

Public Funding and Out-of-Pocket Payments for Wheelchairs: A Comparison among France, England, Belgium, and Sweden

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Access to wheelchairs has been facilitated in most European countries, but there is no common policy with regard to the prices and reimbursement of these devices. There is a clear distinction between the countries that exclusively entrust wheelchair distribution to the private market and those that distribute them via public systems. While the full reimbursement for wheelchairs by National Public Health Insurance from 1 December 2025 has just been announced, our study compares – prior to the French reform's implementation – the range of prices and public funding for wheelchairs in France with those of three European countries, which have also seen changes in the way they are financed: Belgium, similar to France, distributes wheelchairs via private markets, whereas Sweden and England provide wheelchairs through public markets.

All countries provide basic manual wheelchairs without out-of-pocket payments for users. However, public funding per wheelchair is lower in public systems (approximately €370 in Sweden and England) than in private markets, where lump-sum payments apply (approximately €600 in France and €775 in Belgium). Before the reform, France was the only one of the four countries studied that did not provide an active wheelchair that was entirely covered, including entry-level models. The English National Health Service (NHS), the Swedish regions, and the Belgian regions all provided an entry-level version of these wheelchairs. The entry-level power stand-up wheelchairs, which cost approximately €8,000, are wholly covered. However, for high-range models, which can cost as much as €25,000, the user out-of-pockets are high in most countries. Although France authorises partial funding of all the approved models, other countries enable (with a more limited offer) people to purchase wheelchairs with fewer out-of-pocket payments, with the support of a single public payer. In France, before the reform was introduced, additional extra-statutory funding was available to reduce user out-of-pocket payments, but they were subject to conditions and could vary with the *départements*.

In OECD countries, wheelchair users are mostly aged 70 and over, even though to a much lesser extent, there are

younger persons who are also wheelchair users. These people tend to be disabled as a result of congenital or genetic diseases, trauma, or neurode-

generative diseases (Espagnacq et al., 2022). Wheelchair prices are highly variable and can be quite costly: ranging from €500 for a basic man-

ual wheelchair in France to more than €25,000 for a power stand-up wheelchair. Although access to these assistive devices is facilitated in most European countries, there is no common policy with regard to pricing and reimbursement of wheelchairs, which means that there is great variability in the policies implemented (Schreyögg et al., 2009; Panteli et al., 2018). There is a clear distinction between countries that entrust the distribution of wheelchairs to the private market and those that distribute them via public systems. In this article, we compare the range of prices of wheelchairs in the two types of

systems and demonstrate how public funding limits users' out-of-pocket payments, that is, what is left to cover once public funding has been taken into account in purchasing wheelchairs. Before the French reform, which introduced complete cover for purchasing wheelchairs, France was compared with three European countries that applied one of these systems and that recently changed the way they finance wheelchairs: Belgium, which operates via a private market, and Sweden and England, which both operate via public markets (see Table 1).

Wheelchairs are available via private markets in France and Belgium and generally via public systems in Sweden and England

France and Belgium exclusively distribute wheelchairs via a competitive private market in which there are many sellers who are free to set their own prices (see Table 1). The users purchase and become the owners of the wheelchairs. In both countries, public funding reduces the users' out-of-pocket payments, but the French system is more complex in regard to funding expensive wheelchairs.

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Summary of the means of price setting and funding according to the country

	France*	Belgium	England	Sweden
	Purchase		Mainly loans (purchases in the minority)	
Price setting				
Public market	No	No	Yes, in the framework of calls for tender	
Type of public market regulation (na-tional or local)	No	No	National (calls for tender) Regional (provision)	Regional
Private market (free price setting)	Yes	Yes	Yes, solely private market	
Public funding				
Principal funding	French mandatory National Public Health Insurance <i>Assurance maladie obligatoire (universelle)</i>	Regional funds: Flemish social protection (VSB) or the Wallonia Agency for Welfare and Health, Disability and Family (AVIQ)	Local budgets, National Health Service (NHS) wheelchairs	Regional budgets
Other possible fund-ing sources	Disability Compensation Benefit (PCH) Regional council; extra-statutory aid provided by the département Association for the Management of Resources for the Inclusion of Disabled People (AGEFIPH) Communal Centre for Social Action (CCAS) Departmental Compensation Fund		Vouchers for the private market available throughout the country "Access to Work" solely for working persons	Vouchers for the private market available in three regions
Private funding				
Health care	Complementary health insurance: covers at least copayments	Not covered by complementary health insurance	Not covered by complementary health insurance	Not covered by complementary health insurance

* Before the reform of full coverage for wheelchairs.

Source: COMPATEC survey.

In France, even before the reform, the funding of "basic" manual wheelchairs is covered mainly by the mandatory National Public Health Insurance (*Assurance maladie obligatoire*, AMO) for models that did not exceed the contractual tariffs, that is, most of the wheelchairs currently acquired by the users (Espagnacq et al., 2022). Nevertheless, before the reform, National Public Health Insurance funding did not cover the more sophisticated wheelchairs, whose prices exceed the reimbursement rates. Hence, when a user wanted to buy a more expensive wheelchair, a number of funding sources were required to reduce the users' out-of-pocket payments (see Inset). The French system, which is relatively complex, currently involves several funding bodies, including the mandatory National Public Health Insurance (AMO) and, eventually, the Departmental Council (*Conseil*

départemental) with its Disability Compensation Benefit (*Prestation de compensation du handicap*, PCH), but there are other sources of funding. Furthermore, the Disability Compensation Benefit (PCH) is currently accessible only to persons who require this assistance before the age of 60 or who are still working after this age; they are allocated a lump-sum payment, which at best is double that of the mandatory National Public Health Insurance but could be zero for certain manual wheelchairs (see Inset). For the most expensive wheelchairs, it is possible to obtain funding on the basis of social, family, or employment criteria, particularly assistance from the Regional Council (*Conseil régional*), extra-statutory departmental aid, assistance from the Association for the Management of Resources for the Inclusion of Disabled People (*Association de gestion du fonds pour*

CONTEXT

The research project entitled "*Comparaison européenne et évolution dans le financement des aides techniques pour des personnes en situation de handicap*" (COMPATEC) was funded by the National Institute of Health and Medical Research of France (*Institut national de la santé et de la recherche médicale*, INSERM) in the framework of a call for projects submitted to the *Institut pour la Recherche en Santé Publique* (IRESP) in 2019. The authors would like to thank the experts who contributed to the selection of the wheelchairs that were compared: Cécile Chevalier, Alain Pawlowski, Martine Delavaquerie, Evelyne Dias, and the participants in the study. This research project has led to the publication of an issue of *Questions d'Économie de la Santé* (Issues in Health Economics) that focused on funding and access to hearing aids in Europe (Pichetti et al., 2024), and an IRDES report will be published (by Estève de Pradel and Pichetti, 2025).

l'insertion professionnelle des personnes handicapées, AGEFIPH), or from the Departmental Compensation Fund (*Fonds départemental de compensation*, or FDC). Finally, complementary health insurance helps cover at least the copayment and sometimes even more, depending on the insurance policy. Hence, users who want to acquire a wheelchair that is not entirely covered by the mandatory National Public Health Insurance do not know the extent of their out-of-pocket payments before applying to all the funding bodies.

In Belgium, as in France, the distribution of wheelchairs is entrusted to private sellers (see Table 1). Belgium has simplified its public funding of wheelchairs. A reform enacted in 2019 transferred the funding of wheelchairs to the regions, while previously, it was the joint responsibility of the National Public Health Insurance (INAMI) and the regional fund. Complementary health insurance is very widespread in Belgium but does not play a role in funding wheelchairs. For different ranges of wheelchairs, different lump-sum payments reduce the user's out-of-pocket payments.

In contrast with this free-market system, Sweden and England essen-

The financing of wheelchairs in France before the reform of full reimbursement

Among the wheelchairs sold on the market in France, some are priced in line with the reimbursement rates set out in the List of Reimbursable Products and Services (*Liste des produits et prestations remboursables*, or LPP), while others exceed the contractual tariffs.

In the case of wheelchairs with no extra charges, the mandatory National Public Health Insurance (*Assurance maladie obligatoire*) is the main source of funding (reimbursement at 60% or 100% if the user is exempt from copayment). For wheelchairs with extra charges, various funding bodies may be involved. Users who are disabled before the age of 60 (regardless of their age at the time of application), or who are still in work, can benefit from the Disability Compensation Benefit (*Prestation de compensation du handicap*, or PCH) at the time of application. The PCH doubles the reimbursement provided by the National Public Health Insurance only for sports wheelchairs and all electric wheelchairs, and increases reimbursement by 50% for other LPP codes.

If funding from the mandatory National Public Health Insurance and the PCH is not enough, complementary health insurance may be available, as well as funding from the Regional Council,

extra-legal assistance from the département and the Communal Centre for Social Action (*Centre communal d'action sociale*, or CCAS). People in work can apply to the Association for the Management of Resources for the Inclusion of Disabled People (*Association de gestion du fonds pour l'insertion professionnelle des personnes handicapées*, or AGEFIPH) for up to €5,250.

Lastly, each French département has set up a Departmental Compensation Fund (*Fonds départemental de compensation*, or FDC), which is intended to ensure that the compensation costs for a PCH beneficiary do not exceed 10% of his or her resources, in accordance with the conditions laid down, but the implementing decree that is to set out the precise conditions has still not been published.

The reform of full reimbursement for wheelchairs, announced on 6 February 2025 and due to come into force on 1 December 2025, aims to simplify the procedures for users by making the mandatory National Public Health Insurance the sole funder of wheelchairs. An order dated 6 February 2025 sets out the list of categories of wheelchair covered. Other details of the reform are still to be worked out.

tially have public systems in which wheelchairs are made available to the users but the users do not own them. These wheelchairs are provided via systems involving calls for tender, which means that the wheelchairs are contractually selected at a fixed price. In these systems, wheelchairs are generally provided with zero or very limited out-of-pocket payments for the user. In England and Sweden, this public system is predominant, but recent reforms have aimed at encouraging the emergence of a private market. In Sweden, a system of vouchers was introduced in three regions (Stockholm, Kronoberg, and Södermanland) in 2007 in the framework of the policy of "Free Choice" (Fritt val), whose aim was to provide funding for users to purchase their wheelchair on the private market. A comparable reform, called the Personal Wheelchair Budget, which is based on a voucher system, was implemented in England in 2019.

Three targeted categories of wheelchairs, emblematic of differentiated uses, are distinguished in this article. The first category, basic manual wheelchairs (BMWs), includes the wheelchairs that are most commonly used in the four countries. To observe funding for two categories of more expensive wheelchairs, the focus was on manual active wheelchairs (MAWs), which are more robust, lighter, and more manoeuvrable and are generally used by people with more autonomy in their movements. The third category relates to power stand-up wheelchairs (PSWs), which are intended for persons with very limited autonomy and whose price is often high.

Three models were selected per category to make price comparisons between countries and neutralise differences in wheelchair quality. Data relating to prices, public funding, and user out-of-pocket payments were gathered from experts in two stages: initially, via a questionnaire, and subsequently, they were questioned in person during study trips carried out

between February 2022 and April 2023 (see Inset Method). In the first category, prices and quality of basic manual wheelchairs are uniform to study the public funding of models that were often wholly funded. For the other two categories, at least a entry-level and a high-end model were used as examples to study funding disparities. All the displayed data relating to prices, expenses, and patient out-of-pocket payments were recalculated to take into account the spending power indices of the Organization for Economic Cooperation and Development (OECD) [Summers et al., 2018].

**In each category of wheelchair,
public funding is higher
in Belgium than in France**

In France and Belgium, wheelchairs are mainly purchased newly. The distribution of the wheelchairs is carried out in a competitive market in which there are many sellers. In France, all the wheelchairs sold on the market that meet the technical criteria can be reimbursed, which is not the case in Belgium.

METHOD

The methodology of the project entitled "Comparaison dans le financement des aides techniques pour les personnes en situation de handicap" (COMPATEC) was based on a qualitative approach that combined a remote approach (the sending of questionnaires) and an on-the-ground approach adopted during study trips (Belgium in February 2022, Sweden in October 2022, and England in April 2023). These approaches involved questioning assistive device specialists and performing observations in wheelchair shops and care facilities. The remote questionnaire focused on the following themes: personal information; the means of acquisition of the assistive device (purchase, rental, etc.); the funding of the assistive device; support and follow-up; and the existence of local producer of assistive devices (d'Estève de Pradel and Pichetti, 2025, to be published).

The investigative work focused on remote questionnaires and interviews with

In France, the initial funding phase is guaranteed by the mandatory National Public Health Insurance (*Assurance maladie obligatoire*). The list of products and services (*Liste des produits et prestations* (LPP)) lists all of the reimbursable wheelchairs. For the models presented, the lump-sum payments are €573 or €620 (with purchasing power parity) for a manual wheelchair (basic or active) and €5,328 for a power stand-up wheelchair. Hence, the LPP codes proposed and related reimbursements can be the same for a basic manual wheelchair, an entry-level active wheelchair, and a high-end wheelchair. Lump-sum payments by the mandatory National Public Health Insurance (*Assurance maladie*) can be far lower than the real price of the wheelchair, and lump-sum payments have not been updated for twenty years, underlining the disconnection between the cover and the price of the wheelchairs with extra charges (Denormandie and Chevalier, 2020). The other French public funding that can be used is the Disability Compensation Benefit (PCH) for eligible persons, which increases funding by 50% by the mandatory National Public Health Insurance (AMO) for certain

specialists during study trips. At least five specialists per country were consulted, irrespective of the investigation methods.

The public expenditures devoted to the distribution of assistive devices and user out-of-pocket payments were compared across the four countries. In France and Belgium, we identified the amount of public funding for each wheelchair model on the basis of positive lists of wheelchairs. In Sweden and England, we identified the prices proposed in response to the calls for tender.

To consider the differences in living standards across different countries, the amounts of public expenditure or the public prices and user contributions were recalculated by considering the spending power indices of the Organization for Economic Cooperation and Development (OECD) [Summers et al., 2018].

manual wheelchairs and doubles the funding for sports wheelchairs and for all electric wheelchairs, including the power stand-up versions. Thus, the maximum funding for a manual wheelchair in France is €1,146 and €10,656 for a power stand-up wheelchair, including a funding from the Disability Compensation Benefit (PCH) for eligible users, regardless of the real cost of the wheelchair.

In Belgium, a single public funding body is involved on a positive list that does not include all the wheelchairs sold but has been differentiated at the regional level for wheelchairs since the 2019 reform. The Walloon list, drawn up by the Wallonia Agency for Welfare and Health, Disability and Family (AVIQ), is modelled on the former national list, whereas the Flemish list (Flemish Social Protection - VSB) is the result of a redrafting of this list with a reduction in the number of listed models. In each of the regions, unlike in France, the amounts reimbursed are updated to keep pace with inflation. Belgium reimburses between €772 and €798 for a basic manual wheelchair depending on the region and between €2,405 and €2,616 for an active wheelchair. The reimbursement rates for power stand-up wheelchairs vary in accordance with their real price: approximately €8,300 for entry-level models and approximately €17,000 for high-end models. Hence, regardless of the category of wheelchair considered, Belgium succeeds in covering the purchase of wheelchairs with a single funding source but does not fund all of the wheelchairs distributed in the country and excludes some of them entirely from any cover.

Provision via calls for tender in Sweden and England, but with heterogeneous regional offers

In Sweden and England, wheelchairs are loaned to users and remain the property of the public regulator. They are available in public centres, which

are also responsible for managing the repair, maintenance, and eventually the recycling of wheelchairs. In France and Belgium, the funding of wheelchair repair is also taken into account and is based on lump-sum payments, which do not always cover the actual cost of the repairs. There are approximately forty public wheelchair centres in Sweden (between 1 and 3 per region). These centres are supplied via a system of calls for tender, which group together – on a regional level (in Sweden) or on a national level (England) – 11 of the orders. The calls for tender result in lower prices for large orders. The condition relating to the size of the orders is far easier to implement for basic manual wheelchairs – which concerns several tens of thousands of units per annum – than for the power stand-up wheelchairs, which are used by a very restricted population.

In Sweden, since 2010, each region has prepared calls for tender for wheelchair provisions. Five leading manufacturers participate in this process. The budget of a call for tender is calibrated on the population of potential beneficiaries, its projected growth, and previous year's prescriptions. Given the regional framework of the calls for tender, the available offers are heterogeneous, which creates situations of inequity between the regions, which are heavily criticized according to the Swedish interlocutors encountered.

In England, Integrated Care Boards (ICBs) establish health services in their region with the help of funds provided by the National Health Service (NHS) England. Within each ICB, local wheelchair services assess the users' needs, supply the equipment, and maintain it.

NHS issues calls for tender at the national level to acquire a stock of wheelchairs at the most competitive price possible. In addition, many local services issue calls for tender to acquire other missing models. Certain centres, mainly NHS centres

that are now privately managed but that provide a public service – 40% of the country's centres – do not list the models included in the national contracts, preferring instead to draw up contracts with other suppliers to be able to better monitor the quality and costs of the wheelchairs. This has led to great variability in the local offers of wheelchairs, which has also been criticised by users' associations.

Lower acquisition prices for basic manual wheelchairs in systems that provide wheelchairs

All the countries provide basic manual wheelchairs without out-of-pocket payments for users. In France, however, there is a user copayment, but this is covered when the user benefits from a copayment exemption due to the administrative recognition of a chronic condition or if the person has a disability pension, which is the most frequent case with wheelchair users. The public cost per wheelchair related to basic manual models is lower in public systems (approximately €370 in Sweden and England) than in private markets, which ensures effective demand via lump-sum payments (€573 and €620 in France and €772 and €798 in Belgium). The prices obtained in the English and Swedish calls for tender do not, however, take into account the cost of the storage, maintenance, and provision of the wheelchairs. In addition, the prices obtained in the calls for tender in Sweden vary greatly, given the variable quantities of orders in the different regions.

In Sweden and England, there is also a private market for these entry-level wheelchairs, which primarily enables the users to obtain their wheelchairs more quickly than if they acquired them via a public provision centre, where the waiting lists can be quite long. In both countries, a system of vouchers reduces the users' out-of-pocket payments when the latter buys their equipment on the private market. In England, the voucher is

T2

Comparison of public expenditure and user out-of-pocket payments devoted to active wheelchairs and power stand-up wheelchairs according to countries/regions

	Private markets (no price regulation)			Public markets (price regulation via calls for tender)				
	Price market price / User out-of-pocket payments			Unit price paid by the public purchaser for a wheelchair or the private market price / User out-of-pocket payments				
	No public cover			Not listed in the public supply				
	France	Belgium (Flanders)	Belgium (Wallonia)	Sweden (Stockholm)	Sweden (Scania)	Sweden (Södermanland)	Sweden (Norrbotten)	England (NHS)
	PCH : Disability Compensation Benefit			AMO : Assurance Maladie Obligatoire (National Public Health Insurance)				
Active wheelchair								
Invacare, Action 5 rigid (entry-level)	€1,788 Reimbursement €573* (model without Disability Compensation Benefit cover PCH) €1,215	€2,616 Reimbursement €2,616 €0	€2,405 €2,405	€478 €0	€572 €0	€1,018 PantheraS3 Sunrise €0	€1,855 Panthera €0	€806 0 €
Quickie Life R (entry-level)	€1,696 Reimbursement €1,146** (of which €573 (AMO) and €573 (PCH)) €550	€2,616 Reimbursement €2,616 €0	€2,875 €2,875	€1,800 Voucher: €1,100 €700	€1,579 €0	€1,800 Free choice, finished in 2020 €1,800	€1,800 No free choice €1,800	€2,300 Voucher estimated at: €806 €1,494
Panthera X (high-end)	€8,617 Reimbursement €1,146** (of which €573 (AMO) and €573 (PCH)) €7,471	€7,929 Reimbursement €2,616 €5,313	€7,929 €7,929	€8,000 Voucher: €1,100 €6,900	Yes €0	Yes €0	€8,000 €8,000	€8,067 Voucher estimated at: €806 €7,261
Power stand-up wheelchair								
Forest 3 SU (entry-level)	€8,186 Reimbursement €10,657** (of which €5,328 (AMO) and €5,328 (PCH)) €0	€8,463 Reimbursement €8,463 €0	€8,211 Reimbursement €8,211 €0	Yes €0	Yes €0	Yes €0	Yes €0	Not known Voucher estimated at: €910 €0
Permobil, F5 Corpus VS (high-end)	€24,164 Reimbursement €10,657** (of which €5,328 (AMO) and €5,328 (PCH)) €13,507	€25,224 Reimbursement €17,394 €7,830	€25,598 Reimbursement €17,652 €7,946	€10,258 €39 per annum	- €7,154	€10,867 €47 per annum	- €31,140	€35,300 Voucher estimated at: €910 €34,390
Sunrise Medical, Q 700 UP M (high-end)	€26,265 Reimbursement 10 657 €** (of which €5,328 (AMO) and €5,328 (PCH)) €15,608	€24,740 €24,740	€24,740 €24,740	- €39 per annum	€7,154 €39 per annum	- €31,140	- €31,140	€31,140 Voucher estimated at: €910 €30,230

* Public funding and user out-of-pocket payments in France after funding solely by the French National Public Health Insurance.

** Public funding and user out-of-pocket payments in France after statutory funding (the mandatory National Public Health Insurance, AMO) and the Disability Compensation Benefit (Prestation de compensation du handicap, PCH).

Reading: The model Invacare Action 5 Rigid is available for €1,788 in France and €573 is reimbursed, which leaves the user with out-of-pocket payments amounting to €1,215.

Notes: With regard to France, we have hypothesised that the user benefits from 100% cover to calculate the public funding, while 60% cover can also apply if the user does not benefit from a copayment exemption (relating to a chronic disease or a disability pension). The figures regarding public expenditure were all converted into euros from national currencies and took into consideration the differences in living standards between countries offset by considering the 2022 spending power indices of the Organization for Economic Cooperation and Development (OECD): France (92), Belgium (95), United Kingdom (105), and Sweden (108). **Source:** OECD 2022. <https://stats.oecd.org/Index.aspx?DataSetCode=CPL#>.

Sources:

France: monfauteuilroulant.com and LPP (list of products and services) rates, data from 2023.

Belgium (Flanders): Productenlijst mobiliteitshulpmiddelen, list of mobility support devices (24/05/2023).

Belgium (Wallonia): <https://nomenwal.aviq.be/>, may 2023.

Sweden: [Stockholm] Assistive device supply center Hjälpmedel Stockholm and KommSyn, October 2022 • [Södermanland] Annelie Söderbäck (department head in an assistive device supply centre in Sörmland), June 2023 • [Norrbotten] Eva-Marie Fellermark, unit manager in an assistive device department, June 2023

England: [NHS] Nathan Robson (AJM Healthcare), april 2023. • [Private] bettermobility.co.uk

national, and its amount corresponds to the budget that would have been spent by the NHS to provide a wheelchair that matches the user's needs. In Sweden, the implemented voucher was only originally deployed in three regions (Stockholm, Kronoberg, and Södermanland). The diffusion of the scheme was very limited in each of the regions (50–60 cases per year, that is, 1% of the prescribed wheelchairs), which resulted in the region of Södermanland abandoning this policy in 2020. In addition, in Stockholm, the voucher does not apply to the acquisition of basic manual wheelchairs. For the wheelchairs, the policy of free choice was not widely disseminated, even though it was a great success for hearing aids in the two regions that implemented it. The communication was less active for the scheme related to wheelchairs, and there was real reticence from the users when it came to being responsible for selecting a wheelchair. In addition, waiting lists to obtain a wheelchair in the public system have led users to turn to the private market.

France is the country that finances active wheelchairs the least

Active wheelchairs generally benefit from being lighter and easier to manoeuvre than basic manual wheelchairs. In France, for the entry-level models used as examples, the prices range between €1,500 and €1,800, whereas prices are between €8,000 and €11,000 for the high-end models. Before the 2025 reform, which introduced full coverage for the purchase of wheelchairs, France was the only one of the four countries studied that had no total cover for an active wheelchair, including entry-level models. The NHS and the Swedish regions provide at least one entry-level active wheelchair at no extra cost to user. In Belgium, the high lump-sum payments – €2,616 in Flanders and €2,598 in Wallonia – cover a large range of entry-level active wheelchairs, but this means that the sale price is higher in Belgium than

in France for the same models, on the basis of the lump-sum payment, even if the wheelchair is not covered by the funding system (see Table 2 p. 6). Out of a basket of 30 active wheelchairs provided in France and Belgium, 40% of these wheelchairs are available at no extra cost to user in Wallonia, whereas 33% are available in Flanders. In France, the reimbursement – a maximum of €1,146 with the contribution of the Disability Compensation Benefit (PCH – is too small to ensure that the users of active wheelchairs have nothing extra to pay. English and Swedish users who wish to benefit from a broader range of entry-level active wheelchairs may purchase them on the private market, but the voucher, which is not significant enough in England and is not widely available in Sweden, does not significantly reduce the out-of-pocket payments.

High-end active wheelchairs are, however, less well covered in all the countries, except for two Swedish regions (Scania and Södermanland), which provide at least one high-end model without out-of-pocket payments for user. For these high-end models, which cost approximately €8,000 on the private market, the user out-of-pocket payments are very high on the private English and Swedish markets, as the amounts of the vouchers are fixed. The user out-of-pocket payments are also high in France, at approximately €7,500, given the limited lump-sum payment at €1,146. In Belgium, when there is cover, the user out-of-pocket payments are slightly lower but always significant, at approximately €5,000. For wheelchairs that are excluded from the reimbursement list, the user out-of-pocket payments are greater than that in France (€8,000). The comparison of wheelchair prices in Belgium and France, two systems that are fairly comparable, seems to highlight a deadweight effect for the sellers in Belgium of entry-level active wheelchairs. These wheelchairs have prices that are aligned with the reimbursement by the Belgian Social

Security system, with no user out-of-pocket payments. In France, the same wheelchairs, which are less reimbursed than those in Belgium are, have lower prices, and the users pay a contribution. However, for high-end active wheelchairs, for which the out-of-pocket payments are high in both countries, the users benefit from the competition among sellers, and the prices are similar in the two countries.

Insufficient cover for high-end power stand-up wheelchairs in most countries

All the countries, except England, provide several entry-level power stand-up wheelchairs ranging from €8,000 to €12,000, without out-of-pocket payments for user. However, accessing the most sophisticated power stand-up wheelchairs is more difficult.

In France and Belgium, the prices of these wheelchairs are equivalent (approximately €25,000). In France, while the users receive only statutory funding (National Public Health Insurance and disability compensation benefit, PCH) up to €10,657 (€5,328 from the National Public Health Insurance and €5,328 from the PCH), their out-of-pocket payments range between €13,000 and €15,000, versus €8,000 in the Belgian regions (see Table 2). However, in France, all the power stand-up wheelchairs are covered in the same way, whereas in Belgium, some models are not reimbursed.

With respect to these wheelchairs, Swedish users can only turn to the region's public offer, as there is no private market in this category. Of the three models used as examples, each region provides only one, which limits the users' freedom of choice, but in return for a modest out-of-pocket from the user (between €39 and €47 per year). Given the bulk purchases in the framework of calls for tender, each region is able to

obtain a power stand-up wheelchair for a cost ranging from €7,000 to €11,000, which is a lower price than those observed in private markets, especially in France and Belgium.

In England, the NHS provides no power stand-up wheelchairs for users. Access via the private market is possible, but the voucher, whose maximum amount is €910, does not significantly reduce the user out-of-pocket payments. The users can turn to other schemes to fund expensive wheelchairs, which is important, as the prices on the English private market are far higher than those in France or Belgium.

Co-funding expensive wheelchairs is subject to conditions in England and France

In Belgium and Sweden, there is no complementary funding scheme in the event of out-of-pocket payments. However, in addition to the voucher, the English users who are part of the workforce can benefit from the "Access to Work" programme, which funds all the equipment required by the person to be able to work. This funding source even covers costly wheelchairs, and the amount of the coverage can be as high as €71,000 per user and per year. This scheme is funded by both the Ministry of Labour and Social Affairs via the "Access to Work" programme and by funds supplied by companies whose financial contribution is proportionate to their size. While the programme provides total coverage for all the wheelchairs on the English market, it only applies to persons who are already employed.

In France, before the reform, to fund wheelchairs that were not wholly covered, the users were also able to apply for complementary funding (the Communal Centre for Social Action, or CCAS; the Association for the Management of Resources for the Inclusion of Disabled People, or AGEFIPH; the Departmental Compensation Fund,

etc.). Nevertheless, the latter was subject to conditions based on social, familial, and employment criteria. All these different types of funding created a complex system that was difficult to comprehend (Denormandie and Chevalier, 2020). In addition, departmental funding is highly variable and may lead to inequity: the same wheelchairs were covered at different rates depending on the region within France. In France, as wheelchairs are reimbursed by the National Public Health Insurance, users who have a complementary health insurance scheme can benefit from complementary reimbursement in addition to other funding sources. However, there is no information about the effective coverage for wheelchairs by the complementary insurance schemes, but the extent of this funding is probably quite modest. Given the high cost of the most expensive wheelchairs, if an insurer were to provide coverage, they would immediately face a major problem of adverse selection. The policy would attract persons with specific needs, and the policy's economic equilibrium could be endangered. Hence, the complementary bodies (Denormandie and Chevalier, 2020) highlighted funding possibilities via their social action rather than via the cover provided. The complementary health solidarity (*Complémentaire santé solidaire*, CSS) only covers the copayment.

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A number of conclusions can be drawn from the comparison between the four countries before the implementation of the French reform of full reimbursement of wheelchairs. The English and Swedish systems for the public provision of wheelchairs, which are based on calls for tender, drive down the acquisition prices compared with the French and Belgian private markets. For the basic manual wheelchairs, which are available in all the countries at no extra cost to user, the public funding per wheelchair is €370 in Sweden and England, which is significantly lower than the lump-

sum payments on private market (€573 and €620 in France and €772 and €798 in Belgium). However, public provision systems also have several limitations: the insufficient network of public wheelchair distribution centres results in long waiting lists to acquire equipment and for repairs, the choice of available models is very limited, and the regional offers of wheelchairs are heterogeneous in Sweden and England.

Before the reform, French reimbursements for certain wheelchairs were very different from the actual price, which meant that the cover was insufficient. As illustrated by previous studies carried out by the IRDES (Espagnacq et al., 2022), most people select wheelchairs that are entirely covered by the mandatory National Public Health Insurance (*Assurance maladie obligatoire*) because the complementary cover is insufficient. A conclusion that can be drawn from this comparison is that, in the period that led up to the implementation of the French reform that covered the entire cost of the wheelchairs, Belgium always provided better statutory funding than France did, regardless of the category observed. The wider cover is based on lump-sum payments that are higher than those practised in France, and they are reassessed each year to take into account the cost of inflation. The Belgian system is also simpler, as it uses only one funding body, even if the users are still left with out-of-pocket payments for certain types of wheelchairs. By making the mandatory National Public Health Insurance the sole funder for wheelchair acquisition and improving the cover, the new French system is becoming similar to the Belgian system.

The comparison of wheelchair coverage baskets highlights the fact that there was less coverage in France for active wheelchairs before the introduction of the reform. The English NHS has at least one entry-level wheelchair at no extra cost to user, such as all of the Swedish and Belgian regions, which cover a broad range of

entry-level active wheelchairs. In the framework of the new French reform, an offer of active wheelchairs without out-of-pocket payments for user will be available.

The IRDES continues its study of wheelchair acquisition funding, particularly with the information provided by the survey "*Prestation de compensation du handicap: exécu-*

tion dans la durée et reste à charge" (PHEDRE). This may be used later in the framework of an assessment of the new reform. ♦

7 FOR FURTHER INFORMATIONS

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