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Access to State Medical Aid by Undocumented Immigrants in France: First Findings of the "Premiers Pas" Survey

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France decided many years ago to grant access to healthcare services for undocumented immigrants when it introduced a scheme known as Aide Médicale Gratuite (Free Medical Care) and, since 2000, the State Medical Aid (AME) scheme. The existence of this kind of scheme does not guarantee, on its own, that all of the eligible persons neither access the scheme, nor make use of it. In this paper, we analyse access to State Medical Aid and its determinants based on data from the 'Premiers Pas' survey, which was carried out in 2019 on a sample of undocumented immigrants.

Only 51% of those eligible actually take up State Medical Aid. Almost half of undocumented immigrants who state that they suffer from pathologies requiring treatment, such as diabetes or infectious diseases, have no health insurance, neither State Medical Aid, nor any other health insurance. Access to State Medical Aid is slightly higher amongst the 10% who declared that one of their reasons for migration was health. There, is however, relatively little correlation between coverage by State Medical Aid and health conditions, aside from muscular-skeletal troubles. Access to State Medical Aid primarily increases with the length of stay in France. These results suggest that most of the migrants are not familiar with the State Medical Aid scheme and were not all able to fully grasp a complex scheme. Even among those living in France for five years or more, 35% are not covered by State Medical Aid.

This third *Questions d'Économie de la Santé* ("Issues in Health Economics"), which focuses on undocumented immigrants access to State Medical Aid, is part of a series of three articles. The first article addresses the history of the health coverage of undocumented immigrants in France and provides an overview of the evidence on the State Medical Aid scheme. The second article describes the methodology and the sample of the "Premiers Pas" survey.

Public healthcare coverage for undocumented immigrants is a longstanding tradition in France (Wittwer et al., 2019). In 1893, France established a scheme —called Aide Médicale Gratuite ("Free Medical Care")— to provide healthcare for deprived persons with illnesses, no matter their legal status in the country. A century later, in 1993, the so-called Pasqua laws introduced a condition of lawful residence in France as a requirement to benefit from health coverage. This requirement was maintained in 2000 when Universal Health Insurance was achieved under the Couverture Maladie Universelle scheme, (CMU, Universal Health Insurance). In line with the 1993 Act, a new scheme was then created —State Medical Aid (AME)— to enable undocumented immigrants without financial resources to access healthcare (see Inset 1 and Wittwer et al., 2019 for an in depth description of this scheme). This scheme exclusively cov-

ers undocumented immigrants who have been living continuously in France for more than three months, with low financial resources. Foreigners with a residence permit, asylum seekers, and refugees are covered by the Public Universal Health Coverage (Protection Universelle Maladie, PUMA). State Medical Aid had multiple objectives, relating to public health as well as ethical reasons, and efficiency reasons. The scheme aims not only to provide healthcare coverage to undocumented immigrants for humanitarian reasons and relating to a respect for human dignity, but also more broadly guarantees "a right to healthcare for all" as recommended by the World Health Organisation. State Medical Aid provides access to most healthcare services ensuring that undocumented immigrants are not provided care only through emergency services, in order not to disrupt the healthcare system, in particular hospital services. Ensuring access to diagnoses and pertinent healthcare, without delay, also helps to avoid delays in treatment for more serious health conditions, which would result in the need for more intensive and costly treatments (European Union Agency for Fundamental Rights, 2015). Lastly, State Medical Aid aims —via the control of certain epidemics— to protect the health of the entire population.

State Medical Aid is not granted automatically or compulsorily. It does not guarantee that all of the eligible persons are effectively covered. It is therefore not guaranteed that State Medical Aid has enabled all the eligible persons to access appropriate healthcare, especially to access care through regular primary and secondary healthcare services rather than emergency services or NGOs facilities. Non-take-up has been identified and studied in most social policies, including subsidised health insurance schemes (Aizer, 2003; Aizer, 2007; Baicker et al., 2012; Bhargava and Manoli, 2015; Chernew et al., 1997; Currie, 2006; Finkelstein et al., 2019; Guthmuller et al., 2014a; Jusot et al., 2019; Wright et al., 2017). Non-take-up "concerns anyone who does not receive, whatever the reason, a treatment or a service that they are entitled to" (Warin, 2016). In France, around 34% to 45% of the persons who are entitled to the public Complementary Universal Health Insurance (CMU-C) and 41% to 59% of the persons who are eligible to the Health Insurance Vouchers Scheme (Aide à l'acquisition d'une complémentaire santé, ACS) are non-takers, according to 2017 estimations (Fonds CMU, 2018). In light of theses results, assuming that State Medical Aid is also not fully accessed by potential users appears a reasonable assumption.

The study of Access to State Medical Aid represents a first step in order to assess the scheme's effectiveness. Indeed, if State Medical Aid is underused it cannot meet the ethical, public health, and efficiency objectives it was intended to attain. Furthermore, State Medical Aid is a right, so it is indispensable for the policymaker to be aware of the number of non-takers, and understand the reasons for non-take-up. It is particularly important to understand whether non-take-up results from a well-informed choice or whether it is due to other reasons, such as informational barriers (language, administrative complexity).

In order to study the effectiveness of the State Medical Aid scheme, and thereby study the use of State Medical Aid and analyse the determinants and methods of the use of the health system by undocumented immigrants, the "Premiers Pas" survey was carried out at the beginning of 2019 on a sample of undocumented immigrants who were eligible for State Medical Aid, that is to say they had low living standards and

Context

The "Premiers Pas" project*

The "Premiers Pas" survey was part of a multidisciplinary project. The "Premiers Pas" project, comprising rights access, healthcare trajectories, and access to State Medical Aid (Aide Médicale de l'État, AME) in France, set out to study the experience of undocumented immigrants living on French territory with regard to their access to rights and healthcare, using a multidisciplinary approach. The project adopted an approach involving social anthropology, and comprised a survey conducted amongst undocumented immigrants—the "Premiers Pas" survey—, and a panel of administrative data relating to State Medical Aid (AME). "Premiers Pas" was run by a research consortium that brought together researchers in anthropology, sociology and health economy, as well as a GP. The teams taking part in the project came from the University of Bordeaux, the Paris-Dauphine University, and the Institute for Research and Information in Health Economics (Institut de Recherche et Documentation en Économie de la Santé, or IRDES). The Fondation des Amis de Médecins du Monde and the Regional Health Agency (Agence Régionale de Santé, ARS) in the Nouvelle Aquitaine region also took part in the project. "Premiers Pas" was funded by the National Research Agency (Agence Nationale de la Recherche, ANR) in 2016. The survey was conducted under the direction of the French Data Protection Authority or CNIL (declaration MR004, registration number 2203002 v 0). https://anr.fr/Projet-ANR-16-CE36-0008.

* https://premierspas.hypotheses.org/ www.irdes.fr/recherche/enquetes/premiers-pas/actualites.html

I1

State Medical Aid (Aide Médicale de l'Etat)

State Medical Aid (AME) is a premium free public insurance scheme for undocumented immigrants who have been living in France continuously for more than three months. It is a means-tested benefit which financial eligibility criteria are identical to the Public means tested Complementary Universal Health Insurance (CMU-C). Applications to AME are examined by the Health Insurance Local branches (Caisses Primaires d'Assurance Maladie, CPAM), which are responsible for assessing applications. Once acquired, State Medical Aid (AME) entitles the claimant, for one year, to a 'range of healthcare' treatments, which is slightly more restricted than the healthcare basket provided by the French public health insurance, but without the financial contributions and cost sharing. Persons covered by AME can access certain types of healthcare free of charge: the treatment of illnesses and maternity care, as well as hospital stays are fully covered. Unfertility treatment, thermal treatment, and drugs with a low therapeutic value, which are reimbursed at the rate of 15% for other insured persons, are excluded from State Medical Aid coverage. The State reimburses the costs paid by the National Health Insurance Fund (Caisse Nationale de l'Assurance Maladie, CNAM). State Medical Aid is therefore funded by the State budget and not the Public Health Insurance budget. There are currently 311,000 persons covered by State Medical Aid (AME), at an estimated cost of around 900 million euros for 2019, that is to say 0.5% of total public healthcare expenditure (Dourgnon et al., 2019). This is complemented by €40 million allocated for the emergency and vital treatment of undocumented patients who are not eligible for statutory State Medical Aid, because they have been living in France for less than three months, and 1.5 million euros for hospital care in France for French patients who do not habitually reside in France, at the discretion of the Health Minister.

had been living in France for at least three months. We are presenting here the first results of this survey, which complement previous studies conducted on access to healthcare and health status of immigrants in France (Dourgnon et al., 2009; Berchet and Jusot, 2009; Berchet and Jusot, 2010; Berchet and Jusot, 2012; Berchet, 2013; Dourgnon and Kassar, 2014; Hamel and Moissy, 2012; Kassar and Dourgnon, 2014; Moullan and Jusot, 2014).

I2

The "Premiers Pas" survey

The "Premiers pas" survey aims to gain a better understanding of the people eligible for State Medical Aid (AME), in particular their access to State Medical Aid and to health services. The survey collects information on the migration path, health status, access to insurance and to health care of a sample of undocumented immigrants, i.e. persons without a residence permit and who have not applied for asylum. It was carried out in Bordeaux and Paris, from February to April 2019, among 1,233 people in 63 places and structures that can provide support or assistance to precarious or migrant persons (Dourgnon et al., 2019). The questionnaires were offered in 14 languages. For this study of access to State Medical Aid, we selected the 1,083 people surveyed who had been present in France for more than three months and were therefore eligible for State Medical Aid from this point of view.

Data and Methods

The challenge of studying undocumented immigrants' access to coverage

Analysing State Medical Aid from the points of view of effectiveness and equity is difficult because there are few studies and data sources available on the subject. Only a few studies have addressed the situation of foreign individuals, due to a lack of information on their nationality and country of birth in most of health surveys, and it is all the more difficult to study the situation of undocumented immigrants. Some of the persons concerned do not live in ordinary dwellings, and are therefore excluded from the scope of most of the surveys. Furthermore, undocumented immigrants may be reticent or have linguistic difficulties that prevent them from taking part to surveys.

The annual reports of Médecins du Monde provide a valuable source of information, but they relate to a population which, in part, is not concerned by statutory State Medical Aid (migrants who have been in France for less than three months in France, asylum seekers, etc.) and are only representative of the users of the organisation's healthcare centres.

The French Ministry for health (Direction de la Recherche, des Études, de l'Évaluation et des Statistiques, DREES) carried out a survey in 2007 of State Medical Aid-insured and potential insured, who were interviewed in healthcare centres (Boisguerin, 2008, 2011). Although the data are now old, they shed light on the living conditions, access to insurance and to healthcare of the interviewed persons. The conclusions based on this survey echoed the more recent ones put forward by the Défenseur des Droits (Ombudsman), which suggest that the main results of the survey are still partly valid ten years later. However, this survey, like all the surveys carried out by Médecins du Monde, only interviewed individuals in healthcare centres, which overrepresented those persons requiring more significant healthcare treatments and who were more familiar with these services.

Administrative reports (the General Audit Office of Social Affairs and General Audit Office of Finances-the Inspector General of Finances (IGAS-IGF), Senate social affairs commission (MECSS), the National Assembly' Finances Commission, the Défenseur des Droits (Ombudsman), etc.) provide information about the budgetary framework, the implementation of the scheme, and potential problems (cost, fraud, refusal of treatment, etc.), but do not make it possible to assess the global effectiveness of the scheme. All these reports underline both the lack of pertinent data and the statistical challenges associated with the production of such data. This is why we developed, as part of a broader multidisciplinary project, a specific survey, the "Premiers Pas" survey, which was conducted in 2019 on 1,223 undocumented immigrants, in 63 sites and organisations in Paris and the conurbation of Bordeaux (Dourgnon et al., 2019 and see Inset 2).

For this study, we excluded 11% of the persons interviewed in the "Premiers Pas" survey who had been living in France for less than three months. Indeed, they were not yet eligible for State Medical Aid, which is available to those residing for more than 3 months in the country. The results outlined below are based on a subsample of 1,083 persons. Results are weighted to take into account the sampling plan.

Results

A generally male, young, and poor population, but which remains heterogenous

Seven out of ten undocumented immigrants are male. 32% are under the age of 30, 36% are 30 to 40 years old, 21% between 40 and 50, and, lastly, 11% are 50 years old and over (see Table 1). 60% come from sub-Saharan Africa, 25% from North Africa, 7% from Latin America, 5% from Asia, and 3% from Europe. The survey is likely to represent less individuals of Asian origin, either because they tend to use less organisations and NGOs such as those included in the survey, or because they refuse more often to take part in a survey.

Although 41% came to France with valid travel documents, and 3% came from another European country, 56% came to the country as clandestine immigrants. All the persons interviewed have been living in France for more than three months. 27% have been in France between three months to one year, 33% from one to two years, and 14% between three and five years. Lastly, no less than 26% have been living in France for five years or more. Hence, this population comprises only a minority of newly arrived.

The reasons for migrating to France were collected via an open question, enabling the respondents to describe their reasons with greater precision. 47% state an economic or social reason ("to work in France", "to escape poverty"). 22% give a political reason ("to flee war", "risk of being sent to prison for my political beliefs", or "problems with the Talibans"). Problems related

T1

Characteristics of the studied population and access to State Medical Aid (AME)

	Distribution	Percentage of persons covered by State Medical Aid (AME)
Age		
18 to 30 years	32%	40%
30 to 40 years	36%	55%
40 to 50 years	21%	62%
50 to 60 years	8%	44%
60 years old and over	3%	69%
Gender		
Female	31%	60%
Male	69%	47%
Length of stay in France		
3 months to one year	27%	24%
1 to 3 years	33%	54%
3 to 5 years	14%	70%
More than 5 years	26%	65%
Reasons for coming to France		
Health-related reasons	10%	66%
Economic reasons	47%	47%
Political reasons	22%	60%
Family-related reasons	8%	62%
Private reasons	14%	57%
Educational reasons	5%	47%
Means of entry into France		
Entry with a visa	42%	62%
Illegal entry	56%	43%
European citizen	3%	33%
Region of birth		
Sub-Saharian Africa	60%	54%
North Africa	25%	44%
Latin America	7%	62%
Asia	5%	39%
Europe	3%	42%
Employment situation		
State they are working at the time of the survey	25%	61%
Educational level (age at which studies ended)		
No school education	12%	54%
Under 12 years	9%	52%
12 to 19 years	39%	51%
19 years and over	39%	53%
Currently studying	1%	59%

	Distribution	Percentage of persons covered by State Medical Aid (AME)
Type of housing		
Housing in your name	7%	72%
Living with a relative	25%	51%
Shared accommodation	10%	70%
Reception centre, etc.	11%	65%
Hostel	9%	56%
In a hotel	12%	57%
Temporary housing, living on the street	26%	30%
Food insecurity[1]		
Often	28%	43%
Sometimes	38%	51%
Never	34%	59%
Isolation[2]		
Yes	40%	43%
Command of French		
Very good	26%	58%
Quite good	32%	55%
Not very good	20%	50%
Bad or very bad	2%	17%
Questionnaire answered in a foreign language	20%	42%
Self-assessed health		
Very good	19%	62%
Good	36%	53%
Quite good	23%	46%
Poor	18%	42%
Very poor	4%	56%
Functional limitations[3]		
Yes, without difficulty	72%	50%
Yes, with some difficulty	15%	60%
Yes, with great difficulty	5%	54%
Cannot do anything at all	8%	47%
Declared health problems		
Musculoskeletal disorders	30%	61%
Anxiety and sleeping disorder	20%	53%
Respiratory disease	9%	52%
Hypertension	8%	60%
Psychosis, psycho-traumatic disorder, depression	8%	59%
Infectious disease	8%	59%
Diabetes	5%	36%

[1] At any point over the last 12 months, have you ever been in a situation where you haven't had enough to eat?
[2] Do you have someone to speak to about your personal problems?
[3] Can you carry a bag of shopping weighing 5kg over a distance of 200 metres?

Source: The "Premiers Pas" survey (weighted statistics).

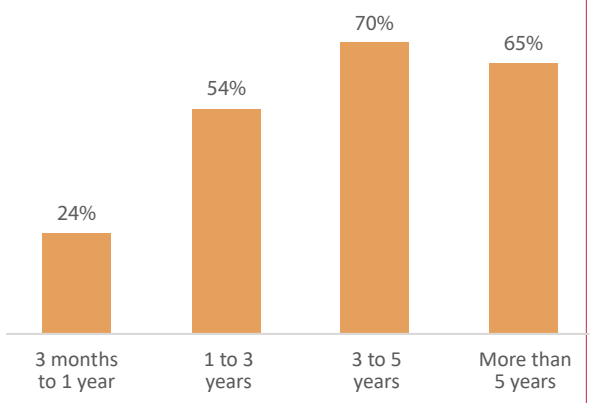
Download the data

to private conflicts ("to protect my daughter from excision", "to run away from an arranged marriage", or "sexual preferences") are mentioned by 14%, most often by women. 10% mention a health-related reason. A health related reason might be a statement that the person came to France "to be treated", but more generally "for health". This health-related reason could be combined with other reasons. Out of ten persons who mention a health-related reason, four of them also cite an economic or social reason. Private and political issues were also combined with a health-related reason. Lastly, 8% of the interviewed persons declare that they came to France to join their wife or husband or a member of their family and 4% say they came to France to study.

Two out of ten individuals have left school before the age of 12, while four out of ten say that they had stopped studying after the age of 18. A quarter of the persons interviewed state that they were working at the time of the survey. Amongst them, four out of ten are living in ordinary dwelling, whether they are renting a flat or house sharing, or living with relatives. Three out of ten are sleeping in a shelter, an accommodation centre, or hotel. One out of four individuals are living in temporary housing or in the street. Food insecurity is extremely common. Only one out of three persons say that they have not experienced any episode of food insecurity over the last twelve months. Lastly, emotional precarity is also frequent. Four persons out of ten state that they have no one to speak to about their personal problems, whether in France or in another country. Their knowledge of French is also an isolating factor. Amongst the 80% of persons who responded to the survey in French, a quarter state that they can read and speak

G1

Percentage of persons benefitting from State Medical Aid (AME) according to their length of stay in France



Source: The "Premiers Pas" survey. Download the data

French very well, 27% declare they can speak it poorly or very poorly, and 37% read it poorly or very poorly.

Health status was collected via general questions and list of pathologies and symptoms. While in the general French population, 31% state that they have a poor general health status (described as quite good, bad or very bad) [Pisarik et al., 2017], they are only 45% among undocumented immigrants, with 22% of the persons interviewed declaring a poor or very poor health status. 28% of them assess functional limitations, (difficulty in carrying a 5kg bag over a distance of 200 metres). 30% of them also consistently state that they suffer from musculoskeletal disorders (rheumatism, joint pain, muscular pain, and lumbago). Amongst the other pathologies and symptoms, 12% assess respiratory problems (asthma, chronic bronchitis, emphysema, respiratory insufficiency, or pneumonia). 8% have at least one infectious disease (tuberculosis, HIV/AIDS, hepatitis B or C, meningitis, bilharzia, or malaria), 8% high blood pressure, and 5% a form of diabetes. 8% suffer from psychosis, a psycho-traumatic disorder, or depression, with depression concerning 7% of the general population in France (Pisarik et al., 2017); and 20% of the persons interviewed also suffer from anxiety and sleep disorders. 31% of the persons interviewed state they have no condition.

51% are covered by State Medical Aid (AME)

Amongst undocumented immigrants living in France for more than three months, therefore *a priori* eligible to State Medical Aid (AME), only 51% are effectively covered by State Medical Aid (60% female and 47% male). 49% are non-takers, a higher percentage than that estimated for the public means tested complementary health insurance (CMU-C, Complementary Universal Health Insurance and comparable to that estimated for the Health Insurance Vouchers Scheme (ACS).

Access to State Medical Aid is strongly correlated with the length of residence in France. The proportion of covered persons increase from 24% amongst the persons living in France for more than three months but less than one year, to 65% amongst those living in France for more than five years (see Graph 1). It is important to note that a significant proportion of undocumented immigrants living in France on a permanent basis have no coverage.

The conditions for entry and living conditions in France are strongly correlated with State Medical Aid coverage. 62% of the persons who initially entered France with legal documents are covered, compared with 43% of the persons who entered the country illegally. Lastly, the rate of non-take-up remain high amongst those who came to France for a health-related reason as 34% of them did not have State Medical Aid at the time of the survey.

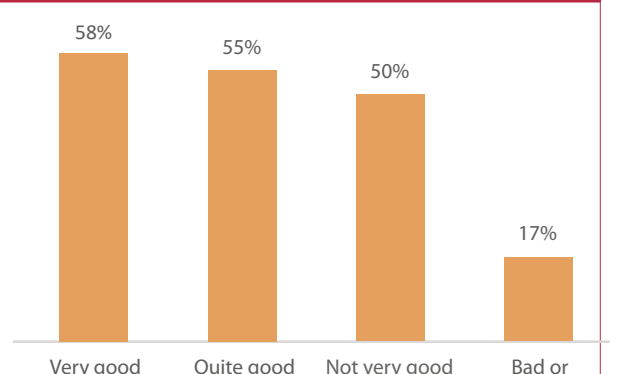
43% of the individuals who experience frequent situations of food insecurity are covered compared with 58% of the persons who have not experience this type of problem. Emotional precarity is correlated with a lower probability of being covered in the same proportions. Amongst the persons who declare that they live in temporary housing or on the street, only 30% are covered, compared with 70% of those living in a residence of their own, or in shared accommodation.

Although the educational level, as it was measured, does not seem to be correlated to State Medical Aid coverage, more of the persons who state that they work are covered (61% versus 48%). The individuals who speak French well or quite well also benefit from State Medical Aid more often (see Graph 2). In contrast, those who did not respond to the questionnaire in French were less likely to be covered.

The persons assessing poor health status often have no coverage, which suggests that access to State Medical Aid is not a choice dictated by needs. Hence, less than 50% of those who declare that they have a poor general health status use the scheme, while 60% of the persons who say they have a very good health status use it. Amongst the persons who state they have muscular-skeletal troubles, four out of ten have no coverage. The same is true of those who declare they have at least one infectious disease, high blood pressure, or mental health disorders. The rate of non-take-up is even higher for the persons who suffer from respiratory diseases (48%), anxiety (47%), or diabetes (64%). The State Medical Aid scheme therefore does not cater for the many healthcare needs of the eligible population.

G2

Percentage of persons benefitting from State Medical Aid (AME) according to their command of the French language



Source: The "Premiers Pas" survey. Download the data

The length of stay and French proficiency were the main determinants of access to State Medical Aid (AME)

A multi-varied analysis was carried out in order to assess whether the influence of the various dimensions described above relating to State Medical Aid coverage persists when they are taken into account simultaneously. The size of the sample necessitates the inclusion of a limited number of variables. The variables included age and gender, migration characteristics (means of entry into France, length of stay, health-related reasons for migration), the socio-economic status (educational level and current employment status), precariousness in France (only the housing precariousness was retained), health status (subjective self-assessed health and functional limitations), and the person's command of French, measured by their ability to speak French and the language used to respond to the questionnaire (see Table 2).

The women have, with all things being equal, a higher probability (+6 percentage points compared to men) of being covered. Although age had no influence, the length of stay seems to be the most decisive variable for access to coverage. Persons living in France for less than a year are much less likely to be covered (-31 percentage points compared with persons who have been present in the country between one and three years) and the gradient is regular. While educational level and employment status are not correlated to the use of State Medical Aid, precarity reduces the probability of being covered (-11 percentage points for persons living in temporary accommodation or on the street, compared with individuals living in standard housing). Undocumented immigrants are also less likely to have coverage (-11 percentage points). Lastly, the persons who declare that they speak French poorly or very poorly are much less likely to be covered (-21 percentage points). The persons who responded to the questionnaire in a foreign language are also less covered.

The relation between health status and take-up of State Medical Aid confirms the results of the descriptive statistics. Persons who state that they are generally in a poor health status are less often covered (-8 percentage points), while the persons with functional limitations have greater coverage (+7% for persons who have great difficulty in carrying a bag weighing 5 kg over a distance of 200 metres). The assessment of a health-related reason amongst the reasons for coming to France has a significant influence (+11 percentage points) on the likelihood of being covered.

In conclusion, the multi-varied analysis highlights two dimensions that have a decisive influence on whether the person is covered or not: the length of stay in France and the individual's command of French.

The non-take-up of State Medical Aid (AME) is explained by the lack of information and administrative complexity

Amongst the 49% of persons who did not benefit from State Medical Aid at the time of the survey, 33% say that they have never heard of the State Medical Aid scheme. 67% of persons know about State Medical Aid but do not benefit from it, among whom 24% have benefitted from it in the past. Most of these persons have

T2

Probit model of the probability of being covered by State Medical Aid (AME) – Estimated marginal effects

	State Medical Aid	
	Effets marginaux	Écarts-types
Gender *(Ref.: Female)*		
Male	-0.0635 **	*0.0314*
Age categories *(Ref.: [18 to 30 years])*		
(30 to 40 years)	-0.0034	*0.0359*
(40 to 50 years)	-0.0002	*0.0411*
(50 to 60 years)	-0.0561	*0.0542*
60 years and over	0.0203	*0.0724*
Length of stay *(Ref.: 3 months to 1 year)*		
1 to 3 years	0.3114 ***	*0.0352*
3 to 5 years	0.3964 ***	*0.0458*
5 years and over	0.4563 ***	*0.0380*
Education level (age at which studies ended) *[Ref.: No education]*		
Under 12 years old	0.0994	*0.0633*
12 to 19 years	-0.0050	*0.0525*
19 years and over	-0.0149	*0.0546*
Underway	0.1300	*0.1254*
Type of housing (Ref.: Standard accommodation)		
In a hostel, reception centre, or hotel	0.1116 ***	*0.0353*
Living in the streets	-0.1121 ***	*0.0373*
Other housing	-0.0551	*0.0764*
Means of entry into France *(Ref.: Entered with a visa)*		
Entered illegally	-0.1100 ***	*0.0315*
No visa required (a European Union national)	-0.1136 *	*0.0644*
Reason for migration *(Ref.: did not migrate for health related reasons)*		
Migration for health-related reasons	0.1144 ***	*0.0419*
Self-assessed health *(Ref.: good or very good)*		
Declared health status quite good, bad, or very bad	-0.0805 ***	*0.0305*
Functional limitations[1] *(Ref.: Yes, without difficulty)*		
Yes, with some difficulty	0.0679	*0.0414*
Yes, with many difficulties or disabilities	0.0709 *	*0.0407*
Employment situation *(Ref.: not working)*		
Currently working	0.0301	*0.0328*
Command of French *(Ref.: Very good)*		
Quite good	0.0040	*0.0379*
Not very good	-0.0523	*0.0449*
Bad or very bad	-0.2189 **	*0.0870*
Responded in another language	-0.0691 *	*0.0413*
Observations	**1,074**	

[1] Can you carry a bag of shopping weighing 5 kg over a distance of 200 metres?

*** p <0.01; ** p<0.05; * p<0.1. R^2 = 0.1854.

Source: The "Premiers Pas" survey.

Download the data

not re-enlisted it due to the complexity of the steps involved in applying for it, or because they are unable to provide proof of residence or income. Therefore, most of the persons not covered by State Medical Aid have never used it, even though they were aware of its existence. Of these, 47% are waiting for a response, 1% have their application been denied, 8% have dropped out of the procedure, and 41% have never applied for it. Non-take-up, either non-application or drop-out of the application process was most often explained by a lack of information about the scheme, such as where to apply, and the impossibility to gather credentials such as proof of income, residence, or identity. The fact of being in good health, having other concerns, or the fear of being denounced are merely marginal reasons.

Amongst the 51% of persons who have State Medical Aid at the time of the survey, 19% have obtained it in less than a month, 25% between one to two months, 49% between two to six months, and 7% only obtained it after more than six months.

Discussion

Although State Medical Aid was established almost twenty years ago, little is known at present about the number of eligible persons, their health status, their effective access to State Medical Aid (AME), their access to healthcare, their healthcare needs that have not been met, or the or potential abuses or overconsumption.

The results of the "Premiers Pas" survey have helped to counter this lack of information by providing for the first time information relating to a representative sample of undocumented immigrants who use specific services. Results show that only 51% of the eligible persons benefitted from State Medical Aid, despite many of them assessing poor health status. Almost half of the undocumented immigrants, who suffered from diseases requiring treatment, such as diabetes or infectious diseases, were not covered by a health insurance, either by State Medical Aid or by statutory health insurance. In addition, while one out of ten individuals mentioned health issues amongst the reasons for his/her migration to France, this reason was only slightly correlated to coverage by State Medical Aid.

Several factors were identified in literature to explain the non-take-up of public aid, and, in particulier, free or subsidised healthcare coverage (Aizer, 2003; Aizer, 2007; Baicker et al., 2012; Bhargava and Manoli, 2015; Chernew et al., 1997; Currie, 2006; Daponte et al., 1998; Finkelstein et al., 2019; Garcia-Alexander, Weller, & Baicker, 2017; Guthmuller et al., 2014a; Guthmuller et al., 2014b; Hahn, 2013; Iyengar & Lepper, 2000; Lo Sasso and Buchmueller, 2004, Odenore, 2012; Remler and al,. 2001; and Wright et al., 2017). The first reason is linked to a lack of information, whether about the existence of the scheme, the conditions of eligibility, or the steps an individual needs to take to obtain it. The non-take-up may also be explained by a decision taken when the benefits of care are deemed to be too few compared with the effort required to obtain it. Hence, the benefits may be considered too few by persons who anticipate they will have difficulty in accessing the care despite the help, or who consider that their health problems are minor, compared with other essential needs such as having accommodation, food, and safety. The eligible persons, whether or not they consider they have significant healthcare needs, may then give up applying because of the complexity of the procedures or because it is impossible to provide the documents requested by the administration to back up their claims, such as proof of the length of stay in France or their level of income. They may also abandon the procedure out of fear of being stigmatised or fear of being denounced. These factors also depend on the cultural and social environment which may affect an individual's capacity to obtain and understand information, and seek support. There may be "trigger factors", such as a sudden decline in income or a sudden health problem, or interactions with relatives, associations, or health professionals. Lastly, non-take-up may be transitory, when the persons who have applied for assistance have not yet received it, or the persons' entitlements have recently been suspended.

Our results suggest that non-take-up of State Medical Aid is primarily explained by a lack of information about the scheme, the procedures that need to be followed, and the difficulty of grasping a complex scheme. Hence, it is strongly correlated with the length of stay in France and the level of command of the French language. The weak correlation coverage by State Medical Aid with health problems does not support either the hypothesis of a deliberate non-take-up nor of State Medical Aid encouraging migration to France. Even after five years or more of living in France, 35% of the undocumented immigrants did not have State Medical Aid. Only musculoskeletal disorders explained or aggravated by the living and working conditions of migrants in France, and which could be an obstacle to their ability to work or be safe, increased the use of State Medical Aid. In conclusion, take-up of State Medical Aid seems to be a relatively slow process, which is slowed down by precarious situations, during which an individual may be impelled, depending on health status (particularly functional health), to interact with the healthcare system, in order to eventually benefit from healthcare.

State Medical Aid is a subject that is often addressed in intense political and societal debates and propositions for reform are inevitably put forward during the principal French elections and the National Assembly votes on funding acts. Our results suggest that any measure introduced to restrict the rights offered by State Medical Aid in order to combat illegal immigration or significantly cut the healthcare expenditure covered by State Medical Aid would certainly be misguided. If anything, there would be a risk of endangering the health of a specific population, some of whom are very poor and have healthcare needs that are mostly not covered, leaving the burden of their treatment to the emergency services and associations. There remain means to improve the effectiveness of State Medical Aid, by acting on the main factors of non-take-up due to a lack of information about the scheme, its complexity, and the difficulties individuals have in providing credentials requested by the administration. ♦

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