

A short guide to exercising the right to health care in Italy

A guide edited by Legance - Avvocati Associati, in collaboration with the Legal & Compliance Department of MSD Italia and Antigone, a leading Italian non-profit association for the rights and guarantees in the criminal justice and penitentiary system.

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INTRODUCTION

The right of individuals to access health care in Italy is a principle that is based on a variety of national and European regulatory sources, based on the Italian Constitution and the Charter of Fundamental Rights of the European Union, as well as provisions under ordinary law.

The **Italian Constitution** recognises the right to health as a fundamental right of the individual.

Constitution - Article 32, 1st paragraph

“The Republic protects health as a fundamental right of the individual and in the interest of the community, and guarantees free health care to the most needy”.

In Italy, health protection is an inviolable right and is therefore guaranteed to all individuals, regardless of their personal conditions, and includes not only Italian citizens. The State assumes the imperative duty to guarantee that protection.

Therefore, health care, which is the combination of services and measures aimed at protecting individual and collective health, is provided to all those who are in the national territory. This means that **everyone** must be provided with **urgent care**, i.e. care that cannot be postponed without jeopardising the individual’s life or causing damage to their health, and **essential care**, i.e. healthcare services relating to conditions that are not dangerous in the immediate or short term but that could

cause greater damage to one’s health or risk to life over time.

Public health care is provided through the National Health Service (**NHS**), a system made up of functions, activities and welfare services managed and provided by the State and the Regions, which performs one of the most important services provided by the Public Administration to citizens. Benefiting from the health care provided by the NHS means being able to benefit from services regarding **prevention, treatment** and having **access to medication**. The NHS guarantees some services completely free of charge (e.g. hospital admission and birth), while other services are on a payment basis in relation to which the citizen contributes by paying a portion of the cost through a so called “ticket”, while the State pays for the remainder of the cost. As far as medication is concerned, a distinction is made between category A medicines, which include essential drugs and those intended for the treatment of chronic diseases, the cost of which is borne by the State - except for the payment by the citizen of a portion of the cost (so called “ticket”), where applicable - and category C medicines, which are those intended for the treatment of diseases other than those treated with category A medicines and the cost of which is entirely borne by the citizen.

This brief Guide will provide essential information on the rights, obligations and activities to be carried out by foreign nationals who are in Italy for the purposes of public health

care, depending on their specific personal positions. In particular, this Guide will describe the position of nationals from non-EU countries, including those with which Italy has signed bilateral international agreements, of nationals of other EU countries, the European Economic Area and Switzerland, and the condition of detained foreigners.

The aim of this Guide is to provide a basic summary of information on the administrative and legal aspects of access to health care for foreigners. To this end, this Guide contains references to the main provisions of law at a national level, which are necessary for operators and those who find themselves interacting with foreigners in relation to health protection and access to social and health services, as well as for immigrants who have the linguistic knowledge to consult this Guide and, more generally, for anyone who wishes to deepen their knowledge on health laws and regulations regarding the care and assistance of foreign nationals.

However, it should be noted that the information contained in this Guide should not be considered exhaustive for the purposes of regulating access to health care by foreigners; it is therefore advisable to always inquire at the competent offices before accessing health care. In addition, the provisions of law and regulations referred to herein may change over time and therefore the references contained herein must necessarily be supplemented by regional legislation, by acts with regulatory content that the Local Health Au-

thorities may and/or must adopt in the implementation/supplementation of national provisions as well as by implementing acts and practices of the individual competent offices.

With particular reference to the most vulnerable sections of the population, more information can be found at the National Institute for Migrant Population Health Promotion and Poverty Disease Control (*Istituto Nazionale per la promozione della salute delle popolazioni Migranti e per il contrasto delle malattie della Povertà* - INMP), established on a permanent basis in 2012, which is currently a reference centre of the national network for social and healthcare issues related to migrant populations and poverty (ReNIP).



DEFINITION OF “FOREIGNER” FOR THE PURPOSES OF ACCESS TO HEALTH SERVICES



With regard to access to health services, it is necessary to distinguish between foreign citizens (see Legislative Decree no. 286 of 25 July 1998, persons not belonging to European Union countries and stateless persons) and citizens belonging to the European Union.

1.1 EU, EEA, and Swiss Confederation citizens

The following legislation applies to citizens of EU countries, the European Economic Area (EEA) and the Swiss Confederation: EC Regulation no. 883 of 29 April 2004, EC Regulation no. 987 of 16 September 2009¹, EU Directive no. 24 of 9 March 2011, and Legislative Decree no. 38 of 4 March 2014 implementing EU Directive no. 24 of 9 March 2011 in Italy.

1.2 Non-EU citizens

The provisions contained in **Legislative Decree no. 286 of 25 July 1998** entitled “*Consolidation act combining the provisions relating to immigration and regulations on the condition of foreigners*” (“TUI”), which defines a “foreigner” as any citizen coming from a State not belonging to the European Union, the European Economic Area (EEA) and the Swiss Confederation as well as a “stateless person”, apply to citizens coming from non-EU States. As a consequence, the provisions set forth in Legislative Decree no. 286/98 are not applicable to EU, EEA and Swiss citizens, except as provided for in the implementing provisions of the EU legislation.

Among the foreigners covered by Legislative Decree no. 286 of 1998, a distinction must be

made according to whether they are legally or not legally residing in Italy pursuant to current legislation.

In any case, as will be explained in this Guide, even foreigners who do not comply with the provisions on residency enjoy the fundamental protection of personal rights, including the right to health.

¹ However, it should be noted that Regulation (EU) No. 1231/2010 of the European Parliament and of the Council of 24 November 2010 extended the application of Regulation (EC) No. 883/2004 and Regulation (EC) No. 987/2009 to nationals of third countries who are not already covered by these regulations solely on the ground of their nationality, and to their family members and survivors, provided that they are legally resident in the territory of a Member State and are in a situation that is not confined, in all respects, within a single Member State.

HEALTH CARE FOR FOREIGNERS LEGALLY RESIDING IN ITALY

In Italy, for health care purposes, **legally residing foreigners**, are those who, having applied for a residence permit (within 8 days of entering the territory of the Italian State), register their “residence”.

For legally residing foreigners - depending on the specific conditions of the individual - the two following scenarios can be envisaged:

- **compulsory** registration with the NHS, or
- **voluntary** registration with the NHS.



COMPULSORY REGISTRATION WITH THE NATIONAL HEALTH SERVICE - WHO IT CONCERNS?



The following individuals are obliged to register with the NHS:

A. Foreign citizens

- **legally residing in Italy** (i.e. with a valid residence permit)
 - who work under a valid employment contract (including seasonal employment), or
 - who work as self-employed workers², or
 - who are registered in the employment lists (currently known as Job Centres)
- **legally residing in Italy or who have applied for the renewal of their residence permit:**
 - for employment
 - for self-employment
 - for family reasons
 - for asylum or application for asylum³
 - for subsidiary protection⁴
 - for special cases⁵
 - for special protection⁶
 - for medical treatment pursuant to Article 19, paragraph 2, letter d-bis⁷, of Legislative Decree no. 286/1998 entitled “Consolidation act combining the provisions relating to immigration and regulations on the condition of foreigners” (known as Immigration Consolidation Act or TUI)
 - for pending adoption
 - for fostering, or
 - for acquisition of citizenship⁸.

². All those who carry out an activity not included in the scope of paid employment are included in the definition of self-employed workers as they are required to file a tax return under the tax provisions in force.

³. Foreign citizens with a residence permit following an asylum application, since they are not allowed to establish regular employment relationships during the period

of application for asylum, health services are provided free of charge as an exemption from the cost-sharing system in the same way as the unemployed persons on the employment lists.

⁴. This permit is issued to a holder of subsidiary protection status, i.e. a status which, like refugee status, is granted following the submission of an application for international protection to a person who is deemed to be at risk of suffering serious harm (death sentence, torture, threat to life in the event of internal or international war) on his or her return to his or her country.

⁵. The residence permit with the wording “for special cases” is issued for example to victims of trafficking for reasons of social protection (Art.18 TUI) or to victims of domestic violence (Art. 18-bis TUI) or in cases of labour exploitation (Art. 22, paragraph 12-quater and following TUI).

⁶. Pursuant to Article. 32, paragraph 3, of Legislative Decree no. 25/2008, the annual residence permit bearing the wording “special protection” is issued in cases where the application for international protection is not accepted and the conditions set out in Article. 19, paragraphs 1 and 1.1 of the TUI are met, i.e. in cases where the foreigner may be subject to persecution for reasons of race, sex, language, nationality, religion, political opinions, personal or social conditions, or may risk being sent back to another State where he or she is not protected from persecution or where there are reasonable grounds to believe that that person risks being subjected to torture.

⁷. This includes the medical treatment of foreigners who are in particularly serious health conditions, ascertained by means of appropriate documentation issued by a public health facility or by a doctor contracted with the NHS, such as to cause significant harm to their health, in case of return to their country of origin. In these cases, the Questore (Police Headquarters) issues a residence permit for medical treatment, for the time attested by the health certificate, in any case not exceeding one year, which may be renewed as long as the particularly serious health conditions duly certified persist, and is valid only in the national territory.

⁸. It concerns those who have applied for Italian citizenship, after having fulfilled the conditions and requirements, and who are awaiting the definition of the recognition procedure.

B. **Unaccompanied minors**⁹, even while waiting for the issuance of a residence permit, following reports required by law after being discovered in national territory.

C. **Minors who are children of foreigners registered with the NHS.** Pending registration with the NHS, they are guaranteed the same treatment from birth as minors who are already registered.

Health care is also provided for legally residing dependants.

D. **Foreigners detained** in adult and juvenile prisons and **interned**, subject to security measures, semi-freedom and/or alternative measures to imprisonment, regardless of **their valid residence permit**, are registered with the NHS for the period in which they are detained or interned in Italian prisons. These foreigners are entitled to the same treatment and full equality of rights as free citizens with regards health care and, during the period of registration for detention or internment, they are excluded from the cost-sharing system applicable to health services provided by the National Health Service. In particular, prisoners and internees are entitled, like free citizens, to effective, timely and appropriate prevention, diagnosis, treatment and rehabilitation services, based on the general and special health care objectives and the essential and uniform levels of care identified in the National regional and local Health Plans. At the end of the period of detention or internment, the

foreigner released from prison and present in Italian territory will be subject to the provisions of the Immigration Consolidation Act.

9. Pursuant to Law no. 47 of 7 April 2017, “an unaccompanied foreign minor present in the territory of the State shall mean a minor who is not an Italian or European Union citizen and who is for any reason in the territory of the State or who is otherwise subject to Italian jurisdiction, without assistance and representation by parents or other adults legally responsible for him/her according to the laws in force in the Italian legal system”.



COMPULSORY REGISTRATION WITH THE NHS OF THE LEGALLY RESIDING FOREIGNER: IS THERE A COST? WHEN DOES IT TAKE EFFECT? HOW LONG DOES IT LAST? WHAT DOES IT ENTITLE SOMEONE TO?

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4.1 Costs

Compulsory registration with the NHS is free of charge.

4.2 Effective date

While waiting for the issuance of the residence permit, the health registry office must proceed with the temporary registration of a legally residing foreigner with the NHS on the basis of the documentation attesting his or her application for a residence permit.

The issuance of the residence permit, provided that the application has been submitted within the statutory deadline, retroacts the right to health care of the foreigner to his or her date of entry into Italy. As a result, any costs relating to urgent and essential health services that may be provided to a foreign citizen pending the issue of the residence permit can be paid or reimbursed by the competent Health Authority once registration has been formalised.

4.3 Duration

Compulsory registration with the NHS is valid for the entire duration of the residence permit and does not expire during the renewal phase of the permit, in accordance with the “under reserve” rule and with a view to guaranteeing continuity of health care.

4.4 Termination

Enrolment in the NHS will terminate (which means that the rights to health care will no longer be available) in the following cases:

- non-renewal, revocation or cancellation of the residence permit, or

- adoption of expulsion measures for the registered person (the aforesaid measures are notified to the competent Health Authority by the Police Headquarters – so-called *Questura* –) unless the person concerned submits valid documentation proving that an appeal against these measures is pending.

Enrolment in the NHS will also terminate when the conditions set forth in Article 34, paragraph 1, of the TUI (see section 3 of this Guide) are no longer met.

4.5 Rights arising from registration with the NHS

The foreign citizen, who is obliged to register with the NHS, is granted equal treatment and full equality of rights and obligations with respect to Italian citizens with regard to the type of health care provided, its temporal validity, and cost-sharing obligations.

In particular, registration with the NHS allows the foreign citizen to choose the general practitioner registered in the ASL (General Practitioners) register and/or the primary care paediatrician for children up to the age of 14 who are legally resident.

Choosing the general practitioner will attribute 4 recognisable credits for the purposes of the Integration Agreement pursuant to Article. 4-bis of the Immigration Consolidation Act and Presidential Decree no. 179 of 14 September 2011.

FOCUS INTEGRATION AGREEMENT

The Integration Agreement, in force since 10 March 2012, is a recent integration instrument offered to foreign people who choose to live in Italy. It is a real agreement between the Italian State and the foreign person applying for a residence permit of no less than one year, which provides for an integration path based on the principle of credits.

The agreement lasts for two years, during which time the foreigner must earn at least 30 credits, allocated on the basis of his or her active participation in certain training activities.

At the time the agreement is signed, 16 credits are assigned, the maintenance of which is subject to the attendance of courses for civic training and information about Italy, and which may be increased through the acquisition or improvement of certain knowledge (Italian language, culture and life in Italy) and the performance of certain activities (education and professional training courses, qualifications, registration with the NHS, signing of a rental agreement or buying a house). If 30 credits are not earned within two years, the Agreement can be extended by one year. The signing of the Integration Agreement is a necessary condition for the issuance of the residence permit, and the complete loss of credits results in the revocation of the residence permit and the expulsion of the foreigner from the territory of the State, except for specific cases contemplated by the TUI.

In addition to the choice of the GP, the registration with the NHS gives the foreigner the right to receive a Health Card (HC)¹⁰, i.e. a plastic card specifying his or her personal data and those reserved to the health-care facility to which he or she belongs.

The personal HC entitles the cardholder to receive the following benefits:

- have a GP or paediatrician;
- free hospital admission in public and affiliated hospitals;
- pharmaceutical assistance;
- general medical examinations in outpatient clinics;
- specialist medical examinations;
- house calls;
- vaccinations;
- blood tests;
- X-rays;
- scans;
- medication reimbursed by the NHS;
- prosthetic and rehabilitative care;
- other services provided under the Essential Levels of Care (ELCs).

Each specialist visit involves the payment of a healthcare fee (so called “*ticket*”) under the same conditions as Italian citizens. Similarly, there are also exemptions from payment of the “*ticket*” for recognised specific conditions regarding income, age, disability or illnesses.

10. At the date of this Guide, the HC (blue card) is equivalent to the Regional Services Card (so-called *Carta Regionale dei Servizi* - CRS or yellow card). However, the progressive replacement of the CRS with the national Health Card (blue card) is in progress. On expiry of their validity, CRS holders will receive a national Health Card as a replacement.

HOW TO REGISTER WITH THE NHS



In order to register with the NHS, it is necessary to contact the ASL (Local Health Authority) of the Municipality of residence or - in case of non-residents - of the domicile specified in the residence permit, with the following documents:

5.1. For legally residing foreigners:

- A. personal identification document;
- B. tax identification number;
- C. residence permit or receipt of the application for a residence permit;
- D. self-certification of residence or domicile (hospitality for more than three months in a reception centre is considered a habitual residence);
- E. VAT number or INPS (social security) position for self-employed workers.

5.2. For children born in Italy:

Birth certificate of the child and tax identification number of the new-born.

5.3. For unaccompanied foreign minors (with a residence permit for minors):

- A. personal identification document of the child;
- B. tax identification number of the child;
- C. residence permit or receipt of the application for a residence permit for minors;
- D. documentation of residence or declaration of actual domicile signed by the guardian;
- E. if the minor is waiting for the first residence permit, a copy of the foster care or pre-foster care order must be produced.

5.4. The unaccompanied foreign minor,

with a guardian, with a **residence permit for foster care** must contact the ASL of the Municipality of residence or - if not yet resident, of the actual domicile specified in the residence permit, with the following documents:

- A. personal identification document of the child;
- B. tax identification number of the child.
- C. residence permit or receipt of the application for its issuance or renewal;
- D. documentation of residence or declaration of actual domicile signed by the guardian;
- E. if the child is waiting for the first residence permit for foster care, a copy of the foster care order or the pre-adoption order must be presented¹¹.

¹¹ Information on the documentation to be submitted for unaccompanied minors is extracted from some FAQs provided by the Ministry of Health and published on its website. However, this information may not be up to date. For more detailed information, it is advisable to contact the relevant Local Health Authority.

VOLUNTARY REGISTRATION WITH THE NATIONAL HEALTH SERVICE – WHO IT CONCERNS AND WHAT ARE THE COSTS?



For foreigners legally residing in Italy who do not fall into the categories referred to in paragraphs 1 and 2 of Article. 34 of Legislative Decree no. 286/1998, **who are therefore not obliged to register with the NHS**, the law provides for the right to choose between:

- A. **voluntary registration with the NHS** (also valid for their dependants), which entitles them to all the services provided by the NHS in the national territory under the same conditions as Italian citizens; and
- B. taking out an insurance policy covering illness, accident, and maternity, valid on Italian territory.

For this category of individuals, voluntary enrolment in the NHS has an annual cost determined as a percentage of the previous year's income earned in Italy and abroad, established by decree of the Ministry of Health, in agreement with the Ministry of Economy and Finance¹².

The amount of the contribution varies according to income, but in any case it cannot be lower than EUR 387.34.

Voluntary enrolment in the NHS can also be requested by:

- foreigners residing in Italy who hold a **residence permit for study purposes**, and
- legally residing foreigners placed as *au pairs* under the European Agreement adopted in Strasbourg on 24 November 1969, ratified and implemented in accordance with Law No. 304 of 18 May 1973¹³.

Voluntary enrolment has an annual flat-rate cost for these persons, which is currently as follows:

- Euro 149.77 for study purposes (this lump-sum contribution is applicable only if the student has no income other than scholarships or economic subsidies provided by Italian public bodies); and
- Euro 219.49 for *au pairs*.

This registration (for students and foreigners placed as *au pairs*) does not include dependants. To extend health care to dependants, the amount of the payment must be calculated on the basis of income.

12. Pending execution of the decree, the reference is to the Ministerial Decree of 8 October 1986.

13. The *au pair* placement consists in the temporary placement in families, in return for certain benefits, of young foreigners (17-30 years old) who have come in order to improve their foreign language and occupational knowledge and to enrich their general culture with better knowledge of the host country (Law no. 304 of 18 May 1973).

HEALTH CARE FOR FOREIGNERS NOT LEGALLY RESIDING IN ITALY



7.1 Irregular foreigners

Foreign citizens present in the Italian territory who do not comply with the laws and regulations regarding entry and stay, that is, who do not have a **valid residence permit** (because it has never been received, never applied for within the statutory time frames or because it has expired and has not been renewed, etc.) and **are therefore not entitled to compulsory registration with the National Health Service**, are guaranteed, in public and accredited healthcare facilities, **urgent** or **essential** outpatient and hospital **treatment**, also ongoing, due to illness and accident. The requirements of urgency or essentiality must be attested in the clinical documentation and in all requests for healthcare services. Preventive medicine programmes to safeguard individual and collective health are also extended to them.

In particular, they are guaranteed:

- A. Social protection for **pregnancy** and **maternity**, under the same conditions as Italian citizens. It should be noted that, during pregnancy and for the first 6 months after the birth, the foreign woman who does not hold a valid residence permit is entitled to apply for and receive a “residence permit for medical treatment” which allows temporary registration with the NHS for herself and her child. The father of the child who is legally married to the child’s mother is also entitled to the same residence permit;
- B. The protection of the child’s health;
- C. Vaccinations according to the regulations and as part of collective prevention cam-

paigns authorised by the Regions;

- D. International prophylactic measures; and
- E. Prophylaxis, diagnosis and treatment of infectious diseases and possible remediation of the related outbreaks.

These services are provided without charge to the applicants if they do not have sufficient financial resources, except for payment of the portion of the cost, under the same conditions as Italian citizens.

Therefore, the law does not provide for free treatment by the NHS to foreigners who are not enrolled in the NHS, but rather establishes that, if they lack sufficient financial resources and sign a “self-declaration of poverty” (see paragraph 7.1.2 below), the services are free of charge, except for payment of the so called “ticket”, under the same conditions as Italian citizens.

7.1.1 STPs

The first time health care is provided, or at the request of the foreigner concerned, the foreigner who does not hold a valid residence permit is assigned a regional code including the acronym **STP (Straniero Temporaneamente Presente, i.e. Foreigner Temporarily Present)**, valid for six months and renewable if the foreigner remains in the national territory. The code is recognised throughout the national territory and is also used for the prescription of medicines that can be distributed, under the same conditions as Italian citizens. **Even in the absence of a passport** or other identity document, the **STP** code must be assigned.

7.1.2 Self-declaration of Poverty

At the time the STP code is assigned, the holder may have to sign a **“self-declaration of poverty”**, valid for six months and which is **not renewable**. In other words, if the person intends to remain in Italy, he or she must sign another “self-declaration of poverty”.

Foreigners Temporarily Present (STPs), similarly to what is provided for Italian citizens, are exempt from payments of so called “tickets “of the cost for:

- urgent hospital admission;
- urgent outpatient services with direct access (emergency department, medical assistance, etc.);
- general medical examinations in public facilities;
- disease prevention and prophylaxis treatments;
- mandatory vaccinations;
- services provided for under maternity protocols;
- child protection services; and
- chronic and disabling diseases and/or rare diseases.

7.1.3 ISI Centre

When an STP needs a medical examination, he or she cannot go to a GP but must contact the **ISI Centre** within a hospital or the Local Health Authority. The physician of the ISI Centre can prescribe examinations, tests, medicines or propose hospital admission.

7.2 What happens when irregular foreigners apply for health services?

When an irregular foreigner requires urgent or essential health services, he or she **is not subject to any obligation to produce a residence permit**.

In addition, access to health facilities by foreigners who do not comply with the rules on residence **cannot result in any type of report to public authorities, except** in cases where **the medical report is mandatory**, under the same conditions as Italian citizens.

This means that the health care, medical and administrative staff of the public facilities where the irregular foreigner goes to receive health services, cannot ask for the presentation of the residence permit as a prerequisite/condition for the provision of medical and health services, nor can they make any report to the Public Authorities, it being understood that, for serious reasons, the latter will be able to obtain the medical report, as is also the case for Italian citizens.

ACCESS TO HEALTH CARE FOR FOREIGN NATIONALS UNDER INTERNATIONAL AGREEMENTS



Pursuant to Article 35, paragraph 2, of the Immigration Consolidation Act, the provisions governing health care to foreign citizens in Italy on the basis of bilateral or multilateral international treaties and reciprocal agreements signed by Italy remain applicable.

Pursuant to this provision, foreign nationals belonging to States with which Italy has entered into specific international agreements, if in possession of specific forms issued by the country they belong to, can benefit from health care under the NHS, subject to payment of the relevant fees, under the same conditions as Italian citizens.

These forms give the right to urgent treatment free of charge; without these forms foreign nationals must bear the costs of the health services provided to them.

The Italian State has entered into bilateral health care agreements with the following States: Argentina, Australia, Brazil, Cape Verde, Vatican City and Holy See, Croatia, Former Yugoslavia (Macedonia, Serbia Montenegro, Bosnia and Herzegovina), Principality of Monaco, Republic of San Marino, and Tunisia.

The scope of the services covered by these agreements varies according to the content of the agreement, as do the categories of persons who can benefit from them.

A case-by-case assessment is therefore necessary. More information on the content of these agreements and of the bilateral agree-

ments can be found on the Ministry of Health's website at the following link:

<http://www.salute.gov.it/portale/assistenzaSanitaria/homeAssistenzaSanitaria.jsp>

FOREIGNERS ENTERING ITALY FOR MEDICAL TREATMENT

A foreign citizen who wishes or needs to come to Italy to undergo specialist examinations, medical therapies or treatments will have to pay the entire charges related to the medical treatment that he or she will receive.

9.1 Application for an entry visa for medical treatment

Both the foreigner and any accompanying person must apply for an **entry visa for medical treatment** to the Italian diplomatic mission or consular post in their country of origin. The application for an entry visa must be accompanied by a statement from the chosen Italian health facility indicating the type of treatment, the starting date and the expected duration of the treatment.

The applicant must also provide appropriate documentation to:

- certify that a deposit of 30% of the total estimated cost of the service requested has been deposited with the chosen healthcare facility;
- prove that he or she has sufficient resources in Italy to cover the full payment of healthcare expenses, board and lodging outside the health facility and repatriation for themselves and any accompanying person; and
- provide a health certificate attesting the pathology of which the foreigner is affected (issued by an accredited public or private Italian health facility or by a foreign health facility deemed suitable by the Diplomatic-Consular Representation).

9.2 Application for a residence permit for medical treatment

After entering Italy, both the patient and any accompanying person must apply for the corresponding **residence permit for medical treatment** to the competent Questura (Police Headquarters). The residence permit for medical treatment that is issued has a **duration equal to the presumed duration of the treatment** and is renewable as long as the documented therapeutic needs last.

It is not possible to work with this type of residence permit, nor can it be converted into a residence permit for work purposes. Possession of this type of residence permit **does not allow the holder to register with the NHS.**



CITIZENS BELONGING TO EU OR EEA STATES OR THE SWISS CONFEDERATION

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While being in Italy as residents or dwellers, citizens belonging to a State that is part of the EU, the European Economic Area (Iceland, Liechtenstein, and Norway) and Switzerland, can benefit from the healthcare services provided by the NHS under specific conditions.

10.1 Stay not exceeding three months

EU/EEA citizens who stay in Italy are not entitled to register with the NHS unless they are seasonal workers.

However, if they are in possession of the EHIC (European Health Insurance Card) issued by the State to which they belong or a substitute card, they are entitled to receive healthcare services throughout the national territory, and specifically, medically necessary care with direct access to the health service providers (general practitioner, hospital admission, specialist visits, clinical analyses, etc.). In particular, EU and EEA citizens are guaranteed healthcare services under the same conditions as Italian citizens, paying the so-called *ticket* and benefiting from the same free services.

10.2 Stay longer than three months

EU/EEA citizens who stay in Italy for periods longer than three months can choose between taking out health insurance valid also in Italian territory or registering with the NHS.

An EU/EEA citizen residing in the national territory for a period longer than three months will be enrolled in the NHS in the following cases:

- if he or she is an employed or self-employed person in the State;
- if he or she is a member of the family, even if not a citizen of the European Union, of an employed or self-employed person in the State;
- if he or she is a family member of an Italian citizen;
- if he or she is in possession of a certificate of permanent residence granted after at least 5 years of residence in Italy;
- if he or she is an unemployed person registered in the employment lists or enrolled in a vocational training course; or
- if he or she holds one of the following Community forms: E106, E109 (or E37), E120, or E121 (or E33).

10.3 E.N.I. (Non-Registered European)

EU citizens who are not EHIC holders, who are not covered by valid health insurance and who are not eligible to enrol in the NHS, are nevertheless entitled to receive necessary and urgent treatment. In any of these cases, the EU citizen must indicate a domicile in the territory of the Region and will be issued a special card with indication of the E.N.I. (*Europeo Non Iscritto*, i.e. Non-Registered European) code. The card is valid for six months and is renewable. The card with the E.N.I. code is issued by ASLs or hospitals. Possession of the E.N.I. code entitles the holder to receive treatment for the pathologies specified in the Ministry of Health's Circular of 19 February 2008, and in any case, any urgent, necessary and undeferrable treatment.

10.4 Cross-border health care in the EU

EU citizens who are covered by health insurance in a EU country and wish to seek treatment in Italy can be treated by the NHS facilities and healthcare professionals.

The coverage of costs related to medical treatment received in a EU country other than the patient's country of origin is regulated by two EU regulations in two different ways depending on how the health system of the country of origin bears the relevant costs, that is:

- direct payment by the health system of the patient's country of origin to the health system of the country of treatment (direct care); or
- reimbursement to the patient of the costs fully paid by him or her to the healthcare providers in the country of treatment (indirect care).

The two systems may provide for different procedures and criteria of covering costs. Before deciding which system to opt for it is therefore advisable that you contact the National Contact Point in your own country and the healthcare facility or provider to gather relevant information.

10.4.1 Direct health care subject to prior authorisation

EU Social Security Regulations no. 883 of 29 April 2004 and no. 987 of 16 September 2009 allow scheduled treatment to be received in another EU country, in a EEA country or in

Switzerland under the same conditions as the citizens covered by the health system of the country of treatment and to obtain coverage of costs at public and private facilities affiliated with the NHS (in our case, operating in Italy).

The above-mentioned EU Regulations provide that the patient must request prior authorisation from the healthcare institution by which he or she is covered.

The authorisation is granted if the treatment is deemed appropriate for the state of health of the person concerned and is included in the health services contemplated by the health care system to which the patient belongs, but cannot be provided in the patient's own country within a medically acceptable time frame, taking into account his or her current state of health and prognosis.

If the authorisation is granted, the competent healthcare institution shall issue a specific certificate allowing the patient to benefit from the authorised treatment and direct coverage of costs in Italy. The certificate must be presented to the competent ASL of the healthcare facility or hospital where the person concerned has chosen to be treated.

If a person is temporarily in the territory of another EU Member State, such as Italy, taking into account the nature of the services and the expected duration of his or her stay, he or she will be guaranteed in any case direct access to urgent care (other than scheduled

or highly specialised care) under the EHIC or the substitute certificate.

10.4.2 Indirect health care

EU Directive no. 21 of 9 March 2011, implemented in Italy by Legislative Decree no. 38 of 4 March 2014, provides for other possibilities of receiving health care in other EU countries under the same conditions as in the country where the patient is insured, subject to specific requirements. In particular:

- Coverage of treatment costs is indirect. This means that the patient has to bear the costs of health care in advance (in specific cases costs need prior authorisation) and then apply for reimbursement to the healthcare institution by which he or she is covered;
- Only treatments that are guaranteed by the health care system by which the patient is covered are reimbursable (for example, in Italy only those included in the Essential Levels of Care – ELCs –), with the exclusion of long-term health care, allocation and access to organs for transplant, and public vaccination programs against contagious diseases; and
- Reimbursement is usually equal to the cost that the health system by which the patient is covered would have incurred if the treatment had been provided in his or her own country, without exceeding the total cost of the treatment (unless otherwise specified in his or her country of origin).

Reimbursable treatments can also be provided by private facilities or healthcare providers

that are not affiliated with the NHS who, like public and affiliated facilities, are required to apply the same fees they apply to Italian patients.

In order to obtain reimbursement for certain types of treatment, the foreign patient may have to obtain prior authorisation from the competent healthcare institution. The services for which it is necessary to request prior authorisation in Italy are currently identified by Ministerial Decree no. 50 of 16 April 2018 as follows:

- A. hospital care services requiring the patient to be admitted for at least one night, based on an assessment of the patient's state of health by the doctor treating him or her; and
- B. outpatient, day surgery, therapeutic and instrumental diagnostics services listed in Annex A to the Ministerial Decree.

Where the health service requested is one of those subject to prior authorisation, the relevant application must be submitted to the ASL of residence and must be accompanied by a medical certificate specifying at least:

- the diagnostic or therapeutic information and the intended healthcare service; and
- the place chosen for the healthcare service and the healthcare provider chosen by the insured person.

Except in mandatory cases¹⁴, prior authorisation - which must also specify the cost of the health care eligible for reimbursement - may

not be refused where the requested health care cannot be provided in national territory within a clinically acceptable time frame, on the basis of an objective medical assessment of the patient's state of health and medical history, the probable course of his or her illness, the intensity of his or her pain and the nature of his or her disability at the time when the request for authorisation was submitted or renewed.

In any case, in the event of refusal of the prior authorisation, the person concerned can submit a request to the director of the competent Health Authority within 15 days of receipt of the refusal, in addition to the other ordinary means of protection available in administrative or jurisdictional venues.

Furthermore, the above-mentioned EU Directive as well as the Italian law implementing it provide that if the request for prior authorisation submitted by an insured person with a view to receiving cross-border health care meets the conditions set out in Regulation (EC) No. 883/2004 of the European Parliament and of the Council of 29 April 2004, the prior authorisation must be granted pursuant to this Regulation, unless the insured person requests otherwise.

More information about the rights, authorisations, refunds and procedures applicable to the patient in the above-mentioned cases can be obtained from the competent institutions and National Contact Points in the country where the person is insured.

14. Prior authorisation shall be refused in the following cases:

- A. where, on the basis of a clinical assessment, the patient would be exposed with reasonable certainty to a risk to his or her safety which cannot be considered acceptable, taking into account the potential benefit to the patient of the health care requested;
- B. where the public would be exposed with reasonable certainty to significant safety hazards as a consequence of the health care in question;
- C. where the health care in question is provided by a healthcare provider with respect to whom there are serious and specific concerns about compliance with standards and guidelines relating to quality of care and patient safety, including supervision, regardless of whether such standards and guidelines are laid down in laws and regulations or through accreditation systems established by the Member State of treatment; or
- D. where the health care in question may be provided within the national territory within a medically acceptable time frame, taking into account the patient's state of health and the probable course of the disease.



HEALTH CARE FOR PRISONERS

Since 2008, the functions relating to health care for prisoners detained in Italian prisons, previously carried out by the Department of Prison Administration and the Department of Juvenile Justice of the Ministry of Justice, have been transferred to the NHS - through the Regions and Health Authorities.

Italian citizens detained in prison retain the right to maintain their registration with the NHS, while they do not have to share any healthcare costs (so called “*ticket*”).

As already explained in the above sections of this Guide, foreign and stateless prisoners or internees are compulsorily registered with the NHS, regardless of whether or not they have a residence permit (therefore including irregular immigrants) for the duration of the sentence or internment and are also exempt from payment of the so-called “*ticket*”.

It is the duty of the State to ensure health in prison by:

- A. verifying the compatibility of the prisoner’s state of health with the detention;
- B. providing the necessary care;
- C. monitoring the prisoners’ state of health; and
- D. adjusting the conditions of detention, where necessary.

Healthcare services are provided by the Health Authority within whose district the penitentiary institution is located.

In each penal institution there is a health

service that guarantees the provision of the general medical services identified by the Essential Levels of Care (ELCs), also ensuring the provision of the necessary pharmaceutical services, including C category drugs, in the presence of specific therapeutic situations. In particular, the NHS must guarantee to the prison population:

- protection, information and health education interventions;
- actions for the prevention, treatment and support of mental and social distress;
- pregnancy and maternity health care; and
- paediatric care and childcare services.

In every women’s penitentiary there are special services for the health care of pregnant women and women who have recently given birth.

11.1 Health Services Charter

Each Health Authority, within whose district a penitentiary institution is located, adopts a special “Health Services Charter for detainees and internees”, after consultation with the penitentiary administration, representatives of detainees and internees, and voluntary organisations for the protection of citizens’ rights. The Health Services Charter is an information tool regarding health care, primary care and specialist services provided in prison, and sets out the activities guaranteed by healthcare workers for the health of prisoners.

The Health Services Charter must be made known and made available to prisoners and internees through appropriate means of publicity.

The principles on which health care in prison is based are:

- A. **proactive method**;
- B. **overall** action on the causes of damage to health;
- C. **unity** of services and benefits;
- D. **integration of social and health care**, and
- E. **therapeutic continuity**.

11.2 Rights

All prisoners and internees have equal rights, with respect to free citizens, for prevention, diagnosis, treatment and rehabilitation as provided for under the Essential Levels of Care (ELCs).

The ELCs (Essential Levels of Care), most recently updated by the D.P.C.M. (Prime Minister's Decree) of 12 January 2017, are the services that the NHS must provide to all citizens, free of charge or against payment of a fee (so-called "ticket") (not applicable to prisoners), as an "essential" level of care, through public funds collected through general taxation (taxes).

The NHS provides the following ELCs:

- **Collective prevention and public health**, which includes all prevention activities addressing communities and individuals (e.g. compulsory and recommended vaccinations, early diagnosis programmes, protection against the effects of pollution, risk of accidents in the workplace, veterinary health, food protection, prophylaxis of infectious diseases, etc.);
- **Territorial care**, i.e. the health and socio-medical activities and services available throughout the territory (e.g. primary health

care, home and territorial socio-medical care; pharmaceutical, specialist and outpatient diagnostic care, provision of prostheses for the disabled, home services for the elderly and the seriously ill, etc.); and

- **Hospital care**, including care in emergency rooms, ordinary hospital admission, day hospital and day surgery, long-term care and rehabilitation facilities, as well as transfusion and transplant of cells, organs and tissues.

Regions can provide additional services and benefits to those included in the national ELCs, using their own resources.

The ELCs also include rare, chronic and disabling diseases, which are exempt from the payment of so called "ticket".

Even in the case that a special surveillance regime is established for a detainee, the restrictions applied in these circumstances shall not affect the health needs of the detainee.

Detainees have:

- A. the right to mental and physical integrity;
- B. the right to a place of detention appropriate to their state of health;
- C. the right to information (diagnosis, prognosis, benefits, risks, alternatives, consequences of refusal/withdrawal);
- D. the right to health self-determination, which is expressed through:
 - the voluntariness of health interventions (free, informed, documented consent), except in cases of mandatory, general and prison health checks;

- the right to refuse voluntary health checks and voluntary health treatment;
- the right to choose the place of treatment; and
- the right to choose a trusted healthcare provider.

11.3 What happens when a person enters prison

- A. Once the administrative procedures provided for upon arrival in prison have been completed, the detainee - without delay and in any case no later than the following day - undergoes a general medical examination and receives full information about his or her state of health from the doctor. The new detainee must undergo a medical-psychological assessment for as long as necessary. Diagnostic tests may also be carried out to detect any infectious diseases.
- B. Reception measures must be applied to mitigate the trauma of deprivation of liberty and prevent acts of self-harm on entry. All necessary measures should also be taken to respond appropriately to the detainee's assessed clinical picture.
- C. Within 36 hours of entry the detainee must be assessed from a psychological point of view to measure the level of risk of self or hetero injurious behaviours - and by specialists whose advice is necessary, with particular regard to psychiatrists, where a mental illness is suspected or detected. If the detainee has a drug addiction problem, it must be reported to the SerT of the penitentiary institution.

11.4 Medical records

The health data collected in the medical entry assessment is included in the medical records of each prisoner. In the **medical records**, the doctor must immediately note down any information relating to signs or indices which suggest that the detainee may have suffered violence or abuse and, without prejudice to the duty to report, shall notify the director of the penitentiary and the surveillance judge (*magistrato di sorveglianza*).

11.5 During detention and until release

During detention the prisoner must have access to a doctor at all times. The prisoner must also receive full information about his or her state of health during detention and when released. In particular, in order to also guarantee respect for the prisoner's personal data and privacy, the doctor will be required to comply with the obligations of professional secrecy in relation to any information he or she becomes aware of in the course of his or her work. During detention, periodic checks must be carried out at regular intervals, based on the prisoner's health needs, in order to provide health care to the prisoner, if needed. Regular checks are also carried out in order to assess the suitability of the prisoners for the work to which they are assigned.

In the event of the death or serious physical or mental infirmity of a detainee or internee, the relatives and other persons, if any, indicated by the detainee or internee must be notified promptly.

11.6 Therapeutic continuity

Continuity is essential for the effectiveness of treatment and must be guaranteed from the time of entry into prison (or a juvenile facility), during any transfer of detainees from one prison to another or from a juvenile facility to another, and after release.

In particular, the prison doctor must prepare medical certificates before any transfer of a detainee to another penal institution, taking particular care in assessing the suitability of the detainee to endure the journey, and if the mental and/or physical conditions of the detainee are such as to advise against the transfer, it is the same prison doctor who must immediately inform the competent authority. A further health check to be carried out periodically by the prison doctor regards the suitability of the prisoners for the work to which they are assigned.

In addition, the prisoner's medical records, which are filled in when the prisoner enters the prison, will be transferred with the prisoner if he or she is relocated to another penitentiary institution.

Upon release the prisoner has the right to receive a copy of his or her medical records.

11.7 When are health care activities performed?

The Prison Administration ensures that healthcare activities are performed at any time, without time limits that could prevent them from being carried out and completed.

11.8 Medical check-ups for sick prisoners

The NHS doctor visits sick prisoners and those who request it on a daily basis, when needed according to clinical appropriateness criteria. Prisoners in solitary confinement are visited daily for a health check; the compatibility of the solitary confinement with the prisoner's state of health is also assessed.

11.9 Specialist visits

The competent Health Authority guarantees specialist services at the request of the doctor in charge or another specialist, to be provided within the penal institution or, in compliance with safety requirements, at local clinics or hospitals.

11.10 Occasional medical examinations

These must be carried out:

- A. in case of exclusion from community activities as a disciplinary measure;
- B. in case of use of force or mechanical restraint, and
- C. in case of relocation to a different prison.

11.11 Vaccinations

The prisoners' vaccination status, especially with regard to immigrants, is ascertained to make sure that all the compulsory vaccinations required in Italy have been completed and any missing vaccination is administered.

11.12 Urgent care

It is necessary to guarantee prisoners any urgent care both inside the penitentiary institution (if the prison has an equipped clinical

centre or when it can be provided by the on-call doctor) and in the relevant local hospital facilities.

11.13 Extra visits or medical services other than those guaranteed by the penitentiary institution

The detainee has the right to request to be examined, at his or her own expense, by a trusted healthcare provider, subject to the authorisation, (i) for defendants, of the proceeding judge; and (ii) for defendants after the sentence of first instance, and for convicted and internees, of the director of the penitentiary. Medical, surgical and therapeutic treatments may also be authorised at the expense of the detainee by trusted healthcare providers and experts, to be carried out in the infirmaries or in the clinical/surgical wards within the prison, subject to agreement with the competent Health Authority and in compliance with the organisational instructions provided by the latter.

11.14 Pregnant prisoners

Health care for pregnancy and maternity, information and counselling services, prevention, early diagnosis and treatment services, as well as assistance by paramedical obstetrics staff are provided to detained and interned pregnant women and mothers. Birth should preferably take place in healthcare facilities outside the prison.

11.15 Mothers and children in prisons

The NHS provides paediatric care and child-

care services to children of women in prison or interned, who spend their early childhood with their mothers in prisons or in the so-called "ICAM" (Attenuated Custody Institutes for Detained Mothers).

11.16 Prevention

Prevention is a health objective established in accordance with the National Health Plan that must be pursued in prisons, and is divided into **primary prevention** (i.e. prevention carried out on healthy detainees with the aim of maintaining the condition of well-being and warding off the development of diseases), **secondary prevention** (i.e. prevention carried out on already ill detainees at an early stage, with the aim of guaranteeing actions that ensure recovery or at least limit the progression of the disease), and **tertiary prevention** (i.e. interventions aimed at controlling and containing more complex outcomes of a disease. This includes the accurate clinical and/or therapeutic control of chronic or irreversible diseases with the aim of avoiding or limiting the appearance of late complications and disabling outcomes).

Specific projects should be implemented for different pathologies and areas of the prison population, in relation to age, gender and socio-cultural characteristics, with reference also to immigrants.

11.17 Training and information for prisoners on health issues and their own health

Prisoners should be involved in **initiatives** aimed at raising awareness about health in

general, and specifically, their own state of health, focusing on protection, information and education (including peer education and the participation of intercultural mediators) in order to develop individual and collective health responsibility. Each prisoner must receive full information about his or her state of health when entering prison, during the period of detention and upon release.

11.18 If a prisoner is transferred to another penitentiary institution

If a prisoner is to be transferred to another penitentiary institution, he or she must be examined first by a doctor to assess the conditions that make it possible or not for him or her to endure the journey. At the prison of arrival, continuity with the current individual treatment plan must be guaranteed.

11.19 Transfer to an external healthcare facility

When necessary, depending on the type of illness or the complexity of the service that cannot be provided by the health service inside the penitentiary institution, the healthcare services are provided in external healthcare facilities.

There are three prerequisites for treatment outside the prison:

11.19.1 Health protection

Where health care or health checks are required but cannot be provided by the health service inside the penitentiary, detainees and interneers are transferred to external health-

care facilities. Hospital admission outside prison is allowed for **acute illnesses**. While it is necessary to limit external hospital admission for safety reasons, the prisoners' health and life should not be put at risk.

It is also worth recalling the recent reformulation of Article 11, para. 5 of Law no. 354 of 1978 concerning the so-called "staking out" of the prisoner (i.e. surveillance of prisoners and interneers admitted to external healthcare facilities). This provision states that when there is no danger of escape, prisoners and interneers transferred to external diagnostic and care facilities may not be subject to surveillance during their stay, unless this is necessary for the protection of their personal safety or other people's safety. The introduction of the reference to "other people's safety", in addition to the prisoner's own safety, is the subject of particular attention as the cases of application of the prisoner's staking out are extended with the risk of subverting the rationale of the provision that originally provided for "no stakeout" as a rule.

11.19.2 Personality observation

The scientific observation of the personality of prisoners is carried out by specialised personnel, in the same penitentiary institutions where they are located; however, when it is deemed necessary to carry out special investigations, the prisoners to be observed are assigned to special observation centres, on the basis of a reasoned proposal from the director of the prison.

11.19.3 Assessment of mental infirmity

This is usually carried out in the institution where the prisoner is detained; however, if the diagnostic service available in the detainee's institution is deemed insufficient, the detainee may be transferred to another prison of the same category where the assessment can be carried out adequately. For particular reasons, the assessment may be carried out within mental health departments (also called "psychiatric observation wards"). The prisoner shall not remain under observation for more than thirty days, which may be extended for another 30 days.

11.20 Minors and the incapacitated

A person under the **age of 18** or **who is incapacitated** must be informed of the choices relating to his or her health in a manner appropriate to his or her abilities, in order to be put in a position to express his or her will. Informed consent to the health treatment of the minor shall be expressed or refused by the person exercising parental responsibility or by the guardian, taking into account the will of the minor, in relation to his/her age and degree of maturity.

The informed consent of the **interdicted person** shall be expressed or refused by the guardian, after consulting the interdicted where possible, as it is aimed at protecting the mental and physical health and life of the person in full respect of his or her dignity.

The informed consent of the **incapacitated person** shall be expressed by that person. Where a support administrator has been ap-

pointed whose task implies the necessary assistance or exclusive representation in health care ambits, the informed consent shall also be expressed or refused by the support administrator, or only by the support administrator, taking into account the will of the incapacitated person, in relation to his or her degree of capacity.

11.21 Sexual transition

Prisoners and interneers who, at the time of entering prison, are undergoing a therapeutic programme for the purposes of Law no. 164 of 14 April 1982 (sexual transition) are guaranteed the continuation of the programme and the necessary psychological support, with costs to be borne by the NHS. Furthermore, with the replacement and reformulation of Article. 11 of Law no. 354 of 1975, the recent reform of the penitentiary system reaffirmed this protection.

11.22 Mental health

Psychological assistance is provided through the work of specialists in psychology on a permanent basis, or in the absence of these specialists, by experienced personnel appointed by the director of the penitentiary institution.

11.23 Infectious diseases

Upon entering the prison, based on the prisoner's medical history, the prisoner may undergo diagnostic tests to detect infectious diseases.

In the event of a diagnosis, even a suspicious one, of a contagious disease, the doctor car-

ries out all checks to avoid the onset of secondary cases, including isolation. In this case, the director of the prison is immediately informed of the isolation and informs the surveillance judge (*magistrato di sorveglianza*).

Effective information activities for detainees, including staff, on infections/infectious diseases will also be carried out in order to reduce risk behaviours, including through the adoption of psychological, social and behavioural intervention models.

11.24 Pathological addiction

Assistance to drug addicts is guaranteed by the SerT (Service for Drug Addiction) of the local Health Authority of the district where the prison is located. The SerT establishes relationships of clinical interaction, both within the prison and in the relevant district, with the network of health and social services involved in the treatment and recovery of drug addicts. The prisoner accesses the SerT upon notification of the prison doctor or on-call doctor, subject to an acceptance form signed by the prisoner, at the time of the first visit when entering the prison or following a notification on the basis of the toxicological analysis report.

11.25 Post-penitentiary care

The person suffering from serious physical or mental illness or abnormalities is also reported, for the necessary assistance, to the bodies responsible for the protection of public health. Discharged persons who, due to serious physical infirmity or mental illness or mental abnormalities, need hospital admis-

sion in a place of treatment, shall be transferred to the nearest appropriate hospital. In case of non-transportability, duly certified by the healthcare provider, the discharge can be suspended and the infirm remains in the detention facility where, compatibly with the general organisational requirements, the limitations of the penitentiary regime are not applied.



MAIN LEGAL AND REGULATORY SOURCES



- **Italian Constitution.**
- **Legislative Decree (D.Lgs.) no. 286 of 25 July 1998** – Consolidation act combining the provisions relating to immigration and regulations on the condition of foreigners.
- **Presidential Decree (D.P.R.) no. 394 of 31 August 1999** - Regulation containing rules for the implementation of the consolidation act combining the provisions relating to immigration and regulations on the condition of foreigners, in accordance with Article.1, paragraph 6, of Legislative Decree no. 286 of 25 July 1998.
- **Ministry of Health’s Circular no. 5 of 24 March 2000** - Indications for the application of Legislative Decree no. 286 of 25 July 1998 “Consolidation act combining the provisions relating to immigration and regulations on the condition of foreigners” - Provisions on health care.
- **Regulation (EC) no. 883/2004** of the European Parliament and Council of 29 April 2004 on the coordination of social security systems.
- **Presidential Decree (D.P.R.) no. 334 of 18 October 2004** - Regulation amending and supplementing Presidential Decree no. 394 of 31 August 1999 on immigration.
- **Ministry of Health’s Circular of 17 April 2007** - Clarifications on health care to non-EU citizens following the recent Directives issued by the Ministry of the Interior.
- **Legislative Decree (D.Lgs.) no. 25 of 28 January 2008** - Implementation of Directive 2005/85/EC on minimum standards on procedures in Member States for granting and withdrawing refugee status.
- **Regulation (EC) no. 9/2009** of the European Parliament and of the Council of 16 September 2009 laying down the procedures for implementing Regulation (EC) no. 883/2004 on the coordination of social security systems.
- **Regulation (EU) no. 1231/2010** of the European Parliament and of the Council of 24 November 2010 extending Regulation (EC) no. 883/2004 and Regulation (EC) no. 987/2009 to nationals of third countries who are not already covered by these Regulations solely on the ground of their nationality.
- **Presidential Decree (D.P.R.) no. 179 of 14 September 2011** - Foreigners Integration Agreement.
- **State-Regions Agreement of 20 December 2012** - Indications for the correct application of the regulations on health care to the foreigners by Italian regions and autonomous provinces.
- **Legislative Decree (D.Lgs.) no. 38 of 4 March 2014** - Implementation of Directive 2011/24/EU on the application of patients’ rights in cross-border health care and Directive 2012/52/EU, including measures to facilitate the recognition of prescriptions issued in another Member State.
- **Prime Minister’s Decree (D.P.C.M) of 12 January 2017** - Definition and updating of essential levels of care, as per article 1, paragraph 7, of Legislative Decree no. 502 of 30 December 1992.
- **Law o. 47 of 7 April 2017** - Provisions on measures to protect unaccompanied foreign minors.

- **Ministerial Decree (D.M.) no. 50 of 16 April 2018** - Regulation on cross-border health care subject to prior authorisation.
- **Law no. 354 of 26 July 1975** - Rules on the penitentiary system and the execution of measures involving deprivation of liberty and restrictions on freedom.
- **Legislative Decree (D.Lgs.) no. 230 of 22 June 1999** - Reorganisation of penitentiary medicine.
- **Presidential Decree (D.P.R.) no. 230 of 30 June 2000.** - Regulation setting out rules on penitentiary systems and measures involving deprivation of liberty and restrictions on freedom.
- **Law no. 244 of 24 December 2007** - Provisions for the formation of the annual and multi-annual budget of the State (Finance Act 2008).
- **Prime Minister's Decree (D.P.C.M.) of 1 April 2008** - Procedures and criteria for the transfer of healthcare functions to the National Health Service, employment relationships, financial resources, equipment and capital goods with regard to the health care for prisoners.
- **Legislative Decree (D.Lgs.) no. 123 of 2 October 2018** - Reform of the penitentiary system.
- **Charter of Fundamental Rights of the European Union.**
- **Directive 2011/24/EU** of the European Parliament and Council of 9 March 2011 on the application of patients' rights in cross-border health care.



ACRONYMS AND DEFINITIONS

13

ISI Centre › Immigrants Information and Health Centre

CSR › Regional Services Card

D.Lgs › Legislative Decree

D.P.R. › Presidential Decree

D.P.C.M. › Prime Minister's Decree

ELCs › Essential Levels of Care free of charge or against payment of a fee (so called *ticket*)

National Contact Points › National Contact Points

EEA › European Economic Area

SerT › Service for Drug Addiction

NHS › National Health Service

STP › Foreigner Temporarily Present (It is an identification code composed of 16 characters: three characters consisting of the abbreviation STP, three characters of the ISTAT code related to the region, three characters of the code related to the ASL issuing the code, and seven characters with the progressive number assigned).

EHIC › European Health Insurance Card

E.N.I. (code) › Non-Registered European

HC › Health Card intended to replace the CSR

Immigration Consolidation Act or TUI › Legislative Decree no. 286 of 15 July 1998.

