



China's SAMR Clarifies Rules for Identifying Disguised Medical Advertisement

On 13 August 2025, the State Administration for Market Regulation ("SAMR"), together with the National Health Commission and the National Administration for Tradition Chinese Medicine of the People's Republic of China ("PRC"), released and started to implement the *Guidelines on Identification of Medical Service Advertisements* ("Guidelines"). Although theoretically speaking, guidelines should not be regarded as underlying principles for administrative sanctions, in the absence of relevant express provision regarding its nature of binding force for administrative sanctions, these Guidelines will highly likely be regarded by authorities as references to identify medical advertisement in practice.

1. Background

Medical advertisement is subject to strict rules in China. Under current PRC laws, only medical institutions are permitted to publish medical advertisement, subject to a review process before publication. However, there is no clear definition between medical advertisement and medical information or medical education. During the first semester of the year 2025 alone, market regulatory departments across the country have investigated 1,666 cases of illegal medical advertising, resulting in fines and forfeitures totaling RMB 12.78 million. To address this issue, the Guidelines provide for more specific rules for distinguishing the definitions of medical advertisement from the definitions of medical information or health education. Note that the Guidelines will impact not only medical institutions, but also those entities who may be concerned with medical advertisements, such as business operators of pharmaceuticals, medical devices, health food etc., as well as beauty & wellness centers and consulting firms, and health education/culture influencers, etc.

2. Clarifying the Definition of Medical Advertisement

The Guidelines reiterate the definition of medical advertisement in the *Regulations on the Administration of Medical Advertising*. Medical advertisements refer to the advertisements that directly or indirectly introduce medical institutions or medical services through various media or forms. It is also reemphasized that no entity or individual, other than legally established medical institutions, may publish medical advertisements on their own or by entrusting others.

Article 6 of the Guidelines further clarifies medical advertising from the perspectives of content and purposes. Four typical scenarios are listed:

a) Promoting medical environment, medical equipment and other hardware facilities of medical institutions in a subjective manner;

- b) Promoting the institution by subjectively evaluating or making guaranteed commitments regarding the diagnostic and treatment techniques, procedures and outcomes of a medical institution or its medical staff;
- c) Comparing with other medical institutions;
- d) Other information released for the purpose of promoting medical institutions.

In addition to its purpose, the Guidelines further instruct authorities to identify medical advertisements by taking into account not only their content, but also other factors such as channels, forms, etc.

3. Non-advertising Scenarios

The Guidelines enumerate several safety zones where the activities shall not be regarded as medical advertisements, but normal business operations in medical research, medical services, statutory information disclosure, public medical education, etc.

- a) Recruitment Information for Medical Research: Medical institutions publishing information for the purpose of medical research, such as recruiting trial participants or clinical research patients, does not constitute advertising. It is essentially a part of research activities, not a commercial activity.
- b) Necessary Service Processes: Triage or providing guidance to patients in medical institutions, and online consultation and guidance to patients during internet-based medical services in accordance with relevant regulations, do not constitute advertising. Triage, online consultation, medical guidance are necessary service processes of offline or internet-based medical care, instead of prior commercial promotion.
- c) Statutory Information Disclosure: the activities under the following two scenarios shall not be considered advertising, provided that the conditions in Article 6 of Guidelines mentioned above are not met:
 - (1) Medical institutions publicly release information, such as their profile, public service functions, key departments, staff information, medical service items, treatment procedures, as well as details on healthcare security, pricing, fees and complaint channels through their own service locations (including legally controlled areas), official websites, mobile apps or certified "self-media" accounts; and
 - (2) Medical institutions use a third-party e-commerce platform to present essential patient information in a "table-like format", including the institution's name, address, reception hours, staff biographies, medical services, treatment procedures and medical insurance policies and prices.

The information involved in the above two scenarios is regarded as medical information required to be made public by the *Measures for the Administration of Information Disclosure by Medical and Health Institutions* in order to meet the necessary information needs of the general public when seeking medical treatment. If it were to be considered an advertisement, it would require a burdensome review process before publication. Given the rapid development of self-media in China, the above clarification is of great significance.

d) Public Medical Education:

Medical advertisements often appear in the guise of public health or wellness education, which is a key focus of these Guidelines. The following behaviors shall be deemed as "publishing medical advertisements in a disguised form, such as by promoting health and wellness knowledge":

2

- (1) Promoting specific medical institutions and their services by claiming advantages in treatment techniques, hardware equipment or clinical outcomes.
- (2) Directly or indirectly implying that seeking treatment at a specific medical institution will result in better safety, efficacy or price benefits.
- (3) Directly or indirectly promoting the specific medical services of one's own institution or other medical institutions.
- (4) Promoting a specific medical institution or its services through case studies or patient testimonials.
- (5) Including jump links on health education web pages that lead to medical institutions or services related to the content, or adding purchase links for drugs, medical devices, or other goods necessary for the promoted medical service.
- (6) Any other circumstances that involve promoting a specific medical institution or its services.

Medical institutions should avoid the above content during public medical education, especially on "self-media" accounts or live streaming platforms. The Guidelines also outline what constitutes permissible health education. Medical institutions and their medical staff, in accordance with the relevant requirements for medical and health education, can conduct public education through text, images, videos, live streaming and other forms, as long as they do not fall under the circumstances above. Furthermore, medical personnel can be identified in the educational content by their name, professional title, primary place of employment, name of the medical institution and specific department name.

4. Conclusion

The Guidelines mark a significant step forward in regulating medical advertisements. They offer clear boundaries and bottom lines for market players, including medical institutions, non-medical institutions, websites and platforms, and advertising professionals, regardless of whether or not it is foreign invested. Local authorities will probably refer to the Guidelines in practice to implement the *PRC Advertising Law* and *Regulations on Administration of Medical Advertisements*. It is recommended that medical institutions and relevant entities (including but not limited to, business operators of pharmaceuticals, medical devices, health food, etc., beauty & wellness centers and consulting firms, health education/culture influencers) should prepare a clear checklist based on the Guidelines' specific criteria and examples, ensuring every piece of content, especially on "self-media" platforms and live streams, complies with the Guidelines.

In case you have questions or for further information, please contact the authors of this newsletter:



Nicolas ZhuPartner
Head of Lifesciences Sector Group
CMS. China

T + 86 21 6289 6363 **E** Nicolas.Zhu@cmslegal.cn



Zhiwei Wang Junior Associate CMS, China

T + 86 21 6289 6363 **E** Zhiwei.Wang@cmslegal.cn

This information is provided for general information purposes only and does not constitute legal or professional advice. Copyright by CMS, China.

"CMS, China" should be understood to mean the representative offices in the PRC of CMS Hasche Sigle and CMS Cameron McKenna Nabarro Olswang LLP, working together. As a foreign registered law firm in the PRC, we are

not licensed to practice PRC law. This applies to all foreign law firms in the PRC. CMS, China is a member of CMS Legal Services EEIG, a European Economic Interest Grouping that coordinates an organisation of independent member firms. CMS Legal Services EEIG provides no client services. Such services are solely provided by the member firms in their respective jurisdictions.

cms.law Disclaimer Privacy Statement

CMS Hasche Sigle Shanghai Representative Office (Germany) 910 Park Avenue Central (PAC) 688 Changde Road, Jing'an District Shanghai 200040, China CMS Cameron McKenna LLP Beijing Representative Office (UK) Room 1405, West Tower, World Financial Centre No.1 Middle East Third Ring Road, Chaoyang District Beijing 100020, China