

# Health care utilisation patterns of UI: an assessment of a public health insurance program

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## Abstract

Medical state assistance (“*Aide Médicale d’État*,”) is a public health insurance programme that allows undocumented immigrants with limited financial resources to access health care services for free. The objective of medical state assistance is to enable undocumented immigrants to visit doctors at regular points of care (*i.e.*, doctors’ practices) to reduce doctor visits at places of assistance that provide health care to vulnerable populations (*i.e.*, NGOs) and emergency visits for public health and efficiency arguments. The purpose of this study is to analyse whether medical state assistance is achieving its objectives.

To that end, we rely on the *Premiers pas* survey, which was conducted in 2019 on a representative sample of undocumented immigrants living in *Paris* and *Bordeaux* (France). This dataset contains information on socioeconomic characteristics, migration history, health status, and health care utilisation. We analyse whether medical state assistance enables undocumented immigrants to access health care services at regular points of care.

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The results show that undocumented immigrants covered by medical state assistance are more likely to rely on regular points of care for doctor visits rather than on places of assistance that provide health care to vulnerable populations. More precisely, those covered for 5 years or more are 21.3 percentage points more likely than their counterparts to rely on

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medical practices and 6.6 percentage points less likely to rely on NGOs. Additionally, undocumented immigrants covered for 5 years or more are 25.5 percentage points more likely than their counterparts to mention medical practices as their usual source of care.

**Keywords:** undocumented immigrants, public health insurance program, France, health care utilisation, usual source of care

### **Highlights**

- MSA is a free health insurance dedicated to UI
- Covered UI make more use of regular points of care than noncovered ones
- Covered UI are more likely to reference medical practices as their USC