



The Funding Guarantee Mechanism of Citizens' Right to Health in Public Health Emergencies

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Abstract. The COVID-19 is a public health emergency of international concern, which has had a serious impact on the health and life safety of all mankind. How to insure the medical costs of patients with COVID-19 has become an urgent issue. Under China's current practice, the medical insurance fund and public financial subsidies jointly share responsibility for the medical costs of ordinary people infected with COVID-19. The work injury insurance fund and the employers pay the medical costs of front-line medical personnel and urban and rural community workers. These practices are a timely response to people's COVID-19 medical needs. But these fragmented, temporary, and policy-based measures have exposed the problems of unclear responsibilities between public finance and social insurance, and the institutional gaps in the country's response to public health emergencies. In order to improve the funding guarantee mechanism of citizens' right to health in public health emergencies, we must clarify the relationship between medical insurance and public health, identify work injuries, divide the responsibility of central and local governments rationally, and establish a social compensation system.

Keywords: Public health emergency · Health right · Funding guarantee mechanism · Social compensation system · Social security

1 Introduction

The COVID-19 epidemic has the characteristics of large, strong contagion, with fast transmission speed and a long duration. There are still accidental large-scale outbreaks and repeated spreads in many parts of China. COVID-19 is the most challenging public health emergency in the past century and has caused serious damage to both life and health. Establishing a legitimate and efficient mechanism by which to guarantee the funding of people's medical expenses is critical to protecting and realizing their right to life and health. Clarifying the positions of existing systems, differentiating between systems' boundaries, and putting in place a framework that meets real needs are also necessary to promoting the construction of the nomocracy in the field of social security.

While currently it is mainly the basic medical insurance fund and public finance that bear the cost of COVID-19 treatment, some scholars have begun to reflect on the

legitimacy of doing this via medical insurance funds (Cheng & F. M. Huang, 2020), and to analyze its negative impact on the medical security system (J. Yang & Jia, 2020). Wang Li (2020) has pointed out the mismatch between basic medical insurance and the need for prevention and control of public health emergencies. Some scholars have paid attention to the difficulties that local finance faces (A. C. Wang, 2020), and some believe that there are many deficiencies in the emergency mechanism and use management of financial funds (X. Zhang & J. N. Liu, 2020). This has led other scholars to suggest that laws, rather than policies, should regulate the scope of the application of medical insurance funds. The current public financial emergency mechanism should be optimized (Y. D. Sun & Q. Wang, 2020), the distribution system of public financial powers and responsibilities should be improved (Yan, 2021), and the degree of specialization of the financial operation mechanism should be enhanced (D. P. Huang, 2020). A minority of scholars have begun to advocate and propose a social compensation system, so as to provide institutional and stable guarantees for citizens' right to health in the long-term (Lin & Y. Zhang, 2020; Lou, 2021; Chang, 2022). Scholars have paid less attention to the identification of COVID-19-related work injuries. Zhu (2021) writes that a broad understanding of the identification of work injuries is necessary for the maintenance of social order and stability. Several scholars believe that COVID-19 should be considered an occupational disease, and that China's current occupational disease catalogue should set open-ended clauses to reserve the possibility of identification for emerging occupational diseases. (Z. P. Sun, 2021; Weng, 2020).

However, there has not yet been a comprehensive, systematic investigation and analysis of the funding guarantee mechanism for citizens' right to health in public health emergencies. This article first summarizes the main measures that China has taken to cover the treatment costs for COVID-19. It then analyzes the problems with the current measures, and offers suggestions for improving the situation, based on the causes of these problems and on relevant practices in other countries; Targeted exemptions to restrictive clauses of the medical insurance settlement mechanism should be made; For front-line medical staff, urban and rural community workers, and related staff members who are infected with COVID-19 or die due to COVID-19 infection, work injury insurance or the employers must cover the treatment costs.

2 Current Regulations and Measures to Guarantee Medical Treatment Funds for the Prevention and Control of COVID-19

Laws such as the Law of the People's Republic of China on Prevention and Treatment of Infectious Diseases and the Emergency Response Law of the People's Republic of China stipulate rules and principles for infectious diseases and public health emergencies. They require governmental bodies at all levels to be responsible for the prevention and control of these situations. Since the outbreak of COVID-19, the central and local governments, courts, and other institutions have issued policies that attempt to solve the problem of medical expense protection for patients infected with COVID-19, and have played an active role in responding to public health emergencies and protecting people's health. But there are still many issues around the principles, norms, and institutional mechanisms that need to be reviewed and improved.

A. Documents Issued at the National Level

China's current policy stipulates that all citizens' COVID-19 treatment costs are free of charge. The central government's policies mainly include:

1. Medical Insurance Coverage

In accordance with the Notice of the National Medical Security Bureau and the Ministry of Finance on Providing Medical Security for COVID-19, the medical insurance fund and public financial subsidies jointly bear the medical treatment costs for ordinary patients diagnosed with COVID-19. The Opinions of the Central Committee of the Communist Party of China and The State Council on Deepening Reform of the Medical Security System states that targeted exemptions to the off-site settlement system, the scope of payment of the medical insurance fund, the payment limit, and other restrictive clauses of the medical insurance settlement mechanism should be made.

The Notice of the National Medical Insurance Bureau and the National Health Commission of the Ministry of Finance on Issues Related to the Payment of Medical Expenses for Imported Cases of COVID-19 by Overseas Returnees stipulates that for those who return to China from overseas and have not participated in basic medical insurance, should, in principle, cover their own medical costs. But they may be given medical assistance in accordance with laws and regulations if they meet certain conditions.

According to the Notice of the Ministry of Finance, the National Medical Insurance Bureau, and the National Health Commission on Matters Related to the Financial Subsidy for the Medical Insurance Fund to Bear the Cost of COVID-19 Vaccine, the medical insurance fund should bear the cost of vaccinations, while the financial fund should give subsidies to the medical insurance fund of up to 30% of the vaccination costs, as verified by the health authorities and medical insurance departments.

2. Work Injury Insurance Coverage

For special groups, such as front-line medical staff, urban and rural community workers, and related staff members who are infected with COVID-19 or die due to COVID-19 infection, work injury insurance or the employers must cover the treatment costs (if the employer does not participate in the work injury insurance, public finance must subsidize these expenses). This policy is mainly stipulated in *the Notice of the Ministry of Human Resources and Social Security, the Ministry of Finance and The National Health Commission on the Relevant Protection Issues of Medical Care and Related Staff Members Infected with COVID-19 due to the Performance of Their Work Duties* and *the Notice of the Central Leading Group for Responding to COVID-19 on The Comprehensive Implementation of Care Measures for Urban and Rural Community Workers in the Frontline of COVID-19 Prevention and Control*.

The Notice of the National Health Commission on Implementing Several Measures to Improve the Working Conditions of Front-line Medical Staff and Take Care of the Physical and Mental Health of Medical Staff also calls for a green channel for identifying work injuries, and for issuing work injury insurance benefits as quickly as possible.

3. Public Financial Subsidies

The public finances subsidize the part of the personal burden that the various insurance funds do not cover. The Notice of the Ministry of Finance and the National Health Commission on the Relevant Funding Guarantee Policies for the Prevention and Control of COVID-19 requires local public finance to pay the funds in advance, and states that the central public finance shall subsidize up to 60% of the expenses that the local public finance incurs.

In accordance with the Notice of the Ministry of Finance, the National Medical Insurance Bureau, and the National Health Commission on Matters Related to the Financial Subsidy for the Medical Insurance Fund to Bear the Cost of COVID-19 Vaccine, the central public finance department must implement tranche-based subsidies for the local financial subsidy medical insurance fund of each province; the eastern region receives 30%, the central region 40%, and the western region 50%.

B. Documents Issued at the Local Level

While implementing the central policy documents, local governments have also refined, supplemented, and developed relevant regulations. The regulations mainly cover the following issues:

1. Medical Insurance Coverage

a. *Expansion of the coverage guarantee for “confirmed patients” to other groups*

Expansion of the coverage guarantee for “confirmed patients” to those under suspicion or medical observation (Office of the Leading Group for Joint Prevention and Control of COVID-19 in Gansu Province, *Notice of Several Measures to Support Winning the Battle of COVID-19 Prevention and Control*, 2020); those who have been cured and discharged from hospital and are eligible for a health tracking service plan (Guangdong Provincial Medical Security Bureau, Guangdong Provincial Department of Finance, Guangdong Provincial Health Commission, *Notice on Further Improving the Comprehensive Prevention and Control of COVID-19*, 2020); and recovered patients who retest positive after discharge (Guangxi Zhuang Autonomous Region Medical Insurance Bureau, Guangxi Zhuang Autonomous Region Finance Department, Guangxi Zhuang Autonomous Region Health and Health Commission, *Notice on Further Improving Medical Insurance for COVID-19*, 2020). Recently, in order to ensure the normalization of testing in the prevention and control of COVID-19, Beijing also made nucleic acid testing free for all citizens, and stipulated that the medical insurance fund and public finance should jointly bear all of the necessary funds.

b. *Clarification of the proportion that the medical insurance fund pays*

For example, Guizhou province stipulates that “the proportion of medical insurance comprehensive protection payment is 80%, and suspected patients are 75%” (Guizhou Provincial Medical Security Bureau, Guizhou Provincial Finance Bureau, and Guizhou

Provincial Health Commission, *Notice on Implementing the Unified COVID-19 Medical Insurance Benefit Policy*, 2020).

c. *Temporary supplementation or adjustment of what the medical insurance funds pay*

Some provinces require that medical insurance funds also cover the medical expenses during the isolation period after discharge, the cost of chest CT examinations due to COVID-19 screening, the cost of outpatient (emergency) treatment for confirmed and suspected patients who are transferred designated treatment hospitals or designated hot (emergency) treatment (Guangdong Provincial Medical Security Bureau, Guangdong Provincial Department of Finance, Guangdong Provincial Health Commission, *Notice on Further Improving the Comprehensive Prevention and Control of COVID-19*, 2020), nucleic acid testing and chest CT examination costs for returnees, COVID-19 antigen detection reagents, and corresponding test items (Hunan Provincial Medical Security Bureau Office, *Notice on Effectively Doing a Good Job in the Current Epidemic Prevention and Control Medical Security Work*, 2020). At the time of a medical insurance settlement, the municipal medical insurance handling departments should review and determine coverage for any clinically necessary COVID-19 drugs that are not included in the national and provincial diagnosis and treatment plans in the medical insurance directory, to determine the scope of medical insurance payment (Shandong Provincial Medical Security Bureau, Shandong Provincial Department of Finance, Shandong Provincial Health Commission, Shandong Provincial Drug Administration, *Notice on the Announcement of the List of Some Drugs Temporarily Included in the Scope of Medical Insurance Payment during the Prevention and Control of COVID-19*, 2020).

2. Work Injury Insurance Coverage

a. *Interpretations of the term “related staff members,” whose damages can be identified as work injuries*

For example, “the understanding of related personnel, including medical personnel, hospital nurses, treatment institution order management personnel, ambulance drivers, etc., engaged in the ‘prevention and treatment’ work category, as well as community service personnel, security personnel, transportation personnel, health, and catering service personnel, etc., who are directly involved in auxiliary treatment, disease prevention and control, logistics support, etc.” (The First Civil Division of the Higher People’s Court of Guangxi Zhuang Autonomous Region, *Notice on Issuing the “Guiding Opinions on Properly Hearing Civil Disputes Related to COVID-19”*, 2020).

b. *Expansion of the scope of personnel identified with work injuries from “front-line medical nursing and related workers, front-line urban and rural community workers” to “ordinary employees”*

The regulation documents of some provinces stipulate that if non-medical employees can prove that they were infected with COVID-19 for work-related reasons, the courts should support them in accordance with law. Those employees can also enjoy the

relevant benefits of work injury insurance (Office of Fujian Provincial Department of Human Resources and Social Security, *Guiding Opinions on Several Issues Concerning Handling of Labor Dispute Cases Caused by COVID-19*, 2020; The First Division of Civil Trial of Zhejiang Higher People's Court, *Notice on Issuing the "Implementation Opinions on Regulating Civil Legal Disputes Related to COVID-19 (Trial)"*, 2020; Hunan Higher People's Court, *Answers to Several Questions Regarding the Application of Laws in Cases Involving COVID-19*, 2020; Guangdong Provincial High Court and Provincial Human Resources and Social Security Department, *Answers to Several Questions Regarding the Trial of Labor and Personnel Dispute Cases Involving COVID-19*, 2020).

c. *Temporary adjustment of what the work injury insurance fund will cover*

Some items that are normally not included in the scope of payment of the work injury insurance fund should be included temporarily. This includes the drugs, medical service items required for the treatment of COVID-19, and the cost of nucleic acid testing for COVID-19 during hospitalization that are defined by the state and autonomous regions (Department of Human Resources and Social Security of Ningxia Autonomous Region, *Notice on Effectively Doing a Good Job in Work Injury Insurance During the Recent Epidemic Prevention and Control Period*, 2020).

d. *Temporary expansion of the scope of work injury medical agreement service institutions*

The Regulations on Work Injury Insurance stipulates that employees with work injuries should seek medical treatment at a medical institution that has signed a service agreement. But some local documents stipulate that all non-work injury insurance medical agreement service institutions identified as designated medical treatment institutions for COVID-19 (including square cabin hospitals) must be temporarily included in the scope of work injury medical agreement service institutions (Qiqihar Human Resources and Social Security Bureau, *Notice on Further Implementing the Implementation Opinions on Doing a Good Job in Medical Care and Related Staff' Employee Injury Protection*, 2020).

e. *Actively study the inclusion of COVID-19 into the classification and catalogue of occupational diseases*

The National Health Commission also mentioned in its reply to the Chinese People's Political Consultative Conference's proposal that it will actively study the inclusion of infectious diseases, such as COVID-19 among medical personnel due to occupational contact, into the Classification and Catalogue of Occupational Diseases (National Health Commission, *Letter on Reply to Proposal No. 4392 (No. 389 for Social Management) of the Third Session of the Thirteenth National Committee of the Chinese People's Political Consultative Conference*, 2020).

3. Public Financial Subsidies

a. *The main body responsible for public financial subsidies*

In terms of the main body responsible for public financial subsidies, it is being clarified that the public financial departments at the same level at which insurance benefits are paid shall settle subsidies. In addition to subsidizing local finances according to 60% of the expenses incurred, the Central Finance Committee will also allocate urgent prevention and control subsidy funds to local governments according to the extent of their need for of epidemic prevention and control. For example, the Central Public Finance Committee allocated 1 billion yuan to the Hubei province for epidemic prevention and control subsidy funds in January 2020.

b. *The scope of financial subsidies*

Regarding the scope of financial subsidies, local policies have also refined and supplemented the central regulations, stipulating that the subsidies should include the medical expenses incurred by confirmed and suspected patients who have not participated in basic medical insurance.

In order to standardize and strengthen the supervision and management of subsidy funds for the prevention and control of COVID-19, Shandong, Guangxi, and other local governments have issued the Interim Measures for the Management of Subsidy Funds for the Prevention and Control of COVID-19, which clearly stipulates the scope of expenditure, fund allocation, settlement and scheduling, fund management, performance evaluation, and accountability for violations of discipline.

4. Commercial participation

Governments encourage insurance companies, such as that of Inner Mongolia, to give commercial insurance to all front-line medical personnel. And they recommend that employers that hire front-line medical and related personnel purchase specific personal insurance for front-line medical personnel (Inner Mongolia Autonomous Region Health Commission, Inner Mongolia Autonomous Region Human Resources and Social Security Department, Inner Mongolia Autonomous Region Finance Department, *Notice on Printing and Distributing Specific Measures to Further Strengthen Care for the Physical and Mental Health of Front-line Medical Staff*, 2020).

3 The Problems of Social Security and Public Finance's Comprehensive Guarantees of Medical Treatment Costs for COVID-19

In the face of the sudden outbreak and on-going COVID-19 epidemic, China has taken immediate measures to introduce policies that guarantee the costs of medical treatment and implement treatment and then settlement. Social insurance and public financial subsidies fully bear all of the related medical expenses. China's unwavering adherence to the people's supremacy and the principle of life first, leads it to demand scientific precision and a dynamic zero-COVID policy, in order to protect people's right to life

and health (Li et al., 2022). By the end of April 2022, the National Medical Insurance Bureau had allocated 20 billion yuan for the treatment of COVID-19, with settlement costs of 2.97 billion yuan. The current measures ensure that patients do not bear the costs of medical treatment, and can therefore seek medical diagnosis and treatment in a timely fashion. This produces a strong incentive for the prevention and control of COVID-19, effectively preventing the spread of the epidemic and blocking the transmission of the virus, which has led to a sustained and comprehensive improvement in economic and social order. However, we cannot ignore the fact that there some normative and practical problems remain.

A. Problems that Arise at the Normative and Practical Level When the Medical Insurance Fund is Used to Pay for Public Health Emergencies

1. According to China's laws and regulations, the government is responsible for public health expenses

The Emergency Response Law stipulates that “the State Council and local people's governments at or above the county level shall take financial measures to ensure the funds required for emergency response work.” Similar provisions appear in *the Regulations on Emergency Response to Public Health Emergencies*, which require governments at all levels to provide “necessary funds” to ensure that relevant personnel receive timely and effective treatment. Whether the medical insurance fund can be attributed to “government fiscal measures” and “government-provided funds” is still under discussion (Cheng & F. M. Huang, 2020). According to Article 30 of *the Social Insurance Law* (2018), expenses assumed by the public health shall not be included in the payment scope of the basic medical insurance funds. Disease prevention, treatment, and vaccination during public health emergencies should fall within the scope of public health, which should bear its costs (Yin, 2011).

2. On the theoretical level, the concept and system of medical security are incompatible with the need to prevent and control public health emergencies

According to the principles of insurance, medical insurance should maintain financial balance, self-sufficiency, and scrap capacity affordability principle. Medical insurance fund should remain separate from the general state financial funds. *The Basic Medical Insurance Drug Catalog*, which determines the safety of the fund, and follows the standards of clinical necessity, safety and effectiveness, reasonable price, and convenient use, stipulates the payment scope of medical insurance. Medical service institutions must be identified as designated medical institutions through qualification examinations and other means, so that they can recover medical expenses from medical insurance agencies (S. Y. Zheng, 2019). The policies and practices of COVID-19 prevention and control reflect the mismatch between medical insurance, and the prevention and control needs of public health emergencies. For example, because medical security cannot meet the prevention and control needs of COVID-19 in terms of coverage and protection content, public finance has to subsidize the uninsured personnel and cover personal cost burdens. The territorial management of the basic medical insurance system also does

not match the regional linkage of epidemic prevention and control, so it is necessary to break through the regulations temporarily, in order to reduce the proportion of off-site insurance settlements (L. Wang, 2020).

3. From a practical point of view, there are also problems with the medical insurance fund's balance of payments

Medicare balances payments based on stable financing against income-based payments (Yuan, 2018). During the epidemic period, expenditures from the medical insurance fund have increased sharply. At the same time, the deferral of premium payments has been stipulated, which might have a negative impact on the balance of the medical insurance fund (J. Yang & Jia, 2020). Due to the current low level of basic medical insurance co-ordination, the payment pressure of medical insurance funds in some regions is huge, and there is a risk of loss. In general, medical security, as a conventional institutional arrangement, is inconsistent with the temporary needs of public health emergencies, which can lead to conflicts (J. Yang & Jia, 2020). The blurring of the responsibility boundaries between the social security system and the public health emergency system can adversely affect the stability, standardization, and sustainability of the current social security system. But it is also undeniable that due to the complex causal relationship between the cause and death of patients with COVID-19 with previous diseases, it can be difficult to define the scope of expenditure liability of medical insurance and public health.

B. The problems of the applicability of work injury insurance to the prevention and control of COVID-19

1. The extension work injury insurance to ordinary employees with COVID-19 in some places violates the basic principles of work injury identification

China's current work injury insurance medical treatment standards are high. Moreover, the work injury insurance fund, in addition to paying the cost of treating work injuries, also includes living allowances, hospital nursing expenses, disability allowances, funeral allowances, pensions for supporting relatives, and one-time work-related deaths, as well as prevention and rehabilitation (S. B. Yang, 2011). Therefore, the law sets more restrictions on the applicable conditions for receiving this insurance. The determination of work injury needs to follow strict legal logic and factual rules. The Regulations on Work Injury Insurance stipulates three work-related principles for identifying work injuries: the injury occurred during working hours, in the workplace, for work reasons. The academic theory also follows the "total amount theory" that if the sum of the two criteria of "arising out of employment" and "in the course of employment" for identifying work injuries can reach the legal minimum standard, the work injury should be compensable (X. S. Zheng, 2014). However, under the premise that by medical insurance and public finance have borne the current cost of medical treatment for COVID-19, some provinces, such as Hunan and Zhejiang, still extend the scope of work injury recognition to ordinary employees, although the necessity and legitimacy of doing so is debatable.

2. The inclusion of “disease” in work injury insurance requires careful justification

From the perspective of orientation and concept, work injury insurance initially only protected “accidental injury.” Although the “disease” has gradually been added in the scope of protection, there are also strict limits on how and to what extent it is included. At present China mainly identifies “disease” as a work injury in three ways: including it on the list of occupational diseases, treating death due to disease as work-related death, and incorporating the disease into the scope of work injury after proving the relevance of the disease through special professional and technical appraisal. The inclusion of “disease” in the scope of work injury insurance needs to be fully demonstrated. And based on the theory of minimum social cost, if only medical insurance can fully meet the treatment needs of “diseases” that do not involve rehabilitation, prevention, it is not necessary to include COVID-19 treatment costs in work injury insurance (Hu, 2021).

3. Inconsistency in local policies also contributes to inequity

Compared to the central policy, some provinces have expanded the applicable subject and scope of work injury insurance, while the rest of the localities still implement the work injury determination in accordance with the central policy. This has led to differences in work injury insurance policies between regions, resulting in a lack of fairness in the determination of work injury. This arbitrary and extended application has also had a detrimental impact on the authority and normativity of the work injury insurance system (Qiao, 2021).

C. Weaknesses of the Fiscal System in Responding to Public Health Emergencies

1. The contradiction between local fiscal revenue and expenditure has become increasingly prominent during the COVID-19 epidemic

Some scholars have taken Dagan County, Yunnan Province as an example of the low public financial self-sufficiency rates of some remote areas and grass-roots governments. Public finances in these places are heavily dependent on transfer payments from higher-level governments. The long-term, continuous prevention and control of COVID-19, has caused the gap between local fiscal revenue and expenditure to widen. There are hidden dangers of debt risks, and the pressure of financial subsidies is increasing (A. C. Wang, 2020).

2. There are other problems with fiscal funding for the prevention and control of COVID-19

In the prevention stage, the scale of China's financial reserve fees is inadequate, and the emergency fund is insufficient. At the stage of use, there are problems of less investment in prevention services and the lack of supervision of financial fund raising, distribution, and use. In the after-the-fact stage, there is the lack of a comprehensive and scientific performance evaluation mechanism (X. Zhang & J. N. Liu, 2021).

D. The Absence of Long-Term, Systematic Mechanisms Such as a Social Compensation System

In view of the public dangers that COVID-19 causes society as a whole, China lacks long-term mechanisms, such as social compensation, that share the same philosophy as public dangers governance. In response to this kind of public health emergency, the traditional national compensation and administrative compensation system developed on the basis of tort liability cannot be applied. Fragmented, temporary, and emergency social security policies adjustments have also had a negative impact on the original system. When based on community responsibility, a social compensation system aimed at dispersing risks and balancing losses, and characterized by causality, a statutory system, sociality, and gratuitousness, has significant advantages in its ability to respond to public health emergencies. But this system is what China currently lacks (Lin & Y. Zhang, 2020).

4 The Background and Reasons of the Current Medical Treatment Funding Guarantee Mechanism

A. The Influence of Central Policy on the Repositioning of the Medical Security System

1. A Healthy China Strategy

In 2016, the Central Committee of the Communist Party of China and the State Council formulated and implemented the Healthy China 2030 Planning Outline. In 2017, Xi Jinping first proposed the Healthy China Strategy in the report of the 19th National Congress, advocating the overall concept of “great health, great hygiene,” and helping the people to shift from fighting diseases to a new health model of overall health, national health, and full-cycle health (X. G. Zhang et al., 2022; Q. Yang, 2021). In the current system, the relationship between the medical insurance system and people’s health has become close, and the transformation of its orientation under the vision of Healthy China has become one of the key tasks for the implementation of the Healthy China Strategy.

2. The concept of a community with a shared future for mankind

In order to prevent and control COVID-19 and to protect people’s right to life and health, all parties should work together, put the people in the center, build a community with a shared future for mankind, and jointly maintain social stability and unity (X. G. Zhang et al., 2020). Xi Jinping has also stressed the need to build a defense line for the health of the whole people and to strengthen the top-level design of the national medical security system under the guidance of the concept of sharing (W. Z. Chen, 2021). In order to change the focus of the medical insurance system from “protecting against diseases” to “protecting health,” the medical insurance system has assumed some of the functions of public health (Shen & Zeng, 2020). It is still in the early stage of system exploration; the corresponding system design and connection are not yet perfect, and the

responsibility boundaries of the basic medical insurance system and the public health system have yet to be clarified.

B. Investigation of the Trend of the Expansion and Application of Work Injury Insurance

1. Trends in the expansion of work injury insurance coverage

From the perspective of the historical evolution of work injury insurance, we can see that the scope of work injury recognition continues to expand. The expansion of insured entities in legislation, the increase in the number of recognized situations, and the expanded interpretation of work injury recognition in judicial practice all reflect the growing trend of work injury recognition in theory and practice (S. B. Yang, 2011). The reasons behind this evolution are to some extent related to China's legal philosophy. The socialist legal system with Chinese characteristics emphasizes the concept of being "people-oriented." On this basis, the design of the work injury insurance system is also guided by the protectionism of basic rights, the principle of priority protection of employees' rights and interests (S. G. Yang, 2013).

2. The pursuit of good social effects of law

One of the mainstream ideas of Legal Practice in China is to pursue the unity of legal effects and social effects. In addition to following a strict syllogistic reasoning method, judges must also take into account effects such as social stability and public recognition. There are inevitably some obstacles when the judges include social effects as "extra-case factors" in the comprehensive legal logic (H. Y. Zhou, 2016). The call for expanding the recognition of work injuries in the control of COVID-19 is also mainly based on social effects. For example, some scholars argue that the "three work-related principles" determining work injuries should be widely understood and applied, so as to give full play to the function of work injury insurance in maintaining order and social stability (Zhu, 2021). This kind of temporary and expansive application of the legal system of work injury insurance, which is mainly based on social effects, might, however, be incompatible with the legal logic of work injury recognition.

C. The Organizational Contradiction in the Division of Financial Power and Administrative Power Between the Central and the Local Governments

1. The side-effect of the division of fiscal power between central and local governments after the reform of the tax-sharing system

From the perspective of organizational sociology, organizational governance is most effective when the subject in possession of valid information possesses financial power, administrative power, and governance capacity (X. G. Zhou, 2017). Local governments have the most direct, comprehensive, adequate, and accurate information on epidemic prevention and control in their jurisdictions. This allows them to target it, and can reduce

the problems of information loss and supervision difficulties that can occur in the intermediate links of bottom-up information transmission, when local governments are responsible for the financial subsidies (Zang, 2015). However, the reform of the tax-sharing system in 1994 vested most of the financial power in the central government. This weakened the ability of local fiscal authorities to balance revenues and expenditures, and made them highly dependent on the transfer payment system. Complicating matters, there is a lack of clear division of public health powers at all levels of local governments.

2. The long absence of a major public health emergency diminished the institutional response capacity

Because no major public health emergencies have occurred in many years, the recent amount, proportion, and structure of public health expenditures is inappropriate for dealing with one, and the institutional mechanisms for responding to public health emergencies are not efficient (Y. D. Sun & Q. Wang, 2020).

5 COVID-19 Prevention Policies and Control in Typical Countries

Different from the specialized and limited control model that the United Kingdom, the United States, and Italy implemented, and the precise tracking and moderate control model that Japan, Germany, and Singapore used, China put into place a centralized control and treatment model for the prevention and control of COVID-19 (X. P. Liu, 2020). Other countries also implemented different medical insurance models. The United States is the only country with commercial insurance as the backbone of its medical insurance system. Welfare countries such as the United Kingdom offer free medical care for all citizens, and fund the medical insurance fund mainly from income tax. Singapore is the only country with legislation that mandates the establishment of a Medicare savings account to pay through which individuals and families pay their medical expenses. China, Germany, Japan, and most other countries have compulsory insurance models, which require employees to participate in basic medical insurance; employers and employees bear the insurance premiums, and the insurers rely on a pay-as-you-go system (Lin & F. Yang, 2016). This article will not discuss the less comparable countries and will focus mainly on the COVID-19 prevention and control measures in Germany, Japan, and South Korea.

A. Medical Insurance Coverage

During the COVID-19 epidemic, Japanese social insurance covered all the costs of pre-testing and post-treatment. Medical insurance under South Korea's social insurance system covers 80% of the total costs of pre-examination, quarantine, and post-treatment (Xu, 2020). Germany's medical insurance fully pays for the COVID-19 treatment costs, and it added the cost of testing for COVID-19 to the medical insurance catalog as early at the beginning of the epidemic (Hua, 2020). These three countries, like China, mainly paid for COVID-19 treatment costs through medical insurance. They have been temporarily improving the level of medical security by exempting medical insurance out-of-pocket

expenses and expanding the scope of medical insurance payments, so as to guarantee the patient's right to diagnosis and treatment, and life and health (Tang & Li, 2021).

B. Occupational Disease and Work Injury Insurance Coverage

On the issue of work injury identification, the Japanese Ministry of Health, Labor, and Welfare stated that people who are engaged in medical and nursing work, as well as employees whose work might bring them into contact with tourists and customers, have a high possibility of contracting COVID-19. When the infection route cannot be determined, the insurer will judge whether their illness fits into the category of work injuries. South Korea has certified doctors, nurses, sanatoriums, and other health care practitioners as well as call center staff who have been infected by COVID-19, as having work injuries. In Germany, people infected with COVID-19 through their work environment can apply for occupational disease coverage and receive treatment based on their work injury insurance. In general, these three countries recognize COVID-19 infection as a work injury, although the coverage varies. It is worth noting that Germany has the most explicit application of COVID-19 as an occupational disease.

C. Public Finance Subsidies

The Japanese government has issued its Economic Measures and Supplementary Budgets for COVID-19 Control to strengthen the detection system, prevent the spread of infection, develop vaccines and therapeutic agents, and ensure the provision of medical welfare for long-term combat against COVID-19 (Z. H. Zhou & B. Liu). In South Korea, the central and local governments share 20% of the total cost of patients' pre-testing, quarantine, and post-treatment for COVID-19 (Xu, 2020). Germany's "Basic Law" identifies COVID-19 as a special emergency, provides emergency financial relief programs, supplements the annual budget, and compensates hospitals and other health institutions for the financial burdens of the epidemic (C. W. Zheng, 2020). The public finances of all three countries also cover part of the public health expenditures related to COVID-19.

6 The Improvement of the Medical Treatment Funding Guarantee System under Public Health Emergencies

Citizens' right to health is not only a negative right, but also has the nature of a positive right. It is the obligation of the State to guarantee its citizens' health (Y. L. Chen, 2019). This obligation has a solid legal basis. Article 45 of Constitution of the People's Republic of China stipulates that citizens "have the right to material assistance from the State and society" in the event of illness, and that the State will develop social insurance and medical services. Laws such as the Emergency Response Law of the People's Republic of China and the Law of the People's Republic of China on Prevention and Treatment of Infectious Diseases refine the government's obligation to protect citizens' life, safety, and physical health during public health emergencies. Moreover, in 2001 China formally ratified the International Covenant on Economic, Social and Cultural Rights, article 12 of

which provides that states should recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and take measures, including ones that “prevent, treat, and eradicate all kinds of infectious diseases... [and] ensure that everyone has access to medical services and medical care when sick,” for which the state should undertake “obligations to respect, protect, and fulfill,” and must ensure the “availability, accessibility, acceptability and quality” of citizens’ right to health. In terms of the availability of the right to health, a 2012 WHO report placed particular emphasis on the financing of health, and on the obligation of the State to ensure adequate public funding for health and the equitable distribution of health resources (Saul et al., 2014). Therefore, the government should carry out its obligations to respect, protect, and recognize citizens’ right to health, and to provide strong financial guarantees for people’s life, safety, and physical health in response to public health emergencies. On the one hand, the medical funding payment mechanism in the current stage of COVID-19 needs to be improved in light of this obligation; on the other hand, the agenda should also include the exploration of the establishment of a long-term and systematic social compensation mechanism.

A. Suggestions for Improving the Existing System of Guaranteeing Treatment Funds under Public Health Emergencies

1. The improvement of the mechanisms by which medical insurance funds pay medical costs must suit the situation and target the problems
 - a. Clarify the relationship between the medical insurance system and the public health emergency system

It is critical to distinguish their different characteristics, scientifically delineate their orientation and function, demarcate their respective scopes of responsibility, and accelerate the exploration of each one’s connection mechanism (J. Yang & Jia, 2020). For patients who only suffer from COVID-19, the cost of treatment should ultimately be borne by the public finances. For COVID-19 patients with underlying diseases, the complex causal relationship between illness and expenses requires the legislatures and courts to create a payment method for treatment costs that is reasonable and scientific, and that combines medical professional judgment with the basic principles of jurisprudence. The application of restrictive clauses, such as those in the medical insurance catalogue and payment limits, must be carefully demonstrated. When coordinating medical insurance funds and public health funds, it is important to avoid any confusion between them.

- b. *Raise the legal level for adjusting the scope of payment of medical insurance funds, and further improve the availability, accessibility, and fairness of health care*

The appropriate use of the medical insurance fund is a realistic requirement for safeguarding the vital interests of the people. One effective way to do this is to summarize any successful experiences in the fight against COVID-19 and apply those lessons to the relevant administrative regulations or laws (Song & Zou, 2021). The government

must improve basic medical insurance planning, with the aim of recognizing of both provincial and national approaches. This will allow an expansion of the scale of medical insurance fund financing, will cover a larger number of people in a larger area, and resolve the problem of the welfare division between developed and underdeveloped cities and counties (L. Wang, 2020).

2. Study the inclusion of COVID-19 on the list of occupational diseases

China's work injury insurance legal provisions, like many worldwide, clearly distinguish between "accidental injury" and "occupational disease." In fact, compared with accidental injuries, occupational diseases stem more frequently from work situations, that is, long-term toxic and harmful working environments cause the diseases, which are often insidious and late-occurring, making it difficult to prove causality. For this reason, it is advisable to abide by the principle of the dual distinction between accidental injury and occupational disease, and actively to study the inclusion of infectious diseases, such as COVID-19, into the Classification and Catalogue of Occupational Diseases when they affect medical personnel due to occupational contact (Z. P. Sun, 2021). Looking around the world, we see that international organizations and many countries, such as Germany, have also identified COVID-19 as an occupational work injury. Classification and Catalogue of Occupational Diseases can take the form of enumeration and generalization to enhance the flexibility of the application of the norms, so as to include occupational infectious disease patients in public health emergencies in the scope of work injury protection (Weng, 2020).

However, we also need to maintain some control over the extent of the recognition of work injuries. Under the premise that medical insurance and finance can pay the current costs of COVID-19 treatment, except for front-line medical personnel and urban and rural community workers, the scope of protection of work injury insurance should not be extended to other employees infected with COVID-19 in the form of local judicial judgments.

3. Public financial subsidies need to be improved both in terms of current emergency responses and in terms of the construction of medium- and long-term systems

a. *Improvement of the current mechanism*

In order to solve the current emergency problems of COVID-19 epidemic prevention and control, the central government should increase its transfer payments to the local finance authorities, and the focus of the central government's transfer payment should be placed on the grass-roots, underdeveloped areas, and areas with large-scale cluster outbreaks. Governments at all levels should formulate full-process management protocols for the use of public funds for the prevention and control of COVID-19. It is necessary to clarify the content of public financial subsidies, the settlement and distribution of funds, and the scheduling rules, and to consider standardizing the performance evaluation mechanisms, improving the information disclosure mechanisms, increasing the efficiency of the management and use of funds, and establishing a system for accountability for violations (Y. D. Sun & Q. Wang, 2020).

b. *Construction of long-term system*

In the long run, we should explore a scientific mechanism for clearly dividing the financial and administrative powers of all levels of government, and form a public financial power distribution system that is compatible with administrative management responsibilities (Yan, 2021). In terms of procedural mechanisms, it is possible to formulate a plan to guarantee hierarchical emergency funds, set up special mediation agencies, etc., that will enhance the professionalization of the funding guarantee mechanism for public health emergencies (D. P. Huang, 2020).

B. **Set up a Long-Term, Stable Social Compensation System**

The social compensation system was derived from Western Europe in the late 1970s, in order to protect citizens' right to subsistence and health. The State funded the system through multiple channels, including taxation, and uses the monies to pay the costs when statutory causes arise. Its theoretical basis lies in the concepts of social cooperation, survival care, risk sharing, and state responsibility.

1. The background of the construction of the social compensation system

In the face of public health emergencies, other social security systems such as social insurances and social assistance are limited in terms of their ability to offer protection and their level of treatment; they cannot meet the objective protection needs (Qiu, 2015). The construction of the social compensation system can effectively make up for the shortcomings of the traditional damage compensation and social security system in the case of public health emergencies. In comparison with traditional systems, social compensation systems can repair and compensate the rights and interests of citizens who are unfortunately damaged, share the risk of no-fault loss through the secondary distribution across the whole society, and safeguard citizens' basic life and health rights (Bai, 2015). The focus of compensation has expanded from the initial war victims, crime victims, and drug victims and their families, to the victims of social public emergencies (S. Y. Zheng, 2019). According to this analysis, the construction of a social compensation system is conducive to responding to public health emergencies on a long-term, standardized, and holistic level, and provides a complete and effective financial guarantee for the protection of citizens' rights to life, health, and medical treatment. We hope that the central government will use the current, protracted COVID-19 epidemic as an opportunity to promote the theoretical exploration and institutional construction of China's social compensation system.

2. The legal role of the social compensation system

When constructing the norms of the social compensation system, it is necessary to start from the three basic elements of legal relations: the subject of rights, the subject of obligations, and the content of rights. The subject of rights should first focus on Chinese citizens in China. But foreign personnel who are legally residing in China and paying taxes according to law should also be entitled to social compensation treatment, based

on the principle that rights and obligations are consistent. It is necessary for the society as a whole to share risks and recover losses, and for the central public financial powers to be responsible for funding the effects of major national public health emergencies (that is, the state and the central governments, not social organizations, should bear the obligation of social compensation) (Lou, 2021). At the same time, on the basis that the central public finance undertakes the main obligations, there is also room for local finance authorities to play a role. In terms of the content of rights, the goal of the social compensation system in the medical treatment of public health emergencies is to repair the damage caused by disease, and to protect the interests of public health. Therefore its level of protection should be higher than the minimum standard of social assistance, and should be roughly similar to basic medical insurance. According to the applicable rights and the purpose of protection among different social security systems, when social compensation competes with social insurance and social assistance, in principle, there should be no need to apply for social assistance. Social insurance can pay the initial treatment costs, and the and then recover them from the social compensation fund for the current year or the budget of the following year by exercising the right of subrogation (Lou, 2021).

3. The financing mechanism of social compensation

Generally speaking, social compensation is mainly financed through fiscal taxation and government budgets. But unlike other general public financial funds, the government should dedicate this one fund to special accounts, and it should also expand to as many sources of funds as possible, including social donation income (S. Y. Zheng, 2019). At the same time, it is important to note that the scope of social compensation is relatively broad, which might not be suitable for the establishment of an overall “social compensation fund.” But the government can set up specific funds, such as the “public health emergency compensation fund” separately, in order to prevent and respond to social risks in specific areas in a more targeted manner. Since the time of the occurrence of a major public health emergency, the scale and degree of its impact, and the its duration are not predictable, the planning of the fundraising quota, daily operations, and withdrawal and use in times of need, all require further study.

7 Conclusion

Xi Jinping has repeatedly emphasized that “one of the most important indicators of the people’s happy life is health.” The people’s sense of gain, happiness, and security are inseparable from health. In the context of the Healthy China Strategy, in order to deal with public health emergencies scientifically and precisely, and to protect the people’s right to life and health in a timely and effective manner, the central government should build a complete and long-term medical funding guarantee mechanism. The government’s approach to the COVID-19 epidemic uncovered the lack of a medical treatment funding guarantee system in China in the face of public health emergencies and many other problems. China lacks a normative basis for a medical insurance fund that can undertake public health expenditures, and that will have an impact on the fund’s balance

of payments. Simply expanding the scope of work injury insurance does not conform to this kind of insurance's basic principles, and the inconsistency of local regulations also creates unfairness. Using public finance to fund the prevention and control COVID-19, has also exposed problems such as the improper division of power and responsibilities between the central and local governments, and the imperfect management of the funds. Whether in order to improve the medical treatment guarantee measures in the post-epidemic era, or from a longer-term perspective, we should build a sound legal system for medical treatment funding on the basis of an in-depth analysis of the current successful experiences and the existing problems. On the one hand, the adjustment and improvement of the existing system is necessary for achieving the scientific division and smooth connection between the social insurance systems and public health finance. On the other hand, it is also necessary to accelerate the construction of long-term, organized frameworks, such as the social compensation system. Only in this way can we better resolve the contradictions in the prevention and control of major infectious diseases, work together to build a solid safety barrier, and effectively protect citizens' life, health rights, and interests.

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