

Public health insurance impact on the consumption of healthcare services for low income populations

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42^{èmes} Journées des Économistes de la Santé Français

Abstract

In France, a state financed complementary health insurance is implemented to provide free care at the point of use to the poor, at no cost. Using a large panel data set built from claims data we estimate the program enrollment impact on health services consumption of the beneficiaries. Selection in the program is controlled for using coverage variation which are endogenous at the household level but exogenous at the individual level. We find that the free CHI has a strong and significant impact both on the extensive (probability to use health services) and the intensive (conditional expenditures) margins of ambulatory care consumption. Moreover the free CHI impact does not result from transitory demand and lasts over the two years of overage.

Keywords: Key words: Public Health Insurance, Poverty, Panel data, Difference in difference

JEL Codes: I38; I13

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