Study on the problems and countermeasures of disease withdrawal appraisal system in China

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Abstract. As a social security system, the disease withdrawal appraisal system ensures the interests of workers who are completely incapacitated, and plays a huge role in their lives and social stability. However, there are many problems in the implementation of the disease withdrawal appraisal system in China, such as vague information and lax audit, which bring certain negative effects to the citizens and society, and it needs scientific countermeasures to improve.The purpose of this paper is to explore and analyze the existing problems in the disease withdrawal appraisal system in China, and to discuss and study the corresponding countermeasures, in order to promote the further development of China's social security system.

Keywords: Sick retire; retirement; labor ability appraisal; audit; supervision; enterprise employee.

1. Introduction

Social security is the basic life guarantee for citizens. It is the most basic social service and material help for citizens when they encounter difficulties. It plays an important role in ensuring social stability and promoting economic development. Sickness withdrawal refers to the early withdrawal of employees from their jobs not due to work-related disability or complete incapacity due to illness. It is an integral part of China's social insurance system and a kind of benefit guarantee for employees who are completely incapacitated.[1] countries to apply for the disabled because of work or due to illness lose labor ability appraisal of citizens, according to the condition, degree of disability by means of medical treatment, medical experts to make objective and fair appraisal, to reach the requirement of application for approval, so as to allow them to retire early, to issue its pension by the month, to guarantee their basic living needs.

The Ministry of Labor and Social Security has defined the concept of complete loss of work capacity and most loss of work capacity in the Notice on the Issuance of the Standard for the Evaluation of the Degree of Workers' Incapacity Due to Non-Work-related Disability or Illness (Trial) (Regulation No.8 of the Ministry of Labor and Social Security [2002]). And divided into 12 diseases to specify the standards for each system disease to achieve complete loss of ability to work and most loss of ability to work, and three major loss of ability to work can be regarded as complete loss of ability to work.[2] Men must be 50 years old and women must be 45 years old; The 15th anniversary of pension contributions in principle; Because of illness or external cause causes disability, through city labor appraisal committee appraisal is the worker that loses labor ability completely, accord with the personnel of above 3, can deal with illness to leave, otherwise, cannot deal with emeritus because of illness by press. Based on this, this paper combs the path of China's sickness withdrawal appraisal system, evaluates the problems and challenges in its development process, and then puts forward strategies to improve the social security system to form the purpose of this paper.

2. The development of the medical withdrawal appraisal system in China

In recent years, with the development of The Times, the disease withdrawal appraisal system has been constantly updated and reformed, and experienced the process of establishment and gradual development and improvement. In 1958, issued by China's state council, formulate the "interim provisions on the workers and staff members retired treatment", provisions of male year full 50 one full year of life, female year full 45 one full year of life of workers and staff members, the uninterrupted length of service for 5 years, average length of 15 years, debilitating lose labor ability, through the labor appraisal committee decides proved unable to continue to work, or a doctor should

retire. The issuance of this regulation marked the initial establishment of a policy of early retirement due to illness for enterprise workers in China [3].

In 1978, The State Council of China promulgated the Provisional Measures on the Retirement and Resignation of Workers (Guofa {1978} No. 104).To protect the rights and interests of elderly workers and workers who are incapacitated by work or illness. Workers who have attained the age of 50 for men and 45 for women, with a continuous service of 10 years or more, and who have been certified by a hospital and confirmed by a labor appraisal committee to have lost the ability to work completely, shall retire.

In 1994, after the promulgation of the Labor Law, the relevant documents issued by the former Ministry of Labor stipulated that those who lost or partially lost their ability to work due to work-related injury and who, after the expiration of medical treatment due to illness, "cannot engage in the original work, nor can they engage in other work arranged by the employing unit", could terminate the labor contract as confirmed by the labor appraisal committee.

In 2002, in order to standardize the evaluation of the degree of non-work-related disability or incapacity of workers due to illness, the former Ministry of Labor Security issued the Standard for the Evaluation of the Degree of Incapacity of Workers Due to Non-Work-related Disability or Incapacity of Workers Due to Illness. It redefined the concepts of complete incapacity and most incapacity to work, and provided the criteria and basis for determining the degree of incapacity through medical examination. According to this document, each region should improve its own standard organization identification work according to local conditions, which has been used till now.

3. Existing problems in the identification system of sick withdrawal in China

3.1 Free-rider behavior exists in the disease withdrawal appraisal system

3.1.1 Strict sickness withdrawal policy leads to the inability of some employees who have completely lost the ability to work to retire early

The amount of national pension is limited, and there are limitations and considerations on age, disease and various disease degrees in the formulation of the policy, which makes it impossible to include all the employees who lose the ability to work due to illness and cannot work in the scope of sickness retirement insurance. Some patients in the department of neurology, due to diseases caused by independent walking there are certain difficulties, but do not meet the national requirements for various central nervous system diseases or peripheral neuromuscular diseases. As a result, they cannot continue to engage in the previous work, and cannot retire for retirement, so the source of family income has been reduced. Because of the high cost of illness, it will make life more difficult and even lead to poverty due to illness.

3.1.2 Total quantity control and index limitation are difficult to expediently adapt to social differences

At present, China mainly uses the method of total amount control to identify the labor ability of sick retirements. The pension insurance Department of provincial Human Resources and Social Security Department assigns a control number according to the number of normal retirees in the previous year and a certain proportion. Cities, counties and industrial units apply for the control number and make material declaration according to the control number. [4] However, the situation of various enterprises in different regions is not the same. For example, in remote areas or areas with low economic development level, the local investment in safety and social security is slightly lower than that in economically developed areas, so the number of local workers completely incapacitated due to illness will be slightly higher than that in developed areas. In terms of enterprises, the number of employees in coal, building materials, chemical and other enterprises who have reached the sick retirement standard is much higher than that in other enterprises. Therefore, the total quantity control method is difficult to fully take into account all the regions and enterprises, easy to cause oversupply in some areas, and demand in some areas.

3.1.3 Index control of sickness withdrawal aggravates "rent-seeking behavior"

The emergence of the index of sickness withdrawal makes the public feel a sense of inexplicable anxiety. The staff of sickness withdrawal can retire early and receive pension. Most of the staff of enterprises and institutions with poor benefits are inclined to deal with sickness withdrawal. In terms of enterprises, some enterprises hope to solve the current business difficulties and reduce the redundancy problem through the way of sickness retirement.[5] In such an environment, limited disease withdrawal indicators have become scarce resources, and the number of people who want to apply is greatly different from the actual number of people who are approved. It appears that individual enterprises and individuals have obtained the disease withdrawal indicators not because of real illness, but by means and relationship.

3.2 Problems in the identification process of disease withdrawal

3.2.1 Misrepresentation of application information

In the process of disease withdrawal identification, there are many phenomena that do not meet the standard. One is to falsify the case and exaggerate the condition. Some applicants have some related diseases, but do not meet the standard of complete incapacity to work. In order to pass the appraisal, they seek familiar doctors and exaggerate their conditions. In the identification of labor ability, if the identification experts do not carefully investigate, only through the case, it is difficult to find the problem, and some escaped the net. Second, identification of impostor. On-site identification is generally carried out in medical institutions, and it is difficult to completely close the site. Even in the identification process of some areas, the identification information will be checked and the on-site photos will be retained, but the large number of identification people, the chaotic scene is easy to produce omission, which gives an opportunity to those who are interested, and the phenomenon of patient displacement.

3.2.2 There are omissions in the supervision of the identification of sickness withdrawal

There are differences in rules and systems in the actual identification process in different regions, and there are weak links in supervision. In some regions, the medical records submitted by applicants were not compared with the information of medical insurance, health departments and medical institutions before the appraisal. In order to reduce the work flow, there is no random selection of experts and locations on the day of identification, so that many applicants give gifts in advance, please and get through the joint phenomenon; Some areas in the process of identification, not on the applicant's personal information for secret processing, easy to produce the phenomenon of "human identification"; A few regions did not verify the identity of the applicant.

3.2.3 The broad nature of the criteria affects the fairness of the identification results

First of all, due to the lack of relevant incentive mechanism and the prominent contradiction between the evaluations of disease withdrawal, some medical institutions have low enthusiasm for the organization of on-site evaluation, and few medical experts are willing to study relevant evaluation standard policies and spare time for evaluation. This situation aggravates the difficulty of randomly selecting experts to ensure the fairness of identification. In some areas where the medical level is relatively poor, there is even an extreme shortage of experts. Secondly, the identification criteria are broad and vague, which leads to the differences in the identification criteria of the same type of disease among experts in different regions, and the experts have great discretion in the identification process, which seriously affects the fairness and objectivity of the identification results [6].

3.2.4 Formula link becomes mere formality

At present, the relevant information about the identification of disease withdrawal in each quarter can be found on the official websites of most regional Human resources and Social security bureaus. However, due to the large amount of information on the official websites, it is easy to find the phenomenon of difficult query with the development of time, causing inconvenience to the public. In

addition, there are still a small number of areas that have not publicized the phenomenon, which makes it difficult for relevant personnel to obtain relevant information in the first time and delays the process of disease withdrawal.

3.3 Other Problems

3.3.1 Information mismatch

First, the staff cannot grasp the information in time, the staff is not on duty, the notification is not timely, and the lack of understanding of the disease withdrawal appraisal system will lead to some workers, although the condition is approved, but do not know how to handle the disease withdrawal or when to handle the disease withdrawal. Second, the time and place of the disease withdrawal appraisal is more than that of the government staff to notify in the form of telephone, and the number of notifying personnel is so large that the hotline chief of the department is in a busy state. If the application personnel do not connect the phone in time and miss the notification, there will be a certain delay when they receive the notification again, and they cannot even get in touch with the functional departments of the government, and miss the identification time.

3.3.2 There is a problem of multiple delays in the identification of disease withdrawal under the influence of COVID-19

At present, the COVID-19 epidemic continues to emerge around the world without interruption. Due to the impact of the epidemic prevention and control, there is a delay in the identification of disease withdrawal every quarter in many regions, which lengthens the period of the identification of disease withdrawal. Such as the city of luoyang in henan province health retirement identification in the fourth quarter of 2021, due to the cause of the outbreak until February 27, 2022 to complete one year of health retirement appraisal result of the public, the interval time is too long cause some worker after submit health retirement appraisal application, because we cannot timely identification, not wait until a conclusion is death, cause larger enterprises, families opinions.

4. Study on countermeasures to the problems in the disease withdrawal appraisal system

4.1 Strengthen the avoidance of free-riding behavior in the disease withdrawal appraisal system

4.1.1 Improve the relevant standards of the disease withdrawal system

The state should study and issue corresponding policies as soon as possible to promote the formation of more scientific and more in line with the current situation of social development of labor ability appraisal standards. We should regularly organize seminars for experts on labor ability evaluation, strengthen supporting training activities, improve the standardization level of the evaluation of medical withdrawal, and improve its fairness. For those who have not reached the degree of complete loss of labor ability, but have reached most of the degree of loss of labor ability, if they are not competent for the original job, the enterprise should adjust their positions. Local governments should adapt measures to local conditions and make corresponding changes to the disease withdrawal appraisal system in combination with the actual situation of the local area, and supervise and standardize the whole process of daily work, so as to promote the improvement of the disease withdrawal appraisal system in each region.

4.1.2 Promote the reform of the management mode of disease withdrawal

Establish a management mechanism with clear responsibilities, cancel the indicators of sickness withdrawal plan issued to enterprises, and solve the bad behavior of enterprises that use the indicators of sickness withdrawal to solve their own business problems. Allow qualified workers to voluntarily apply for sickness withdrawal, prepare relevant materials by themselves, strictly check by the labor ability evaluation center, medical experts to judge, and draw a fair conclusion. The elimination of the

index restrictions has promoted the implementation of the sickness withdrawal system and truly provided help to those in need.

4.2 Strengthen the regulation and supervision of the disease withdrawal identification process

4.2.1 Strengthen the optimization and investment of labor ability appraisal

Actively apply for the establishment of an independent labor ability appraisal institution, build a specialized work team familiar with the process, and carry out the organization of labor ability appraisal. The relevant incentive policies should be introduced to enhance the enthusiasm of expert medical institutions in various regions for the policy of disease withdrawal evaluation, promote the construction and enrichment of the expert database of labor ability evaluation, open up the use of labor ability evaluation experts in the province, and do a good job in the selection and management of them. It is necessary to increase the financial investment in basic public services such as labor ability appraisal, increase the number of appraisal service personnel, improve the payment standard of expert appraisal services, and improve the network construction, mail delivery, on-site appraisal service and other measures for convenience.

4.2.2 Strictly standardize the procedures and standards for the evaluation of medical withdrawal

In the process of identification, cross-identification, closed identification and other ways can be adopted to control the stability and fairness of the identification process, and try to avoid the identification of people who do not meet the criteria of disease withdrawal as completely incapacitated and defrauding the pension insurance fund. During the whole process of the identification, special personnel were assigned to video and photograph, and discipline inspection and supervision departments were invited to track and supervise the process of the identification of illness withdrawal. The work discipline of the appraisal should be strictly defined, and the on-site experts should be familiar with the appraisal standards and conduct physical examination carefully, so as to grasp the accuracy of physical examination. At the same time, the expert review link should be set up, the expert review group should be established, the second review should be concentrated, and the opinions of the first round of expert preliminary determination should be reviewed again.[7] If the second review is consistent with the first round of appraisal, the conclusion is the final appraisal result. If there is no consensus, the expert group shall re-determine the appraisal grade after careful study.

4.2.3 Promote the supervision and management of disease withdrawal appraisal, and strictly investigate the liability

For those who falsify and exaggerate the facts, the appraisal conclusion shall be cancelled according to law once verified, and those who have enjoyed retirement benefits shall be recovered by the social security administrative department according to law, and those suspected of fraud shall be transferred to the public security organs for handling; For those who seek to pass the identification by means of impostor, threatening labor inspection experts, giving gifts and pleasing relevant personnel, implement the blacklist management system and report to the personnel department of the applicant unit. If the circumstances are serious, the application qualification will be cancelled, and those suspected of committing crimes will be transferred to the public security organs for handling; Give full play to the supervision mechanism in the process of health retirement appraisal, to report LaoJian department, medical institutions, the unit staff and expert in health retirement identification of irregularities, the department in charge of by place unit, in accordance with the rules to deal with according to law, involving the party members, and supervision problem of violations of the object clues over discipline inspection organs' handling according to law, illegal disorderly to undertake corresponding legal responsibility.[8]

4.3 Promote the sharing of disease withdrawal identification information through multiple channels

By improving the official website information, increasing the information push on various network platforms, holding regular expert keynote lectures and other channels, we should strengthen the publicity and knowledge popularization of the disease withdrawal evaluation system at the social level, promote more personnel to grasp the relevant information, and reduce the problem of information imbalance. For each notification of the specific details of the disease withdrawal evaluation, the official website publicity, telephone notification, short message notification, and the relevant government departments contacting the applicant's unit for a second reminder can be used to reduce the probability of missing the evaluation because the applicant did not receive the notification.

5. Conclusion

It is very important for the development and perfection of the social security system and even the stability of the country to solve the problems of the system. Based on this, the author believes that the above countermeasures, such as avoiding bad behaviors, enhancing normative supervision, and promoting information sharing, can better promote the assessment work of sick leave in the sunshine, reduce the artificial operation in the appraisal process, and improve the authority and justice of the appraisal work. In the future, along with the development of social economic level and the improvement of national well-being in our country, the way of identification of disease exit should keep pace with the times, bring forth the old, better protect the legal rights and interests of the people, maintain social fairness.

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