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ANALYSIS OF THE DEVELOPMENT OF CHINA'S LONG-TERM CARE SYSTEM**

ABSTRACT: China is entering a stage of rapid population aging. Due to its large population base and the one-child policy implemented for over 30 years, the country is aging faster than most others, with a higher number of elderly people and more pressing elderly care challenges. Traditional home care is no longer sustainable, which increases the need for long-term care. China began exploring long-term care with the introduction of the “Long-Term Medical Care Insurance System” in Qingdao in 2012. In 2016, pilot cities were initiated in 15 regions, expanding to 49 cities in September 2020 following a directive issued for further expansion. However, there is still no unified long-term care system at the national level, and no long-term care law has been established to provide a legal safeguard. Although everyone may eventually require long-term care, given the current coverage of China's long-term care system, this paper focuses on the elderly. The purpose of this paper is to review the development and problems of China's long-term care system over the past ten years. It will address two

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questions: What is the current status of China's long-term care, and what are the concerns surrounding its long-term care system?.

Keywords: China's long-term care system, long-term care insurance, the elderly, aging, pilot cities

INTRODUCTION

According to the United Nations' statistical criteria, a country or region is considered to be experiencing population aging if individuals aged 60 and above account for at least 10 % of the total population, or if those aged 65 and above account for at least 7 %.¹ In 2000, the proportion of China's population aged 65 and above reached 6.96 %, officially placing the country among the ranks of aging nations. Due to China's large population base and the combined impact of the one-child policy implemented in the 1970s, family structures such as 4-2-1, 1-4-2-2, and even 8-4-2-1² have become increasingly common. As a result, China's aging process has been more rapid than that of many other countries.³ By 2021, the proportion of the population aged 65 and above had exceeded 14 %.⁴ According to the *China Development Report 2020: Development Trends and Policies of Population Aging in China*, it is projected that by 2050, this demographic will reach 380 million, accounting for nearly 30 % of the total population.⁵ As the elderly population continues to grow, the need for care, particularly for disabled older individuals, has also risen. Currently, China

¹ United Nations (2019). *World Population Prospects 2019: Methodology of the United Nations population estimates and projections*. United Nations. <https://population.un.org/wpp/>.

² Eight grandparents, four parents, one couple, and one child.

³ Data from the seventh population census show that the population aged 60 years and over accounted for 18.70 per cent of the total population, of which 13.50 per cent were aged 65 years and over. Referring to the National Bureau of Statistics https://www.stats.gov.cn/sj/tjgb/rkpcgb/qgrkpcgb/202302/t20230206_1902005.html

⁴ At the end of 2021, the national population aged 60 years and over was 267.36 million, representing 18.9 per cent, of which the population aged 65 years and over was 205.06 million, representing 14.2 per cent. Referring to the National Bureau of Statistics, 王萍萍: 人口总量保持增长 城镇化水平稳步提升 Wang Pingping: Total Population Keeps Growing Urbanisation Level Steadily Increasing https://www.stats.gov.cn/xxgk/jd/sjjd2020/202201/t20220118_1826609.html

⁵ 中国发展报告 2020: 中国人口老龄化的发展趋势和政策 – 中国发展研究基金会. “China Development Report 2020: Development Trends and Policies of Population Aging in China” – the China Development Research Foundation. (n.d.). <https://www.cdorf.org.cn/laolinghua/index.htm>

has over 40 million disabled elderly individuals,⁶ and this figure is expected to reach 52.24 million by 2050.⁷ Relying solely on families to address the caregiving needs of this demographic will be significantly challenging.

China's exploration of long-term care can be traced back to the "Long-Term Medical Care Insurance System" introduced in Qingdao in 2012. In 2016, the Ministry of Human Resources and Social Security issued the "Guidance on Pilot Implementation of the Long-Term Care Insurance System" (MHRSS Office [2016] No. 80), initiating long-term care insurance pilot programs in 15 regions, including Chengde City in Hebei Province and Changchun City in Jilin Province. In September 2020, a joint directive titled "Guidance on Expanding the Pilot Implementation of Long-Term Care Insurance System" (Medical insurance [2020] No. 37) was issued to expand the pilot program, marking the expansion phase of China's long-term care insurance, with the total number of pilot cities increased to 49.⁸

Fundamentally, long-term care is provided to anyone who needs care for an extended period of time. In principle, everyone may require long-term care at some point; however, older adults are more likely to need such support due to the decline in their physical functions as they age. Given the current coverage and services provided by China's long-term care system, this article focuses solely on older individuals. The first section outlines the current state of China's long-term care system, the second section examines the concerns associated with it, the third section offers policy suggestions, and the final section presents the conclusions.

CHINA'S CURRENT LONG-TERM CARE SYSTEM

Globally, there is no universally accepted definition of long-term care. The World Health Organization (WHO) defines long-term care as

"...the system of activities undertaken by informal caregivers (family, friends and/or neighbours) and/or professionals (health, social, and others) to ensure that a person who is not fully capable of self-care can maintain the highest

⁶ 党俊武:《老龄蓝皮书:中国城乡老年人生活状况调查报告(2018)》,社会科学文献出版社2018年版,第138–167页。Junwu, D. (2018). *Blue Book on Aging: Survey Report on the Living Conditions of the Elderly in Urban and Rural Areas of China*. *Social Sciences Academic Press*, 2018 edition, 138–167.

⁷ 景跃军、李涵等:《我国失能老人数量及其结构的定量预测分析》,载《人口学刊》2017年第6期,第88页。Yuejun, J., Han, L. et al. (2017). Quantitative Forecasting Analysis of the Number and Structure of Disabled Elderly in China. *Journal of Population*, No. 6, 88.

⁸ Meng, L., Chen, W., Ling, Y. (2022). Overview of issues related to long-term care insurance [J]. *Health Soft Science*, 36 (1): 78–80.

possible quality of life, according to his or her individual preferences, with the greatest possible degree of independence, autonomy, participation, personal fulfillment, and human dignity.”⁹

The WHO further describes the target groups for long-term care, and the types of care services involved, and analyzes the link between dependency and the need for assistance.¹⁰

In the Chinese context, scholars like Jing Tao¹¹ and Daiwei Dong¹² have offered similar definitions. Jing Tao defines long-term care as the condition in which an individual experiences physical or mental impairment due to various events, rendering them disabled or semi-disabled, necessitating sustained medical and daily care from others. According to Daiwei Dong, long-term care encompasses the medical and daily life services provided to disabled or semi-disabled individuals who, due to chronic illnesses or disabilities, require prolonged assistance to achieve basic independent living.

Although there is no uniform global definition of long-term care, a significant consensus exists regarding its three fundamental elements: the care provider, the care recipient, and the mode of care provision. Drawing from these three dimensions, this study will examine China's current long-term care system from three angles: (1) the coverage of long-term care; (2) the criteria for accessing long-term care; and (3) the forms of care currently available. This approach will provide a structured analysis of China's existing long-term care system.

China's Long-term Care and Social Security System

China's proposal for the formulation of the 7th Five-Year Plan for National Economic and Social Development¹³ in 1986 clearly defined social security as consisting of four elements: social insurance, social assistance,

⁹ WHO Aging and Health Programme & Milbank Memorial Fund. (2000). Towards an international consensus on policy for long-term care of the aging. World Health Organization. 6 <https://apps.who.int/iris/handle/10665/66339>

¹⁰ World Health Organization. long-term Care Team, WHO Cross-Cluster Initiative on long-term Care & WHO Collaborating Centre for Research on Health of the Elderly. (2002). Lessons for long-term care policy / the Cross Cluster Initiative on long-term Care. World Health Organization. <https://apps.who.int/iris/handle/10665/67275>

¹¹ 荆涛. 长期护理保险研究 [D]. 对外经济贸易大学, 2005. Tao, J. (2005). *Research on long-term care insurance* [D]. University of International Business and Economics.

¹² 戴卫东. (2023). 中国长期护理保险的理论依据、制度框架与关键机制. 社会保障评论 (01), 95–106. Dai, W. (2023). Theoretical basis, institutional framework and key mechanisms of long-term care insurance in China. *Social Security Review* (01), 95–106.

¹³ The five-year plan is an essential part of China's national economic planning, constituting a long-term strategy. It primarily outlines major national construction projects, the distribution of productivity, and significant proportions within the national economy.

social welfare, and special social care¹⁴. Social insurance¹⁵ holds a central position, social assistance is considered the lowest level of social security, social welfare¹⁶ is seen as the highest program of social security, and special social care plays a role in stabilizing the livelihood security of specific population groups.¹⁷ Long-term care should be integrated into these three components, social welfare, social assistance, and social insurance.

Despite China's rapid economic growth, its social development lags behind. Basic public services such as education, healthcare, social security, and welfare remain insufficient, resulting in persistent inequalities. Regional and urban-rural development disparities persist as well. Although living conditions for urban and rural residents in the eastern, central, and western regions have improved, and infrastructure, social security, and income levels are steadily rising, market mechanisms and certain policy effects have led to the concentration of resources in the more developed eastern coastal areas. Consequently, the economic and social development gap between the central and western regions, especially compared to the eastern region, remains significant. Additionally, the northeastern region has experienced a noticeable decline in economic growth in recent years.¹⁸ Given these conditions, China's current level of economic development cannot fully support a social welfare model for long-term care.

Social assistance involves the state and society providing financial support and basic necessities to citizens in dire situations, ensuring that their most

It sets goals and directions for future economic development. China began formulating its first "Five-Year Plan" in 1953.

¹⁴ The special social care system is a social security system for military personnel and their families, which refers to the various kinds of preferential treatment, pension, old-age pension and job placement provided by the State and society to military personnel and their families.

¹⁵ Based on the Chinese Ministry of Human Resources and Social Security, Social insurance is mandated by the state through legislation, and establishes funds to support individuals during periods of lost income due to factors like old age, illness, unemployment, work-related injuries, or childbirth. Insured individuals are entitled to basic material assistance based on rights and obligations outlined in the legal framework.

¹⁶ Social welfare is a policy aimed at enhancing citizens' quality of life through government and societal efforts. It encompasses material and spiritual support provided through social mechanisms to elevate the well-being of recipients, emphasizing universality and high standards.

¹⁷ China Social Security System Overview Committee. (1995). *A general overview of China's social security system [M]*. China Democracy and Legal System Publication House.

¹⁸ 完善国家治理，加快解决发展不平衡问题—理论—人民网。Improving national governance, accelerating the solution to the problem of unbalanced development – Theory – *People's Daily Online* (n.d.). <http://theory.people.com.cn/n1/2017/1206/c40531-29688610.html>

fundamental needs are met. Its objective is to alleviate hardship.¹⁹ Long-term care is not just a safety net for the most vulnerable but a societal risk that most people will face. Relying solely on social assistance not only fails to effectively mitigate the risks faced by the broader population but also places a significant fiscal burden on both national and local governments. Additionally, the limited coverage and modest protection levels offered by social assistance make it difficult to meet the specialized service needs of elderly individuals with disabilities or dementia.

China's social insurance system is based on establishing rights and obligations among participants, ensuring that insured individuals can exercise the rights to which they are legally entitled. Its primary function is to spread individual risks, particularly those that may impose a significant public financial burden on the state. China's existing social insurance mechanism coordinates individuals, companies, and government finances. Compared to social assistance, it offers a broader coverage to beneficiaries, promoting long-term stability in society. Compared to "welfare-style" unconditional subsidies, social insurance helps control fiscal spending, preventing adverse effects on economic and social development caused by excessive welfare. China's social insurance includes pension, medical insurance, unemployment insurance, work-related injury insurance, and maternity insurance. Except for maternity and unemployment insurance, the other three are related to the elderly or care in some way, yet long-term care represents a distinct need that differs from all of these.

The legislative goal of the pension system is to ensure that workers have basic living necessities after retirement. However, when faced with disability or dementia, pension benefits often cannot cover the substantial costs of long-term care. According to the 2018–2019 Long-Term Care Research Report, the median actual cost of care is RMB 2,000, which is significantly higher than the average monthly pension benefit in China.²⁰ Moreover, while pensions provide monthly financial benefits, they do not offer any form of direct care. In contrast, long-term care can offer services either in cash or in kind, depending on individual circumstances or specific policies.

The legislative goal of medical insurance is to provide necessary medical services and material assistance to citizens affected by illness or injury. However, conditions like incapacity or dementia, which do not directly impair bodily functions, are not included in the scope of China's medical insurance system. Medical care primarily focuses on preventing, diagnosing, and treating

¹⁹ 社会救助暂行办法 (国务院令 第 649 号) _行政法规_ 中国政府网. Interim Measures for Social Assistance (State Council Decree No. 649) https://www.gov.cn/zhengce/2014-02/28/content_2625652.htm

²⁰ According to data from the Ministry of Human Resources and Social Security bulletin, China's monthly per capita pension entitlement in 2019 was RMB 1,539.

health conditions, services provided by trained medical and nursing professionals. Long-term care, on the other hand, extends beyond disease-oriented treatment. It often involves prolonged, day-to-day support provided not only in hospitals or institutions but also at home or within the community. Although there is considerable overlap in their target populations, merging long-term care under the medical insurance system is not advisable. Doing so could deplete resources and hinder efficient medical care. In settings with limited medical resources, prioritizing long-term care under medical insurance might neglect urgent medical needs, leading to systemic inefficiencies.

Article 38(5) of China's Social Insurance Law stipulates that the Work-Related Injury Insurance Fund shall cover living care expenses resulting from work-related injuries. Article 34 of the Regulations on Work-Related Injury Insurance stipulates that the Labour Injury Insurance Fund shall provide monthly living care payments based on regional standards and grades of injury. However, the existence of an employment relationship is a prerequisite for activating this insurance. In summary, within China's social context, long-term care must be established and developed as a separate insurance category.

As a city with a rapidly growing elderly population and substantial challenges in elderly care services, Qingdao sought to address the rising number of disabled elderly individuals and the insufficient support for elder care. In 2012, the Qingdao government adopted the *Opinions on the Establishment of the Long-term Medical Care Insurance System (for Trial Implementation)*, jointly drafted by nine departments, including the Bureau of Human Resources and Social Security.

In 2013, the *Law on Protecting the Rights and Benefits of Older Persons* was revised and ratified by the National People's Congress, emphasizing several aspects of long-term care (LTC). First, it stipulates that family members and caregivers must ensure timely treatment for older individuals in poor health and assume financial responsibility if economic hardships arise. Moreover, if older persons are unable to care for themselves, their families or caregivers are required to provide care directly or to arrange care through nursing homes or other trusted facilities, doing so with the consent of the older persons if they cannot provide for their own needs. Second, the law acknowledges the importance of establishing community care services in both rural and urban areas, and it encourages and supports professional institutions, organizations, and individuals in providing essential daily care, emergency assistance, medical attention, emotional support, and mental health counseling for older persons.²¹

²¹ Standing Committee of the National People's Congress (2013). *Law on Protecting the Rights and Benefits of the Older Persons of the People's Republic of China*, Order No. 72 of the President of the People's Republic of China. Beijing: People's Republic of China No. 72 of the President of the People's Republic of China. Beijing: People's Republic of China.

For a long time, China regarded long-term care merely as an aspect of elderly care, without elevating it to the level of institutionalized construction. It was not until 2016, when the Ministry of Human Resources and Social Security issued the *Guiding Opinions on Launching the Pilot Programme of the Long-Term Care Insurance System* (HRSS Office Letter [2016] No. 80), that pilot projects for long-term care insurance were launched in 15 cities. In February 2019, municipal-level medical insurance bureaus were established across China, and the management functions of “long-term care insurance” in pilot cities were transferred to these local medical insurance bureaus. At this point, China officially began to include long-term care insurance into its social insurance framework.

In the Government Work Report of March 2019, it was proposed to “expand the pilot programmes of the long-term care insurance system”. In April 2019, the State Council issued the *Opinions on Promoting the Development of Elderly Care Services*, proposing to “accelerate the implementation of the long-term care insurance system” and to expedite the establishment of a basic elderly care service system that covers all elderly people. With the joint issuance of the *Guiding Opinions on Expanding the Pilot Programme of the Long-Term Care Insurance System* (Medical Insurance Letter [2020] No. 37) by the National Healthcare Security Administration and the Ministry of Finance in September 2020, China's long-term care insurance expanded the number of pilot cities to 49. By the end of 2022, the number of people covered by China's long-term care insurance had reached 169 million, with a cumulative 1.95 million people receiving benefits.²²

On November 18, 2021, the State Council released the *Opinions on Strengthening Work for the Elderly in the New Era*, explicitly identifying the establishment of a long-term care insurance system as a crucial step in addressing the challenges of an aging society. In March 2023, during the First Session of the 14th National People's Congress (NPC), a representative proposed a motion to enact a law on long-term care. The motion noted that as China's population ages, the increasing number of people becoming disabled due to old age will undoubtedly become a significant societal risk. It called for accelerating legislative work on long-term care for disabled individuals and enacting specialized laws and regulations to safeguard their rights and interests.²³

²² Based on the briefing by the State Council Information Office on “Implementing the Major Decisions and Deployments of the 20th CPC National Congress and Promoting the High-Quality Development of Healthcare Insurance” held on 18 May 2023 by the Information Office of the State Council.

²³ 全国人大社会委: 推动长期护理保险法治化_中国人大网. Social Committee of the National People's Congress: Promoting the Rule of Law for Long-Term Care Insurance. Chinese National People's Congress. http://www.npc.gov.cn/npc/c2/c30834/202401/t20240123_434374.html

The Ambit of China’s Long-Term Care Insurance

Geographically China’s long-term care system has expanded to include 49 pilot cities. Regarding population coverage, all pilot cities currently cover participants of the basic medical insurance for employees, with 26 pilot cities extending coverage to participants of the basic medical insurance for urban and rural residents (see Table 1).²⁴ Among them, certain regions such as Chengde, Shangrao, Anqing, Chengdu, Qiqihar, Chongqing, Guangzhou, and Ningbo limit the coverage to participants of urban employee medical insurance, representing the narrowest scope. In contrast, Changchun, Nantong, and Shanghai have expanded their coverage to include participants of both urban employee and urban resident medical insurance, thereby broadening the scope of protection. Cities like Qingdao, Shihezi, Jingmen, and Suzhou offer the most comprehensive coverage, extending to participants of both urban employee and urban and rural resident medical insurance.²⁵

Table 1: The Ambit and financing modalities of long-term care insurance in pilot cities

Ambit	Financing modalities		Number of pilot cities
Employee medical insurance ²⁶ (covering all 49 pilot cities)	Single Funding	Medical insurance funds OR Individuals	2
	Diversified funding	Individuals, employers	22
		Individuals, medical insurance funds	1
		Medical insurance funds, financial subsidies	2
		Individuals, medical insurance funds, financial subsidies	13
		Individuals, employers, medical insurance fund	2
		Individuals, employers, and financial subsidies	6
		Individuals, employers, medical insurance funds and financial subsidies	1

²⁴ 49 城试点长期护理保险，取得哪些成效？_医保要闻_新闻动态_云南省医疗保障局。 49 cities pilot long-term care insurance, what results? _Medicare News_News_Yunnan Medical Protection Bureau. <https://ylbz.yn.gov.cn/index.php?c=show&id=4075>

²⁵ 武亦文. 中国式现代化背景下长期护理社会保险制度的法治实现 [J]. 当代法学, 2023, 37 (5): 64–75. Yi-wen, W. (2023). *Rule of law realisation of long-term care social insurance system in the context of Chinese-style modernisation* [J]. Contemporary Law, 37 (5): 64–75.

²⁶ Resident medical insurance covers rural and urban non-employed residents, students, and some city residents with residence permits, while employee medical insurance is for employed workers, flexible employees, and self-employed individuals. Residents can opt for employee medical insurance for higher reimbursement rates and retirement benefits. Resident insurance is paid annually by individuals with partial government subsidies, while

Resident medical insurance (covering 26 pilot cities) ²⁷	Single Funding	Medical insurance funds	3
	Diversified funding	Individuals, financial subsidies	13
		Individuals, medical insurance funds	1
		Medical insurance funds, financial subsidies	4
		Individuals, medical insurance funds, financial subsidies	5

Data source: Long-term care system policy documents of pilot cities (by August 2023)
<https://yibz.yn.gov.cn/index.php?c=show&id=4075>

Since the pilot program's launch in 2016, the ambit of long-term care insurance has continuously expanded. For example, Changchun City initially included participants of both urban employee and urban resident medical insurance; over time, it expanded coverage to encompass participants of both urban employee and urban and rural resident medical insurance.

Currently, China's long-term care insurance focuses mainly on providing coverage for disabled individuals. The primary function of long-term care insurance is to provide the most basic medical and caregiving services for insured individuals with long-term disabilities. In the first batch of pilot cities, Changchun and Suzhou provide coverage for moderately and severely disabled individuals, while Shanghai covers individuals with all types of disabilities. Shangrao and Chengdu provide coverage for individuals with severe disabilities and dementia, while Nantong, Qingdao, and Guangzhou include individuals with both severe and moderate disabilities as well as individuals with dementia in their coverage. In the second batch of pilot cities, apart from Huhehaote, which includes moderately disabled individuals, 13 cities only cover severely disabled individuals, and none include those with dementia.²⁸

employee insurance is paid monthly by employers and employees or fully by individuals for flexible employees with potential subsidies. Reimbursement rates are slightly lower for resident insurance compared to employee insurance. Resident insurance no longer includes personal accounts, while employee insurance has coordinated and personal accounts.

²⁷ The main reason for taking the urban employees' basic medical insurance as a reference is that its mature experience in financing structure, fund management and other aspects, especially the reform of the payment method and the means of controlling medical costs in recent years, can provide useful reference for the development of the long-term care insurance system in the future.

²⁸ 李畅, 陈婷, 朱旋 邹照婉. (2024). 老龄化背景下长期护理保险法律制度研究. *经济师* (01), 56–58. Ting Chen, L., Zhu, X., Zou, Z. (2024). Research on the legal system of long-term care insurance in the context of aging. *Economist* (01), 56–58.

Criteria for Accessing China's Long-term Care Insurance

Long-term care eligibility in China is not determined solely by age; rather, it is based on criteria set forth by health and social service sectors, often guided by local governments and policies. In 2021, China introduced a national standard (in trial form) that considers factors such as medical condition, functional impairment, and socio-economic status. Eligibility assessments are conducted by professionals, and care plans are tailored to include financial considerations. This dynamic process ensures equitable access to essential long-term care services for those in need, regardless of their age or income.

In 2001, Shanghai initiated the Standardized Assessment Mechanism for Elderly Care Services and adopted the Shanghai Elderly Care Institutions Service and Management Standards. These standards categorized older individuals into classes based on factors like age, daily living activities, health, and special needs, streamlining institutional care. In 2006, the Shanghai Civil Affairs Bureau introduced the Shanghai Standardized Care Needs Assessment Mechanism for Elders to regulate community care. This mechanism assessed various aspects, ultimately dividing care needs into three levels: normal/mild, moderate, and severe, which then determined corresponding subsidies and services. By 2013, the Shanghai Civil Affairs Bureau further fortified the Standardized Assessment Mechanism with criteria such as Standardized Care Need Assessment, Hospital Admission and Discharge criteria, and assessments for the oldest old, thereby enhancing the precision of elderly care services.²⁹ Similarly, six other cities, including Suzhou and Qingdao, have developed specific assessment criteria as the basis for disability evaluation. In addition, Qingdao has also established provisions for including individuals with dementia as beneficiaries.

Among the other pilot cities, 17 cities, including Beijing's Shijingshan District, Chengde, Jingmen, and Qiqihar, rely on the Barthel Index Scale³⁰ as the basis for assessing incapacity, while Nanning uses the Katz Index Scale.³¹ Changchun takes into account a broader range of beneficiaries, including

²⁹ SDD–SPPS project working papers series. Long-term care for older persons in Asia and the Pacific. *Long-term care for older persons in China*, <https://www.unescap.org/sites/default/files/Long%20Term%20Care%20for%20older%20persons%20in%20China.pdf>

³⁰ It is an ordinal scale used to measure performance in activities of daily living (ADL). Each performance item is rated on this scale with a given number of points assigned to each level or ranking.

³¹ The Katz Index of Independence in Activities of Daily Living (ADL) and the Barthel Index are both tools used to assess a person's ability to perform basic activities necessary for daily living independently. the Barthel Index add some additional activities such as walking, grooming, and stair climbing compared to the Katz Index.

terminal cancer patients scoring less than or equal to 50 points according to the national *Guidelines on Grading Care for General Hospitals (for Trial Implementation)*. A small number of cities, such as Gannanzhou, Jincheng, Panjin, and Kaifeng, do not have explicit provisions on disability assessment standards.³²

On August 3, 2021, the National Healthcare Security Administration Office and the Office of Civil Affairs jointly issued the *Notice on the Issuance of the Long-Term Care Disability Level Assessment Standards (Trial)*³³ (see Table 2).

Table 2 Chinese long-term Care assessment indicators

Level 1 indicators	Level 2 indicators
Ability to do daily living activities	Eating, dressing, facial and oral cleansing, bowel control, urination control, toileting, walking on level ground, transferring from bed to chair, walking up and down stairs, bathing
Cognitive ability	Time Orientation, Person Orientation, Spatial Orientation, Memory
Sensory and Communication Skills	Vision, Hearing, Communication

Source: Translated by the author from official documents. <https://www.gov.cn/zhengce/zhengceku/2021-08/06/5629937/files/7c636db0008244b3a0987325b6c5dd9d.pdf>

This national standard represents a significant advancement compared to the previously fragmented disability assessment standards in various regions. The assessment covers the ability to perform daily living activities, cognitive abilities, perception, and communication skills. Pilot cities are expected to gradually transition from existing standards to these national standards within two years, reflecting a trend toward more multidimensional assessments

³² 戴卫东, 汪倩格, 朱儒城, 林雯洁. (2022). 长期护理保险试点政策的特征、问题与路径优化 – 基于两批 29 个国家试点城市政策的比较分析. *中国软科学* (10), 41–50. Dai, W. D., Wang, C. G., Zhu, R. C. Lin, W. J. (2022). Characteristics, problems and path optimisation of long-term care insurance pilot policies – A comparative analysis based on the policies of two batches of 29 national pilot cities. *China Soft Science* (10), 41–50.

³³ 国家医疗保障局 政策法规 国家医保局办公室 民政部办公厅关于印发《长期护理失能等级评估标准(试行)》的通知. National Medical insurance Administration Policies and Regulations Office of the National Medical insurance Administration General Office of the Ministry of Civil Affairs on the Issuance of the long-term Care Disability Rating Assessment Standards (n.d.). http://www.nhsa.gov.cn/art/2021/8/3/art_37_5692.html

of elderly disability. For example, in 2022, the Beijing Healthcare Security Administration issued the *Opinions on the Expansion of the Pilot Implementation of the Beijing Long-Term Care Insurance System (Draft for Solicitation of Opinions)*, which aligns the *Disability and Needs Assessment Standards* with the national standards. Severe disability levels are now classified into Severe Disability Level I, Severe Disability Level II, and Severe Disability Level III, based on multidimensional assessments of daily living activities, cognitive abilities, perception, and communication skills.

Regarding the assessment procedure, most pilot cities generally follow a workflow of “application – initial review – disability assessment – public announcement – notification of conclusion – dispute resolution – reevaluation”. Among them, 25 pilot cities adopt a two-step process of “initial assessment + reevaluation”, while another 24 pilot cities use a single-round assessment. Some pilot cities, such as Panjin City in Liaoning Province, add a review process after the disability assessment stage, where the results are reviewed by the Disability Assessment Committee or the healthcare security agency.³⁴

Services provided by China’s Long-term Care Insurance

“Respect for the elderly”³⁵ stands as a cornerstone of traditional Chinese values, emphasizing the collective responsibility of both society and families to provide dedicated support and care for senior citizens. Yet, entrenched in traditional beliefs, some individuals may struggle to accept care from non-family members initially.³⁶ Families and society favor “aging at home” over institutional care.³⁷ Nevertheless, China’s evolution over recent decades has seen a shift towards smaller family units and declining birth rates, leading to a significant weakening of familial caregiving roles. Simultaneously, the

³⁴ 49 城试点长期护理保险，取得哪些成效？_医保要闻_新闻动态_云南省医疗保障局. *49 cities are piloting long-term care insurance. What results have been achieved?* Yunnan Medical Protection Bureau. <https://ylbz.yn.gov.cn/index.php?c=show&id=4075>

³⁵ The “respect for the elderly.” Is rooted in Confucian values, and it emphasizes honoring and caring for seniors through filial piety, politeness, seeking their wisdom, providing support, and preserving traditions. It underscores the importance of maintaining harmonious intergenerational relationships and recognizing the wisdom and contributions of older generations to society.

³⁶ Wang, K., Ke, Y., Sankaran, S., Xia, B. (2021). Problems in the home and community-based long-term care for the elderly in China: A content analysis of news coverage. *The International Journal of Health Planning and Management*, 36 (5), 1727–1741.

³⁷ 石铮. 居家养老的影响因素与政策选择 [J]. 社会保障评论, 2019, 3 (4): 146–159. Hang Seng Shi. Influencing Factors and Policy Options of Aging in Place [J]. *Social Security Review*, 2019, 3 (4): 146–159.

contemporary landscape demands higher standards of professionalism and greater diversity in elderly care.³⁸

In terms of the forms of long-term care insurance services in China, there are three main categories: designated care services in institutions, institutional home care services, and home-based independent care services (including family care, neighborhood care, etc.). Among them, designated care services are further subdivided into specialized care in a medical institution, nursing care in a healthcare institution, and community daycare.³⁹ At present, all pilot cities provide designated care services in institutions, 45 cities also provide institutional home care services, and 10 cities provide home-based independent care services. According to the long-term care insurance system documents of the pilot cities, a total of 32 cities have stipulated a list of long-term care insurance service items, including basic living care, medical care services, preventive care, functional maintenance, assistive device services, and chronic disease care.⁴⁰

However, some regions do not fully provide all three forms of services. For example, Ningbo's program does not specify home care, while Qiqihar does not provide medical care as a form of service. In rural areas, due to limited resources for socialized home care, family care remains the main home-based option. Examining the pilot cities as a whole, mildly and moderately disabled elderly individuals generally prefer home care, while those who are severely disabled tend to choose institutional care. Nevertheless, some elderly individuals with severe disabilities still opt for home care due to financial difficulties or personal preferences.⁴¹

³⁸ 邓清文, 魏艳, 陈英耀. 我国长期护理保险的供需分析与建议 [J]. 医学与社会, 2023, 36 (1): 87–92. Deng, Q. W., Wei, Y., Chen, Y. Y. (2023). Analysis of supply and demand of long-term care insurance in China and countermeasures [J]. *Medicine and Society*, 36 (1): 87–92.

³⁹ 戴卫东, 汪倩格, 朱儒城, 林雯洁. (2022). 长期护理保险试点政策的特征、问题与路径优化 – 基于两批 29 个国家试点城市政策的比较分析. *中国软科学* (10), 41–50. Dai, W. D., Wang, C. G., Zhu, R. C., Lin, W. J. (2022). Characteristics, problems and path optimisation of long-term care insurance pilot policies – A comparative analysis based on the policies of two batches of 29 national pilot cities. *China Soft Science* (10), 41–50.

⁴⁰ 49 城试点长期护理保险, 取得哪些成效? 医保要闻_新闻动态_云南省医疗保障局. 49 cities pilot long-term care insurance, what results? _Medicare News_News_Yunnan Medical Protection Bureau. <https://ylbz.yn.gov.cn/index.php?c=show&id=4075>

⁴¹ 戴卫东, 汪倩格, 朱儒城, 林雯洁. (2022). 长期护理保险试点政策的特征、问题与路径优化 – 基于两批 29 个国家试点城市政策的比较分析. *中国软科学* (10), 41–50. Dai, W. D., Wang, C. G., Zhu, R. C., Lin, W. J. (2022). Characteristics, problems and path optimisation of long-term care insurance pilot policies – A comparative analysis based on the policies of two batches of 29 national pilot cities. *China Soft Science* (10), 41–50.

The prevailing mode of benefit payment primarily revolves around services and cash subsidies. Service payments are primarily allocated for institutional designated care services and agency-provided home care. Conversely, mixed service and cash payments offer modest supplementary subsidies for family care and neighborhood care services, alongside institutional in-home care, catering to the demands of home-based family care. These subsidies range from RMB 450 to RMB 2,152 per person per month.⁴²

CONCERNS OF CHINA'S LONG-TERM CARE SYSTEM

Over the past decade, China has made significant strides in the development of its long-term care sector, alongside notable challenges that have come to light. This chapter dissects the achievements and challenges encountered within China's long-term care landscape.

Completion of China's Long-term Care System

With the expansion of long-term care insurance coverage, China's market for elderly care services has grown. Several accomplishments have been achieved in the elderly care industry, medical and care systems, and the labor market.

1. Promotion of the Elderly Care Industry and Nursing System Growth.— The Ministry of Civil Affairs (MCA) abolished the permit requirement for nursing care institutions by the end of 2018, actively encouraging the involvement of social entities in the service system. It comprehensively opened up the market for nursing care services, implementing more precise supportive policies including relevant fiscal, tax, financial, planning, and land use measures. Additionally, it improved policy efficiency and services through measures such as information disclosure and streamlined access to services. By the end of 2019, privately-run elderly care institutions outnumbered publicly-run ones for the first time, comprising 54.6 % of all institutions.⁴³

⁴² 49 城试点长期护理保险,取得哪些成效?_医保要闻_新闻动态_云南省医疗保障局. *49 cities are piloting long-term care insurance. What results have been achieved?* Yunnan Medical Protection Bureau. <https://ylbz.yn.gov.cn/index.php?c=show&id=4075>

⁴³ According to "Response of the National Health Security Bureau to Recommendation No. 6394 of the Fourth Session of the Thirteenth National People's Congress, Medical Insurance Letter [2021] No. 128."

2. Alleviation of Family Burdens and Enhancement of Elderly Health.— Research on beneficiaries in pilot areas of long-term care insurance compared the impact of different operational models on their living conditions, analyzing the reasons behind these variances. The study found that by maintaining the health of individuals with disabilities and reducing the financial burdens on families, long-term care insurance significantly enhances the living conditions of their beneficiaries. Although differences exist among cash, service, and mixed benefit payment modes, the service payment model yielded the most significant improvements in life satisfaction, while the cash payment model showed comparatively weaker results. Furthermore, formal care services had a more pronounced positive effect on beneficiaries' life satisfaction compared to informal care services.⁴⁴

3. Promotion of Training of Nursing Professionals.— In Jinan City, the medical insurance department responded to the long-term care needs of disabled individuals in remote rural areas by training over 2,400 villagers in nursing skills. These individuals subsequently became qualified nursing personnel, collectively providing care services to over 10,000 disabled individuals in remote regions. The pilot outcomes across different regions showcase the smooth operation of the long-term care insurance system.⁴⁵ In 2022, the nationwide number of designated service institutions for long-term care insurance reached 7,679, marking a 12.1 % year-on-year increase. The total number of nursing service personnel exceeded 331,000, reflecting a 9.6 % year-on-year growth.⁴⁶ The pilot implementation of long-term care insurance policies has stimulated the development of the nursing service system and cultivated a skilled workforce, gradually addressing the underlying weaknesses in service provision to a certain extent.⁴⁷

4. Creation of New Jobs and Employment Opportunities.— According to data from China's medical insurance network, the number of residential care institutions in Suzhou has increased from 25 to 147, and home care institutions from none to 101, with 346 home care service sites now available,

⁴⁴ 张文娟, 梅真. 长期护理保险对受益人他评生活满意度的影响研究 [J]. 中国卫生政策研究, 2023, 16 (4): 9–17. Zhang, Wenjuan, Mei, Zhen. (2023). A study on the effect of long-term care insurance on observer-rating life satisfaction of beneficiaries [J]. China Health Policy Research, 16 (4), 9–17.

⁴⁵ 49 个城市试点长护险 建立失能人员照护体系_要闻视频_中国政府网. 49 cities pilot long-term care insurance and establish a care system for disabled people. https://www.gov.cn/yaowen/shipin/202306/content_6887207.htm

⁴⁶ 49 城试点长期护理保险,取得哪些成效?_医保要闻_新闻动态_云南省医疗保障局. 49 cities are piloting long-term care insurance. What results have been achieved? Yunnan Medical Protection Bureau. <https://ylbz.yn.gov.cn/index.php?c=show&id=4075>

⁴⁷ *Ibid.*

covering virtually all townships, streets, and communities in the city. Additionally, assessment organizations closely tied to the implementation of long-term care insurance have expanded to encompass 20 related industries, resulting in the creation of over 26,700 jobs.⁴⁸

Challenges of China's Long-term Care System

Despite progress in recent years, China's long-term care system faces several challenges. These include the absence of formal legislation, limited coverage, financing shortfalls, concerns about service quality, and disparities in benefit payments, factors that significantly hinder efforts to provide adequate care for the elderly.

1. Lack of Formal Legislation.— Currently, China has no specialized legislation governing long-term care insurance, and the analysis of legal relations concerning long-term care insurance is based on regulatory documents issued at both central and local levels, supplemented by inferred analysis from experiences of legislation abroad. In Germany, for example, where the LTC insurance system has been developed for almost 30 years now, the *Sozialgesetzbuch* (SGB) explicitly grants citizens the right to access quality LTC services, and all authorized service providers are obliged to provide high-quality services in strict accordance with national standards.⁴⁹ In China, during this trial phase, long-term care insurance remains under an administrative governance approach rather than being integrated into an appropriate legal framework.

2. Limited Scope of Coverage.— Geographically, long-term care insurance is restricted to select provinces, leaving residents in non-pilot areas unable to access long-term care insurance and associated services. Additionally, from a demographic perspective, nearly half of the pilot areas only cover participants in urban employee basic medical insurance, excluding a significant number of rural residents. However, rural areas, precisely where incapacity is more prevalent, have lower health and risk tolerance compared to urban areas. Some pilot cities like Shanghai, Suzhou, and Qingdao have expanded coverage to include both urban and rural participants, but Shanghai imposes an age

⁴⁸ 长护险试点惠及 1.7 亿参保人, 呈现这些新变化_医保要闻_新闻动态_云南省医疗保障局. *Long-term care insurance pilot benefited 170 million participants, showing these new changes*. Yunnan Medical Protection Bureau. (n.d.). <https://ylbz.yn.gov.cn/index.php?c=show&id=4094>

⁴⁹ Bundesministerium der Justiz, Paras 45a bis 45d SGB XI Sozialgesetzbuch (SGB) Elftes Buch (XI) Soziale Pflegeversicherung [EB/OL]. https://www.gesetze-im-internet.de/sgb_11/

requirement of 60 and above, thereby excluding non-elderly individuals with care needs. This limited geographic and demographic coverage could exacerbate disparities in social equity, hinder healthcare accessibility, and deepen the urban-rural divide. In contrast, Germany's long-term care insurance system covers almost the entire population, while Japan's coverage rate exceeds 50 %.

3. No Independent Financing Mechanism.— The main source of financing in most pilot cities is the medical insurance fund (see Table 1), which accounts for 82 % of revenue and has not resulted in an independent and stable source of financing. Compared with the basic medical insurance for employees, the balance of the basic medical insurance for residents is relatively small, affecting the operation of the long-term care insurance system. Limited capacity for fiscal transfers has prevented some regions from initiating resident-focused pilot programs, while among those that have, 10 regions have launched them years later than employee-oriented pilot programs, with a late start time of 1-5 years. As aging becomes more acute, the cost of care services will gradually rise, and if the financing of long-term care insurance is overly dependent on the medical insurance fund, it will increase the pressure on the medical insurance fund, reduce incentives for individuals to participate in the insurance scheme, and create a greater risk.⁵⁰

4. Poor Service Quality and Unqualified Providers.— Currently, the quality of services provided by elderly care institutions in both urban and rural areas of China, especially in certain rural regions, is far from satisfactory. It is common to see women around the age of 50 employed as elderly care nurses in both public and private institutions, with a prevalence of unqualified management personnel. Some care facilities only handle the daily needs of elderly residents, lacking cultural and recreational activities (see Table 1), and unfortunately, incidents of elder abuse occur frequently. After residing in these institutions for a certain period of time, elderly individuals often experience loneliness, mood changes, self-harm, and incidents of harming others. Furthermore, medical care and psychological support services in long-term care are still insufficient. Undoubtedly, improving the quality of life for elderly individuals receiving long-term care is closely related to the professional competence of the LTC service providers.⁵¹

5. Unreasonable Benefit Payments.— Across pilot cities, the payment of benefits can be broadly categorized into three cases: First, in locations like

⁵⁰ 应对老龄化, 49 个城市试点长期护理保险, 长护险走向何方? Coping with aging, 49 cities pilot long-term care insurance. Where is long-term care insurance headed? <https://m.bjnews.com.cn/detail/1701436680169717.html>

⁵¹ 戴卫东. (2015). 日本、韩国长期护理教育培训体系比较及思考. 老龄科学研究 (10), 72–79. Dai, W. (2015). Comparison of long-term care education and training systems in Japan and South Korea and reflections. *Scientific Research on Aging* (10), 72–79.

Guangzhou, Suzhou, Nantong, Anqing, Changchun, Jingmen, Shangrao, and Jiashan, a wide array of costs are covered, spanning medication, treatment, bed charges, nursing care, consumables, and equipment. Second, areas such as Chengdu and Qingdao offer slightly narrower coverage, encompassing bed charges, medication, treatment, service fees, consumables, and equipment use fees. Lastly, regions like Chengde, Ningbo, Shanghai, and Shihezi have the most restricted coverage, with only nursing care costs included, while other expenses are overlooked. Despite variations in benefit scope, these discrepancies underscore the lack of uniformity and the need for national-level policies to regulate and standardize benefit provisions.⁵²

POLICY STATEMENT

This chapter addresses key policy statements aimed at overcoming challenges in China's long-term care system. It advocates for the enactment of dedicated long-term care legislation to provide a legal framework, emphasizes the need to expand coverage nationwide, proposes improvements in financing mechanisms, underscores the importance of enhancing professional training, and highlights the necessity of implementing standardized benefit provisions. These recommendations are essential for advancing the effectiveness, equity, and inclusivity of China's long-term care system, ensuring that elderly citizens receive the support and services they require.

1. Enacting a Long-Term Care Law or Long-Term Care Insurance Law – to provide a legal basis for the implementation of long-term care in China. At present, long-term care insurance in China is still in the pilot stage, without a dedicated law on long-term care insurance. However, according to Article 45 of the Constitution of the People's Republic of China, Chinese citizens have the right to material assistance from the State and society in old age, illness, or loss of labor capacity. The State is committed to developing social insurance, social relief, and medical and health care to ensure that citizens enjoy these rights. Article 30 of the Law on the Protection of the Rights and Interests of the Elderly sets out the task of meeting the long-term care needs of the elderly, while Article 76 of the Law of the People's Republic of China on Basic Medical Care and Health Promotion encourages and promotes the development of long-term care insurance protection. These laws and provisions provide constitutional-level legal support for the construction of China's

⁵² 戴卫东 徐谷雄. (2018). 长护险的“有所为”和“有所不为”. 中国社会保障 (05), 24–25. Dai, W. D., Xu, G. X. (2018). The “do's” and “don'ts” of long-term care insurance. *China Social Security* (05), 24–25.

long-term care system, as well as coordination with other standalone laws, which is conducive to the establishment and implementation of China's standalone law on long-term care insurance and its accompanying regulations.

2. Expanding Coverage of China's Long-Term Care Insurance.— At present, only 49 pilot cities in China have established long-term care insurance pilot programs, and they are mainly provincial capitals; however, there are a total of 691 cities and more than 580,000 administrative villages in China, and there is a need to further expand the pilot programs and gradually cover the whole country. Second, the population covered by long-term care insurance is limited to medical insurance participants (in many places, only those under employee medical insurance) excluding large segments of the vulnerable population. It is important to increase the number of pilot cities and expand the scope of the pilot programs.

3. Improving the Financing System for China's Long-Term Care.— The main source of funding for long-term care insurance in China is currently the medical insurance fund. Due to the aging of the population, the medical insurance fund under the current system will face sustainability challenges, with a shortfall in the current year's balance projected to occur for the first time around 2026 and a shortfall in the cumulative balance around 2034. Of these, the cumulative balances of the Employees' Medical Insurance Fund are expected to fall short around 2039,⁵³ and based on the data from the National Healthcare Security Administration, over the first 11 months of 2023, the Residents' Medical Insurance Fund has already incurred a deficit.⁵⁴ There is a need to establish independent long-term care insurance following the model of countries such as Germany and Japan and to set up an independent financing mechanism to guarantee the provision of services and the utilization of funds.

4. Improving the Training System for Professionals.— A recent report published by the China Institute of Public Welfare at Beijing Normal University indicates that, even when applying a general standard of one caregiver for every three fully disabled older adults (a 1:3 ratio), China faces a shortage of approximately 5 million elderly care workers. Similarly, there is a significant

⁵³ 戈艳霞, 王添翼. 人口老龄化背景下医保基金可持续发展的风险分析 [J]. 中国医疗保险, 2021 (2): 20–25. Gao Yanxia, Wang Tianyi. Risk analysis of sustainable development of medical insurance fund in the context of population aging [J]. *China Medical Insurance*, 2021 (2): 20–25.

⁵⁴ 国家医疗保障局 统计数据 2023年1-11月基本医疗保险和生育保险主要指标. National Healthcare Security Administration. (2023). Statistical data on key indicators of basic medical insurance and maternity insurance from January to November 2023. https://www.nhsa.gov.cn/art/2023/12/25/art_7_11805.html

lack of other specialized care personnel.⁵⁵ Every year, the supply of newly qualified nursing graduates falls far short of meeting this growing demand. Correspondingly, due to the relatively low income and the heavy workload in elderly care, staff turnover rates remain high. In Shanghai, for instance, about 5 % to 6 % of nurses leave their positions annually.

5. Implementing Standardized Benefit Provisions Nationwide.–

Ensuring uniform benefit coverage across China's long-term care insurance system is imperative for ensuring equity and effectiveness. Currently, the significant disparities in benefit coverage across pilot cities underscore the urgent need for uniformity. By establishing national-level policies that regulate and standardize benefits, the government can address existing inconsistencies and ensure that all individuals have access to essential long-term care services regardless of their location. Standardizing benefits would not only enhance fairness and transparency but also streamline administration and improve overall system efficiency. This approach aligns with international best practices, such as those observed in Germany's *Sozialgesetzbuch*, where clear and comprehensive benefit coverage is mandated by law, ensuring equitable access to high-quality long-term care services for all citizens. Therefore, implementing standardized benefit provisions at the national level is crucial for advancing China's long-term care system toward greater inclusivity and effectiveness.

CONCLUSION

The evolution of China's long-term care system in response to the pressing challenges of rapid aging and societal transformations underscores the critical need for robust legal frameworks and sustainable funding mechanisms. Despite nearly a decade of pilot programs, the sector grapples with significant challenges, including limited coverage, workforce shortages, and financial instability. Thus, prioritizing the reinforcement of legal infrastructure, the establishment of an autonomous long-term care insurance apparatus, and targeted support for vulnerable demographics emerge as imperative. By addressing these pivotal areas, China can enhance the responsiveness, quality, and inclusivity of its long-term care provisions, ultimately fostering the well-being of older individuals and promoting societal resilience and stability.

⁵⁵ 企业到学校“抢人”，养老护理人才缺口超 500 万_链老. Companies are “grabbing” talents from schools, and the shortage of elderly care workers exceeds 5 million. <https://www.linkolder.com/article/8628858>.

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