

Press Release

Paris, May 05, 2026

The shortcomings of the ‘100% Health care’ scheme

May 05, 2026 – French National Academy of Medicine

Passed on 3rd December 2018 and enforced in the field of audiology since 1st January 2021, the 100% Healthcare Act provides free access to Class I hearing aids (i.e. entry-level devices that meet certain technical specifications). The maximum retail price (MRP), set at € 950 per ear, is covered by the National Health Service (60% of the reimbursement base, i.e. € 240) and by Mutual insurance schemes or supplementary insurance (i.e. € 710). These hearing aids come with a 4-year warranty. The patient therefore pays nothing out of pocket.

Whilst this law has enabled some people with hearing impairments, both children and adults, to benefit from hearing aids that were previously beyond their financial means, its implementation has led to a significant windfall for hearing aid manufacturers, as illustrated by the following figures: +85% in sales between 2020 and 2021, +9% between 2024 and 2025.

The problem is that it has led to some worrying consequences:

- Fraud and scams that have been repeatedly exposed in the media (fake hearing aid practitioners, bogus hearing aid companies, fake or extorted prescriptions—particularly in care homes—etc.). Despite certain measures, a further € 88 million worth of fraud was still detected and penalized in 2025.
- Aggressive and ethically questionable advertising campaigns (intrusive cold calls, free taxis, incessant radio or TV adverts, Optical Centre vans, etc.). This growing aggressiveness can be partly explained by the commercialization of hearing aid chains (return on investment for shareholders) and the desire to maintain turnover.
- There has been a rise in the number of illegal prescriptions, as 40% of initial prescriptions were not issued by authorized doctors.

- Replacement of hearing aids is offered at the end of the 4-year warranty period, without this being justified by a fault or a worsening of hearing loss that cannot be corrected by adjustment.
- This also implies a worrying economic outlook: given the increasing uptake of hearing aids and an ageing population, the cost of care covered by the Sécurité Sociale (National Health Service) and, to an even greater extent, by Private health insurance schemes will, in the medium term, raise concerns about the sustainability of the application of the legislation.

In light of these medical, ethical and economic shortcomings, and following a review of the literature, the French National Academy of Medicine puts forward the following recommendations, which are in line with those of the three High Councils for the Future of Health Insurance (HCAAM), the General Inspectorate of Social Affairs (IGAS) and the Court of Auditors (Cour des Comptes).

1. Assess the Medical Service Provided

This assessment, called for by the IGAS and the Court of Auditors in their 2021 and 2022 reports, would be carried out independently on a significant national sample defined by epidemiologists using CPAM (Caisse Primaire d'Assurance Maladie) registers and could be based on a patient questionnaire but, above all, on the most accurate assessment of hearing aid use to evaluate the patient's usage, follow-up and adherence.

2. Monitor initial prescriptions and renewals by digitizing them via AMELIPro (the national internet health system for professionals)

This measure, which is also recommended by the ENT unions, would help to ensure that prescriptions are issued in accordance with the rules.

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