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Issues concerning Migrant Workers' Participation in the New Rural Cooperative Medical System and Countermeasures – Based on the Survey in Wenjiang District and Jintang County, Chengdu City

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Abstract We conduct questionnaire survey of migrant workers in Wenjiang District and Jintang County of Chengdu City, respectively, using the method of key-point investigation and the sampling survey. We describe the status quo of the sample migrant workers' participation in the New Rural Cooperative Medical System, analyze the issues concerning migrant workers' participation in the New Rural Cooperative Medical System, and put forward the countermeasures and recommendations as follows: using many types of medical insurance; establishing universal reimbursement points in strange land and premium-paying system for migrant workers; making the proportion of reimbursement open and transparent; establishing and improving medicare security system for migrant workers.

Key words The New Rural Cooperative Medical System, Migrant workers, Operating status, Issues and countermeasures

In the press conference on deepening the health care system, in the Fourth Session, the Eleventh National People's Congress, the vice minister of The Ministry of Human Resources and Social Security, Hu Xiaoyi said that at present, China's three basic medicare security systems have covered more than 1 260 million people. In 2009 and 2010, the number of the insured newly added reached 114 million. The vice minister of the Ministry of Finance, Wang Jun said that the total financial input into health reform this year will remain unabated, reaching 536 billion yuan. The minister of the Ministry of Health, Chen Zhu said that the urban basic medical insurance coverage in China will reach 90% this year, and the New Rural Cooperative Medical System subsidy will increase from 120 yuan to 200 yuan^[1].

Accompanied by the accelerated process of urbanization and industrialization, a large number of surplus rural labor forces transfer to cities, making the class of migrant workers begin to emerge. At present, there have been more than 200 million migrant workers in China. It is predicted that by 2020, there will be 400 million rural people in China will transfer into the city. They are generally engaged in "dirty, tired, bitter, and poor" work, in urgent need of medical prevention and prevention of disease risk^[2]. Article 6 of the *Opinions of the CPC Central Committee and State Council on Deepening the Health System Reform*, issued by the CPC Central Committee and State Council in April 2009, clearly stated: "We should properly resolve issues concerning the basic medical insurance for migrant workers."; "We should actively focus on formulating methods for transferring the basic medical insurance accounts

of migrant workers migrating between rural and urban areas." It indicates that the basic health insurance for migrant workers is also one of the major livelihood problems^[2].

1 Information of the survey sample

We conduct questionnaire survey of migrant workers in Wenjiang District and Jintang County of Chengdu City, respectively, using the method of key-point investigation and the sampling survey. 100 questionnaires are distributed in Wenjiang District, and 150 questionnaires are distributed in Jintang County. 250 questionnaires are distributed in total, with 248 valid questionnaires and recovery rate of 99.20%.

In 248 sample migrant workers surveyed, the proportion of young adults aged from 25 to 54 reaches 77.42%; the proportion of the elder migrant workers aged more than 55 is 17.74%. According to the *State Council Interim Measures on Retiring and Resigning of the Workers*, it provides that for people who are engaged in underground work, high-altitude work, high-temperature work, and particularly heavy physical labor or other work detrimental to the health, if men are aged over 55 and women are aged over 45, with a seniority of ten years of continuous service, they can apply for retirement. However, from the report data, we can find that nearly a fifth of migrant workers have reached retirement age, but they still work (some casual workers having not been included). Most of the workers say that their retirement age mainly hinges on their physical conditions. China's current consumption concept is basically in line with the view of Friedman's permanent income theory^[2]. Due to imperfection of pension insurance, medical insurance and other social security systems, many people have no choice but to elongate the working years and earn much money to be looked after properly in the old age. Through this survey, we also find that 82.26% of people have not signed labor contracts

with the work units, and even do not know the provision of *Labor Contract Law* that from the date of determining the labor relations, two sides should sign a written labor contract within one month, and pay the premium of the pension insurance, medical insurance, unemployment insurance, and so on, according to the relevant provisions.

2 The status quo of the sample migrant workers' participation in the New Rural Cooperative Medical System

2.1 Basic information of the sample migrant workers

Table 1 shows that the educational level of sample migrant workers is low; the educational level of the majority of migrant workers is concentrated in elementary school and junior high school; many drop out of school; 46 migrant workers have nev-

Table 1 The educational level and income level of migrant workers

Income level/yuan	Not educated	Primary school	Junior high school	High school or equivalent	Junior college	University and above	Total
800 and below	2	3	2	1	0	0	9
800 –1500	13	23	14	4	1	0	56
1500 –2200	14	35	31	5	0	0	85
2200 –2900	9	13	18	6	1	1	48
More than 2900	8	20	18	4	1	1	52
Total	46	94	83	20	3	2	248

2.2 The state of sample migrant workers' participation in the New Rural Cooperative Medical System

In the sample migrant workers, the number of people participating in the New Rural Cooperative Medical System accounts for 93.95% of the total number of samples, with a high participation rate. From the survey of degree of migrant workers' satisfaction with participating in the New Rural Cooperative Medical System, we find that only 33.47% of the sample migrant workers express satisfaction with the New Rural Cooperative Medical System, and the degree of migrant workers' satisfaction with participating in the New Rural Cooperative Medical System tends to increase progressively with improvement in the educational level; most of the migrant workers with the educational level limited to the junior high school or below, say that although they do not know much about the New Rural Cooperative Medical System, the government requires them to participate in the New Rural Cooperative Medical System, so they choose to participate in it with the state of mind of "being required to participate". As the degree of cognition of migrant workers, with different educational levels, of the New Rural Cooperative Medical System is different, there is a difference in degree of satisfaction with the New Rural Cooperative Medical System.

And the migrant workers participate in the New Rural Cooperative Medical System with the help of their family members, that is, their family members buy the insurance for them in general. They know little about the reimbursement procedure, the disease that can be reimbursed, and the funding level concerning the New Rural Cooperative Medical System. In the sample migrant workers participating in the New Rural Cooperative Medical System, those who have used the cooperative

er received school education; there are 223 sample migrant workers with the educational level of junior high school or below, accounting for 89.92% of the samples. It can be seen that as the educational level of the majority of migrant workers is low, the degree of satisfaction of migrant workers with the New Rural Cooperative Medical System is low on the whole. And the income level of the sample migrant workers is also low, not more than 2200 yuan in general.

The returning-home frequency of the sample migrant workers surveyed is mostly once a year and twice a year, 81 people and 130 people respectively, accounting for 32.66% and 52.42% of the total sample migrant workers. And it can be seen that in samples, the returning-home frequency of the majority of sample migrant workers is once or twice each year, concentrated in the period of Spring Festival and other festivals.

medical certificate account for 31.45% of the total samples; those who have not yet used the cooperative medical certificate account for 68.55% of the total samples. It can be found that the majority of migrant workers participating in the New Rural Cooperative Medical System have not yet used the cooperative medical certificate, that is, the migrant workers who have not enjoyed the security of the the New Rural Cooperative Medical System are still the majority.

2.3 The types of medical institution chosen by the migrant workers who participate in the New Rural Cooperative Medical System

Among the types of medical institutions which the sample migrant workers choose for hospitalization, the proportion of the township hospitals and the county (district) health insurance designated hospitals is large, accounting for 32.25% and 32.66% respectively, 64.92% in total. The village clinics account for 8.06%; the designated referral hospitals above the municipal level account for 3.63%; non-medical insurance-designated hospitals account for 9.27%; other institutions (private clinics) account for 14.11%. The survey shows that 93.55% of the sample migrant workers say that if there is no serious illness, they prefer the nearest township hospitals for medical care, because it is not only cheap but also convenient.

It can be seen from the sample migrant workers surveyed that 184 sample migrant workers participating in the New Rural Cooperative Medical System have not gotten medical reimbursement, accounting for 74.20% of the total samples, indicating that the vast majority of migrant workers in the samples have not gotten medical reimbursement. In 64 people who have gotten medical reimbursement, the people with the proportion

of new rural cooperative hospitalization subsidy at 41% –80% , predominate (49 persons) , accounting for 76.56% of the sample migrant workers who have received the hospitalization subsidy. The survey shows that about 80% of the sample migrant workers believe that whether it is outpatient or inpatient , whether it is designated hospital in the district or any other medical institution , they are more willing to accept the new rural cooperative medical care reimbursement procedure characterized by " unified direct relief" .

3 Issues concerning migrant workers' participation in the New Rural Cooperative Medical System

3.1 The stability in migrant workers' employment is poor, with great mobility, making it difficult for them to apply for reimbursement Because approximately half of the work that the migrant workers are engaged in is temporary, and the majority of the migrant workers do not maintain stable labor relations with the work units, most of migrant workers are in the state of a two-way flow^[4]. The vast majority of migrant workers have participated in the New Rural Cooperative Medical System in place where their residence is registered. However, because the migrant workers long work outside and there are difficulties in reimbursement, the share of migrant workers who really enjoy the benefit from New Rural Cooperative Medical Care System in total migrant workers insured is relative small.

3.2 The migrant workers have less knowledgeable about the specific content of the New Rural Cooperative Medical System The migrant workers have less knowledgeable about the proportion of reimbursement, the reimbursement procedure, the reimbursement restrictions and other aspects concerning new rural cooperative medical care insurance. On the one hand, in terms of the external conditions, the publicity depth is not enough, and the focus is not outstanding. At present, the publicity of media regarding New Rural Cooperative Medical Care System is mostly concentrated in publicizing the benefits of New Rural Cooperative Medical Care System, and the scale of publicity is very large. But most of the publicity is often a formality, not reflecting the focus and explicitly informing farmers of the flesh and blood of medical insurance treatment. On the other hand, in terms of the conditions of migrant workers, the educational level of 89.92% of the sample migrant workers surveyed, is limited to junior high school and below; the publicity pamphlets and other text means of publicity have low efficiency for them; in addition, the migrant workers themselves seldom contact the media and have weak ability to receive the information of media. These factors are responsible for migrant workers' insufficient knowledgeable about the specific content of the New Rural Cooperative Medical System.

3.3 The New Rural Cooperative Medical System is relatively inconvenient for migrant workers The premium-paying time of the New Rural Cooperative Medical Care System is not flexible enough. Under normal circumstances, as for premium-paying of the New Rural Cooperative Medical System, it stipulates the unified fund-raising time, namely, in the fourth

quarter of each year, the personal fund-raising work next year is carried out. In the survey, we find that some migrant workers have expressed the fact that they are very willing to participate in New Rural Cooperative Medical Care System in place where their residence is registered, but all family members work outside the home, and when they return to home, they have missed the premium-paying time of medical care insurance, thereby failing to participate in the New Rural Cooperative Medical Care System.

The reimbursement of the New Rural Cooperative Medical System is very inconvenient for most migrant workers who work elsewhere. For hospitalization within the region, the migrant workers can apply for the reimbursement timely in fixed-point units as long as they bring relevant certificates, but for hospitalization without the region or city, the migrant workers need to go to the management center of new cooperative medical care units in the region holding the relevant certificates, for examination and verification of reimbursement, which increases many intermediate procedure links and the cost of reimbursement. For most of the migrant workers who work in other provinces, the treatment costs cannot be reimbursed in other provinces. They can get treatment elsewhere unless it is approved by the local cooperative medical management center, and the proportion of reimbursement in other provinces is lower than that in the local areas when seeing a doctor.

3.4 Physical examination work in the New Rural Cooperative Medical System needs to be improved Free physical examination in the New Rural Cooperative Medical Care System means that free physical examination is provided for the farmers insured, so that the masses participating in the cooperative medical system find illness early and ensure health, reflecting the superiority of the New Rural Cooperative Medical System, and benefiting multitudinous people. But in the survey, we find that only 23% of the sample migrant workers have enjoyed free physical examination, and 77% of migrant workers have not yet enjoyed physical examination. The physical examination time is not informed to the majority of the samples migrant workers, so that they miss the free physical examination. Moreover, according to the opinion of the migrant workers who have enjoyed physical examination, the physical examination, for them, is of little avail, just going through the motions. Free physical examination is limited to taking blood pressure, detecting heart beat, and other basic items of physical examination; the doctors never offer health care advice based on the physical health status of people who receive examination. Therefore, free physical examination is of little avail to people who participate in the physical examination. That's to say, the government consumes human and material resources, but it is of no actual avail to the participators.

3.5 The proportion of reimbursement in the New Rural Cooperative Medical System is lower than the actual proportion of reimbursement The vast majority of migrant workers who enjoy hospitalization subsidies said that the proportion of reimbursement is lower than the actual proportion of reimbursement publicized when participating in the new rural coop-

erative medical care insurance. First, not all costs can be reimbursed. Many hospitals only reimburse cost of hospitalization and medical expenses, but the outpatient fees, surgical fees in medical care and so on, cannot be reimbursed, and medical expenses even include fees of some drugs that they must pay with their own money. So, the amount of reimbursement is less than the actual amount of spending, and the corresponding actual proportion of reimbursement is far less than the previously expected proportion of reimbursement. Second, some migrant workers also reveal that in seeing a doctor, sometimes the medical expenses are 2 – 3 times that the actual expenses, therefore, although the New Rural Cooperative Medical System can reimburse the medical expenses, it is just a disguised form of rise in the medical expenses.

4 Countermeasures analysis

4.1 Using many types of medical insurance According to the length of time cycle of working outside, we can divide the migrant workers into short-term migrant workers and long-term migrant workers^[5]. For those with working experience of five years and below, we advocate the participation in the New Rural Cooperative Medical System, because the premium-paying rate of new rural cooperative medical care insurance is lower than that of urban medical insurance, especially suitable for those migrant workers working in the city in a short period, which enables the migrant workers to participate in medical care insurance in the case of low income and high flow. For the migrant workers who long work elsewhere, we advocate the urban medical insurance in places where the migrant workers work. Although the premium-paying rate of new rural cooperative medical care insurance is increased, the interests of participating in insurance can be long protected. Of course, it needs the support of government policies, and if they keep the new rural cooperative medical care insurance in place where their residence is registered, we can strengthen publicity, and communicate with the employer units, to make the work units and migrant workers jointly purchase a number of other types of commercial insurance^[6]. Through different types of medical insurance, we can resolve the problems of great mobility and difficult reimbursement.

4.2 Establishing universal reimbursement points in strange land and premium-paying system for migrant workers We should establish universal reimbursement points in strange land for the migrant workers, that is, we should establish the new rural cooperative medical care insurance outlets in hospitals of various provinces and municipalities, which record the types of new rural cooperative medical care insurance that China's farmers participate in, the applicable proportion of reimbursement and other information. The migrant workers can directly pay premium or apply for reimbursement in the outlets. Transfer of funds is carried out regularly between outlets, namely the difference between sum of premium-paying and reimbursement is allocated and remitted, but apart from premium-paying, cash transaction is not carried out. This will provide greater convenience for migrant workers in various provinces

and cities.

Especially for migrant workers working outside, sometimes they can go home only on holidays. Since they are not in the place where their residence is registered, they often miss the time of participating in the New Rural Cooperative Medical System and paying premium. We can learn from the following premium-paying modes of commercial insurance, such as depositing reserved funds, regular deduction of fees, which can help migrant workers who are not at hometown to pay premium at any time. Or, we can send messages in official way to notify the premium-paying time, so that the migrant workers who want to participate can directly pay premium through recharging.

4.3 Making the proportion of reimbursement open and transparent As the educational level of migrant workers is generally low, most migrant workers do not know about the specific reimbursement procedures and the corresponding proportion^[7]. So, first of all, the relevant departments should open the relevant reimbursement information. The specialized inquiry points can be established in the local medical institutions, to provide consultation services in every week. Secondly, the relevant departments should step up publicity efforts. The publicity points are established not only in all villages, but also in the factory sites where a large number of migrant workers cluster, construction sites, *etc.*, so that each migrant worker knows about the specific reimbursement procedures and the proportion of reimbursement. Finally, when seeing a doctor in the designated medical care hospitals, the hospital staff should explain and publicize the policy and content of the New Rural Cooperative Medical Care System to patients and their relatives, and strengthen the migrant workers' cognition of the New Rural Cooperative Medical System.

4.4 Establishing and improving medicare security system for migrant workers Migrant workers' participation in the New Rural Cooperative Medical System, medical insurance for urban residents, medical insurance for urban workers, or other types of commercial insurance, can not do without the support of the government's policy. Therefore, based on this special group of migrant workers, establishing the unified social security system in urban and rural areas, in the long run, is a long-term goal of China's social security building. Achieving jointing of migrant workers' participation in the New Rural Cooperative Medical System and other types of medical insurance, can promote the integrated development of urban and rural medical insurance^[8]. In addition to publicity of participation in medical insurance, the government should strengthen medical assistance, to bring more care and welfare to migrant workers, provide strong policy and legal guarantee for migrant workers' participation in medical insurance.

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lieve that obstacles to settlement in descending order are their children's education, high housing prices, high level of urban consumption, census registration problem and fear of losing rural land.

4.2 Recommendations We should increase the migrants' income, especially women's income, to guide the rural women to flow into the city. As the same time, we should provide them with more training opportunities, to enhance their work skills, and their ability to be promoted. The enterprises should stick to the people-oriented idea, to provide double room for the migrant couple, conduct rational career growth planning for them, provide convenience for their children's education. Only by this way can the enterprises attract enough workers in the context of recruitment difficulties.

However, if the issue of rural floating population is solved solely by enterprises, this is social retrogression, the nature of which is similar to the retrogression of social security system a few decades ago from the state security to enterprise security. Urbanization is an inevitable trend of social development, and a range of issues arising in this trend must be solved by the state. The government is the main body to solve these problems while the enterprise is only auxiliary. The state should adjust China's economically affordable housing and low-rent housing system, so that the rural migrants can enjoy the same right to apply with the urban residents; expand the holding capacity of the urban compulsory education and preschool education, so that the rural migrants' children can attend the urban school; reform the household registration system, and reasonably guide rural migrants to settle in the city. In order to alleviate the pressure of the big cities, we must vigorously develop small and medium-sized cities and small towns, making the population divert to these places. In addition, we should encourage the rational flow of land, and build platform and provide information for land circulation; increase the coverage of China's social security, strengthen social security monitoring and enforcement efforts, to provide basic protection for outgoing migrants.

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