

The Medical Saving System of Children With Serious Illness——Base on the Case Study of City X in China

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ABSTRACT Medical savings for low income family of children with serious illness is an important issue for all countries. It is required for China to identify an effective medical saving pattern for children with serious illness. The research was undertaken in a city of Guangdong Province in China (it is called ‘City X’). Semi-structured interviews and a case study were used in the research. I collected much information from the semi-structured interviews and found that Municipal Civil Affairs Bureau (including Tomorrow Plan Office) offers the list of children with serious illness requiring medical saving, Social Security Department Medical Insurance Division receives the list and offers medical saving fund support and medical security according to the list, these fund support belongs to the government fund support. When the government fund support is not enough, Charity Federation and Chinese Red Cross Foundation will offer additional fund support. China has achieved great improvement on the children with serious illness medical saving institution and system, however two new solutions for collecting more fund for children with serious illness medical saving are still required. The first solution is to issue ‘Children with Serious Illness Medical Welfare Lottery’. The winning probability and bonus amount of this welfare lottery can be designed a little higher than the recent welfare lottery and sports lottery to attract more people to purchase. The second solution is to establish ‘Extreme Serious Illness Children Medical Welfare Fund’. This fund can be a ‘specialized’ national fund for ‘the children with extreme serious illness’, the profit of this fund can be firstly used for the medical saving of ‘the children with extreme serious illness without death risk’, the bank interest and share these fixed income of this fund can be firstly used for the medical saving of ‘the children with extreme serious illness with death risk’ because the stability of medical saving fund is crucial to this serious circumstance.

Keywords: Children with Serious Illness; Medical Saving System; Welfare

1. Introduction

In 2011, the number of children with serious illness in China has over 3 million, there are over 1.4 million children with serious illness do not have enough money to pay for the medical fees [1]. Some children with serious illness need medical treatment at once, or they will have death risk, therefore it is very important to offer them enough fund support for medical treatment. Although the healthcare spending in China has a rapid growth, which increased from \$357 billion in 2011 to \$1 trillion (\$1000 billion) in 2020 [2], the population in China is very large with more than 1.3 billion, the healthcare spending per capita in China is about \$700 in 2020, which is much lower than developed countries (the figures of developed countries are more than \$4000). In addition, the total fund of child welfare is only 4.96 billion RMB until 2018 [3], and according to the statistics of Chinese Red Cross Foundation in 2011, the total fees required the medical

savings of charity organizations is approximately 114.5 billion RMB (approximately 16.4 billion USD) every year [1]. The situation illustrates the shortage of government fund support directly to children, therefore the fund support to children mostly requires the support from charity organizations, including the medical savings of children with serious illness mostly requiring the support from charity organizations and their running fund.

Therefore, it is necessary for China to carry out the researches and studies for the children with serious illness medical saving issues. There are both Medicare in USA and Australia, National Health Service (NHS) in UK, as well as the good welfare system and policies in the Nordic countries. The Nordic Model has great achievement on the improvement of life quality and social equity in the Nordic countries, however, it is not adaptive to all the countries [4]. The Nordic Model is the social welfare pattern of Nordic countries, it can successfully tackle the phenomenon of inequality in the Nordic countries, which is successful and sustainable social welfare pattern [4]. The Nordic countries

have sufficient resources but few population, therefore people in the Nordic countries can have plenty of welfare. The Nordic countries can acquire great achievement and success on welfare by the Nordic Model, however the Nordic Model is not certainly adaptive to China. China has different situation from the Nordic countries with large population and lower resources average per person. Actually, children with serious illness of the developed countries including USA, UK, Australia and the Nordic countries certainly have better medical saving because of better medical saving pattern. It is appropriate for China to improve the children with serious illness medical saving pattern, finally successfully established effective children with serious illness medical saving system to guarantee that all children with serious illness in China could acquire good medical assistance and saving.

2.Literature Review

Children with serious illness are a group of people who require medical treatment and saving. The study of the measures for medical issues of children with serious illness has important significance. 'Serious illness' is often defined by the medical insurance department, which is linked with the illness which bring the large pain and large medical cost to patients [5]. 'Serious illness' can also be defined that illness which has large cost and serious negative influences on the normal work and lives of patients and their families for a long time. Many patients with serious illness have large pain and inconvenience, and some patients may even have death risk. The definition of 'serious illness' is often used by the medical fund support policies of Serious Illness Insurance, the policies are established by Insurance Association of China and Chinese Medical Doctor Association, there are 25 categories of serious illness including common serious illness such as malignant tumor (except for some early malignant tumor), Acute Myocardial Infarction, permanent deaf, permanent blind, severe aplastic anemia [6].

According to the report of Chinese Red Cross Foundation in 2011, there are at least 14 categories of serious illness with the increasing number of children as patients. There are 5 main serious illness within these 14 categories of serious illness, which includes cerebral palsy, leukemia, hemophilia, malignant brain tumors and aplastic anemia. It requires a large amount of medical fund, however there are lack of welfare fund support. Therefore the medical savings require the fund support from charity organizations, which is linked with the welfare policy of China [1].

Encyclopedia Britannica defines social welfare as 'a system of laws and institutions through which a government attempts to protect and promote the economic and social welfare of its citizens usually based on various forms of social insurance against unemployment, accident, illness and old age' [7]. Social welfare is to offer the basic resources to support the housing, health care, education, and employment of people by government, which is carried out by way of collecting higher taxation from the group of people with high income in order to offer more

fund support to the group of people with low income.

Social welfare could reduce the wealth gap and offer assistance to the people who require fund support for promoting the social equity and social stability. Welfare should be offered to the group of people who mostly require, including children with serious illness. However, the limitation and negative influences of social welfare also exist. These limitations may have negative influences on the career motivation of the whole society, as well as causing low employment rates [8]. It is appropriate to focus on offering welfare to the group of people who mostly require welfare when the welfare is limited. It can both effectively assist the group of people mostly need assistance and prevent the negative influences on the working motivation. It is important to focus on offering medical welfare to children with serious illness when the welfare is limited.

For the social welfare history, the first childcare law was legislated in 1601. Many child welfare centres were established in UK and North America between the 17th century and the 19th century [9]. In the 20th century, the social welfare including child welfare has large development in Western countries. The New Deal established in USA in 1933, aimed at solving the financial crisis and the Great Depression. The government of USA and President Roosevelt offered welfare to the group of people with low income and unemployment in the USA, which successfully achieved the economy recovery of USA in a short time. In addition, UK also established welfare policies and institution. Beveridge Report was established in UK in 1942 in order to make the plan for economic recovery after World War II. In 1948, UK government established welfare policy according to the suggestion of Beveridge Report and proclaimed that UK had become a 'welfare state'. In addition, the 301. (B) of The Beveridge Report states that 'Comprehensive health and rehabilitation services for prevention and cure of disease and restoration of capacity for work, available to all members of the community', emphasizing that the cure of disease and rehabilitation services is an important part of the welfare, which contributes to the establishment of good medical welfare system of UK under the guidance of The Beveridge Report [10]. Social welfare includes medical treatment and health service covering all the people, the National Health Services (NHS) is established for offering medical treatment and health service for all the people in 1950s. The National Health Services (NHS) has successfully run for more than 60 years. It covers the medical treatment and services for children including children with serious illness and only requires minimal fees. It does not bring large pressure to the children with serious illness from the family with low income. The fund of NHS healthcare comes from direct taxation. The UK spent £197.4 billion on healthcare in 2017, which is 9.6% of annual GDP. The population of UK was about 66 million in 2017, the healthcare per capita is about £2991 (about \$3935), which is a high amount both in Europe and around the world [11]. In addition, the recommendation for communities of practice (CoP) and social learning can be beneficial for the skills improvement of doctors, which can

contribute to the satisfaction of doctors requirement of the National Health Service (NHS) healthcare system in UK [12]. Overall, the principle of medical saving in UK is 'People who can afford the medical fees need to afford by themselves, people who cannot afford the medical fees can acquire medical saving' [13].

Nowadays, the social welfare pattern of Northern European countries has great achievement, those countries have high living standard and low wealth gap. The success of welfare policy in the Northern European countries called 'the Nordic Model' is a typical successful case of welfare policy. However, the welfare of UK had to be cut because of financial difficulties in the 1970s, the Nordic countries continued to build the "Nordic model" by learning from the Beveridge model, and further expanded the welfare scale, which could promote the wealth gap to be narrowed and the further development of social equity in the Nordic countries. Nowadays, the society of the Nordic countries are stable and peaceful, the living standard and life quality of people in the Nordic countries is high. The Human Development Index (HDI) of the 5 Nordic countries is the top 10 countries in the world, which Norway has the highest HDI and often ranks the first in the world. This is a reflection of the successful implementation of the 'Nordic model', which is for other countries to learn from.

The medical welfare system in Australia is Medicare. Because Medicare is a medical insurance in Australia, citizens and residents in Australia can totally or partly get free medical services when they have paid a small amount of fees to purchase the Medicare medical insurance. Under the institution of Medicare, Australian citizens and residents can acquire free medical treatment at public hospitals and Bulk Billing by their identity of Public Patient [13]. When people with Medicare face serious illness, they can acquire medical treatment without paying medical fees, and the medical fees can be reimbursed by Medicare. However, the differences and gaps of the medical level and the child medical welfare between different district in Australia are stills existence [14], as well as Medicare can only reimburse 75%-85% medical fees of private hospital, which may cause high medical fees [13]. Overall, although there is still existence some limitation for Medicare in Australia, the medical saving system in Australia is generally inexpensive and effective.

The main medical insurance of USA is also called Medicare. Medicare is the medical insurance to mainly offer medical services to the elders with the age over 65 and some children with disability. However, Medicare in USA focuses more on the older and the medical resources in USA is not very sufficient because of large population in USA, which causes the medical fees in USA is expensive. However, the medical insurance and saving system of USA is still advanced in the world and has much advantages. Firstly, the Federal government and State government has effective cooperation on medical saving. Secondly, the marketing institution of medical saving service can achieve the balance between fairness and efficiency. Thirdly, the medical saving fund can directly move into medical service departments, which can achieve high efficiency

[15]. In addition, the Medicare in USA is also figured out measures for reform in 2010 and onwards. By the 1990s and later, Medicare encourages outpatient services for saving cost comparing with the limited way of hospital stays medication [16].

There are also some studies of social welfare and children with serious illness medical saving in China. The professor of Peking University Jitong Liu describes and illustrates the historical development and historical experiences of Chinese Child Welfare Institution. The establishment of child welfare institution and policies mainly started in 1979. The child welfare institution formed and stably developed from 1979 to 1989 [9]. From 1990 to 2010, the child welfare policy and child welfare service system achieved rapid development and institutional construction in China. The gap of child welfare development between China and developed countries gradually narrowed, and child welfare becomes public policy topic [9]. After 2010, child welfare institutional construction in China has more rapid development, many laws, policies, theories linked with child welfare established, as well as many charity funds established to offer additional fund support of child welfare [9]. In addition, Professor Jitong Liu also suggested some measures for the improvement of children with serious illness, which includes to strengthen the international communication and cooperation of child welfare and children with serious illness medical saving [9], and to strengthen the study of basic theory and policy of child welfare and children with serious illness medical saving for implementing the laws [9].

The issue of children with serious illness medical saving has been paid attention by Chinese national leaders. In 2009, Chinese Prime Minister Wen Jiabao said that it can establish children with serious illness saving fund institution, after he met and help a child with leukemia and have to give up medical treatment because of economic difficulty. This situation illustrates that there are still many children with economic difficulty for medical treatment, and the establishment of children with serious illness saving fund institution is necessary [17].

Although the social medical insurance can offer fund support for children with serious illness to take medical treatment, the fund support is still limited, for the reason that the range of policy of social medical insurance is too small, which requires to improve the range of policy for offering more fund support for children with serious illness to take medical treatment [18].

It is also required to make some comparison between China and some developed countries. For the comparison between China and USA, firstly, the range and fund of medical insurance in USA is more than that in China, secondly, the coordination between central government (Federal government in USA) and local government (State government in USA) is more effective than that in China, thirdly, USA achieves better solutions for the issue of the balance between fairness and efficiency by the measure of marketing competition under legal supervision [15]. For the comparison between China and Australia, the needs of children in China and Australia is actually similar, mental health, emotional wellbeing, safety, physical health and

personal development are all needs of children both in China and Australia [19], the child welfare and protection system in Australia is still advanced, which includes the better fund support from the Medicare system in Australia and the psychological medical treatment to children, it can be an example for China to achieve improvement.

Moreover, there are some other medical treatment pattern. The medication of children with serious illness at home is also a useful medical pattern, which can provide comprehensive and effective care with reducing the medical costs. This new medical way could be an effective way for popularization, especially is appropriate to children with chronic illness, good home medical care can be beneficial to the cure of chronic illness [20]. For the medical pattern of home medical care, much medical treatment is taken at home, parents of children with serious illness also need to spend much time on taking care of those children, which may have large pressure. The social support for both children with serious illness and their parents is necessary, which includes the psychological adjustment of those parents of children with serious illness [21]. The medical treatment pattern of home medical care is an effective pattern with reducing the costs.

Overall, the medical saving of children with serious illness is not appropriate to only mainly rely on the fund support from current charity organizations, it is essential to focus more on offering welfare to the medical saving of children with serious illness and find out measures to improve the medical saving welfare pattern of China. From my perspective, the economic development level and the welfare is still limited in China and lower than that in the developed countries such as UK, Northern European countries, Australia and USA, it is required for China to improve the medical saving pattern base on the achievement of these developed countries. In addition, because of the limitation of the welfare fund, it is appropriate for China to concentrate on offering welfare to the group of people who mostly require welfare such as offering medical welfare to children with serious illness.

There are plenty of studies and literature of children with serious illness medical saving, which includes the study of social welfare including the historical development of social welfare, the Beveridge Report of UK in 1942, the current situation and cases of UK, the Nordic countries, Australia and USA, the study of children with serious illness medical saving in China, the comparison between China and UK, the Nordic countries, Australia and USA these developed countries and the medical saving pattern of home medical care. These literature and peer review articles have the contribution of assisting the researchers to figure out the achievement and advantages of the children with serious illness medical saving patterns of both Western developed countries and China, which is beneficial for both Western developed countries to improve their own children with serious illness medical saving pattern base on the achievement and advantages of each other. However, these literatures focus more on the situation description and theory, which is lack of primary information collection and case study. From my perspective, the primary information collection is

necessary as well, for the reason that the primary information collection can more accurately describe and illustrate the situation. Collecting the primary information directly from the departments linked with children with serious illness medical saving by themselves is an effective measure. Therefore, I used the semi-structured interview of qualitative research method to collect the information and data of children with serious illness medical saving in City X in China for case study in order to fill in the limitation.

3.Method

The semi-structured interviews of qualitative research method are used to collect the information during the research. Semi-structure interview is the interviews including an 'interview guide', which is a list of questions and topics required to be covered during the interview. The interview generally follows the guide, but the answer to the interview is not only limited at the interview guide, but also some additional discussion linked with the questions of the interview when the respondent feels it is appropriate [22]. I made some semi-structured interviews on Staff of Municipal Civil Affairs Bureau, director of Tomorrow Plan Office, manager of Charity Federation and director of Social Security Department Medical Insurance Division of City X, some information from the website of Chinese Red Cross Foundation was also examined. Some information and data collected from semi-structured interviews can be used for case study.

In addition, case study is also important for the research, which can analyze the successful cases and learn the successful experiences from those successful cases. The semi-structured interview on those departments linked with children with serious illness medical saving can collect plenty of information and data including some cases for case study. I would like to choose City X for the research and case study. There are two reasons to choose City X for case study. The first reason is that the situation of various district in China is similar because there are united policies for every district in China. The research of a city in China can effectively reflect the situation of the whole China. The second reason is that City X has high economic and social development in China. The children with serious illness medical saving has also acquired great achievement. The central and western district of China can improve the children with serious illness medical saving pattern and achievement base on the pattern and achievement of City X. Moreover, data collection is also required and important for case study, The data analysis can effectively and accurately describe the fund origin and achievement of medical saving departments.

4. Results

4.1 Functions, authorities and relationship of medical saving departments

The departments linked with children with serious illness medical saving of City X for the research include Municipal Civil Affairs Bureau (MCAB), Tomorrow Plan Office (TPO), Charity Federation (CF) and Social Security Department Medical Insurance Division (SSDMID) and Chinese Red Cross Foundation (CRCF). Different departments have different functions. MCAB has the function of evaluating which children with serious illness should be carried out medical saving according to the policy and offer the list of those children. TPO is a department of MCAB responsible for 'Tomorrow Plan', which is a plan of orphans with serious illness medical saving. TPO can also have medical saving to some children who are not orphans, but it requires special application. CF and CRCF have the function of integrating social charity resource and donation to offer additional support when the government fund support is not enough. SSDMID has the function of offering medical security to all the people who have purchased the medical insurance including children with serious illness. Different departments also have different authorities. MCAB has the authority of evaluating whether the child is required to be offered medical security according to the policy. TPO has the authority of evaluating whether applicants conform to the medical saving range of 'Tomorrow Plan'. CF and CRCF have the authority of supervising the donation and charity funds. SSDMID has the authority of evaluating whether applicants conform to the condition of offering medical security.

The relationship between MCAB, TPO, CF, SSDMID and CRCF is that Tomorrow Plan is a department of MCAB responsible for 'Tomorrow Plan', 'Tomorrow Plan' focuses on the medical saving of orphans with serious illness. MCAB and SSDMID are both responsible for children with serious illness medical saving (including Tomorrow Plan department of MCAB responsible for the medical saving of those orphans within children with serious illness), MCAB is responsible for offering the list of the children requiring medical saving, SSDMID is responsible for offering medical security. CF and CRCF use the charity fund established by social donation when the fiscal fund of government is not enough.

4.2 Funds origin, management pattern and working content of medical saving department

The director of TPO in City X stated in the semi-structured interview that the fund origin of 'Tomorrow Plan' includes the central public welfare fund and the municipal public welfare fund. All the public welfare funds come from welfare lottery. The fund origin of CF in City X for the research is about 400-500 million and 100% from social donation. For the CRCF, the fund origin includes social

donation, welfare lottery and government fund support, with the total of 5.543 billion RMB until 2018 consisting of 4.351 billion RMB social donation plus 1.192 billion RMB welfare lottery and government fund support. For the SSDMID, people are required to purchase the medical insurance for acquiring medical treatment fees reduction. The medical insurance fee of City X for the research every year (RMB) is calculated as local average wage every month. This can be calculated as $*0.8\% *12 \text{ months} = 522$. Thus, the 522 RMB is medical insurance fiscal subsidy offered by the government, therefore the fee people needs to pay to purchase the medical insurance is moderate.

For the management pattern, 'Tomorrow Plan' offers orphans with illness 3 levels of protection. The first level protection is daily inspection, which is the responsibility of medical treatment division. The second level protection is disease diagnosis, which is the responsibility of the designated district level hospital. When serious illness happens and operation is necessary, the third level protection is required, which is the medical treatment responsible by 3A hospital. Some charity funds are issued by specific individuals or organizations, which are non-government charity funds. These charity funds often have specific utilization, such as the specific utilization of children with serious illness medical saving. These charity funds are often named as 'the name of sponsor (individual or organization) + specific utilization', such as 'Jack's Children with Serious Illness Medical Saving Fund'. This pattern of charity funds will become the trend of future development of charity funds. In addition, some charity funds carry out moderate charity patterns, which is to use the bank interest of fund for charity donation only. The amount of interest is about 3%-4% every year. Although the income of bank interest is moderate for charity donation, the income is stable and with low risk. For example, a 155 million charity fund can have interest of 4.22 million for donation every year.

For the working content, firstly, 'Tomorrow Plan' has medical fund support. For the medical fees, the part of self-paid medical fees over \$1000 RMB within one year can acquire the fund support from 'Tomorrow Plan'. For the reimbursement fees, 'Tomorrow Plan' can offer the fund support of maximum \$30000 RMB to the part of self-paid reimbursement fees. In addition, 'Tomorrow Plan' will also offer fund support for the special medicine fees and equipment fees. For the medical examination fees, orphans take one medical examination for every two years. The fund support of maximum \$800 RMB for each medical examination each person can be offered by 'Tomorrow Plan'. For the service fees of being in hospital, the fund support of maximum \$7000 RMB for each times each person and maximum twice every year can be offered by 'Tomorrow Plan' [23]. Secondly, CF has various medical saving options for children with serious illness. These include free screening, medical and rehabilitation subsidies, psychological counseling, supplementary medical insurance. Moreover, I undertook a semi-structured interview by phone with the director of SSDMID in City X. The director stated that when people of City X for the research purchase medical insurance,

90% of the fees can be reimbursed over the ‘starting paying line’ for living in hospital by SSDMID. The ‘starting paying line’ in the city I researched is 100 RMB for Level 1 hospital (Level 1 is the best level), 200 RMB for Level 2 hospital and 300 RMB for Level 3 hospital.

4.3 Group of people, system and achievement of medical saving department

MCAB can offer medical saving and support to orphans under 18 years old, children who have guardians but guardians are not able to take care of them, children with families requiring subsistence allowances and children with families being at the edge of requiring subsistence

allowances. Those children have basic medical insurance and serious illness medical insurance for medical saving and support. MCAB is responsible for evaluating the quality for those children to have those medical insurance for medical saving and support. In addition, Social SSDMID is responsible for offering specific medical saving and support service. For the ‘Tomorrow Plan’, a special medical saving plan focuses on orphans responsible for TPO. This can offer medical saving and support to the orphans aged between 0-18 and the orphans over 18 still studying in the university. For the CF and CRCF, all the children under 18 with serious illness can acquire medical saving and support.

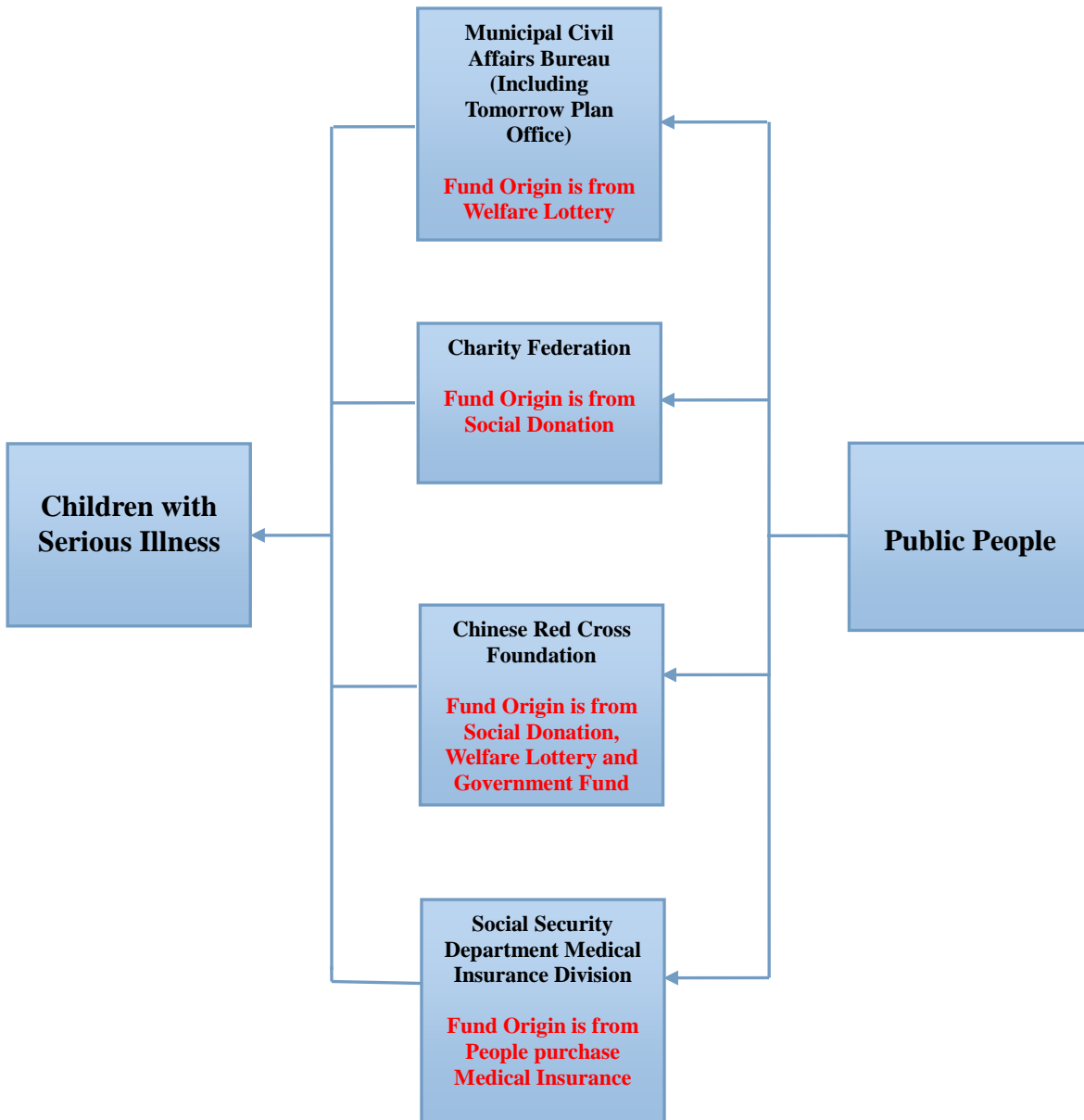


Chart 1 The Relation Chart of Children with Serious Illness Medical Saving System.

From the Flow Chart of Children with Serious Illness Medical Saving System, it can be found that the support from public people can be brought to children with serious illness by these four departments. These four departments have their own fund origin, which includes welfare lottery, social donation, government fund and fees payment of medical insurance. The fund origin can be separated into two parts. The government fund and fees payment of medical insurance is from the payment of all the people, whereas the welfare lottery and social donation is from some people who support charity. The charity fund origin fills the gap when government fund support and medical insurance is not enough.

For the achievement of medical saving, the numbers of orphans which 'Tomorrow Plan' offered medical saving to in City X is approximately 700 per year, from 2016-2019.. The specific cases of 'Tomorrow Plan' include scoliosis and heart disease. After successful scoliosis treatment, the spine of children can become straight. For the medical treatment of heart disease, 'Tomorrow Plan' also covers the later caring, which can guarantee the rehabilitation of those orphans with serious illness. In addition, the designated support plan between six cities in the Eastern Guangdong Province, cerebral palsy rehabilitation base has been constructed for the children with cerebral palsy. The city for the research is also within those six cities in the Eastern Guangdong Province, which offers designated support to other five cities because of having higher outcomes of children with serious illness medical saving. For the CF, the number of people assisted by the CF in City X is about 9300 every year. According to the estimation that the population of children is about 20% of all the people, the number of children assisted by the charity organization is about 1860 every year. For the CRCF, the accumulated public expenditure is 5.02 billion RMB. The CRCF has achieved the outcome including offering fund support to over 123,000 children with serious illness from family with low income.

4.4 Children with serious illness who acquire medical saving contributing back to the society

The medical saving system of children with serious illness has achieved great improvement and success. Many children with serious illness acquire medical saving and their serious illness is cured. Some children also hope to give assistance to other people who also require assistance, which can contribute back to the society. There was a case in Duchang county, Xunyang city of Jiangxi Province in China reported by Xunyang Evening News. A group of children are in a dilemma but are taken care of by the society in the 'Sun Village' (a child welfare centre of adopting children in dilemma) of Duchang county. They went to Gerocomium to visit and be cared for elders. They have continued this activity for 10 years [24]. Those

children acquired medical saving and were taken care by the society, and they also contribute back to the society, which can be beneficial to the mutual assistance between people in the whole society and promote the development of social welfare. Overall, the contribution back to the society from the group of people acquired social welfare assistance can be a virtuous cycle, which can be beneficial to both the group of people acquired social welfare assistance and the social improvement.

4.5 Conclusion & Discussion

In conclusion, the children with serious illness medical saving system in China includes the departments of Municipal Civil Affairs Bureau (including Tomorrow Plan Office), Charity Federation and Social Security Department Medical Insurance Division and Chinese Red Cross Foundation. Municipal Civil Affairs Bureau (including Tomorrow Plan Office) is responsible for offering the list of the children with serious illness requiring medical saving, Social Security Department Medical Insurance Division is responsible for offering medical saving fund support and medical security. Charity Federation and Chinese Red Cross Foundation will offer fund support when the government fund support is not enough. Overall, the public can assist the children with serious illness requiring assistance through these four departments. Although the gap between China and developed countries still exists, the children with serious illness medical saving has large improvement in China with better medical saving institution and system.

Moreover, there are two new solutions for increasing the fund support of children with serious illness medical saving. The first new solution is to issue 'Children with Serious Illness Medical Welfare Lottery'. In 2015, Member Liming Zhang submitted a proposal to the national committee of the Chinese people's political consultative conference (CPPCC) for suggesting issuing the China Child Welfare Lottery to collect more social funds for child welfare [25].

From my perspective, issuing the 'Children with Serious Illness Medical Welfare Lottery' is more appropriate and effective. The winning probability and bonus amount of this 'Children with Serious Illness Medical Welfare Lottery' can be designed to a little higher than the recent welfare lottery and sports lottery, as well as encourage the public to support more for the medical welfare to children with serious illness by publicity and popularization. People can understand that it can both achieve the goal of 'helping children with serious illness' and have higher winning probability and bonus amount when they purchase the children with serious illness medical welfare lottery, which is a 'win-win' pattern for them.

The second new solution is to establish 'Extreme Serious Illness Children Medical Welfare Fund'. It can be established by integrating the fiscal allotment of

government, the fund of the official welfare institutions and social donation. It is better to be a national fund. There are many regional welfare and charity fund focusing on children with serious illness medical saving with small scale, but there is no national fund for supporting children with serious illness medical savings (Although Chinese Red Cross Foundation is a national fund offering large fund support for children with serious illness, it is not a 'specialized' national fund for children with serious illness medical saving). The establishment of national fund can increase the efficiency of offering support through cross-region, such as it can be beneficial for higher economic development region to give aid to the children with serious illness in the lower economic development region in China.

Children with serious illness in China are separated into three categories with different solutions. The first category of children are 'the children with general serious illness', the current situation is the existence of fund shortage after being supported by the current social insurance and medical insurance in China, it is required to increase the fund of social insurance and medical insurance for support, which can collect the fund from the 'Children with Serious Illness Medical Welfare Lottery' mentioned above when it is established successfully.

The 'Extreme Serious Illness Children Medical Welfare Fund' is established to offer fund support to the second and third category of children, which are both 'the children with extreme serious illness'. For this fund, it does not need to use the bank interest for charity donation only, it can invest the charity fund properly, which to acquire profit and share for more income except from bank interest. The second category of children are 'the children with extreme serious illness but without death risk'. The profit of the fund can be used to offer fund support for this category of children. The principal of the fund can only be used when the special emergent situation of the profit of fund being not enough to pay the medical fees. For the second category of children, the situation is not the most serious but the number of these children is large, it requires more profit for medical saving fund support.

The third category of children are 'the children with extreme serious illness with death risk', an efficient information platform should be established, and the network covering the whole country should be used to search and find those children who need help. The family of those children do not need to pay the medical fees to the hospital at first and the children can get medical treatment, the hospital can reimburse from the 'Extreme Serious Illness Children Medical Welfare Fund', and the fund will pay the medical fees of children to the hospital. For the third category of children, the situation is the most serious, it is necessary to guarantee a stable fund to support all these children. Therefore the 'fixed income' including bank interest and share (the profit is varied and not 'fixed income') of the fund should be used to pay this part of medical fees at first because of the stability of the fund. If the 'fixed share' of the fund is not enough, the profit of the management of the fund and the principal of the fund can also be used to pay the medical fees of children.

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