

Instructions of the GAC on the implementation of public-funded medical prevention by the state functionaries of the people's governments at all levels, parties, organizations and affiliated institutions

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The GAC instructions on the implementation of public-funded medical preventive measures by state functionaries of people's governments at all levels, parties, organizations, and affiliated institutions of the country. The public-funded medical preventive measures have long been preceded in the old revolutionary base areas, but after the liberation of the country, due to various conditions restrictions are only implemented in some regions, among people and in the scope of certain diseases; in the industrial and mining sector, in February 1951, a trial of labor insurance regulations was launched to solve the medical problems of workers; in the same year, in Shaanxi area and some minority areas have tried out the public-funded medical preventive system; at the beginning of this year, the free medical preventive method was extended to the base areas of the Second Civil Revolutionary War. Now, according to the national health personnel strength and economic conditions, it has been decided that the scope of public-funded medical prevention should be promoted in stages starting from July 1952, so that people's governments at all levels, political parties, labor, youth, women and other organizations, various work teams, and cultural, State functionaries and revolutionary disabled soldiers in institutions of education, health, economic construction, etc. shall enjoy the treatment of public-funded medical prevention, and the following provisions shall be made:

1. Each locality may, according to the conditions of medical facilities and budget procedures, successively and periodically, according to the following methods implement outpatient and inpatient. For those who do not have the conditions for implementing outpatient and inpatient measures, we can temporarily solve the problem by paying medical expenses.

Outpatient clinics: Central, major administrative regions, Provincial (city, administrative) three levels, all starting from July 1952.

Hospitalization: The central level has been implemented since July 1952; the major administrative regions, provinces (cities and administrative offices) have been implemented since October.

Disbursement of medical expenses: the agency, county, and district levels (the township level will be processed after the county-level finance is established), and cultural, educational, health, economic construction and other institutions at all levels, various work teams and revolutionary disabled soldiers. All medical expenses have been issued since July. This fund shall be distributed by the subordinate health institutions under the leadership of the people's governments at all levels according to the proportion of the number of persons established by each unit, and the funds shall be paid in a unified manner. The method shall be issued by the Central Ministry of Health separately. And these medical expenses can be used for the expenses of traditional Chinese medicine.

2. In 1952, some convalescent beds should be built in the central, large administrative regions, provinces (cities, and administrative offices) as auxiliary institutions for hospitals to accommodate

patients in the recovery period, so as to speed up the turnover rate of treatment beds. In the future, treatment beds, convalescent beds and tuberculosis prevention beds will be added year by year to meet the needs of general medical care and long-term recuperation, and to expand the scope of convalescence. In order to effectively exert the efficiency of the above-mentioned hospital beds and take care of the needs of acute and serious illnesses, the Central Ministry of Health has separately formulated the "Regulations on Public Expenses for Medical Hospitalization" and issued and implemented them.

The construction of new medical institutions and the equipment of old and new medical institutions should be expanded according to the principle of solving acute and serious illnesses first, and then gradually enriched later. The specific plan will be determined by the Central Ministry of Health.

3. In areas where there are no new medical institutions or constructions that have not yet been completed, the old available houses should be used as much as possible, and old medical prevention institutions should be organized, and public-private joint medical institutions should be organized or cooperated with private hospitals and clinics to sign health care contracts. And strengthen management, improve its work efficiency, and exert potential power to ensure the health and medical needs of the current staff.

4. Funds shall be calculated from the date of implementation in accordance with the provisions of the preceding paragraph, and shall be allocated to the health authorities at all levels for overall planning and support.

5. The expenses for diagnosis and treatment, surgery, hospitalization, and medicines prescribed by physicians in outpatient or hospitalization are all covered by the medical expenses; however, the hospitalization expenses and travel expenses shall be borne by the patients themselves. Difficulties may be subsidized by the agency and reimbursed within the administrative expenses.

6. In order to implement the above provisions in a planned and step-by-step manner, at the central level, instruct the Central Ministry of Health, the Office of the Government Affairs Council, the Central Personnel Department, the Central Ministry of Labor, the Central Ministry of Finance, the Central Ministry of Education, and the Central Construction General Office to form the The Public Expenses Medical Prevention Implementation Management Committee, and stipulates that the central Ministry of Health shall take the main responsibility; the people's governments of the major administrative regions (military and administrative committees) and the provincial (city) people's governments (administrative offices) shall respectively instruct the health department and the relevant departments to form public funds at the corresponding level for Medical Prevention Implementation Management Committee.