



Access to health care for adult asylum seekers according to applicable national legislation

Colour code

NO ACCESS
ACCESS FULL PAYMENT
ACCESS CO-PAID
ACCESS FREE OF CHARGE
NO LEGAL PROVISION

	ACCESS TO HEALTH CARE					ACCESS TO TREATMENT		
	Primary	Secondary (outpatient)	Hospitalisation (inpatient)	Emergency	Ante-post natal	Medicines	HIV	Other infectious diseases
BELGIUM	If they request first the "réquisi-toire" ²³	If they request first the "réquisi-toire"	If they request first the "réquisi-toire"		If they request first the "réquisi-toire"	If they request first the "réquisi-toire"	If they request first the "réquisi-toire"	If they request first the "réquisi-toire"
CYPRUS	If living in a reception centre, receiving welfare benefits, proved lack of sufficient resources or belonging to a vulnerable group. ²⁴	If living in a reception centre, receiving welfare benefits, proved lack of sufficient resources or belonging to a vulnerable group.	If living in a reception centre, receiving welfare benefits, proved lack of sufficient resources or belonging to a vulnerable group.			If living in a reception centre, receiving welfare benefits, proved lack of sufficient resources or belonging to a vulnerable group.	If living in a reception centre, receiving welfare benefits, proved lack of sufficient resources or belonging to a vulnerable group.	If living in a reception centre, receiving welfare benefits, proved lack of sufficient resources or belonging to a vulnerable group.
CZECH R. ²⁵								
FRANCE ²⁶								
GERMANY								
GREECE	If lack of resources.	If lack of resources.	If lack of resources.		If lack of resources.			
ITALY						²³		
MALTA	One legal provision generally entitling them to "state medical care and services" and a non-legally binding policy document applying to asylum seekers and undocumented migrants in detention centres ²⁹							

23. This condition only applies to asylum seekers who choose not to live in public reception centers.
 24. Even if entitled to free-of-charge access, in practice, they pay 2 EUR as a nominal contribution with the exception of some medical services and some serious chronic diseases if necessary treatment.
 25. As all other insured persons, asylum seekers have to pay the "regulation fee". Although this fee is rather small (1.20 EUR), it is quite difficult for asylum seekers to pay it given the fact that they are not allowed to receive welfare money or to work during the first year of stay.
 26. They are usually entitled to the "complementary CMU " (as long as they are below a certain economic threshold) allowing them to access free of charge all care and treatments.
 27. The asylum seekers who have been residing in Germany for less than four years and getting in advance the Krakenschein, they receive the medicines free of charge.
 28. Access free of charge or co-paid depending on the category of medicines.
 29. According to this policy document, asylum seekers are entitled to "free state medical care and services".

	ACCESS TO HEALTH CARE					ACCESS TO TREATMENT		
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NETHERLANDS								
POLAND						³⁰		
PORTUGAL						³¹		
ROMANIA³²								If the disease creates an imminent danger to life.
SLOVENIA								If needed to prevent the spread of an infection that could lead to a septic state.
SPAIN³³	If obtain "empadronamiento" and thus the health card" ³⁴	If obtain "empadronamiento" and thus the health card"	If obtain "empadronamiento" and thus the health card"			If obtain "empadronamiento" and thus the health card"	If obtain "empadronamiento" and thus the health card"	If obtain "empadronamiento" and thus the health card"
SWEDEN	If care "cannot be postponed"	If care "cannot be postponed"	If care "cannot be postponed"	If care "cannot be postponed"		If treatment "cannot be postponed"		If disease included in the list provided by law
UK	If included in a NHS list by a general practitioner.	If included in a NHS list by a general practitioner	If included in a NHS list by a general practitioner			If included in a NHS list by a general practitioner	If included in a NHS list by a general practitioner	If included in a NHS list by a general practitioner

30. In practice, many medicines are provided for free in the reception centres. In the outpatient departments of the centers for asylum seekers there are pharmaceutical stores providing the patients with free of charge medicines upon previous authorisation of the agreed medical doctors. In case of lack of the appropriate medicines, they are ordered in the pharmacy of the Central Hospital of the Ministry of Internal Affairs and Administration.

31. Access free of charge or co-paid depending on the category of medicines.

32. Asylum seekers in Romania are also entitled to the social health insurance if they are working (one year after submitting the asylum application) or if they have signed the "facultative insurance agreement". This possibility has not been reflected in this table given its remote applicability in practice (difficulties to pay the contributions).

33. For asylum seekers, the condition of "empadronamiento" does not imply a major barrier to being in possession of official identification documents.

34. For asylum seekers getting the "empadronamiento" (registration in the municipal registry) is as easy as it is for nationals.