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*Telehealth: A New Relationship with the Territory(ies)?**

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ABSTRACT Starting with some general remarks on telehealth, the article traces backs and highlights some relevant characteristics of the development of the phenomenon in France. In particular, it focuses on the relationship between healthcare services and the local territories, and the possible reshaping thereof that telehealth may contribute to, without however failing to stress the importance not to underestimate the several shortcomings of telehealth, and the reasons why they may ultimately jeopardize telemedicine's many promises of improvements for provision oh healthcare services in the local territories.

1. *Introduction*

Telehealth[1] covers an area that does not lend itself spontaneously to digitalization. Indeed, health care necessarily builds on an almost-tangible relationship of trust between doctor and patient, that by itself implies the doctor's physical presence. One provision of the Code of Medical Ethics prohibits "roving medicine";[2] another specifies that no fee may be charged for advice given by telephone.[3] As one French health minister put it, telehealth "is not a subject like any other, but THE system which, in the years to come, will transform medical practices and even the way we think about health".[4] In the attempt to define the relationship between telehealth and territory(ies), three preliminary remarks should be made.

The first remark concerns to current developments in telehealth in France. These developments are both legal and political. Among the numerous legal developments, the decree of 3 June 2021[5] on telehealth defines the conditions for implementing and supporting remote activities carried out by pharmacists and medical auxiliaries. Equally relevant, the law of 25 November 2021[6] on civil security allows firefighters to carry out telemedical acts as part of their emergency rescue-and-care missions.[7] On the political front, telehealth now permeates every discourse on health. Suffice it to say that telehealth was considered nothing less than one of the pillars of the 2020 conference Ségur de la Santé;[8] and that, in the words of the French Health Minister, telehealth is "an effective solution for accessing healthcare and a powerful ally in overcoming unprecedented challenges, such as the pandemics".[9]

The second remark has to do with the word itself. Before clarifying what telehealth is, it is first necessary to disambiguate what telehealth is not. Indeed, telehealth is not itinerant healthcare, which refers to any movable-health device allowing to provide healthcare services to peoples located in areas with few healthcare professionals. For example, the Region of Normandy and the regional health agency (ARS) have set up "Médicobus", an itinerant consulting room that travels the Normandy department of Orne to reach

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[1] About telehealth, see in particular: O. Babinet and C. Isnard Bagnis, *Et si la télésanté était réponse aux déserts médicaux ?*, in O. Babinet and C. Isnard Bagnis (eds.), *Les déserts médicaux en question(s)*, Hygée. 2021, 147-163; N. Ferraud-Ciandet, *Droit de la télésanté et de la télémédecine*, Paris, Hdf, 2011; P. Lasbordes, *La télésanté: un nouvel atout au service de notre bien-être*, Report submitted to Roselyne Bachelot, Minister of Health and Sport, 2009;

[2] Article 74 of the Code of Medical Ethics (article R 4127-74 of the Public Health Code).

[3] Article 53 of the Code of Medical Ethics (article R 4127-53 of the Public Health Code).

[4] Roselyne Bachelot, opening speech at the symposium on *health information systems*, 6 November 2008.

[5] Decree no. 2021-707 on telehealth.

[6] Law no. 2021-1520 aimed at consolidating our civil security model and enhancing the value of volunteer firefighters and professional firefighters. About it, see O. Renaudie, *La contribution de la loi du 25 novembre 2021 au renouvellement de la sécurité civile*, in *AJCT* 2022, p. 160-165.

[7] Article 3 of Act no. 2021-1520, cited above.

[8] The Ségur de la santé is a consultation of stakeholders in the healthcare system, held at the Ministry of Health from 25 June 2020 to 10 July 2020 (https://solidarites-sante.gouv.fr/IMG/pdf/dossier_de_presse_-_conclusions_segur_de_la_sante.pdf).

[9] Speech given at the launch of "*Mon espace santé*" (https://solidarites-sante.gouv.fr/archives/archives-presse/archives-discours/article/discours-d-olivier-veran-a-la-conference-de-presse-de-lancement-de-mon-espace).

isolated peoples.[10] For all that, it is useful to better clarify the concepts of telemedicine and telehealth.[11] On the one hand, telemedicine and telehealth are similar in that they are both services provided to individuals. On the other hand, telemedicine and telehealth differ in terms of the nature and scope of the services they provide. To put it simply and as stated by the French Public Health Code, telemedicine is "a form of medical practice".[12] Therefore, there can be no telemedicine without doctors. It is useful to briefly recall the definition of medical procedures given by Government Commissioner Fournier in his conclusions on the 1959 *Rouzet* ruling by the Conseil d'Etat,[13] namely "procedures whose performance involves serious complexity and requires a special knowledge acquired through lengthy studies".[14] Following from this definition, such medical procedures can be performed only by doctors or medical auxiliaries supervised by doctors. Differently, telehealth is a much broader concept than telemedicine,[15] as it refers to all health-related activities carried out at distance using information and communication technologies.[16] Such activities may fall under telemedicine; they may also fall under "telecare", as it is known today, i.e. remotely-provided care by a healthcare professional, such as a pharmacist, nurse, or speech therapist.

The third remark relates to what telehealth embodies. Basically, it appears to be a two-faced totem. From the point of view of the healthcare system, telehealth is the epitome of modernisation, able to cure all -and there are many- organisational inefficiencies.[17] From the point of view of the territories -the focus of the present essay- telehealth promises to dissolve the distance between patients and healthcare professionals, and to enable faster and more effective access to care despite geography and physical locations.

This second face of the totem necessarily carries considerations on the relationship between telehealth and territory(ies), and specifically whether telehealth may be leading to a new relationship with the territory(ies). In what follows, the present essay will provide a possible twofold-assessment of the issue. First, it will retrace the context in which telehealth has developed. Secondly, it will identify several shortcomings - that are particularly due to considerations about the territories - of this technology.

2. *The development of telehealth*

In France Telehealth is currently undergoing a rapid development. Indeed, there has been a sharp increase in the number of teleconsultations, especially during the first wave of the health crisis, when the number of teleconsultations increased from 10,000 per week to around one million.[18] Furthermore, there has been an increase also in the variety of patients using telehealth. However, in order to assess the extent of this development, it is necessary to clarify the purposes of telehealth (discussed in section A) and the methods it uses (section B).

2.1. *Objectives*

In order to assess the objectives e-Health pursues, and therefore their connection with the territories, it is important to distinguish between objectives set at the European level, and those defined by French public authorities.

For what concerns the European level, The EU took an early interest in e-Health.[19] In a 2004 Communication titled "eHealth - making

[10] www.normandie.ars.sante.fr/le-medicobus-un-nouveau-dispositif-innovant-de-prise-en-charge-des-soins-non-programmes-dans-lorne.

[11] For further reference, see C. Bourdaire-Mignot, *Téléconsultation: quelles exigences ? Quelles pratiques*, in *RDSS* 2011, pp. 1003-1012 and O. Renaudie, *Télémédecine, télésanté, télésoins: des paroles aux actes*, in *RDSS* 2020, 5-12.

[12] Article L 6316-1 of the French Public Health Code.

[13] CE, 26 June 1959, *Rouzet*, Rec. 405.

[14] *AJDA* 1959, p. 273.

[15] See J.-M. Rolland, *Rapport sur le projet de loi portant réforme de l'hôpital et relatif aux patients, à la santé et aux territoires*, Ass. nat. no. 1441, 5 February 2009,16.

[16] See D. Acker and P. Simon, *La place de la télémédecine dans l'organisation des soins*, Rapport à la direction générale de l'offre de soins, Ministère de la Santé, 2008, 14-16.

[17] About these problems and the possible solutions, see in particular O. Claris, *La gouvernance et la simplification hospitalière*, report, June 2020 (https://solidarites-sante.gouv.fr/IMG/pdf/rapport_claris_version_finale.pdf) and E. Minvielle, *Conditions de travail à l'hôpital : quelles pistes d'amélioration?*, in *Les Tribunes de la santé*, 2021, no. 69, pp. 59-68.

[18] See CNAM, *Améliorer la qualité du système de santé et maîtriser les dépenses. Propositions de l'Assurance Maladie pour 2021*, July 2020 (https://assurance-maladie.ameli.fr/sites/default/files/2020-07_rapport-propositions-pour-2021_assurance-maladie.pdf).

[19] See N. Ferraud-Ciandet, *L'Union européenne et la télésanté*, in *RTDE* 2010, 205-2022 and F. Sauer, *Europe et télésanté*, in *RDSS* 2011, 1029-1036.

healthcare better for European citizens",[20] the Commission adopted an action plan to increase the use of information and communication technologies in the field of health. At the European level, it was precisely this plan that used the term "telemedicine" for the first time, borrowing it from the World Health Organisation. The Union's purposes at the time were - and still are - to guarantee patients' movement among the Member States and to facilitate "cross-border care", i.e. care provided or prescribed by a doctor in Member States other than those where patients were registered. Since then, these two purposes have constantly been reaffirmed by the European institutions, as in the 2008 Communication,[21] in which the Commission urged Member States to "enable better access to telemedicine services by adapting their national legislation".

For what concerns the French level, telehealth developed in three stages. First, in 2004 when telemedicine was cautiously enshrined in law. Indeed, the law of 13 August 2004[22] stated that telemedicine made it possible "inter alia, to carry out medical procedures (...) at a distance, under the control and responsibility of a doctor in contact with the patient by means of communication appropriate to the performance of the medical procedure".[23] However, said poorly-drafted provision,[24] which had been passed at the EU's request, was not followed by any action. Secondly, in 2009, telemedicine was again enshrined in law, but this time more enthusiastically and precisely. Indeed, the law of 21 July 2009,[25] which defined it as "a form of remote medical practice using information and communication technologies"[26] was followed by implementing legislation, in particular the decree of 19 October 2010 on telemedicine.[27] As envisaged at the time, telemedicine purported two main objectives, albeit one more emphasised than the other. First, it meant to improve quality of care,[28] mainly by encouraging cooperation between healthcare professionals and facilitating remote monitoring. For instance, remotely monitoring certain indicators would either stabilize chronic patients or give immediate alert of their worsening health.[29] Secondly, it meant to reduce costs. Indeed, the 2009 Labordes report emphasised that telehealth would "enhance the efficiency of the healthcare system by ensuring optimal use of available resources and skills".[30] More specifically, cost savings would be achieved by curtailing unnecessary patient transfers and emergency-room consultations, and by keeping people in need of assistance at home for longer. Finally, a turning point was achieved with law of 24 July 2019[31] renamed Chapter 6 of the Public Health Code, titled "Telemedicine", which is now called "Telehealth".[32] From then on, Health Ministers have talked about telehealth in different terms, as either an instrument for restructuring care and enabling medical skills to be pooled;[33] or as a tool for "combating medical deserts",[34] making it actually possible to remedy the shortage of practitioners in specific urban and rural areas.[35] For example, telehealth is considered a pathway to compensate the falling access to GPs resulting from the mismatch between supply and demand for care. Therefore, telehealth is permeated with territorial considerations. It is no coincidence that point 24 of the conclusions of Ségur de la Santé states the

[20] European Commission, COM (2004) 356, April 2004.
[21] European Commission, "Telemedicine for the benefit of patients", COM (2008) 699, November 2008.
[22] Law no. 2004-810 on health insurance.
[23] Article 32 of Act no. 2004-810, cited above.
[24] In particular, the use of the expressions "inter alia" and "appropriate means of communication" may be perplexing.
[25] Law no. 2009-879 on hospital reform and patients, health and territories (HPST).
[26] Article 78-I of Act no. 2009-879 (article L 6316-1 of the Public Health Code).
[27] Decree no. 2010-1229 on telemedicine. On this text, see M. Contis, *La télémédecine, nouveaux enjeux, nouvelles perspectives juridiques*, in *RDSS* 2010, pp. 235-246.
[28] On the quality of care, see L. Cluzel, *L'irruption de la qualité dans le domaine sanitaire*, in *RDSS* 2014, p. 1002-1013.
[29] N. Berra, *Opening speech at the scientific day on technological innovations in telehealth, National Assembly*, 13 October 2011 (https://toute-la.veille-acteurs-sante.fr/5564/discours-de-nora-berra-en-ouverture-de-la-journee-scientifique-sur-les-innovations-technologiques-en-telesante-organisee-par-le-carrefour-de-la-telesante-201011-2/).
[30] *Report*, p. 39.
[31] Law no. 2019-774 on the organisation and transformation of the healthcare system.
[32] This is Chapter 6 of Title 1st devoted to emergency medical assistance, permanent care, telehealth and health transport.
[33] https://solidarites-sante.gouv.fr/systeme-de-sante-et-medico-social/masante2022/lutter-contre-les-deserts-medicaux/.
[34] *Ibid.*
[35] See F. Niedercon, *La télémédecine contre les déserts médicaux, un remède mais pas miracle*, in *Les Echos*, 4 April 2022.

need to ensure "the development of telehealth in all regions".[36]

2.2. *Terms and conditions*

Despite telehealth's popularity in recent years, its theoretical classifications and practical functioning remain difficult to grasp and must, therefore, be identified.

As far as theoretical classifications are concerned, article R 6316-1 of the French Health Code refers to four modes of delivery.[37] In "teleconsultation" doctors offer remote consultations to patients, who may be assisted by healthcare professionals at their side. The patients - together with the assisting healthcare professional, if any - provide information and doctors remotely give diagnoses. In "tele-expertise", doctors remotely seek consultations with one or more colleagues. In "remote medical monitoring", doctors remotely monitor and interpret patients' medical parameters. The recording and transmission of data may be automated or carried out by the patients themselves. If necessary, doctors take decisions relating to the patients' care. Finally, in "remote medical assistance" doctors remotely assist other doctors during the performance of procedures, such as surgeries.

Practical functioning can vary. The first possibility for variation relates to the initiative, that can be either private or public, to set up a telehealth service.[38] A second element is material. As pointed out in a recent report by the Senate's delegation for local and regional authorities,[39] telehealth can take two main practical forms. The "telecabin" is an enclosed place with a seat, a screen, online measuring instruments (thermometer, scales, blood pressure monitor, stethoscope, etc), a printer to deliver prescriptions,[40] and all other necessary equipment for teleconsultation allowing patients and healthcare professionals to see and hear each other. The "telehealth practice" is a conventional medical or healthcare practice that meets safety and accessibility standards and is equipped with online measuring instruments.[41] In telemedicine, patients are generally greeted by a nurse who knows how to use such instruments. Unlike telecabins, which are autonomous, telehealth practices require a human presence. However, both have the benefit to be able to provide care to isolated patients.[42] This makes it possible to meet long-term needs, as well as occasional ones. For example, the mayor of Le Favril, in the Eure-et-Loir region, has set up a telecabin to cover for doctors on holiday.[43]

The development of telehealth is undoubtedly reshaping the provision of health in the territories. Being able to dissolve distances, this technology is a valuable tool to fight medical deserts and facilitate isolated patients' access to care. It is not, however a magic wand, and has too a number of shortcomings.

3. *The shortcomings of telehealth*

Since it provides an operative solution to the scarce availability of healthcare services in remote territories, telehealth promises to be both an instrument to modernise healthcare and an effective provision of health services in the territories.[44] However, telehealth is not without faults and its development has proven many of its limitations both technical (section A) and territorial (section B).

3.1. *Technical limitations*

Telehealth is a technological tool. As such, it must overcome a number of technical obstacles in order to meet its objectives and,

[36] https://solidarites-sante.gouv.fr/IMG/pdf/Dossier_de_presse__conclusions_segur_de_la_sante.pdf).

[37] On this subject, see C. Bourdaire-Mignot, *Téléconsultation: quelles exigences? Quelles pratiques, op. cit.*, p. 1003.

[38] See Cour des Comptes, *La télémédecine : une stratégie cohérente à mettre en œuvre* in *Rapport sur l'application des lois de financement de la Sécurité sociale 2017*, September 2017 and C. Meyer-Meuret, *Les enjeux économiques de la télémédecine*, in *RDSS* 2011, 1013-1020.

[39] P. Mouiller and P. Schillinger, *Rapport d'information relatif aux initiatives des territoires en matière d'accès aux soins*, Sénat, no. 63, 14 October 2021, p. 25.

[40] A.-L. Dagnet, *Sub-medicine or real solution, telemedicine practices flourish in medical deserts*, 7 December 2021 (https://www.francetvinfo.fr/replay-radio/le-choix-franceinfo/sous-medecine-ou-vraie-solution-les-cabines-de-teleconsultation-fleurissent-dans-les-deserts-medicaux_4855349.html).

[41] P. Mouiller and P. Schillinger, above-mentioned report, 26.

[42] See R. Le Dourneuf, *Dans l'Essonne, une cabine de télémédecine pour éviter le désert médical*, in *20 minutes*, 20 February 2022 (www.20minutes.fr/paris/3238275-20220220-essonne-cabine-telemedecine-mairie-eviter-desert-medical).

[43] P. Mouiller and P. Schillinger, above-mentioned report, p. 26.

[44] See O. Babinet and C. Isnard Bagnis, *Et si la télésanté était une réponse aux déserts médicaux, op. cit.*, 147-148.

where possible, to reshape the relationship between health-care services and territory(ies). Some shortcomings have already been overcome, while others remain and may slow down its further development.

The now-overcome obstacles were mainly twofold. The first was the personal medical file (DMP), which is a tool for storing personal health data.[45] Instituted by law of 13 August 2004,[46] the personal medical file gave rise to several - mostly technical - troubles before being relaunched by the HPST law of 21 July 2009.[47] Undisputedly, telehealth could not function without the DMP, which enables healthcare professionals to share information regarding a patient.[48] The second obstacle concerned Assurance Maladie's coverage of telehealth services. Indeed, the roll-out of telehealth was met with reluctance by the Social Security system for fear that remote consultations would exponentially increase the number of overall consultations, thus resulting in massive reimbursements requests.[49] These two elements explain why telehealth, and in particular telemedicine, have remained marginal for so long. However, the roll-out of telehealth proved possible to overcome them: firstly, with the creation and widespread use in 2016 of "DMP 2", the shared medical record;[50] and secondly, with the inclusion, in 2017[51] and 2018,[52] of teleconsultations in the healthcare pathway, thus providing a right to reimbursement by the Assurance Maladie.

The obstacles yet to overcome[53] mainly relate to the still-imperfect coverage of the high-speed Internet network which makes it impossible for telehealth to realise its full potential.[54] Truthfully, significant progress has been made. In terms of mobile coverage, the agreement between the French government and telecom operators, known as the "Mobile New Deal",[55] has led to a significant improvement in digital coverage (from 72% to 85%) across the country: including the overseas territories. However, several "white zones", particularly in rural and mountainous areas still remain[56] and prove to be a major obstacle to the effective deployment of telehealth. The problem is exacerbated by the fact that the areas in question often are medical deserts, thus doubling the pain of an already painful conundrum. Furthermore, as the Défenseure des droits pointed out in her February report on the digitalization of public services,[57] some social groups (such as the elderly or people in precarious situations) may have more trouble using digital technologies.[58] For these people, using a telecabin may be far from straightforward. These technical limitations are further aggravated by territorial shortcomings.

3.2. *Territorial shortcomings*

One might be prone to think that telehealth knows no territorial constraint, being able to reach any place free of any physical boundaries and imitations. In reality, this is not at all the case. Indeed, even though telehealth makes it possible to bring together patient and healthcare professionals who are

[45] C. Bourdaire-Mignot, *Le dossier médical personnel : un outil de stockage des données en vue d'une utilisation partagée*, in *RGDM*, 2012, n. 44, 295-311.
[46] Article 3 of Act no. 2004-810, cited above.
[47] Article 50 of the aforementioned law no. 2009-879. The provisions of this article are set out in articles L 1111-14 *et seq*. of the French Public Health Code.
[48] "This tool is essential to the development of [telemedicine] practices, which involve centralising patient health data to which the healthcare professional must be able to access remotely" (C. Bourdaire-Mignot, *op. cit.*, 311).
[49] See C. Meyer-Meuret, *Les enjeux économiques de la télémédecine, op. cit.*, p. 1013 and O. Babinet and C. Isnard Bagnis, in O. Babinet et C. Isnard Bagnis (eds.), *Pourquoi la télémédecine est-elle enfin possible*, *La e-santé en question(s)*, Rennes, Presses de l'EHESP, 2020, 35-48.
[50] Art. 96 of Law 2016-41 of 26 January 2016 on the modernisation of our healthcare system.
[51] Art. 54 of Act no. 2017-1836 of 30 December 2017 on the financing of social security for 2018.
[52] Order of 1er August 2018 approving order no. 6 to the national agreement organising relations between self-employed doctors and the health insurance scheme signed on 25 August 2016 and decree no. 2018-788 of 13 September 2018 relating to the terms and conditions for implementing telemedicine activities.
[53] For an analysis of these obstacles, see P. Mouiller and P. Schillinger, above-mentioned report, pp. 27-28.
[54] See L. de la Raudière and E. Bothorel, *Rapport d'information sur la couverture numérique du territoire*, Assemblée nationale, n. 213, 27 September 2017.
[55] Agreement concluded in January 2018 between the State and the telecommunication operators, negotiated under the aegis of ARCEP, with the aim of closing the territorial digital divide, by accelerating the widespread availability of very high-speed 4G mobile broadband (https://www.arcep.fr/cartes-et-donnees/tableau-de-bord-du-new-deal-mobile.html).
[56] ARCEP, *La couverture des zones peu denses*, 18 March 2022 (https://www.arcep.fr/la-regulation/grands-dossiers-reseaux-mobiles/la-couverture-mobile-en-metropole/la-couverture-des-zones-peu-denses.html).
[57] Défenseur des droits, *Dématérialisation des services publics : trois ans après, où en est-on*, February 2022 (https://www.defenseurdesdroits.fr/fr/rapports/2022/02/rapport-dematerialisation-des-services-publics-trois-ans-apres-ou-en-est-on).
[58] *Report*, p. 14-16.

geographically apart, it is nonetheless a practice firmly rooted in the territories.[59] Indeed, any installation of telecabins or telehealth practices must be preceded by an assessment of the relevant territory. Moreover, careful consideration must also be given to the local authorities involved and to the financial sustainability of the project.

The driving idea should not be to set up a telehealth cabin or practice just anywhere and under any conditions, the assessment of the territory is relevant. In particular, two factors need to be taken into consideration. Firstly, it is important to verify an actual shortage of healthcare in the territory at issue, through consultation of the regional healthcare organisation plan[60] and construction of an effective dialogue between the interested local councils and the ARS. Secondly, it is paramount to identify the living areas covered by the telehealth system, i.e. the share of the population likely to benefit from it.[61] This regional approach is all the more necessary given that some local councils have rushed to set up telehealth practices however unsuited to the territory concerned. This is particularly true of practices set up at the municipal level rather than at inter-municipal level[62] where they would have proven more useful.

The matter of the local entities concerned is a delicate one. In principle, the State has exclusive competence in the field of health.[63] Indeed, article L 1411-1 of the French Public Health Code establishes that "the Nation defines the health policy in order to guarantee everyone the right to health and its protection". It is therefore up to the State to ensure equal access to healthcare and equal distribution of healthcare services throughout the country.[64] This dual objective is in fact one of the main aims of the health policy, which "seeks to ensure (...) the reduction of social and territorial inequalities", as well as "people's effective access to prevention and care".[65] However, the various local authorities are bestowed several subsidiary powers that enable them to act in the field of public health.[66] In this respect, locally-elected representatives may be tempted to respond to their fellow citizens' need to access healthcare in order to compensate the lack of private initiative and the failure of the State. It goes without saying that costs should weigh in on such choice. As the mayor of Laigneville, in the Oise department, pointed out, "telemedicine practice costs the municipality €100,000 a year".[67] It is, therefore, imperative to carefully assess beforehand, both the financial sustainability of the project and the extent of the territories likely concerned.

As these final considerations show, telehealth ought not to be deployed without taking into account the territories, but rather by building on them. In this sense, while telehealth can bring healthcare professionals and patients closer together by dissolving distances, the relationship between healthcare and territory(ies) induced by telehealth is both *revolutionary in* its essence and *very traditional* in its implementation.

[59] See P. Mouiller and P. Schillinger, above-mentioned report, 25-27 and J.-H. Amet-Roze, *La territorialisation de la santé: quand le territoire fait débat*, in *Hérodote*, 2011, n. 143, 13-32.

[60] As stipulated in article L 1434-2 of the Public Health Code, the regional health plan is "drawn up for five years on the basis of an assessment of health, social and medico-social needs and determines, for the whole range of healthcare and health services on offer, including prevention, health promotion and medico-social support, forecasts of developments and operational objectives". About these plans, see B. Apollis and D. Truchet, *Droit de la santé publique*, Dalloz, 11th ed, 2022, pp. 79-80.

[61] On the concept of the catchment area, see C. Aragau, B. Bouleau and C. Mangeney, *Les bassins de vie ont-ils un sens?*, in *Revue d'économie régionale et urbaine*, 2018, 1261-1286.

[62] On the links between intercommunality and health, see for example, P. Allorant, S. Dourmel and F. Eddazi, *Métropolisation et santé à Orléans : quand l'institution métropolitaine ouvre de nouveaux champs d'action*, in *Revue francophone sur la santé et les territoires*, 2022 (https://journals.openedition.org/rfst/1502).

[63] See O. Renaudie, *Eloge de la centralisation sanitaire*, in *AJDA*, 6 July 2020, 1313.

[64] About this dual dimension, see M.-L. Moquet-Anger, *Territoires de santé et égalité des citoyens*, in *RDSS*, 2009, pp. 116-125.

[65] Article L 1411-1 of the French Public Health Code.

[66] About these powers, see P. Villeneuve, *Les compétences sanitaires des collectivités territoriales*, in *RDSS* 2009, 86-97.

[67] Quoted in P. Mouiller and P. Schillinger, above-mentioned report, 25-27.