

# Financial protection in France



Financial protection is at the heart of universal health coverage: out-of-pocket payments can undermine access to health services and lead to poverty



## How many people experience financial hardship?

1.4% of households are impoverished or further impoverished after out-of-pocket payments (2017)

2.1% of households – around 800 000 people – experience catastrophic health spending (2017)



## Who experiences financial hardship?

Lower-income households (almost 90% of all households with catastrophic health spending are in the poorest consumption quintile)

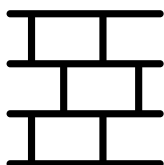
Households headed by unemployed people, other inactive people and single parents



## Which services lead to financial hardship?

On average: outpatient care, diagnostic tests and medical products

In households with low incomes: outpatient medicines, medical products



## What are the main barriers to access?

Coverage of dental care is limited, leading to above average levels of unmet need for dental care

The mechanisms in place to protect people from widespread and heavy user charges (including balance billing) are not sufficiently protective

Access to complementary health insurance (CHI) covering user charges is unequal



## How does France compare to other countries?

The incidence of catastrophic health spending is lower in France than in many European Union countries, in line with France's low levels of out-of-pocket payments

However, France relies heavily on CHI to provide financial protection, which is highly regressive and involves significant transaction and financial costs for the Government and employers



## How can France strengthen access and financial protection?

Reduce co-payments by exempting people with low incomes and people with chronic conditions from all co-payments, setting an annual income-based cap on all co-payments for the whole population, limiting balance billing and phasing out retrospective reimbursement

Reduce the regressivity of CHI by removing financial and administrative barriers to free or subsidized CHI for people with low incomes and linking subsidies for CHI for employees to income

Improve the coverage of dental care