



No Recourse to Public Funds Network

NHS healthcare for migrants with NRPF (England)

1. Introduction

This factsheet summarises what NHS healthcare people with no recourse to public funds ([NRPF](#)) can access in England and whether they will have to pay for this. The factsheet includes changes that were implemented on 21 August 2017 – see section 7. Further changes will take place on 23 October 2017 and this factsheet will be revised at that time.

Primary healthcare is delivered through GP practices, NHS walk-in centres, dentists, pharmacists and optometrists. These services can be accessed by everybody in England, regardless of immigration status and are mostly provided free of charge. Some of these services, such as prescriptions, are chargeable, although people on a low income can apply for financial assistance - see sections 2 and 3(a).

Secondary healthcare includes planned hospital care, surgery, mental health services and community health services, and may be provided in a hospital or in the community. Secondary healthcare provided by an NHS trust or NHS foundation trust, whether in a hospital or in the community, will need to be paid for by some people, unless the treatment is not subject to charging - see section (2)(c). Most hospitals are managed by NHS foundation trusts. NHS trusts may be responsible for providing services in the community. The trust providing the treatment is legally responsible for deciding whether to charge a patient.

Where the Department of Health's guidance is referred to, this is the August 2017 version of the [Guidance on operating the overseas visitors charging regulations](#).

This information applies to England only because different laws apply in Wales, Scotland and Northern Ireland. For information about the rules in those regions please see:

- [Scottish Government](#)
- [NHS Wales](#)

NHS treatment is not a [public fund](#) for immigration purposes, so people who have NRPF are not prevented from accessing NHS services and should not be refused treatment on this basis alone.

2. Free healthcare services

(a) GP services

GPs have the discretion to accept any person to be fully registered as an NHS patient in order to receive free treatment. GPs may also register a person as a temporary resident for free treatment if the person is present in the practice's area between 24 hours and three months. There is no minimum time period that a person needs to be in the UK before they can register with a GP.

GPs have a duty to provide emergency or immediately necessary treatment free of charge, and 14 days of cover after such treatment is provided, even if the patient is not registered.

NHS England provides [guidance](#) on GP registration, which confirms that registration may only be refused if one of the following applies:

- The patient lives outside of the GP's catchment area.
- The practice has closed its list in agreement with the NHS commissioner.
- The practice has other reasonable grounds, providing these do not relate to race, gender, social class, age, religion, sexual orientation, appearance, disability, or a medical condition.

NHS England also confirms that there is no requirement to prove identity, address or immigration status, so inability to provide identity or residence documentation would not be reasonable grounds to refuse to register a patient.

[NHS Choices](#) provides information about how to register with a GP, including a [leaflet](#) for asylum seekers and refugees.

(b) NHS walk-in centres & minor injuries units

Some minor illnesses and injuries can be treated free of charge and without the need for prior GP registration at:

- [NHS walk-in centres](#)
- [Minor injuries units](#)

(c) Secondary healthcare: non-chargeable services

Some secondary healthcare services must be provided free of charge to everyone. These are set out in regulation 9 of the **National Health Service (Charges to Overseas Visitors) Regulations 2015**:

- Accident and emergency (A&E) services up until the point that the person is accepted as an in-patient. (Outpatient appointments are chargeable).
- Services provided as part of the "NHS 111" telephone advice line
- Family planning services (not including pregnancy termination)
- Diagnosis and treatment of contagious diseases (see the list in Schedule 1)
- Diagnosis and treatment of sexually transmitted infections
- Treatment of a physical or mental condition caused by torture, female genital mutilation, domestic violence or sexual violence when the patient has not travelled to

the UK for the purpose of seeking such treatment. Chapter 7 of the Department of Health's [Guidance](#) confirms how the NHS trust may identify such cases.

(d) Continuing healthcare and nursing care

NHS continuing healthcare is care that is arranged and funded by the NHS and is provided in a person's home or registered care home. This will apply to a person who has been assessed as having a 'primary health need'. NHS funded nursing care may be provided to someone who is not assessed to have a primary health need, but requires nursing care in a care home. NHS continuing healthcare and funded nursing care are provided free of charge to people with high level health needs, regardless of their immigration status. See NHS Choices for more [information](#).

3. Chargeable healthcare services

(a) NHS prescriptions and other primary care services

Some people will need to pay for the following primary NHS services:

- NHS prescriptions
- NHS dental treatment
- Sight tests, glasses and contact lenses
- Travel to receive NHS treatment
- NHS wigs and fabric supports

People who do not have to pay for most (or all) of these services are those who are:

- Age 60 or over
- Age under 16
- Age 16-18 and in full-time education
- Pregnant, or have had a baby in the previous 12 months, and have a valid maternity exemption certificate
- Holding a medical exemption certificate because they have a certain [medical condition](#)

People with NRPF who are in receipt of local authority support will not receive free prescriptions unless they fall into one of these groups. If these exemptions do not apply, then a person with NRPF who has a low income may be entitled to full or partial help through the [NHS Low Income Scheme](#) by obtaining an HC2 certificate.

A person must apply by submitting an HC1 form, which can be requested from [NHS choices](#). A person with NRPF who is receiving financial support from social services should not select that they are in receipt of benefits, otherwise the application is likely to be refused. Instead they should provide a letter from social services confirming what support is being provided.

For more details, and to find out exactly what services will be free to each exempt group, see the NHS information, [help with health costs](#).

(b) Secondary healthcare provided by an NHS trust or foundation trust

Only secondary healthcare provided by an NHS trust or foundation trust, whether in a hospital or in the community, or a local authority exercising its public health functions, is chargeable, unless the treatment that a person requires is on the list at section **(2)(c)**.

Section 175 of the **National Health Service Act 2006** allows for charges to be made for secondary healthcare services that are provided to anyone who is not **ordinarily resident** in the UK, and refers to such people as 'overseas visitors'. People who are not ordinarily resident in the UK and who are not exempt from charging must pay for most types of secondary healthcare.

Since 21 August 2017, NHS trusts and foundation trusts have been required to record that a person is an overseas visitor on their patient record, including whether the person is exempt from charging.

(i) Who is ordinarily resident?

Nationals of countries outside of the European Economic Area (EEA) must have settled status, for example, indefinite leave to remain, in order to be ordinarily resident in the UK for the purpose of healthcare charging. This requirement is set out in section 39 of the **Immigration Act 2014**. The only exception to this is where a non-EEA national has the right to reside under European law as the family member of an EEA national.

For EEA nationals, British Citizens and non-EEA nationals who have settled status or a right to reside under European law, the NHS trust will consider whether they are ordinarily resident, i.e. whether they are:

'living lawfully in the United Kingdom voluntarily and for settled purposes as part of the regular order of their life for the time being'

For more information see section 3 of the Department of Health's [Guidance](#).

Non-EEA nationals who do not have settled status in the UK, EEA nationals and British Citizens who are not ordinarily resident will be 'overseas visitors' and charged for secondary healthcare, unless an exemption applies.

(ii) Who is exempt from paying for secondary healthcare?

Anyone who is not ordinarily resident in the UK will be an 'overseas visitor' and must pay for treatment unless they are exempt. The exemptions are set out in the **National Health Service (Charges to Overseas Visitors) Regulations 2015**.

In some cases, an exemption can extend to family members who require treatment. A family member is defined at regulation 25(1) as a spouse or civil partner or a child for whom the migrant has parental responsibility. Generally, the family member must be lawfully present, but regulation 25 must be referred to as additional requirements may apply. If the exemption does not extend to a family member requiring treatment, then any family members must fall under an exempt category in their own right.

The table below sets out the exemptions and indicates whether this extends to family members.

Regulation	Exempt category	Can exemption extend to family members?
10	People with leave to enter or remain who have <ul style="list-style-type: none"> - paid the Immigration Health Charge, - been exempt from paying the health charge (unless this is because they are visiting the UK for six months or less), or - had the charge waived or refunded. [See note A] For more information, see section 3 .	No, unless they are a child that is age 3 months or less and has never left the UK since birth.
11	People who applied for or were granted over six months leave to enter or remain prior to 6 April 2015 which would have been subject to the Immigration Health Charge, had this applied then. [See note A]	No, unless they are a child that is age 3 months or less and has never left the UK since birth.
12	Entitlement under European Union (EU) Regulations, an EU agreement or other EU right.	Yes
13	Where there would be an entitlement to services under the Social Security Coordination Regulation for UK state pensioners residing in the EEA or Switzerland	Yes
14	When a reciprocal healthcare agreement applies to a national or resident (as specified) of a country listed in Schedule 2 of the Regulations & Chapter 10 of the Department of Health's Guidance .	No
15(a)	Person granted refugee status or humanitarian protection	Yes – where 15(aa) applies
15(aa)	Has leave to enter or remain as the dependant of someone with refugee status or humanitarian protection	No
15(b)	Asylum seeker whose claim has not been determined	Yes- where 15(ba) applies
15(ba)	Person who is a dependant on an asylum seeker's claim	No
15(c)	Asylum seeker in receipt of section 95 Home Office support	No
15(d)(i)	Refused asylum seeker in receipt of section 4 support	Yes – where 15(da) applies
15(d)(ii)	Refused asylum seeker provided with accommodation under section 21 of the National Assistance Act 1948 [This legislation no longer applies in England]	Yes – where 15(da) applies
15(d)(iii)	Refused asylum seeker provided with accommodation under Part 1 of the Care Act 2014 [See note B]	Yes – where 15(da) applies
15(da)	Person who is a dependant on a claim for support made by a person in 15(d)(i),(ii) or (ii)	No
15(e)	A child looked after by a local authority as defined by section 22(1) Children Act 1989	No
16	Victim of modern slavery (including a victim of trafficking)	Yes
17	When exceptional humanitarian reasons apply to a migrant who has been granted leave to enter outside of	No

	the Immigration Rules. See the Regulations for more detail about when this applies.	
18	Detained, under guardianship, or subject to community treatment under the Mental Health Act 1983 or detained under an authorised deprivation of liberty under specified sections of the Mental Capacity Act 1985.	No
19	Prisoners and immigration detainees	No
20	Members of the armed forces and crown servants	Yes
21	NATO forces	Yes
22	Recipients of war pensions and armed forces compensation scheme	Yes
24	Treatment is for a need which arose during the visit. See the Regulations for more detail about when this applies.	No

Notes:

A. A person exempt under regulation 10 or 11 may receive all types of secondary healthcare for free except for assisted conception services, including any medicines, surgery or procedures that are required to diagnose and treat infertility, including intrauterine insemination (IUI), in vitro fertilisation (IVF) and egg and sperm donation. Note that there are some exceptions for former armed forces members.

B. Regulation 15(d)(iii) was added on 1 February 2016, although the Care Act 2014 replaced the National Assistance Act 1948 on 1 April 2015. The Department of Health's [Guidance](#) provides details of charging arrangements prior to 1 February 2016 at paragraph 7.42:

'An OVM might come across a failed asylum seeker who was provided with relevant services between 6 April 2015 and 31 January 2016 and who was, at that time, supported under Part 1 of the Care Act 2014 by the provision of accommodation. In this circumstance, any outstanding charges already made to such a person should be cancelled and any charges for such services not yet made, should not be made. In the event that the Department of Health becomes aware that charges have been made and recovered prior to 1 February 2016, the Department will look at the particular facts of the case and consider whether a refund of those charges can and should be made. Consideration will be undertaken on a case by case basis. Failed asylum seekers who were supported by section 21 before it was repealed will continue to be exempt from charge even though they are now supported by the provision of accommodation under the Care Act 2014.'

(iii) Who must pay for secondary healthcare?

There is no blanket exemption for people who are in receipt of financial support from a local authority. People with NRPF who will need to pay for treatment include:

- Visa overstayers
- Illegal entrants
- Refused asylum seekers who are not in receipt of asylum support from the Home Office or accommodated by the local authority under the Care Act 2014
- Visitors with leave to enter for a period of six months or less

(iv) When must a person pay for treatment?

The Department of Health's guidance recommends that NHS trusts collect the full estimated charge upfront before starting non-urgent treatment. However, it is up to the trust to decide whether to request full payment upfront, so it may be possible for a person to start a course of treatment and then be invoiced for this afterwards.

Treatment which a clinician decides is urgent or immediately necessary must be provided regardless of whether advance payment has been received. Only clinicians can make this decision and the failure to provide immediately necessary treatment may be unlawful under the **Human Rights Act 1998**.

If no payment is made before immediately necessary or urgent treatment is provided then the NHS trust is still required to recover this after the course of treatment has finished, so the person will still accrue an NHS debt.

Immediately necessary treatment = Treatment to save a person's life, to prevent a condition from becoming immediately life-threatening or to prevent permanent serious damage from occurring. All maternity treatment, including routine antenatal treatment will be immediately necessary and must be provided regardless of whether payment has been received.

Urgent treatment = Treatment which is not immediately necessary, but which cannot wait until the person can be reasonably expected to leave the UK.*

Non-urgent treatment = Routine elective treatment that could wait until the patient leaves the UK.*

* Where the date when a person will leave the UK is unclear, for example, because they have no current immigration permission, sections 8.15-20 of the Department of Health's [Guidance](#) state that the NHS trust must make its own assessment of the likely return date, suggesting that six months is used to determine whether or not to provide urgent treatment.

(v) What if a person cannot afford to pay their NHS bill?

The Department of Health's [Guidance](#) states that where a person cannot afford the full costs of treatment upfront, then a payment plan may be set up enabling them to pay in instalments – see the Q&A in chapter 13. Sections 13.77-8 of the guidance confirm that although the NHS can write off a debt for accounting purposes where it is not cost effective to pursue the debt (e.g. the patient is a destitute migrant with no immigration permission, who does not have funds to pay their debt), this does not mean that the debt has been permanently erased and the person may be contacted for payment at a later date. A debt is only likely to be cancelled if the charges it relates to are found not to have applied in the first place. If a person is struggling to pay an NHS debt they should seek advice from a debt adviser.

(vi) What can a person do if they are refused treatment?

If a person believes that they should receive free secondary healthcare but are told they must pay, or is refused what they believe to be immediately necessary or urgent treatment, then they can seek legal advice from a solicitor specialising in community care law. Even if a person does not fall under one of the exemptions, there may be scope for challenge if they

are refused treatment but believe that the exemptions are discriminatory and do not comply with **the Equality Act 2010**.

(vii) Data sharing with the Home Office

Hospitals usually employ an Overseas Visitors Manager who will often check a person’s details with the Home Office in order to find out what their immigration status is and whether they must be charged for treatment. Data shared with the Home Office is limited to non-clinical information, so should not include any medical details.

The NHS trust or foundation trust will also provide the Home Office with details of any NHS debts that have not been paid within two months of the person being invoiced.

Chapter 12 of the Department of Health’s [Guidance](#) recommends that a person is informed when their data is shared with the Home Office and is given an information [leaflet](#). The leaflet states:

‘In some cases the information may be used to update Home Office records and, if applicable, may be used for the enforcement of immigration control.’

In January 2017, the Department of Health and NHS Digital signed a [memorandum of understanding](#) allowing for the Home Office to obtain non-clinical information from the NHS about people suspected of committing an immigration offence. To date, no information has been published about whether these contacts have led to any enforcement action being undertaken.

People who are concerned about getting secondary healthcare because, for example, they do not have any current immigration permission and are not reporting to the Home Office, are advised to see an immigration adviser to find out what their options are for remaining in the UK if they have the opportunity to do this before they need to access treatment.

People with NRPF who are being supported by social services are likely to already be known to the Home Office as the local authority will check immigration status with the Home Office.

(viii) Refusals of leave to remain due to an NHS debt

The Home Office has the discretion to refuse an application for leave to remain made by a person who has an NHS debt.

The Home Office cannot refuse an application on the basis that treatment has been received where the person has not been charged. Where a person has been charged and has a debt of £500/£1000+, the Immigration Rules state that such applications ‘will normally’ be refused but there are circumstances when the Home Office may decide not to refuse leave to remain. See the Home Office Modernised Guidance: [General grounds for refusal](#).

NHS debt that may lead to a refusal	
Applications under family migration (FM) rules made on/after 24 November 2016	£500
Applications under FM rules made before 24 November 2016	£1000
Other immigration application - debt accrued on/after 6 April 2016	£500
Other immigration application - debt accrued between 1 November 2011 and 5 April 2016	£1000

4. Immigration Health Charge

The Immigration Health Charge (also referred to as NHS surcharge), must be paid by people making applications for limited leave to enter or remain in the UK, unless they are not required to do so because they are exempt or have obtained a fee waiver for their immigration application. This then allows the person to access all NHS secondary healthcare free of charge (apart from assisted conception services).

People intending to live in Wales, Scotland or Northern Ireland must still apply for the Immigration Health Charge even though different NHS charging regulations mean that they may not be required to pay for secondary healthcare.

For most cases the charge is £200 per year for the maximum period of leave which could be granted under the Immigration Rules. This means that for applications made under the family and private life rules, or outside of the Immigration Rules, the total charge will be £500 (£200 x 2.5 years leave) per applicant. The charge will need to be paid each time leave to remain is extended in addition to the application fee.

Schedule 2 of the **Immigration (Health Charge) Order 2015** sets out details and lists the types of applications that are exempt from paying the charge

We have been advised by the Home Office that if an applicant qualifies for a fee waiver in order to make their immigration application free of charge, they will not be required to pay the Immigration Health Charge, although there is no reference to this in any published Home Office guidance. The Home Office states:

“.. where the applicant applies for a fee waiver via the FLR(O)/FLR(FP) form, they are not required to pay the NHS surcharge or obtain an IHS reference number. If the fee waiver application is approved, the applicant will be asked to provide their biometrics and their leave to remain application will then be considered. If the fee waiver application is refused, the applicant can submit a charged application and pay the NHS surcharge, or reapply for a fee waiver on the basis of additional information/evidence or a subsequent change in circumstances.” (19 June 2015)

For more information, see Home Office guidance: [Pay for UK healthcare as part of your immigration application](#)

5. EEA & Swiss nationals

The UK is due to leave the European Union (EU) but this process has not been completed. The rights referenced here that people have under UK and European law continue to apply and may only change after the UK leaves the EU. This is expected to take place at some time before March 2019, but could be later.

Section 2.4 of the Department of Health's [Guidance](#) sets out the steps that NHS staff should undertake when checking an EEA or Swiss national's liability for charging. If one of these steps applies to the EEA or Swiss national, then they should not be charged.

(a) European Health Insurance Card (EHIC)

If an EEA or Swiss national has a valid EHIC or Provisional Replacement Document (PRC), they will not be subject to charges for medically necessary treatment. Nationals of the Republic of Ireland only need to provide proof of residence in Ireland.

The EHIC covers all 'medically necessary treatment'. This is defined in chapter 9 of the Department of Health's [Guidance](#) and includes maternity care and dialysis. Different rules apply for pre-planned treatment. The EHIC allows the NHS to recover the costs of treatment from the relevant EEA country, even if they are ordinarily resident in the UK or exempt from charging under another category. Therefore, all EEA and Swiss nationals are likely to be asked to provide an EHIC, even if they are not required to pay for treatment.

Note that non-EEA nationals legally resident in any EU country (except Denmark) will also receive free medically necessary treatment if they have a valid EHIC issued by that country.

(b) Ordinary residence

If an EEA or Swiss national is ordinarily resident in the UK they will not be subject to charging for secondary healthcare. There is no requirement for an EEA national to have a permanent right of residence and, even if they do not appear to have a right to reside under European law, in most cases they will be considered to be lawfully present and therefore will be subject to the ordinary residence test - see section **3(b)(i)**.

(c) Charging exemptions

If an EEA national is not ordinarily resident and does not have an EHIC then they must pay for treatment unless a charging exemption applies –see section **3(b)(ii)**.

6. British Citizens visiting the UK

British Citizens will receive free secondary healthcare if they are ordinarily resident in the UK - see section **3(a)(i)**. However, those that live abroad and are visiting the UK may be required to pay. If a British Citizen is resident in another EEA country and has an EHIC card that was issued in that country, then they will be insured for medically necessary treatment - see section **5(a)**. British Citizens are covered in section 3.13 and chapter 6 of the Department of Health's [Guidance](#).

6. Other providers of medical care or information

Some charitable and voluntary organisations provide medical services for migrants, although these are limited and tend to be specific to a particular region.

- [Doctors of the World](#) (Clinics in Bethnal Green and Hackney, London)
- [Freedom from Torture](#) (For survivors of torture. Clinics in: London, North West, North East, West Midlands & Scotland)
- [Maternity Action](#) (Information and a telephone advice)

7. Summary of key changes

What has changed	Previous position	Date of change
Any secondary healthcare services provided by an NHS trust or foundation trust (in a hospital or in the community), or by a local authority exercising public health functions, can be charged for, unless the service is excluded from charging – see section 2(c) .	Only services provided in an NHS hospital or by hospital staff in the community could be charged for.	21 August 2017
Requirement to record whether someone is an overseas visitor and liable for charging against their patient record – see section 3(b) .	Not legally required.	21 August 2017
People exempt under regulations 10 or 11 are not entitled to free assisted conception services – see section 3(b)(ii) .	Assisted conception services were previously provided free of charge to people who were exempt on any basis.	21 August 2017
Dependants of asylum seeker and refugees, and refused asylum seekers supported by the Home Office or local authority under the Care Act, who do not fit under the exemptions in their own right will be exempt from secondary healthcare charging – see section 3(b)(ii) .	No specific exemption for dependants of asylum seekers and refugees, so where a dependant had a different type of immigration status to their family member, they may not have qualified for free secondary healthcare.	21 August 2017
Overseas visitors working on a ship registered in the UK or outside of the UK are not exempt from secondary healthcare charging. Their employers will be expected to fund this – see section 3(b)(ii) .	Regulation 23 provided an exemption for overseas visitors working on a ship registered in the UK.	21 August 2017

8. Sources

Referenced sources of information

Legislation	National Health Service Act 2006 Human Rights Act 1998 Equality Act 2010 Immigration Act 2014 National Health Service (Charges to Overseas Visitors) Regulations 2015 National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2015 National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017 Immigration (Health Charge) Order 2015 Immigration (Health Charge) (Amendment) Order 2016 Immigration (Health Charge) (Amendment) Order 2017 < www.legislation.gov.uk >
Statutory Guidance	Department of Health, Guidance on overseas visitors hospital charging regulations < https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations >
Section 1	Scotland < http://www.gov.scot/Topics/Health/Services/Overseas-visitors > NHS Wales < http://www.wales.nhs.uk/nhswalesaboutus/budgetcharges/overseasvisitors >
Section 2(a)	NHS England – patient registration < https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/pat-reg-sop-pmc-gp.pdf > NHS Choices – registering with a GP < http://www.nhs.uk/chq/Pages/1095.aspx?CategoryID=68&SubCategoryID=158 >
Section 2(b)	NHS Choices – walk-in centres < http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/pages/Walk-incentresSummary.aspx > NHS Choices – minor injuries units < http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/Minorinjuriesunit.aspx >
Section 2(d)	NHS Choices – continuing healthcare < http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/nhs-continuing-care.aspx >
Section 3(a)	NHS: Medical exemption scheme < https://www.nhsbsa.nhs.uk/exemption-certificates/medical-exemption-certificates > NHS: Help with health costs < http://www.nhsbsa.nhs.uk/792.aspx > NHS Choices: Low Income Scheme < http://www.nhs.uk/NHSEngland/Healthcosts/Pages/nhs-low-income-scheme.aspx >
Section 3(b)(vii)	Home Office & Department of Health memorandum of understanding < https://www.gov.uk/government/publications/information-requests-from-the-home-office-to-nhs-digital >
Section 3(b)(viii)	Home Office Modernised Guidance: General grounds for refusal: considering leave to remain < https://www.gov.uk/government/publications/general-grounds-for-refusal-considering-leave-to-remain >
Section 4	Home Office information: Pay for UK healthcare as part of your immigration application < https://www.gov.uk/healthcare-immigration-application >
Section 5	Home Office Modernised Guidance: EEA nationals qualified person < https://www.gov.uk/government/publications/european-economic-area-nationals-qualified-persons >
Section 6	Doctors of the World < http://doctorsoftheworld.org.uk/ > Freedom from Torture < https://www.freedomfromtorture.org/ > Maternity Action < https://www.maternityaction.org.uk/ >

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