

# *Legal Research on Comprehensive Coverage of Basic Medical Insurance for Urban and Rural Residents—From the Perspective of Sichuan Province*

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**Abstract:** This article delves into the current situation, issues, and legal improvement paths of the comprehensive coverage of basic medical insurance for urban and rural residents in Sichuan. The article first outlines the development of the Sichuan medical insurance system, from its initial establishment to gradual improvement and expansion, achieving extensive medical insurance coverage. However, during implementation, Sichuan still faces issues such as uneven distribution of medical resources, population aging, the impact of delayed retirement policies, decreasing willingness of young people to participate in insurance, and difficulties in increasing insurance rates in rural areas. In response to these problems, the article proposes legal improvement paths, including establishing and improving legal protection mechanisms, strengthening legal enforcement and supervision, and enhancing financial support and policy coordination. The aim is to optimize the medical insurance system, improve the accessibility and fairness of medical services, and ensure that urban and rural residents in Sichuan can equally enjoy high-quality medical security.

## **1. Introduction**

On the third plenary session of the 20, "on further comprehensively deepen reform to promote the modernization of Chinese decision" put forward "implement the priority of health development strategy", and combined with the "difference" national health planning "and" planning "healthy China 2030" " and other important documents, has been clear about our country to 2030 and 2035 construction of healthy chinese specific indicators and tasks. At the international level, the United Nations has guided the expiration of the Millennium and Sustainable Development Goals (MDGs) for the new Sustainable Development Goals (SDGs), with SDGs 3.8 defining the specific target of universal health coverage (UHC), which is to cover 99% of the population. However, due to the novel coronavirus outbreak and the global economic slowdown, achieving the UHC target by 2030 has been challenged, and the World Health Organization (WHO) has proposed primary health care (PHC) as the transition goal for achieving the UHC. Since the 18th National Congress of the Communist Party of China, chinese medical and health security cause has made remarkable achievements, but we must clearly realize that the difficulties in accomplishing the 2030 and 2035

task targets, in addition to the urgent time and heavy tasks, we also need to comprehensively consider the various impacts of social and economic development.

Under the background of Chinese sustainable social and economic development, the construction of a perfect medical security system has become a topic of great concern to the country and governments at all levels. Comprehensive coverage of universal basic medical insurance is seen as a key measure to protect citizens' right to health, promote social equity and justice, and improve people's well-being. As an important part of western China, Sichuan province's vast territory and huge population base are not only facing the challenge of uneven allocation of medical resources in urban and rural areas, but also under huge economic pressure in economic growth and social governance. However, in recent years, the participation rate of basic medical insurance for urban and rural residents has seen a small continuous decline, a phenomenon which deserves high attention. Therefore, how to improve the universal coverage of provincial medical and health security in a limited time to meet the growing health needs of the public has become an important task to be solved urgently.

## **2. Full Coverage of Basic Medical Insurance for Urban And Rural Residents In Sichuan Province**

### **2.1 The development process of the basic medical insurance system for urban and rural residents in Sichuan province**

#### **2.1.1 The initial stage of the system construction**

The initial construction stage of the basic medical insurance system for urban and rural residents in Sichuan Province is an important beginning in the process of the Chinese government in promoting the reform of the medical security system. During this period, Sichuan province took the lead in the exploration and practice of the construction of urban and rural medical insurance system, which provided a reference experience for the reform of the national medical insurance system.

The establishment of the basic medical security system with social medical insurance as the core began in the late 1990s. In 1998, the Decision of The State Council on Establishing the Basic Medical Insurance System for Urban Workers was issued, marking the standardization of the medical insurance system. Sichuan province has actively developed pilot projects of rural cooperative medical care, and explored the framework of basic medical insurance for urban and rural residents. Since 2003, Sichuan province has introduced a new rural cooperative medical care system in some counties and districts, aiming to solve the poverty caused by health problems for rural residents. By the end of 2008, the coverage rate of the new rural cooperative medical care system had reached 87.5%, indicating the successful popularization of the system. At the same time, Sichuan province began to implement the basic medical insurance plan for urban residents, and Chengdu has become a pilot city, with people mainly serving non-practitioners. By 2008, it had exceeded 6.5 million urban resident insurance participants, achieving universal coverage of urban non-working and flexible workers. In the initial stage of system construction, the governments' economic support and policy support have reduced the medical needs of urban and rural residents, improved the medical convenience, and enhanced the social trust in the medical insurance system. The Sichuan provincial government learns from the successful experience at home and abroad and innovates medical insurance policies, such as establishing a scientific research budget to track the fluctuations of medical insurance expenses and using information technology to improve management efficiency. However, the initial stage is still faced with fund-raising and uneven distribution of medical resources. Public insurance awareness lack and other challenges. Nevertheless, the initial stage of the system construction laid the foundation for the basic medical

insurance system for urban and rural residents in Sichuan Province, and provided the direction for the future reform. In the future, Sichuan province needs to deeply explore the system formulation, resource allocation and service expansion to build a more comprehensive and fair medical security system<sup>[1]</sup>.

### **2.1.2 System improvement and expansion**

After the initial construction, the medical insurance system for urban and rural residents in Sichuan is being gradually improved. In the new stage of development, the peoples expectation for improving the medical insurance system and improving health welfare is more and more strong. The concept and goal of the development of universal medical insurance should gradually shift from "access to medical treatment" to "good treatment", and further shift to promoting peoples health, and finally establish a health-oriented national health security system.<sup>[2]</sup>

Policy makers have implemented reforms to address institutional issues to improve fairness, availability and sustainability. The government has increased medical aid for low-income and disadvantaged groups, easing their financial pressure. At the same time, the introduction of serious illness and long-term care insurance, enhance the risk ability of the insurance system. Sichuan province has also tried diversified ways of raising insurance funds, encouraging the participation of social capital and commercial insurance institutions, and building a model of cooperation between the government, the market and the society. The development of information technology has promoted the establishment of the medical insurance information system, and improved the management efficiency and service quality. In addition, Sichuan is striving to achieve a balanced allocation of medical resources by enhancing primary medical facilities and promoting family doctor services. These measures have improved the efficiency and protection capacity of the medical insurance system. Despite the challenges, Sichuan is moving towards a more just and sustainable medical security system.

## **2.2 Analysis of the current situation of the implementation of full coverage**

### **2.2.1 Coverage scope and insurance participation**

By promoting the basic medical insurance system for urban and rural residents, Sichuan has ensured the comprehensive coverage of the medical insurance for urban and rural people throughout the province. By the third quarter of 2024, 80, 691, 900, including 20,203,800 participated in basic medical insurance and 60,488,100 participated in basic medical insurance for urban and rural residents. Among those participating in the basic medical insurance for employees, there are 14.4484 million active employees and 5.7553 million retirees. However, it is also important to note that as of June, the number of participants in the basic medical insurance for urban and rural residents in Sichuan Province was 80.7287 million. This indicates that, overall, urban and rural residents in Sichuan Province have a high level of trust and acceptance of the basic medical insurance system, and the fund operation is relatively healthy. The participation rate has been stable at 95% for many years. However, as a province with a large population, maintaining a high level of medical insurance participation is not easy. In recent years, a slight and continuous decline in the participation rate of basic medical insurance for urban and rural residents is a cause for concern.<sup>[3]</sup>

About 35 million rural residents participate in the insurance, which constitutes a major part of all insured people. As a key part of Sichuan Province, the rural area has a huge population and has relatively insufficient medical resources. By realizing the comprehensive basic medical insurance coverage for urban and rural residents, not only rural residents can enjoy the necessary medical security, but they also enjoy more freedom of medical choice. The increase in the number of rural

insured households has injected more impetus into the construction of medical equipment and the improvement of service standards in rural areas. There are about 20 million unemployed insured residents in the cities, which accounts for a certain proportion of the total insured population. Most of these people are the elderly, children, schoolchildren, and other unemployed people. They often lack stable occupational places and economic income, and have a more urgent need for health insurance. By joining the basic medical insurance program for urban and rural residents, this group is likely to receive health care services, thus reducing their financial pressure to seek medical treatment and improving the accessibility of medical activities.

However, Associate Professor Li Guoqing also concerns that the Social Insurance Law divides the basic medical insurance for urban and rural residents into urban workers, medical insurance for urban residents and new rural cooperative medical care, resulting in the division of social insurance system framework; the basic medical insurance, medical assistance and medical insurance fund system are stipulated by different laws, thus the legislative system of basic medical insurance in China.<sup>[4]</sup>

### **2.2.2 The effect evaluation of the basic medical insurance policies**

Since the implementation of the policy of full coverage of basic medical insurance for urban and rural residents in Sichuan, significant progress has been made in improving the quality of medical security for citizens and reducing the pressure of medical treatment. From the point of view of the coverage of insurance participation, the policy has performed well in significantly enhancing the willingness of urban and rural residents to participate in insurance. According to Ji Hans research data, the participation rate of urban and rural residents in Sichuan province has risen to more than 95 percent. This means that the full coverage policy successfully covers most people, giving them access to basic health care services. This outstanding achievement is not only reflected in the extent that the policy effectively serves the population, but also reflected in the significant progress made in improving the public's awareness of medical security.

From the perspective of the burden of medical expenses of the residents, the implementation of this policy has successfully reduced the economic burden of the people in the process of receiving medical treatment. According to the research data of Tang Dujuan, the reimbursement rate of outpatient expenses is as high as 70% and 80% of outpatient expenses and inpatient expenses, respectively. This actually means that the real cost of residents have been significantly reduced, reducing the likelihood of poverty caused by illness.<sup>[5]</sup>

Government implementation of policies also provides access and impartiality to medical services. Yin said that thanks to financial assistance and policy orientation, the distribution of medical resources in Sichuan is gradually becoming reasonable, especially in remote places, where the ability to obtain medical facilities and essential medicines has been significantly enhanced. However, due to the limitation of traffic conditions and geographical location, some mountainous areas far away from the city still encounter many difficulties in obtaining medical resources, and the possibility of improvement is still very high.<sup>[6]</sup>

At present, the popularization strategy of basic medical insurance for urban and rural residents in Sichuan region has shown an overall positive effect in the implementation. In terms of the coverage rate, economic pressure, availability of medical services, fairness and resident satisfaction, the policy has successfully achieved their core goals. However, we still need to further strengthen the meticulous supervision of the policy and resource input, while focusing on the needs of specific groups and regions, in order to strengthen the policy implementation and improve the overall quality of medical services. Continuous improvement of policies will have a lasting positive effect on the long-term effectiveness and sustainable implementation of the policy.

### 3. The Problem of Basic Medical Insurance Coverage For Urban And Rural Residents In Sichuan

#### 3.1 Uneven distribution of medical resources

The reform of medical security system in Sichuan Province has entered the development stage of system integration, coordination and efficiency, but the overall planning level of basic medical insurance is still low. The two systems of employees medical insurance and residents medical insurance are divided and established, and the medical insurance and medical treatment are interconnected, which restricts the effectiveness of the overall system of universal medical insurance. Despite the effectiveness of the policy implementation, the difference of high-quality medical resources between urban and rural areas is obvious, which affects the benefits of medical insurance and the equality of residents health rights. Most of the medical assets are concentrated in cities, resulting in a shortage of medical facilities and professionals in rural areas, making it more difficult for rural residents to enjoy medical insurance.<sup>[7]</sup>

According to research statistics, by 2024, there are 1.7 hospitals per 10,000 people, while the population of rural hospitals is only 0.9 per 10,000 people (excluding village clinics and township health centers). This data reflects the unbalanced distribution of medical resources between urban and rural areas in China. In these places, rural medical facilities in some economically difficult areas face low physician income, lack of medical equipment, and poor quality of services provided. This situation not only makes rural residents unable to obtain the medical services they deserve, but also causes them to migrate to the city to seek higher standards of medical services in the face of serious illness, thus increasing their medical difficulties and economic pressure.

The unequal availability of medical services has created an obvious bias between urban and rural residents in choosing to participate in health insurance. According to a survey, more than 60 percent of rural residents in Sichuan province choose to visit individual clinics or seek treatment in rural clinics in the time of illness, while 85 percent of urban residents go to medical services. The different extent of this determining behavior is closely related to the uneven distribution of healthcare resources. Those who live in remote areas often tend to seek treatment in closer rural health centers, but because they often do not have enough funds and medical equipment, it is difficult to provide quality medical services. This situation not only weakens the effectiveness of health insurance coverage, but also leads to further increased health inequalities between urban and rural residents.

In the field of availability of medical services, the distribution of medical resources is also unbalanced. Due to the geographical location and traffic conditions, residents in many mountainous areas and ethnic minority residential areas in Sichuan province are difficult to get medical care quickly. Due to the poor natural environment and inadequate transportation network infrastructure, many patients have to spend several hours or more time to ensure timely access to medical care and access to the nearest urban medical facility. This kind of remote access in hospitals undoubtedly increases the medical expenses of the local residents and the whole society, bringing additional financial pressure to them.

In order to solve the uneven distribution of medical resources, the Sichuan provincial government has continuously promoted and implemented a series of policies and measures for many years. In order to improve the quality of medical services in rural and remote areas, the government has decided to take a variety of measures, such as increasing financial support, optimizing primary medical services and increasing the salary and treatment of doctors. Despite a variety of reasons exist, these strategies currently do not meet the desired effect. For example, despite the governments talent recruitment policy, it is difficult to find high-quality medical workers



to work in rural areas or remote areas due to insufficient infrastructure and difficult living environment. At the same time, the purchase and maintenance of medical equipment was not effectively implemented due to insufficient funding and technical constraints.

### **3.2 Challenges brought about by the aging of the population**

Sichuan Province, as a demographic and economic town in western China, has a particularly significant aging population, which is not only a major test of the social security system, but also a deep challenge to the adaptability and sustainability of public health policy and medical insurance system. With the increasing proportion of the elderly population, the insurance structure and capital balance of basic medical insurance are facing an unprecedented complex situation.

First of all, from the perspective of the dynamic change of demographic structure, the aging process accelerates the adjustment of the age structure in the labor market, which makes the proportion of the in-service payers (i. e., the labor population) and the retired medical insurance service significantly inclined. This change directly leads to the relative reduction of the income source—of the medical insurance fund, that is, the contribution—of working employees. At the same time, with the extension of the average life expectancy and the increase of the elderly population base, the demand for medical services shows a rapid growth trend, and the pressure of medical insurance expenditure intensifies. This phenomenon reveals the potential risks of the intergenerational transfer payment function in the medical insurance system, that is, it may face the problem of tight capital liquidity in the future.

Second, the aging process is accompanied by the transformation of disease spectrum, especially chronic noncommunicable diseases (such as cardiovascular disease, diabetes, arthritis, etc.) rose significantly, the incidence of these diseases often need long-term treatment and management, greatly increased the consumption of medical resources and health insurance fund spending, chronic disease spending more and more become the focus of health expenses, its spending has accounted for about 70% of the total cost of health care. In addition, due to the decline of physical function, the elderly need medical services more frequently and diversified, including preventive health care, rehabilitation care, long-term care and other aspects, which puts forward higher requirements for the comprehensiveness and flexibility of the medical insurance system.<sup>[8]</sup>

Moreover, the problems left over from history cannot be ignored. In the process of the gradual establishment and improvement of the medical insurance system, there may be some specific groups (such as flexible employment personnel, rural residents, etc.) that are not fully covered or the security level is low. With the advancement of aging, the medical needs of these people are increasingly emerging, which has become a blind spot to be solved in the medical insurance system. How to ensure that all the elderly people can have fair and full access to medical insurance has become one of the key indicators to measure the success of the health insurance system reform.

### **3.3 The impact of delayed retirement**

The implementation of the delayed retirement policy has a complex and far-reaching impact on the participation rate of basic medical insurance. On the one hand, by extending the working period of workers, the policy effectively increases the payment period and income scale of the medical insurance fund, and provides a short-term financial buffer for coping with the pressure of fund expenditure caused by aging. However, on the other hand, there can be many negative effects.

For workers close to the original retirement age, delaying retirement may lead to less incentive to continue to pay health insurance bills. These people may be more likely to retire as soon as possible and enjoy health care, rather than continue to pay. This change in psychological expectations may affect their participation decisions, especially when their perceived health status may not allow

continued intense work.

And delayed retirement may cause some elderly workers to continue to work when their physical condition is gradually declining, which may increase their work stress and health risks. If the health insurance system fails to adjust timely manner to adapt to this change, such as providing adequate health protection measures or flexible insurance participation programs, it may aggravate the dissatisfaction with the health insurance system and the decline of their willingness to participate.

Finally, although delaying retirement in the short term may increase the income of the medical insurance fund, in the long run, with the continuous aging of the overall population structure, even if the retirement age is delayed, it still needs to face the pressure of the increased expenditure of the medical insurance fund. In addition, delayed retirement may affect the replacement of the workforce and the employment opportunities of young people, in turn having an indirect impact on the long-term financing capacity of the health insurance fund.

### **3.4 Young people are less willing to participate in the insurance**

The first is economic considerations. According to the official statistics, the payment standard of individual medical insurance shows an increasing trend year by year. In 2006, the annual insurance fee per person starts from 10 yuan to 380 yuan in 2023 and 400 yuan per person per year in 2024. For young people with relatively poor economic conditions, this growth trend undoubtedly constitutes a significant economic burden. Young people living in large cities are under multiple economic pressures, such as high housing rents, daily spending and education loans, and health insurance costs are often seen as non-essential extra expenses in their budgets. Many young people see themselves as in good health and being less ill, so coverage seems to equate to unnecessary financial spending. At the same time, some young people are lucky, believing that even if they are not insured, the state or social network will provide necessary assistance.

Second, young people may lack an in-depth understanding of the specific content and coverage of medical insurance policies, which makes it difficult for them to fully realize the potential value and significance of medical insurance. After paying the medical insurance, some young people found that the actual medical expenses were not significantly reduced due to the reimbursement of the medical insurance. In some cases, individuals may even exceed the cost of the reimbursement threshold or reimbursement ratio.

Third, insurance of resident medical treatment has annual sex characteristic normally, namely only in those year pay cost can enjoy the medical treatment insurance treatment in those year, did not pay cost does not enjoy. For young people who pay on time each year but rarely seek medical attention, they may feel their contributions "useless". In recent years, anti-corruption actions in the medical field have exposed some problems in the medical system, which may have weakened the trust of young people in the medical system, which in turn has affected their willingness to participate.

There is also more and more young people choose freelance career, such as engaged in we media, entrepreneurship, etc., due to the lack of unit protection, medical insurance costs need to be completely borne by individuals. Due to the frequent changes of the working place, the transfer and continuity of the medical insurance relationship has become more complicated, which also leads to some young people maintaining a wait-and-see attitude to the participation.

### **3.5 Special circumstances of the basic medical insurance participation rate in rural areas**

Family is regarded as the most reliable safe harbor by Chinese people. From relying on family security to neighborhood mutual assistance, relatives and friends and institutional welfare, and then to social security, it is the psychological path for Chinese people to seek security. The combination

of social insurance and family insurance should be the characteristics of Chinese medical insurance. However, in rural areas, there is a strange need for medical insurance, but in the end, there is no insurance and relying on families for medical treatment.<sup>[9]</sup>

Compared with urban areas, rural areas in Sichuan Province have encountered a series of more complex and unique challenges in promoting the participation of basic medical insurance. The primary factor lies in the large outflow of rural labor force, which not only directly leads to a significant decrease in the number of medical insurance participants, but also indirectly weakens the ability of raising social security funds in rural communities, posing a potential threat to the sustainable operation of the medical insurance system. With the acceleration of urbanization, many young and middle-aged labor force migrate to cities to seek better employment opportunities, leaving the elderly, children and some left-behind women. This group of people may have limitations in economic ability and insurance awareness, thus reducing the overall participation rate.

Another important aspect is that the widespread multi-child family structure in rural areas aggravates the family economic burden, making it difficult for farmers to prioritize medical insurance expenditure in their limited income distribution. Under the pressure of multiple child support, education and daily living expenses, many families may choose to give up or lower the coverage standard because of financial constraints, which undoubtedly poses a obstacle to improving the coverage of medical insurance in rural areas.

In addition, the uneven distribution of medical resources and the relatively low level of medical services in rural areas are also the key factors affecting the enthusiasm of farmers to participate in the insurance. Due to the lack of medical resources, rural residents are particularly faced with the problem of difficult and expensive medical treatment. Even if they participate in the insurance, they may not benefit much due to the poor accessibility of medical services, complicated reimbursement process or limited reimbursement ratio. This situation of "difficult to see a doctor and difficult to reimburse" undoubtedly reduces the trust and satisfaction of farmers with the medical insurance system, and then suppresses their willingness to participate in the insurance.

## **4. We Will Implement the Legal Path Of Covering All Basic Medical Insurance For Urban And Rural Residents In Sichuan**

### **4.1 Establishment and improvement of the legal guarantee mechanism**

In order to ensure that urban and rural residents enjoy the comprehensive coverage of basic medical insurance in Sichuan, optimizing and improving the relevant laws and regulations has become a key way to ensure the effective implementation and the long-term sustainable development of the insurance system. The process of improving laws and regulations should cover multiple aspects to ensure that the needs of current health insurance are fully met, while indicating its future development path.

First of all, it is necessary to conduct a comprehensive evaluation and in-depth analysis of the current legal system, so that we can clearly see the emergence of defects or unfilled gaps in the laws and regulations. Although the Social Insurance Law of the Peoples Republic of China shows a basic legal framework for us, in the actual stage of implementation, there is still an inconsistency between the strategy and the actual situation of a specific region. Therefore, under the guidance of national laws, we need to refer to the specific environment of Sichuan Province to formulate or modify local regulations to ensure that they better meet the actual needs of the local area. In this process, special attention should be paid to the fair benefit area of medical insurance and the availability of fair access to medical services.

The second is to establish a clear legal liability system to strengthen the trust links at all levels of government, between medical institutions and insurance participants. According to statistical data,



in the process of implementing the medical insurance policy for urban and rural residents in Sichuan, the ambiguous policy and the unclear responsibility distribution mode often lead to the decline of enthusiasm for insurance. By clarifying the legal responsibilities, we can better enhance the implementation effect and openness of the policy. For example, in the context of cooperation between the government and medical institutions, the legal liability of economic pressure, compensation responsibility and punishment for violations can significantly reduce the legal disputes caused by benefit sharing.

Third, to strengthen the legal protection of medical insurance related information, which is also regarded as the core part of legal improvement. In the contemporary society, the pursuit of information security is increasingly strict. Medical insurance information not only involves the privacy of the insured, but also includes the sensitive information such as government policies and capital flow. Therefore, the formulation of regulations for information protection can further ensure the information protection of the insured people, which will also enhance the trust of the urban and rural people in the participation of the basic medical insurance.

Finally, to promote the publicity and education activities of the rule of law, so that urban and rural residents can have a deeper understanding and grasp of the relevant laws, regulations and policies of medical insurance. Research data show that the awareness rate of the law has a direct impact on the intensity of its enforcement and the enthusiasm of citizens to participate in the insurance. A comprehensive and efficient rule of law publicity and education system can help citizens to better understand and utilize laws and regulations. In order to improve the popularity of the law and attract the insured, multiple channels of legal knowledge dissemination are adopted, including through community announcements, various news channels and online platforms. These methods provide residents with training and education on health insurance coverage, interests and obligations, and critical information on how to appeal.

## **4.2 Strengthening law enforcement and supervision**

In order to ensure the effective implementation of the basic medical insurance policy for urban and rural residents in Sichuan, strengthening the law implementation and supervision is obviously one of the key factors. We have the responsibility to establish and improve legal enforcement agencies and regulatory mechanisms to ensure the effective implementation of relevant laws and regulations. Specifically, this includes an in-depth exploration and analysis of several key areas:

First, the institutional structure of law enforcement must be strengthened to ensure the efficient and equitable enforcement of the law. According to the current investigation, the current medical insurance law faces many challenges in terms of enforcement and authority. Therefore, it is necessary to set up a special law enforcement agency to supervise the implementation of the basic medical insurance policies for urban and rural residents in Sichuan region, and to coordinate the cooperation and activities of relevant departments. Of course, we also need to clearly define the powers and responsibilities of these institutions to ensure that they can fully leverage their potential influence in implementing their policies.

Second, strengthen the legal monitoring capacity to ensure that urban and rural residents can enjoy their legitimate rights and interests. When promoting and implementing the basic medical insurance for residents in rural and urban areas of Sichuan, there are still problems such as inaccurate implementation and improper operation. To curb these problems, we propose a dedicated legal monitoring committee responsible for the detailed investigation and intervention of irregularities arising in policy implementation. For example, a hotline or a real-time reporting center could be set up to enable urban and rural residents to quickly give feedback on their problems, ensuring that the implementation of the policy is both open and transparent, while ensuring fairness.

Furthermore, the legal knowledge and vocational skills training for law enforcement personnel must be strengthened. Studies show that the knowledge and skills of law enforcement personnel are critical to policy effectiveness. Therefore, relevant departments should strengthen the training of law enforcement teams to improve their understanding and enforcement ability of health insurance regulations. At the same time, legal education activities should be organized regularly to improve residents' legal awareness and ability to protect their rights and reduce the adverse consequences caused by the lack of legal knowledge. At the same time, we need to further strengthen the data monitoring and management in the process of law implementation. To ensure the transparency and efficiency of policy implementation, it is recommended to use advanced information technology means for overall data tracking and monitoring. For example, a centralized information database is established to track the details of each insured resident and the use of their medical funds. This will not only help regulators to better grasp the dynamics of policy implementation, but also optimize resource allocation and allocation through big data analysis.

Finally, we need to strengthen the cooperation with all sectors of society to promote the effective implementation and supervision of the law. The implementation and monitoring of the basic medical insurance for urban and rural residents not only depends on the efforts of the government, but also requires the extensive participation of all sectors of society. Joint efforts with NGOs, social groups, and academic research institutions can build a diversified regulatory framework to jointly advance the enforcement of the law.

## 5. Conclusions

In the context of Chinese sustainable social and economic development, it is of great significance to build a sound medical security system to protect citizens' right to health, promote social fairness and justice and improve people's well-being. As a province with a large population, Sichuan province has made remarkable achievements in promoting the full coverage of the basic medical insurance for all, but it also faces many challenges. Through the research of this paper, we realize that the improvement of the medical insurance system not only needs the continuous adjustment and optimization of policies, but also needs the joint efforts of the government, medical institutions, society and individuals. In the future, Sichuan province should continue to deepen the reform of medical insurance system, strengthen law enforcement and supervision, increase financial input, optimize resource allocation, and improve service quality, so as to cope with the challenges of aging population and unequal distribution of medical resources. At the same time, we should actively explore and innovate the medical insurance management mode, such as the introduction of commercial insurance participation and the promotion of telemedicine services, so as to further improve the coverage rate and sustainability of the medical insurance system, and provide more high-quality, convenient and efficient medical security services for urban and rural residents in Sichuan.

## References

- [1] See also Zhou Yun. *Exploration of Medical Security in China during the Republic of China* [J]. *Journal of Wuhan University of Science and Technology (Social Science Edition)*, 2011,13 (01): 84-88.
- [2] See Shen Shuguang. *What kind of health care system do we need?* [J]. *Social Security Review*, 2021,5 (01): 24-39.
- [3] Refer to Sichuan Provincial Medical Security Bureau, *Main Indicators Information Release of Basic Medical Insurance in Sichuan Province in the third quarter of 2024*.
- [4] See also Li Guoqing. *On the theoretical connotation and legal Adjustment of urban-rural Integration of Medical Security in China*. *Journal of Henan Institute of Education (Philosophy and Social Science Edition)* 2020.39 (4) -73.
- [5] See Tang Dujuan. *Research on the problems and countermeasures existing in the operation of the medical security financing mechanism in Guangyuan City* [D]. *University of ESTC*, 2022.

- [6] See also Yin Fengming. *Research on theory and Practice of Rural Revitalization under the goal of common prosperity* [D]. Southwestern Minzu University 2024.
- [7] See also Wang Wan. *The Chinese-style modernization and the reconstruction of the universal medical insurance system* [J]. *Academic Research*, 2024, (08): 86-94.
- [8] See the Shan Dasheng. *Local characteristics and reform ideas of medical security decision-making in China* [J]. *Social Security Review*, 2022, 6 (06): 85-99.
- [9] See Zheng Gongcheng, *Chinese Modernization and New System Civilization of Social Security* [J]. *Social Security Review*, 2023, 7 (01): 3-21.