



European
Social
Charter

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**EUROPEAN COMMITTEE OF SOCIAL RIGHTS
COMITÉ EUROPÉEN DES DROITS SOCIAUX**

5 April 2024

Case Document No. 3

Amnesty International and Médecins du Monde – International v. Sweden
Complaint No. 227/2023

SUBMISSIONS OF THE GOVERNMENT ON THE MERITS

Registered at the Secretariat on 5 March 2024



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Ministry of Employment
Director-General for Administrative Affairs

Directorate General
Human Rights and Rule of Law
Department of Social Rights
Council of Europe

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European Committee of Social Rights

Submissions of the Government of Sweden on the merits to collective complaint no. 227/2023, Amnesty International and Médecins du Monde v. Sweden

Introduction

1. These submissions on the merits of the complaint, introduced by the organisations Amnesty International and Médecins du Monde International (below, the complainants) are submitted on behalf of the Swedish Government (below, the Government).

The European Social Charter

2. The complainants allege that Sweden is in violation of Articles 11 and 13 of the revised European Social Charter (below, the Charter) read alone or in conjunction with Article E, due to continued denial of healthcare services for EU migrants in Sweden, the billing of the full cost of healthcare services for EU migrants in Sweden, and the chilling effect of said practices that lead to refraining of seeking healthcare services.
3. Articles 11, 13 and E of the Charter read as follows:

Article 11 – The right to protection of health

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in cooperation with public or private organisations, to take appropriate measures designed *inter alia*:

1. to remove as far as possible the causes of ill-health;
2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;

3. to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.

Article 13 – The right to social and medical assistance

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

1. to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;
2. to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;
3. to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;
4. to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on 11 December 1953.

Article E – Non-discrimination

The enjoyment of the rights set forth in this Charter shall be secured without discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national extraction or social origin, health, association with a national minority, birth or other status.

4. Sweden ratified the revised Charter in May 1998. It accepted 83 of the Revised Charter's 98 paragraphs, including the paragraphs of Articles 11 and 13 as well as Article E. The ratification means that Sweden has an obligation according to public international law to secure that the Charter is respected in law and in the application of law. The Charter is, unlike the European Convention on Human Rights, not incorporated into Swedish legislation. However, in accordance with the principle of treaty conform interpretation of national law, public institutions such as courts and legislators have a far-reaching obligation to interpret national laws in accordance with the provisions of the Charter and thereby avoid conflicts between national law and the Charter. The Government is of the strong

opinion that Swedish legislation is in conformity with the provisions of the Charter.

Relevant ECSR conclusions

5. The Government notes what the European Committee of Social Rights (below, the ECSR) has expressed in its conclusions from January 2018¹, with regards to the interpretation of Article 13 of the Charter:

The Committee recalls that, under Article 13§1, States are under the obligation to provide adequate medical and social assistance to all persons in need, both their own nationals as well as nationals of States Parties lawfully resident within their territory, on an equal footing. In addition, with reference to its Statement of Interpretation of Articles 13§1 and 13§4 (Conclusions 2013) regarding the scope of Articles 13§1 and 13§4 in terms of persons covered, the Committee considers that persons in an irregular situation in the territory of the State concerned are also covered under Article 13§1, rather than under Article 13§4, which was previously its practice. The Committee henceforth examines whether the States who have accepted Article 13§1 ensure the right to:

- adequate social and medical assistance for their own nationals and for nationals of other States Parties lawfully resident within their territory on an equal footing;
 - emergency social and medical assistance to persons unlawfully present in their territory.
6. Concerning the concept of lawful residents, the Government furthermore notes what is expressed in the Digest of the Case Law of the ECSR, as follows: “The Charter does not regulate procedures for admitting foreigners to the territory of States Parties, and the rules governing “resident” status are left to national legislation.”²

The right to health and medical care in Sweden

Health and medical care for registered residents in Sweden

7. The Swedish health system provides affordable healthcare to persons registered as residents. As pointed out by the complainants³, the

¹ Conclusions XXI-2 (2017) (CZECH REPUBLIC, DENMARK, GERMANY, POLAND, SPAIN, UNITED KINGDOM), Articles 3, 11, 12, 13, 14 of the 1961 Charter and Article 4 of the Additional Protocol.

² Digest of the Case Law of the European Committee of Social Rights, Council of Europe, June 2022, p. 128.

³ Paragraph 57 of the complaint.

Swedish Health and Medical Services Act⁴ states that the objective of health and medical services in Sweden is “good health and care on equal terms for the entire population” and that “care shall be provided with respect for the equal value of all persons and for the dignity of the individual. Those who have the greatest need for healthcare and medical services shall be given preferential access to care.”⁵

8. While the legislation governing the healthcare sector is a national responsibility, it is primarily the 21 Swedish regions that carry out healthcare services and apply the legislation in place. The regions have a legal responsibility to provide good healthcare to those who are registered as residents in the region.⁶
9. Residents in a region are those who are registered in the Swedish population register. In order to be registered as resident in Sweden, a person must have the intention to stay in Sweden for at least one year.⁷ This applies equally to Swedish citizens. He or she must also have the right to stay in Sweden in order to be registered.⁸ The right to stay in Sweden applies to citizens of Nordic countries⁹, persons with a right of residence as an EEA citizen, a British citizen, or a family member of someone with right of residence, and to persons with a residence permit from the Swedish Migration Agency (in Swedish: *Migrationsverket*).¹⁰ Accordingly, access to healthcare in Sweden is not based on nationality but on the fulfilment of the requirements to register as a resident in a Swedish region.
10. The right of residence for an EU citizen in another EU Member State is governed by Directive 2004/38/EC of the European Parliament and of the Council of 29 April 2004 on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States amending Regulation

⁴ Health and Medical Services Act (2017:30) (Hälsa- och sjukvårdslag).

⁵ Chapter 3, Section 1 of the Health and Medical Services Act (2017:30).

⁶ Chapter 8, Section 1 of the Health and Medical Services Act (2017:30).

⁷ Section 3 of the Population Register Act (1991:481) (Folkbokföringslag).

⁸ Section 4 of the Population Register Act (1991:481).

⁹ Denmark (including the Faroe Islands and Greenland), Finland (including the Åland Islands), Iceland, Norway and Sweden.

¹⁰ Section 4 of the Population Register Act (1991:481) and Aliens Act (2005:716) (Utlänningslag).

(EEC) No 1612/68 and repealing Directives 64/221/EEC, 68/360/EEC, 72/194/EEC, 73/148/EEC, 75/34/EEC, 75/35/EEC, 90/364/EEC, 90/365/EEC and 93/96/EEC (below, Directive 2004/38/EC), implemented into Swedish legislation through the Aliens Act¹¹. Union law affords EU citizens the right of residence on the territory of another Member State for a period of up to three months without any conditions or any formalities, other than the requirement to hold a valid identity card or passport. For a right of residence for more than three months, however, the Swedish Aliens Act in sum requires for EEA citizens to work or be self-employed, be looking for work and have realistic possibilities to find work, or to have sufficient means to support themselves and have a comprehensive sickness insurance cover valid in Sweden. The right of residence also extends to family members.¹² If these requirements are fulfilled, an EEA citizen does not need to apply for a residence permit or contact the Swedish Migration Agency.¹³ A person who fulfils the requirements of right and intention to stay in Sweden as a resident for more than one year, can register in the Swedish population register.

11. Healthcare for registered residents is subsidised, and the fees are in the range that the complainants describe.¹⁴ The fees are set by the individual regions. The costs for health and medical services in Sweden are mainly funded by regional and municipal taxes.
12. According to the Discrimination Act (2008:567) discrimination is prohibited with regard to health and medical care and other medical services. The prohibition covers seven grounds including ethnicity. The Equality Ombudsman is responsible for supervising compliance with the Discrimination Act and can bring a court action on behalf of an individual complainant.

¹¹ Aliens act (2005:716).

¹² Article 7 of Directive 2004/38/EC and Chapter 3a, Section 3 of the Aliens Act (2005:716).

¹³ <https://www.migrationsverket.se/English/Private-individuals/EU-EEA-citizens/Work-study-or-live-in-Sweden-for-EU-EEA-citizens.html>

¹⁴ Paragraph 62 of the complaint.

Healthcare in Sweden for EU/EEA-citizens

13. The EU coordination rules on social security, as set out in Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems and Regulation (EC) No 987/2009 of the European Parliament and of the Council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems (below, the coordination rules) are a complete set of rules providing citizens covered by the rules with rights and obligations relating to social security. The rules are based on coordination, and it is up to each Member State to design its social security system, i.e. to decide who is insured under their legislation, which benefits are granted and the conditions thereof.

14. According to the coordination rules, an insured person and the members of his or her family, are entitled to necessary healthcare during a temporary stay in a Member State other than the competent one.¹⁵ The benefits shall be provided on behalf of the competent Member State by the Member State of stay, in accordance with the provisions of the legislation it applies, as if the persons concerned were insured under the said legislation.¹⁶ The competent institution is the institution with which the person concerned is insured, that is to say, the institution from which the person would be entitled to benefits or the institution designated by the Competent authority of the Member State concerned.¹⁷ The competent Member State means the Member State in which the competent institution is situated.¹⁸ In short, the costs for the healthcare provided in Sweden will in these cases ultimately be carried by the competent Member State, i.e. the country in which the person is insured. This applies equally to Swedish citizens, in situations where the person in question is insured in another EU Member State.

15. The European Health Insurance Card (EHIC) is a European certificate issued by the competent institution used to verify a person's health insurance coverage. The purpose of EHIC is thus to

¹⁵ Art. 19 of Regulation (EC) No 883/2004.

¹⁶ Art. 19 of Regulation (EC) No 883/2004.

¹⁷ Art. 1(q) of Regulation (EC) No 883/2004.

¹⁸ Art. 1(s) of Regulation (EC) No 883/2004.

secure an insured person's right to necessary health care in another Member State, but also to confirm that the competent institution will cover the cost of the provided necessary health care for the state providing the care. Hence, if an insured person is unable to provide such proof of insurance, he or she will have to cover the cost of care and can thereafter seek reimbursement for the cost from the competent institution in the country in which he or she is insured.

Healthcare for other foreigners in Sweden

Access to immediate healthcare

16. The responsibility of the regions to provide good healthcare to its registered residents, as described in paragraph 7 above, is complemented with an obligation to give immediate healthcare to any person present in the region, without being a registered resident, and who is in need of such care.¹⁹ This obligation encompasses any person in need of emergency medical assistance who is resident in another Swedish region, who is temporarily present in Sweden, or who is unlawfully present in Sweden.²⁰ The term “immediate healthcare” has not been defined in the law or in the legislative history. In the legislative history of the Health and Medical Services Act it is stated that it is the responsible medical staff that must assess and decide case-by-case whether a medical condition implies an immediate need of healthcare. The assessment should be based on whether the condition is such that treatment can or cannot wait until the patient has returned to where he or she normally is to seek care.²¹ The assessment should thus be made by the medically educated and experienced personnel in the healthcare facility.

17. The obligation to provide immediate healthcare to a patient in need does not include a requirement for such care to be subsidised. The region can thus require for the patient to stand the costs for the treatment given, if the patient does not qualify for subsidised

¹⁹ Chapter 8, Section 4 of the Health and Medical Services Act (2017:30).

²⁰ Govt Bill 2012/13:109, p. 38.

²¹ Govt Bill 1981/82:97, p. 120.

healthcare through legal residence in a Swedish region.²² However, immediate care may not be denied due to a patient's inability to pay.²³

Access to healthcare for undocumented migrants

18. Act (2013:407) on healthcare and medical services for certain aliens' resident²⁴ in Sweden without necessary permits²⁵ (below, the 2013 Act) is applicable to persons who stay in Sweden without permission through legislation or a permit from a competent authority, provided that their stay in Sweden is not intended to be only short-term (below, undocumented migrants).²⁶
19. The 2013 Act gives undocumented migrants access to care that cannot wait (in Swedish: *vård som inte kan anstå*). In addition, the Act also provides access to care during pregnancy and childbirth and post-natal care, as well as care in connection with abortion and contraceptive advice, all at a minimum cost.²⁷ Furthermore, children who are undocumented have access to all healthcare and medical services on the same terms as resident children.²⁸ Such care is offered free of cost in all Swedish regions.²⁹
20. As mentioned by the complainants³⁰, there is a reference to EU citizens in the legislative history of the 2013 Act. In the relevant Government Bill it is written that "...it cannot be ruled out that the proposed legislation on health and medical care for persons staying in Sweden without a permit may in exceptional cases become applicable also to Union citizens".³¹

²² Govt Bill 1981/82:97, p. 119.

²³ Govt Bill 1981/82:97 p. 114; Govt Bill 1996/97:60 p. 25 and Govt Bill 2012/13:109 p. 16.

²⁴ The term in Swedish is "vistas" which can be translated to "residing" but also "staying". The word "vistas" can be used for tourist etc. and it does not encompass a person who is a registered resident in Sweden. In the following, the word "vistas" will be translated with "staying".

²⁵ Act (2013:407) on healthcare and medical services for certain aliens resident in Sweden without necessary permits (Lag [2013:407] om hälso- och sjukvård till vissa utlänningar som vistas i Sverige utan nödvändiga tillstånd).

²⁶ Section 5 of the 2013 Act.

²⁷ Section 7 of the 2013 Act.

²⁸ Section 6 of the 2013 Act.

²⁹ The Swedish Association of Local Authorities and Regions: https://skr.se/download/18.a64bf7a186bcc99444379ef/1678707825164/Patientavgifter_oppnen_slutenvard_2023.pdf

³⁰ Paragraph 67 of the complaint.

³¹ The sentence in Swedish reads as follows: *Det är dock inte uteslutet att förslagen lagstiftning om hälso- och sjukvård till personer som vistas i Sverige utan tillstånd i enstaka fall kan komma att bli tillämplig även på unionsmedborgare* (Govt Bill 2012/13:109 p. 41).

21. The question of who can be considered undocumented and thus fall within the scope of the 2013 Act is a question for the applying authorities or courts to interpret. In which specific cases the 2013 Act will be applicable to EU citizens is thus for these authorities or courts to decide.

On the merits

General remark

22. With respect to the complainants and with regard to the complaint, where reference is being made to international obligations other than the Charter, the Government will focus its comments on the scope of the Charter as it is interpreted by the ECSR.

On the allegations

General remark

23. Although the complainants claim violations of Articles 11 and 13 of the Charter, read alone or in combination with Article E, thus regarding right to health and medical assistance, the complaint also describes observations and study results concerning the living and housing conditions of vulnerable EU-migrants more generally.³² The following submissions will be focusing on the alleged breaches of the Charter.

The individual cases

24. The complainants have described events and cases to support the allegations. Referring to their study, covering primarily the years 2016 up until February 2022, the complainants put forward the following (annex V to the collective complaint):

Amnesty International and Médecins du Monde identified 129 cases of violations, affecting 86 individuals. In 12 cases, individuals had been subjected to multiple violations in the sense that they had either had several health problems and encountered problems each time in accessing care, or had received several bills for the same health condition. The great majority of cases were found in the three major regions (Stockholm, Göteborg and

³² See section 2.3 of the complaint.

Malmö, in Region Stockholm, Region Västgöta [recte Västra Götalandsregionen] and Region Skåne, respectively), due to the fact that most service-providing organizations are based in these three regions. Nevertheless, through the Amnesty International and Médecins du Monde respective networks, a few cases could also be identified in Gävleborg (Region Gävleborg), Umeå (Region Västerbotten) and Luleå (Region Norrbotten).

The research identified 28 cases where individuals had been denied access to healthcare altogether because of their status as EU migrants without health insurance. In 64 cases, individuals had been billed for the full amount for receiving health care despite not being in a position to pay due to their socio-economic status. The research found 37 cases where individuals had refrained from seeking healthcare for the express reason that they justifiably feared the high cost that healthcare would entail.

25. The Government would like to clarify that it is prevented from commenting on individual cases. The following argumentation will therefore refrain from such remarks and limits itself to relevant general remarks.

Residence in Sweden of the group concerned

26. The case concerns EU migrants present in Sweden. The following is put forward in the complaint, regarding the presence in Sweden of the group concerned.

[I]n Sweden there is no registration of EU citizens when they enter or leave the country, nor is there a practice to expel EU citizens without a right of residence who have stayed longer than three months. Thus, the three-month limit is not upheld in practice. At the same time, most Swedish national and municipal policies vis-à-vis EU migrants are designed to fit this three-month model, assuming that individuals in this group are in Sweden only “temporarily”, staying for a maximum period of three months. In practice, many EU migrants stay for much longer, with or without occasional visits back to their home countries.³³

27. The Government would like to underline that the absence of an expulsion practice when it comes to EU migrants staying in Sweden for more than three months without fulfilling the requirements for right of residence, does not imply that these persons are lawful residents in Sweden. It should also be pointed out, that although

³³ Paragraph 30 of the complaint.

there is an unconditional right for EU citizens to stay in Sweden for up to three months, the rules regarding registration as resident, as explained above in paragraph 9, still apply. From the circumstances described in the complaint it can be concluded that the persons in the group concerned have not complied with the requirements to become registered residents in Sweden. In this context, the Government recalls what the ECSR has concluded in previous cases, as accounted for in paragraphs 5 and 6 of these submissions.

Access to healthcare and to subsidies

28. As described above in paragraphs 16 and 17, the Swedish legislation includes an obligation for the regions to provide immediate healthcare to any person staying in the region in need of such care. Hence, the Government would like to underline that through the provisions described, a legal order is in place that fulfils the provisions of the Charter when it comes to emergency medical assistance for persons present in Sweden.
29. The provisions are by nature non-discriminatory since they apply to anyone present in a region. Thus, no breach of Article E of the Charter can be concluded.
30. The Government would like to underline that it is not possible to draw any conclusions from the data presented in the complaint, on whether certain cases and medical conditions referred by the complainants have been of such nature that the patient who was denied treatment, had been in need of immediate care. As put forward above, the Government is prevented from commenting on individual cases. It would, in any case, like to highlight that a patient who considers that he or she has been unjustly treated in relation to healthcare, has the possibility to complain through different supervisory mechanisms. These are the Patient Advisory Committee (in Swedish: *Patientnämnden*) in the relevant region, or the Health and Social Care Inspectorate (in Swedish: *Inspektionen för vård och omsorg*).
31. The complainants allege³⁴ that some interviewees have stated that they, at times, were denied medical treatment altogether, justified by

³⁴ Paragraphs 92 and 100 of the complaint.

the lack of an EHIC or by their status as EU migrants without insurance. Furthermore, the complainants put forward³⁵ that they have identified 64 cases where individuals were billed for the cost of care provided.

32. As stated above in paragraph 13, the purpose of the coordination rules is to coordinate the different social security systems of the Member States, and as such, it is up to the Member States to design their own social security systems. In accordance with the coordination rules³⁶, an insured person is entitled to necessary healthcare during a temporary stay in another Member State than the competent one. The fact that the competent Member State does not provide for a specific insurance does not entail that the responsibility to cover the costs for healthcare provided is transferred to another Member State. It should be noted that the cost of healthcare provided in Sweden to an EU citizen through the coordination rules is ultimately carried by the competent Member State's competent institution, and not by Sweden. Hence, an individual that cannot present an EHIC or other proof of insurance, will have to cover the full cost of care given in the same manner as those not covered by Regulation (EC) No 883/2004. This applies equally to all persons covered by the coordination rules. In this regard, no breach of Article E of the Charter can be concluded.
33. The complaint includes arguments as to the applicability to EU migrants of the 2013 Act. According to the complaint, the lack of legal certainty regarding the applicability of the 2013 Act is an argument for the alleged breaches of the Charter.
34. The Government would like to reiterate that the question of if or when, an EU citizen is covered by the 2013 Act, is for the applying authorities or courts to interpret and decide. For the sake of clarity, it should be underlined that the 2013 Act provides an extension of the obligation for all regions to provide immediate healthcare, as described above under paragraphs 16 and 17, to any person present in a region in need of such care. Consequently, the Government

³⁵ Paragraph 110 of the complaint.

³⁶ Article 19 of Regulation (EC) No 883/2004.

opposes to the allegation that the limited application of the 2013 Act to EU migrants would constitute a breach of the Charter.

35. It should also be noted that Directive 2004/38/EC, as described above in paragraph 10, gives EU citizens and their family members rather extensive rights to move freely and reside, including to apply for work, in other Member States. It is the Government's view that the EU legislative framework shall be used as far as possible for this group. The scope of persons generally covered by the 2013 Act find themselves in a quite different situation. Taking into account the important differences of the groups concerned, this is yet another circumstance that emphasises that no breach of Article E of the Charter can be concluded.

Abstention from necessary healthcare

36. The complainants allege that Sweden is in violation of Article 11 and of Article 13, read alone or in conjunction with Article E, due to the chilling effect created by not providing subsidized healthcare to EU migrants in Sweden, leading to EU migrants refraining from seeking necessary healthcare.

37. The Government has in these submissions provided clarifications regarding the Swedish legislation and how it is in conformity with the provisions of the Charter.

38. The Government understands the difficult situation of vulnerable EU-migrants who are looking for opportunities to support themselves in Sweden. As described above, according to the Swedish legislation the regions have a clear responsibility to provide these persons with at least immediate healthcare when needed.

39. Furthermore, according to Swedish legislation on social services, anyone present in a Swedish municipality shall be provided a minimum of necessary social protection³⁷. In the case of foreign nationals unable to provide for themselves, the necessary support provided is normally directed towards solving an emergency situation. What such support consists of needs to be assessed case by case. For EU citizens unable to provide for themselves, such support

³⁷ Chapter 2, Section 1 § of the Social Services Act (2001:453) (Socialtjänstlag).

can often include temporary accommodation, money for food and a ticket to return to their EU Member State of origin.

Recommendations of the complainants

40. The complainants have provided a number of recommendations. Firstly, the complainants recommend that Sweden should ensure that everybody residing within its territory, including EU migrants, has access to accessible and affordable healthcare and actively promote this amongst impacted communities, in line with Sweden's obligations under Articles 11, 13 and E of the revised European Social Charter. Secondly, the complainants recommend that Sweden should urgently adopt and disseminate a policy clarifying that EU migrants, both during their first three months in the country and thereafter, have a right to subsidized healthcare and medical services on the same terms as undocumented migrants and that nobody should be denied essential healthcare and treatment. Thirdly, the complainants recommend that Sweden should amend the legislation in order to clarify that all EU citizens in Sweden, both during their first three months in the country and thereafter, and whether they have a European Health Insurance Card or not, have a right to subsidized healthcare and medical services at least on the same terms as undocumented people.
41. As clarified above, Sweden fulfils its obligations under the Charter through the legislation in place on immediate healthcare to persons who are visiting or staying in the country. This provision is non-discriminatory, and nobody may be denied immediate care due to lacking ability to pay.³⁸
42. The Government wants to stress that it strongly supports the free movement of persons within the EU. However, it is important to underline that the right to stay in another Member State for more than three months comes with an obligation to be able to provide for oneself.³⁹ It is the Governments view that a core reason for the vulnerable EU migrants' situation in regard to the EU coordination rules is that they are uninsured in their home country, thus falling

³⁸ Govt Bill 1981/82:97 p. 114; Govt Bill 1996/97:60 p. 25 and Govt Bill 2012/13:109 p. 16.

³⁹ Article 7 of Directive 2004/38/EC.

outside the scope of Regulation (EC) No 883/2004, as the coordination rules apply to insured individuals.

43. The Government is hopeful that all EU-citizens will be covered by a healthcare scheme of the country of origin and thus will be entitled healthcare services both in the country of origin and in other Member States under the provisions of the coordination rules.
44. It is difficult to overlook the consequences that could occur if people who are not covered by health insurance in their home country and moving freely within the EU, would be granted general access to subsidised healthcare as long as they stay in Sweden.
45. It is the applying authorities and courts in Sweden who are interpreting the scope of the Act 2013 and the Government is prevented from commenting on how the law should be applied.
46. Lastly, the complainants recommend that Sweden should design a scheme offering relief to those EU migrants who already are in debt because they owe money to regions for essential healthcare and treatment.
47. In Sweden there are rules relating to debt enforcement and debt relief in the Enforcement Code (1981:774) and in the Debt Relief Act (2016:675). A debtor is usually recommended to discuss the possibility of an instalment plan or another solution with the creditor. He or she can also discuss the situation with the Social Services Authorities, which are to leave advice.⁴⁰

Conclusion

48. With regard to all the above, Sweden does not violate any of the invoked Articles of the Charter.

⁴⁰ Chapter 5, Section 12 of the Social Services Act (2001:453)

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Kerstin Bynander', with a long horizontal flourish extending to the right.

Kerstin Bynander

Director-General for Administrative Affairs