

# PRESENTATION OF KEY FEATURES OF THE HEALTH BILL

SPEECH BY MARISOL TOURAINE - MINISTER FOR SOCIAL  
AFFAIRS AND HEALTH

## PRÉSENTATION DES ORIENTATIONS DU PROJET DE LOI SANTÉ

INTERVENTION DE MARISOL TOURAINE  
MINISTRE DES AFFAIRES SOCIALES ET DE LA SANTÉ

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*The spoken word prevails*

Last 23<sup>rd</sup> September I introduced the national health strategy whose challenge is to rebuild our healthcare system. This overhaul is necessary in order to meet the great challenges it faces.

That of the **aging** of the population, which requires that our policy changes direction.

Then, that of **chronic diseases**, which nowadays affect nearly one in four French people.

Finally, the mobilisation of **innovation** towards quality and efficiency of care.

Faced with these changes, one question arises: how to respond to these challenges so that in the coming years, the French people, all the French people, still have access to an excellent healthcare system?

This law, whose **main lines**, but not the details of the measures, I will introduce, will transform the lives of millions of French people.

It will change the relationship that the French have with their health. It will provide them with the means to protect themselves. It will give them the weapons to tackle a disease when it occurs: simplified reimbursement, shorter deadlines for consultations, more transparent and understandable care for all.

**There will be a before and an after.** Because this bill clearly has defined **priorities**. Because it will apply **over the long term**. Because it mobilises **new instruments** for patients and professionals alike, which ensure the effectiveness of the proposed measures.

This text will not be a new major institutional puzzle, or a public health law, where the objectives are numerous.

This will be a **structuring** reform, which will tackle **health inequalities** at the root, by affirming the crucial role in our policies of prevention and education in terms of healthcare.

It will be a **lasting** reform, which will set the course of our healthcare system, that is to say care that is based on proximity and continuity.

Finally, this will be a **mobilising** reform that is counting on **innovation**. In a constrained economic environment, only innovation will allow us to bring deep reforms while maintaining the highest level of quality of care.

This bill extends, of course, the roadmap of the national health strategy that has been so widely debated over the recent months. More than **200 regional forums** were held throughout France. They have experienced unprecedented affluence. I would like to thank all those who took part in these meetings and allowed us to move forwards. I salute the many contributions, including those from parliamentary ranks that were addressed to me. These months of preparation were the opportunity to demonstrate, if need be, that health mobilises the French people.

**It is they who have directly inspired this bill.**

### I. THE FIRST STRATEGIC DIRECTION OF THE BILL IS TO REGISTER PREVENTION AS A BASIS FOR OUR HEALTH POLICY

Initiating a public health policy does not mean accumulating epidemiological indicators in an annexed report. It means affirming in the law that the **responsibility of the State**, as far as healthcare is concerned, begins with **prevention**. Prevention is not here to punish or to regulate everything, and much less so to be a tax. Therefore, this project does not contain any financial measures.

**What is the observation?** The average health of the French is among the best. But behind these results, strong inequalities exist. In the last year of primary school, working-class children are ten times more affected by obesity than the children of executives. It is among them that we will find future victims of "**diabetes**," this silent epidemic that is massively growing. Diabetes currently affects more than 3.5 million people in our country. They will be 30% more in 5 years time.

This is why I'm proposing a **clear bias: giving priority to the young and always strengthening our support for the most vulnerable.**

**Committing to the young, from an early age, therefore as early as school age.** This is a crucial age. With Benoît HAMON, and in complementarity with the law overhauling the school system, we will introduce an **educational course in health**. It will enable all children, from pre-school to high school, to acquire knowledge about health and to adopt good habits. This is not about having a 1-hour les-

son on health here and there. It is about health issues permeating the **contents of all the lessons**.

Good reflexes in terms of health are also learnt as a family. I am in favour of a tool that makes the **information on the nutritional value** of processed foods understandable, which is now too complex. Many manufacturers have told me of their interest in this approach. We need to bring to conclusion the discussion on what this tool may be.

Prevention is also built, obviously, **with healthcare professionals**, whose responsibility in the matter must be stated clearly. Today, the young aged 16 years and under still do not have a physician. The bill will allow parents to choose a **physician for their child**, whether a general practitioner or a paediatrician. The physician will be responsible for the long-term monitoring of each child. After childhood, adolescence is a key time; this is of course true for health matters and we need to **protect our young better against addictions**.

I do not accept that adolescence is so often the time for getting acquainted with tobacco. At 17 years of age, one in three smokes every day; one in two will die from it. Each year, tobacco kills 73,000 persons in France. We can win this battle in a few years time but we have to be fully committed to it. It is impossible to want to beat cancer without taking action on tobacco. As part of the cancer plan, the President of the Republic asked me to develop a **national tobacco reduction program**, which I will be announcing soon.

Another plague against which we must protect young people: **excessive drinking sessions**, better known under the name of “binge drinking”. At the age of 17 years old, one in two youngsters are concerned. This is about providing the means to fight against this new phenomenon, especially at events or meetings related to the academic and socio-educational environment.

Protecting our young also means, in terms of **sexuality**, guaranteeing women under 18 years old unconditional access to **emergency contraception**, which would be provided by the school nurse. I propose to remove the condition of “characterised distress” that is currently required.

**Engaging a purposeful prevention policy obviously means not forgetting anyone, especially those who are the most distant from care.**

The precious heritage that is the historic mobilisation of our country in risk reduction policies, ever since the early days of AIDS, must be recognised and extended, especially through its development in the **prison environment**. It will also be necessary to define the scope of the **safer consumption room** trial. Finally, to facilitate access to screening for those most at risk, we will standardise the practice of **Rapid Diagnostic Tests**.

Setting priorities is not enough. **We must give ourselves the means to implement them effectively.**

First, by coordinating government action. Because prevention concerns each department, each administration. This is the essence of the Comité Interministériel pour la Santé [Interdepartmental Committee for Health], which is created as of today and which will allow the Head of the Department of Health to distribute the healthcare priorities across the whole of the government. This crossing is particularly necessary, for example, in the field of **environmental health**: the fight against endocrine disruptors and the intensive use of pesticides, or the improvement of air quality, are all issues for which we need a coordinated policy.

Furthermore, we must enhance the **effectiveness of our administrative structures**. Our resources are too fragmented and efforts are too scattered. So I want to give France an **Institute for prevention, monitoring and intervention in the public health domain**, which will have a sufficient weight. A consultation will be conducted with all of the teams, whose professionalism I salute.

Finally, in order to deploy an effective prevention policy, the bill will strengthen the mobilisation of local and social actors. I salute, as such, the action of **local authorities**, which are crucial for healthcare.

I salute the role of **associations**, which, on the field, go to those who need it the most. The approach of **healthcare mediation**, which they have initiated, will therefore be enshrined in law.

I want to support the mobilisation of social actors to promote **healthcare in the workplace**. The great social conference to be held in early July will debate on this.

Besides, because prevention involves all of our territories, I will ensure that the major advances contained in this bill are applied appropriately to the **overseas territories**.

## II. THE SECOND STRATEGIC DIRECTION OF THE BILL IS THE ESTABLISHMENT OF A TERRITORIAL DEPARTMENT OF PUBLIC HEALTH TO IMPROVE CARE FOR THE FRENCH PEOPLE

I regularly receive enthusiastic testimonials of patients who were saved by one of the best healthcare systems in the world. But I also get letters telling me stories of patients lost in a healthcare system that has become too complex and too opaque, where the slightest referral mistake can be the start of great difficulties.

Testimonies that are so different from one another, that they illustrate the very real danger of creating a healthcare system that functions at **two different speeds**. They show that **not all French people have the same chance** of being adequately cared for.

1. The territorial public health service is a response to these concerns. A local response. A response based on patient needs

It will enhance access to care for all the French people. It will offer them the information they need. It will organise tomorrow's journey based on an effective first response and a renovated public service in hospitals.

Specifically, the territorial public health service will establish an accessible, legible and understandable organisation. It must facilitate the **territorial structuration of primary care**. It will cover at least **five key areas**: community care, permanency of care, prevention, mental health and access to care for people with disabilities. These areas will be suggested in the legislation so they can be detailed territory by territory. I want to take an **example**: today, it is often difficult for the parents of a **disabled child** to find the right professional for dental care, for example. Tomorrow, through the organisation of the territorial service, they will know whose door to knock on.

It's the actors involved, mainly the actors working in primary care and physicians, and the private, hospital, and medico-social professionals, who will have to suggest the relevant organisations to the regional health agencies, all the while taking into account the trials already launched and the realities

in the field. These private and public field workers must be given the tools to act and organise care in the community. To support this approach, **the role of the regional health agencies must be strengthened**. They will be able to redirect their funding; for example, in order to be authorised, some activities will be dependent on the participation of their practitioner to the permanency of care. Basically, there are three major issues: removing financial barriers; guaranteeing access to care across the territory; and elaborating an organised journey.

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2. To begin, we must guarantee access to care for all

I would like to reiterate my commitment to the fight against financial barriers and all forms of discrimination. On 23<sup>rd</sup> September, I committed to **standardising the direct payment system** for both the part corresponding to the Assurance Maladie [Health Insurance] and that for the complementary insurances. I have since established the technical committee in charge of this task, and I have named the project manager. Starting next year, the beneficiaries of a complementary health insurance will therefore be exempted from having to pay upfront fees. To achieve a quick solution, **the Assurance Maladie will be, at this first stage, the preferred contact** for physicians, as it already is with regards to universal health coverage. This decision will not impact the existing schemes that relate to other healthcare professionals, such as pharmacists, for example. **By 2017, the direct payment system will be extended to all insured persons**. For the physician, it will represent a guarantee of payment without delay, and will be easy to use. In addition, the bill will ensure **affordable prices for healthcare products, such as eyeglasses**, for persons with modest incomes. I will finally propose a strengthened scheme against denial of care. But money is not the only barrier to access to care. The French must be able to **find a healthcare professional nearby**. We will have to deepen the encouraging results of the Pacte Territoire-Santé [Territory Health Covenant], especially in order to allow **continuous access** to care. This is the challenge of the **permanency of care**. The territorial service will organise the response to urgent and unscheduled care. How does one deal with a feverish child in the middle of the night? Where does one find a physician on a Sunday afternoon? To allow French people to find their way, I will propose the **establishment of a single 3-digit number in each administrative division** for the duty service provider in the community: it will be the landmark for the access to healthcare for our citizens. Finally, the lack of information is still too often an obstacle. The law will propose to introduce a **“Healthcare GPS.”** What we have succeeded in doing with the *medicaments.gouv.fr* website, we will do for the entire healthcare system. **The public healthcare information service**, which is being established at the national level, will take the form of a *web* portal with a unique address that will be easy to remember. It will also be accessible by telephone. The regional healthcare agencies’ mission will be to organise it at the regional level. Finally, to be able to move in the right direction, one must be sufficiently independent. That’s the whole point of the **support schemes, including the support provided by associations**, for some patients: it is a new topic that will be included in the future law.

### 3. Next, an organised journey must be established

There is much talk about the journey, with the feeling that it is abstract. But it is very concrete. That’s what those in the know do, when they open their **address book**.

This is about better coordinating professionals, facilitating cooperation to ensure that patients, particularly the chronically ill who need complex care, are no longer **tossed around**. And this happens at the community level.

40 years ago, **psychiatry had the intuition of the territory**. The territorial public health service will have a **special sector for mental health**, which will be the new framework for the mental health and psychiatry organisation, where the sector has its own place. This will ensure permanency of care, continuity of care, prevention, integration, and the coordination of actors. I would also like to reaffirm my will to work towards **legal recognition of the psychiatry sector mission**. Beyond this new anchorage to the sector, I will launch a project with all the actors involved.

**Coordination is therefore the direction**. What changes with this law is that it offers **practical tools** to implement this direction.

**First, benchmarks for patients.**

Tomorrow, every patient who leaves the hospital will receive a **liaison letter** on that same day. It will act as a link with community professionals, including physicians, and will be digitalised if required.

When they go to see their healthcare professional in the community, chronic patients will have access to a **personalised care plan**, to guide them in their journey. **Obviously, the professionals will need support**. They must be given the means for a simpler exchange. The regional healthcare agencies will support them via **territorial support platforms which will be designed with the help of professionals**. They will facilitate caring for their patients, especially the most complex ones.

In addition, the re-launch of the **medical record** is already started. I heard of the need to make it a coordinating and sharing tool. **The management of this project will be entrusted to the Assurance Maladie**. This new shared medical record project is obviously subject to the challenge of **secure messaging**. The bill will also facilitate the practice of healthcare professionals through organised access to a knowledge **thesaurus** that is updated with the latest scientific knowledge.

This involvement of community healthcare professionals such as that of health centres must be recognised.

The development of the journeys will lead to a **gradual and negotiated development of the healthcare professionals and institutions**.

The negotiations, which were opened between the Assurance Maladie and the representatives of private healthcare professionals, aim to develop **team remuneration**. I renew my trust in traditional partners to achieve this by the end of July. If they do not reach an agreement, then I will proceed to an **arbitral ruling**.

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4. There can be no effective primary resort without it being backed by a specialist physician or second appeal to a healthcare facility

The law will aim for a **renovated public hospital service**. That is to say, indivisible, conceived as a **“package of obligations.”** Private, non-profit institutions are obviously



required to participate. Private, for-profit institutions will also be able to do so, if they meet this package of obligations.

The law will guarantee users that reception and care are provided on a permanent basis; that the patient is cared for within a reasonable amount of time, considering the patient's condition; and that access to care is equal.

A renovated public hospital service implies turning the page on certain practices. We will clarify the conditions for **private practice at the hospital**. We will do the same for medical interim by capping remunerations and regulating what has become a real mercenaries' market.

At the same time, the hospital will have a new responsibility towards its territory. To achieve this, **the law will mandate the grouping of territorial hospitals**, which will enable the sharing of certain activities such as **information systems and initial training**, or **central functions** such as **procurement**. And now, in one and the same territory, the institutions will work towards a **shared medical project**.

Hospital financing must also enable institutions to adopt a reasoning based on the journey. **Trials are already being carried out on pricing**. I want us to go faster, and the next project on the financing of the Sécurité Sociale [French Welfare System] will enable this.

A renovated hospital is also a re-balanced governance: **the consistency of the institutions' executive officers will be strengthened**, with a clear will to translate better, in accordance with the powers of the head of the institution, **the necessary medical nature of hospital governance**.

The attractiveness of hospitals is a major project which will, beyond the law, mobilise us in the work project that I will be monitoring.

### III. MY THIRD STRATEGIC DIRECTION IS TO BET ON INNOVATION

Scientific and technological advances now revolutionise day-to-day care. Biotechnology, nanotechnology, personalised and predictive medicine, gene therapy: the challenges related to research and innovation in the field of healthcare are enormous for patients and professionals.

They are also decisive for the French economy as much as for the future of our healthcare system. **The health of the economy is also related to finances in the domain of healthcare!**

In this domain, our country holds one of the leading positions: our 98 university hospital centres that are first in the world in their field contribute a great deal to this. Our businesses and our start-ups also build the France of medical technologies. The e-health sector alone will grow by 4% to 7% annually in the coming years. We must consolidate this position, because international competition is fierce.

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1. The role of the State is to be a facilitator and guarantee an ecosystem that is favourable to innovation

Delays that are too long and heavy administrative tasks are all enemies of innovation. To win a market, to be competitive, to maintain a competitive edge, means struggling against time.

For hospitals, the interval of time between clinical trials and industrial promotion is, from now on, going to be reduced from 18 months to 2 months. The bill will pro-

pose to generalise the **single convention scheme** to all types of healthcare facilities.

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2. Innovation also concerns jobs in healthcare

Young people who engage in these jobs today want to practice in another way. Jobs are forever changing.

This bill will recognise new jobs, including **advanced paramedical jobs**. I'm thinking of **nursing clinicians**. I'm also thinking about the role and place of **midwives**. They will be able to take part in the management of **drug-induced voluntary termination of pregnancies**.

With Geneviève FIORASO, we launched, 18 months ago, an ongoing discussion on the **reorganisation of postgraduate medical studies**, to enhance the professional experience they provided. We will also correct the imperfections of the **continuous professional development** scheme.

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3. Innovation will allow France to be ready for open data

Open data is a major technical, scientific and democratic challenge. We need to **extend health data opening**. I attach particular importance to the conditions of availability of data, especially that of respect of privacy. Significant work has been carried out by the **open data commission**; it will inspire the provisions of the future law.

### IV. THE FOURTH STRATEGIC DIRECTION WILL ESTABLISH A NEW, BETTER PERFORMING GOVERNANCE FOR THE HEALTH POLICY

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1. This bill will forcefully remind the unity of the health policy

**Bringing together the services of the State and those of the Assurance Maladie**, which the State oversees, is more necessary than ever.

The law will therefore provide the means for a better coordination of the interventions of the State and of the Assurance Maladie: the professionals, and the challenges we are facing demand it. **There is only one health policy and everyone must contribute to it**, whether national or local actor, whether public or private actor.

The law will also spark the **renovation of the traditional scheme**; if negotiation on the national level remains the framework of reference, it will immediately have to incorporate the requirement of the **necessary regional and territorial adaptation**.

Similarly, the law will strengthen social dialogue. It will propose, for example, to follow the recommendations made by Edouard Couty: the creation of a **higher council for hospital medical staff**.

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2. If I had to select only one element of the 200 regional forums that were held on the national health strategy, it would be the vitality of our healthcare democracy

The future law will continue the movement started in 2002, by allowing more patients to **help build health policies**. To link with them, to involve them in building a system in their image.

The report handed to me by Claire COMPANION drafts proposals that aim to **better represent users**. These will be widely covered by the bill: **extension of the obligation of**

**user representation** in all national healthcare agencies and establishment of the **user commission**. I have heard about the difficulties associations faced when trying to fulfil the mandates entrusted to them. I hope that together, we will make this subject move forward as soon as possible.

Beyond the challenge of representation, the maturity of the healthcare democracy requires that we strengthen the public healthcare debate. To better know each other so as to discuss better and work together better: we must continue on this path. Today, I reaffirm the government's support to the project of an **Institut du Patient [Patient's Institute]**, entrusted to the **École des Hautes Études en Santé Publique [School of Advanced Studies in Public Health]**.

Healthcare democracy means involving patients better, but also simplifying their relationship with the healthcare system. Beginning with the introduction of **equal rights for all**. Thanks to this bill, the **partner** or **PACS [Civil Solidarity Pact]** partner of a deceased person will be able to have **access to his medical records**. This is already possible for married couples; nothing justifies this being reserved to them only.

The maturity of the healthcare democracy also means the empowerment of patients when they are victims of damage. Faced with serial health damages, a new law could be considered: **the establishment of a group action**. This will represent a major advance. The compensation will certainly be determined on an individual basis, but our citizens will

now no longer be alone against the power of certain industries.

Ladies and Gentlemen,

In the coming days, the consultation will continue with all the players in the field of healthcare, until the text was sent to the State Council this summer.

In September, I will introduce the bill to the Cabinet. It will then be forwarded to the National Assembly and its review will begin **in early 2015**.

The day after the promulgation of the law, we will have to be able to quickly deploy the scheme approved by the Parliament.

Many technical measures are necessary, negotiations are still ongoing or to come: they will not be waiting for the law before being implemented. They will be ready when this text will become applicable. In addition, the healthcare sector must contribute to the overall objective of **simplifying our administrative procedures**. Proposals in this regard will be made in consultation with the federations of institutions.

I know I can count on everyone's commitment to enrich and feed this text. Professionals, associations, elected officials, all the French people: their mobilisation is essential to enable our healthcare system to meet the enormous challenges facing it and therefore maintain its excellence.

Thank you. ■

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