

# ***Recent evolution and effects of healthcare coverage exclusion of undocumented immigrants in Spain***

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Roberto Nuño-Solinís, PhD  
Deusto Business School Health  
Bilbao, Basque Country, Spain



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# Healthcare coverage of undocumented immigrants: recent evolution in Spain

## Spanish National Health System (NHS)

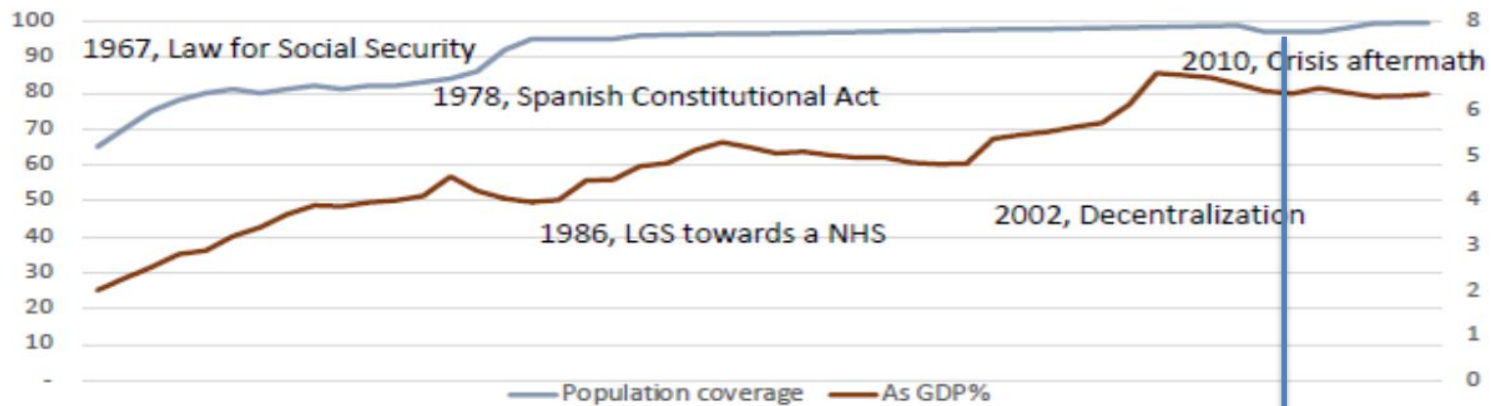
- Universal coverage
- Tax funded
- Free at the point of care (except pharmaceutical copayments)
- Mostly provided by public owned organizations
- Fully decentralized to the Regions since 2002
- In 2000, Act 4/2000 granted **full access to health services regardless of nationality and legal status**. The **only prerequisite** for non-Spaniards to receive the same health services as the native population was to **register as a resident of a municipality**.

# Healthcare coverage of undocumented immigrants: recent evolution in Spain (2)



More than 90% of coverage when the 1986 Reform was issued.  
Effort was made on the extension of the basket of benefits,  
the development of primary care and expansion of high-tech services

### Public coverage vs. Public expenditure (1970 to 2019)



2012 Laws (near 2% excluded)

# Healthcare coverage of undocumented immigrants: 2012 Laws

Spain **excluded a large proportion of undocumented immigrants** from basic public healthcare in **2012**. [**Return to Universal Coverage in 2018**]

Spanish government passed Royal Decree-Law 16/2012 (RDL) aimed at **containing public expenditure in response to the economic crisis**.

This Law redefined just who would be entitled to public healthcare. As a result, for undocumented immigrants **access only was granted under particular circumstances:**

- *emergency care,*
- *maternal care,*
- *children under 18,*
- *asylum seekers and*
- *victims of human trafficking.*

# Reasons behind the healthcare coverage exclusion (2012 Laws)

Context: 2008 **financial and economic crisis**. Countries such as Ireland, Greece, **Spain** and Portugal, adopted rather **stringent austerity policies**.

Spain's 2012 Laws aimed primarily at **controlling public health expenditure** by cutting benefit packages, and reducing the percentage of population covered.

**Undocumented immigrants:** visa “over-stayers”, those who have lost resident status, rejected asylum seekers, and individuals who have entered the country illegally.

Although the government sought to justify this measure on **economic grounds, no estimation of savings or economic implications was presented**.

# Effects of the healthcare coverage exclusion (RDL 16/2012)

It has been estimated that approximately **870,000 people have been excluded** (including approximately **500,000 undocumented immigrants**).

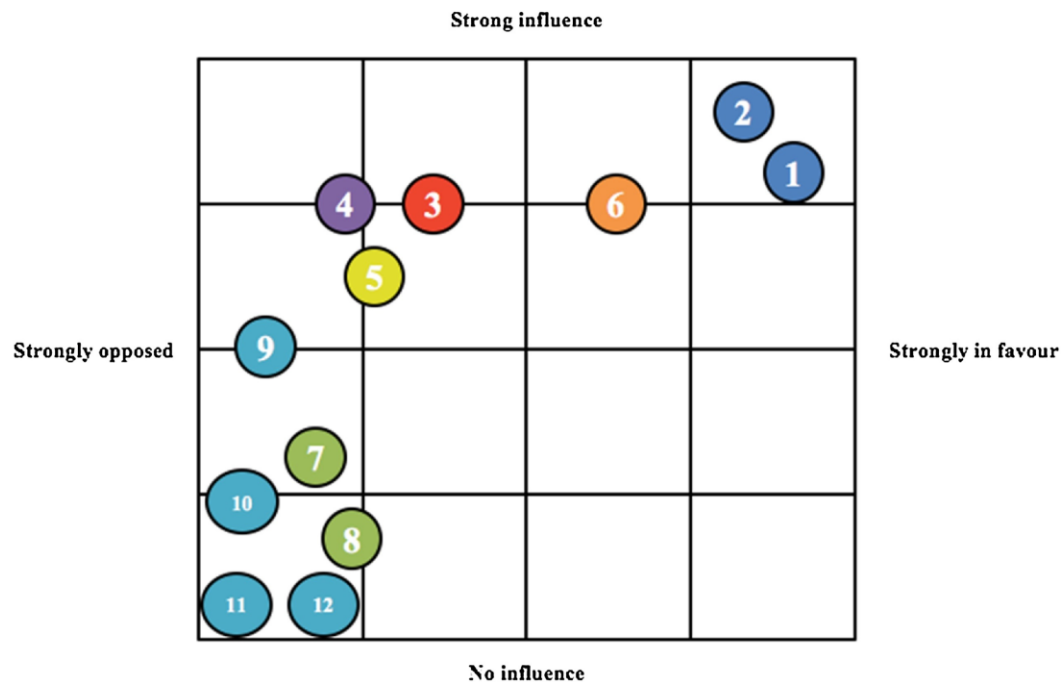
More than **5.000 cases** (registered by REDER) in which the situations of minimum care established by the law have not been fully respected.

**Strong opposition** from NGOs, scientific societies and political parties.

**Unequal regional implementation: 12 out of the 17 Regions passed specific legislation** to mitigate the impact of the national law. This regional legislation has acted as a **counterweight** and thus contained the negative health effects in this population subgroup.

Surprisingly, **five Regions governed by the same political party** as that elected to central government **devised alternative legislation**.

# Strong opposition from NGOs, scientific societies and political parties



- |   |   |   |                     |   |                                      |    |                      |
|---|---|---|---------------------|---|--------------------------------------|----|----------------------|
| 1 | Former Minister of Health (2012): Ana Mato    | 4 | Podemos             | 7 | REDER                                | 10 | semFYC               |
| 2 | Current Minister of Health: Dolors Montserrat | 5 | Nationalist Parties | 8 | International society                | 11 | Doctors of the World |
| 3 | PSOE  | 6 | Ciudadanos          | 9 | Foro de Medicos de Atención Primaria | 12 | CEEM                 |



# Unequal regional implementation



**“ ... just imagine the enormous complexity of navigating this system for an immigrant who changes their residency from one region to another”**

Cimas M, Gullon P, Aguilera E, Meyer S, Freire JM, Perez-Gomez B, Healthcare coverage for undocumented migrants in Spain: Regional differences after Royal Decree Law 16/2012, Health Policy (2016)

Urtaran-Laresgoiti M, Fonseca Peso J, Nuño-Solinís R. Solidarity against healthcare access restrictions on undocumented immigrants in Spain: the REDER case study. Int J Equity Health. 2019 Jun 6;18(1):82. doi: 10.1186/s12939-019-0971-9.

# REDER network

**REDER** emerged as a **civil movement** to address the restrictive measures applied and as a solidarity initiative to defend the right to healthcare of groups in irregular situations.

**REDER** is formed by the **Spanish Society of Family and Community Medicine, Doctors of the World**, and 300+ civil and professional organizations.

The **conscientious objection movement** was a first step for REDER.

*“It has been able to reach more than 480 conscientious objectors only in Madrid, most of them were primary care doctors”.*

The **registry of cases** in which the situations of minimum care established by the law have not been fully respected, comprises a core element of the network.

*“Even people not legally excluded stopped going to healthcare centres or emergency rooms because of fear of being denied care or asked to pay for their care”.*



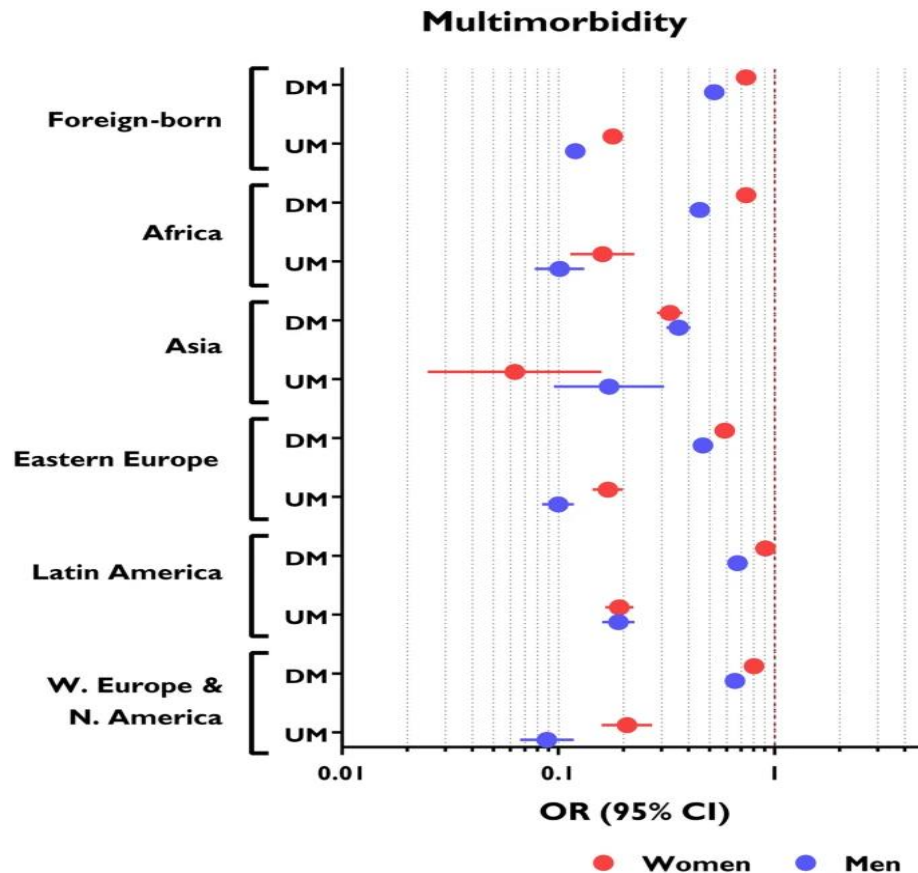
THE URGENCY OF ENSURING UNIVERSAL HEALTH CARE

**Leave  
no one out**

**REDER website:**

<https://reder162012.org/>

# Health status of undocumented migrants, beyond the myths



**The prevalence of chronic disease and multimorbidity is lower in UMs as compared with both DMs and Spanish nationals.**

Gimeno-Feliu, L.A., Pastor-Sanz, M., Poblador-Plou, B. et al. Multimorbidity and chronic diseases among undocumented migrants: evidence to contradict the myths. *Int J Equity Health* 19, 113 (2020).

# Health and Economic impact: costs and utilization (1)

**Lack of economic evaluation:** to date, the Spanish Ministry of Health has yet to publish any figures regarding the savings made from applying the RDL directives to undocumented immigrants.

**Utilization decreased:** GP visits were reduced by 8.1%, specialist visits dropped by 25.7%, and hospital visits plummeted by 36.4%.

**Not significant changes in emergency visits** (with the exception of large metropolitan areas).

Jiménez-Rubio D, Vall Castelló J. Limiting health-care access to undocumented immigrants: A wise option? Health Econ. 2020 Aug;29(8):878-890. doi: 10.1002/hec.4115. Epub 2020 Jun 11.

A. Juanmartí, G. Lopez-Casasnovas, J. Vall. The deadly effects of losing health insurance. CRES-UPF Working Paper #201804-104 Universitat Pompeu Fabra (2018)

# Health and Economic impact: costs and utilization (2)

Restricting access to primary care for this population subgroup have led to **reduced access to preventive services**.

It is considered that easily treatable conditions progressed until people presented as emergencies, as well as increasing the risk of spread of untreated infections and antimicrobial resistance.

For example, the exclusion of **undocumented immigrants with HIV** from primary care and the **lack of access to antiretroviral treatment** result in medical interventions taking place at a more advanced and costly stages of the disease.

**Transaction costs increased:** administrative costs of dealing with private insurance, invoicing, etc exacerbated by not adequate staff training and adapted information systems

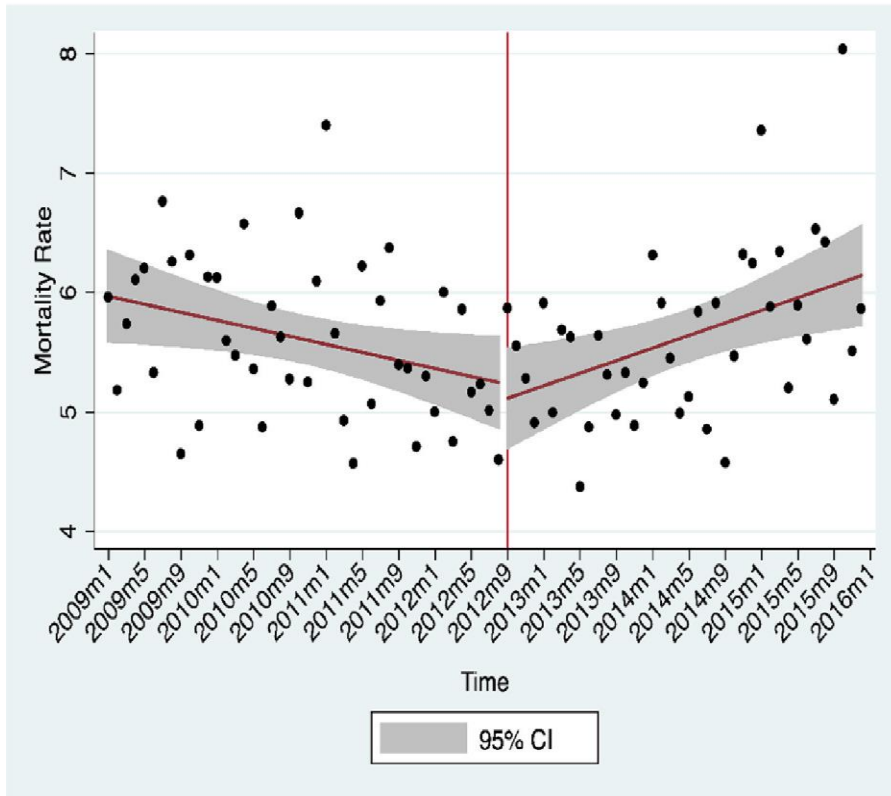
Jiménez-Rubio D, Vall Castelló J. Limiting health-care access to undocumented immigrants: A wise option? Health Econ. 2020 Aug;29(8):878-890. doi: 10.1002/hec.4115. Epub 2020 Jun 11.

Deblonde J, Sasse A, Del Amo J, et al. Restricted access to antiretroviral treatment for undocumented migrants: a bottle neck to control the HIV epidemic in the EU/EEA. BMC Public Health. 2015;15:1228. Published 2015 Dec 10. doi:10.1186/s12889-015-2571-y

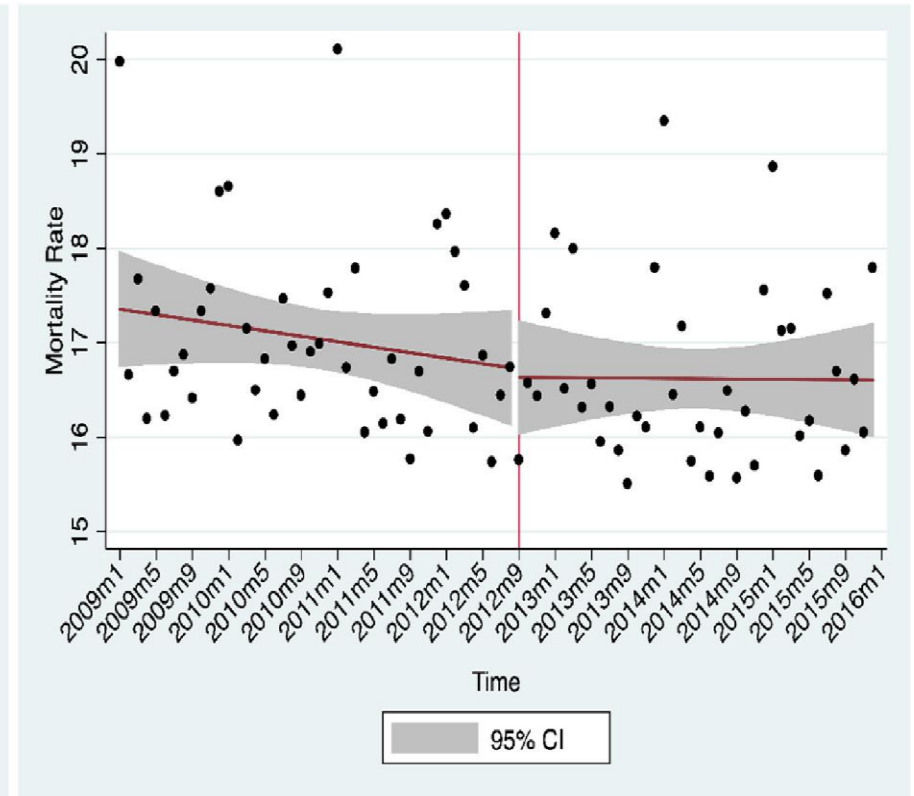
A. Juanmartí, G. Lopez-Casasnovas, J. Vall. The deadly effects of losing health insurance. CRES-UPF Working Paper #201804-104 Universitat Pompeu Fabra (2018)

# Health and Economic impact: increased mortality

(A) NATIONALITIES WITH % OF UNDOCUMENTED > 0



(B) NATIONALITIES WITH % OF UNDOCUMENTED = 0



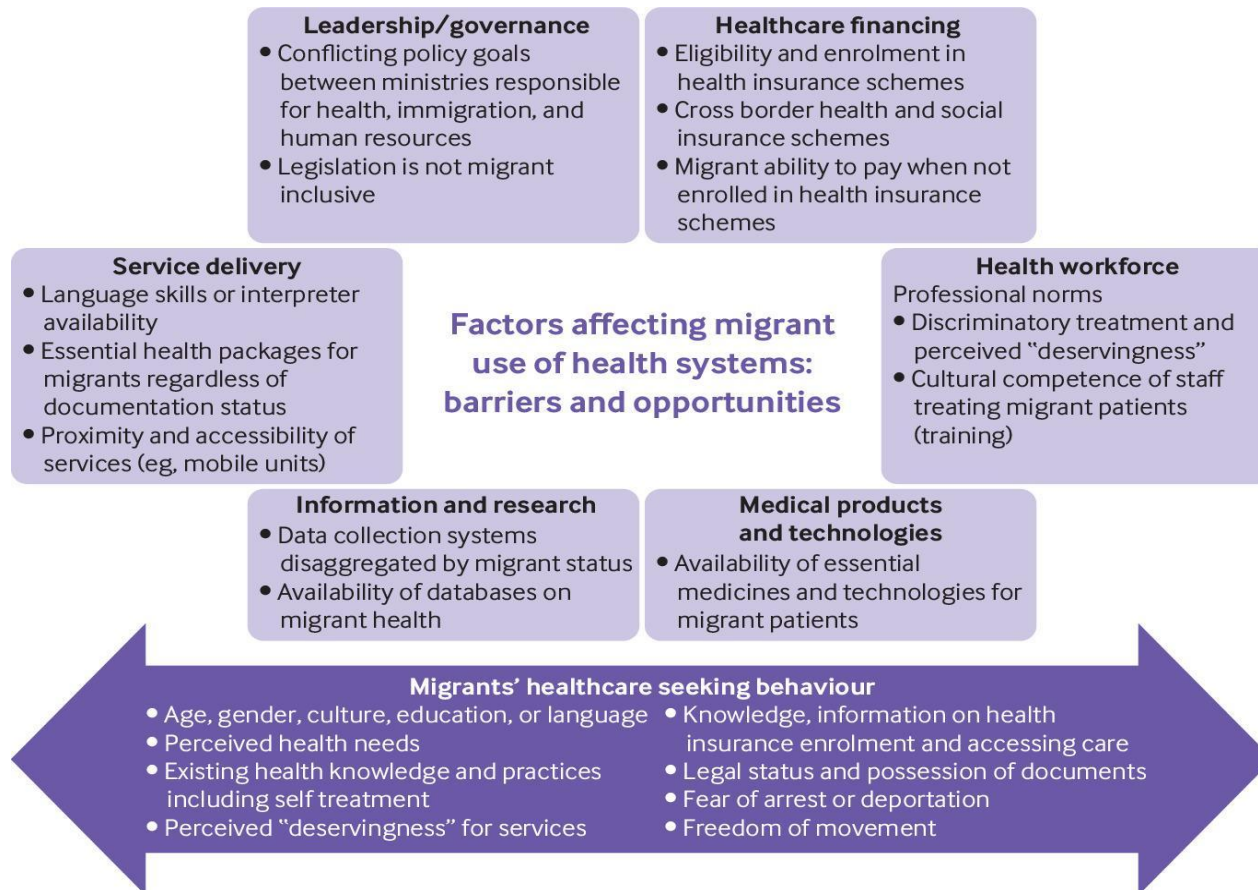
The reform **increased the monthly mortality rate of undocumented immigrants by 0.31 deaths per 100,000 persons during its first four years of implementation. It corresponds to 82 additional deaths per year.**

This effect is much higher for deaths considered **amenable to health care.**



# Evidence-based policy making?

## Healthcare is not universal if undocumented migrants are excluded



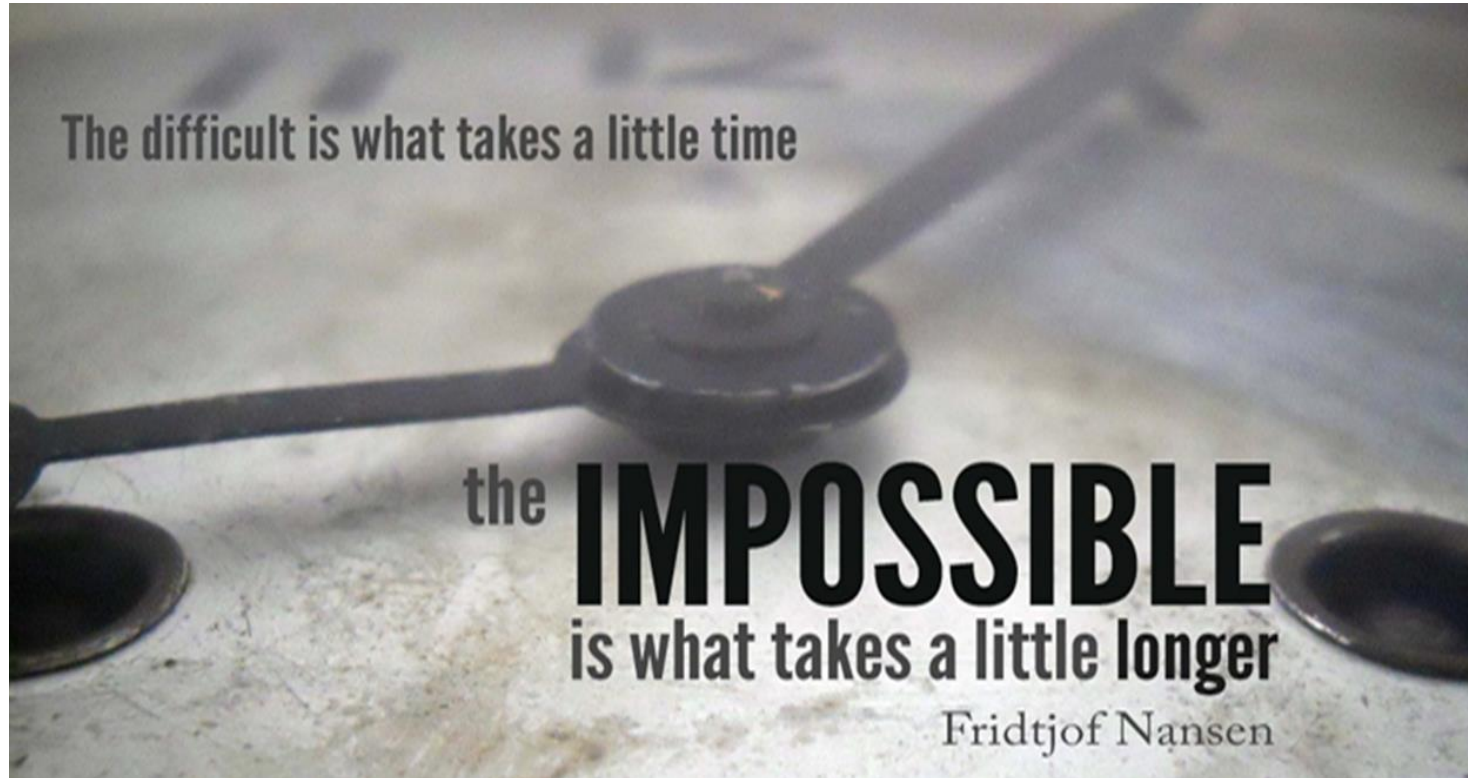


# Conclusions

- ✓ Limiting health-care access to undocumented immigrants **does not seem to be a wise health policy option**, at least in the Spanish context.
- ✓ Healthcare exclusion increases **inequalities** (in health, in access...).
- ✓ **Rigorous economic assessment** is needed (ex ante and ex post)
- ✓ **Moral, humanistic, healthcare organization, public health and economic arguments against exclusion.**

***Nobody is safe until everyone is safe.***

Thank you so much!



[roberto.nuno@deusto.es](mailto:roberto.nuno@deusto.es)

@ronusol