

Opinion of the French National Academy of Medicine.

State-Medical Aid: maintaining access to care while better regulating non-urgent care¹

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The State Medical Aid (Aide Médicale d'Etat, AME) enables undocumented migrants to access healthcare, subject to residence and means-testing criteria. It covers around 460,000 people, compared with 308,000 in 2015, representing an increase of around 50% over ten years, at a cost of nearly €1.5 billion, representing just over 0.5% of the national health insurance expenditure.

The French National Academy of Medicine (ANM) reaffirms that maintaining the AME meets both ethical and public health imperatives: to prevent the worsening of illnesses, to avoid missed opportunities for treatment, to limit the transmission of infections, and to prevent delayed recourse to more intensive and costly care. The ANM opposes its replacement by a scheme limited solely to emergency care, as the absence of an immediate emergency does not mean that treatment can be deferred without the risk of illness worsening, missed opportunities, long-term complications or a risk to the wider community.

Eligibility for the AME and monitoring that eligibility are governed by administrative criteria defined exclusively by public authorities. The continuation of the AME must be accompanied by improvements in its effectiveness and efficiency: facilitating effective access for eligible individuals to screening, vaccinations and early treatment, in the interests of both patients and public health; where the patient's condition permits, prioritizing outpatient and community-based care rather than hospital care, and avoiding unnecessary treatment.

The Academy's specific remit covers the medical assessment of care and the identification of those treatments that can be deferred without any foreseeable risk to the patient or the community.

The French National Academy of Medicine proposes:

- To determine - in consultation with the relevant professional medical societies and based on medical criteria – whether a treatment can be deferred without risk to the patient. Prior authorization must serve this sole purpose and must not be used to restrict access to care merely based on the patient's administrative or legal status. This decision must be made on a case-by-case basis, considering the patient's condition, the progression of the illness, the expected benefit of the treatment and the foreseeable consequences of postponing it;
- The introduction of appropriate assessment procedures. In complex situations or those involving intensive long-term care, the assessment should be a collegial one, possibly

¹ Statement adopted by the Academy's Board of Directors

carried out during a multidisciplinary consultation meeting and supplemented, where necessary, by a medico-social assessment. The decision should be justified and subject to review;

- Specific documentation on access for AME beneficiaries to organ transplants and scheduled chronic dialysis, to ascertain the indications, decision-making procedures, waiting times and outcomes;
- The creation of a national registry of applications for prior authorization requests and decisions made, enabling an assessment of the criteria applied, response times, authorized or deferred treatments, and the medical and economic consequences of these decisions, as well as the provision of advice to the relevant bodies.