ANALYTICAL NOTE

Access of Beneficiaries of International Protection to the Compulsory Health Insurance System in the Republic of Moldova: The Gap Between the Normative Framework and Administrative Practice

KEY MESSAGES

- The applicable normative framework, including Law no. 270/2008 on Asylum in the Republic of Moldova and Law no. 1585/1998 on Compulsory Health Insurance, expressly establishes that beneficiaries of international protection have the same rights and obligations in the field of compulsory health insurance as citizens of the Republic of Moldova.
- The National Health Insurance Company (CNAM) applies a restrictive interpretation of Article 4(4) of Law no. 1585/1998, limiting the eligibility of beneficiaries of international protection as Government-insured persons exclusively under letter (o), a provision applicable solely to persons enrolled in integration programmes.
- This administrative interpretation contravenes the letter and spirit of the law, constitutional principles, and international obligations assumed by the Republic of Moldova, generating discrimination against beneficiaries of international protection who are in objectively vulnerable situations, including children, pregnant women, pensioners, and other categories of persons.
- Maintaining this practice is incompatible with the commitments assumed by the Republic of Moldova upon ratification of the 1951 Convention Relating to the Status of Refugees, as well as with the commitments assumed in the context of the EU accession process.
- Remedying this situation does not require legislative amendments, but rather the correct and uniform application of the existing normative framework.

1. Context of the Problem

Beneficiaries of international protection, recognised refugees and beneficiaries of humanitarian protection within the meaning of Law on Asylum in the Republic of Moldova no. 270/2008, constitute a distinct category of persons to whom the State has granted a form of protection that entails, by operation of law, the recognition of a set of rights equivalent to those of its citizens. This analytical note is strictly delimited to this category, excluding asylum seekers, beneficiaries of temporary protection, and foreign nationals holding provisional or permanent residence permits on other grounds.

Beginning in February 2026, the Law Center of Advocates (CDA) and other organisations active in the field of assistance to foreign nationals registered a significant increase in reports from beneficiaries of international protection regarding the refusal by public medical institutions to provide medical assistance within the compulsory health insurance system under the same conditions as citizens of the Republic of Moldova. These situations concern, in particular, persons belonging to objectively vulnerable categories, such as children, pregnant women, and pensioners, categories that are to be insured by the Government.

An analysis of cases documented by CDA reveals that these refusals do not stem from a legislative gap, but from the administrative practice of the National Health Insurance Company (CNAM) of refusing to validate the status of Government-insured persons for beneficiaries of international protection who fall within the categories enumerated in Article 4(4)(a), (h), and (j) of Law on Compulsory Health Insurance no. 1585/1998. According to CNAM's interpretation, letter (o) of the same paragraph represents the sole legal provision applicable to beneficiaries of international

protection within the compulsory health insurance system, limiting the status of Government-insured person to those enrolled in an integration programme, for the duration of that programme.

This analytical note aims to demonstrate that this approach constitutes an erroneous and restrictive administrative interpretation of the normative framework, which contravenes both the letter and spirit of the law and the international obligations assumed by the Republic of Moldova in the field of human rights. At the same time, the note identifies the measures necessary to remedy the situation and addresses concrete recommendations to the competent authorities.

2. The Normative Framework: What the Law Provides

The right of beneficiaries of international protection to medical assistance on equal terms with citizens of the Republic of Moldova is enshrined in a body of normative acts adopted at different times and belonging to distinct regulatory domains. This convergence reflects the legislator's consistent intent to ensure equal treatment in the field of healthcare for this category of persons lawfully residing on the territory of the Republic of Moldova.

2.1. The Law on Asylum

Article 33(1)(i) of Law on Asylum in the Republic of Moldova no. 270/2008 expressly establishes that international protection confers upon its beneficiaries the right to enjoy, within the compulsory health insurance system, the same rights as citizens of the Republic of Moldova, under the conditions established by the legislation in force. This legal provision has a special character in relation to the general provisions of Law on Compulsory Health Insurance no. 1585/1998, being applicable exclusively to a strictly determined circle of subjects, beneficiaries of international protection.

Pursuant to Article 5(3) of Law on Normative Acts no. 100/2017, in the event of a conflict between a general norm and a special norm contained in normative acts of the same level, the special norm shall prevail — a principle known in legal doctrine as lex specialis derogat legi generali. Furthermore, Article 7(3) of Law no. 100/2017 mandates the application of the provisions of the most recently enacted normative act (the principle of lex posterior derogat legi priori). Law no. 270/2008 was adopted subsequent to Law no. 1585/1998. Accordingly, either of these two principles, applied independently or cumulatively, leads to the same result: the provision accorded priority of application in matters concerning the rights of beneficiaries of international protection within the compulsory health insurance system is that contained in Law no. 270/2008.

2.2. The Law on Compulsory Health Insurance

Article 9(1) of Law no. 1585/1998 reaffirms the principle of equal treatment, expressly stipulating that "beneficiaries of international protection have the same rights and obligations in the field of compulsory health insurance as citizens of the Republic of Moldova, unless international treaties provide otherwise." This legal provision is autonomous, general, and unconditional in character, conferring upon beneficiaries of international protection the standing to access the entire compulsory health insurance system, including the status of Government-insured person, in situations where they fall within the categories of persons provided for in Article 4(4) of the same law.

Article 4(4) of Law no. 1585/1998 enumerates the categories of persons insured by the Government on the basis of objective vulnerability criteria, such as age, state of health, or socio-economic situation. The provision contains no condition relating to the nationality or legal status of the person. Accordingly:

- Children who are beneficiaries of international protection and are under 18 years of age fall within the category set out in **Article 4(4)(a)** — "children under the age of 18";
- Pregnant women who are beneficiaries of international protection fall within the category set out in **Article 4(4)(h)** — "pregnant women, women in labour, postpartum women, and mothers caring for children up to the age of 2 years";
- Pensioners who are beneficiaries of international protection fall within the category set out in **Article 4(4)(j)** — "pensioners";

– Beneficiaries of international protection enrolled in an integration programme fall within the category set out in **Article 4(4)(o)**.

In all situations provided for in Article 4(4) of the law, beneficiaries of international protection must be considered Government-insured on the basis of the general provisions applicable to all persons who are subjects of insurance and who fall within these categories, regardless of nationality.

2.3. Related Legislation

The systemic character of equal treatment in the field of healthcare is confirmed by a range of normative acts in related domains:

– **Article 84³(2) of Law on the Regime of Foreign Nationals in the Republic of Moldova no. 200/2010**: beneficiaries of international protection have the same rights and obligations in the field of compulsory health insurance as citizens of the Republic of Moldova;

– **Article 26(1) of Law on Healthcare no. 411/1995**: the same explicit guarantee of equal treatment within the compulsory health insurance system;

– **Article 19(1) of Law on the Integration of Foreign Nationals no. 274/2011**: foreign minors have access to medical assistance under the same conditions as minor citizens of the Republic of Moldova;

– **Articles 2 and 12(2) of Law on the Rights of the Child no. 370/2023**: the State guarantees priority access for every child to medical assistance, regardless of citizenship, status acquired at birth, or any other criterion.

2.4. The Constitutional Framework

The Constitution of the Republic of Moldova provides the supreme legal foundation for equal treatment in the field of healthcare. Article 36 guarantees the right to health protection regardless of citizenship, while Article 19 guarantees foreign nationals and stateless persons the same rights as citizens of the Republic of Moldova. Pursuant to Article 4 of the Constitution, constitutional provisions on human rights and freedoms are to be interpreted and applied in accordance with the Universal Declaration of Human Rights and with other treaties to which the Republic of Moldova is a party.

It is uncontestable that no sovereign state may be compelled to accord foreign nationals a legal status identical to that of its own citizens. Parliament may adopt special provisions establishing distinctions between citizens and non-citizens, bearing in mind that any restriction of a right must be prescribed by law, must be proportionate to the situation that prompted it, must comply with universally recognised norms of international law, and must not impair the very essence of the right. On the other hand, Article 36 of the Constitution guarantees the right to health protection without limiting the applicability of this right exclusively to citizens of the Republic of Moldova. Paragraph (3) of the same article clarifies, through the use of the term "persons", that holders of the right to health protection are all persons present on the territory of the country. All subsequent legislation must be interpreted and applied on the basis of this provision.

Since health legislation is grounded in the Constitution of the Republic of Moldova, the interpretation and application of all normative acts governing the access of beneficiaries of international protection to medical assistance and healthcare services must be carried out in the spirit of non-discrimination, through the lens of the constitutional provisions on the legal status of foreign nationals and stateless persons (Article 19), the right to health protection (Article 36), the right to social assistance and protection (Article 47), the protection of mothers, children, and young people (Article 50), and in accordance with the Universal Declaration of Human Rights, the covenants, and other treaties to which the Republic of Moldova is a party, grounded in the principle of the universality of human rights and the best interests of the child.

3. The Administrative Practice of the National Health Insurance Company: Restrictive Interpretation and Its Effects

3.1. Description of the Identified Practice

CNAM refuses to validate the status of Government-insured persons for beneficiaries of international protection who fall within the vulnerability categories set out in Article 4(4)(a), (h), and (j) of Law no. 1585/1998. According to the position expressed by CNAM, letter (o) of the same paragraph represents the sole legal provision applicable to beneficiaries of international protection within the compulsory health insurance system, limiting the status of Government-insured person to those enrolled in an integration programme, for the duration of that programme.

By the practical effects of this interpretation, beneficiaries of international protection who are not participating in integration programmes, regardless of age, state of health, socio-economic situation, or other circumstances, are excluded from the compulsory health insurance system as Government-insured persons, even when the law expressly recognises this right.

3.2. Analysis of the Interpretive Error

CNAM's interpretation is vitiated from several legal perspectives:

- **it contravenes the text of the law**: Article 4(4) does not impose any condition of nationality for any of the enumerated categories of persons. CNAM's interpretation introduces, through administrative procedure, a condition that the legislator did not provide for;
- **it distorts the function of the provision in letter (o)**: this provision regulates an additional guarantee for beneficiaries of international protection who do not fall within any other category of Government-insured persons; it is not a provision excluding beneficiaries of international protection from the other categories of Government-insured persons;
- **it disregards the special norms**: Article 9(1) of Law no. 1585/1998 and Article 33(1)(i) of Law no. 270/2008 enshrine equal treatment unconditionally, and these provisions have priority of application;
- **it violates the principle of legality**: introducing through administrative interpretation a condition not provided for by the legislator is equivalent to restricting a fundamental right in the absence of a legal basis, which contravenes Article 54 of the Constitution.

3.3. Practical Impact

CNAM's practice produces serious adverse effects, particularly for a category of persons with a high degree of vulnerability. Children under 18, pregnant women, and elderly persons (pensioners), precisely those for whom Law no. 1585/1998 establishes additional protection, are de facto excluded from the compulsory health insurance system. This situation leads to the delay or denial of necessary medical assistance, with direct and measurable consequences for the health of those affected.

3.4. Conclusions on the Application of the National Normative Framework

An analysis of the applicable national normative framework yields the following unequivocal conclusions:

- Article 4(4) of Law no. 1585/1998 imposes no condition of nationality for any of the categories of Government-insured persons; beneficiaries of international protection who fall within these categories are entitled to acquire the status of Government-insured person on the basis of the corresponding provision, independently of letter (o) of the same paragraph;
- Letter (o) of Article 4(4) regulates a distinct category of Government-insured persons — beneficiaries of international protection who do not fall within any other category; it cannot be interpreted as a provision excluding the application of the other provisions of that paragraph to beneficiaries of international protection;
- Article 9(1) of Law no. 1585/1998 and Article 33(1)(i) of Law no. 270/2008 enshrine the right of beneficiaries of international protection to the same health insurance regime as that enjoyed by citizens of the Republic of Moldova;
- CNAM's restrictive administrative interpretation contravenes the national normative framework, constitutional principles, and the international obligations of the Republic of Moldova assumed through the ratification of international human rights conventions;

– Through its cumulative effects, CNAM's practice results in the de facto exclusion of beneficiaries of international protection from the compulsory health insurance system, disproportionately affecting children, pregnant women, pensioners, and other categories of persons, in contradiction with the entirety of the applicable national and international normative framework.

4. International Standards and Obligations Assumed by the Republic of Moldova

4.1. International Refugee Law

The 1951 Convention Relating to the Status of Refugees, in its Article 23, obliges contracting states to accord refugees who are lawfully residing in their territory the same treatment as their own nationals with respect to public relief and public assistance, including medical care. The Republic of Moldova has ratified this Convention and the 1967 Protocol, thereby assuming the obligation of equal treatment in the field of healthcare, of a mandatory character.

4.2. UN Human Rights Instruments

The International Covenant on Economic, Social and Cultural Rights, in Article 12, guarantees the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, without discrimination, and obliges states to take all necessary steps to create conditions ensuring access for all [...] to medical services in the event of illness [...]. The Committee on Economic, Social and Cultural Rights clarified, in General Comment No. 14, that states have an immediate obligation to guarantee non-discriminatory access to health services for all persons under their jurisdiction, regardless of their legal status.

The Convention on the Rights of the Child, in Article 24, enshrines the right of every child to access healthcare services, while Article 2 guarantees the exercise of rights without discrimination based on legal status. The UN Committee on the Rights of the Child has explicitly stated that the enjoyment of rights under the Convention is not limited to children who are citizens of the State Party and that these rights must be available to all children under its jurisdiction — including asylum-seeking, refugee, and migrant children — regardless of nationality, immigration, or statelessness status.

The International Convention on the Elimination of All Forms of Racial Discrimination, in Article 5, obliges signatory states to guarantee the exercise of fundamental rights, including the right to health, without discrimination based on race, colour, descent, national or ethnic origin. The protection afforded by this Convention complements other international and regional human rights mechanisms, contributing to the creation of a comprehensive legal framework for combating discrimination in the field of healthcare. The exclusion of beneficiaries of international protection from the categories of Government-insured persons, where the law does not mandate such exclusion, may constitute a form of indirect discrimination contrary to this Convention.

4.3. State Obligations in the Field of the Right to Health

The ratification of UN human rights conventions generates three categories of obligations for states: the obligation to respect, the obligation to protect, and the obligation to fulfil the right to health. These obligations are interdependent and apply without discrimination to all persons under the jurisdiction of the State, including beneficiaries of international protection.

The obligation to respect the right to health requires the State to refrain from any direct or indirect interference that would restrict equal access to preventive, curative, and palliative healthcare services. This includes the prohibition of instituting discriminatory practices in public policy towards any category of persons, including beneficiaries of international protection.

The obligation to protect the right to health requires the State to adopt measures to prevent third-party interferences with the guarantees provided in Article 12 of the International Covenant on Economic, Social and Cultural Rights, including the adoption of laws and policies to ensure equal access to healthcare services and compliance with professional and ethical standards by all actors in the sector.

The obligation to fulfil the right to health entails the adoption of legislative, administrative, budgetary, and judicial measures to achieve the full realisation of this right, including the provision of a sufficient number of health facilities, adequate training of medical personnel, and the delivery of services accessible to all. The obligation to fulfil includes, in particular, the facilitation dimension — the State must take positive measures to enable individuals and vulnerable groups to effectively exercise the right to health, including where they are unable to exercise it independently for reasons not attributable to them.

4.4. Violations of the Right to Health

Violations of the right to health may result from direct state action or from the State's failure to sufficiently regulate the activities of other actors. The adoption of regressive measures incompatible with the State's obligations also constitutes a violation. Violations by action include the repeal or suspension of legislation necessary for the exercise of the right to health, or the adoption of laws or policies contrary to national and international standards. Violations by omission manifest through the failure to adopt the measures necessary to ensure the highest attainable standard of physical and mental health or to comply with relevant legislation.

Violation of the obligation to respect the right to health occurs when the State adopts acts, policies, or measures contrary to the standards established in Article 12 of the International Covenant on Economic, Social and Cultural Rights, which are capable of causing unjustified harm or morbidity. Particularly relevant in the context of this note are the denial of access to healthcare services to persons or groups on grounds of de jure or de facto discrimination, and the adoption or maintenance of administrative norms that impede the exercise of the right to health.

Violation of the obligation to protect the right to health occurs when the State fails to prevent violations committed by third parties, including through the absence of necessary regulations or the failure to protect vulnerable persons from practices that affect their access to medical care.

Violation of the obligation to fulfil the right to health consists in the State's failure to take all measures necessary for the realisation of this right: the absence of a coherent national policy, the insufficient allocation of public resources, the absence of mechanisms for monitoring the realisation of the right to health, or the inequitable distribution of healthcare services.

In the context of the situation identified in this analytical note, the administrative practices of CNAM that exclude beneficiaries of international protection from the list of Government-insured persons within the compulsory health insurance system may fulfil the constituent elements of a violation of the obligation to respect and, respectively, the obligation to fulfil the right to health, within the meaning of General Comment No. 14 of the Committee on Economic, Social and Cultural Rights.

5. EU Standards and the Accession Process

Directive 2011/95/EU, in Article 30(1), establishes the obligation of Member States to grant beneficiaries of international protection "access to healthcare under the same eligibility conditions as nationals of the Member State that has granted such protection". Article 29 of the same Directive extends this principle to necessary social assistance, implicitly including compulsory health insurance systems financed from public funds.

The Republic of Moldova has committed to transposing these standards in the context of its accession process to the European Union. The National Accession Programme for 2025–2029, approved by Government Decision no. 306 of 28 May 2025 and updated by Government Decision no. 818 of 29 December 2025, reaffirms the explicit commitment to ensure international protection in conformity with international norms and EU acquis, guaranteeing respect for fundamental rights and the application of the principles of equality, equity, and social inclusion. Accordingly, CNAM's restrictive interpretation is incompatible not only with the national normative framework but also with the commitments expressly assumed by the Republic of Moldova vis-à-vis the European Union in the field of asylum and fundamental rights.

The Republic of Moldova has partially transposed the European acquis through recent amendments to Law no. 270/2008 on Asylum, through which the standards of EU Directives in the field of migration

and asylum were incorporated. However, the formal transposition of European norms must be accompanied by their effective implementation at the administrative level. The situation identified by CDA demonstrates that, in the absence of a coherent interpretation and application by the authorities — in this case, CNAM — the transposed European norms risk remaining without practical effect, thereby undermining the European integration process and the credibility of the commitments assumed by the Republic of Moldova.

The European standards invoked are not mere recommendations but constitute minimum mandatory requirements that the Republic of Moldova has assumed as a candidate state and that national authorities are obliged to observe in their day-to-day activities.

6. Conclusions and Recommendations

The analysis carried out in this note reveals a gap between the applicable normative framework and the administrative practice of CNAM. At the national level, Law no. 270/2008 and Law no. 1585/1998 unambiguously enshrine the right of beneficiaries of international protection to a compulsory health insurance regime equivalent to that enjoyed by citizens of the Republic of Moldova.

At the international level, the obligations assumed through the 1951 Convention, the International Covenant on Economic, Social and Cultural Rights, and the UN Convention on the Rights of the Child mandate non-discriminatory access to healthcare services for all persons under the jurisdiction of the State.

At the European level, the standards of Directive 2011/95/EU, which the Republic of Moldova has committed to transposing in the context of its EU accession process, explicitly enshrine the same principle.

CNAM's interpretation contravenes all of these dimensions and produces, through its practical effects, the restriction of a fundamental right that does not satisfy the requirements of legality, necessity, and conformity with international law imposed by Article 54 of the Constitution.

Remedying the identified situation does not require legislative intervention, but rather the correct application of existing norms. To that end, the following recommendations are made:

To the Parliament and the Government:

- To examine the opportunity of explicitly clarifying Article 4(4) of Law no. 1585/1998, with a view to eliminating any interpretive ambiguity regarding the status of Government-insured persons of beneficiaries of international protection;
- To monitor the compliance of administrative practices in the field of healthcare with the standards of Directive 2011/95/EU, in the context of EU accession commitments;
- To ensure that the formal transposition of European norms in the field of asylum is accompanied by concrete measures for effective implementation at the administrative level, so that transposed European norms produce real legal effects.

To the Ministry of Health and the National Health Insurance Company:

- To revise the administrative interpretation of Article 4(4) of Law no. 1585/1998 so as to ensure the uniform and non-discriminatory application of compulsory health insurance regulations in relation to beneficiaries of international protection;
- To identify and eliminate administrative or procedural obstacles that restrict or prevent the access of beneficiaries of international protection to the compulsory health insurance system on equal terms with citizens of the Republic of Moldova;
- To issue clear instructions/circulars, with binding force for their own staff and for the staff of public medical institutions, concerning the status of Government-insured person within the compulsory health insurance system of beneficiaries of international protection who fall within the provisions of Article 4(4) of Law no. 1585/1998;

– To organise training activities for CNAM staff and staff of public medical institutions on the legal status of beneficiaries of international protection and their rights within the compulsory health insurance system.

To the People's Advocate (Ombudsman) and the People's Advocate for Children's Rights:

– To take note of the systemic situation described herein and, pursuant to the powers conferred by Law on the People's Advocate no. 52/2014, to examine the administrative practice of CNAM as regards its compatibility with the fundamental rights guaranteed by the Constitution of the Republic of Moldova and the international treaties to which the State is a party.

7. Normative References

National Normative Acts:

– Constitution of the Republic of Moldova, adopted on 29 July 1994;
– Law no. 270/2008 on Asylum in the Republic of Moldova;
– Law no. 1585/1998 on Compulsory Health Insurance;
– Law no. 411/1995 on Healthcare;
– Law no. 200/2010 on the Regime of Foreign Nationals in the Republic of Moldova;
– Law no. 274/2011 on the Integration of Foreign Nationals in the Republic of Moldova;
– Law no. 370/2023 on the Rights of the Child;
– Law no. 100/2017 on Normative Acts;
– Government Decision no. 306 of 28 May 2025 on the approval of the National Programme for the Accession of the Republic of Moldova to the European Union for 2025–2029;
– Government Decision no. 818 of 29 December 2025 amending Government Decision no. 306/2025 on the approval of the National Programme for the Accession of the Republic of Moldova to the European Union for 2025–2029.

International Instruments:

– The 1951 Convention Relating to the Status of Refugees and the 1967 Protocol;
– International Covenant on Economic, Social and Cultural Rights;
– General Comment No. 14 of the Committee on Economic, Social and Cultural Rights;
– Convention on the Rights of the Child;
– International Convention on the Elimination of All Forms of Racial Discrimination;
– Directive 2011/95/EU of the European Parliament and of the Council on standards for the qualification of third-country nationals or stateless persons as beneficiaries of international protection, for a uniform status for refugees or for persons eligible for subsidiary protection, and for the content of the protection granted.