

# How to model the right to healthcare coverage when migrating from the Balkans into the European Union or within the Balkan region?

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# Introduction

- Do migrating Balkan people receive appropriate healthcare abroad?
- In the EU, in essence, all possible situations are covered.
- Would it be good to apply these EU solutions to Balkan countries, both paying attention to the socio-economic situation and migration flows as well as to the necessary assimilation with European standards.
- A tailored fit solution for the Balkans?

# determinants for a good analysis

- **migration patterns**
  - lack of correct figures and statistics on migration
- **illegal migration**
  - Balkan region = source, transit and destination countries for illegal migration

- **eurobarometer survey**: despite these rulings, there exists a general degree of uncertainty amongst patients about their rights to cross-border healthcare



- proposed **Directive** on the application of patients' rights in cross-border health care
  - reimbursement
  - prior authorization only for hospital care

# the European situation

- **Situation A:** treatment necessary during a stay in another member state (Art. 22 Regulation N° 1408/71)
- **Situation B:** planned treatment in other member states, subject to prior authorisation, when treatment cannot be obtained within reasonable time in the state of affiliation (Art. 22 Regulation N° 1408/71)
- **Situation C:** voluntary treatment in another member state (European Court of Justice)

# migration from the Balkans into the EU

- protection of the European healthcare resources
  - restrictions on the admission to social security and welfare benefits as a means of deterring people to come to Europe
- legal residence in Belgium (e.g.)

# migrating within the Balkans

1. need to aim for a free zone similar to EU
2. Zagreb declaration
  - to work together for a continuous improvement of the social security **rights of the citizens** in the entire region and in the rest of Europe
  - to further **improve** the efficient implementation of **existing** social security **co-ordination instruments**,
  - to **develop** effective co-ordination of **administrative practices** in the field of social security
  - and to co-operate so as to facilitate the citizens' access to social security rights in the entire region, paying particular **attention** to the needs of the **most vulnerable groups**.

# assimilation to the EU regulations

- through **bilateral** agreements and **gradually** expanding the rights to EU level?
- **or** by **adopting** the European framework at **once**?

# Recommendations

## 1. migration from the Balkans into the EU

*What would happen if the European regulations would apply to both the European Union and the Balkans?*

Beneficial for patients

But patients travelling through the EU for better/faster healthcare  
But patients residing in the EU get more than urgent medical care.



*would undermine the social security system  
in reaction no authorizations would be given (hollowing out)*



1. adopting **limits** to the **reimbursement** of costs
2. **restricting** the healthcare package abroad to certain **treatments** only
3. **authorisations** gradually expanded
4. for the non insured: a **public insurance for working abroad**

# Recommendations

## 2. migration within the Balkan region

*common socio-economic background of Balkans  
will make it easier to apply the EU regulation for the socially insured*

*taking over of the European rules in relation to transgressing healthcare, seems to be more powerful than signing bilateral agreements on social security and gradually extending the scope of the Balkan agreements*

*With regard to the uninsured, countries could **restrict** healthcare to a minimum level and offer only a package of urgent medical care.*

*For clandestine workers, it could be interesting for the state of origin to offer these workers a **public insurance for working abroad** which implies that they can receive healthcare coverage, but only in their state of origin.*