



European Civil Service Public Européen
Membre de l'Union Syndicale Fédérale, affiliée à l'Internationale des Services Publics
et à la Fédération Syndicale Européenne des Services Publics

DRAFT RESOLUTION ON JSIS

Adopted by the Executive Committee on 21-3-2019
Submitted by Union Syndicale - Bruxelles to the 15th USF Congress

Sickness insurance

Officials and other agents of international organisations, and their dependents, have their own sickness insurance schemes, independently of the national schemes of the country of their nationality or duty.

Union Syndicale Fédérale underlines the importance of the following principles, common to all these schemes:

1. These schemes are public and obligatory.
2. Affiliates (and other beneficiaries) must enjoy access to any health care needed, wherever they are.
3. Health care must be provided to the same prices as for affiliates of the concerned national public health care scheme.
4. The free choice of treatment must be guaranteed.
5. They should be managed jointly, between employers and affiliates.

Joint Sickness Insurance Scheme (European Institutions)

- ⇒ Having regard to the ongoing work to overhaul the implementing rules governing the Joint Sickness Insurance Scheme.
- ⇒ Whereas the revision should take into account the nature of the JSIS: a basic social insurance protecting the wellbeing of staff.
- ⇒ Recalling that Union Syndicale has during recent years raised on several occasions the dysfunctioning of the present rules.

Resolves to adopt the following guidelines for the ongoing negotiations:

1. The reimbursement ceilings have been set over a decade ago and are becoming more and more outdated. An adaptation to today's medical costs is urgent and should be the priority during the negotiations.
In order for any new ceilings not to become outdated again in a few years, a mechanism to regularly adjust the ceilings to the rising cost of health care needs to be included in the rules.
2. The parity coefficients, created to ensure equal treatment of medical expenditure in the various Member States, suffer from considerable statistical flaws and need therefore to be revised in order to better reflect the real costs of medical treatment.
3. The costs of supportive care and dependency are covered only to a small extent, leading to financial hardship for those with low incomes / pensions. A more generous reimbursement of the non-medical part of supportive care and dependency related expenditure has to be developed, including an own risk which depends on the income / pension of the person concerned.
4. The overly restrictive application of the rules by PMO should stop, making way for a more humane and service driven approach, whilst remaining vigilant against abuses. In particular, all vital treatments should be fully reimbursed.
5. JSIS should develop a new approach regarding preventive medicine. It is not enough to reimburse a restricted number of tests. Measures to allow early screening and preventive medicine would also be cheaper than treating avoidable illnesses.
6. The reimbursement of alternative, soft medical approaches should be improved.
7. The treatment of mental health issues should be improved.
8. The present rules and procedures are often difficult to understand, cumbersome and outdated. A streamlining of the rules and procedures to make them more user friendly and transparent is unavoidable.
In this framework the role of the medical council needs to be revised, giving members of the JSIS stronger rights towards the medical council.

Union Syndicale is aware that the aforementioned proposals will require an increase of the budget of the JSIS. Provided that the changes are a real benefit for staff, Union Syndicale is willing to accept that this increase of the budget is covered by an increase of the contributions up to the maximum foreseen in the Staff Regulations (2% of the basic salary).

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