MANAGEMENT OF HEALTH CARE OVER THE CENTURIES

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Middle ages

The church and the Franciscan/Benedictine and Hospitaller orders created a huge network of leprosy, of chaplaincies, hospices and hospitals but they were disorderly and paradoxically they adapted to all forms of poverty both in rural and more urban territories.

From the 14th century onwards

From the fourteenth century and at the request of the church (overwhelmed by its task) the royalty takes care of the poor and intervenes for a grouping of hospitals and thus allow a better coherence especially for the «lepers». During this period, the definition of the poor could be defined as follows:
“The poor may be a man who works, but he is not enough to feed him”

From 1793

Public relief is a sacred debt. Society owes its sustenance to unhappy citizens, either by providing them with work or by ensuring the means of existence for those who are out of work” (Art. 21 of the Declaration of Human Rights of 24 June 1793). From this day the obligation to assist the poor to a social foundation.

1838

Law of 30 June 1838
Assistance to the insane
The law called «Law of the insane», was promulgated under the reign of King Louis-Philippe and dealt with institutions and the treatment of the mentally ill. This law remained almost completely valid until 1990

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1853

Law of 9 June 1853
Pension scheme for full officials.
To overcome the difficulties of financing special pension schemes, the law of 9 June 1853 abolished the various funds and introduced a uniform old-age pension for the 158,227 civil servants paid by the State.

1893

Law of 15 July 1893
Free medical assistance.
The law established the principle of free care, in the hospital as at home, for the sick deprived of resources. It remains the symbol of the social welfare legislation of the Third Republic, inspired by the doctrine of solidarity.

1898

Law of 9 April 1898
Industrial accident
The law on industrial accidents was a founding moment of social law in France after twenty years of discussion on the best way to avoid repeated lawsuits, without this completely exonerating employers and companies from their responsibility

1902

Law of 15 February 1902
Protection of public health

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1919

Law of 25 October 1919
List of occupational diseases eligible for compensation

1928-1930

Law of 5 April 1928 and Law of 30 April 1930
Creation for employees in industry and commerce of the first complete and compulsory system covering sickness/maternity/invalidity/old age/death risks

1945

Order of 4 October 1945
Creation of the general social security system designed to bring together all employees in the private and public sectors, farmers, the self-employed and specific sectors of activity.
However, maintenance of some special SS schemes called «Special Schemes»

1945 (*)

Order of 19 October 1945
Creation of a Social Security system on the «Bismarckien model» managed by the social partners (paritarism) the financing is provided by the contributions of employees and employers, redesign of the social insurance of the 1930s, recognition of the complementary role of Mutuals
NB: statutory retirement age 65

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1967

Order No. 67-706 of 21 August 1967
4 orders reorganize the general regime. This reform ensures the financial separation of risks by creating 3 distinct branches: CNAMTS (health risk) CNAVTS (retirement risk) CNF (family branch) ACOSS cash management (Central Agency of Social Security Organizations)

1982

Order No. 82-270 of 26 March 1982
Lowering of the retirement age to 60 for insured persons of the General Scheme and Agricultural Social Insurance

1990

Finance law for 1991 (no. 90-1168) of 29 December 1990
Creation of the Generalized Social Contribution (CSG), levies based on all income (activity, replacement, wealth products and replacements or games)

1996

Order No. 96-50 of 24 January 1996
Creation of the Social Debt Repayment Contribution (CRD)

Constitutional Act No. 96-138 of 22 February 1996
Creation of Social Security finance law

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2009

Law of 21 July 2009 published in ON of 22 July 2009
Implementation of the law Hospital Patients Health Territories (HPST). Creation of Regional Health Agencies (ARS) and fixed governance of health facilities

2010

Law no. 2010-1330 of 9 November 2010 Pension reform law. The statutory age is gradually increased from 60 to 62 and from 65 to 67 for full retirement. A new system of early departure for hardship is created

2023

Law no. 2023-270 of 14 April 2023 amending the Social Security for 223
Extension of the legal age from 62 to 64 from 1 September 2023.
Elimination of 4 special schemes: RATP (Régis Autonome des Transports Parisiens) – IEG (electric and gas industry) – CRPCEN (scheme for clerks and employees of notaries and the special scheme of the Banque de France

A look ahead...

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1945 (*)

- By the ordinances of 4 and 19 October 1945 creating a social security system based on the «bismarckian» model (management by the social partners) whose financing is provided by employers' and employees' contributions, these ordinances organized the overhaul of the social insurance system in the 1930s and recognized the complementary role of the Mutuals.

The Ordinance of 4 October 1945 creates a general regime designed to bring together all the employees of the private and public sectors, farmers, self-employed and specific sectors of activity, however, it recognizes the possibility of maintaining certain pre-existing special social security schemes better known by the name of «Special Schemes».

- The bismarckian or insurance system

If, in the French imagination, the German Chancellor Otto von Bismarck (1815-1898) is mainly assimilated to the "Iron Chancellor" and the "Prussian enemy", he became an emblematic figure of social protection having implemented in Germany, at the end of the 19th century, a system of social protection against sickness risks (1883), accidents at work (1884), old age and invalidity (1889).
The motivations, which are at the origin of the Bismarckian system, are eminently political and lie in the concern to curb the trade union and socialist movements by improving the living conditions of the workers' proletariat. This system is based on logics that are found today in many social protection systems.

Several principles underpin this model:

1. protection based solely on work and the ability of individuals to gain rights through their professional activity;
2. mandatory protection;
3. protection based on the financial participation of workers and employers in the form of social security contributions;
4. contributions that are not proportional to risks – as in pure insurance logic – but to salaries. This is called "socialization of risk";
5. protection managed by employees and employers.

- The beveridgian or assistive system

In 1942, at the request of the British government, the economist William Beveridge (1879-1963) wrote a report on the health insurance system. Starting from the observation that it has developed without real coherence, he proposes to recast it on several principles that will become so many characteristics of the so-called "beveridgian" system (the first three being known as the "three U"):

1. universality of social protection by covering the entire population (opening of individual rights) and all risks;
2. uniformity of services based on the needs of individuals and not on their loss of income in the event of the occurrence of a risk;
3. state management unit, through tax-financed national insurance;
4. tax-based financing.

French social security is distinguished by a mixed system borrowing elements from both models.