

POLICY AND PRACTICE UPDATES

深圳“新医改”启动：挑战药品招标采购

来源：21 世纪经济报道 2012-06-20

<http://www.21cbh.com/HTML/2012-6-20/4NMDY5XzQ1NzM4Nw.html>

全国公立医院改革试点城市、广东省按照新医改的进程，全国公立医院改革试点城市、广东省深圳市宣布年底以前全面取消药品加成；5 月出台的《深圳市公立医院医药分开改革实施方案》，更明确规定将正式启动医药分开改革，取消公立医院药品加成、建立允许患者使用外购药品制度、完善公立医院补偿机制。

与此同时，为了弥补药品零加成带来的医院减收，深圳市另辟蹊径，除了同样提高诊疗费以外，更把矛头指向药品集中招标采购制度，提出公立医院集团式采购、药品“厂院直销”等创新做法。

改革措施之一是实行集团式采购。即由深圳市公立医院管理部门制订全市公立医院采购药品目录，以广东省药品统一采购中标目录和中标价格为基础，对进入深圳公立医院的药品实施二次遴选；与中标药品供应商进行价格谈判，代表全市所有公立医院实施集团式采购，并实行统一配送，从而降低药品入库价格。

此次改革的另一个主要做法是实施“厂院直销”。由市公立医院管理部门选取试点单位，探索建立医院与药品生产企业之间的直销渠道，以此减少流通环节，降低采购价格；或者以不高于广东省同品规药品集中采购中标价格为前提，参照周边地区中标品种和中标价格进行采购。

Shen Zhen Initiates “New Healthcare Reform”: Challenging Current Medicine Procurement System

In May, City of Shen Zhen in Guangdong Province introduced the Reform Implementation Plan for Separation of Hospital Management and Medicine Procurement in Public Hospitals, formally initiating the reform, eliminating public hospital medicine markups by the end of 2012, allowing patients to use medicine outside the hospital system, and improving current public hospital reimbursement system.

In order to reduce hospital revenue shortfalls resulting from zero medicine markups, Shen Zhen will increase hospital fees and decrease medicine purchasing price through group procurement. Shen Zhen Public Hospital Management Office will compile a medicine list based on Guangdong Province Unified Procurement Bidding List and Price, and represent all public hospitals in the city to negotiate with medicine suppliers to reach lowest possible price. The management office will also attempt to establish a direct link between pilot hospitals and medicine suppliers, eliminating all middle men and further reducing costs of medicine.

毒胶囊后续：药监局强化药用辅料管理

来源：21 世纪经济报道 2012-06-05

<http://www.21cbh.com/HTML/2012-6-5/xNMDY5XzQ0NzcxNw.html>

近日，国家食品药品监督管理局公布了《加强药用辅料监督管理的有关规定（征求意见稿）》（以下简称“征求意见稿”）。药用辅料是指生产药品和调配处方时所用的赋形剂和附加剂，包括蔗糖、淀粉、薄膜包衣粉等，以及不久前曾震惊全国的药用明胶胶囊。而征求意见稿起草的主要背景，正是药用胶囊铬超标事件暴露了医药企业和监管部门在药用辅料管理方面的漏洞。针对药用辅料监管标准和制度缺失，以及相关法律存在漏洞的问题，征求意见稿的起草说明中谈到，将通过实施信息登记、关联审评、强化责任、延伸检查、加大处罚等工作措施，进一步提升对药用辅料的监管力度和管理水平。同时，征求意见稿从制剂企业、药用辅料企业以及监管部门三个层面作出了相应的规定。

《征求意见稿》明确提出，药品制剂生产企业必须加强购入药用辅料的质量管理。药品制剂生产企业应对药用辅料生产企业定期进行质量评估，对药用辅料生产企业的质量体系进行现场质量审计和回顾分析，并建立所有购入药用辅料及供应商的质量档案。

与此同时，对药用辅料则参照原料进行管理，提高生产企业准入门槛，根据风险程度对辅料实行分类管理，要求新药用辅料必须与药物制剂关联审评，并将提高和完善药用辅料标准作为当前工作重点。从政府监管的角度，未来国家和省级药监部门将建立药用辅料数据库和生产企业信用档案，以期将所有药用辅料生产企业纳入监管视野，减少监管盲区。同时征求意见稿中还要求各地的监管部门加强药用辅料生产使用全过程监管。按计划，《加强药用辅料监督管理的有关规定》将于 6 月 8 日结束征集意见，并拟于 2012 年 10 月 1 日正式执行。国内药用辅料行业的格局也有可能随之而改变。

南开大学法学院副教授宋华琳分析指出：“应该说，征求意见稿集中体现了企业是第一责任人的思路，并在不少重点环节上提出了实质性的措施。比如药品制剂生产企业申报药品注册时需要提供药用辅料的相关资料，并得到国家局的审批。总的来看，征求意见稿体现了药监部门延伸监管的思路，有利于加强对药用辅料的监管。但对整个辅料监管来说还需要通盘考虑，因为辅料不仅用于药品，还可以用于其它产品。这可能还需要质检等多个部门的共同参与。”

Poisonous medicine capsule follow-up: Food and Drug Ministry Strengthening Management of Pharmaceutical Excipients

State Food and Drug Administration recently announced "Provisions Relating to Strengthening Management and Monitoring of Pharmaceutical Excipients (Draft Version for Comment)" (refer to as the Draft from this point on). Pharmaceutical excipients refer to excipients and additives needed for production of medicine, such as sugar, starch, film-coating powder, and the gelatin capsules that recently shocked the entire country. The Draft was put together in response to these gelatin capsules with high levels of Chromium, which exposed loopholes in the current pharmaceutical excipients management system.

The Draft proposed several interventions (e.g., detailed information registration, extended inspection, and increased fine for violators) and made corresponding provisions for pharmaceutical companies, pharmaceutical excipients companies, and regulatory agencies.

Pharmaceutical companies must improve quality assessment of the purchased excipients, by periodically inspect excipient production companies and establish a database for excipients used and excipients providers. Pharmaceutical excipient companies must meet a higher quality threshold to be permitted production. Different types of excipients should be managed separately based on their levels of risk. In the future, national and provincial governments will set up databases to better monitor excipients and their productions.

The commenting period was proposed to end by June 8th, and the Draft was expected to go into effect on October 1st, 2012.

中美医疗外交新动

来源：《财经》杂志 2012-07-01

<http://magazine.caijing.com.cn/2012-07-01/111921729.html>

早在 2011 年 1 月胡锦涛访美时就公布的中美公私医疗伙伴关系初步框架，终于有了实质性进展。2012 年 6 月 26 日，中国美国商会与中国卫生部相关机构签署协议，启动县级医院慢性病管理培训试点项目，为 50 所县级医院的 1000 名医师提供培训。

公私伙伴关系 (Public Private Partnership) 是指，公共部门与私营部门为提供公共服务，而建立的长期合作伙伴关系。“这种理念可以让公共部门利用私营部门的力量，提高医疗服务的总体质量。”美中医疗卫生合作

项目总监周军对《财经》记者解释，“同时，私营部门在项目中可以推广新的医疗理念和医疗技术，为医疗改革提供能力建设。”

最初的框架是由中国卫生部、商务部，以及美国贸易发展署、卫生及公众服务部、商务部共同制定，并囊括强生、IBM、斯科、通用电气、中美互利医疗有限公司等 18 家企业以及中国美国商会等五家非政府机构和一所医疗研究机构。第一次将中美两国之间在医疗卫生领域，原本局限于政府主体的功能性外交，拓展到企业、非政府机构、学术团体等多主体的公共外交。

随后的 2011 年 3 月，中美双方公布了由中国美国商会主持的美中医疗卫生合作项目，作为落实初步框架的平台机构。在新近启动的培训试点项目之后，该合作项目还将在美国贸易发展署的资助下，开展中国卫生专业人士和相关政府机构的医疗专业人员赴美交流项目、医院管理定向访问、医疗信息技术定向访问和应急响应研讨会等项目。

以能力建设为主的美中医疗卫生合作项目，与作为政策探讨平台的中美商贸联委会药品与医疗器械小组，共同成为中美医疗外交的两大主要渠道。

New Movement in China-America Health Diplomacy

Source: CaiJing Magazine, 2012-07-01

<http://magazine.caijing.com.cn/2012-07-01/111921729.html>

The Chinese-American Public Private Healthcare Partnership that was initially established during President Jintao Hu's visit to the U.S. in January 2011 saw substantive developments recently. On June 26 of 2012, Chinese and American Chambers of Commerce signed agreement with the Chinese Ministry of Health and its related agencies, putting in motion a county-level pilot program training 1000 doctors for 50 county-level hospitals in the management of chronicle diseases.

In a public private partnership, public and private sectors establish long-term partnership to bring services to the general population. In this particular case, the initial framework was jointly drafted by Chinese (Ministry of Health, Ministry of Commerce) and American (Trade and Development Agency, Department of Health and Human Services, Department of Commerce) government agencies. In addition, eighteen businesses including Johnson & Johnson, IBM, General Electric, five non-government organizations, and one medical research facility also participated in the process. For the first time in medical health field, China and America moved from government-centric diplomacy to public diplomacy involving multiple partners from private, non-government, and research sectors.

新一轮药品降价方案即将出炉 降幅或超 20%

来源：中国证券报 2012-07-27

<http://www.21cbh.com/HTML/2012-7-27/zMNDIwXzQ4NDkzMq.html>

记者从权威人士处获悉，国家发改委即将公布新一轮药品降价方案，涉及品种将包括抗肿瘤药、血液制品药物等。中国证券报记者通过多个渠道求证获悉，此轮药品降价幅度最大或超过 20%。卫生部人士向中国证券报记者透露，国家基本药品目录正在调整，此次调整主要针对二、三级医院。据了解，新版国家基本药品目录入选品种最多可能达到 700 种，超出原来 500 种的市场预期。

中国证券报记者了解到，部分毛利率较高的抗肿瘤、血液制品药物将大幅降价，但血液制品药物中的紧缺品种或不受影响。免疫调节类药物中，可能有部分药物面临降价。这将是近 14 年来第 30 次药品降价，部分药品降价幅度将超过 20%。这也是年内第二次药品降价。早在今年 3 月 30 日，国家发改委便对消化类药物等价格作出大幅调整，药品价格平均降幅达 17%。

“药品价格虚高”频遭诟病，是药品再次降价的主要原因。而“医药分开”的开展和药品加成的取消，成为药品降价的推动因素。2012 年 5 月，国家发改委、卫生部、国家中医药局等要求全面规范医疗服务价格项目，做

好公立医院改革、医保支付方式改革和基层医疗卫生机构综合改革的衔接。2012年7月1日开始，北京、上海、深圳等地的部分医院率先试点“医药分开”，设置医事服务费并取消药品加成，在获得公众认可的同时，为药品价格调整带来空间。

但是，此次降价对药企的真正影响尚需观察。中国证券报记者了解到，因为从药品出厂到终端零售之间的价差较大，终端零售最高限价的调整是否对药企带来较大负面影响，尚不能过早下结论。不过，药品流通中间环节的进一步规范将是行业所趋。卫生部部长陈竺日前在北京友谊医院调研公立医院改革试点工作时表示，为从根本上切断医院层面与药商的不良关系，将推动药品流通流域的改革。

New Round of Drug Price Reduction in the Pipeline: Reduction May Exceed 20%

National Development and Reform Commission will soon announce a new round of drug price reduction. This time the reduction may exceed 20% and include cancer treatment drugs and blood products. Sources in the Ministry of Health revealed that the national basic drug list is being revised to better reflect the needs of second and third tier hospitals. The list is also expanding to include nearly 700 types of drugs, exceeding the expected 500 types.

Even after 30 price adjustments in 14 years, and 2 reductions this year alone, drug prices are still viewed as artificially high. Currently, the main factors behind the most recent price reductions are the implementation of "Separation of Medical Treatment and Drug Prescription" and abolishment of drug markup. These policies have been piloted in Beijing, Shanghai, Shenzhen, and others.

It is too early to judge how this round of price reduction will impact pharmaceutical companies; the huge markups on drug prices might cushion any negative consequences. However, according to Zhu Chen, the Minister of Health, regulation of drug distribution is inevitable, with current reforms moving towards severing the unhealthy links between hospitals and drug distributors.

大病医保全国“商办”

来源：《财经》杂志 2012-08-13

<http://magazine.caijing.com.cn/2012-08-13/112006365.html>

日前，大病医保全国范围内经办商业化的相关文件已经通过多部委会签。此前在河南新乡、洛阳，广东湛江，江苏江阴等少数地区试水的医保商办，至此已成“星火燎原”之势。根据此前参与文件讨论修改的人士介绍，大病医保有望在全国范围内交由商业保险机构经办，若此议落实，医保经办商业化将迈出“举国体制”第一步。这里所说的大病医保，特指在新农合医保和城镇居民医保基础上的大病补充保险。与城镇职工医保在1998年启动之时即已搭建大病补充保险框架不同，新农合医保在2003年、城镇居民医保在2007年启动之时，并未附加大病补充保险。在医疗费用居高难下的情形之下，近些年有关新农合和城镇居民医保报销比率不高的诟病不绝于耳。

根据公开报道，7月19日，国务院深化医药卫生体制改革领导小组第十一次全体会议审议了《关于开展城乡居民大病保险的指导意见》。国务院副总理兼国务院医改领导小组组长李克强表示，大病保障是衡量一个国家医疗保障水平的重要标准。目前，全民基本医保已经覆盖城乡，但大病保障制度尚未建立，群众负担仍然较重。伴随着多部委的文件会签，《关于开展城乡居民大病保险的指导意见》几已尘埃落定。这意味着，“新医改”施行三年有余之后，又有两项空白被填补，其一为建立大病保障制度；其二是商业保险机构首获某项医保的全国经办权。

在业界人士看来，大病医保“全国一盘棋”之后，商保机构的网络化功效将被放大，进而可实质推动城乡医保并轨。站在历史的角度，因大病医保经办商业化改革而推开的多米诺骨牌，对转型中国避开“中等收入陷阱”，有效推进以人为本的城镇化均具实质意义。无论是前者还是后者，均需医疗服务和医疗保险市场的有效发育。接近人保部的人士称，决策层的初衷正在于此。

Commercial Insurance Companies Involved in Catastrophic Health Insurance

After piloting in various cities and regions, several ministries co-signed related documents to push for national commercialization of catastrophic health insurance. The document "Guidance regarding Implementation of Catastrophic Health Insurance for Urban and Rural Residents" (Referred to as "Guidance" from now on) focuses on people insured under the New Rural Cooperative Medical Insurance and Urban Residents Insurance. These insurance plans, unlike the Urban Workers Medical Insurance, did not cover serious illnesses, resulting in low reimbursement and high cost for the insured.

The Guidance was reviewed during the eleventh Plenary Session for the State Council Leading Group for Deepening the Health Care System Reform, on July 19, 2012. According to Keqiang Li, the Vice Premier of State Council and lead for this Leading Group, catastrophic health insurance is an important standard to judge whether a nation offers adequate medical care for its citizens. Currently, basic medical insurance is available nation-wide. However, most citizens still pay high prices for medical care because there is very limited catastrophic health insurance.

Experts believe this policy will maximize the utilization of commercial insurance companies' networks, easing the merge of urban and rural insurance plans.

中国推大病医保新政：报销比例不低于 50%

来源：网易财经 2012-08-31

<http://money.163.com/12/0830/16/8A5VMH0700253B0H.html>

国家发展和改革委员会、卫生部、财政部、人力资源和社会保障部、民政部、保险监督管理委员会 30 日正式公布《关于开展城乡居民大病保险工作的指导意见》。

《意见》指出，近年来，随着全民医保体系的初步建立，人民群众看病就医有了基本保障，但人民群众对大病医疗费用负担重反映仍较强烈。开展城乡居民大病保险工作，是在基本医疗保障的基础上，对大病患者发生的高额医疗费用给予进一步保障的一项制度性安排，目的是要切实解决人民群众因病致贫、因病返贫的突出问题。

《意见》指出，大病保险保障对象为城镇居民医保、新农合的参保（合）人，保障范围要与城镇居民医保、新农合相衔接；所需要的资金从城镇居民医保基金、新农合基金中划出，不再额外增加群众个人缴费负担。城镇居民医保、新农合应按政策规定提供基本医疗保障。在此基础上，大病保险主要在参保（合）人患大病发生高额医疗费用的情况下，对城镇居民医保、新农合补偿后需个人负担的合规医疗费用给予保障。此外，大病保险保障水平以力争避免城乡居民发生家庭灾难性医疗支出为目标，合理确定大病保险补偿政策，实际支付比例不低于 50%；按医疗费用高低分段制定支付比例，原则上医疗费用越高支付比例越高。

《意见》指出，通过政府招标选定承办大病保险的商业保险机构。符合基本准入条件的商业保险机构自愿参加投标，中标后以保险合同形式承办大病保险，承担经营风险，自负盈亏。商业保险机构承办大病保险的保费收入，按现行规定免征营业税。

China Implements New Policy for Catastrophic Health Insurance: Reimbursement to Exceed 50%

On August 30, National Development and Reform Commission, Ministry of Health, Ministry of Finance, Ministry of Human Resources and Social Security, Ministry of Civil Affairs, and Insurance Regulatory Commission announced the "Guidance regarding Implementation of Catastrophic Health Insurance for Urban and Rural Residents" (Referred to as "Guidance" from now on).

"Guidance" indicated that even though citizens have basic medical insurance, they still bear heavy financial burden for medical care because serious illnesses were not covered under the New Rural Cooperative Medical Insurance or the Urban Resident Insurance. This new "Guidance" aims

to alleviate this burden and to stop the vicious cycle of "poor because getting ill, getting ill because poor".

This new benefit will be financed by the funds for the two above-mentioned insurance plans, at no additional cost to the insured. If the insured suffers a serious illness, their out-of-pocket costs will be off-set by this new benefit. Reimbursement rate cannot be lower than 50%; the higher the medical cost, the higher the reimbursement rate.

"Guidance" indicated that the commercial insurance institute undertaking this new benefit will be selected through public bidding. Qualified insurance institutes will voluntarily participate in this bidding, and assume sole responsibility for profits or losses. Under current regulations, profit from catastrophic health insurance is tax exempt.

卫生部部长陈竺：欢迎民营和外资

来源：刘涌 2012-09-13

<http://health.sohu.com/20120622/n346263244.shtml>

“中国的经济环境是开放的，中国的卫生产业政策更是开放的。中国卫生行业主管部门欢迎民营资本和外资企业参与卫生相关产业发展。”9月12日，在天津的夏季达沃斯论坛现场，卫生部部长陈竺再次阐述了中国卫生产业对社会资本和境外投资者开放的政策。

这种开放政策的大背景是，中国的卫生产业正在发生着巨大的变化。一方面医疗保障覆盖和保障水平的提高，释放了巨大的医疗服务需求，给中国的医疗服务业带来了难得的发展机遇，并同时带动了生物医药产业、医疗保险业等传统卫生产业的快速发展。另一方面，随着中国经济发展水平的提高以及人口结构等因素的变化，医疗服务的需求也开始呈现出多元化的趋势。与此相适应，老年照护、医疗旅游、休闲保健等健康产业开始蓬勃发展。但长期以来，公立医疗机构占据着我国医疗服务市场的主导地位。在医疗服务需求快速增长的情况下，公立医疗资源显得日趋紧张，“看病难”问题仍旧突出。而且政府作为单一主体提供医疗服务的现状，也与多元化医疗需求之间的矛盾日益显得突出。新医改政策一直强调鼓励和引导社会资本办医，但公立医院处于垄断地位，缺乏外部竞争压力，改革动力不足；而地方卫生行政部门又在开放医疗服务市场，鼓励社会资本办医方面缺乏积极性。

为改变现状，医改政策从两个方面采取了“一抑一扬”的措施。针对迅速扩大的公立医疗体系，陈竺多次表示，禁止公立医院举债建设、盲目扩大。与此同时，医改“十二五”规划明确提出发展目标，给社会资本留出20%的空间。

陈竺特别提到了卫生部近期印发的《关于做好区域卫生规划和医疗机构设置规划促进非公立医疗机构发展的通知》，其中明确提出要进一步拓宽社会资本办医的准入范围，要给非公立医疗机构留出足够的发展空间，鼓励社会力量，以及境外投资者举办医疗机构。在开放医疗服务市场，鼓励更多民间资本和境外投资者进入的同时，陈竺还专门阐述了对未来卫生产业的规划和要求，尤其谈到了除高端医疗服务之外的医疗需求空间广阔。

“我这句话特别是说给跨国公司的朋友听的。”陈竺表示，中国的卫生产业不仅需要满足高端卫生服务需求，也要注重提供高质量、低成本、广覆盖的医疗产品，而这类市场的规模同样巨大。

Minister of Health, Zhu Chen: Welcome Private and Foreign Capital

Zhu Chen, the Minister of Health, at the Summer Davos Forum in Tianjin, reiterated that Chinese health industries welcome both private and foreign investments.

"China has an open economic market, also an open health industry policy. Chinese health industry regulators welcome private and foreign capital to invest in the industry's development."

China's health industry has been undergoing dramatic changes in the past decades. With increased healthcare coverage and improved level of protection, there is exponential growth in demand for healthcare services. This appetite for healthcare services also led to development of traditional health industries such as biomedical and medical insurance industry. China's economic development and changes in population structure also led to diversified medical services, with growth in areas such as old age care and medical tourism.

Public medical institutes still occupy majority of medical care, but increasingly couldn't meet the growing demand. The New Medical Reform encourages the introduction of social capital, but results are mixed. In order to change the status quo, the Reform adopted "Promote One, Suppress One" approach: 20% of the medical system development is reserved for social capital, and public hospitals are prohibited from using loans for needless expansion.

Zhu Chen believes that Chinese health industries not only need high-end medical services, but also high-quality and low-cost medical products with wide coverage. These products will be very profitable, and investments from foreign companies are welcome.

大病保险“引擎效应”可期 年新增保费 400 亿

来源：21 世纪经济报道 2012-09-19

<http://www.chinahealthreform.org/index.php/publicdiscussion/8-media/1584--400.html>

“大病保险涉及全国 10.5 亿城乡居民，按照我们研究制定文件过程中，进行的一亿样本数据测算来看，要达到 50%的保障目标，2011 年人均需要筹资 45 元，对保险行业而言，相当于每年要新增 400 多亿元的保障险业务市场，而且这个数字还会随着经济社会发展而逐年增加。”9 月 19 日，在保监会召开的城乡居民大病保险工作会上，国务院医改办副主任徐善长如是描述城乡居民大病保险的规模体量。随着上月底六部委联合发布《关于开展城乡居民大病保险工作的指导意见》，城乡居民大病保险也由多地区先行试点，转入全国范围内大面积实施阶段。而保监会昨日率先召开工作会进行全面部署，对此事的主导意味不言而喻。不过在会上，保监会主席项俊波和徐善长都反复强调商业保险机构参与大病保险可能面临的挑战与风险。自上任以来格外注重树立保险业正面形象的项俊波更格外强调：“大病保险如果在落实中出现偏差走样，对于保险业形象将造成巨大的负面影响。”一位参会的商业保险机构人士则表示，虽然保监会此番已发出大力推动大病保险实施的强烈讯号，但由于城乡居民大病保险主要还是采取政府动用医保新农合资金购买商业保险机构产品的方式，因此方案制定的主导权或许还是在各地社保民政部门手中。“作为经办机构的商业保险公司，现在还不好说未来的发展前景。”

Catastrophic Health Insurance: Expected Annual Additional Premium Revenue around ¥40 Billion

Deputy Director for the Medical Reform Office of the State Council, Shanchang Xu, described the scale and volume to be expected from the new Guidance on catastrophic health insurance for rural and urban residents.

"Catastrophic health insurance involves around one billion urban and rural residents in China. According to our research, using 100 million residents as the basis for our projection, in order to reach 50% coverage, each person needs to spend ¥45 in 2011. For insurance companies, this equals to annual new revenue around ¥40 billion, and this number will increase with economic development."

Chairman of the Insurance Regulatory Commission, Junbo Xian, also emphasized the challenges and risks facing the participating insurance companies. Sub-bar implementation of this new benefit could potentially bring serious harm to the insurance industry and its image.

One of the commercial insurance industry representatives expressed that even though the Insurance Regulatory Commission is pushing for this new benefit to be implemented, the final say might still rest with local government, since catastrophic health insurance will be financed by funds for the New Rural Cooperative Medical Insurance and the Urban Resident Insurance.

解读关于开展城乡居民大病保险工作的指导意见

来源：人民日报 2012-09-20

<http://news.worker.cn/c/2012/09/20/120920140317640593850.html>

日前，国家发展改革委、卫生部、财政部等六部委联合召开电视电话会议，贯彻落实《关于开展城乡居民大病保险工作的指导意见》（以下简称《意见》）。关于城乡居民大病保险保障的“大病”具体指的是什么？能报多少？报销范围是什么？国家发展改革委副主任、国务院医改办公室主任孙志刚在会上给出了具体解读。

大病保险可以保哪些病：国家发展改革委副主任、国务院医改办公室主任孙志刚指出，什么是“大病”，我国的制度参考了世界卫生组织关于家庭“灾难性医疗支出”的定义，即：一个家庭强制性医疗支出大于或等于扣除基本生活费（食品支出）后家庭剩余收入的 40%。如果出现家庭灾难性医疗支出，这个家庭就会因病致贫返贫。换算成国内相应统计指标，按 2011 年数据计算，对城镇居民而言，大体相当于城镇居民年人均可支配收入，对农民而言，大体相当于农村居民年人均纯收入的水平。此时，大病保险制度发挥作用，对城乡居民的高额医疗费用进行合理的报销。

大病保险具体能报多少：孙志刚说，大病保险的报销比例是，大病患者在基本医保报销（2011 年城镇居民医保、新农合政策范围内住院费用报销比例已达到 70%左右）后仍需个人负担的合理医疗费用，再给予实际报销 50%以上，而且，对医疗费用实行分段制定支付比例，原则上医疗费用越高支付比例也要越高。也就是说，城镇居民医保、新农合先在政策范围内报销约 70%，剩余自付费用再由大病保险实际报销最少 50%。对具体的筹资额度或比例，文件没有作出具体规定。孙志刚指出，主要是考虑各地经济发展、居民收入和医疗费用水平差别很大，因此，国家层面对具体筹资标准不作统一规定，由各地结合实际，进行科学测算后合理确定。

非政策范围内用药报销吗：孙志刚指出：“大病保险报销不再局限于政策范围内，而是大病患者在基本医保报销后仍需个人负担的合理医疗费用，再给予报销 50%以上。”也就是说，非医保报销目录内的药品、治疗项目等，只要是合规的费用，都可以报销。但具体哪些是合规费用，《意见》作为指导性文件，没有作出具体规定，主要原因是各地情况差异大。徐善长说：“这次出台的大病保险文件，是一个原则性的指导文件，在许多方面没有设定全国统一的标准和比例，比如，筹资标准、合规医疗费用、高额医疗费用等的界定，都由地方政府来确定。”

Interpreting the Guidance Regarding Implementation of Catastrophic Health Insurance for Urban and Rural Residents

The previous articles talked about the Guidance regarding Implementation of Catastrophic Health Insurance for Urban and Rural Residents" (Referred to as "Guidance" from now on). What constitutes "serious illness"? How much could be covered by insurance? What is the range of reimbursement? Deputy Director of the National Development and Reform Commission, Director of the Medical Reform Office of the State Council, Zhigang Sun, answered these questions at a recent meeting.

For serious illness: the Guidance referenced the World Health Organization's definition for "disastrous medical expense": if a family's mandatory medical expenses equal to or greater than 40% of their discretionary expenses (total income minus basic living expenses). Once a family suffers disastrous medical expense, that family could become poor or return to poverty due to illness. Using 2011 figures, this "disastrous medical expense" is approximately the annual per capital discretionary expense for urban residents and per capita annual net income for rural residents.

For reimbursement: patients with serious illness will be paid through their basic insurance first. After that, 50% or higher of the reasonable medical expenses will be paid through this new benefit. The reimbursement rate is proportional to the total expenses: the higher the cost, the higher the reimbursement rate. For the insured under the New Rural Cooperative Medical Insurance and the Urban Resident Insurance, 70% of their medical expenses for serious illnesses will be paid through the

basic health insurance plan, and 50% of their out-of-pocket costs will be paid through the new benefit.

For treatment or drugs not covered by current insurance policies: even if the insured received treatments or used drugs outside the insurance plans' list, as long as the expenses are reasonable, the insured can be reimbursed. The Guidance is a framework; specific situations will be dealt at the local level.