

Access to health care in EU Member States

Implementation of Temporary Protection Directive (2001/55/EC) and Council Implementing Decision (EU) 2022/382

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BACKGROUND

Introduction

The military invasion of Ukraine by Russia on 24 February 2022 has displaced millions of people from the Ukrainian territory. As of 5 July 2022, around 8.8 million persons have fled the country, of which approximately 6.7 million have entered its four neighbouring EU countries according to UNHCR estimations: Hungary, Poland, Romania, and Slovakia.¹ On 4 March 2022, the Council of the EU approved a Decision introducing temporary protection for persons who have been displaced from Ukraine on or after 24 February 2022.²

The Council Decision activated the 2001 Temporary Protection Directive (2001/55/EC)³, previously adopted (although never activated), to enable EU Member States to quickly respond in the event of a mass influx of displaced persons from non-EU countries.

The Directive provides a framework for Member States to rapidly assist people fleeing the war in Ukraine, while also setting down the rights of beneficiaries, such as the right to free movement between EU countries, and the minimum obligations of the hosting EU country to provide access to housing, social services, health care and education, among others. With regards to health care, the Temporary Protection Directive states that “the assistance necessary for medical care shall include at least emergency care and essential treatment of illness”.³

On 10 July 2022, about 3.8 million persons had been registered for Temporary Protection in an EU Member State.¹

Methodology

The aim of this report was to shed light on the legal provisions undertaken by EU Member States to transpose the Temporary Protection Directive at national level in the context of health care and to assess how and which health care benefits are being provided to beneficiaries of the Directive.

¹ <https://euaa.europa.eu/publications/analysis-asylum-and-temporary-protection-eu-context-ukraine-crisis-13>

² https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv%3AOJ.L_.2022.071.01.0001.01.ENG&toc=OJ%3AL%3A2022%3A071%3ATOC

³ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32001L0055&qid=1648223587338>

The information presented in this report was collected in two survey rounds conducted with a range of government representatives and academics from the 27 EU Member States. The first survey round consisted of a short multiple-choice questionnaire and was carried out by the European Commission in March 2022 with members from the Health Security Committee; 24 of 27 Member States responded. The second round, which served to complete the previously collected information and expand on specific issues of health care access was conducted by the European Observatory on Health Systems and Policies in April - May 2022 with experts from the Health Systems and Policy Monitor (HSPM) Network. Experts from 27 countries responded and completed the survey composed of five open-ended questions. Additional information was obtained from the EU agency for asylum website and official government sources from the 27 Member States, including legislative documents, government websites and information portals set up for Ukrainian refugees. The information presented in this report is by no means exhaustive but rather serves to provide a first overview of how access to health care is being implemented under the Temporary Protection Directive across different EU Member States. Information may be incomplete for specific dimensions of health care access.

SURVEY RESULTS

Transposition of Directive 2001/55/EC into national legislation

26 Member States have transposed the Temporary Protection Directive or have made analogous provisions at national level. Denmark is not bound by the Directive or subject to its application, in accordance with the Protocol on the position of Denmark, annexed to the treaty on European Union and to the Treaty establishing the European Community, and hence is not obliged to transpose the Directive. However, it has enacted measures providing temporary protection, including health care, and for this reason is included in this report. While some countries had already made legislative adaptations in the aftermath of the Directive being adopted in 2001, others had to respond quickly as a result of its activation by the Council on 4 March 2022 (see summary table). 18 countries⁴ already had some form of legislative provision for temporary protection in place before the conflict broke out (including specific articles embedded in asylum and refugee acts). In addition, 16 countries⁵ recently issued ad-hoc decisions and legal acts or modified existing legislation to introduce temporary protection for displaced persons from Ukraine. Most of these legislations state how and/or to which extent beneficiaries of temporary protection can gain access to health care. Moreover, experts from 5 countries⁶ have reported implementation of separate new legislative acts specific to health care and/or amendments to existing social security, health insurance and/or health care legislations which ensure refugees fleeing Ukraine are guaranteed the social welfare and health services they are entitled to through the Directive.

Access to health and care services

Legal Framework

As requested by the Directive, 26 Member States have or are in the process of adopting necessary arrangements for the provision of medical care, which covers at least emergency services and essential treatments of disease. Beyond this, the Directive does not prescribe how access should be arranged and

⁴ Belgium, Bulgaria, Cyprus, Czechia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Luxembourg, Netherlands, Portugal, Slovakia, Slovenia, Sweden

⁵ Austria, Croatia, Czechia, Denmark, Estonia, France, Germany, Hungary, Italy, Latvia, Malta, Poland, Portugal, Romania, Slovenia, Spain

⁶ Austria, Bulgaria, Denmark, Lithuania, Romania

Member States can decide to organise service provision at national level in different ways. There are currently four prevalent modes of access to health care, which entail different levels of benefits coverage.

In a first group of countries (Bulgaria⁷, Croatia, Hungary⁸, Lithuania, Malta, Slovakia, Slovenia, Sweden) access is generally limited to emergency, acute and necessary care, although additional specified services may apply to beneficiaries with temporary protection (also see section on special health programmes below). Specific population groups (such as children, pregnant women, disabled and elderly persons) may be entitled to access a broader range of services. In some of these countries, integration into national health and insurance systems can be achieved at a later stage, where displaced persons are required to first become legal residents and/or employed, i.e., settle in a country on a more permanent basis before they can benefit from social and health care access in the same way as nationals.

Other countries (Austria, Belgium, Bulgaria⁷, Czechia, Estonia, France, Germany⁹, Luxembourg, Romania) have made adaptations within their national health insurance systems to include beneficiaries as insured persons instantly or as soon as their temporary protection status is approved. In some of these countries, the refugees are registered with a compulsory health insurance (e.g., France, Germany¹⁰), or they must themselves sign up with an insurance fund (e.g., Estonia, Germany¹⁰).

Those countries, which have a mixed system or do not have an insurance-based system, provide access to health care directly through the issuance of temporary protection cards, residence permits or personal identification numbers (Cyprus, Denmark, Finland, Greece, Ireland, Italy, Latvia, Poland, Portugal, Spain) which result in registration and access of beneficiaries to all public services including national health services.

In most countries, integration into national health and insurance systems grants beneficiaries of temporary protection access to the same health care benefits as legal residents and nationals. This also includes access to some form of cross-border healthcare, although this is not the case in all countries (e.g., Finland, Poland; see section below for further information on cross-border health care). It generally takes

⁷ Limited to emergency and acute care until an approved amendment to the Health Insurance Act is introduced; beneficiaries are subsequently entitled to health insurance.

⁸ Most care is covered, but access to non-emergency specialist care is limited to specific groups.

⁹ From June 1st, beneficiaries are also entitled to health insurance if they receive social assistance (Sozialhilfe) or financial support from job centres. Those receiving benefits under the Asylum Seekers Benefits Act are only entitled to medical/dental care for emergency care and acute illness/pain.

¹⁰ Compulsory health insurance applies to beneficiaries of temporary protection, who are in financial need of assistance. Those with sufficient financial protection are entitled to signing up with statutory health insurance.

a few weeks to months before the temporary protection status is officially granted, meaning there is a transition period during which applicants are usually only entitled to basic and emergency services.

Finally, some countries provide health care through regulations which cover specific groups of refugees and uninsured individuals receiving social security (e.g., the Netherlands), alternatively they may have opted to expedite the procedure usually required to grant refugees a status as recognised asylum seekers integrated into the social security system (e.g., Germany), resulting in them obtaining access to the same basket of services, including social security benefits, access to the labour market and comprehensive health care services.

Please see summary table for further details on different national legislations.

Health care benefits

Beyond emergency care and the essential treatment of illness, the Temporary Protection Directive does not advise on which services are to be provided to beneficiaries, allowing Member States to offer additional benefits and tailored health services as they see fit. There are therefore important differences in benefits coverage across EU countries. For instance, in Lithuania, Malta, Slovakia and Slovenia, coverage is in line with the terms specified in the Directive and does not foresee elective and specialist care. Benefits in these countries generally include acute care, emergency medical and dental care, paediatric care, pregnancy, and obstetric care, as well as treatment for chronic conditions (including medicines) and vaccinations following the respective national vaccination calendars. In Bulgaria and Germany, entitlement to healthcare was initially limited to emergency care, but is extended to full coverage as new legislation comes in (Bulgaria) and displaced persons from Ukraine gain a new status equating them to recognised asylum seekers integrated into the social security system (Germany). In Croatia, Hungary and Sweden, only specific subgroups of beneficiaries are entitled to the full national benefits baskets, which generally include (unaccompanied) children and adolescents below the age of 18 and (pregnant) women.

Most other countries provide access to the same benefits as nationals and legal residents once temporary protection, or residence status has been granted. This includes Austria, Belgium, Cyprus, Czechia, Denmark, Estonia, France, Greece, Ireland, Italy, Latvia, Luxembourg, Netherlands, Poland, Portugal, Romania, and Spain. In Finland, benefits coverage is the same as for nationals, but service provision is organised separately inside the reception centres, where refugees are registered upon arrival.

Please see the summary table for a more detailed overview of the healthcare services covered by each Member State.

Cost sharing

In most EU countries, beneficiaries are exempt from cost-sharing requirements for the health care services provided within the scope of temporary protection. Selected services may be at the cost of beneficiaries, such as pharmaceutical prescriptions (co-payment of 40% of the total price) in Spain¹¹. Once permanent residence requirements are met and/or beneficiaries begin to work under stable employment contracts (e.g., Estonia) and receive salaries above a certain financial threshold (e.g., Austria), user fees start to apply in several EU countries under equal terms as other nationals and legal residents (Austria, Cyprus, Czechia, Estonia, Germany, Greece, Hungary, Ireland, Latvia, Lithuania, Netherlands, Portugal, Romania, Slovenia). In other countries, user fees also apply under temporary protection and regardless of employment status, although these may be lower than usual (e.g., Sweden) or exempt certain groups (e.g., Bulgaria, Estonia)¹² such as children, pregnant women, dependent spouses, students, persons with disabilities, pensioners, or unemployed individuals. Experts in some EU countries reported that beneficiaries remain exempt from co-payments regardless of changes in employment status (Finland, France, Italy, Malta, Poland, Spain).

Cross-border healthcare

Integration into national health and insurance systems enables access to cross-border health care under the same conditions as nationals in most countries, including issuance of a European Health Insurance Card (EHIC) and access to planned health care abroad (via Regulation 883/2004 and Directive 2011/24/EU). In some countries, access to health care abroad is possible but more restricted and regulated than for nationals/legal residents¹³. For instance, treatment abroad is only possible when not

¹¹ Beneficiaries only pay small contribution for pharmaceutical prescriptions (40% copayment for prescribed drugs - code F003 corresponding to non-insured person protected by the Spanish National Health System applies).

¹² No specific exemptions from co-payment policies apply to beneficiaries of temporary protection, but specified groups are exempt under the same conditions as nationals/residents.

¹³ For nationals/residents insured in EU countries including Belgium, Cyprus, the Netherlands, Malta and Slovenia, cross-border healthcare is subject to Regulation 883/2004 and Directive 2011/24/EU and some services (but not all) are subject to prior authorization.

available at national level in Cyprus, while in others, like the Netherlands¹⁴, Malta¹⁵ and Slovenia¹⁶, care abroad can be considered by the competent authorities and approved on a case-by-case basis. Finally, some countries explicitly limit coverage to benefits provided on their national territory. These include Finland, Latvia, Poland, and Sweden.

Special health programmes

Most Member States have arranged for beneficiaries to access COVID-19 testing, prophylaxis and/or vaccinations, as well as other vaccination programmes in accordance with their national calendars, some of which directly tailored towards early childhood and booster vaccinations. It must be noted that these services are likely already accessible to beneficiaries as part of the benefits coverage introduced by the Temporary Protection Directive. In addition to these services, Member States have made provisions for additional services, including to address diseases of high prevalence in Ukraine and to support victims of war and physical/psychological violence:

- 14 countries are offering mental health services and/or psychosocial support for beneficiaries: Austria, Bulgaria¹⁷, Croatia, Germany, France, Italy¹⁸, Latvia, Malta, Lithuania, Netherlands¹⁹, Romania²⁰, Slovakia, Slovenia²¹, Sweden
- 13 countries are offering general health assessments to identify immediate health care needs, some of which mandatory at arrival: Croatia, Czechia, Estonia, Finland, France, Hungary, Ireland, Luxembourg, Netherlands, Portugal, Romania, Slovakia, Sweden
- 10 countries are offering Tuberculosis (TB) services (screening and/or treatment): Austria, Estonia, Finland, Hungary, Italy, Latvia (Information hotline), Malta, Slovenia, Spain, Sweden

¹⁴ This applies to Ukrainians that fall under the Medical Care Regulation for Asylum Seekers, who may be granted access to care abroad if considered medically necessary by the competent health insurer Vezoco.

¹⁵ Health care abroad is authorized on a case-by-case basis, the decision being based on individual health care needs.

¹⁶ In case of essential need for cross-border medical care, a Special Commission set up at the Migrants Office of Slovenia can approve required services.

¹⁷ Offered by specialists on a voluntary basis.

¹⁸ Italian Red Cross hotline for psychological assistance.

¹⁹ Provided through regular access to the Dutch public health services.

²⁰ Not organised by the government, but free mental health services and psychological counselling offered by private/public providers and NGOs.

²¹ Offered by Slovenian healthcare providers.

- 7 countries are offering HIV services (screening and/or treatment):
Estonia, Finland, Hungary, Malta, Slovenia, Spain, Sweden
- Other services:
 - Digital health services: Bulgaria (telemedicine consultations), Poland (LikaPL mobile application for medical advice and communication with doctors)
 - Support for addictions/narcotic drug users: Estonia, Slovenia
 - Hepatitis B and C screening and treatment: Finland, Slovenia, Sweden
 - Specialist services offered by volunteer doctors/dentists: Bulgaria (specialist care), Lithuania (dental care)
 - Evacuation of patients from other EU Member States: Ireland
 - Ukrainian cancer coordinators to support cancer patients: Ireland
 - Trauma-oriented training for professionals working with Ukrainian refugees: Finland

CONCLUSIONS

To date, 26 Member States have put legislative provisions in place to ensure refugees from Ukraine have access to health care as specified by the Temporary Protection Directive, although legal mechanisms and practical implementation vary across different national contexts. Denmark also enacted measures providing temporary protection, including access to health care. A large proportion of countries have transposed the Directive through existing legislations and modifications thereof, while others have introduced new and complementary provisions in response to the conflict in Ukraine. Overall, beneficiaries of temporary protection are entitled to a broader range of services than required by the Directive in most EU countries, although it remains unclear to which extent cross-border health care is included in some. Most Member States have arranged for one or more types of health services tailored to support the specific needs of beneficiaries.

This report provides a first overview of the different legislative mechanisms adopted in response to the triggering of the Directive in the context of health care and presents how and to which extent health care benefits are covered across EU countries. In follow up to this rapid response, the European Observatory on Health Systems and Policies will monitor the evolving situation to identify potential barriers to health care access which may be present or arise over time as displaced persons from Ukraine access the national health systems in their host EU countries.

Summary Table of country information

	AUSTRIA	BELGIUM	BULGARIA	CROATIA	CYPRUS	CZECHIA	DENMARK
TRANPOSED INTO NATIONAL LAW?	Yes	Yes	Yes	Yes	Yes	Yes	Yes Provisions analogous to those in the Temporary Protection Directive have been made
BY EXISTING LEGISLATION?		Temporary protection status granted through Law 1980 (Articles 57/29 to 57/39)	Asylum and Refugee Act		Council of Ministers Decision 908/2018		
NEW LEGISLATIVE PROVISIONS?	Provision BGBl. II Nr. 92/2022 (Vertriebenenverordnung) from 11 March 2022			Decision on the introduction of Temporary Protection for displaced persons from Ukraine		Triplet of acts - Acts no. 65/2022 Sb., no. 66/2022 Sb and no. 67/2022 Sb. (jointly called lex Ukrajina), effective from March 21 2022 and replacing provisions of Act 221/2003 about Temporary Protection of foreign nationals	Special act on displaced persons from Ukraine
LEGISLATIVE BASIS FOR HEALTHCARE ACCESS	Inclusion in national health insurance through amendment to General Social Security Law (§ 9 ASVG, BGBl. II Nr. 104/2022)	Compulsory health insurance upon registration	Amendment to Health Insurance Act	Decision on the introduction of Temporary Protection for displaced persons from Ukraine	Council of Ministers Decision 908/2018	Lex Ukrajina specifies conditions for access to healthcare. Beneficiaries are members of the Czech public health insurance even before they are granted temporary protection if it is granted by 30 days from arrival. Otherwise, they are insured 30	Executive Order on access to benefits under the Health Care Act for persons without a residence permit from Ukraine

						days prior to being granted the status. Provisions also apply to those persons provided healthcare prior to Lex Ukrajina and children of the displaced persons born in Czechia after February 24, 2022 (in the length of max 60 days or until they are granted temporary protection status)	
BENEFITS COVERAGE	Same as nationals	Same as nationals	Limited to emergency care until amendment comes into force (then same coverage as nationals)	Children have equal access to Croatian children; adults have access to necessary (incl. chronic diseases) and urgent care	Same as nationals	Same as nationals	Access limited to necessary health services until status of temporary stay is granted, then same coverage as nationals
COST-SHARING	Refugees and people with temporary protection status are exempt, medicines also free		Yes, same user fees as for nationals apply except for some exempt groups (children, pregnant women, patients with chronic conditions incl. cancer, medical professionals, under certain threshold of poverty, etc.)		Beneficiaries of temporary protection are exempt	Access to health care is free	Free, according to the Danish Health Law
CHANGES IN CASE OF EMPLOYMENT	Yes, contributions become due if salary > 484.85 EUR		Coverage does not change if the above-mentioned persons begin to work		Yes, contributions become applicable if employed	Once a Ukrainian citizen starts to work in Czechia, they pay health insurance contributions deducted from their salary (the same as Czech citizens)	

CROSS-BORDER CARE	Yes, same as nationals	Ukrainians who are entitled to health care benefits in kind at the expense of the (federal) compulsory health care insurance can be entitled to cross-border healthcare on the basis of the Regulations (EC) 883/2004 and 987/2009 (under the conditions of Directive 2011/24/EU, as well as article 294, Royal Decree of 4 July 1996.	Yes, same as nationals with EHIC	Yes	Only when necessary treatment cannot be provided in Cyprus	No, except in cases foreseen by EU regulations 883/04 and 1231/2010 (same as Czech nationals)	Yes, Cross-border healthcare Directive applies
SPECIAL HEALTH PROGRAMMES	TB screenings, Mental Health services, COVID testing	Discussions undergoing to offer tailored TB screenings and vaccinations (COVID-19 and those included in national vaccine schemes: MMR, DTP, Polio).	Free (telemedicine) services and psychological support from specialists on voluntary basis Child immunisation following national calendar, COVID vaccinations	General health assessments, COVID-19 and other vaccinations in national scheme Psychosocial support (e.g. University Psychiatric Hospital Vrapče, Zagreb)	No special health programmes, but access to COVID-19 & national vaccination scheme	General health assessments, COVID-19 and other vaccinations covered by the Czech Health Insurance scheme	

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	ESTONIA	FINLAND	FRANCE	GERMANY	GREECE	HUNGARY	IRELAND
TRANPOSED INTO NATIONAL LAW?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
BY EXISTING LEGISLATION?		Temporary residence granted on the basis of Temporary Protection as defined in Section 112 of the Aliens Act	Code de l'entrée et du séjour des étrangers et du droit d'asile: Chapitre I: PROTECTION TEMPORAIRE (Articles R581-1 à R581-19), granting issuance of a temporary residence permit (“autorisation provisoire de séjour” – APS”) and access to ordinary insurance schemes	Protection seekers from Ukraine are entitled to benefits under the Asylum Seekers' Benefits Act (AsylbLG): either after expressing a request for protection (§ 1 para. 1 no. 1a AsylbLG) or after being granted a residence title (§ 24 Aufenthaltsgesetz (AufenthG) in accordance with §1 para. 1 no. 3a AsylbLG Resolution from April 7, 2022: Ukrainian refugees are to receive benefits (Grundsicherung or Sozialhilfe) under Sozialgesetzbuch SGB II or SGB XII as of June 1, 2022. The prerequisite is registration in the Central Register of Foreigners (AZR) and the presentation of a certificate issued on the basis of registration or a residence title in accordance with § 24 (1) of the Residence Act (AufenthG). Beneficiaries will have access to statutory health insurance (GKV) – depending on their needs and financial	Ministerial decision P.D. 80/2006. Temporary protection is granted for 1 year within a 90-day period.	- Act LXXX of 2007 on Asylum implementing Government Decree No 301/2007 (XI. 9.) of Act LXXX on Asylum -Hungarian – Soviet agreement promulgated by Act 16 of 1963 [and the decree on its execution (MüM, i.e. Labour Ministry decree No. 7/1964. VIII. 30.)]	Section 60 of the International Protection Act 2015

				situation, access is granted automatically, or they are entitled to apply for health insurance (Beitrittsrecht).			
NEW LEGISLATIVE PROVISIONS?	Order of the Estonian Government (9 th March 2022) granting temporary protection and temporary residence permits		The legislation already existed and has not changed but derogatory measures have been introduced following a Ministerial letter (which removes the ordinary eligibility conditions for coverage, e.g., 3 months of legal residence and assessment of financial means to benefit from the free complementary health insurance "C2S")	Resolution from 7 April 2022 (see above)		- Government Decree No 56/2022. (II. 24.) on the differed implementation of transitional rules in the asylum procedure (granting temporary protection) - Government Decree No 86/2022. (III. 7.) Korm. rendelet (emergency rules for temporary protection)	
LEGISLATIVE BASIS FOR HEALTHCARE ACCESS	Inclusion in national health insurance (persons with a residence permit must apply for health insurance on same basis as Estonian people)	Section 26 of the Reception Act grants right to receive health services on the same grounds as persons who have a municipality of residence in Finland	Universal Health insurance protection scheme (PUMa) + complementary health insurance scheme (C2S)	Asylum Seekers' Benefits Act (§§ 4, 6 AsylbLG) Resolution from 7 April 2022 (see above)	Temporary protection card ensures full access to health care (only emergency care before status granted)	-Government Decree No 86/2022. (III. 7.) Korm.	Section 60 Article 10(b) of the International Protection Act 2015
BENEFITS COVERAGE	Before residence permit is granted, access limited to emergency care, emergency dental care, services to protect Public Health and primary care in selected PHC centres (incl. renewal of prescriptions, chronic disease	Same as residents of Finland (including emergency care, prenatal care, dental care, preventive health care, primary health care and necessary specialized health care services), but services provided in reception centres where persons are registered	Depends on individuals' status: - For beneficiaries of temporary protection: access same as nationals (including glasses, dentures, hearing aids and medical devices), subject to arrival on or after 24 February 2022 - For people who do not yet have residence permit and have been in	Until June, access to emergency and necessary care for acute illness and pain (incl. medicines, bandages, vaccinations, pregnancy care and emergency mental health services) From June, inclusion in national health insurance system (issuance of electronic health	Before temporary protection status is granted, refugees are accepted into public hospitals, treatment centres and clinics in Greece, on an emergency basis for hospitalisation or childbirth. Temporary protection status subsequently ensures full access to benefits.	Free of charge for beneficiaries of temporary protection: primary care, urgent specialised hospital care, emergency dental care, chronic disease care (including oncologic patient care), prenatal and obstetric care, prescribed medicines, and public health services	Same as nationals

management, unexpected health problems, referrals to specialists as needed). Entitled to same coverage as nationals after residence permit and [health insurance](#) is granted.

France less than three months: coverage of urgent care
 - For people who arrived in France before 24 February 2022, the cost of care is covered according to the rules of common law (condition of three months' presence in France, if the person does not have a residence permit, he or she can claim State Medical Aid provided that he or she meets the means test, if the person has a residence permit, he or she can claim PUMA (coverage of health costs) and C2S (free mutual insurance) provided that he or she meets the means test.
 - For minors: coverage of health care under the PUMA/C2S

insurance card and access to SHI in accordance with benefit regulations in SGB V)

Place of care: competent health care institution with territorial responsibility

Special groups (pregnant women, unaccompanied minors, disabled and elderly persons also entitled to non-emergency specialised care if needed)

COST-SHARING

Health insurance is covered for and provided to children, pregnant women, dependent spouses, students, disabled individuals, pensioners or unemployed registered with an unemployment fund

Exempt, services paid for by reception centres

Full coverage of health costs by the Health Insurance for beneficiaries. The entitlement to universal health protection may be extended after expiry of the first residence permit.

For other persons (arriving before 24 February 2022 or without a residence

Access to regular care in accordance with the benefit regulations in SGB V (if in financial need and receiving social benefits under SGB II or SGB XII, the state covers most care)

Free of charge.

Benefits mentioned above are free of charge for recognised beneficiaries of temporary protection

Access free through use of a medical card (which is used by Irish residents who are under a certain income threshold/covered by social welfare)

			permit), entitlements are according to ordinary law. Thus, depending on the situation, they may not benefit from C2S and therefore have health costs to pay, or they may benefit from a C2S with a fee.				
CHANGES IN CASE OF EMPLOYMENT	Same employee social security tax as nationals if employment contract > 1 month	Coverage does not change if beneficiaries begin to work	Coverage lasts one year for beneficiaries regardless of the evolution of the professional situation	If no longer classified as “in need of assistance” (hiflsbeduerftig), access to statutory health insurance same as nationals (including payment of contributions)	Coverage under the Greek labour law and subject to social insurance contributions	Yes, all employees and employers must pay contributions, i.e., certain percentage based on the salary (coverage under the Hungarian social health insurance system with access to same benefits as nationals)	In 9 months, eligibility for renewal of the medical card will be re-assessed based on financial status
CROSS-BORDER CARE	Same as nationals once health insurance coverage is obtained	No, residence permit does not entitle to cross-border care	People benefitting from “temporary protection” are covered by the health insurance under ordinary conditions – including cross-border health care		Unknown	Unknown	Yes, same as ordinary residents of Ireland
SPECIAL HEALTH PROGRAMMES	Primary medical checks upon arrival to identify need for immediate medical care. They are also entitled to comprehensive exams including PHC in special PHC centres); the state funds treatment for	Voluntary general health assessments following protocol offered for asylum seekers. This includes a general health assessment to identify health needs and issues (incl. chronic and communicable diseases), screening for communicable diseases (TB, HIV, hepatitis B	Medico-psychological support is offered as soon as the refugees arrive, with the organization of a follow-up for those who need it. Complete medical check-ups (screening, medical examinations, vaccinations, etc.) are then carried out in the accommodation centers.	COVID-19 tests and vaccination (also other preventive vaccinations) Protection seekers from Ukraine with special needs receive care that goes beyond the usual scope of the AsylbLG. For example, unaccompanied	No state-organised services. NGOs offer specific support.	Health services at collection points, HIV and TB designation, vaccination programmes.	General health assessments at arrival to assess urgent health needs (incl. for pregnant women near term), COVID-19 tests and vaccinations following national calendar (polio, measles, influenza)

TB/HIV/narcotic drug users

and syphilis), and vaccinations (COVID-19 vaccinations and others in national scheme)

Several organisations have translated mental health support materials into Ukrainian, including psychoeducative videos developed by the TUULI project implemented by the Finnish Institute for Health and Welfare (THL) (dubbed into Ukrainian and Russian) and trauma-oriented training for professionals. Also PALOMA Center of Expertise in Refugee Mental Health Work coordinated by THL has provided support for professionals working with Ukrainian refugees.

If necessary, orientation towards consultations and specialized care services are organized (for chronic diseases, etc.)

minors or persons who have suffered torture, rape, or other serious forms of psychological, physical, or sexual violence are granted the necessary medical or other assistance

Ukrainian Cancer coordinators put in place via Irish Cancer Society. Support with evacuation of Ukrainian nationals from other EU member states.

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	ITALY	LATVIA	LITHUANIA	LUXEMBOURG	MALTA	NETHERLANDS	POLAND
TRANPOSED INTO NATIONAL LAW?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
BY EXISTING LEGISLATION?	Decree Law No. 85 of 7 April 2003, implementing Directive 2001/55/EC		Law on the Legal Status of Aliens (2004). Since 2014, law includes definition and conditions for temporary protection	Act of 18 December 2015 on international protection and temporary protection		<p>Foreigners Act (Vreemdelingenwet): artikel 43a Vw 2000</p> <p>People have to request asylum and register at municipality; the immigration office then processes requests</p>	
NEW LEGISLATIVE PROVISIONS?	Ministerial Decree (DPCM) of 28 March 2022	Law on support for Ukrainian civilians (approved on 3 March and amended on 8 March 2022)			Internal memorandum by the Chief Executive Officer of the International Protection Agency		Government bill on assistance to citizens of Ukraine in connection with the armed conflict (Journal of Law, item 583) for Ukrainian citizens; Non-Ukrainians residing in Ukraine before the conflict are covered by the Government Bill on providing protection to foreigners in Poland
LEGISLATIVE BASIS FOR HEALTHCARE ACCESS	Article 35, Decree Law No. 286 of 25 July 1998 - medical assistance via STP (temporary staying foreigners) code until residence permit granted and Article 4, Ministerial Decree (DPCM) of 28	The above law also defines scope of health care services for beneficiaries of the Directive	Amendments to Law on Health Insurance and Law on the Health System (drafts No XIVP1394 (2) and No XIVP-1395 (2)) Order of The Minister of the Interior regarding the provision of personal health care services and the prescribing and	Act of 18 December 2015 on international protection and temporary protection	Official memorandum issued to health service providers	Covered by two regulations: the Regulation for medically necessary care for refugees (Regeling Medische zorg Asielzoekers) for those who applied for asylum and the Regulation for medical necessary care for the uninsured	Once legal residents of Poland, people from Ukraine have access through the PESEL number (unique identification number assigned to all registered citizens)

	March 2022 – access to national health system with same coverage as nationals		dispensing of prescription medicines to refugees from Ukraine			(Subsidieregeling medisch noodzakelijke zorg aan onverzekerden who have not yet applied	
BENEFITS COVERAGE	Before residence permit is granted: emergency and necessary preventive care; after permit granted, same coverage as nationals	Entire basket of state financed health care services is available to beneficiaries of the Directive	Emergency and basic medical care (incl. pregnancy care, vaccinations of minors, preventive screening). Inclusion in compulsory health insurance once permanent residents.	Necessary medical care (incl. hospital care, GP consultations, medical prescriptions, emergency dental care, referrals to specialists if needed) at Maison Medicale in Luxembourg city before temporary protection is granted; access to health insurance with temporary protection status.	Essential emergency care and essential treatment of illness	All displaced persons from Ukraine are entitled to healthcare available in the basic benefits package (GP-care, emergency care, medical specialist care, maternity). For dental care, only those younger than 18 years of age and a few treatments for adults are covered (which is also the case for the general Dutch population).	Same as for nationals, including same reimbursement of medicines
COST-SHARING	None	Beneficiaries are waived from co-payments		No payments due for above services	None	Healthcare is free for beneficiaries of the temporary protection, mandatory deductible of 385 euro does not apply	Free of charge for all legal residents
CHANGES IN CASE OF EMPLOYMENT	Unknown	If persons begin to work, same co-payments as nationals apply	Persons permanently residing in Lithuania, as well as all persons working in Lithuania, must pay compulsory health insurance contributions (through their employer)		Health care remains free of charge	Ukrainians that start a paid job should sign up for a health insurance (the mandatory deductible then applies)	No change
CROSS-BORDER CARE	Unknown	No	Unknown	Yes	Authorised on a case-by-case basis	Not the same as Dutch citizens (do not obtain an EHIC); Ukrainians that fall under the Medical Care Regulation for Asylum Seekers may be granted access, if considered medically necessary by Vecozo, the	No, provided health benefits do not cover care abroad

SPECIAL HEALTH PROGRAMMES	<p>COVID-19 testing and vaccination + assessment of vaccination status and access to national vaccination calendar; TB screenings; Specific services offered at regional levels</p> <p>Italian Red Cross hotline for psychological assistance (800065510)</p>	<p>Free psycho-emotional support</p> <p>TB information hotline</p> <p>Children’s Hospital Foundation offers financial support for services not covered</p>	<p>COVID-19 prophylaxis, vaccinations for children according to national calendar</p> <p>Volunteer dentists provide free necessary dental care</p> <p><u>Free psychological support initiative</u></p>	<p>Mandatory medical examination upon reception of temporary protection status</p>	<p>TB screenings, Mental health services, HIV services for symptomatic patients</p>	<p>General health assessments (if needed), COVID-19 and other vaccinations from national vaccine scheme, mental health services</p>	<p>COVID-19 vaccination, LikarPL application – provides medical advice to patients and facilitates communication with doctors who do not speak Ukrainian (https://likar.mz.gov.pl/)</p>	<p>responsible health insurer (for instance, as is the case for intra-uterine surgery for spina-bifida, which is performed in Leuven (Belgium))</p>
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	PORTUGAL	ROMANIA	SLOVAKIA	SLOVENIA	SPAIN	SWEDEN
TRANPOSED INTO NATIONAL LAW?	Yes	Yes	Yes	Yes	Yes	Yes
BY EXISTING LEGISLATION?	Law 67/2003 of 23 August 2003 transposing the Directive		Amended Civil protection and Asylum laws	Temporary Protection of Displaced Persons Act (ZZZRO), National Gazette, No. 16/17 from 2017		Aliens act; Act on Reception of Asylum seekers (LMA)
NEW LEGISLATIVE PROVISIONS?	Council of Ministers Resolution No. 29-A/2022 of 2 March 2022	Emergency Government Ordinance no. 20/2022 on humanitarian assistance (Official Gazette no. 231/08.03.22) amending and expanding provisions taken in Emergency Government Ordinance no. 15/2022		Government decision to introduce temporary protection for displaced persons from Ukraine (9/3/2022)	Order PCM/169/2022 for the recognition of temporary protection for persons affected by the conflict in Ukraine Order PCM/170/2022 extending temporary protection to persons affected by the conflict in Ukraine who may find refuge in Spain	
LEGISLATIVE BASIS FOR HEALTHCARE ACCESS	Temporary protection permit triggers automatic issuance of NHS beneficiary number to access services	National Health Insurance authority and MoH issued subsequent orders to facilitate the implementation of the Emergencies provisions, such as: -NHIH Order no. 155/2022 sets the documents to be submitted by the displaced persons from Ukraine for acquiring an identification number within the Romanian health insurance system, -NHIH Order no. 157/2022 regarding the providers	§9h of Act no. 580/2004 on health insurance defines which medical services are covered	Right to healthcare defined in Article 27 of the Temporary Protection of Displaced Persons Act (ZZZRO)	Same as above	Law on healthcare for asylum seekers

reporting of services provided for displaced persons from Ukraine, -MoH and NHIH Order no. 815/145/2022 adjusting the e-health prescription form, -MoH and NHIH Order no. 816/140/2022 adjusting the laboratory referral forms, -NHIH Order no. 159/2022 updating the Integrated Unique Informatics System (SIUI)

BENEFITS COVERAGE	Same as for nationals (basic health care, access to a family doctor, hospital care)	Same as nationals, inclusion in national health insurance programme	Necessary and emergency care (incl. GP, preventive care, vaccinations, prescribed medicines/devices for chronic illnesses) + any services as defined by MoH Elective (planned) healthcare and spa treatments excluded	<ul style="list-style-type: none"> •emergency medical assistance and treatment (including medicines), emergency ambulance transport, emergency dental services and other healthcare services, following the decision of an attending physician, •healthcare for women, including healthcare during pregnancy and labour, •healthcare for children and adolescents. Plus additional services, which are specifically requested <p>The medical commission at the Migrants Office may, in justified cases, approve a larger scope of health care.</p>	Same as nationals	Children below age 18 have equal access to Swedish children, adults (18+) only have access to care that cannot be delayed, maternal health services (incl. contraceptive counselling)
COST-SHARING	Asylum seekers and refugees are exempt from user charges	None for beneficiaries of temporary protection	None	Access to above services free for beneficiaries of temporary protection	Free health care access (same as nationals), beneficiaries only pay small contribution for	Most healthcare is free, beneficiaries pay lower fees

					pharmaceutical prescriptions (40% copayment for prescribed drugs - code F003 for non-insured person protected by SNS applies)	
CHANGES IN CASE OF EMPLOYMENT	Co-payments may apply if no longer part of an exempt population group	With start of legal residence and employment, health and social security contributions apply	Unknown	In case a person with temporary protection is employed, they are automatically enrolled in the national compulsory health insurance scheme (incl. health insurance card, right to choose a family medicine physician (or paediatrician in case of children; women also gynaecologist) and has equal benefits and rights as the citizens of Slovenia)	No change foreseen as long as beneficiary of temporary protection	
CROSS-BORDER CARE	Yes, same as nationals	Yes, same as nationals	Yes	No, it can be approved by a special medical commission at the Migrants Office of the Republic of Slovenia in case of essential need for cross-border medical care (as defined in article 27, ZZZRO)	Not specified in legislation	No
SPECIAL HEALTH PROGRAMMES	COVID-19 tests and vaccination, comprehensive health assessments, vaccinations according to national scheme (priority for measles, polio, TB, influenza) Special consultations for young people and children from Ukraine to identify	General health assessments, vaccinations according to national calendar (and health status assessments in schools), free Mental Health services and psychological counselling	Comprehensive general health assessments, vaccinations, mental health services	Tailored services provided in migrant reception centres (for specific groups). Healthcare providers received special instructions about providing healthcare in the following areas:	COVID-19 testing, TB/HIV screenings, vaccination assessment and completion in line with national calendar	General health assessments, vaccinations according to national scheme (incl. COVID-19), mental health services, HIV/TB/Hepatitis B/C screening and treatment

specific health needs (tailored follow up services provided) [HIV/TB guidance and information](#)

1. Vaccination.
2. TBC, HIV, Hepatitis B and C.
3. Repetitive ambulatory care for chronic and other diseases.
4. Hospitalized patients.
5. Children and adolescents health care - preventive services and vaccination.
6. Hospitalized children and adolescents.
7. Measures to prevent and control infections (AMR).
8. Other (anti-Rabies preventive care, addictions, screenings and counselling)