Migration and Health: International Policies, Programmes and Regional Experiences

Identification and collection of management solutions for improving migrants' access to health and social care designed and implemented by Regions

Collection Form

Contact Person

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Name of the Institution or Organization: Free Hanseatic City of Bremen

| Required information | Brief description | Additional information |
|--|--|---|
| Institution | Senator for Social, Youth, Gender, Integration and Sports of the Free Hanseatic City of Bremen, Germany | www.soziales.bremen.de |
| Region | Free Hanseatic City of Bremen, Germany | www.landesportal.bremen.de |
| Good practice (GP) description | Creation of a health card for refugees which allows the card holder to make use of most of the services covered by general health insurance autonomously by him- or herself. A consultation and respective approval by the migration service is no longer necessary. | Formerly such an approval by the social service (Amt für Soziale Dienste), which is responsible for the refugees care as well, had been necessary when refugees wished to consult a doctor. This procedure was time consuming, could show a lack of discretion, was maybe not free of discrimination and had high efforts in administrative management. The accounting procedure is now directly in the hands of the health insurance, the public administration pays an administration fee and covers the refundable cost to the health insurance. |
| Involved actors | Ministerial Bodies of the Free Hanseatic City of Bremen, Health Insurance | www.landesportal.bremen.de www.bremen.aok-on.de |
| Date of establishment of the good practice | Signature of the agreement in October 2005; first negotiation started earlier in the same year with one health insurances provider. | |
| Impact to present | - Simplification for service providers (doctors, hospitals | |

| | etc.) | |
|-----------------------------|---|--|
| | - Equality between | |
| | national insured and | |
| | refugees, no stigma | |
| | (free access to all | |
| | services) | |
| | Single agreements | |
| | between several | |
| | service providers could | |
| | be dropped | |
| | - Administrative | |
| | instructions regarding | |
| | the health coverage | |
| | for refugees could be | |
| | dropped as well | |
| | Spending could be cut | |
| | (e.g. accounting | |
| | software or personnel | |
| | expenses) | |
| | Since 2005 and set up as a | |
| Foreseen durability | sustainable structure. Other | |
| | states within Germany copied | |
| | or are in process of copying | |
| | the Health Card. The legal | |
| | basis on federal level had been | |
| | recently changed, so health | |
| | insurances can be obliged to | |
| | cover the costs by the state | |
| | (Länder) government. On the | |
| | long run all health care | |
| | services should be delegated | |
| | completely and finally to the | |
| | health insurance system. | |
| | Depending on the member | |
| Potential for replicability | states or regional conditions, | |
| | an implementation of a Health | |
| | Card for refugees, similar to | |
| | the member states health care | |
| | systems conditions, could | |
| | improve the general access to | |
| | health services. Discrimination | |
| | free, with less administration | |
| | for the public services and at a | |
| | lower or at least not higher | |
| | cost. | |