Medical Device Market & Reimbursement in France

Market Access Overview & Strategic Perspectives

12th November 2026



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France at a glance

POPULATION, GEOGRAPHY AND MAJOR CITIES

69.1M	Paris	EU #2	National
Population	Capital	Population rank	Reimbursement framework
1 Jan 2026		1 Jan 2025; Eurostat 2026	

Main urban centres

North & East	Paris • Lille • Strasbourg • Dijon • Orléans
West & South-West	Rennes • Nantes • Bordeaux • Toulouse
South & Centre	Lyon • Clermont-Ferrand • Marseille • Montpellier • Nice

Sources: INSEE, Bilan démographique 2025 (Jan 2026); Eurostat, Demography of Europe (2026 edition).

01 MARKET LANDSCAPE

Key characteristics of the French market

Demography, providers and care delivery



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Key figures: demography and health

LATEST AVAILABLE MEASURES

69.1M
Population
1 Jan 2026

85.9
Female life expectancy
2025, years

80.3
Male life expectancy
2025, years

22.2%
Population aged 65+
1 Jan 2026

Age distribution

1 January 2026



0–19: 22.5%

20–64: 55.3%

65+: 22.2%

Main causes of death

2024, share of all deaths

Tumours **27,1%**



Cardio-neurovascular **21,2%**



Sources: INSEE, Bilan démographique 2025 (2026); Santé publique France, causes of death in 2024 (Jun 2026).

Key figures: the French health system

EXPENDITURE, FACILITIES AND DISTRIBUTION NETWORK

Consumption of healthcare goods and services — €254.8bn

2024, CSBM definition, 8.7% of GDP

Hospital care: €120.7bn (*public €93.7bn, private €27.1bn*) Ambulatory care: €77.8bn Medical goods: €56.2bn

Hospitals and clinics — 2,962

2024

Public: 1,330 Private for-profit: 977 Private non-profit: 655

Hospital beds — 367,128

2024

Public: 224,057 (61.0%) For-profit: 89,129 (24.3%) Non-profit: 53,942 (14.7%)

Community pharmacies — 19,990

2026

Community medical laboratory sites — ≈4,300

2024, geographic sites rather than legal entities

Sources: DREES, CNOP 2026 via DPGS.

Territorial hospital groups

GROUPEMENTS HOSPITALIERS DE TERRITOIRE

136 GHTs
Territorial hospital groups in France

2 to 20
Number of member healthcare establishments per GHT

Territorial
Shared medical project

What a GHT coordinates

Care	A shared medical project across public hospitals.
Support	Purchasing, medical information, IT and training functions.
Access	Manufacturers must still map hospital stakeholders and procurement.

Sources: French Ministry of Health / DGOS, “Les GHT par région”, updated 8 January 2025.

Physicians in France

ACTIVE PHYSICIANS ON 1 JANUARY 2026

242,200
All active physicians
2026

101,000
General practitioners
42% of total

141,200
Other specialties
58% of total

Selected medical specialties

Psychiatry	**16,200**	Surgery	**14,600**
Anaesthesia / critical care	**14,000**	Technical platform specialties*	**16,600**

*Medical biology, radiology, pathology, radiotherapy and nuclear medicine.

Sources: DREES

02 FINANCING CONTEXT

The French health insurance system

Social security and complementary coverage



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Social security in France

LA SÉCURITÉ SOCIALE

01	**Solidarity**	Statutory cover pools health risk across insured residents.
02	**Assurance Maladie**	The health branch finances eligible care and medical goods.
03	**Funding**	Contributions, the CSG and tax revenues finance the system.

Sources: Direction de la Sécurité sociale

Complementary health coverage

LA COMPLÉMENTAIRE SANTÉ

Statutory insurance

Pays according to the conditions and reimbursement basis for a covered service.

Complementary insurance

May cover all or part of the patient share depending on the contract.

Source: DREES, Complementary health insurance: actors, beneficiaries and benefits (2024 edition; update 2025).

03 MARKET LANDSCAPE

The French medical device market

Industry, care pathways and stakeholders



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Key figures of the French MD industry

SNITEM PANORAMA RELEASED SEPTEMBER 2026

€35.7bn

Turnover in 2025.

1,518

Companies in the Medical Device industry, including 95% SMEs.

≈ 90,172

Employees in the sector.

410

Production sites in France.

Company activities

Commercial activity in France	**78%**
R&D activity	**66%**
Manufacturing activity	**55%**
Use of industrial subcontracting	**31%**

Products marketed by companies

Consumables	**59.1%**
Equipment	**37.1%**
e-Health / SaMD	**12.3%**
In vitro diagnostics (IVD)	**9.7%**

Companies may report several activities or product categories. Percentages are not revenue shares.

Source: Snitem / Bpifrance, Medical device industry panorama, press release dated 17 Sep 2026.

MD Companies across France

GEOGRAPHIC DISTRIBUTION

Regional ecosystems

Map clinical centres, distributors and buyers by region.

National market

Reimbursement decisions can be national, while hospital adoption is local.

The Snitem 2026 panorama reports 410 production sites across France.

Source: Snitem / Bpifrance, Medical device industry panorama, press release dated 17 Sep 2026.

The individual-use care pathway

MEDICAL DEVICE SUPPLY

01	1 **Patient**	A health need prompts a consultation.
02	2 **Prescriber**	A doctor/ clinician determines the indication and prescription.
03	3 **Supplier**	A pharmacy or medical equipment supplier dispenses the device.
04	4 **Follow-up**	Use, service and renewal must meet the LPPR listing conditions.

Sources: Assurance Maladie, LPP; HAS, Device assessment and listing guidance. Simplified pathway.

Some key acronyms in France

QUICK REFERENCE

ANSM

French health products safety agency.

HAS

Haute Autorité de Santé: independent scientific assessment.

LPPR

List of reimbursable products and services.

CEPS

Committee for pricing of health products.

Sources: ANSM, surveillance missions; HAS, device assessment; Assurance Maladie, LPP.

ANSM: safety throughout the lifecycle

AGENCE NATIONALE DE SÉCURITÉ DU MÉDICAMENT ET DES PRODUITS DE SANTÉ

Safety oversight

Vigilance, risk monitoring, inspections and market surveillance.

Manufacturer duties

Follow the applicable regulatory and post-market obligations.

Sources: ANSM, Market surveillance of medical devices and in vitro diagnostic devices.

HAS: evaluation for reimbursement

HAUTE AUTORITÉ DE SANTÉ

CNEDiMTS

Assesses relevant devices and health technologies for coverage.

Guidance

Publishes methods, opinions and current filing guides.

Sources: HAS, Understanding device assessment; LPPR filing guide (Mar 2026).

Before market entry: CE marking

REGULATORY PREREQUISITE

EU regulatory route

Confirm intended purpose, MDR classification and conformity assessment.

French reimbursement

A separate decision determines whether and how the device is funded.

04 FUNDING PATHWAYS

French medical device reimbursement

From product definition to coverage



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Which question does reimbursement answer?

COVERAGE VERSUS REGULATION

CE mark

Can the device be placed on the EU market under the relevant rules?
= PREREQUISITE

Coverage

Which French payer and coding route can fund its intended use?

Adoption

Who prescribes, purchases, dispenses and uses it?

Sources: HAS, Device assessment and filing guidance.

Funding pathways: the decision map

COMMON LAW

01	**Individual use**	LPPR generic line or brand-name listing.
02	**Hospital stay**	Often financed within GHS, with local purchasing.
03	**Hospital exception**	Liste en sus or intra-GHS where applicable.
04	**Remote monitoring**	LATM activity, with generic or brand-specific route.

Sources: HAS, LPPR & intra-GHS filing guides (Mar 2026); LATM filing guidance (2026).

LPPR: the core list for individual use

LISTE DES PRODUITS ET PRESTATIONS REMBOURSABLES

Scope

Eligible individual-use devices and associated services, in community care and selected hospital settings.

Conditions

Product description, indication, tariff and billing conditions determine coverage.

Source: Assurance Maladie, List of reimbursable products and services (LPP).

I. LPPR under a generic description

DEFAULT ROUTE WHEN SPECIFICATIONS MATCH

01	**Definition**	The LPPR describes a class of products, without naming one brand.
02	**Fit**	Verify exact match with LPPR description(s) = intended use and technical requirements.
03	**Coding**	Obtain the individual identification code when required.

II. LPPR under a brand name

PRODUCT-SPECIFIC APPLICATION

01	**HAS**	CNEDiMTS assesses expected clinical benefit.
02	**Comparator**	Additional benefit is assessed vs an appropriate alternative (comparative MD / therapy).
03	**CEPS**	Pricing discussions follow the clinical opinion.
04	**Publication**	Official Journal defines indications and tariff.

Brand-name assessment process

FROM SUBMISSION TO PUBLICATION

01 Submission

Concurrent submission to HAS/CNEDiMTS and CEPS

Clinical evidence is generally expected.
A new device-specific study is not always required.
Existing evidence may support the dossier when its relevance to the device is justified.

02 Assessment

HAS / CNEDiMTS opinion

Service attendu (SA)

Expected clinical benefit

Sufficient benefit for reimbursement?

Efficacy, safety, place in the care pathway and public health benefit.

Sufficient or insufficient

Amélioration du service attendu (ASA)

Clinical added value

Added benefit versus relevant care?

CNEDiMTS selects comparator(s): device, treatment, procedure or care strategy.

I Major II Substantial III Moderate IV Minor V No improvement*

03 Pricing

CEPS negotiates the reimbursement tariff and, where applicable, the selling price limit (if CNEDIMTS positive opinion).

04 Listing

Ministers decide on listing. Publication (Official Journal) defines covered indications and conditions.

***Note => ASA V: no demonstrated added benefit. Reimbursement remains possible when SA is sufficient.**

Sources: HAS, CNEDiMTS assessment principles (2025), LPPR filing guide (Mar 2026)

III. In hospital settings

HOSPITAL DEVICES: TWO FUNDING ROUTES, WITH ADDITIONAL REQUIREMENTS FOR SELECTED DEVICES

INTRA-GHS (DRG)

Included in the hospital stay payment

The stay tariff covers the device cost.
The hospital or purchasing group negotiates the purchase price with the supplier.

Positive list: selected categories only

HAS / CNEDiMTS assessment and national listing are required for specified categories.
Assessment: SA (expected clinical benefit), without ASA grading.

LISTE EN SUS (additional list)

Paid in addition to the hospital stay

Separate reimbursement for eligible listed devices in covered indications, subject to applicable billing conditions.

Includes certain high-cost products, such as implantable devices.

National reimbursement pathway ->LPPR

For brand-name LPPR applications:
HAS / CNEDiMTS assesses SA and ASA.
CEPS sets the reimbursement tariff.
Ministers decide on listing.

Positive-list registration does not provide additional funding. The device remains intra-GHS.

Hospital selection and procurement remain necessary in both routes.

Digital devices: two common-law destinations

LPPR AND LATM

Therapeutic digital device

Check LPPR coverage and procedure for individual use.

Remote monitoring activity

Check the LATM listing and associated care organisation.

PECAN can bridge an eligible product to the relevant ordinary route.

Synthesis:
Common funding pathways for medical devices in France

STANDARD COVERAGE (DROIT COMMUN), ACCORDING TO INTENDED USE

CE-marked device: identify the intended use and applicable funding route

Individual use

Community / home

LPPR

Existing generic description
Compliance and registration
OR
Brand-name application
HAS assessment + CEPS tariff negotiation

Procedure-related use

Private practice / outpatient

Procedure tariff

Device cost generally included in the professional act fee (e.g. CCAM).

If no suitable reimbursed act:
assessment and act listing may be needed.

Hospital stay use

Inpatient care

GHS or liste en sus

Intra-GHS: cost included in the hospital stay tariff.
Selected categories require positive-list registration.

Liste en sus: separate payment for eligible listed devices.

Medical remote monitoring

Télésurveillance médicale

LATM

Generic or brand-name route
ANS compliance certification
HAS assessment for brand name

Two funding components:
Operator fee: medical follow-up
Technical fee: provision of the digital medical device

National coverage does not guarantee adoption. Prescription and purchasing depend on the care setting.

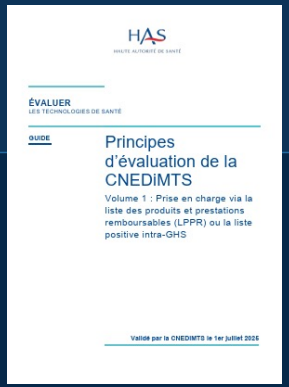
Simplified map. Routes may combine. LPPR payment alongside an act only where permitted. CE marking does not guarantee reimbursement.

HAS guidance: four evaluation volumes

CNEDIMTS PRINCIPLES PUBLISHED SEPTEMBER 2025

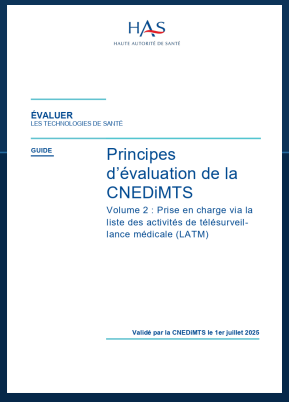
Volume 1

LPPR and intra-GHS.



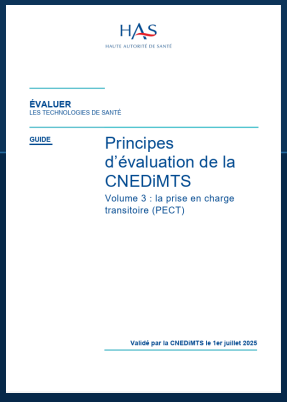
Volume 2

LATM.



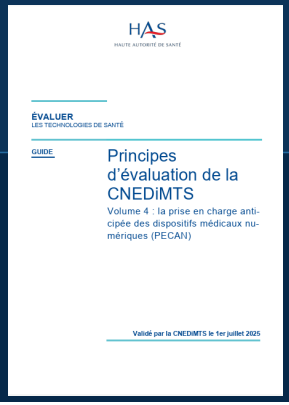
Volume 3

PECT.



Volume 4

PECAN.



Possible coverage before the usual route

FORFAIT INNOVATION, PECT AND PECAN

Forfait innovation

Temporary funding tied to a qualifying clinical or economic study.

PECT

Transitional coverage for eligible presumed innovative LPPR products.

PECAN

Up to one year for eligible therapeutic or monitoring digital devices.

Sources: HAS, Forfait innovation eligibility; PECT (Sep 2025); PECAN (updated 22 Sep 2026).

Other funding and research options (examples…)

OUTSIDE THE MAIN PRODUCT ROUTES

MDPH / PCH

Individual disability support may apply to eligible aids.

Article 51

Experimentation for novel care organisation.

Research

PHRC and PRME can support evidence generation.

Sources: Service-Public, PCH (Jul 2026); CNAM, Article 51 / Fiss; Ministry, research call 2026–2027 (Jul 2026).

05 PRACTICAL PREPARATION

Cracking the French market

Key questions and recommendations



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Key questions before entry

A SHORT DIAGNOSTIC

01	**Patient**	Who is the target population and current standard of care?
02	**Funding**	How are comparators paid and is there an associated act?
03	**Evidence**	What clinical and technical data will the route require?
04	**Value**	What added benefit will the French comparator support?
05	**Execution**	What timeline, team and investment are realistic?

For a successful market entry

A PRACTICAL SEQUENCE

01	**Understand**	Map the French patient pathway and treatment standards.
02	**Compare**	Assess products, tariffs, buyers and distribution.
03	**Plan**	Align evidence, resources, business model and timing.
04	**Position**	Explain the product’s benefit to patients and clinicians.
05	**Engage**	Speak with relevant experts, partners and buyers.

Digital reimbursement orientation

QUESTIONS TO WORK THROUGH

01	**Purpose**	Is the software a medical device and what is its intended use?
02	**Setting**	Therapeutic support or remote monitoring?
03	**Coverage**	LPPR, LATM or an eligible anticipated route?
04	**Evidence**	What clinical and operational outcomes are required?

G_NIUS: a digital health entry point

PUBLIC ORIENTATION RESOURCE

Navigate

Explore digital health requirements and support services.

Prepare

Use route-specific guidance for early questions.

Thank you

Questions and discussion



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Appendix: Market and health system

Click a source title to open the full document

01 **INSEE: Demographic review 2025 (Jan 2026)**
insee.fr

02 **Eurostat: Demography of Europe (2026 edition)**
ec.europa.eu

03 **Santé publique France: Causes of death in 2024**
santepubliquefrance.fr

04 **DREES: Health expenditure in 2024 (2025 edition)**
drees.solidarites-sante.gouv.fr

05 **DREES: Hospitals in 2024 (2026 edition)**
drees.solidarites-sante.gouv.fr

06 **CNOP: Pharmacist demography at 1 January 2026**
ordre.pharmacien.fr

07 **DPGS: Pharmacy count reported from CNOP (Jun 2026)**
dpgs.info (secondary source)

08 **Ministry / DGOS: GHTs by region (Jan 2025)**
sante.gouv.fr

09 **DREES: Physician demography at 1 January 2026**
drees.solidarites-sante.gouv.fr

10 **Social security: Funding overview**
evaluation.securite-sociale.fr

11 **Social security: Social contributions explained**
securite-sociale.fr

12 **DREES: Complementary health insurance (2024)**
drees.solidarites-sante.gouv.fr

13 **Snitem / Bpifrance: MD industry panorama (Sep 2026)**
snitem.fr

Appendix: Regulation and reimbursement

Click a source title to open the full document

14 **HAS: Filing a medical device assessment dossier**
has-sante.fr

15 **Assurance Maladie: List of reimbursable products (LPP)**
ameli.fr

16 **ANSM: Medical device market surveillance**
ansm.sante.fr

17 **HAS: Understanding medical device assessment**
has-sante.fr

18 **HAS: LPPR filing guide (Mar 2026)**
has-sante.fr

19 **EU: Medical Device Regulation 2017/745**
eur-lex.europa.eu

20 **HAS: Intra-GHS filing guide (Mar 2026)**
has-sante.fr

21 **HAS: LATM filing guide**
has-sante.fr

22 **HAS: CNEDiMTS principles for LPPR / intra-GHS**
has-sante.fr

Appendix: Innovation and digital health

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23 **HAS: Forfait innovation eligibility**
has-sante.fr

24 **HAS: Transitional coverage (PECT)**
has-sante.fr

25 **HAS: Anticipated digital coverage (PECAN)**
has-sante.fr

26 **HAS: Digital device evaluation principles (Sep 2025)**
has-sante.fr

27 **Service-Public: Disability compensation benefit (PCH)**
service-public.gouv.fr

28 **Assurance Maladie: Article 51 innovation fund (Fiss)**
assurance-maladie.ameli.fr

29 **Ministry: Research programmes, campaign 2026–2027**
bulletins-officiels.social.gouv.fr

30 **G_NIUS: Digital health orientation platform**
gnius.esante.gouv.fr

31 **G_NIUS: Digital medical device guidance**
gnius.esante.gouv.fr