



EXECUTIVE SUMMARY

Anatomy of the Healthcare Reform

THE UNIVERSALITY OF EXCLUSION

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From January 2014 to July 2015, the **Red de Denuncia y Resistencia al RDL 16/2012 (Network of Denunciation and Resistance to the Royal Decree Law 16/2012 – REDER)** has gathered over 1,500 cases of individuals whose human right to health had been violated as a result of the exclusion of undocumented immigrants from the public healthcare system. The data has been provided by the Network's organizations from all over Spain. They include 31 cases of cancer, 38 cases of cardiovascular disease, 62 cases of diabetes, 14 cases of degenerative muscle disease, 28 potentially-mortal-cases if not treated properly and 27 cases involving individuals with serious mental health problems.

BABY DENIED A PUBLIC HEALTHCARE CARD AND INVOICED FOR A PEDIATRIC OFFICE VISIT

KCM is a baby of nine months who was born in Spain of Nigerian parents with valid residence permits. His birth was registered in Spain and he has a certificate of birth, but he does not have a public healthcare card because a passport was required. His family lacks the economic means to obtain one. They were invoiced for a pediatric office visit. The case is pending resolution after the approval of the new regulation by the regional government (Valencian Community).

Furthermore, the implementation of the Royal Decree Law 16/2012 (RDL) has indirectly affected the immigrant population with regularized status, either as victims of the deterrent and fear-inducing effects of administrative actions (such as the placement of posters in hospitals and healthcare centers or the lack of adequate information on the limits instituted by the reform) or due to the absence of information campaigns by the public administrations.

For three years now, some of the organizations that belong to REDER have been documenting and disseminating cases and data on the impact of the healthcare exclusion on the lives of people. They have now joined together in this nationwide network to make a record of the fact that these situations of lack of medical and healthcare protection brought about by the 2012 healthcare reform are not mere exceptions due to isolated system malfunction.

This is a system of generalized exclusion which is far from ensuring universal access to healthcare. It clearly drifts away from the overarching principles that have defined the National Healthcare System since 1986.

The impact of this reform can be measured through the following consequences:

MISINFORMATION AS DENIAL OF A RIGHT. Three years after the entry into force of the law denying the public healthcare card to undocumented immigrants, many people are still approaching REDER member

organizations **seeking information** on their right to receive a specific type of healthcare through the public system (**12% of all the cases** recorded are in this category). Moreover, **22%** of the overall documented cases where referred to individuals who did not apply for the public healthcare card because they were unaware that they were entitled to it. Finally, **12%** of the total corresponds to persons who were denied the healthcare card at their public healthcare facility because **the administrative staff there was misinformed regarding procedure and requirements.**

SYSTEMATIC NON-COMPLIANCE OF THE PROTECTED EXCEPTIONS.

Despite the fact that the Royal Decree Law stipulates a set of minimum safeguards allowing healthcare to be provided during pregnancy, birth and the postnatal period, to minors, and emergency healthcare, recurring violations were registered. REDER has documented **109 cases of minors** being denied healthcare; **232 E.R. incidents** (138 women and 94 men) including denial of assistance and invoicing for the attention provided and **78 pregnant women** whose right to healthcare was violated in some way, ranging from refusal to accept their application for a public healthcare card as a pregnant woman, to non-treatment of birth-related complications because they were not recognized as included in mandatory care under the Royal Decree Law 16/2012.

Special mention must be made of the cases of women who were denied voluntary interruption of pregnancy within the limits granted under current legislation, with the ensuing risk that they could end up resorting to abortions without the due health guarantees that would jeopardize their health and their lives.

ANCESTORS: LOST IN A LEGAL MAZE. While only a small portion of the overall immigrant population, the cases of people who have achieved regular status through family reunification - especially elderly family members - and find themselves trapped in an administrative limbo without access to public healthcare, are particularly painful. **REDER has documented 25 cases of persons in this situation**, among which there are cases of heart disease, high blood pressure, potentially fatal chronic respiratory diseases, arthritis and other rheumatoid diseases, and the need for monitoring of surgery performed in the country of origin, all of them unattended.

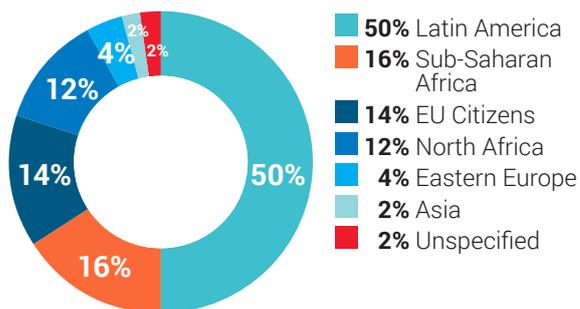
AN INEFFECTIVE "PATCHED" LEGISLATION. Since the entry into force of the law, most of the autonomous governments have established formulas to broaden the exceptions and regulate access to healthcare, through the public health system, for groups excluded under Royal Decree Law 16/2012. The result has been the creation of a number of parallel healthcare subsystems "for the poor" that violate the principle of territorial equality and have proven to be insufficient for achieving their purpose. During the sample period, at least 73% of all cases reported were from communities which had ad hoc autonomous healthcare programmes or regulations that had been created to provide coverage to people excluded by the healthcare reform.

THE SPECIAL VULNERABILITY OF ASYLUM SEEKERS AND VICTIMS OF HUMAN TRAFFICKING.

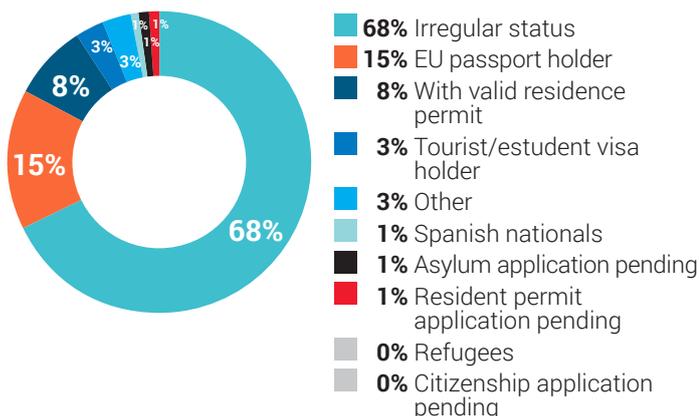
The Royal Decree Law 1192/2012 broadened the exceptions to RDL 16/2012 to include asylum seekers and victims of human trafficking during the so-called "period of reflection". The provisions are clearly insufficient for those seeking international protection, as the right to healthcare is limited to those persons who have already been authorized to remain in Spain,

excluding those who are in the process of getting recognition of their status as a person entitled to international protection; in the case of victims of human trafficking, the right to public healthcare is only granted to persons who, having already been identified as such, are somehow under the protection of the authorities, and only during the time of the "period of reestablishment and reflection" – a clearly insufficient period of time.

BY ORIGIN



BY ADMINISTRATIVE STATUS



Consequences for the National Health System

The 2012 healthcare reform establishes a **highly discriminatory policy which mercilessly afflicts the most vulnerable sectors of society**, particularly undocumented immigrants (68% of all cases recorded by REDER), but also low-income EU citizens (14% of the recorded cases).

left without access to contraceptive services and, if required, to voluntary interruption of pregnancy services.

Besides being a flagrant regression in the compliance with human rights' obligations, the exclusion of a set of population from the public healthcare system, affects the effectiveness of the entire healthcare model:

- ▶ **Deterioration in healthcare management** as a result of the high degree of confusion caused among healthcare and administrative staff, due to the lack of information on how to implement the measure. Added to this is the clear asymmetry among the autonomous communities, whereby people encounter contradictory responses and a distinct **lack of coordination between different levels of healthcare**.
- ▶ **A deterioration of medical care through the interruption of proper monitoring of chronic and/or serious diseases and a loss in effectiveness of preventive medicine programmes** with the subsequent risk for both patients and the population as a whole.
- ▶ **No access to public sexual and reproductive health services:** Since the entry into force of the RDL, undocumented immigrant women have been

PLACE WHERE THE INCIDENT OCCURRED	CASES
National Health Institute or equivalent regional institution in charge of issuing the public healthcare card	55
Specialist centres	19
Healthcare Centre – Administration	543
Healthcare Centre – General Medicine	94
Healthcare Centre – Other	14
Hospital – Admission	35
Hospital – Emergency Room	201
Hospital – Other	33
Other	573
TOTAL	1.567

REDER calls for the restitution of universal access to healthcare

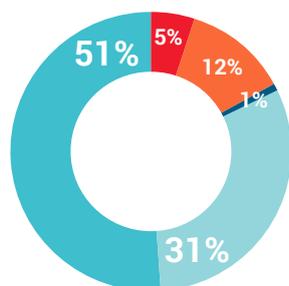
The 300 organizations and individuals integrating **REDER** seek to join their voices with all those others calling for the **urgent need to reform the Royal Decree Law 16/2012 and the subsequent Royal Decree 1192/2013**, which establishes the persons who are to be considered insured and beneficiary of the National Healthcare System, excluding undocumented immigrants from such categories.

In this regard, **REDER rejects the creation of any parallel system for access to public healthcare other than the individual public healthcare card** now in force.

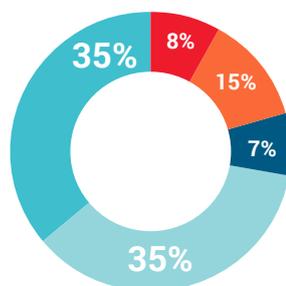
Until this occurs, REDER reminds the regional governments that they also have international obligations in regard to the right to health and that they can and must use their powers to the limit in order to ensure the restoration of the universality of this right. In this sense, REDER applauds the reforms that several autonomous communities have started to enact after last May's elections and urges the regional governments to continue with them until they fill the voids that still remain unresolved, such as the protection of persons with family reunification residence permits, who are presently being denied the status of insured or beneficiary, and the situation of citizens of European Union countries with which Spain has a bilateral agreement in force who are unable to present the required documentation from their countries of origin.

Incidents due to lack of information	Cases
Did not obtain the public healthcare card due to lack of information (did not know they were entitled to or did not know how to go about the process)	348
Total lack of information on their entitlement to receive public healthcare	187
Refusal to issue a new public healthcare card (or similar document) due to misinformed administrative staff	183
Incidents due to administrative barriers	Casos
Denial of a new public healthcare card (or similar document) due to the non-fulfillment of administrative requirements	333
Denial of an appointment with a specialist for not having a public healthcare card	65
Denial of a primary healthcare appointment for not having a public healthcare card	117
Invoicing of the medical service provided	Casos
Total	199
Emergency Room	188
Other	Casos
Denial of emergency care	44
Denial of access to medication	91

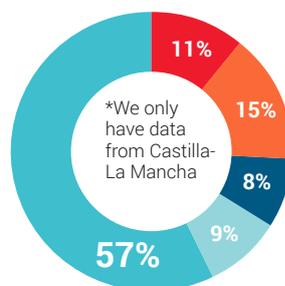
INCIDENTS IN AUTONOMOUS COMMUNITIES WITH SPECIAL PROGRAMMES



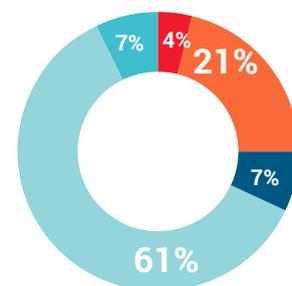
INCIDENTS IN AUTONOMOUS COMMUNITIES WITH BROADENED EXCEPTIONS



INCIDENTS IN AUTONOMOUS COMMUNITIES THAT HAVE FULLY IMPLEMENTED THE RDL*



INCIDENTS IN AUTONOMOUS COMMUNITIES THAT ARE NOT IMPLEMENTING RDL



■ No access to medication.
 ■ Billed or signed commitment to pay for medical service rendered.
 ■ Denied access to emergency care.
 ■ Administrative barriers.
 ■ Lack of information.

REDER Red de Denuncia y Resistencia al RDL 16/2012

REDER REDER is a network of groups, movements, organizations and individuals committed to defending universal access to healthcare and denouncing non-compliance. REDER currently has 300 members (individuals, and civic organizations), such as the *Sociedad Española de Medicina de Familia y Comunitaria* (Spanish Society for Family and Community Medicine, SEMFYC); *Doctors of the World*; *Observatorio del Derecho Universal a la Salud de la Comunitat Valenciana* (Observatory on the Universal Right to Healthcare of the Valencian Community, ODUSALUD); *Andalucía Acoge* (Andalusia Welcomes); *Plataforma Salud Universal Aragón* (Universal Healthcare Platform of Aragón); *Plataforma per una Atenció Sanitària Universal a Catalunya* (Platform for Universal Healthcare of Catalonia, PASUCAT); *Sociedad Española de Salud Pública y Administración Sanitaria* (Spanish Society for Public Health and Healthcare Administration, SESPAS), *Federación de Asociaciones por la Sanidad Pública* (Federation of Associations for Public Health, FDASP); *Asociación de Refugiados e Inmigrantes de Perú* (Association of Refugees and Immigrants from Peru, ARI-PERÚ) and *Red Transaccional de Mujeres* (NetworkWoman). For more information go to: www.reder162012.org