

Townhall meeting SSN – JSIS
Open Meeting on Health Cover for EUI Staff
7 November 2022

*Notes taken by EUI Employees Union,
controlled with Zoom registration (SG office) and text checked by SG.*

Text of Invitation email sent 3 November 2022 by SG office to convene this meeting
(To: DLstaff; DLprofs; DLretired_staff DL_ResearchFellows; DL_ResearchAssistants)

“Message to EUI Staff | Open Meeting on Health Cover for EUI Staff, Monday 7 November, 10:00-11:30, Zoom

You will have become aware of the negotiations taking place between the DG HR and Paymasters Office (PMO) of the European Commission and the Italian authorities (Ministry of Health and the Regions hosting EU agencies, including Tuscany) on the matter of access to the Italian National/Regional Healthcare Service (NHS) for EU officials and Agents: this also includes EUI staff.

The situation can be summarised as follows:

EUI staff currently receive primary health cover in the framework of the Joint Sickness Insurance Scheme (JSIS) of the European Commission serving the European institutions and agencies. The Italian authorities deem JSIS to be incompatible with the NHS: they confirm that it is not possible to benefit from JSIS and the NHS at the same time because both are considered to be primary healthcare schemes. This position is shared by the Legal Service of the European Commission. Therefore, DG HR and the PMO are negotiating access to the Italian NHS for JSIS beneficiaries registered with primary coverage.

A project of agreement has been drafted by DG HR and PMO, together with the 5 Regions hosting affected institutions, and sent to the Ministry of Health. According to the agreement under discussion, JSIS beneficiaries shall have access to the healthcare services provided by the NHS via a ‘tessera sanitaria con asterischi’ (special health card valid on the whole Italian territory) with direct billing to JSIS for all medical treatments provided by the public services to the JSIS beneficiaries. Registration to this system would be voluntary and it is not yet clear whether joining the new system would imply the automatic withdrawal of the “full” tessera sanitaria for those who currently hold it.

The EUI was informed of these negotiations and has been following the issue since the beginning. Since the summer break, the EUI has been trying to play a more significant role, also to make the specificities of the Institute known, and appointments at various level have been requested and obtained with the Region of Tuscany.

We are in close contact with DG HR and PMO, as well as with the Staff Committee and the Union on how this affects EUI staff, and we invite you to an Open Meeting to provide you with updates on the issue and discuss any concerns you may have.”

Minutes

The Open Meeting for EUI staff, administrative and academics, took place on Monday 7 November 2022 from 10:00-11:30 in hybrid mode (Emeroteca and Zoom). The SG Office had extended the in person invitation to the Staff Committee members as well as the Union Executive Committee members. The Meeting was recorded. 155 online EUI participants. In presence in Emeroteca there were 11 persons in total.

SG, Marco Del Panta, makes an introduction mentioning the 2018 legal document of the Italian Ministry of Health of JSIS as a primary scheme non compatible with SSN.

He explains that the right to SSN in Italy is based on two principles: Residence and Taxation.

This 2018 document confirms the legal document shared by the PMO legal service: JSIS is a ‘primary scheme’ and therefore it is not compatible with the SSN.

Originally, the negotiation started to find a way to associate the non Italians (without a *Tessera Sanitaria*) with the Italian Health Scheme. The pursued solution was to create a *Tessera Sanitaria con asterischi* which would give access to primary services of NHS with a reimbursement from JSIS.

As a consequence of the application of the 2018 document, the problems lie with the Italian nationals. SSN is an application of a Constitutional provision and all Italians have access to universal health system. The fact that Italians – employed as EU officials - would not be guaranteed the same assistance as their nationals is an anomaly, and was the object of many protests.

After piloting the application of this decision, and retracting *tessere sanitarie* to JRC colleagues at Ispra, there were important developments in **Lombardy**. **The** regional council voted [on 14 June 2022] a motion to abandon the negotiations, **because they claim that it is a constitutional right of Italian citizens and all residents in Italy to have access – free of charge - to all the services of the national health scheme SSN.**

What is the situation at the EUI? Since the beginning EUI staff was associated to JSIS. The legal basis is the *Protocol on Privileges and immunities* which is an annex to the Convention establishing the EUI.

The Article 11 says that staff of EUI must associated to a social security scheme according to the staff rule relevant for the kind of personnel we are talking about.

In fact, Teaching Staff condition of employment foresees JSIS is health scheme for FT Professors, Research fellows and academic assistants– the same applies to administrative staff, both staff regulations and condition of employment for other servants.

The EUI has two peculiarities:

1. Professors can opt out if they don't want to join JSIS.
2. Retired staff pay taxes in Italy on the contrary of retired staff in Brussels (Belgium). An additional very good reason to grant access to SSN to them.

Procedure for staff entering the EUI: EUI informs everybody about their duties and under the social health scheme of the EUI. The Compatibility of other countries, national health schemes, eg. Dutch or Danish health schemes, the EUI is not dealing with and is not competent in this area. For any questions we are here to reply.

What happens now?

What is the position of the Union and the Staff committee, the word will go to them during this meeting.

What will the EUI do? **SG stresses that there is a constitutional right in this country to people residents in Italy to have free of charge access to the national health scheme.**

SG underlines that he is not expert in constitutional law, but as Italian citizen this [SSN access] is part of 'our' culture , *a fattore identitario di questo paese.*

What is the EUI doing?

EC PMO took initiative from the beginning, the purpose was positive, they had experienced the same difficulties during the pandemic [to access vaccine]. They negotiated with five regions.

Some regions claimed that if we foresee a special regime for some it should be the same for the Italians. If the EUI want to avoid the agreements, could we withdraw from negotiations saying that the agreement does not apply to the EUI? SG had a discussion with HR, Legal office.

Article 18 of the Protocol states that there must be a social security scheme, but not which one. Staff rules should make it explicit. It could be possible to opt out. As per Article 72 of staff rules, High Council could step out of the negotiations. What are the consequences? This could be negative for non-Italians, not having a *tessera sanitaria with asterischi*.

SG thinks that it would be impossible to find a suitable alternative, as good health care scheme as we have now.

The EUI would be in favour of combining the two systems: have the agreement in force for the tessera with *asterischi* for non Italians and leave the full tessera sanitaria to Italians.

How to do this?

SG thinks that negotiating with the Tuscany Region could convince the Region about this solution. For the Region the EUI is an asset. We found a good ad hoc solution to the vaccination problem.

What SG is trying to do since a couple of months is to convince the region of this solution.

So far it seems that the Region is not very aware of the issue: SG has an appointment with Director General of Regional Health in about ten days' time [18 November 2022].

Last weeks trying to obtain a meeting at political level, which may be quicker, with the Assessore.

After the position taken by the regional Council in Lombardy , and given the recent entry into service of the new Italian government, the time frame for the agreement negotiations conclusions is next year (2023). It is now at the level of the Ministry of health to negotiate with the Commission.

HR JP has been in contact with PMO (Schiavo, legal adviser), possible timeframe next year, there is no deadline. We have some time therefore, the issue is very important.

SG stresses that EUI specificities need to be known: we have professors - which is not the case in other institutions - we have retired staff paying taxes in Italy, and here in Tuscany we would like to solve the issue in a practical way. We do not want to withdraw the full TS from the Italians. What I can promise you is the biggest engagement, unfortunately not of the result. Maybe you can give some advice and what the feeling is among staff. We will keep staff informed. SG stops here, opens the floor for comments and questions.

Simone Sacchi, Member of Staff Committee, intervenes to reassure that SC – in cooperation with the Union - will represent all the staff and guaranteeing the rights for all colleagues resident in Italy to have full free access to the SSN, being Italian citizen or from other countries. We are fully available to contribute to this issue with SG and Union. He also mentions external associations (outside EUI) and studies on this matter on the constitutional rights, and to work with all parties involved. The study made by lawyers in Constitutional law and administrative law. The situation is unfortunately for all: EUI administrative and academic staff, and retired staff. The SC is here for you. We have received lots of feedback from staff. Full access to SSN for all staff – this is our position.

Lotta Svantesson, President, Executive committee of the EUI Employees Union, intervenes to thank the SG for organising this meeting upon the SC and Union requests to organise it. We have also met on several occasions on this issue. She underlines that in the room there are in fact representatives of the EUI staff committee and the Executive committee of the EUI Employees Union. LS explains that the Union, part of the broader European Public Service Union, Union Syndicale, today has over 120 member. The Union has been involved since long in the issue of JSIS / SSN but more intensively since June, distributing the petition via a survey together with Unions in Ispra. Union is aware of the concern among staff about this very important issue.

The Union fights for Italian and non-Italian citizens residents in Italy to have access for free and full to the SSN according to the article 32 of the Italian Constitution. The SG mentions the legal service of the EC, but there is also a very thorough study requested by the Association Article 32 which illustrates a different opinion. Two lawyers – this is the basis for the opting out of the Region Lombardy. She underlines that the Tuscan Region is fully aware of the whole issue linked to the negotiations as they have received copy of the letter dated 3 October 2022 from the three associations to the Ministry of Health. Also the EUI has a copy of this letter, and the Union has distributed the letter content. The Union will also together with the SC send a joint letter explaining why EUI staff is against the agreement and why to urge the Tuscan region not to approve the draft agreement suggested by the PMO, as Lombardo did. LS passes the word to Fatma Sayed (FS).

FS emphasizes that the Union EC members have been listening to, collecting and receiving many staff members opinions and worries about losing TS, hours during the weekends. This is not a difference between Italians and non-Italians. Staff may have the TS because they are Italians or because they are resident (since a very long time, or for family reasons). It is not a nationality factor. The 'legal advise' of the PMO – from the webinar of 18 October 2022 – said that JSIS would be incompatible with any national system. The document of the legal service EC is secret – a non-transparency factor - while the legal study requested by the Ass Art 32 is public detailed document. There is also a letter sent from PMO to the [EUI] pensioners dated in March 2022 – it can be shared - where they claim that their (PMO / JSIS) legal adviser says JSIS is incompatible with any national system, so this is not only about Italy. This means that it will affect other colleagues if they go back residing 'at home' as pensioners. One purpose stated of this reform is to reduce the overall costs for JSIS – i.e., by directing most people to a national system with lower cost, the overall cost of JSIS would be reduced. Thereby there is an economic factor in this draft agreement proposed. It should not come at the cost of the health of staff members.

SG thanks for the contributions of FS and LS, and says that EUI is aware of these aspects.

Now intervenes via Zoom Anna Pisarkiewicz (AP), (she did not join from the beginning): She is disappointed that research academic contracts holders have found out only recently as the information on the issue was not shared with non-administrative staff. This is not acceptable. AP questions if to consider JSIS a primary scheme; it is rather a benefit; and if primary it should be replaceable with a national health care system. JSIS reimbursement ceilings have been dropped lately, it used to be higher. Always 20% from our own pockets. We need to question the fact that JSIS is not a primary system especially if encountering serious health problems.

AP expresses that the EUI is coming to the negotiation table at a very late stage.

She suggests creating a publicly available list of examples of issues not covered by JSIS. *[LINK possibly to be created to a SharePoint document]* AP is disappointed about the lack of transparency.

Nancy Altobelli (NA) gives own examples: public vs private coverage.

- It goes beyond the SSN and what it could entail
- Public sector and the public
- At post office Open new bank account: document and TS are both required
- Vaccinations proof – login and show certificated – would you lose history of medical dossier? If you lose the TS?
- Tessera Sanitaria is increasingly important. Children and dependable included.

SG: Is JSIS a primary scheme? SG says EC thinks it is primary and so does Italy [?].

So he endorses the fact that ‘everyone’ from a legal point of view state that JSIS is a primary scheme. Medical expenses are ‘not always’ reimbursed at 100 %. *[Really only for accidents and serious illness expenses, otherwise at 80 or 85%]*

Jan Paul Brouwer (HR): Very important and complex topic. None of the EU agencies, schools and EC Representation, nor the EUI are directly part of the negotiations. This is a challenging position. Understanding of the situation: impact on EUI staff Italian and non-Italian. The ideal outcome that non-Italian staff will get access to SSN and Italians can remain. EUI is not part of the negotiations. We can try to find ‘practical solutions’ with the region. There is a delay in the negotiations. Last Friday [4 November 2022] I spoke to PMO, the ministry will take its time. 2023 will be the year of negotiations. We will listen to the concrete questions, and hope to clarify the constitutional questions. The text of any agreement would need to go to the conference of the regions.

SS add after HR interventions. There is an assumption that JSIS is primary coverage. There are legal opinions that it is not, already mentioned by LS. JSIS have limitations and is not a primary coverage, it is not a truth.

Fernanda Bagnaresi (FB): retired staff question. Current staff are paying taxes only to EUI. Pensioners pay to both EUI and Italian state (if resident in Italy). We have the fiscal code.

HR: says that JSIS is a primary system. The legal opinion you refer to is out there. For us JSIS is a primary scheme system; we have to operate according to the operating system. EUI is member of JSIS as a primary health scheme. The future will tell us if there is a different outcome.

As for FB questions on Taxes on the income paid to Italy: if that is the condition then the pensioners would fall under the SSN access right. EUI has informed the negotiators of this [can the EUI communication be shared?]

Anna Coda (via zoom): there is an active chat with questions; would you find the time to read out the questions (see especially Gaia's).

SG says it will be impossible to tackle those here but it will be tackled in writing after the meeting. [HR?]

Sophie Martin: There is a double problem of definition: JSIS is not a primary health care provider. It acts as health insurance not as a health care provider. JSIS has no facilities where we can see doctors, or hospitals, there is only a reimbursement plan, so an insurance rather than a health care provider. Access SSN for non-Italian residents but you may have to pay. Not saying that people should pay but it is not the same as access. The scope is rather economical rather than a solution for all.

SG agrees that 'one' can adhere to SSN on a voluntary basis by paying a fee, it was not mentioned before.

LS (in reply to Anna P.) informs that also academic staff can and are welcome to join the Union as members. Elena Iorio, Vice president, is one of the Union EC contacts for Academic Staff of the EUI. On 28 October 2022 the Union Executive committee attended a meeting organised by Associazione Articolo 32, where it was confirmed that it will be possible to collectively adhere as Union to their association. We will keep you informed, and what impact this may have on our individual members.

Andrea Sacchetti, underlines difference between the scheme JSIS and primary scheme NHS – not all pathologies are accepted by JSS, nor all medicines, for ex experimental medicines, and therapies, with research facilities. It must not be considered a primary scheme, agrees fully with LS. Also some of us has been SSN registered for 25 years and now risk not to be part of the system anymore. Also students, are encountering difficulties and denials of ambulance transport.

SG: this is the dilemma if JSIS is a primary scheme or not, (I don't want to reveal my personal opinion but yes, it is an insurance.) Both legal service and Italian government says it is a primary scheme.

Anna Pisarkiewicz, with JSIS we pay first. The reimbursement is given after the treatment. EUI should consult its legal service and not 'sell' JSIS as a benefit. It is rather a punishment. If kicked out from national system we should have right to opt out of JSIS. It is not the responsibility of the Union to inform all on this matter, but the EUI responsibility to be informed. Should we hire a lawyer and organise a class action possibility.

SG underlines meeting organised exactly to inform everyone and to gather opinions and input from everyone. Health matters are competence of the Region but the application will be at the Regional level. EUI should go to Region searching a pragmatic solution. One region has withdrawn. Negotiation is at regional level. We should find solution. Withdraw from JSIS? It is foreseen by Staff regulation, one is registered in JSIS.

Alba Parietti. Explains that she experienced surgery in 2020, she had to pay high sums (5000 €) being reimbursed very little.

JSIS not a primary scheme. (can hear badly her intervention). Public hospitals and chronic diseases', JSIS does not accept and therefore is not primary scheme.

Serena Belligoli (Union): need to solve the real problems of Residents' full and free access SSN. The taxation criteria: Eui current staff do not pay taxes to Italy on their income but pays other taxes like TVA and houses if owners, and other forms of taxation.

Elena Iorio (Union): Italian Health system is based on *Fiscalita'* and not *Sistema contributivo*, , not paying on the basis of salaries / income, but on the basis of taxes that all pays Italians and non Italians that are resident. Reminder that time is fundamental, to negotiate with region. When draft agreement stops to be a draft, we have a max 30 days to react in a legal way carefully considered by the Union. Finally, very important, hoping that this opinion can be shared by all parts involved at the EUI, passing from a public to private health systems have political consequences.

SG: JSIS prevails in a public institution (EU), a private scheme is different. Our goal is to remain within the SSN.

Gaia ?: Health care in Belgium is based on private mutualities – so is JSIS - and differences with the Italian system (*see her chat intervention below*). It would be like having a system compared to a US model system.

SG: JSIS is applied in all EU countries, compatibility issue in all national schemes. Common position of EC.

LS: Please save questions of chat, apart from personal privacy related issues. Union intention to join Associazione Articolo 32, timely fashion, get in contact with the two lawyers, Valaguzza and D'Amico, . About 'the other opinion': The document referred to is from the EC Legal service and not a legal opinion. The document has not been publicly and openly shared. We need access to this document. Also a letter from the European Commission from 2001 states that both systems JSIS and a national universal system like the Italian SSN can coexist and are not incompatible [shared by the Association Articolo 32]. We need to act in a timely fashion expressing our position.

SG: Yes we need to move early despite the timeframe indicated.

JPB: HR will strengthen with a staff member with health competences; we are not EC nor PMO.

SS: PMO and Italian Ministry involved, and all agencies are not involved but they are affected. The regional level should not be the only setting for this conversation. How does EUI Tuscan region contacts relate to PMO – Ministry negotiations. Some EUI staff are resident in other regions than Tuscany.

SG the application will take place at the regional level. Draft agreement under negotiations: regions are not compelled to withdraw the tessera, it is up to them. Let's hope for national level with compatibility

of both systems. Desirable practical solution. They could step out of the negotiations, **if two important regions drop out the ministry I hope would change its mind.**

Marie Ange: recently aware of the issue. What does the *tessera sanitaria with asterisk* grant?

HR: to be further explored, TS* will give access to the NHS, cost billed to JSIS, direct billing, personal contribution taken out of the salary. Normal 82/85% reimbursement according to JSIS rules.

SG Tessera sanitaria with asterisk grants access to *medico di base*. [not free, paying a quota]

Sophie Martin: concerned about salary deduction. Ex 5000 euro 500 covered, then deduction of 4500 euro from salaries. Very worrying.

HR: don't have details but solutions might be found. EK adds experience of surgery. Mechanism: reimbursed up to ceiling. Threshold.

Sophie Martin: we are kept in the dark, it is all unclear.

LS: tessera sanitaria not valid outside the Italian territory

EI: tessere sanitarie withdrawn in Lombardy. Ass Art 32 collected cases with persons with issues, eg. experimental cures, no access through JSIS. Still ongoing in Lombardy, no giving back TS.

Aurelie (Member Staff Committee): withdrawing tessere sanitarie. She underlines that staff resident in Italy **must have the full tessera sanitaria**. The TS is given to some, she has been refused SSN due to EUI as employer.

SG: SSN / Region Tuscany does not recognise EUI officials for access to SSN despite long time resident in Italy.

Aurelie Boursier (Member Staff Committee): finding a solution for non Italians should not discriminate Italians or withdraw their rights.

EK: need access to medico di base for non-Italians resident in Italy

SG would like to TS * a step in right direction

Aurelie underlines again that staff resident in Italy **must have the full tessera sanitaria**.

JP this is not shared by all Italian authorities and PMO - colleagues not residents who work at the EUI, large group? Not easy to define how many. JP used to have access TS SSN from EFSA. Tuscan Region asked around 3000 € per year as voluntary basis.

FS: children / dependable being deprived of the Italian coverage (both parents work for the EUI) – also non residence are not resident by choice.

HR: need to be looked into further.

SS: JHSIS status changing of their children. From complementary to primary or the other way around. No notification was sent.

SG: we are not part of the negotiation and SG can send a written report on what has been discussed. And reconvene another meeting. As 'Primary JSIS' the TS might be withdrawn.

EK: we are looking into these issues and cases. Communication in September 2022 [?]. If you receive other allowances you declare them to JSIS.

Serena Belligoli: will the recoding be shared? Considering data protection, but useful for colleagues who could not attend. Useful to receive written message on the EUI's position and what will be discussed with the Region.

SG concludes: EUI is not part of the negotiations. We try to influence at the regional level. I could convene another meeting or send a written report. Meetings are helpful also for management when we go to Union.

LS can you share the position that you will bring to the Region in line with what Serena was suggesting, also Union and SC will send a request not to agreement to the agreement so to stop the negotiations. What is the official position of the EUI can you share it?

SG we operates within the EUI Legal framework. Not necessarily share the opinion of the SC and Union. After this meeting we are on the same line. Non-Italian associates being associated with the NHS. Without withdrawing the full *tessera sanitaria* from the Italians. Try to influence the negotiation. The Ministry will manage the negotiations. But one region has taken strong position (Lombardy) so we do not know what the Ministry can do.

LS repeats that Union and SC supports request for full TS for Italian and non Italian residents.

Walter Pugliese: EUI wide problem or EUI employees problem ? What is the position?

SG sees no difference: problem for staff is problem for the EUI. We are not part of the negotiations as PMO are negotiating for all JSIS affiliates. EUI could step out from HSIS or influence negotiations with EC and Italian part and this is what we are trying to do.

Anna Coda: request for a follow up on the chat questions.

SG will request an appointment with Region (political level: *assessore*) and possibly organize another meeting like this one.

QUESTIONS IN CHAT (TO BE ANSWERED BY HR IN WRITING IN FAQ SECTION):

Anna Coda Nunziante42:06

I would like to ask about the negotiation moving from the regional to the national level. If the negotiation is at the government level now, what happens to the attempt of finding a practical solution with the region?

Robert Danziger42:37

Are there any indications, hints, (even "rumors") etc. that the issue of access to universal national health systems in other EU countries having such is also being called into question?

Gaia Bettinelli43:55

How are they planning to deal with colleagues that have paid taxes in Italy in the past?

Anna Pisarkiewicz50:10

In any case, I do not understand how being excluded from the public system would decrease the costs for JSIS given that apparently we cannot opt out of JSIS.

Gaia Bettinelli52:35

The problem is that JSIS is a copy-paste of the Belgian normal healthcare system, that works with private mutuality, and hence a worst system for citizens than the Italian one. So, if they want to offer a private system that really replaces the Italian one, they should offer something that really reflects the benefit of the Italian SSN. Not of the Belgian.

Anna Pisarkiewicz53:26

Great observation Gaia! Fully agree.

Andrea Sacchetti54:21

I agree with Gaia

Jessica Carter (EUI)55:03

I agree with Gaia.

Michela Menicagli57:50

I've been dealing with NHS issues for many years in my capacity of Grants and Welfare Officer in AS until 31.08.2021 (now pensioner). I fully agree with Gaias's and Anna's comments. In addition to that, I would like to add a few comments:

Margherita Fabbri01:00:22

JSIS can be named "primary", but it cannot be equated to the Italian system!

Eleonora Masella01:02:28

very important apart from not being a primary scheme (80% with ceiling), JSIS does not cover accident for our DEPENDENT children how can it be considered primary? who will cover accident if the Tessera Sanitaria will be denied to them too?

Robert Danziger01:02:37

If there is ever a question of "dropping" JSIS at the EUI: it would seem to me that in countries without a system like the Italian one (contributions through taxes or access due to residency) the problems would be huge and costs might be much higher (e.g. in Germany).

Robert Danziger01:02:54

That is, for pensioners ...

Michela Menicagli01:04:08

JSIS should be considered a contractual benefit as many other employers provide (for example bank groups) to staff. JSIS is a private company and its main goal is financial profit; health issues are subject to the evaluation of its medical assessors, even in case of serious disease. Pensioners residing in Italy pay a lot of taxes and should at least have the same rights as other Italian citizens covered by the NHS. It is not true that foreigners not paying taxes in Italy cannot be covered by the NHS. They can enrol paying a fee and all the family members are covered by the same fee. etc...

Martin Legner01:05:59

Have alternative private schemes already thoroughly been explored? Worst case scenario, I don't think anyone would be worried having to contribute more (with respect to JSIS) in exchange of receiving a better service in exchange (i.e. 100% reimbursement in place of current 80%)

Gaia Bettinelli01:06:15

Well said, Martin.

Maria Zuffova01:06:41

Good morning everyone, I cannot speak at the moment, but I can confirm Anna's words - JSIS IS NOT an equivalent of NHS. I can share several non-banal experiences as a non-Italian with only access to JSIS. For example, JSIS treats childbirth as a regular surgery that one can plan. Six weeks before my expected due date, I did not have papers from JSIS, and the hospital informed me that I could not deliver there as planned unless they received the documents from JSIS. I contacted JSIS, and I was told that they only send papers a month before birth. It gave me a lot of stress.

Maria Zuffova01:06:56

Then one month after my baby was born, doctors found an issue that needed surgery. While there is access to private pediatricians, no private hospitals are willing to operate on 3-months old baby (obviously, the risk is too significant). Without tessera sanitaria, my private pediatrician was not able to refer my baby to the public hospital. Last, I'd like to raise the issue of extreme difficulty signing up for NHS for non-Italians.

Jennifer Monti01:10:57

What about exemptions for those who have had a medical procedure or have an underlying health condition? For instance, I have a 5 year exemption on ALL payments in the NHS because of a health condition that needs to be monitored on a yearly basis. I do not have to pay tickets in the NHS because of this. The same goes for my child, who was formally diagnosed with mild asthma, and therefore benefits from said exemption

Jennifer Monti01:11:35

With JSIS, we would still have to pay 20% for something that is completely free in the NHS

Anna Pisarkiewicz01:15:34

If you think it could make sense to have a list of examples showing how JSIS is not a substitute for Italian SSN, could we set up a Google document in which we could all add our personal examples?

Gaia Bettinelli01:15:44

I agree!

Anna Pisarkiewicz01:15:56

So that the EUI could use it in their discussion.

Jessica Carter (EUI)01:16:17

I agree with Anna on all points, including the list of examples.

Margherita Fabbri01:16:24

In the EUI page on "Benefits" (<https://www.eui.eu/About/JobOpportunities/Benefits>) it is stated the following: "EU Joint Sickness and Insurance Scheme: accident and occupational disease INSURANCE coverage, and invalidity allowance".

Federica Sergori01:16:42

We should speak about Italian constitutional rights and not about negotiation!

Janna01:18:36

Hello, Will it be also possible if JSIS clearly transparently shows the ceiling for each and individual items. I had a case where I had pre-dental approval, yet after I went to dental and paid from my pocket. Then when I went to submit, it was rejected as they said I already hit the ceiling. I believe in the first place they should not approve it, or warn me in advance that I already hit the ceiling and I have to cover it myself. As well paying upfront all the fees is too much. Thanks!

Elena Parimbelli01:18:39

I agree with the list of examples idea

Cristiano Papini01:19:22

It seems to me that it is considered "primary" just because, unfortunately, non-Italians do not have any other option for coverage, nor from their own public system nor from the Italian one (unless they pay an annual fee). I think that is the main issue to be solved. However, no matter how you want to label it, indeed it is just an insurance for all of us, Italians or not, and it cannot replace the national health system, especially not the Italian one.

Andrea Sacchetti01:20:01

right

Alba P01:21:27

Sorry about the bad audio. I mentioned a case when I had to get urgent surgery. JSIS considered it as a "basic category" and had 500€ ceiling, whereas the surgery was considered by several hospitals as urgent and serious. I had several quotations and I had to pay several thousands of € - and JSIS reimbursed only the ceiling (500€). Another issue is that with a "card with asterisks" a lot of us would be kicked out of hospital protocols which are foreseen for serious, chronic illnesses, for which you need to

have a full tesseras sanitaria. I'm referring to serious illnesses for which medicines and cures are provided only in public hospitals.

Elena Asciutti01:23:21

For info, JSIS also applies to EU staff posted outside EU Member States (es. EU Delegations) where the coverage goes up to 100%

Michela Menicagli01:24:21

I believe we all (Italians and non-Italians) should be given the opportunity to step out from JSIS and not to pay for it. Non-Italians who opt to be covered by the NHS could decide to use their unspent JSIS contribution for subscribing to the NHS, for example.

Anna Pisarkiewicz01:26:18

Please, consider as well as in contrast to administrative staff, academics may have their legal residency in other Italian regions, not necessarily in Tuscany.

Andrea Sacchetti01:26:48

i agree

Anna Pisarkiewicz01:27:10

For example, I commute from Bologna where I have my legal residency.

Robert Danziger01:27:29

Might there be a question of a possible "discriminatory effect" for those would be covered otherwise by the Italian system (or other similar systems?): a person enjoying such coverage might not be able to accept a position at the EUI because the resulting medical coverage in his or her specific case (e.g. chronic disease in the family) would result in an undue (financial) burden.

Andrea Sacchetti01:36:34

as Federica mentioned already we should simply work on the fact that is unconstitutional.

Jessica Carter (EUI)01:37:39

I would strongly suggest that the case of people with disabilities be very carefully examined. The Italian model of care for people with disabilities is a European excellence, which should in no way be downgraded – for the respect of the people who benefit, and for those who struggled to pioneer this culture. A private insurance with thresholds cannot replace the full coverage and special status reserved for people with disabilities in Italy. This is indeed about constitutional rights.

Michela Menicagli01:37:53

I also agree with Federica

Marina Cascella01:44:05

What seems counterintuitive to me is that in order to find a solution for the foreigners member of EUI who don't have access to tessera sanitaria, the solution can be curtailing the rights of those who have access to NHS

Alessio Lapucci01:48:10

At the moment the Tuscan SSN foresees the voluntary subscription for staff working in international organisations based in Tuscany such as the EUI, upon payment of an annual fee proportionated to the salary. All instructions at this web page <https://www.uslcentro.toscana.it/index.php/servizi-online/servizi-e-attivita/informazione-e-orientamento/784-assistenza-italiani-all-estero-e-stranieri-in-italia/9666-assistenza-sanitaria-ai-cittadini-non-appartenenti-all-u-e>

Andrea Sacchetti01:48:42

true

francesca elia01:49:39

Could the EUI consider to cover the subscription to SSN for non-residents?

Alessio Lapucci01:52:04

the fee to pay to Tuscany for the FULL SSN voluntary subscription should be by far cheaper than to reimburse 15% to JSIS for a single operation done at the hospital

Federica Sergori01:52:25

do we have the opinion of the EUI Legal Advisor?

Francesca Forza01:54:00

It is in any case not acceptable that JSIS/PMO changes kids status' from complementary to primary without any notifications. In my case, the status of my kids was recently changed and no changes happened in family situation and I have no messages/notifications on this.