



面向21世纪课程教材  
Textbook Series for 21st Century

医疗保险系列教材

# 健康医疗保险 专业英语

(下册)

主编 刘新军 曹乾



中国劳动社会保障出版社

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# 医疗保险系列教材编写说明

自 1998 年国务院颁布《国务院关于建立城镇职工基本医疗保险制度的决定》后,我国医疗保险制度改革正在不断推进和完善,商业健康保险市场也在形成,医疗保险越来越引起全社会广泛的关注,社会亟需一批医疗保险专业技术人才。为适应这种形势,近年来,许多高等院校开设了医疗保险专业(含方向)。然而,由于医疗保险是一个崭新的专业,师资和教材的相对缺乏,已成为制约医疗保险专业教育发展的主要问题。为了适应社会发展和 21 世纪高等院校医疗保险专业教学要求,东南大学公共卫生学院医疗保险学系利用多年的教学实践,以本校师资为骨干,组织有关专家编写了这套系列教材。希望本系列教材的出版,能对我国医疗保险人才的培养起到积极的推动作用。

本系列教材,贯彻了教材编写的“三基五性”,即注重教材的基本理论、基本知识、基本技能和教材的系统性、科学性、启发性、先进性、适用性。作为一套系列教材,本教材更注重教材的系统性、适用性和先进性。在教材的内容上,突出医疗保险及相关学科的基本理论和方法;在体裁上,本系列教材推行案例式教学,编写力求追踪国内外制度改革最新进展。本套教材可以适用于医疗保险、人身保险、卫生经济、医院管理等专业教学及从事相关工作的在职人员自学或培训使用。

本套系列教材包括:《健康医疗保险专业英语》(上、下)、《社会医疗保险概论》《健康保险原理与方法》《卫生保健经济学》《保险医学》(上、下)、《病案学》等,涵盖了健康保险、医学、经济学、管理学等学科知识。

由于医疗保险专业在我国是一个崭新的复合型专业,目前在专业结构、教材开发、教学内容和教学方法上,还存在大量尚待完善和创新的地方,希望广大读者多提宝贵意见和批评指正,并及时把各种建议和意见反馈给我们,使之最终成为一套较为成熟的教材。

医疗保险系列教材编委会

2001 年 9 月 5 日

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# **UNIT 1**

## **TEXT**

### **Methods of Health Care Financing**

There are several methods of financing health care, each of which has its own strengths and weaknesses. This unit presents various methods of financing.

The major methods of financing are: government revenue, social and private insurance, user fees, and community financing. Various organizations of health care delivery are usually combined with some financing methods.

#### **Government Financing**

Government financing can take a number of forms: general tax revenues and deficit financing, the use of inflation, earmarked taxes, government sponsored lotteries and betting, etc. . The three main forms of government financing are general tax, inflation, and earmarked tax.

- **General Tax**

General tax revenues have long been used in every country of the world to finance certain components of health care, and usually they are the most important source of financing, although their degree of importance varies significantly.

The largest component of general tax revenues in low-income countries is duties on imports and exports. The second most important source of tax revenue in developing countries is taxes on business transactions and profits, which yield more revenues than personal income taxes, the third most important source.

General tax revenues may not be a stable source of finance for health care. This is largely the result of factors such as the low political priority frequently given to the health care in national budget decisions; the instability of developing countries' economy; the frequent use of public expenditure as a macro-economic policy.

In practice, politics plays a significant role in allocating general tax revenues to the health sector and among different programs within the health sector. The distribution of power often favors high- and middle-income residents in the urban areas. The resulting politically-determined allocation of tax funds among programs often reduces rather than enhances the equity of health care delivery.

General tax revenues may be supplemented by borrowing and spending funds in the present and repaying them over some period of time. Deficit finance may be raised nationally or internationally, through mechanisms such as the issuing of bonds, certificates or long-term low-interest loans. When it is used, deficit financing is typically for specific construction or programs. Unless such projects contribute directly to increased output which can be taxed to serve the debt, the deficit must be repaid from general tax revenues. Therefore, in low- and middle-income countries, high inflation rates and lack of confidence in the government's abilities to honor eventual redemption of the bond may make it difficult to utilize deficit financing as a source of support for health care.

- **Inflation**

Inflation may also be employed as an alternative means of financing health services. When governments spend more than their revenues, they may finance this deficit by printing more money. However, without a simultaneous expansion in output, the increased volume of money leads to price increase in order to bid resources away from existing users. Its major problem is that the burden is highly uneven, falling most heavily on the elder with fixed incomes and those with inflexible wages. Moreover, many countries lack the ability to keep inflation under control, resulting in hyperinflation with serious consequences for economic growth, savings and investment.

- **Earmarked Tax**

Some government may " earmark " a particular tax for health purposes. For example, taxes on the sale of particular products may be earmarked for health services at either national level or within a particular local government area. The problem with such sales taxes is that they are often difficult to administer, may be politically unpopular, and are regressive (falling proportionally more on low-income families) if, as is



often the case, taxes are levied on items such as alcohol, tobacco or recreational events. An advantage of this source of financing is that it is impossible to assign a tax to fund certain priority programs. Abel-Smith (1985) observes that it might be practical to earmark for health the tax revenues on certain goods and activities that may have adverse health implications (e.g. alcohol, tobacco, cars, etc.).

## **Insurance**

Insurance is used by most middle-and high-income nations to finance a significant portion of their nations' health expenditures.

Insurance serves two principal functions in improving the economic welfare of a nation. First, insurance pools together the financial risks facing a large group of people each of who has a small probability of significant losses. Operating through the statistical "Law of Large Numbers", this small probability of losses to individuals can be transformed into a more predictable, certain aggregated loss. Second, insurance enables individuals to transfer their risks to an insurance plan by paying a premium; the insurance plan agrees to pay specified benefits when certain events occur such as bone fracture.

There are two major types of insurance programs to finance health care: social insurance and private insurance.

- **Social Insurance**

Two characteristics distinguish social insurance from private. First, social insurance is compulsory. Everyone in the eligible group must enroll and pay the specified premium (contribution). Once a person has paid the minimum number of payments, he or she is entitled to the specified benefits. Second, social insurance premiums and benefits are described in social compacts (laws) established through legislation. These premium payment obligations and benefits can be revised more easily than those of private insurance that are defined in legal contracts.

Social insurance can insure against the financial risks of sickness, disability, retirement, death, etc. for either the whole population or a part of it. The entire system of social protection is often termed as "social security". Social insurance is conventionally financed by imposing on the employers a similar or somewhat higher pay-

roll tax. The payments are referred to as social insurance contributions and qualify those covered for a range of benefits. Governments may in some instances also contribute to the schemes. Beneficiaries may have to pay user fees (termed as co-payment and coinsurance) in addition to their wage tax. In some countries, in order to include those workers outside the formal sector, insurance payments may also be calculated on measures of income or wealth other than wages, such as the value of crops produced.

Critics of social insurance argue that it tends to promote or reinforce high-cost, hospital-based, doctor-centered and curative health care. Social insurance plans also frequently result in marked inequalities in the quantity and the quality of services between those covered by the plans and those who are not. Insured workers and their dependents tend to obtain more resource per capita than those not covered by insurance since the funds for those plans originate from contributions from the most productive sectors of the economy (e. g. industry, banks, commerce or mining) rather than the poorer agricultural sector in which the majority of the population works.

However, on the positive side, social insurance can relieve the pressure on ministries of health, devoting resources to urban medical services. It can indirectly make more resources available to those in rural areas if the government can substitute social insurance financing for government tax financing and shift the tax funds to the rural areas, but this is seldom done for political reasons.

There are two types of social insurance programs. One is a government-operated plan, when the benefits structure and contribution rates are standardized. The second type of social insurance is when the government makes the insurance compulsory, yet allows the consumer to choose among several insurance plans (private and public). The government specifies a standard benefit package and the actuarial standards with which the private plans comply.

- **Government-operated plan**

A public plan can make either direct or indirect provision of services to its insured. Most nations have chosen to rely mainly on direct provision of services by owning and operating hospitals, clinics, and health stations.

A government-run social insurance plan faces many political pressures. Resource allocation decisions and payment policy to providers are affected by politics. The social insurance plan could also become a political chip where the existing government would

promise greater benefits to the currently insured in order to gain their political support. Yet, with aging of the population and the rapid inflation of health care cost, the increasing cost of the benefits could become an unbearable burden on the next generations who may not be born yet.

Another difficulty encountered under direct provisions is that when hospitals and clinics are owned and managed by a government-run social insurance program, political patronage can become rampant in personnel hiring. Moreover, medical care becomes bureaucratized and leads to decline in the quality of services, less efficiency, and inflated costs. Yet patients have no choice but to seek care from the social insurance plan operated hospitals and clinics, unless they can afford to the full charge and go to private sector facilities.

On the other hand, government operated social insurance plans can be operated with an indirect provision of services by giving patients a choice of public and private providers.

#### • **Mandated Purchase from Private and Public Insurance Plans**

Under a universal scheme, the government mandates that everyone must purchase health insurance. Citizens have a choice to purchase insurance from several public or private plans, mostly offered by nonprofit firms. In many countries, these insurance plans are called "sickness funds". Sickness funds can also be established by large industrial enterprise, trade unions or local governments. Germany, Japan, France, and Korea are the most prominent examples of nations who use this financing scheme. These mandated insurance plans usually give patients a choice of providers.

Compared with a government operated social insurance plan, the mandated social insurance scheme overcomes many political and bureaucratic shortcomings because the private plans are not public agencies, hence somewhat insulated themselves from politics. The indirect provision of services reduces bureaucratization of medicine. Moreover, insurance plans must operate with each other for business which promotes efficiency.

However, the mandated approach with multiple insurance plans often faces adverse selection by the consumer and aging of its insured. For example, many locally-based sickness funds in Germany were originally organized to cover farmers in their region. As the younger people in the villages moved to the cities to seek higher paying

jobs, these community-based plans were confronted with an increasingly elderly population. Consequently, its premium rates had to be increased sharply. This created inequities in financing among sickness funds for the health risks were not adequately pooled. The government had to intervene to cross-subsidize sickness funds in order to even out the risks insured by different sickness funds.

- **Voluntary Private Insurance**

Private insurance is offered by nonprofit or for-profit insurance companies. Consumers voluntarily choose insurance package that best fit their preference. Private insurance is offered on individual or group basis.

Under individual insurance, the premium is calculated actuarially based on the individual's risk characteristics and the underwriting rules used to select the risk. The premium charged is closely related to the expected benefits plus administrative expenses and profit margin. Usually the marketing and administrative expense plus the profit margin take 40% ~ 50% of the premium. With these high expenses, private insurance's major concern is buyer's adverse selection for the premium rate is far above the actuarially fair premium (i.e. the cost of expected benefit payments). Thus, insurance companies require the buyers of individual health insurance to pass a medical examination.

Insurance companies offer group health insurance to large employers or occupational associations. Employers usually select only one or a few insurance benefits plans from which the employees may choose. The premium is calculated on a group basis. Often the employees are divided into two groups: single persons and families. For each category the risk is pooled across age, sex and health status. Thus there is significant income transfer by the younger workers to the older workers and by families without children to those with several children. In order to minimize adverse selection, private insurance companies often require a minimum number or percentage of employees to enroll in the plan.

## **User Fees**

User fees are schemes where patients pay a fee to the provider at the point when services are rendered. They have always been employed by private sector providers to

obtain revenues. The amount of user fees can be determined based on different principles. The amount can be the full charges, co-payment—a flat amount present for each visit, and coinsurance—patients responsible to pay a percent of the full charge.

## Community Financing

Commoning financing is based on two principles: community cooperation and self-reliance. Recognizing health care is a basic necessity, some health care is a merit goods, and cooperative action can improve the social welfare of its members: the community takes collective action to mobilize the cooperation of all its members to finance, organize, and manage health care. Community financing may be encouraged and supported by the government through its policies and regulations, technical and financial assistance, but, ideally, a community financing organization is not owned, operated, or managed by the central or local government.

The consumer (community member) pays a contribution in advance for a package of benefits. The contribution may only cover a portion of the cost of the benefits while local employers and the government finances the remainder. This contribution is a financial vehicle for the consumer to budget in advance for the services they expect to use, regardless of whether the cost of the service is, large or not. In exchange for an advance payment, the community organization organizes provider primary health services and drugs when the consumer needs them. In other words, the community organization creates an HMO for primary care. When patients need hospitalization, the community financing may pay a portion of the hospital bill.

(From: *Health Care Financing in Developing Nations, Flagship Module 3: Revenue Sources and Collection Modalities, William Hsiao*)

## New Words and Special Terms

deficit	n. 赤字
earmark	v. 指定……的特殊用途
lottery	n. 彩票
redemption	n. 偿还
uneven	adj. 不平等的

hyperinflation n. 高通货膨胀  
 regressive adj. 税率递减的  
 levy v. 征税  
 implication n. 牵连、含义、暗示  
 law of large numbers 大数法则  
 revise v. 修订、修改  
 curative adj. 治病的、有疗效的  
 rural adj. 乡下的, 乡村的  
 comply v. 遵循  
 political chip 政治筹码  
 patronage n. 赞助、惠顾  
 mandate v. 命令、指令、要求  
 nonprofit firm 非营利机构  
 insulate v. 使隔绝  
 cross-subsidize v. 交叉补助  
 even v. 使平衡  
 occupational association 行业协会  
 community financing 共同基金  
 merit goods 优值商品

### Notes

1. The largest component of general tax revenues in low-income countries is duties on imports and exports. 低收入国家的国税收入中最大的组成部分是进出口关税。
2. General tax revenues may be supplemented by borrowing and spending funds in the present and repaying them over some period of time. 常规的国家税收可以通过借用资金来补充, 该资金在今后一定期间内偿还。
3. Inflation may also be employed as an alternative means of financing health services. When government spend more than their revenues, they may finance this deficit by printing more money. However, without a simultaneous expansion in output, this increased volume of money leads to price increase. in order to bid resources away from existing users. 通货膨胀也可作为健康服务资金的筹集方式之一。当财政支出超过财政收入时, 政府通过发行更

多的货币来补足这一差额。然而，若产出不能同时扩大，这部分增加的货币将导致物价上涨，这样会过滤掉部分现有的使用者。

## Exercise

### I. Answer the following questions according to the text:

1. What are the three main forms of government financing?
2. What is the first most important source of tax revenue in developing countries? And what is the second, the third one?
3. Why may general tax revenues not be a stable source of finance for health care?
4. How can inflation be employed as an alternative means of financing health services?
5. What is the advantage of employing earmarked tax as a source of financing?
6. What functions does insurance serve in improving the economic welfare of a nation?
7. Which characteristics distinguish social insurance from private?
8. Under individual insurance, how is the premium calculated?
9. What are user fees?
10. What are the two principles community financing is based on?

### II. Single-choice questions:

Directions: Each of the following sentences is provided with **choices**, choose the one that best completes the sentence.

1. Which one is usually the most important source to financing?
  - A. general tax
  - B. insurance
  - C. user fees
  - D. community financing
2. Which one is not one of the forms of government financing?
  - A. general tax
  - B. inflation
  - C. earmarked tax
  - D. social insurance

3. The largest component of general tax revenues in low-income countries is \_\_\_\_\_.
- A. duties on imports and exports
  - B. taxes on business transactions and profits
  - C. personal income taxes
4. The second most important source of tax revenue in developing countries is \_\_\_\_\_.
- A. duties on imports and exports
  - B. taxes on business transactions and profits
  - C. personal income taxes
5. The third most important source of tax revenue in developing countries is \_\_\_\_\_.
- A. duties on imports and exports
  - B. taxes on business transactions and profits
  - C. personal income taxes
6. General tax revenues may not be a stable source of finance for health care. It is the result of factors except \_\_\_\_\_.
- A. the low political priority frequently given to the health care in national budget decisions
  - B. the instability of developing countries' economics
  - C. the frequent use of public expenditure as a macro-economic policy
  - D. the stability of personal income tax
7. Deficit finance may be raised \_\_\_\_\_.
- A. nationally
  - B. internationally
  - C. nationally or internationally
8. The deficit finance must be repaid from \_\_\_\_\_.
- A. general tax revenue
  - B. the issuing of bonds
  - C. certificates or long term low-interest loans
9. In low-and middle-income countries, the following factors except \_\_\_\_\_ may make it difficult to utilize deficit financing as a source of support for health care.



- A. high inflation rates
  - B. lack of confidence in the government's abilities to honor eventual redemption of the bond
  - C. the low political priority frequently given to the health care in national budget decisions
10. Some governments may "EARMARK" a particular tax \_\_\_\_\_.  
 A. for health purpose  
 B. for income purpose  
 C. for inflation purpose
11. Insurance enables individuals to transfer their risks to an insurance plan \_\_\_\_\_.  
 A. by underwriting insurance contracts  
 B. by paying a premium  
 C. by acquiring compensation through insurance
12. Social insurance is \_\_\_\_\_.  
 A. compulsory  
 B. voluntary

### **Supplementary Reading**

#### **Six Ways to Improve Systems of User Fees**

- Make an effort to explain medical charges to patients.

Most patients at public health facilities in low-income nations are unfamiliar with medical fees. They may be uneasy with the idea of paying for something they do not understand. Simple and innovative ways should be used to explain fee schedules and billing procedures to consumers. For example, an information campaign can be launched to explain how the system functions. Visible signs can be posted listing the prices for medical services.

- Motivate the health facility staff to administer and collect fees.

The health staff will have better incentives to administer and collect fees when fees are retained at the point of collection. In this way, the money can be used to improve the quality of care, maintain facilities, and pay for recurrent expenditures on salaries. Another way to provide incentive for collection is to offer prizes for hospitals that recover the largest proportion of costs through user fees.