



Health Care in France

Who provides health care in France?

Everyone with employee (*salarie*) status in France is covered by a national health insurance plan, known as *securite sociale*. Coverage extends to spouses and children without employee status themselves. People who are not entitled to *securite sociale* are required to take out special coverage, known as *assurance personelle*.¹ Many people also choose to purchase additional insurance to complement or supplement the state-run program.²

Who qualifies for health care in France?

In 2000, France introduced the CMU (*couverture maladie universelle*) plan, which provides health insurance for all persons with stable and legal residence in France, interpreted to mean uninterrupted residence for at least three months. Essentially, this means that all residents not otherwise covered by *securite sociale* are obligated by law to enroll in the CMU program.³ This plan is free for households with taxable revenue less than 6,609 euros per year.⁴

To obtain a residence permit in France (also known as a *carte de sejour*), all foreigners must be able to prove that they have health insurance, covering partial or total reimbursement of their medical expenses.⁵

What does health care cost in France?

The national health service sets fees to see different types of doctors. It is more expensive to see a specialist than a general practitioner, and it costs more to have a home visit and even more to see a doctor at night, on Sundays, or on public holidays. Patients do not need a referral to see a specialist.⁶ Most people choose doctors who work under the *securite sociale* system, known as conventional doctors; some of these use the fee system set by *securite sociale*, while others set their own fees. Doctors with their own fee schedules are only reimbursed up to the standard *securite sociale* fee. Doctors who

¹ <http://riviera.angloinfo.com/information/1/healthinsure.asp>

² Elizabeth Docteur and Howard Oxley, "Health-Care Systems: Lessons from the Reform Experience," OECD Health Working Papers 9, Organization for Economic Cooperation and Development, 5 December 2003.

³ <http://riviera.angloinfo.com/information/1/healthinsure.asp>

⁴ <http://www.egide.asso.fr/uk/guide/vivre/soigner/regimes.jhtml>

⁵ <http://www.egide.asso.fr/uk/guide/vivre/soigner>

⁶ Allan Little, "France counts cost of health reform," BBC News, <http://newsvote.bbc.co.uk/mpapps/pagetools/print/news.bbc.co.uk/1/hi/world/europe/3419725.stm>

do not work with *securite sociale*, known as unconventional doctors, are not subsidized.⁷ Under the *securite sociale*, patients pay 30% of the cost of a general practitioner or specialist visit.

Prescription drugs are sold only through pharmacies, and only prescription drugs may be reimbursed through *securite sociale* or CMU. The prescription reimbursement rate varies; patients are responsible for 0% of the cost of some drugs, 35% of the cost for most drugs, and up to 65% of the cost for “comfort” drugs or drugs without a proven therapeutic benefit.⁸

There are two types of hospitals in France with varying types of reimbursements. At public hospitals and private hospitals that work under the *securite sociale*, the treatment of illness is reimbursed for 80% for the first month and 100% afterwards.

At approved private clinics without status under *securite*, patients can be reimbursed for about 10% of expenses.

What are the primary issues in France regarding health care?

Because of this high level of reimbursement and coverage, French health care is among the most expensive in the world. France’s health care budget is the world’s third largest, accounting for 9.8% of GNP. If spending continues at this rate, the health service may be 11 billion euros in debt by the end of 2004 and 70 billion euros in debt by the end of 2020.⁹ Part of this cost stems from alleged waste within the system; some sources suggest that patients “shop” for doctors, visiting multiple specialists until they receive the diagnosis they want.¹⁰ Another cause may be the overuse of prescription drugs; one fifth of the country’s health spending goes to pharmaceuticals.¹¹ French patients on average are happy with their health care system; a 1999 poll found that 78.2 percent of French citizens were very or fairly satisfied with their health care system, while 21.1 percent were dissatisfied.¹² In particular, France has avoided the long waits for elective care that have plagued Great Britain and other countries.¹³ Yet reforming the system may be difficult. France has attempted to limit spending by setting health care budget targets, but

⁷ <http://www.egide.asso.fr/uk/guide/vivre/soigner/soins.jhtml>

⁸ Elizabeth Docteur and Howard Oxley, “Health-Care Systems: Lessons from the Reform Experience,” OECD Health Working Papers 9, Organization for Economic Cooperation and Development, 5 December 2003.

⁹ “French Health Service ‘on Verge of Collapse,’” *The Guardian*, 23 January 2004.

¹⁰ Allan Little, “France counts cost of health reform,” BBC News, Ibid.

¹¹ “Strike over French health reforms,” BBC News, <http://news.bbc.co.uk/go/pr/fr/-/1/hi/world/europe/3419801.stm>

¹² Table 8, Elizabeth Docteur and Howard Oxley, “Health-Care Systems: Lessons from the Reform Experience,” OECD Health Working Papers 9, Organization for Economic Cooperation and Development, 5 December 2003.

¹³ Elizabeth Docteur and Howard Oxley, “Health-Care Systems: Lessons from the Reform Experience,” OECD Health Working Papers 9, Organization for Economic Cooperation and Development, 5 December 2003.

these measures failed since there was no mechanism to correct for overspending.¹⁴ Attempts by the current President Jacques Chirac to cut back on France's generous social welfare system were sharply rebuffed in midterm elections, as French voters overwhelmingly chose the Socialist and other left-wing parties over President Chirac's conservative Union for a Popular Movement party. According to one report, "the unpopularity of Mr. Chirac's domestic economic program ha[d] become a dominant issue here and was the major theme in the elections, which were effectively a midterm referendum on his administration."¹⁵

¹⁴ Elizabeth Docteur and Howard Oxley, "Health-Care Systems: Lessons from the Reform Experience," OECD Health Working Papers 9, Organization for Economic Cooperation and Development, 5 December 2003.

¹⁵ Craig S. Smith, "In Setback for Chirac, French Veer Left in Regional Vote," *New York Times*, 29 March 2003.