



The health insurance market: construction, governance and social innovation

Overview

Health insurance is a singular aspect of the French social security system. Social cover and public policies form the basic framework, but to facilitate access to healthcare, the market – in the form of top-up insurance – has acquired a role, too. Recent changes in legislation – in particular, mandatory top-up cover for employees and changes to the content of “responsible insurance policies” – are indicative of a change in direction for reforms. This shift has transformed the governance of health insurance, in particular the role assigned to social partners. The aim and originality of the project resides in apprehending the new arrangements for top-up social cover and the welfare state as a whole. The goal is to reveal whether or not this rather particular market is capable of producing social utility, over and above economic efficiency.

The project offers a multidisciplinary perspective spanning law, economics, sociology, and political science, and seeks to establish a theoretical model for the co-construction of the health insurance market by different stakeholders (the European Union, the French State, insurance firms, trade unions and employers’ associations, and businesses). The notion of commodification is used as a conceptual starting-point to explain the various dynamics which typify the health insurance market. This notion of commodification, understood as “bringing to market”, places as much emphasis on the role of the authorities as on that of private-sector entities in this massive change to the rules of the game for health insurance. We believe that the changes demonstrate a complex, legislation-driven process of commodification of health insurance, as expressed via various regulatory mechanisms. This process is likely to lead to the reorganisation, and indeed the re-institutionalisation, of health insurance.

The project is also intended to apprehend the uses stakeholders make of the market’s legal instruments: are they perceived as resources or limitations? We will analyse the ability of stakeholders to produce social innovation. More particularly, this empirical research will study the practices of two types of player that account for a large share of top-up health insurance: firstly, mutual funds, the top-up insurance providers that have traditionally held the dominant position on this market; secondly, trade unions and employers’ associations, whose role is becoming crucial due to the rise of group insurance. These two players have also been selected for study due to the fact that their values are potentially opposed to the construction of a private health insurance market.

The research is grounded in France, but will adopt a Europe-wide perspective. In particular, the influence of the European Union on the reorganisation taking place in France will be measured. To do this, the notion of use (and non-use) of EU mechanisms will be brought to bear to characterise the national strategies developed by public and private-sector players (in particular, mutual funds). France will also be compared with the United States; such a comparison is particularly pertinent given the key role of trade unions in the structuring of health insurance in both countries, as well as the attempts to import US insurance firms’ rationale of “managed care” into France.