



EMN Ad-Hoc Query on Access to general practitioner system for legal migrants

Requested by Barbara ORLOFF on 7th June 2018

Miscellaneous

Responses from Austria, Belgium, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Slovak Republic, Sweden, United Kingdom, Norway (22 in total)

Disclaimer:

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



Background information:


In recent years Estonia has witnessed a slow but steady increase of legal migrants. Although entitled to use public health services, including the general practitioners (GPs), they often struggle to use the services due to lack of understanding of how the overall system works, inability to register themselves to the services, language barriers etc. As a GP should be the first contact and specialist to consult when faced with health issues, it's crucial to know how the system works in other Member States. This ad-hoc query aims to examine the access of third country nationals to the MS general practitioner systems in order to improve the Estonian national general practitioners service provision.

Questions

1. Do legally residing TCNs have access to general practitioners (GPs) in your MS? If yes, is access granted on the same conditions as for nationals and/or EU citizens? Please explain the differences.
2. How do you disseminate the information about the healthcare system, including access to GPs to legal migrants in your MS?
3. In which language(s) are GPs obligated to provide their services? Are GPs competent to serve patients in other languages besides their native tongue?
4. Do you provide any specific tailor-made support to legal migrants to enter GP services (translation, apps, support person etc.)? Yes/No. If yes, please give examples of support measures provided in your MS.
5. Do you provide any specific tailor-made support to GPs for assisting legal migrants? Yes/No. If yes, please give examples of support measures provided in your MS.

Responses

	Country	Wider Dissemination	Response
 	Austria	Yes	1. All persons staying in Austria, irrespectively of their citizenship, have access to GPs and the public health care system. Costs deriving from usage of medical services are either borne by the treated persons themselves (i.e. when not insured in Austria or another member state) or by the compulsory national social insurance of the treated person. The main criterion for being insured by an Austrian social insurance is the gainful employment in Austria (partially in certain business operating areas), although other groups of

			<p>people (e.g. pupils or asylum seekers) are insured as well (e.g. Articles 4 General Social Insurance Act, 2 Commercial Social Insurance Act; Article 6 Para 1 Subpara 5 Basic Welfare Support Agreement). Citizenship is not a connecting factor for the social insurance system.</p> <p>2. The respective social insurance agency provide freely accessible information on their websites. Further information is accessible on the website www.gesundheit.gv.at (including leaflets in foreign languages and contact details for advisory services). In addition, informative videos are available on the website www.bmeia.gv.at.</p> <p>3. Austrian law stipulates that medical doctors are required to have a sufficient command of German (Article 4 Para 2 Subpara 4 Law on Doctors 1998). Beyond that there exists no compulsory obligation of GP to know foreign languages. However, patients need to be able to inform themselves on possible foreign language skills at the doctor's office, including sign language skills, prior to their visit to the doctor's office (Article 4 Para 6 Regulation on Quality Assurance 2018). According to the homepage of the Vienna Medical Association, there are numerous GPs with knowledge of foreign languages in Vienna (the most populous region of Austria), such as Arabic, English, French, Chinese Russian and other languages.</p> <p>4. As far as ascertainable, state institutions in Austria offer no such support. However, numerous advisory services exists (please also see answer No. 2) as well as (electronic) auxiliary means e.g. translation aids for visits to the doctor (https://www.rotekreuz.at/fileadmin/user_upload/PDF/Rotkreuz_Gesetz/OeRK_Uebersetzungshilfe_update_080924.pdf). Migrants and health professionals can both use these auxiliary means.</p> <p>5. As far as ascertainable, state institutions in Austria offer no such support. Please also consult answer No. 4.</p>
	Belgium	Yes	<p>1. Yes, all legally residing third country nationals have access to GPs and the public health care system. In application of Article 32, first paragraph, 15 ° of the Act on compulsory insurance for medical care and benefits, coordinated on 14 July 1994, persons registered in the National Register of natural persons can be considered to be entitled to the medical care / health care services. But there are exceptions, there are third-country nationals who reside legally on the territory (and have been or have not been registered in the National Register) and yet cannot be registered as beneficiaries with the health insurance fund, this concerns</p>

			<p>for example people with an attestation of immatriculation during the procedure for regularisation on medical grounds. And there are also third-country nationals who are not registered in the national register, but who do have access, such as the students (that is a specific statute, even if they are without legal residence, they can enroll on the basis of a contribution and attestation of the enrollment in the high school on the basis of). As a legal resident in Belgium, you are required to join a health insurance fund. Only in this way can you use the compulsory insurance against illness and disability. You have the choice between different health insurance funds, either as a policyholder or a dependent, and many have names suggesting an affiliation to one of Belgium's political parties, such as the Socialist Mutuality or the Liberal Mutuality. These are related to the mutuality's origins and have no bearing on services. All mutualities are open to everyone. You will then be able to receive various allowances, including: refunds for consultations with a doctor, fixed allowances for hospitalization and the payment of allowances in the event of being unable to work or pregnancy/maternity. People with a limited income will be reimbursed a larger share of the medical costs. For example, if a doctor's consultation costs EUR 21.09, the government will reimburse EUR 15.09 or EUR 19.59 depending on the income of the person concerned. In Belgium, in addition to the payment per service, there is also a second financing system for primary care, namely the lump sum payment. In the lump sum payment, a group of care providers is paid a fixed amount per registered patient, regardless of the number of performances for that patient. All district health centers that are members of the Association of District Health Centers work with this payment system. Each district health center receives a fixed monthly fee per registered patient, regardless of whether or not s/he has a consultation in that month. This amount is calculated on the basis of a number of characteristics of the group of registered patients: age, gender, social status, presence of disability, presence of important chronic diseases, presence of medical conditions that require a lot of care. That amount is different for each district health center, since the patient group is different everywhere. The amount includes the payment of consultations and home visits. Technical performances (such as EKG, smear, etc.) are not included, they are settled via the third-party payer system, which means that the health insurance fund directly pays the district health center for this. If the patient is insured, he or she will not pay a personal contribution, regardless of the frequency with which the general practitioner (physiotherapist, nurse) is called upon. Once registered with the Belgian healthcare system, you are free to choose your own general practitioner in Belgium or family doctor or even see different Belgian doctors at the same time. The health insurance fund allows you to register or consult with the medic of your choice, so long as they are registered with one of Belgium's state insurance companies. Your insurance will sometimes cover an initial appointment for you to assess whether you feel comfortable with your chosen</p>
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Belgian doctor. You can nominate a main doctor in Belgium to open a Global Medical File that contains your medical history including a list of medical examinations, information about your use of medicines and the care provided by other medical providers and specialists. Registration with one Belgian doctor is not obligatory but encouraged as centralized data can reduce unnecessary examinations; in exchange for a GMD registration fee (which is reimbursed), you are entitled to claim higher reimbursements for certain treatments. In Belgium, stress is put on the preference for a general practitioner instead of emergency care, since it is more efficient and economical.

2. The Federal Public Services Health provides information on its website in French, Dutch, German and English, f. ex. on patients' rights (<https://www.health.belgium.be/en/health/taking-care-yourself/patient-related-themes/patients-rights>). Also other organisations such as the Public Social Welfare Centres and the Centres for General Welfare provide information on the healthcare system in Belgium. The civic intergration courses for newcomers provide information on the social security system in Belgium. The respective health insurance funds provide freely accessible information on their websites. Further information is accessible on the website of the National Institute for Health and Disability Insurance (www.riziv.fgov.be) and on https://www.socialsecurity.be/CMS/en/coming_to_belgium/index.html with information on social security for persons coming to Belgium in order to work, live, study, enjoy your life as a pensioner, ... (available in Dutch, French, German and English). In Brussels and surroundings you can use the Geomed.be website. The website provides information about 1,500 GPs and specialists from in and around Brussels and what languages they speak. The site has filters per language (ranging from English to Vietnamese) and per specialisation. The site itself is available in French, English, Spanish, Italian, Russian, Greek and Polish. Medimmigrant, a Brussels non-profit organization, provides individual support to people with a precarious residence status who have medical needs. More information available in Dutch and French on www.medimmigrant.be. The organization also provides information leaflets in French, Dutch, English, Spanish, German, Arabic, Russian, Portuguese, Romanian and Chinese and some other languages on <http://www.medimmigrant.be/index.asp?idbericht=246&idmenu=246&state=0&lang=fr>. Several expat webpages provide information on the health system in Belgium and where to find a GP, such as <https://smartexpat.com/belgium/how-to-guides/health/doctors/finding-a-doctor>, <https://livinghere.xpats.com/1132/how-to-find-an-english-speaking-doctor-in-brussels/> and <http://www.expatsfinder.com/belgium/expat-guides/article/visiting-a-doctor-in-belgium/606>. Some embassies provide lists of medical facilities and (English-speaking) medical and mental health professionals


in Belgium, f. ex. <https://be.usembassy.gov/wp-content/uploads/sites/191/2016/12/Doctorlist.pdf>.



3. Medical doctors are required to have a sufficient command of one of the national languages. Beyond that there exists no compulsory obligation of GP to know foreign languages. Initially the draft Law on Patients' Rights stipulated that every patient not only has the right to information in a 'clear' but also in an 'comprehensible' language. As this could lead to expectation among patients that they will always be informed in their mother tongue, the term 'comprehensible' has been omitted in the final legal text (available in French on


http://www.ejustice.just.fgov.be/cgi_loi/change_lg.pl?language=fr&la=F&cn=2002082245&table_name=loi). You can find doctors in Belgium who speak French, Dutch and German. Many Belgian doctors also speak English. And there numerous GPs with knowledge of foreign languages in Brussels and other cities, such as Arabic, English, French, Chinese Russian and other languages. GPs can use different forms of language support such visual support, a form of language support by visual aids such as pictograms, flowcharts or even own drawings; telephone interpreting; professional interpreters present on site and webcam interpreters (see also Q5). Other examples for support and tools are the initiative of the House for Health in Brussels which website provides, per type of healthcare professional, a series of practical tools to download, f. ex. on <http://www.huisvoorgezondheid.be/zorgverlener/gezondheidsfiches-help-ik-ben-ziek> (available in French, Dutch and English). Another helpful tool is the so-called translation library, available on <https://www.vertaalbibliotheek.be>. The translation library is an online platform created to help service providers and caregivers to communicate with foreign language clients (with documents and information available in up to 21 languages).



4. Next to the different forms of language support, patients of foreign origin can also find general information about general practitioner care in Belgium on <http://voorbereiding-voor-consult.jouwweb.nl/> and in addition to an overview of frequently asked questions about general practitioners, their function and rates, patients can also find useful tips to prepare themselves for the first and possibly following appointments with the general practitioner. And there are multiple tools available from different associations f. ex. <https://www.pigmentzorg.be/toolbox/categorieen/interculturele-communicatie-praktische-tips>.

5. Yes, in May 2017, the Federal Public Service Health started the project "Intercultural mediation for general practitioners". The project aims to offer a large number of general practitioners the opportunity to

			<p>call on intercultural mediators via videoconferencing. This is done via a secure connection and is completely free for both the doctor and the patient. More information (in French and Dutch) on cultural mediation is available on https://www.health.belgium.be/fr/sante/organisation-des-soins-de-sante/qualite-des-soins/mediation-interculturelle-dans-les-soins-de). During the medical training of GPs, information is also provided about communication with non-native speaking patients.</p>
	Croatia	Yes	<p>1. 1. Yes. Every TCN legally residing in Croatia more than 90 days is entitled to have a General Practitioner, and the health care is provided under the same conditions as for Croatian citizens. Upon their arrival in Croatia and upon having been granted a stay permit, TCNs are obliged to procure a health insurance policy from the Croatian Health Insurance Fund. Registration to the Croatian Institute for Health Insurance should be within 8 days from approved temporary stay in Croatia. In case TCN resides up to 90 days, only emergency health support is provided. If a TCN is employed, his/her employer will perform the registration to a health insurance. The application process for employed foreigners in the Croatian Health Insurance Fund (HZZO) is the same as application procedures for employees who are Croatian citizens. If not, the foreigner needs to register personally at the Croatian Health Insurance Fund (or buy an insurance policy at a private insurance company). On the basis of this registration number the HZZO office will register the person and issue relevant confirmation, which entitles the TCN and binds the HZZO to full health insurance coverage. In case of asylum seekers, persons under subsidiary and international protection, access to the GP is also ensured, only difference is that health insurances is covered by the sources of the Ministry of Health.</p> <p>2. 2. The relevant legislation when coming into force is disseminated regularly to all GPs in Croatia.</p> <p>3. 3. GPs are providing their services in Croatian, and if knowledgeable in English. They are not obliged to know any foreigner language, but most of them speak English.</p> <p>4. 4. No, only on a voluntary basis.</p> <p>5. 5. At this moment no.</p>

	Cyprus	Yes	<p>1. TCNs are not covered under the national health system and they have to have private health insurance coverage in order to be able to reside in Cyprus. Governmental medical institutions can offer services to TCNs and they are treated as paying patients.</p> <p>2. No specialized method is used. The information is available at the medical centers.</p> <p>3. GPs are obligated to provide their services in Greek. However, English language is usually used when the patient cannot speak Greek. Other languages are usually not available.</p> <p>4. No.</p> <p>5. No.</p>
	Czech Republic	Yes	<p>1. The Czech law distinguish between three categories of TNCs. Their access to GPs is based on their status. 1) legally staying TNCs who are part of the Czech public health system insurance To the Czech public health system insurance can have access every TNC granted by permanent residence in the Czech Republic; every TNC who is an employee of an employer who has the place of business in the Czech Republic; every TNC who runs a business in the Czech Republic; TNCs with granted asylum or subsidiary protection etc. These TNCs have the same rights and duties like any of Czech citizens. 2) legally staying TNCs according to §180 of the Act No. 326/1999Coll.,on the Residence of the Foreign Nationals in the Territory of the Czech Republic (up to 90 days) In terms of health insurance during their stay is directly applied Directive 810/2009 of the European Parliament and of the Council (Visa Code) according to which should TNCs have own insurance which should be able to cost any cost during their stay in the Czech Republic. In case a TNC does not have this type of insurance and he needs a GP his/her access is based on personal agreement between the GP and the TNC. 3) legally staying TNCs according to §180 of the Act No. 326/1999Coll.,on the Residence of the Foreign Nationals in the Territory of the Czech Republic (more than 90 days) In case the TNC applies for residence permit in the Czech Republic he/she has to entre a contract on “complex health care” with a Czech commercial insurance company. The “complex health care” contract will later cover all costs on health care which the TNC can need to keep his/her health condition like before signing the contract.</p> <p>2. Information can be found on website of the Ministry of Health of the Czech Republic where is published</p>

			<p>a Patient Guide in English.</p> <p>3. The official language of the Czech Republic is Czech language. Therefore, GPs are not obliged to provide services in other languages. However, we do not exclude possibility that some GPs speak in other languages.</p> <p>4. TCNs have an opportunity to contact Centres for the support of the integration of foreigners where can be provided by information on the Czech health care system in general. Social workers of the Centre can also support the TCN in looking for GP and if needed the social worker can accompany the TCN to ambulance of the GP and provide translation services.</p> <p>5. No support is provided.</p>
	Estonia	Yes	<p>1. Yes. All Estonian citizens and foreigners legally residing in Estonia on the basis of a residence permit / right of residence have to be entered into the registry of a family physician. Everyone has the right to choose or change their family physician.</p> <p>2. Mainly through ESF funded Welcoming programme training courses (www.settleinestonia.ee), which are meant for newly arrived foreigners, but also through for example Integration Foundation´s counselling service (https://www.integratsioon.ee/elanike-noustamine-eng) and service providers websites as for example National Health Board, Estonian Health Insurance Fund etc.</p> <p>3. GP´s are obligated to provide their services in national language (in Estonian). However, there are several GP clinics in larger areas with bigger foreign residents population that provide their services also mostly in Russian and English. The willingness of GP´s to provide their services in any other language depends on the size of their list of patients, the language skills of the doctor as well as the rest of the staff and possibly extra funding.</p> <p>4. No, there is no centrally coordinated and nationally provided support. However, depending on the target group, there are examples of support provided to international students by universities. Beneficiaries of international protection have also the possibility to use support person sevices and translation service in</p>

			<p>order to access GP's services.</p> <p>5. There's currently no specific tailor-made support to GP's to serve third-country nationals and EU citizens, however, it's currently being revised in order to improve the Estonian national GP service provision.</p>
	Finland	Yes	<p>1. Yes. If the TCN has a municipality of residence he/she has access to public health services on the same conditions as nationals and EU-citizens.</p> <p>2. E.g. through the website Infopankki (www.infopankki.fi), which provides a lot of information for immigrants about life and services in Finland. Health services: https://www.infopankki.fi/en/living-in-finland/health/health-services-in-finland</p> <p>3. Health services in Finland are offered in Finnish and Swedish. Often it is possible to use English as well. When making an appointment for health services, the TCN can ask if it is possible to use an interpreter if he/she cannot speak any of the above-mentioned languages.</p> <p>4. No</p> <p>5. No</p>
	France	Yes	<p>1. Yes. Legally residing TCNs can have access to GPs on the same conditions as for nationals and EU citizens. However, a 3months legal residence in France is necessary in order to be granted healthcare protection (except for beneficiaries of international protection). In the meantime, TCNs can benefit from hospital care in case of emergency.</p> <p>2. For legal TCNs who wish to apply for a residence permit and to settle permanently in France, the booklet "Venir vivre en France" ("Come and live in France") drafted by the Minister of the Interior, gives information on how the French society works and is organized. This booklet provides information on the functioning of the French healthcare system and the steps to follow in order to register with the health insurance scheme. This is mandatory for people whose residence in France is stable and legal. The booklet is translated into several languages for a better understanding (Arabic, Chinese, English, French, Spanish,</p>

Portuguese, Russian, and Turkish).

3. GPs can provide their services in the language of their choice. However the majority of them speak French. Some institutions (mainly private) offer their services in foreign languages. For example, in the American Hospital of Paris, the staff in contact with patients and doctors are bilingual - French and English. The Hospital also has a trilingual Japanese team composed of a doctor, medical advisors and nurses who speak Japanese, French and English. There are also teams for Arabic speakers (trilingual Arabic/English/French) and a Chinese medical advisor (trilingual Chinese/English/French).



4. The booklet « Getting medical treatment in France » gives information to TCBs who do not legally reside in France and apply for a short-stay visa issued for health reasons, about the care services available in France, as well as the contact details of health facilities listed by region. The booklet is available in French and English. It explains the excellent medical facilities available in France in seven specialist areas (oncology, cardiovascular diseases, neurology, paediatrics, gynaecology-obstetrics, follow-up care and rehabilitation), with a list of services selected by the hospital federations in each of the seven disciplines for the quality and excellent reputation of their staff, their international experience, knowledge of foreign languages and ability to welcome and care for foreign patients. The booklet was developed by Atout France, the State operator in the tourism sector, and can be downloaded on the websites of most French embassies abroad. https://int-res.france.fr/Se_soigner_en_France_FR_BD.pdf The website of the Center of European and International Liaisons for Social Security (CLEISS) also provides information on social protection and access to healthcare in France in several languages (German, English, Spanish, Italian Portuguese and Polish). It also links to other websites giving details about the French social protection system.


http://www.cleiss.fr/index_en.html It also refers to the NHS website for information on the French healthcare system



(<https://www.nhs.uk/NHSEngland/Healthcareabroad/countryguide/Pages/healthcareinFrance.aspx>) or to the European Commission website on pages dedicated to this issue



(<http://ec.europa.eu/social/main.jsp?catId=1110&langId=en>). The French social security scheme also provides some general information in English on a dedicated website (<https://www.ameli.fr/assure/english-pages>) and there is the special Advice Line for English speakers.


5. The Ministry of Health provides some information on its website, in French, to practitioners about the care of foreign patients, and in particular about the terms of payment of health care. <http://solidarites>

			sante.gouv.fr/IMG/pdf/etranger_resident_regulierment_france.pdf
	Germany	Yes	<p>1. Yes. TCNs have the same access possibilities to GPs as Germans and EU citizens.</p> <p>2. Explanations on the health system in Germany are part of the many integration services available. The Federal Ministry of Health also offers a comprehensive range of information in various languages at the following link: https://www.migration-gesundheit.bund.de/en/publications/deutsch/. The Federal Office for Migration and Refugees also provides basic information which is also available in English at the following link: http://www.bamf.de/DE/Willkommen/GesundheitVorsorge/KrankheitUnfall/krankheitunfall-node.html;jsessionid=E6D16A505533FEAB2A42BB9FFA15FC6D.1_cid368 . In addition, the health insurance companies also inform their foreign members (insurance is mandatory in Germany). Some health insurance companies also provide their information in English, see for instance the following link: https://www.barmer.de/en/benefits-consultation/personal-consultation/barmer-teledoctor/teledoctor-15604</p> <p>3. GPs decide themselves in which language they (can) conduct the patient consultation. If necessary, looking for a GP via the National Association of Statutory Health Insurance Physicians (Kassenärztliche Bundesvereinigung) may help to find a GP who speaks the patient's language.</p> <p>4. Yes. Please refer to the online services mentioned above. Translations of these services are available online and can be accessed via social media.</p> <p>5. Training measures are implemented for doctors and therapists within the medical field, e.g. by the National Association of Statutory Health Insurance Physicians (see link: http://www.kbv.de/html/1150_31362.php).</p>
	Greece	Yes	<p>1. According to art.33/Law 4368/2016, uninsured individuals, as well as vulnerable social groups (third country nationals included) have the right of free access to Public Health Structures and are entitled to hospital and health care. Hospital care is provided through Hospitals, superintended and subsidized by the Ministry of Health establishments and Public Law Bodies, Mental Health Units, Units of Primary Health Care of the National Health Care System, Municipal medical practice, as well as through superintended by the Ministry of Labor Rehabilitation and Social Care Centers. Medical care is provided by private</p>

			<p>pharmacies.</p> <p>2. Migrant Integration Centers (MICs) operate in 10 Municipalities of the country so far, which - among others- provide information and socio-psychological support to migrants and beneficiaries of international protection. MICs also are responsible to diagnose any problem that migrants-visitors of MICs might face and to escalate them to other appropriate structures/services (Municipal medical practice, structures of mental health, social pharmacies etc).</p> <p>3. GPs as all medical doctors and health personnel in Greece are not obliged to provide their services in any other language than their native tongue. However, most of them usually have a good command of English.</p> <p>4. According to art.61/ Law 4368/2016 “Health Intermediators are established with the mission to provide aid to vulnerable groups of the population (third country nationals included) in order to withdraw obstacles during their access to health services of the Public System”</p> <p>5. Not known at the time of providing this answer. Will provide clarification once we receive information from the Ministry of Health which is responsible for such actions.</p>
	Hungary	Yes	<p>1. As a general rule, it can be stated that legally residing TCNs will have access to the benefits in kind of the compulsory health insurance system with the same conditions (and professional “content”) than the citizens (insured persons) being in a comparable situation in Hungary. 1.1. In case the legally residing TCN is an insured person, or a person entitled to the benefits in kind of the compulsory health insurance system on any basis provided by the regulation concerned, his/her status is the same as of Hungarians, or Member States’ citizens (all being insured, or being entitled to the said benefits). No nationality restrictions apply. Accordingly, they will have access to GP’s with the same conditions. As soon as the social security card (which confirms his/her status as insured person, or a person entitled to the benefits in kind of the compulsory health system) is provided to a foreign citizen who is legally residing in the country, she/he can register freely to any GP. 1.2. The persons concerned may also opt to conclude an agreement with the relevant health insurance body and can obtain entitlement to the benefits in kind of the compulsory health insurance system, in this case 1.1. shall apply (with some restrictions, but it does not affect access to GP’s). 1.3. In case of lack of insurance, or the aforementioned entitlement, they are not admitted to GP’s within the framework of the compulsory health insurance system (Hungarians would not have access, either). 1.4. It is</p>

			<p>noted that emergency care services (that may also entail in some cases the services of a GP) are provided for the people in need (regardless to their nationality, legal status and insurance record.) In this case, however, the costs of the care provided needs to be reimbursed in lack of insurance, entitlement. (Our reply only covers the compulsory health insurance system, private health insurance mechanisms may grant other possibilities, however this does not cover access to GP's within the compulsory health insurance system.)</p> <p>2. TCNs can obtain information at the representation of their country in Hungary, at the educational institution they attend, from their employer, furthermore, the Immigration and Asylum Office as well as the GPs can also inform them. The National Institution of Health Insurance Management also disseminates all relevant information, however this is not necessarily tailored to the need of legal migrants, since nationality restrictions do not apply within the compulsory health insurance system in Hungary.</p> <p>3. Basically, the language of communication is Hungarian, if there is a shared common language, they will communicate in it, if there is not such, then the TCN can request a translator from the embassy. If she/he is not able to do so, the health care institute will contact the embassy.</p> <p>4. No</p> <p>5. No</p>
	Ireland	No	
	Italy	Yes	<p>1. Yes. As it is provided for by art. 34 of D.lgs 286/1998, TCNs legally residing in Italy shall register to the National Health Service and the registration allows to choose a general practitioner. In addition, the abovementioned article grants the same treatment provided for nationals.</p> <p>2. The National Institute for Health, Migration and Poverty has been established with the aim to cope with the complex issues related to the socio-medical assistance. Among other functions, the Institute ensures the dissemination of information to migrants. Moreover, the Ministry of Health - in cooperation with the Ministry of the Interior and the National Institute for Health, Migration and Poverty - has drawn up a guide (named InformaSalute) to provide information to migrants on how to access to national health care. The</p>



			<p>guide has been translated in 9 languages.</p> <p>3. It is not mandatory for GPs to know a foreign language. A lot of them are not competent to serve patients in other languages</p> <p>4. Usually NO, but some public and private services (e.g. association and/or charities working for migrants) give information about the access to healthcare facilities (GPs included) translated in 4 or 5 foreign languages (depending on the migrants native tongue living in the region/department).</p> <p>5. No, not specifically for GPs</p>
	Latvia	Yes	<p>1. TCNs who have permanent residence permit or have been granted refugee status or alternative protection has state funded access to general practitioners` services. Latvian nationals have the same right. Other EU nationals` access to GP is dependent on their employment status in Latvia.</p> <p>2. The information about healthcare system in Latvia is available online on the National Health Service homepage (http://www.vmnvd.gov.lv/en/644-about-nhs) in English and Russian or by phone (free of charge) or in presence at the National Health Service office.</p> <p>3. GPs are obligated to provide their services in the Latvian language. GPs may serve patients in other languages on individual basis if they have acquired the language in sufficient level. TCNs may also visit GP in presence with their own arranged translator if GP has given agreement.</p> <p>4. No.</p> <p>5. No.</p>
	Lithuania	Yes	<p>1. Yes. In accordance to the provisions of the national legislation, the access to general practitioners (GPs) to the Third Country Nationals (TCNs) legally residing in Lithuania is granted on the same conditions as for national an/or EU citizens.</p> <p>2. The information about healthcare in Lithuania is published on the web page of the National Health</p>

			<p>Insurance Fund (NHIF). This information is updated on the regular basis and is available in Lithuanian and English languages.</p> <p>3. The official language in Lithuania is Lithuanian. However, English and Russian are prevalent foreign languages, as well as Polish. Usually information about the physicians speaking a particular language is provided at the reception of the healthcare institution.</p> <p>4. No. The NHIF does not provide any tailor-made support to TCNs to enter GP services. Such services as translation, apps or support are not the subject to be funded from the Compulsory Health Insurance Fund budget.</p> <p>5. No. The NHIF does not provide any tailor-made support to GPs for assisting legal migrants.</p>
	Luxembourg	Yes	<p>1. Yes. Legally resident third-country nationals have the same access to health insurance and in consequence to general practitioners. The access is the same as for nationals and EU citizens. Enrolment with the social security services is mandatory for any person engaged in paid professional activity in Luxembourg. Enrolling with the joint Social Security Centre (Centre Commun de la Sécurité Sociale – CCSS) provides employees or self-employed workers with health and maternity insurance, pension insurance, accident insurance and long-term care insurance. Thus any person engaged in paid professional activity entitled to health insurance benefits through their health insurance fund. The Health National Fund (CNS) covers the private sector. Dependent family members covered by the main policyholder's insurance in Luxembourg are entitled to health insurance coverage as co-insured parties, provided that they are not already personally enrolled themselves. The main policyholder's health insurance coverage extends to their spouse/ partner ; relatives by blood or marriage up to the 3rd degree who, in the absence of a spouse or partner, belong to the main policyholder's household ; children conferring entitlement to family allowance; children under 30 years of age whose resources do not exceed the guaranteed minimum income (GMI) for a single person. If the legal resident is unemployed s/he can voluntary registering in the Joint Centre of Social Security. The applicant in this case must pay a contribution of 107,58 Euro per month and has a waiting period of three months before benefiting of the coverage. The state provides free basic health coverage to all citizens, and all employed citizens and employees contribute to this system. Coverage includes most treatment by your general practitioner or specialists, any laboratory tests, prescriptions and hospitalisation.</p>



2. Dissemination of the information on health care coverage and general practitioner can be found in the government website: www.guichet.public.lu (<https://guichet.public.lu/citoyens/fr/sante-social/index.html>) which it is provided in French, German and English and in the website of the Joint Centre of the Social Security (<http://www.ccss.lu>). The access to the health system is also addressed in the citizenship training course provided under the Welcome and Integration Contract (CAI) and under the “accompanied Integration course - PIA”. The CAI is proposed to any foreigner of at least 16 years of age who resides legally on the territory of Luxembourg and wishes to remain on a permanent basis. It is optional and aimed as much at European Union citizens as at third country nationals, at new arrivals as well as at people who have been living in Luxembourg for many years. The PIA invites applicants for international protection to engage in a process of understanding the society that welcomes them and to become familiar with how life in Luxembourg works. Adult applicant for international protection must attend PIA-information sessions within 6 to 8 weeks after arriving in Luxembourg, regardless of their professional experience or level of education.


3. In Luxembourg the law obliges the physician to master the three official languages of the country (Luxembourgish, French and German). The patient has the right to communicate with his/her doctor in the language of his/her choice. However, the physicians are not obliged to speak other languages other than the official languages.

4. As mentioned above, the patient has the right to communicate with his/her doctor in a language of his/her choice. Healthcare professionals must notify their patients in advance of the services that they are responsible for providing and inform them of their state of health and the probable assessment thereof. Such information must be provided to the patient in a clear and understandable language; it is generally communicated verbally and, where applicable, can be communicated in writing. In order to guarantee this the Luxembourg Red Cross has a service called Intercultural interpretation which provides interpretation in 25 languages allowing doctors to communicate with their patients in their native language. The service is not free, it costs 40 Euro per hour plus the travel expenses of the translator (<http://www.croix-rouge.lu/de/formulaire-de-demande-dun-interprete/>). For applicants for international protection, for whom the application has been granted, enrolment to the social security services is guaranteed after 3 months of waiting period. For those for whom the application has not been granted, there will be no enrolment to social security services. During this waiting period, the Ministry of Health uses the Red Cross Interpreting Services to enable proper communication and GPs and psychiatrists working in the Ministry of Health

			<p>provide the medically necessary healthcare for free. An Arabic and Serbo-Croatian translator, or even a Tigrinya translator (if available), accompanies the medical team.</p> <p>5. No.</p>
	Malta	Yes	<p>1. Legally residing TCN pay national insurance and so can get free primary care health care and have access to general practitioners just like nationals and EU citizens. They also can pay and go to a private general practitioner. If they do not pay taxes then they cannot access free primary health care.</p> <p>2. Legally residing TCNs get to know from their employers and colleagues while migrants applying for asylum status are told by staff of the agency for the welfare of asylum seekers and from Migrants NGOs.</p> <p>3. In Maltese and English. As best as they can, some speak other languages like Italian or French.</p> <p>4. Yes On certain days there are cultural mediators.</p> <p>5. Yes Training on migrant health.</p>
	Netherlands	Yes	<p>1. Yes, all persons legally residing in the Netherlands have access to GPs. Healthcare is a fundamental right. Therefore, there is no distinction made between nationals and/or EU citizens and Third Country Nationals.</p> <p>2. The medical care provided to the residents of an asylum seekers' centre is as close as possible to the regular care in the Netherlands. Like everyone else, the asylum seekers can go to a general practitioner, midwife or hospital. TCNs receive information regarding the healthcare system in the reception centre from the employees and on paper (available in multiple languages). In addition, there is a contact telephone number where the TCN can call to for information. During the integration process, migrants receive information regarding the healthcare system and their rights within the Netherlands. The migrant has to subscribe to a GP in the municipality he/she lives in. In case a migrant stayed before in a reception centre, the information about the migrants health that the GP of the reception centre obtained, is shared with the new GP.</p> <p>3. The Agreement on Medical Treatment Act (WGBO) from the Dutch Civil Code (Book 7, title 7, section</p>

			<p>5) states that the care provider informs the patient clearly and, if requested, in writing of the planned examination and treatment and of developments related to the examination, the treatment and the state of health of the patient. GPs have the possibility to use adhoc a telephone interpreter. (See question 5)</p> <p>4. Yes, legal migrants can get the following services: Translation, support persons, services provided by NGOs. An example is given by question 5.</p> <p>5. GPs can since the 1th of May 2017 request an adhoc interpreter by telephone during consultation/treatment. Legal migrants are entitled to a telephone interpreter for six months from the time of registration with the general practitioner during a consultation or treatment. This facility is available till 1th of May 2019. This facility is funded by the Ministry of Health, Welfare and Sport.</p>
	Slovak Republic	Yes	<p>1. Access of TCNs depends on the form of the residence granted and on the status of the person. TCNs with permanent residence participate on the public health insurance system in the same way as Slovak nationals. If TCNs perform economic activity (self-employment, employment with the income at least on the level of a minimum wage as set by law) they participate on the public health insurance system in the same way as Slovak nationals. Specific conditions apply to nationals of those countries with which SR has concluded a bilateral agreement on social security (Serbia, Macedonia, Montenegro). If persons do not have a permanent residence in the territory of the SR, if they are students or employed with a wage lower than a minimum wage they do not participate on the public health insurance system. In this case they are obliged to pay for their healthcare themselves (it is possible to cover these expenses by the commercial insurance).</p> <p>2. The Ministry of Health of the SR does not specifically inform these persons about the health system. Counselling service for the insured persons is to be carried out directly by their health insurance company in the SR (the one where they are insured) in line with the Act on health insurance companies and oversight of the healthcare as amended.</p> <p>3. Doctor is obliged to provide his services in the Slovak language. However, part of the general practitioners is able to provide services also in other languages.</p> <p>4. Ministry of Health of the SR does not provide these persons with special support.</p>

			<p>5. Ministry of Health of the SR does not provide these persons with special support.</p>
	Sweden	Yes	<p>1. If the person has a residence permit valid for more than one year the person should register in the population registry and is thereby entitled to access to health care on the same conditions as everyone else living in Sweden. If the residence permit is for less than one year the person must have his/her own health insurance in order to be able to pay for health care.</p> <p>2. Information in several languages is provided on the internet and can be reached by links from the webpage of the Swedish Migration Agency. There is a specific section on the national healthcare webpage called "New in Sweden" providing information about the health care system in several languages. https://www.1177.se/Other-languages/New-in-Sweden---healthcare/English--Engelska/</p> <p>3. Swedish. If the GP is speaking another language ha can choose to use that but that is not required.</p> <p>4. Anyone having difficulty speaking or understanding Swedish is entitled to an interpreter when they see a doctor, dentist or other caregiver. Caregivers can usually arrange an interpreter. The interpreter can be present in person, over the phone or via video conference.</p> <p>5. Interpretation should be available - see previous question.</p>
	United Kingdom	Yes	<p>1. In the UK, legally residing TCNs do have access to GPs. This access is on the same conditions for all. All primary medical services provided under the 2006 NHS Act are outside the scope of the UK's Charging Regulations so are free of charge to all (except where statutory charges may apply, eg. for prescriptions).</p> <p>2. People on refugee resettlement programmes are offered a caseworker for a limited period of time to help them navigate registering with school or using health services. This includes some 'health navigation' which means helping them understand the health system and how it works. The following NHS choices website also has information for migrants about what services they can access https://www.nhs.uk/NHSEngland/AboutNHSservices/uk-visitors/Pages/access-services-in-England.aspx</p> <p>3. Services are generally provided in English but patients have access to interpreters if they don't speak English. Some GP practices employ local staff who speak other languages as this can help with booking</p>

			<p>appointments but this isn't the norm.</p> <p>4. People on refugee resettlement programmes are offered a caseworker for a limited period of time to help them navigate registering with school or using health services. This includes some 'health navigation' which means helping them understand the health system and how it works. Other migrants (such as those entering the UK to work or study) are not offered specific language support to help them navigate health services but they can access interpreting services if needed.</p> <p>5. We're not aware of any tailor-made support for GPs assisting legal migrants. In some areas, some GP practices receive extra funding to provide support for specific and often vulnerable populations (e.g. asylum seekers) but I'm not aware of any services to support legal migrants. For example, England has had a large rise in its Polish population through economic migration. Those migrants are able to access interpreting services as needed but there isn't a tailor-made support service for them or the GPs that look after them. We do have intelligence on where different migrant groups live (from the last census) and this and local data helps us to plan and buy services to support the local community. One of the biggest challenges in providing services for a migrant population is a lack of understanding of how the health system works and interpreting needs. When an interpreter is needed this means that any conversation takes twice as long which can cause capacity issues in GP services. That said, GP services are looking at innovative ways of working to address this.</p>
	Norway	Yes	<p>1. Everyone who is registered in the National Registry (in Norway) as resident in a Norwegian municipality is entitled to have a General Practitioner (GP; "fastlege" in Norwegian). Persons who have D-numbers are not entitled to a GP, with the exception of the following groups, who are entitled: *Asylum seekers with D-numbers, and their families *NATO personnel with D-numbers and their families A D-number is an identity number assigned to people who do not meet the criteria for being allocated a standard Norwegian national identification number. Other persons with a D-number are not entitled to a doctor, but are entitled to medically necessary healthcare. The municipality is responsible to ensure this kind of healthcare. Persons who move within Norway and notify their move to the National Registry can be reassigned to their former General Practitioner if they move back to their original municipality within three years. If you are unsure about whether you are entitled to a GP, call 800HELSE (800 43 573). Access is the same as for nationals.</p>

		<p>2. Information is disseminated through a website called "Helsenorge" or HealthNorway". A legal resident has the right to a regular General Practitioner (GP)/family doctor, and he/she can find and register choice of doctor on helsenorge.no. He/she can now also put his/her name down on a waiting list if the chosen GP is not taking on more patients. Most likely anyone can call the main switchboard in the town they live in and will get information about this website. https://helsenorge.no/foreigners-in-norway</p> <p>3. The national language in Norway is Norwegian, and GPs are obligated to provide services in that language. Almost all GPs in Norway speak English fluently, many speak a 3rd language; but if a GP needs an interpreter in another language, that can be arranged.</p> <p>4. Yes, the Norwegian government provides some support to access these services. The website noted https://helsenorge.no/foreigners-in-norway provides a considerable amount of information in Norwegian and English.</p> <p>5. Not that we are aware of.</p>
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