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Insured Like any Others
An Analysis of the Ambulatory Healthcare Consumption of Undocumented Immigrants Covered by State Medical Aid

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Undocumented immigrants living in France are not eligible to the otherwise universal public health insurance. The State Medical Aid (*Aide Médicale de l'Etat*, AME) is a public health insurance scheme dedicated to them. In particular, the State Medical Aid scheme provides access to hospital care, most GP and specialist services, and drugs, at no cost for patients, neither premium nor fees.

What impact does the State Medical Aid scheme has on access to healthcare? Previous studies based on the "Premiers Pas" survey have shown that State Medical Aid is associated with less non-take up of healthcare services, and more medical consultations in medical practices or healthcare centres, rather than in emergency services and NGOs medical facilities. The patterns of healthcare use of immigrants covered by State Medical Aid appear to resemble those of the rest of the population in France.

In this second study, we compare the ambulatory healthcare consumption of the immigrants covered by State Medical Aid with that of persons covered by the non-contributory Complementary Health Solidarity (*Complémentaire Santé Solidaire non contributive* (CSS-NC) scheme. The CSS-NC is a public insurance scheme dedicated to French and legal residents deprived households, which complements the universal public health insurance. Like the State Medical Aid, it is premium free and provides at no costs access to the State Medical Aid basket, plus a series of medical goods, including dental care and optics. Like the immigrants covered by State Medical Aid, the one covered by CSS-NC have low incomes. They also have a poorer state of health than the rest of the French population. Is the outpatient care consumption of the two populations similar for the care identically covered?

The results, based on two administrative cohorts drawn from 2018 claims data from the local branch of the French Public Health Insurance in the Gironde *département* (*Caisse Primaire d'Assurance Maladie de Gironde*), show that the two populations have similar consumptions regarding most healthcare goods, except for dental and optical care, which are well covered by the CSS-NC, but poorly covered by State Medical Aid.

State Medical Aid (*Aide médicale de l'Etat*, AME) is a public health scheme aimed at undocumented immigrants who have been living in France for at least three months and whose financial resources are lower than the threshold set for thenon-contributory Complementary Health Solidarity scheme (CCS-NC,

Complémentaire Santé Solidaire non contributive, formerly the *Couverture Maladie Universelle Complémentaire* (CMU-C) or free complementary health insurance), that is an annual income of 9,041 euros for a single person in 2022. The scheme was introduced in 2000 at the same time as the CMU-C with the aim of removing the financial barriers to access to healthcare services for low-income households (Wittwer et al., 2019). The State Medical Aid entitles free access – without co-payments or an excess – to a comprehensive healthcare basket similar to that of the CSS-NC, with the exception of drugs of insufficient therapeutic value, medically assisted reproduction, original medicines when a generic drug is available, and thermal treatments. There are other more significant restrictions, such as optics, dental prostheses, and hearing aids, which do not benefit from the comprehensive coverage offered by the CSS-NC. Furthermore, since 2020, there is a nine-month waiting period for certain forms of non-urgent care[1]. In 2021, 415,000 persons benefited from the statutory State Medical Aid, and expenditure totalled 968 million euros (Louwagie, 2023).

The hospital care of beneficiaries of the statutory State Medical Aid represented almost two thirds (65%) of the expenditure in 2018, whereas hospital expenditure represented less than half (46%) of the expenditure of healthcare and medical goods in France. The hospital expenditure reflects the specific needs of this population. Obstetrics accounted for more than a quarter (27%) of their hospital stays (Bartoli et al., 2019, DREES, 2023).

Few studies have been conducted on the healthcare spending of beneficiaries of State Medical Aid. Most of the information has been provided in public reports, which contain information about the average expenditure per beneficiary, which are sometimes broken down into the main types of healthcare provided (Bartoli et al., 2019). This study aims to provide an overview of the ambulatory healthcare consumption of beneficiaries of State Medical Aid. Indeed, the scheme stands out from many existing schemes for undocumented immigrants in Europe, as it gives beneficiaries better access to ambulatory healthcare, which enables earlier treatment and better monitoring of their health problems. In a previous study, based on a representative survey and declaration data, we showed that State Medical Aid health insurance coverage is linked with less frequent non-use of healthcare services, but also promotes doctors' offices as the point of entry into the health services system (Marsaudon et al., 2023).

The aim of this study is not to compare the immigrants covered by State Medical Aid with those who are not, but to assess the extent to which their healthcare consumption matches that of persons covered by the non-contributory Complementary Health Solidarity scheme (CSS-NC). The two populations have a level of coverage that is comparable with regard to most of the "basket of care". Both populations have low incomes, below a similar eligibility threshold. Lastly, their state of health is relatively poor. The state of health of beneficiaries of the CSS-NC is poorer than the rest of the population, particularly with regard to cardiovascular diseases, neurological and degenerative diseases, chronic conditions, and the self-reported subjective health status (Carré and Perronnin, 2019). The studies based on the "Premiers Pas" survey show that, amongst the beneficiaries of State Medical Aid, there was a high prevalence of infectious diseases as well as poor mental and functional health (Jusot et al, 2019; Dourgnon et al., 2021; Vignier et al.; 2022). The two populations show a poorer health status than the rest of the population, but it is impossible to make an accurate comparison between them in terms of healthcare needs.

Two cohorts were created based on administrative data, the first of which included beneficiaries of State Medical Aid, and the second persons insured under the non-contributory Complementary Health Solidarity scheme (CSS-NC), selected in order to replicate the age and gender structure of the State Medical Aid cohort; they were affiliated to the Primary Health Insurance Fund (CPAM) in the Gironde *département* and were covered throughout 2018. This approach made it possible to observe the healthcare consumption, in terms of expenditure and contact with the healthcare services, in a very detailed way (see Data inset). Our study focused exclusively on ambulatory

CONTEXT

This issue of *Questions d'Économie de la Santé* ("Issues in Health Economics") is part of the multidisciplinary "Premiers Pas" project, entitled "*Accès aux droits, trajectoires de soins and appropriation de l'Aide médicale de l'Etat (AME) en France*" ("Rights access, healthcare trajectories, and the use of State Medical Aid in France"). The project aims to study the experience of undocumented immigrants living in France with regard to their access to rights and healthcare use. It includes a qualitative section, a survey aimed at undocumented immigrants – the "Premiers Pas" survey – and a panel of administrative data relating to the State Medical Aid scheme. The "Premiers Pas" survey was carried out by a research consortium that comprised anthropological, sociological, and economic researchers, as well as a GP. The participating teams belonged to the Bordeaux University (UMR 5319 Passages-CNRS and U1219 Bordeaux Population Health, EMOS-INSERM), the Paris-Dauphine University (EA 4404 LEDA-LEGOS), and the Institute for Research and Information in Health Economics (IRDES). Jérôme Wittwer received State aid under the "Investing for the Future" programme (*Programme d'Investissements d'Avenir*, PIA) within the framework "Initiative of Excellence of the University of Bordeaux" (IdEx *Université de Bordeaux*)/GPR HOPE (major research programme: HOPE). The research project was supported by the Regional Health Agency (RHA) of Nouvelle-Aquitaine, the *Fondation des Amis de Médecins du Monde*, and the French National Research Agency (*Agence Nationale de la Recherche*, ANR), following the generic call for proposals in 2015.

[1] https://www.legifrance.gouv.fr/jorf/article_jo/JORFARTI000042483569

Data

This study is based on a comparison of two cohorts created using reimbursement data from the French public health insurance system (*Assurance Maladie*), that is a cohort of beneficiaries of State Medical Aid (*Aide médicale de l'Etat*, AME) and a cohort of beneficiaries of the non-contributory Complementary Health Solidarity scheme (CSS-NC). The data used in the study was provided by the Primary Health Insurance Fund (CPAM) in the Gironde *département* - Base Erasme V0.7 *Régime Général* (French Social Security System). The data brought together all the ambulatory healthcare consumption submitted for reimbursement by the persons covered by State Medical Aid and the CSS-NC, and made it possible to monitor, on a month-to-month basis, the status (with regard to State Medical Aid or CSS-NC) of the persons affiliated to the CPAM, whether they consumed or did not consume healthcare. It is important to note that the National Health Data System (*Système National des Données de Santé*, SNDS) was not used for this study, because the persons covered were only trackable through their healthcare consumption and not the closure or opening of rights, which made it impossible to create a cohort.

The reference population was composed of all the persons covered by State Medical Aid on 1 January 2019, aged 20 or over on this date, affiliated to the CPAM in the Gironde *département*, and covered throughout 2018. This population was composed of an equal number of men — young men, half of whom were aged under 40 — and women (generally older, as 35% of them were 50 or over compared with 23% of the men) [see Table opposite].

The cohort of beneficiaries of the CSS-NC, selected in the ERASME database of the CPAM in the Gironde *département*, was composed of beneficiaries of the CSS-NC on 1 January 2019 at the CPAM in the Gironde *département*, who were covered by the scheme throughout 2018. Random pairing, by age group and by gender, was conducted with the population of the persons covered by State Medical Aid. Hence, for each person covered by State Medical Aid, a person covered by CSS-NC of the same gender and age group was selected randomly in order to compare their healthcare consumption, at equivalent age and gender. The financial resources of persons covered by the CSS-NC were below a threshold similar to that used for State Medical Aid. It must, however, be borne in mind that the population of persons covered by State Medical Aid was particularly vulnerable, as they suffered from shortages of food and housing (Jusot et al., 2019).

We therefore had two cohorts of 1,974 individuals – with similar age and gender structures – for the analysis. Most of the persons belonging to the two cohorts had renewed their health insurance coverage (State Medical Aid or CSS-NC) in 2018, because the schemes are renewed year on year and not on a calendar-year basis.

Distribution by gender and age of the individuals covered by State Medical Aid (AME) in 2018, in the Gironde *département*

	Women		Men		TOTAL	
Age groups						
20 to 29	168	16.7%	135	14.0 %	303	15.3%
30 to 39	312	31.0%	373	38.6 %	685	34.7%
40 to 49	172	17.1%	242	25.0 %	414	21.0%
50 to 59	131	13.0%	101	10.4%	232	11.8%
60 and over	224	22.2%	116	12.00 %	340	17.2%
TOTAL	1,007	100.0 %	967	100.0 %	1,974	100.0 %
	51.0%		49.0%		100%	

Source: CPAM in the Gironde *département*, ERASME database.

Scope: All the individuals aged 20 or over covered by State Medical Aid by the CPAM of Bordeaux on 1 January 2019 and continuously covered by State Medical Aid in 2018 (n=1,974).

healthcare expenditure. It did not include hospital expenditure for two reasons. Firstly, there was no information about hospital expenditure in the data produced by the Primary Health Insurance Funds (CPAM). Secondly, the expenditure was highly concentrated, as the 10% of persons hospitalised with the highest annual expenditure represented 67% of the total hospital expenditure (Cometx, Pierre, 2022). This level of concentration was found amongst immigrants covered by State Medical Aid (Cordier et al., 2010). Also, a comparison based solely on the Gironde *département* would not be statistically sound.

The ambulatory healthcare expenditure of beneficiaries of the State Medical Aid was nearly identical to that of beneficiaries of the CSS-NC

92.6% of the immigrants covered by State Medical Aid (92.5% of the persons covered by CSS-NC) consumed healthcare, i.e. they had at least one healthcare expense submitted for reimbursement in 2018. The ambulatory care expenditure of the persons covered by State Medical Aid were 1,194 euros compared with 1,436 euros for beneficiaries of the CSS-NC (see Table). This difference is explained by the very different levels of coverage with regard to dental and optical care. When excluding dental and optical care, the expenditure of the persons covered by State Medical Aid was 1,139 euros compared with 1,219 euros for the beneficiaries of the CSS-NC (see Table). This difference is not statistically significant on the threshold of 5%.

Healthcare consumption according to type of care provided proved very similar, except for dental and optical care expenditure, which is much less well covered by State Medical Aid (see Graph 1). Amongst the insured persons who consumed healthcare, the expenditure of the persons covered by State Medical Aid was statistically significantly lower than that of

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Ambulatory healthcare expenditure of the insured persons who consumed healthcare and were covered under the State Medical Aid or the CSS-NC scheme throughout 2018

		State Medical Aid (AME)			Non-contributory Complementary Health Solidarity scheme (CSS-NC)		
		Average (euros)	Median and quartiles (euros)	Proportion of individuals consuming healthcare	Average (euros)	Median and quartiles (euros)	Proportion of individuals consuming healthcare
Optical and dental care costs	... included	1,193.6	Median: 663.9 Q1: 306.6 Q2: 663.9 Q3: 1,287.3	92.6%	1,436.3	Median: 825.8 Q1: 324.4 Q2: 825.8 Q3: 1,714.9	92,5 %
	... excluded	1,138.8	Median: 592.4 Q1: 252.21 Q2: 592.4 Q3: 1,279.8	91.7%	1,219.1	Median: 645.0 Q1: 252.4 Q2: 654.0 Q3: 1,418.4	91,2 %

Source: CPAM in the Gironde *département*, ERASME database.
Scope: All the individuals aged 20 or over covered by State Medical Aid by the CPAM of Bordeaux on 1 January 2019 and continuously covered by the AME in 2018 (n=1,974).
Download the data

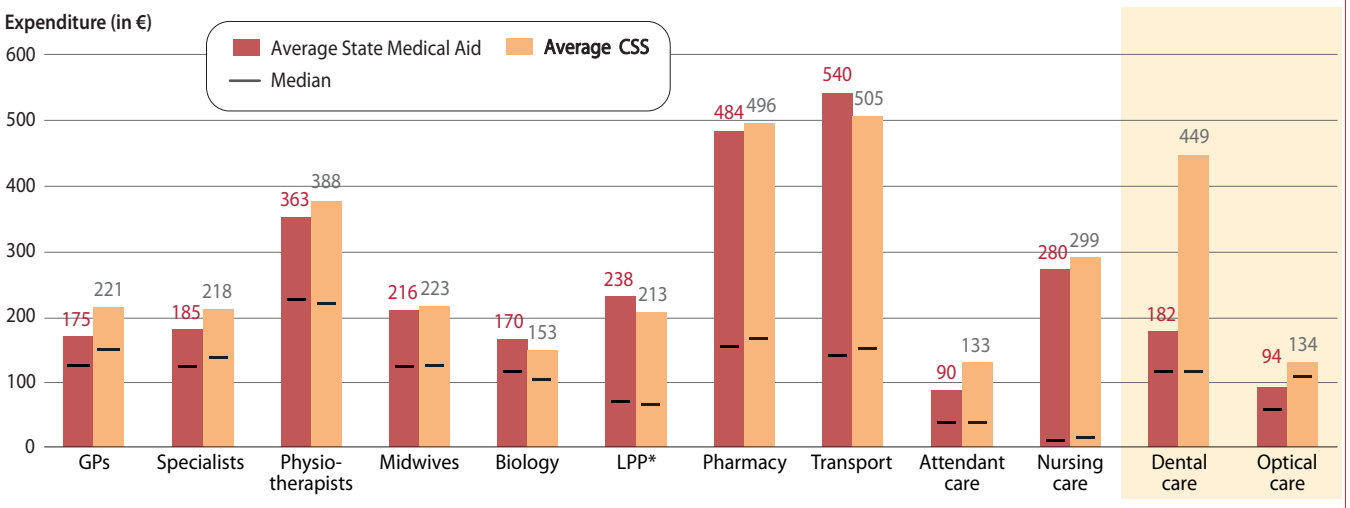
the beneficiaries of the CSS-NC with regard to expenditure related to consultations with GPs and specialists, and statistically higher in the case of expenditure on biological tests.

Except for optical and dental care, the rates of use by type of healthcare provided of the persons covered by State Medical Aid and CSS-NC were very similar, as was the use of GPs (82% versus 85%) and specialists (60% versus 64%). In the case of dental and optical care, the disparities that had previously been observed were found. The persons covered by CSS-NC were more likely to consume these forms of healthcare (43% for dental care and 18% for optical care) than the persons covered by State Medical Aid (32% for dental care and 2% for optical care).

The analysis of the number of contacts with healthcare professionals confirmed the similarities between the healthcare consumption profiles

G1

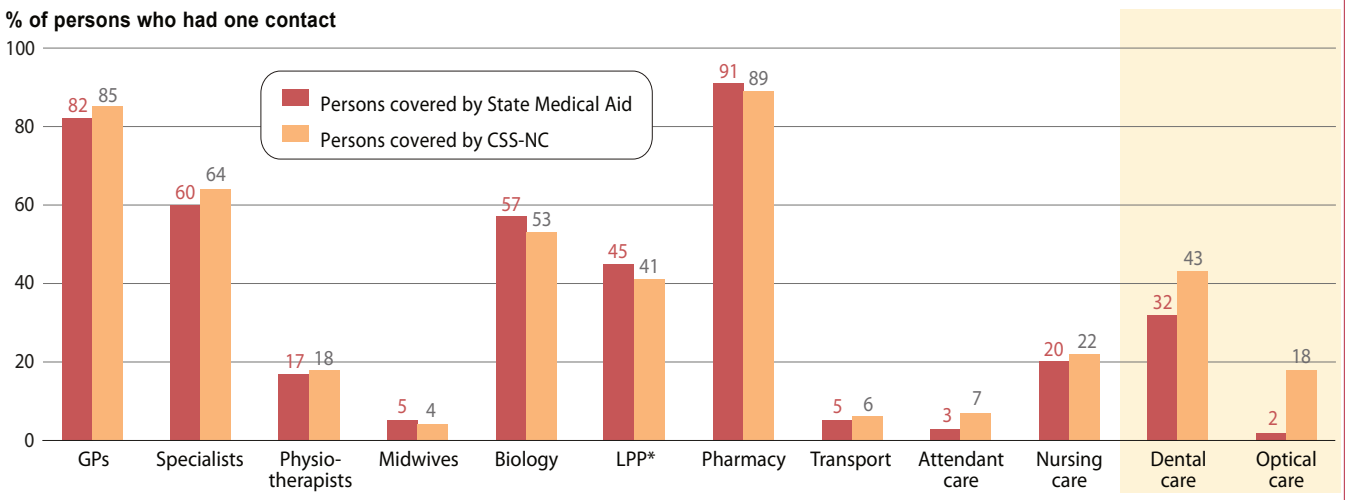
Average expenditure by type of healthcare in 2018 of the beneficiaries of State Medical Aid (AME) and the non-contributory Complementary Health Solidarity scheme (CSS-NC)



* Products and services refunded by the *Assurance Maladie*
Reading: In 2018, the beneficiaries of State Medical Aid spent on average 175 euros on consultations with their GP. The statistics were calculated, by type of healthcare, on the basis of the persons covered by State Medical Aid and the CSS-NC.
Source: CPAM in the Gironde *département*, ERASME database.
Scope: All the individuals aged over 20 covered by State Medical Aid on 1 January 2019 and continuously covered by State Medical Aid in 2018, and a sample, matched by age and gender, of beneficiaries of the CSS on 1 January 2019, who were continuously covered by the CSS-NC in 2018; n=1,974 (for each sample). The individuals consumed healthcare and were covered throughout 2018.
Download the data

G2

Rates of use by type of healthcare for the persons covered by State Medical Aid (AME) and the non-contributory Complementary Health Solidarity scheme (CSS-NC)



* Products and services refunded by the *Assurance Maladie*

Reading: In 2018, 82% of the persons covered by State Medical Aid had at least one contact with a GP.

Source: CPAM in the Gironde *département*, ERASME database.

Scope: All the individuals aged over 20 covered by State Medical Aid on 1 January 2019 and continuously covered by State Medical Aid in 2018, and a sample, matched by age and gender*, of beneficiaries of the CSS on 1 January 2019, who were continuously covered by the CSS-NC in 2018; n=1,974 (for each sample). The individuals consumed healthcare and were covered throughout 2018.

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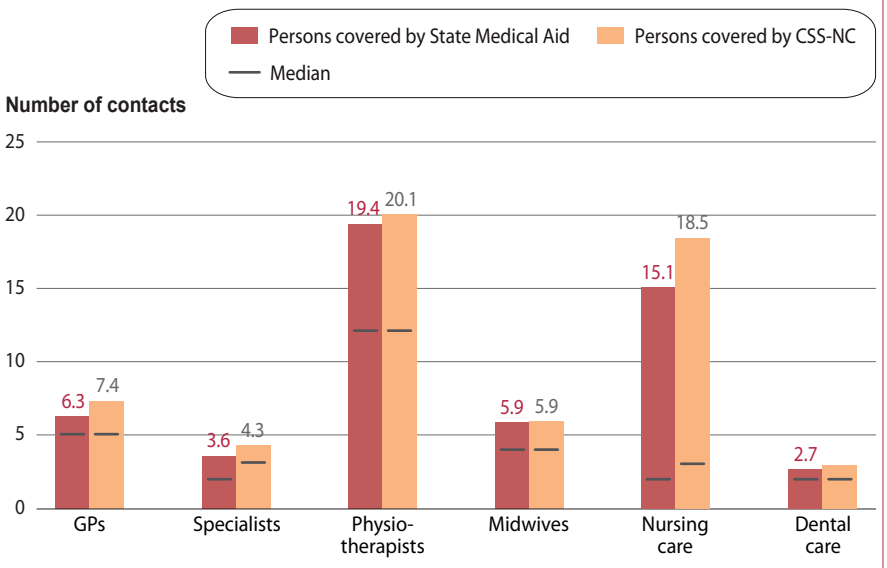
(see Graph 3). When they consulted at least once, the beneficiaries of State Medical Aid had 6.3 contacts with a doctor during the year, compared with 7.3 amongst beneficiaries of the CSS-NC. The number of contacts with a nurse was also significantly lower amongst the persons covered by State Medical Aid who had at least one contact with a nurse during the year. Both of these differences were significant.

G3

Persons covered by State Medical Aid (AME) and the non-contributory Complementary Health Solidarity scheme (CSS-NC): average number of contacts per healthcare professional in 2018



Reading: In 2018, the average number of contacts with a GP was 6.3 for the persons covered by State Medical Aid who had at least one contact with a GP during the year. The statistics were calculated, by type of healthcare, on the basis of the persons covered by State Medical Aid and the CSS-NC who consumed healthcare and were covered throughout 2018.

Source: CPAM in the Gironde *département*, ERASME database.

Scope: All the individuals aged over 20 covered by the State Medical Aid on 1 January 2019 and continuously covered by State Medical Aid in 2018, and a sample, matched by age and gender, of individuals covered by CSS on 1 January 2019, who were continuously covered by the CSS-NC in 2018; n=1,974 (for each sample).

Download the data

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Our findings showed strong similarities between the ambulatory healthcare consumption profiles of the persons covered by State Medical Aid and the CSS-NC with regard to the types of healthcare that were covered in a similar manner, both in terms of expenditure and the number of contacts. They suggest that the persons covered by State Medical Aid use ambulatory healthcare in a way that is closer to the rest of the population in a similar social situation. In the absence of accurate information about the persons' state of health in the administrative data, the data used did not enable us to conclude that the healthcare consumption was similar for equivalent levels of medical need, that is to say for persons with comparable health statuses. But the often poor health statuses and living conditions of undocumented immigrants (Jusot et al., 2019) suggest that the

medical needs are probably greater than those of the beneficiaries of the CSS-NC. It is worth noting that in a previous study based on a representative survey of undocumented immigrants living in Paris and the Bordeaux conurbation (Marsaudon et al., 2023), we showed that State Medical Aid enables its beneficiaries to choose – as points of entry into the health services system – doctors' offices and health facilities in comparison to emergency departments and NGOs, enabling them to become, in that respect also, fully insured like other insured persons.

We also show that in the absence of sufficient health insurance coverage, as is the case with dental and optical care, the healthcare consumption of persons covered by State Medical Aid is much lower than that of persons covered by the CSS-NC.

All the findings, which confirm our previous analyses, show the crucial role played by State Medical Aid in providing access to healthcare and in the care pathways of undocumented immigrants.

Restricting the coverage provided by State Medical Aid to emergency care would – by making it very difficult to access ambulatory healthcare services, which are now regularly used by persons covered by State Medical Aid – have a significant impact on the healthcare use of undocumented immigrants in France and their state of health. In Spain, a similar reform had a significant impact not only on the use of healthcare, but also on the mortality rates of undocumented immigrants (Jiménez-Rubio et al., 2020; Juanmarti Mestres et al., 2021). Furthermore, such a reform would impose a greater burden on hospitals, and, in particular, on the emergency services, and the treatment of the health problems of undocumented immigrants. An undesirable outcome in terms of the organisation of care and public spending, and which would increase hospitals' unrecoverable costs. ♦

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