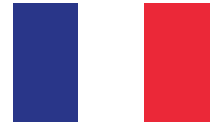


# France



The French government sets the national health strategy and allocates budgeted expenditures to regional health agencies, which are responsible for planning and service delivery. Enrollment in France's public statutory health insurance system is mandatory. The system covers most costs for hospital, physician, and long-term care, as well as prescription drugs; patients are responsible for coinsurance, copayments, and balance bills for physician charges that exceed covered fees. The insurance system is funded primarily by payroll taxes (paid by employers and employees), a national income tax, and tax levies on certain industries and products. Ninety-five percent of citizens have supplemental insurance to help with their out-of-pocket costs, as well as dental, hearing, and vision coverage.

## INSURANCE COVERAGE (% OF POPULATION)

0% 50% 100%

**Public coverage: 100%**

Universal, automatic national insurance, with regions and municipalities responsible for financing and delivering care

**Private complementary coverage: 42%**

Voluntary individual plans cover copayments for pharmaceuticals and adult dental care, as well as services not fully covered by national insurance

**Private supplementary coverage: 30%**

Nonprofit plans offer expanded access to private providers; purchased mainly by private employers as fringe benefit

## HEALTH CARE DELIVERY AND PAYMENT

**General practitioners (GPs)** are mostly self-employed, and more than half are in small-group practices. Paid mostly on a fee-for-service basis, GPs receive additional capitated fees for coordinating care for patients with chronic conditions, as well as pay-for-performance payments for meeting pay-for-performance targets. Patients are offered financial incentives to register with a GP or specialist. GPs can bill above the national fee schedule, and one-quarter do. *Patient cost-sharing*: 30 percent coinsurance and USD 1.26 copayment.

One-half of **specialists** are in small-group practices. Specialists can balance-bill, and nearly 43 percent do. Other specialists are salaried employees of public and private nonprofit hospitals. *Patient cost-sharing*: Same as GPs. Patients who bypass a gatekeeping physician to access a specialist have increased cost-sharing. Some specialists can be directly accessed without a referral, including gynecologists, ophthalmologists, and psychiatrists.

All costs are in U.S. dollars, adjusted for cost-of-living differences.  
Conversion rate: USD 1.00 = EUR 0.79.

## DEMOGRAPHICS

**66.9M**

Total population

**19.7%**

Population age 65+

## HEALTH SYSTEM CAPACITY & UTILIZATION

**3.2**

Practicing physicians per 1,000 population

**6.1**

Average physician visits per person

**10.5**

Nurses per 1,000 population

**6.0**

Hospital beds per 1,000 population

**182**

Hospital discharges per 1,000 population



The  
Commonwealth  
Fund

# France

**Hospitals** are 60 percent public, 25 percent private for-profit, and the remainder private nonprofit. Inpatient and outpatient care is reimbursed primarily via a diagnosis-related group structure. Expensive and innovative drugs and devices can be reimbursed separately. *Patient cost-sharing*: 20 percent coinsurance for inpatient care and USD 23 copayment per hospital day. Hospital coinsurance applies only to the first 31 days in hospital; some surgical interventions are exempt.

**Prescription drugs** are covered under statutory health insurance. *Patient cost-sharing*: USD 0.63 per box. Coinsurance depends on drug's therapeutic value. Highly effective drugs, like insulin or cancer drugs, carry no coinsurance. Coinsurance on other drugs is 15 percent to 100 percent.

**Mental health services** provided by GPs or psychiatrists, public mental health care clinics, and private psychiatric hospitals on an outpatient or inpatient basis are covered. Individuals diagnosed with long-term psychiatric conditions are exempt from copayments. Care provided by psychotherapists or psychoanalysts is not covered under statutory health insurance but is covered by complementary private insurance, held by most of the population.

**Long-term care** medical expenses are covered. Home care is provided mainly by self-employed physicians and nurses and is covered by statutory and private complementary insurance. Long-term care institutions are a mix of public, nonprofit, and for-profit. *Patient cost-sharing*: Patients are responsible for housing costs in long-term facilities, which average USD 1,900 per month. Means-tested monetary allowances are provided for nonmedical care to the frail elderly.

**Safety nets** are available to unemployed and low-income individuals in the form of free state-sponsored statutory health insurance or means-tested vouchers for discounted voluntary health insurance, as well as free dental and vision care. Individuals with chronic illnesses are exempt from coinsurance. Children and low-income individuals are exempt from copayments.

**Care coordination** for elderly and fragile populations is incentivized through financial bonus payments to GPs and through quality-related initiatives aiming to streamline medical and social care services through case management and a shared portal.

## TOTAL HEALTH EXPENDITURES

In 2017, total health expenditures were USD 337 billion, which was 11.5 percent of GDP; 77 percent was publicly financed.

## RECENT REFORMS

- New payment mechanisms are being tested, including bundled payment at the national level for orthopedic and colorectal surgeries, in addition to five-year regional bundled payment pilots for stroke, heart failure, and acute coronary syndromes.

*This overview was prepared by Isabelle Durand-Zaleski.*

## SPENDING

# \$4,965

Health care spending per capita

# \$463

Out-of-pocket health spending per capita

# \$653

Spending on pharmaceuticals (prescription and OTC) per capita

## HEALTH STATUS & DISEASE BURDEN

# 82.6

Life expectancy at birth (years)

# 17.0%

Obesity prevalence

# 4.8%

Diabetes prevalence

# 18%

Adults with multiple chronic conditions (2 or more)

**Data:** 2019 OECD Health Data except: diabetes prevalence from *Health at a Glance 2019* (IDF Atlas 2017 data); adults with 2+ chronic conditions from the 2016 CMWF International Survey.