

## PERSPECTIVE: COMMENT

### Comment on “1+N’ method: a promising way to quality and affordable health care for China’s 1.3 billion people”

只有用“1+N”全民健康保险思路才能让中国13亿人看病不贵不难: 评论

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Mr. Xiong's advocacy for "1+N" draws from the local experience of Jiujiang (九江) and Daqing (大庆), which illustrate a key difference between the health care reform approach in the United States and the one in China. One important advantage of China's health reform, as more than one scholar have pointed out, lies in its nature as an administrative implementation rather than a nationwide legislative effort. This approach surely risks inconsistency, unpredictability and geographical disparity, yet the bright side is that the non-legislative approach opens a door for cities and counties to choose their own ways for implementing the reform. Part of the reason why the 2010 Patient Protection and Affordable Care Act in the United States has become so controversial and encountered so much resistance is its attempt to pass a federal law to address health care issues in all 50 states, while some states are more ready for such a health care overhaul than others. So far, the U.S. has witnessed important reform initiatives like the individual mandate in Massachusetts and San Francisco's universal health care (instead of universal coverage). Both the U.S. and China will benefit from a "bottom up" discussion when it comes to health care reform debate, a discussion that draws a sufficient variety of local experiences before any major reform initiative can be adopted at the national level.

根据在九江和大庆的实践经验，熊茂友先生提出的“1+N”医疗卫生改革主张，显示中美两国在各自医改进程中的一个重要区别。正如很多学者指出的那样，中国医改的重要优势之一，在于其本质是执行政府的行政决策，而不是全国范围内立法表决。尽管中国模式有诸如不一致性、不可预测性和地区差异等问题，但好的一面是，非立法性质的改革为地方和基层选择符合自身特点的改革方式打开了一扇门。2010年美国《患者保护和可负担医疗法案》之所以遭遇重重阻挠和非议，在于政府试图通过一项解决全国50个州医疗问题的联邦法律，但各州之间对这一重大医改的准备程度各不相同。迄今为止，美国通过了的重要的医改方案均为地方性而非全国性，例如麻省和旧金山的“个人强制购买医保”以促进医疗保险普及。在医改讨论方面，在全国性的重大医改举措通过之前，丰富的“自下而上”的地方实践经验将使中美两国都受益匪浅。