

Estimates of National Medical Care Expenditure 2009

【Digest of Summary Report】

○The 2009 Estimates of National Medical Care Expenditure were

36,006,700,000,000yen, 1,198,300,000,000yen — 3.4% increase from the previous fiscal year. The Estimates of National Medical Care Expenditure per capita were 282,400yen — 3.6% increase from the previous fiscal year. Both amounts were record high.

○Viewing the Estimates of National Medical Care Expenditure by type of system, the expenses for “Health care insurance” were 17,336,800,000,000yen(48.1%), the expenses for “Medical Service for the aged (for elderly in the latter stage of life)” were 11,030,700,000,000yen(30.6%), “Public expense” were 2,462,300,000,000yen(6.8%), “The medical fee paid by patients” were 4,990,500,000,000yen(13.9%) and the expenses for “Exceptional measure for reduction of the medical fee paid by patients” were 186,400,000,000yen(0.5%).

○ Viewing by fund, out of public funds, “National government” is 9,128,700,000,000 (25.4%), “Local government” 4,366,800,000,000 (12.1%). “Employer” is 7,321,100,000,000(20.3%) and “insured person” is 10,182,100,000,000(28.3%) in the insurance. Among others “Patient Sharing” is 4,990,500,000,000(13.9%).

Please click [here](#) for the details (Japanese only)

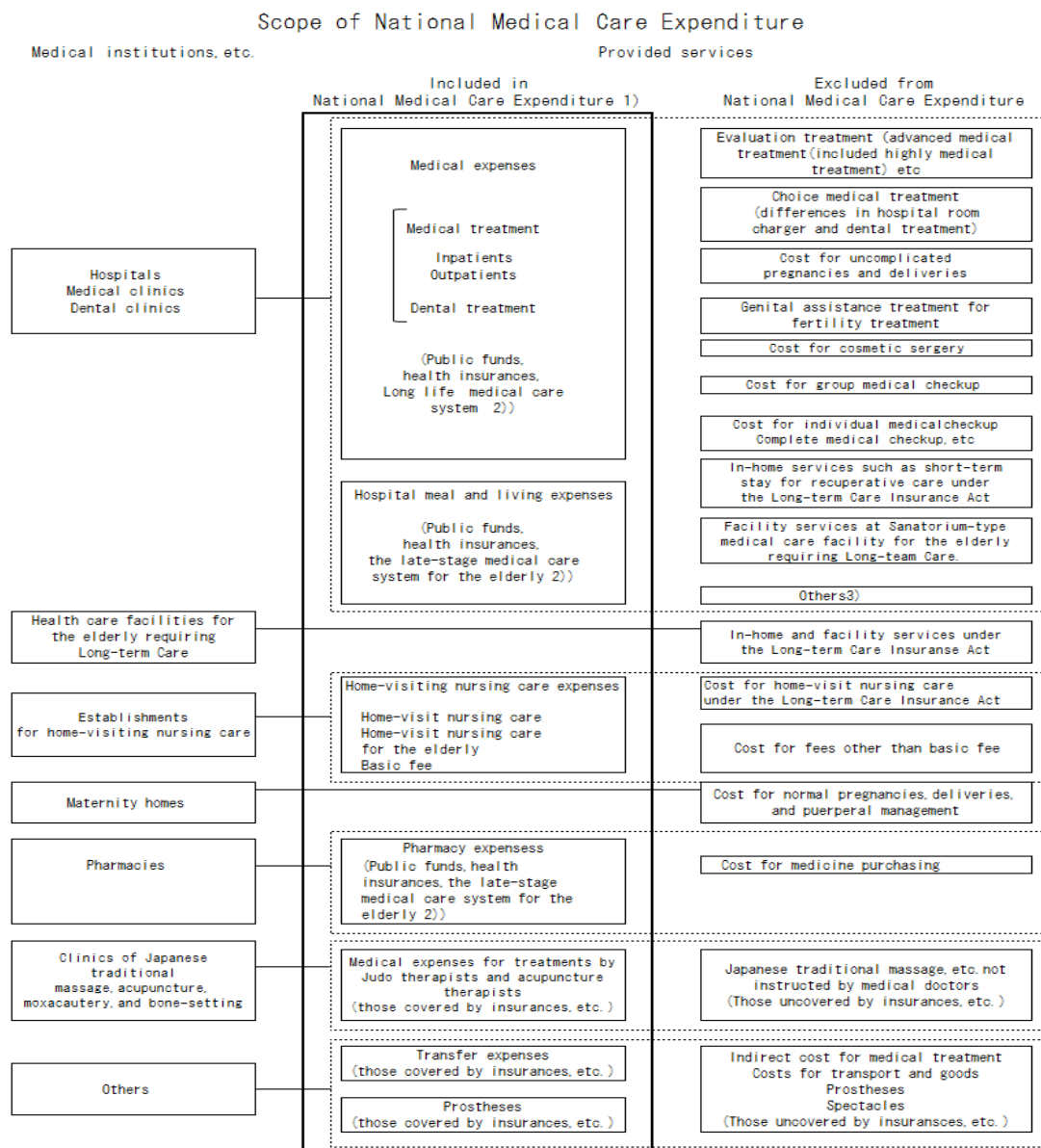
Outline of Scope and Estimates of National Medical Care Expenditure

1 Scope of National Medical Care Expenditure

“National Medical Care Expenditure (NMCE)” is an estimate of expenditure spent on treatments for diseases and injuries covered by health insurance at health care institutions during the financial year.

It includes Medical expenses (Medical treatment and Dental treatment), Pharmacy expense, Hospital meal and living expenses, and Home-visiting nursing care expenses. It excludes expense for evaluation treatment (advanced medical treatment (include high level medical treatment) etc.), choice medical treatment (differences in hospital room charge and dental treatment etc.) and assisted reproduction technique for fertility treatment.

Scope of NMCE is limited to treatments for diseases and injuries, therefore excludes (1) cost for uncomplicated pregnancies and deliveries, (2) cost for medical checkups and protective inoculations for maintenance and enhancement of health, and (3) cost for prostheses for eyes and limbs required for established disabilities, etc.



1) It included Cost sharing of patients.
 2) It was the medical care system for the elderly in FY2007 or before.
 3) It included all the other medical care not covered by medical insurances.

2 Outline of the estimate method

NMCE was the sum of Medical care benefits by Health care insurance system, Long life medical care system (Medical care system for elderly in the latter stage of life) and Public expense medical care system including patient copayment for each system.

Estimates of NMCE by type of medical care system was calculated using (1) to (3) below.

- (1) Confirmed payment, including high cost medical treatment expenses, generally in the financial year for “Public expense medical care benefits” as public expense medical care system covered by national or local government, “Health care insurance benefits” as health care insurance or workers' compensation insurance system, and “Long life medical care insurance benefits” as medical treatment by the Health and Medical Service Law for the Aged, .
- (2) Estimate of patient copayment for the benefits of (1), among the medical fee paid by patients.
- (3) Estimate of complete private payment for diseases and injuries (cost paid by automobile liability insurance or complete private payment for treatments for diseases and injuries at health care institutions) , among the medical fee paid by patients

Based on the estimates of NMCE by medical care system, the estimates of NMCE by source of fund, by type of medical treatment, by age group, by gender and age group, and estimates of General medical treatment expenditure by gender and diseases classification were estimated from distribution using percentages provided by each survey.

3 Definitions

- (1) Estimates of NMCE by source of fund
 - Public funds Expenses covered by share of national treasury and local public agencies for Public expense medical care system, Health care insurance system, and Long life medical care system.
 - Insurance premium Fee due to be paid as insurance premium (tax) by the insured and business owners (by insured only in case of the National health insurance), out of the Medical care benefits as Public expense medical care system, Health care insurance or Worker's compensation insurance system, and Long life medical care system.
 - Others Patient copayment and payment by responsible party (compensation benefit by Act on Compensation, etc. of Pollution-related Health Damage , and relief benefits by health damage relief system) .
- (2) Estimates of NMCE by type of medical treatment
 - General medical expenses: Medical expenses for medical treatment and cost for treatment by Judo therapist, acupuncture therapists, etc., transfer, prostheses, that are benefitted by medical insurance, etc.
 - Dental expenses: Medical expenses for dental treatment.
 - Pharmacy expenses: Cost for medicines, etc. provided by insurance pharmacies on prescription by medical doctors (sum of medical product price and technical costs including basic dispensing fee, etc.) .
 - Hospital meal and living expenses: “Hospital meal expenses” until 2005 (sum of hospital meal expenses and standard cost) and since 2006, total of hospital meal expenses, standard cost for hospital meal, hospital living expenses, and standard cost for hospital living.
 - Home-visit nursing care expenses: Total of home-visit nursing care expenses, expenses of home-visit nursing care expense for the elderly and basic fee for each.

4 Notes

(1) Symbols used in the tables

Item/Category not applicable	.
Data not available or applicable	...
Estimate not zero, but less than 1/2 of units or minimal percentage	0, 0.0
Decreased number (percentage)	△

- (2) Values presented in the outline of survey results are rounded and the sums of the items do not always make up the totals.
- (3) Data of public expenses and patient copayment in estimates of NMCE by type of system and by source of fund are altered retroactively up to 1996 when survey method for “Public expense medical care benefits” covered by local government only was changed in 2005. Therefore, those data since 2005 are presented in different values from those until 2004 estimates of NMCE.