mobile welfare

European welfare systems in times of mobility

Scoping study – Poland
Healthcare

Healthcare system

The recent structure of the Polish healthcare system is an outcome of a set of reforms conducted in the first phase of socio-economic transition (mainly between 1989 and 2004). As a consequence, an old, highly centralized system (fully funded by general taxation) has been replaced with a mandatory public health insurance with regional Sickness Funds (1999). This system was further reformed in 2003 when the National Health Fund (NFZ) was created as a central body responsible for financing of healthcare in Poland (Boulhol *et al.* 2012).

The National Health Fund is the main source of funding for the health system, particularly if we consider that public spending accounts for over 70% of total spending on healthcare in Poland (NFZ is responsible for financing of around 85% of the total public spending). Additionally, selected highly specialized services are financed directly by the Ministry of health, the same refers to emergency medical services. The general rule is that the National Health Fund periodically provides grants for health services providers (both public and private) on a competitive basis. Additionally, several institutions including Ministry of Defense, Ministry of Internal Affairs, Ministry of Justice and National Security Agency have their own healthcare facilities.

In terms of healthcare contributions, Polish citizens are burdened with a compulsory insurance representing since 2007 9% of personal income (7.75% is deducted from the income tax, and 1.25% insured covers). This contribution is thus a fixed proportion of wage and clearly does not reflect individual health risks. In its recent shape the health insurance in Poland covers employees, the self-employed, the unemployed (receiving benefits), as well as the retired / disabled. In case of selected groups (farmers, unemployed who do not receive benefits, soldiers etc.) a health-insurance premium is being paid by the government. Central and regional/local governments are also responsible for reimbursing or financing specific

health programs and lifesaving procedures (e.g. organ transplants, heart surgery), and funding the operational costs of healthcare facilities.

The fundamental element of the healthcare system is a General Practice doctor (GP). GPs are usually a family medicine specialists and are generally responsible for prevention and basic treatment procedures. If the patient requires specialized treatment a referral from his/her GP is necessary (with a few exemptions). Importantly, the control over the eligibility remains relatively low. As a rule, to get an access to healthcare services it is necessary to provide a health insurance document (insurance card, pay slip). Since 2013 it became possible to refer to an electronic system of insured (eligible) – eWUŚ.

Individual insurance is possible and in this case the payment for medical expenses is covered by the insurer. The amount of the refund depends on the value of voluntary insurance and type of treatment (with highly specialized treatments being commonly excluded). Mandatory health insurance contribution is generally paid on behalf of the insured individual by another entity (employer, labour office, school etc.), in case of voluntary health insurance it is being paid by the insured individual (the same refers to self-employed persons).

According to specialists, in terms of healthcare Poland is a country with a heavily regulated public system with rigid budget constraint and very limited autonomy of regional bodies. Choice of providers is relatively large but at the same time "over-the-basic" insurance coverage remains very restricted (share of privately insured persons is among the lowest in the EU). In general terms, Poland share similar characteristics as Hungary, Ireland or the United Kingdom (Boulhol *et al.* 2012; OECD 2010). Nonetheless, there is a dramatic gap with respect to healthcare expenditures per inhabitant (see Figure 1). Similarly to other new member states of the EU, those expenditures in Poland are several times lower than in the EU15 countries.

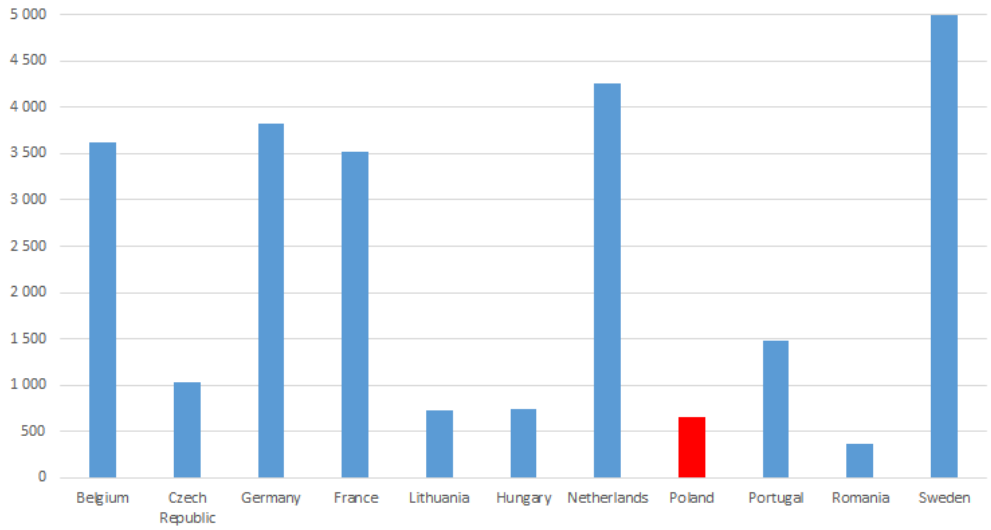

Figure 1. Healthcare expenditure (Euro per inhabitant), 2013

Source: Own elaboration based on Eurostat data

The scale of financing is slowly improving but, unfortunately, it does not mean that the gap between Poland (and other CEE countries) is closing – see Figure 2. Nonetheless, it is worth noting that apparently health expenditures are modest but consistent with Poland's economic development level.

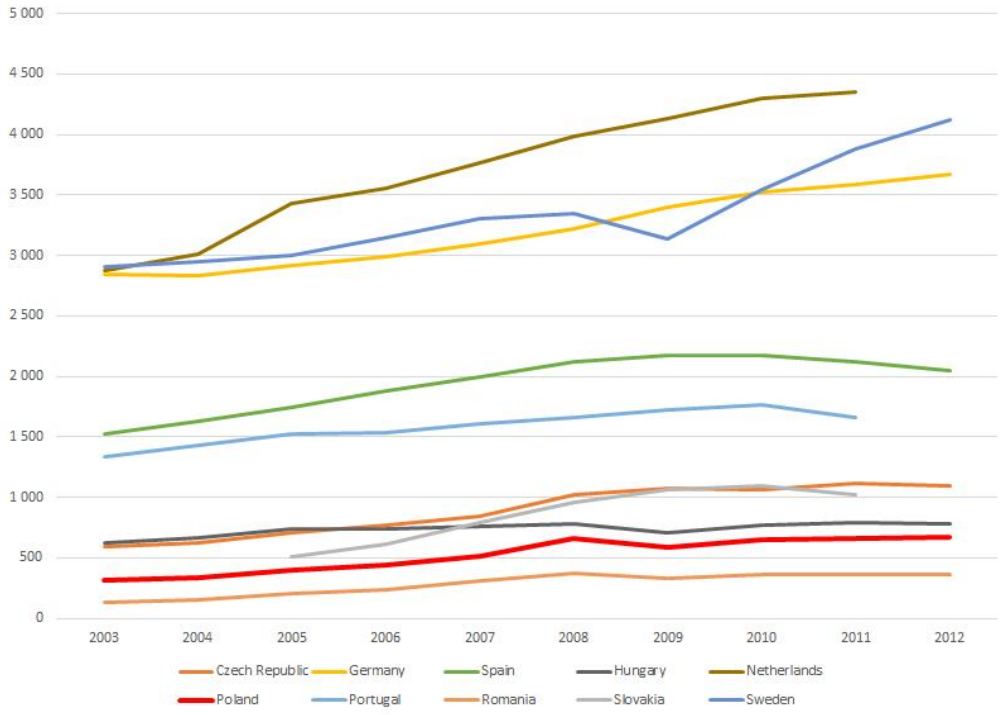

Figure 2. Evolution of healthcare expenditure (Euro per inhabitant), 2003-2012

Source: Own elaboration based on Eurostat data

The healthcare system and its functioning remains one of the main concerns of public debate in Poland. This is also clearly reflected in results of pan-European surveys (e.g. Health Barometer) showing a very low satisfaction with healthcare (among the lowest in the EU). On the one hand, advantages of the Polish system lie in the presence of public health insurance and well-qualified medical staff. On the other, the most critical issues include: too low level of funding, very rigid limits imposed on health services providers, long waiting lists (particularly in case of highly specialized procedures), (relatively) low salaries of medical professionals (particularly nurses), strong regional disparities (including misallocation of healthcare resources) resulting in serious inequalities in access to care, practically almost non-existent long-term care (for the elderly).

Access of foreigners to healthcare services

Generally, most of healthcare services are accessible for third-country nationals who are mandatorily or voluntarily insured within NFZ and who possess a valid residence status. The latter include: a temporary residence permit (with an exception of a permit granted to irregular migrants), a permanent residence permit, a residence permit for a long-term EU resident, or a work visa. Additionally, healthcare services are available for immigrants' family members (registered with NFZ) who are residing on the Polish territory and are not covered by the mandatory health insurance (i.e. they do not have their own entitlements). Similarly, the rules related to the access to particular health-care services (general practitioner/primary healthcare, special care procedures, hospitalization) are uniform for all insured regardless of nationality.

Interestingly, in the case of Poland healthcare services are also available for free for selected categories of persons who are not insured, including: persons with insufficient income (based on officially defined income threshold), persons below 18 years old, women during pregnancy, delivery and post-delivery period. This rule does not apply to foreigners with an exception of specific non-contributory benefits such as medical rescue services, alcohol abuse treatment, drug addicts' treatment, treatment of persons with psychiatric diseases. Some categories of non-contributory benefits, particularly long-term care, are granted only provided that immigrant meets the income criterion and other statutory requirements.

Additionally, since 2013 when the new Act on foreigners has been adopted (effective since May 2014), immigrants staying in Poland on the basis of a valid permit can register themselves as unemployed and thus can gain access to all related benefits including free healthcare.

Importantly, the right to state-funded healthcare benefits can be transferred to the country of origin/residence of a third-country national (or his/her family members) only if it is regulated with a bilateral agreement signed by Poland. The same principle applies in relation to the Polish nationals.

There exists no data on health insured foreigners and related spending. Nonetheless, until recently, the group of foreigners entitled to receive healthcare benefits has been very small and included predominantly settled migrants or persons who immigrated from another EU country. Particularly, short-term migrants who present the majority of all foreigners staying in Poland were not entitled to majority of healthcare benefits. This situation changed to some extent in 1 May 2014 when the new Act on foreigners entered into force, but still it relates primarily to family benefits and social pensions.

References

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