

PURPOSE: For health problems in China, "How does the socioeconomic status affect the health level of middle and elderly people and access to medical service (medical examination behavior)", and what is the difference between health insurance Empirical analysis was conducted on the influence. Data: Beijing University National Development Institute examines middle and elderly people aged 45 years or older as subjects of survey, conducted by China Health and Retirement Longitudinal Study (hereinafter abbreviated as CHARLS) in 2011, 2013, 2015 It is unbalanced panel data. The number of samples to be analyzed in this paper is 41,838 (29,940 in middle-aged people (71.56%) and 11,898 in elderly (28.44%)). Analytical method: In this paper, we conducted an empirical analysis on the health level and consultation behavior of middle and elderly people by a random effect pro But model. In order to verify the effect of health insurance in China on health level and consultation behavior, we introduced explanatory variables on medical insurance. Furthermore, in China there is a large disparity in medical costs between the eastern part, the central part, and the western part, and an eastern resident dummy was added to the explanatory variable and analyzed to control this regional disparity. Estimation results: ① Statistically significant positive effect on urban worker's basic health insurance system and new rural cooperative medical system against subjective sense of health and performance of middle and elderly people (outpatient visit and hospitalization probability) . ② Although a statistically significant positive effect on the probability of hospitalization was confirmed by the basic residents' medical insurance system, no subjective sense of wellness and correlation with outpatient visits were observed. ③ The subjective sense of health deteriorated as the self-pay amount increased. This indicates that economic factors have a negative effect on the subjective sense of health. ④ The marginal effect of public insurance against elderly people tends to be higher than that of middle-aged people. ⑤ As the age of the elderly increased, it was observed that the subjective sense of health deteriorated and the probability of hospitalization increased. ⑥ There is a tendency that the middle and elderly people in the eastern region have a higher probability of answering that the subjective feeling of health is better than the middle and elderly people in the western and central parts of the health disparity of middle and elderly people due to regional medical disparities. In addition, it was found that the outpatient visit probability and the probability of hospitalization tended to be high when comparing middle - aged people in the eastern part with middle - aged elderly in the western part and the middle part of the consultation behaviors. Discussion: ① With regard to the urban residents' basic medical insurance system, lowering the lower limit of benefits and increasing the outpatient visit and hospital benefit rate may lead to health improvement of urban residents. (2) Although it was possible to confirm the effectiveness of public health insurance in China for improving the health level of middle and elderly people and promoting the use of medical services, it was found that a problem of fairness occurred due to differences in types of medical insurance It was. The national public insurance system like Japan is desirable, but it will be quite difficult to realize in a short time. First, it is necessary to integrate basic urban residents medical care system and new rural cooperative medical care system, and trial urban / rural resident basic medical insurance system in many places. ③ As the aging progresses, it is desirable to establish a Japanese late-stage elderly medical care system for the elderly with high medical service demand. ④ Review of medical expenses in central and western areas and improvement of medical institutions may lead to a reduction in regional medical disparities.