration Office of the Ministry of Interior they are provided the primary and secondary health care by a nurse and contracted doctor. The asylum seekers in line with the Act on Asylum and within the asylum system have to go through the entrance medical tests including blood tests and X ray examination and are in the quarantine for 30 days in the reception centre. When the asylum seekers after 1 year of their stay on the territory of the Slovak Republic find job and are employed they are subject of public health insurance as the citizens of the Slovak Republic and the health care is paid by the health insurance company.</p> <p>3. Migration Office of the Ministry of Interior of the Slovak Republic secures the control of the medical services provided to the asylum seekers via the contracted insurance company. Registration and the documentation of the health care files of the asylum seekers is administrated by the Migration Office of the Ministry of Interior via its contracted doctors, working in the asylum facilities in line with the legislation of the Slovak Republic. It means that each asylum seeker has health record document which is kept by that asylum facility where he/she is accommodated.</p> <p>4. Migration Office of the Ministry of Interior of the Slovak Republic in line with the Act on Asylum.</p> <p>5. According to Article 22 Paragraph 5 of the Act on Asylum, the Ministry of Interior pays for an urgent health care on behalf of an asylum seeker, who does not have a public insurance (Article 3 of the Act No. 580/2004 Coll. on Medical Insurance and Changing and Amending of the Act No. 95/2002 Coll. on Insurance System and Changing and Amending of Some Acts, as amended) if based on individual examination of the asylum seeker's health condition there are determined special needs for provision of health care, the Ministry of Interior shall also cover the costs of such health care in the cases worth special attention. The Ministry of Interior shall ensure adequate health care to minor asylum seekers, who are victims of abuse, neglect, exploitation, torture or a cruel, inhuman and degrading treatment, or who have suffered from consequences of an armed conflict. For the purposes of provision of health care, the Ministry of Interior provides the asylum seeker with a document confirming authorisation to provision of health care.</p> <p>6. The legal base is derived from Chapter II, Article 15, paragraph 1 and 2 of the Council directive 2003/9/EC of 27 January 2003 laying down minimum standards for the reception of asylum seekers.</p> <p>Provision of the health care to the asylum seekers is regulated by the Act on Asylum, Article 22, Paragraph 5. In case of an person granted asylum the legal base is the Act on establishment of the General Health Insurance Company on the financing of the health insurance and on establishment of the governmental department, branch, corporation and civil health insurance companies (No. 273/1994) based on which the same health care is provided to these persons as to the citizens of the Slovak Republic.</p> <p>Further Acts are: Constitution of the Slovak Republic Act on provision of health care (No.576/2004)</p>
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			<p>Act on the extent of the health care paid based on the public health insurance and on the payments of provided health care services (No. 577/2004)</p> <p>Act on health insurance (No. 580/2004)</p> <p>Act on health insurance companies and on monitoring of the provision of the health care (No. 581/2004)</p> <p>Act on medicines and medical instruments (No. 140/1998)</p> <p>Act on health care providers (No. 578/2004)</p> <p>International Agreements of which the Slovak Republic is a party, e.g. European Social Charter</p>
	<p>Slovenia</p>	<p>Yes</p>	<p>Answer under point 1.) and point 6.)</p> <p>The right of the applicants for international protection (hereinafter applicants) to medical services originates from the International Protection Act (Off.Gaz.RS, no. 111/07, 58/09 and 111/08 – decision by Constitutional Court, hereinafter Act. In the Republic of Slovenia we have a general system with special provisions for applicants originating from the above Act.</p> <p>Answer under point 2.) By virtue of Article 84 of the Act, the applicants have the right to:</p> <ol style="list-style-type: none"> 1. Urgent medical assistance and transport by ambulance car based on the physician’s decision and urgent dental interventions/assistance; 2. Urgent therapy by decision of the doctor treating the applicant that includes: <ul style="list-style-type: none"> – preserving vital functions, stopping major haemorrhages or preventing bleeding to death; – preventing a sudden deterioration of condition that may cause permanent dysfunction of individual organs or vital functions; – treatment of shock; – services concerning chronic diseases and conditions the neglect of which can directly or in a short time cause disability other permanent damage or death; – treatment of fevers and preventing infections from spreading that could cause sepsis; – treatment or prevention of poisoning; – treatment of bone fracture or dislocation and other injuries requiring the intervention of a doctor; – medication from the so called “positive list” in line with the list of interchangeable medication on prescription for treating the above diseases and conditions; - health care of women: contraceptives, termination of pregnancy, medical care during pregnancy and at childbirth. <p>Vulnerable persons with special needs and exceptionally other applicants have the right to a larger scope of health services.</p> <p>Answer under points 3.) and 4.)</p> <p>An alien who expresses the intention to file an application for international protection is before submitting this application examined by a physician. This involves a preventive medical check-up performed by a physician in the premises of Asylum Centre. The payer of this examination is the Ministry of the Interior. The curative activities in the area of medical care are performed by a locally responsible health</p>

EMN Ad-Hoc Query: PL Medical Treatment of Asylum Seekers

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			<p>centre. The payer of these activities is however the Ministry of Health.</p> <p>Answer under point 5.)</p> <p>Applicants in the Republic of Slovenia are as a matter of principle entitled to the most urgent medical care. Vulnerable persons with special needs and exceptionally other applicants are entitled to additional medical services approved and defined by a special commission operating within the Ministry of the Interior of the Republic of Slovenia.</p>
	Sweden	Yes	<p>In Sweden the county councils are responsible for health and medical care. Asylum seekers have the right to a free medical examination. Adult asylum seekers are entitled to emergency or urgent medical and dental care and gynaecological and pre-natal care. Children (under the age of 18) asylum seekers are entitled to the same health care as all others who live in Sweden.</p> <p>The asylum seeker has to pay a fee (approximately 5 euro) the rest of the cost is covered by the county councils but in case of expensive care cost can be reimbursed by the Swedish Migration Board. The legal base is an Act which in translation is called "Act on Health and Medical Care for Asylum Seekers and others" (SFS 2008:344).</p>
	United Kingdom	Yes	<p>Asylum-seekers and their dependants are eligible to receive health care from the National Health Service (NHS), which entitles them to free medical treatment by a general practitioner (GP) or at a hospital. Asylum-seekers who are receiving housing and social assistance from the UK Border Agency may also obtain supplementary free health care services, such as NHS prescriptions and dental care. Other asylum-seekers may apply to receive these services free of charge on the grounds of low income.</p> <p>Pending removal from the UK, rejected asylum-seekers are entitled to receive free medical treatment in Accident and Emergency departments and for specified infectious diseases such as tuberculosis. They may also receive immediately necessary treatment regardless of their ability to pay for it. Other treatment may be given at the discretion of the hospital concerned. Rejected asylum-seekers may continue, free of charge, treatment started prior to a final decision on the claim until they leave the UK.</p> <p>For more information and detailed advice please consult http://www.dh.gov.uk/en/Healthcare/International/AsylumseekersAndrefugees/index.htm</p>
