Working Paper of the
National Working Group on Health/Illegality
(Bundesarbeitsgruppe (BAG) Gesundheit/Illegalität)

Germany, April 2017

Healthcare for Undocumented Persons

Present-day Challenges and Possible Solutions

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Ärzte der Welt e. V. – Doctors of the World Germany

Deutsche AIDS-Hilfe e. V.

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Diakonie Deutschland

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IBIS Interkulturelle Arbeitsstelle e. V., Medizinische Flüchtlingshilfe Oldenburg

Jesuiten-Flüchtlingsdienst Deutschland

Katholisches Forum Leben in der Illegalität

Medibüro Berlin – Netzwerk für das Recht auf Gesundheitsversorgung aller Migrant*innen

MediNetz Bremen

Medinetz Essen e. V.

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Medinetz Rostock e. V.

Medinetz Ulm e. V.

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I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient. ***Declaration of Geneva – statement of the medical professional obligations by the General Assembly of the World Medical Association at Geneva in 1948, an adopted revision of the Hippocratic Oat***

1. Introduction: Urgent Action Needed for Undocumented Persons

Even in Germany there are people that have limited or no access to healthcare. The people affected are undocumented persons, but also German nationals without health insurance, asylum seekers and, increasingly, EU-citizens without proof of health insurance. These people are currently – and in most cases free of charge – provided with partial healthcare by humanitarian organizations, working parallel to the national healthcare system, even though they are entitled to state-funded benefits. In this working paper, the National Working Group on Health/Illegality (BAG) focusses on problems and possible solutions for undocumented persons, however, the suggested solutions would benefit all above mentioned groups. The objective must be to improve access to healthcare for all people in Germany – regardless of their legal residence status or income.

The German Basic Law, with its declared belief in inviolable and inalienable human rights, commits the German state and society to ensuring full access to needs-based healthcare for the entire population, including social groups in particularly precarious living circumstances.

For undocumented persons this full access to healthcare is de facto not put into practice. In particular, the funding of their healthcare is not secured. If undocumented persons claim social benefits, they risk being reported to the immigration authority and subsequent deportation. The government fails to actively ensure that all people can make use of their basic legal rights, especially the human right to health, without fear of sanctions.

Against this background, the National Working Group on Health/ Illegality (BAG) was established on March 2016. This group brings together experts from science, medicine, religious groups, welfare organizations, municipalities und NGOs. The BAG has devoted itself – publically and in the political debate – to advocate for non-discriminatory access to healthcare for undocumented persons, including the full scope of benefits according to the Benefits of Services Catalog by statutory health insurance (SGB V).

This issue and the underlying problems are not new. As early as ten years ago, the BAG stressed the urgent need for action. In 2007, it presented and discussed in cooperation with the German Institute for Human Rights a problem description and possible solutions, in the report "Undocumented women, men and children in Germany – Their Right to Health".[1]

Since then, legal and structural changes have taken place in a few areas, making it somewhat easier for undocumented persons to realize their right to social participation. Some regions have made initial positive changes in regards to healthcare access. In the education sector, the suspension of reporting duties for schools and educational institutions has resulted in a substantial improvement of the living situations of undocumented persons. The latter gives rise to the hope that similar improvements can also be achieved in the healthcare sector in the long term. Overall, the public discourse on undocumented persons has been more prevalent in recent years; this is also due to the fact that civil society initiatives, welfare and professional organizations, politicians, academia and media have increasingly taken up the issue.

Despite these partially positive developments, it still remains difficult for undocumented persons in Germany to claim their legal right to access healthcare. The de facto limitations of this right range from major deficits in outpatient treatment to the refusal of hospital or emergency treatment for financial reasons. Thus, the "insufficient medical care caused by structural defects" that was observed in 2007, still exists today. The professional community still sees an urgent need for action. The latest tightening of asylum laws can be assumed to lead to a further increase of undocumented persons in Germany.

Against this background, the BAG updates the current legal situation (Chapter 2), the humanitarian problems at hand (Chapter 3) and possible solutions (Chapter 4) in the present working paper.

1 http://www.institut-fuer-menschenrechte.de/publikationen/show/frauen-maenner-und-kinder-ohne-papiere-in-deutschland-ihr-recht-auf-gesundheit/

The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for (…) the creation of conditions which would assure to all medical service and medical attention in the event of sickness ***Article 12, UN Covenant on Economic, Social and Cultural Rights (ICESCR)***

2. Legal Status Quo: De Facto Restrictions on the Right to Health

The Federal Republic of Germany has signed numerous international treaties which recognize a guaranteed right to health and access to healthcare for all people – regardless of their residence status. Among them are the UN Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of the Child, the UN Women's Rights Convention and the UN Convention on the Rights of Persons with Disabilities. Moreover, an entitlement to primary healthcare can be deduced from the German constitution, which guarantees a minimum subsistence level that is in line with human dignity and a right to life and physical integrity. These legal stipulations apply to all people; none of them exempts certain groups, e.g. according to status, residence permit or migration background.

Yet, in Germany, healthcare for persons without legal residence status is restricted to the treatment of acute illnesses and pain and prenatal care (§ 1 para. 1 No. 5 along with §§ 1a and 4 Asylum Seekers Benefits Act 2 (AsylLG[2]). In order to claim health benefits, patients need to apply at the relevant social welfare authority for a healthcare voucher.

A further major hurdle in the procedure is the so called "means test" administered by the welfare offices. For this, a large number of documents have to be supplied, for instance bank statements, copies of rental agreements or copies of passports – which is often very difficult for people without legal residence status. In addition, the procedure entails a high administrative burden for the hospital administration, as well as for social welfare offices and immigration authorities, and is accompanied by a need for specialist knowledge. The experience of the NGOs shows that claiming the benefits is very cumbersome. There are legal uncertainties.

If the social welfare office learns in this context that no residence permit exists, it is obligated to inform the immigration authority in accordance with section 87 (2) no. 1 of the Residence Act. This particularly prevents outpatient care. In the case of a medical emergency, treatment shall be guaranteed without a prior application of a healthcare voucher. The costs are reimbursed by the social welfare office to the hospital according to § 6a AsylbLG retroactively. In this case, "prolonged protection of personal information" beyond medical confidentiality applies not only to medical personnel, but also to administrative staff in hospitals and employees in social offices. No information about the person may be reported to the immigration authorities or the police. However, the definition of a medical emergency varies greatly depending on the federal state or municipality. In addition, not many people are familiar with the corresponding administrative regulation, which restricts the reporting duties (General Administrative Regulation to the Residence Act, GMBL No. 42-61 of 30.10.2009). The hospitals' claim for cost reimbursement often fails. Therefore, hospital administrations sometimes exert pressure on patients and their families to carry the treatment costs privately. It should be noted that the right to medical treatment is only regarded as medically necessary when it is required to recognize a disease, to cure it, to prevent its aggravation, or to alleviate illness complaints (cf. § 27 SGB V). Accordingly, unrestricted access to healthcare must be guaranteed for undocumented persons also, within the scope of the Benefits Catalog of the statutory health insurance that defines medically necessary treatment.

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2 It needs to be critically examined if the minimum care according to §§ 4 and 6 of the Asylum Seekers Benefits Act corresponds to the constitutional protection standard. A medical care that is essentially reduced to the treatment of emergencies is not in accordance with the obligation specified by the Federal Constitutional Court (BverfG) to protect and promote the legal rights to life and physical integrity of each person (Article 1 I, Article 2 II 1 Basic Law). The stipulation of the BverfG (dated 18.07.2012, no.: 1 BVerfG 10/10) states that lower benefits can only be justified by a lesser benefit need. It is not empirically justifiable that undocumented persons and people seeking asylum – that have the same legal status – have a lower need of healthcare than other people.

Physicians practice their profession according to their conscience, the precepts of medical ethics and humaneness. They may not acknowledge any principles, or comply with any regulations or instructions, that are irreconcilable with their tasks or for whose observance they cannot answer ***Professional Code for Physicians in Germany by the German Medical Association***

3. Problem Description from a Humanitarian Angle: Structural Shortage of Medical Care

The lack of a legal residence status means that undocumented persons often live in precarious conditions: The difficulty of claiming rights means being excluded from social participation and has an impact on all areas of life. Living without rights means: not being able to adequately negotiate working conditions and wages, neither to officially sign tenancy agreements, nor to enroll children in school nor to report violence. On top of that, access to healthcare is restricted.

Health benefits can only be accessed in cases of emergency and with great difficulty. Making contact with professional health services is avoided if possible. Medical treatment is only considered if one's ability to work is gravely impaired or the health condition is regarded to be life-threating. The appearance of health problems means a grave situation for undocumented persons, in which they need to weigh the health problem against the risk of their (non-)residence status being exposed and, thus, the risk of deportation. The costs of medical treatment, uncertainty of where the needed treatment can be found and language barriers are further reasons why medical assistance is not sought – or often too late. With that, the risk is taken that a condition that could have been cured becomes chronic.

If medical treatment does take place, persons affected, physicians and support organizations report problems in continuous care for want of previous findings and insufficient possibilities to refer patients on. Often medical conditions cannot take time to heal adequately, for example, because of precarious working conditions, a fact that adds to the difficulty in treatment. Last but not least, treatment is dependent upon donations and voluntary work. Often medical treatment does not occur at all, especially necessary long-term treatment for chronic conditions. Also, structural problems, such as insecure funding of treatment costs, for instance in hospitals, have a negative impact on the persons affected.

In summary, it can be assumed that in principle the same disease spectrum can be found in the group of undocumented people as in the general population in Germany – however, under significantly poorer living conditions, poorer healthcare and corresponding health consequences. Quantitative and qualitative research results suggest a deterioration of health through a combination of negative social determinants, insecure living circumstances and difficult access to healthcare.

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Healthcare for undocumented persons must be made possible without the risk of being reported to the immigration authorities.
Resolution of the 119th German Medical Assembly, May 2016

4. Overview of Possible Solutions: A National Solution or Regional "Patchworks"?

urrently healthcare of undocumented persons is practically a compensatory measure by volunteers. Practical assistance is generally provided free of charge, by organizations working parallel to the national healthcare system. In some cases, medical assistance is provided directly in "Humanitarian Consultation Hours" and outpatient clinics – mostly on a donation basis, often voluntarily or organized voluntary and community organizations (e.g. Malteser Migrant Medicine, Doctors of the World, Practice without Borders). In some cases, patients are informally referred to a locally established network of dedicated practices, hospitals, etc., which are willing to treat patients free of charge (e.g. through Medibüros/Medinetze).

These grassroots organizations operate mostly independently of each other and have conceptual differences. They can neither provide comprehensive nor secure healthcare according to the scope of the statutory health insurances and, thus, cannot be a structural solution. It can be assumed that in Germany, a large proportion of people affected are not being provided for.

The medium and long term objectives must therefore be to provide conceptual, legal, structural and organizational means to ensure that undocumented persons receive unhindered and non-discriminatory access to the healthcare system. They should be cared for with as few hurdles as possible and close to their place of residence, within the scope of the Benefits Catalog of the statutory health insurance. In order to achieve this, it is necessary not only to eliminate the access barriers, but also for the healthcare sector to adjust to the challenges of migration, e.g. through implementing measures of intercultural organizational development (anti-racism training in institutions, etc.). Specialist centers might be useful in individual cases, e.g. for the treatment of trauma; but they should have a predominantly mediating function into the national health system. The development of special structures should be avoided. Complementary social and legal advice should be reliably available.

Below, the range of currently discussed and realized solutions will be introduced. First, it will be discussed what is possible at the legal level. Second, existing regional approaches in practice are portrayed and their advantages and disadvantages are presented.

a) Legal options

Legislators have defined the scope of medical treatment for people without legal residence status in the benefits legislation (AsylbLG). A crucial legal obstacle to accessing treatment is, however, the official duty to report personal data from the social welfare office to the immigration authorities (§ 87 Residence Act). In order to ensure – from a humanitarian perspective – acceptable access to healthcare, a fundamental restriction of the duty to report is needed.

Two legal possibilities for this are discussed: either individual authorities (among others, social welfare authorities) would be removed from the duty to report –- according to the 2006 bill of Bündnis 90/Die Grünen (Greens). Or, § 87 (Residence Act) would be fundamentally revised and restricted to those authorities which are responsible for security, criminal prosecution or punishment – according to the bill of the SPD parliamentary group from 2009.

In addition, a practical and non-discriminatory solution has to be found in order to realize the Human Right to Health for all people who are currently receiving limited health services under the Asylum Act. Regular healthcare has to be ensured according to the full scope of Benefits Catalog under statutory health insurance, because this Benefits Catalog defines the medical services that are necessary. The special law for asylum seekers, refugees and tolerated persons, which also applies to undocumented persons, does not fulfil this condition. The multiple obligations arising from the UN Covenant on Economic, Social and Cultural Rights and other UN conventions must be anchored in German law.

b) Regional approaches

The following section outlines (objective, concept, status of implementation, funding) some of the regional in-practice approaches to improve healthcare and assesses them according to:

- whether they are conceptually designed to establish access to the national healthcare system, achieve access to regular healthcare or constitute special care,
- whether they fulfil the professionally desired criterion to offer accompanying social and legal advice, in the sense of a voluntary and client-oriented support service in a safe setting,
- the extent to which they allow a needs-based access to health services according to the Benefits Catalog of the statutory health insurance service and
- whether they are long-term and stable.

The following approaches can be found in the field, .some in combination or complementing each other

The Anonymous Healthcare Voucher (AHCV)

Objective: The aim of the Anonymous Healthcare Voucher is to enable undocumented persons to access the health system without fear of their details being given to the immigration authorities, so that they can seek medical care with physicians they have freely chosen.

Concept: The AHCV replaces the current practice of social welfare offices issuing healthcare vouchers. Through a distributing office, which allows a safe – that is, confidential – setting for the issuing of the healthcare voucher, the transfer of personal data is prevented. In addition, the persons affected may take up social and legal advice in order to identify possible means of legalization. After this initial personal contact, the persons seeking assistance, if they do not have a legal residence permit and are destitute, receive a so-called Anonymous Healthcare Voucher, which gives them free access to physicians' offices within the national healthcare system.

Status of implementation: This measure has been implemented in Göttingen/Hannover since early 2016, and is planned for Thuringia. The Anonymous Healthcare Voucher may be provided not only by the distributing offices, but also by local physicians, in order to achieve blanket coverage healthcare. In both regions, these are temporary model projects, which, depending on the current state budget, are set at one to three years and are scientifically supervised. Local NGOs are the initiators and negotiating partners of the respective regional governments and local stakeholders (among others, Association of Statutory Health Insurance Physicians), and have so far offered compensatory healthcare assistance free of charge and have the necessary expert knowledge (Medinetz Göttingen/Hannover and Jena). The coalition agreement of the Berlin federal government has also made a declaration of intent to introduce an AHCV.

In Hannover, currently only treatment costs that falls under § 4 Asylum Seekers Benefits Act can be settled by means of the AHCV. In Thuringia, the Benefits Catalog for the electronic health card has recently been defined, With the electronic Health Card, beneficiaries under the Asylum Seekers Benefits Act are supposed to receive nearly identical benefits to those stipulated in the statutory health insurances catalog. It remains to be seen whether this will also apply to the AHCV.

Funding: In general, different forms of funding are possible. In both regions mentioned above, the projects are currently funded through a federal state fund (€500,000 per annum in Göttingen/Hannover; €250,000 p.a. in Thuringia) that is managed by the responsible distributing office. Another – preferable – possibility would be permanent funding with a reliable budget without a cap.

Advantages and disadvantages:

Among the regional approaches, the Anonymous Healthcare Voucher appears to be the most comprehensive option allowing undocumented persons regular access to healthcare in Germany.

Access to regular healthcare?
The AHCV provides direct transfer into the national healthcare system to receive treatment with established physicians.

Accompanying social and legal advice?
The professional standard for the provision of accompanying medical and legal advice is met.

Scope of benefits?
In practice, there are limitations of the AHCV. The model projects are aimed at narrow groups of persons; they do not provide comprehensive access for all individuals that lack medical care and are uninsured (e.g. EU citizens). In addition, in the case of some model projects, there are restrictions on health benefits according to § 4 Asylum Seeker Benefits Act and due to the chosen funds-based financing, the resources of which are limited.

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Humanitarian Consultation Hours

Objective: Several cities (Bremen, Bremerhaven, Frankfurt a.M., Oldenburg, Wiesbaden) offer Humanitarian Consultation Hours in order to offer undocumented persons healthcare access. These consultation hours are drop-in centers, which usually offer limited medical care and refer patients on to other (specialist) physicians.

Concept: Confidential and free basic healthcare is offered at the local public health department. In addition, referral to co-operating specialists and inpatient care can be provided free of charge or at low cost. In Bremen, the Humanitarian Consultation Hours cooperates with a "Clearingstelle" at the Inner Mission, which offers social and legal advice regarding residence status. In Frankfurt, this task is performed by another independent non-profit organization.

Status of implementation: The Humanitarian Consultation Hours exists - as a service providing immediate medical care and transfer of non-insured migrants into the public healthcare – since 2001 in Frankfurt a. M. and 2009 in Bremen – where the concept was adopted and further developed.

There are Humanitarian Consultation Hours also in Wiesbaden and Oldenburg, which primarily refer for medical treatment and are not publicly funded. In Wiesbaden, they are sponsored by pro familia, Diakonie and the city council and partly supported by donations. The physicians work either voluntarily or for a lower fee. In Oldenburg, an independent not-for-profit organization cooperates with the local clinic, a pharmacy and volunteer doctors, nurses and supporters.

Finanzierung: The Humanitarian Consultation Hours are partly or fully financed with public funds. For the physicians making the consultations, the treatment costs for the basic care might be claimed, whereby the funding concepts are different. A capped amount is available for the medication supply and the patient treatment outside of office hours, e.g. in hospitals.

Advantages and disadvantages:

Access to regular healthcare?
Humanitarian Consultation Hours allow undocumented persons to have low-threshold access to basic healthcare in the form of a special treatment. With publicly funded interventions of this kind, it is politically recognized that there is an urgent need for care, which must be covered by regular healthcare. These consultation hours do not provide access to the national healthcare system.

Accompanying social and legal advice?
The professional standard for the provision of accompanying medical and legal advice is partly fulfilled.

Scope of benefits und long-term orientation?
Healthcare is separated and medically restricted. Chronic diseases can often not be treated. Thus, the compensating work of voluntary parallel organizations remains necessary

In practice, there are financial and personnel constraints so that the Humanitarian Consultation Hours can only be considered as an entry into a care structure which yet has to be developed.

Excursion: Perspectives of the Public Health Service

The Humanitarian Consultation Hours in Bremen and Frankfurt a.M., which are integrated into the respective public health departments, are currently municipal exceptions. They point to the role that the public health service plays, considering its legal mandate, in the provision of comprehensive healthcare for undocumented persons. In addition to the statutory health insurance system and the privately funded in- and outpatient care system, specific tasks were assigned to the public health service through the corresponding federal and state laws, in particular, the responsibility for the health of insufficiently or non-insured people.[3]

The public health service already offers complementary services: in accordance with § 19 of the Protection against Infection Act, the health authorities are charged with the consultation, diagnosis and outpatient therapy for sexually transmitted diseases and tuberculosis. These services can also be used by people without a legal residence permit. In addition, according to § 20 (5) of the Protection against Infection Act, the supreme state health authorities may determine that "the public health authorities shall perform protective vaccinations or other specific prophylactic measures against certain transmissible diseases free of charge". In practice, some public health offices offer, for example, prenatal screenings or medical check-ups for children (e.g. the Centers for Sexual Health and Family Planning in the district health offices in Berlin).

A nationwide solution could be an expansion of these already existing structures with the health authorities systematically extending their roles to include the healthcare of undocumented persons. Within the framework of the comprehensive structural reform that would necessitate, the public health service needs to be strengthened as a central communal actor for the healthcare of undocumented persons. It needs resources and new competences to provide an up-to-date overview of existing local needs for care (systematic regional health reporting) and direct healthcare for persons that are de facto unprovided for, possibly even as outreach work. Above all, the public health service can fulfill its responsibilities by coordinating local care and referring uninsured persons into the national healthcare system.

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"Clearingstellen"

Objective: There are so-called "Clearingstellen" in a number of regions, which clarify questions about legal entitlements and, if possible, assist the transfer into the public health system. This also includes issues of legalization in Germany and the securing of funding for needed healthcare. If integration into the health system is not possible, clients will be referred to organizations which offer medical care for undocumented people.

Concept: The "Clearingstellen" are a co-operation between healthcare authorities and different independent bodies. They

3 E.g., the public health service law of North Rhine-Westphalia (§ 4 General Principles for the Provision of Services) states: "(1) Insofar and as long as medical-social care is required, but cannot or not in time be provided, the lower health authority may, in consultation with primary healthcare authorities, provide services within their own services and facilities. This is particularly true if individuals require special healthcare due to their physical, mental or psychological condition or due to social circumstances, and this need is not met within the normal health care facilities. "

are subject to the duty of confidentiality, so that patients must not fear a passing on of personal data.

Status of implementation: As early as 1998, there was a Clearingstelle in Munich, working in close cooperation with the city and independent organizations (Malteser Migrant Medicine, Café 104 and Doctors of the World). This long-term cooperation allows, for example, an uncomplicated issuing of temporary residence permits for pregnant women three months before and after birth, so that, not only pre- and postnatal care can take place, but also birth certificates can be issued for the children without any problems. In Hamburg, a Clearingstelle has been sponsored as a permanent project since 2015 by the State Ministry of Labour, Social Affairs, Family and Integration. In Dusseldorf, a model project for a three-year period was also set up in 2015 by a local NGO (Medi-Netz Stay! Düsseldorfer Flüchtlingsinitiative). In North Rhine-Westphalia, five Clearingstellen have opened since mit-2016 (in Cologne, Duisburg, Dortmund, Münster and Gelsenkirchen), which run as model projects over a three year period and are state-funded with €2.5 million.

Finanzierung: The Clearingstellen are funded through regionally independent (emergency-) funds, however some physicians still work on a voluntary basis (e.g. in Düsseldorf and Munich. The scope of services carried out by the Clearingstellen usually include medical and dental care in in accordance with §§ 4 and 6 AsylbLG. Sometimes, for example, in Hamburg, emergencies are not taken on as according to § 25 SGB XII other funding is possible.

Advantages and disadvantages:

Access to regular healthcare and accompanying social and legal advice?
The strength of regional Clearingsstellen is the availability of comprehensive social and legal advice and their support to establish access to the national healthcare system. This objective is preferred over a compensatory special care for undocumented persons.

Scope of benefits?
The effectiveness of the Clearingstellen, however, can be assessed by establishing whether adequate healthcare can be ensured for all people who seek assistance. This is, however, in practice, sometimes not the case. For people who cannot be included in regular care, with the emergency-funds basic care can often be provided, but the restrictions according to the Asylum Seekers Benefit Law remain. Due to capped funding, the financing of expensive services is only possible in exceptional cases. Volunteer work in and with parallel organizations remains therefore of great importance.

Long-term orientation?
Clearingstellen are also often model projects; their existence is not guaranteed on a long-term basis. This approach therefore appears to be currently hesitant and unstable and does not present a comprehensive solution for the respective region.

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5. Summary and Outlook: A National Guarantee of Needs-based Healthcare for Undocumented Persons

The legal options and regional approaches presented here show several possible interventions to improve healthcare for undocumented persons. Since the BAG's survey over 10 years ago, neither the legal situation nor the humanitarian problem has changed significantly. Approaches to improved healthcare have emerged mainly at the regional level, with a correspondingly limited reach. A large proportion of those affected still remain unprovided for.

From the BAG's point of view, on the one hand, a nationwide solution is needed, ensuring comprehensive medical care for undocumented persons. Without legal readjustment and abolition of federal restrictions at the national level, regional interventions can only be attempts to counterbalance the deficiency. On the other hand, the specific implementation of healthcare in Germany – such as the determination of unmet needs, the identification of groups unprovided for, the establishment of healthcare gaps, as well as the corresponding integrated planning – is also the responsibility of the political and professional actors at local and regional level. These actors are not absolved from their responsibilities when the certainly necessary legal changes, in favor of those affected, are pointed out. To defer mutually responsibilities back and forth is unacceptable.

In the section 'Patchworks' of current regional approaches, the BAG sees promising potential for comprehensive future solutions. From a professional point of view, the introduction of a disease-independent Anonymized Healthcare Voucher or an Anonymous Health Card appears to be a sound and sensible method that has been the subject of professional public debate. It would also be desirable to have a network of local contact points, organized by the public health service or independent bodies, who issue these healthcare vouchers or cards, mediate actively between patients and the national healthcare system and provide accompanying advice on social and legal issues.

Finally, the BAG points out that the described compensatory healthcare provided in parallel structures is no longer restricted to undocumented persons. Many initiatives in the field have been reporting for years that they are also increasingly frequented by other groups, such as EU citizens who are – despite the freedom of movement – unable to prove health insurance; by asylum seekers during the initial 15 months period of restricted access to healthcare; and by non-insured nationals. There is also an urgent need for action for these groups. It is important to look at a wide range of different legal situations with regard to existing and not-realized benefit entitlements and to improve them by means of nationwide solutions– in order to finally implement the right to regular healthcare for all people alike.

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All internet sources as of 1st March 2017

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