Health Insurance Bureau

Providing reliable medical care for the citizens

The Health Insurance Bureau forms plans concerning medical insurance systems, such as health insurance, National Health Insurance, Seamen's Insurance, and medical insurance for the elderly. The Bureau strives for a long-term stabilization of these systems, so that people can receive medical care with a sense of security even when an aging society with fewer children emerges in the future.

Roles of medical insurance

When people visit a hospital or clinic due to injury or illness, they are able to receive the necessary medical care by paying a certain amount of money. This is because they receive benefits from the medical insurance system. Japan practices a universal medical care insurance system in which all citizens have access to appropriate medical care anytime without worries by joining any type of medical insurance. This plays a great role in safeguarding public health and stabilizing people's lives.

Types of medical insurance

The medical insurance system in Japan comprises a few types of systems. It is roughly classified into two types: the National Health Insurance (approximately 39 million holders), which is for self-employed workers, farmers, and unemployed people, and Employees' Health Insurance. Employees' Health Insurance includes the Union-Managed Health Insurance (approximately 30 million holders), which is mainly for the employees of large companies, and the health insurance managed by the Japan Health Insurance Association (approximately 35 million holders), which is mainly for the employees.

Elderly people aged 75 and over apply to the Medical Insurance System for the Latter-Stage Elderly (approximately 14 million holders).

In addition, there are medical insurance systems designed for seamen, national public officers, local public officers, and teachers and staff of private schools. The universal medical care insurance is made up of the various systems stated above.

Considering medical care in the future

Today, Japan's medical insurance system is at a major turning point. Almost half a century has passed since the establishment of the universal medical care insurance system, and with the emergence of an aging society with fewer children, the imbalance between the increase in medical expenditures and the economic growth is expanding. Besides, along with the changes in society and those in people's awareness, services expected in medical care are becoming diverse.

Under such circumstances, it is necessary to take actions so that people can receive quality medical care services with a sense of security.

The following actions are currently taken:

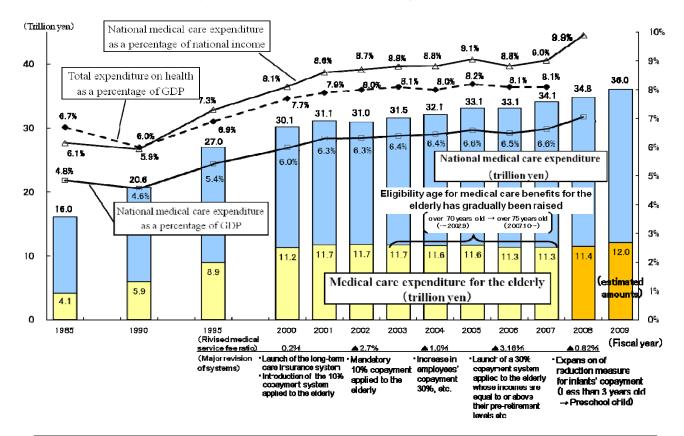
Restructuring systems of emergency, pediatric, and surgical care and reducing the burden of doctors working at hospitals, taking into account that the functions of medical care have become battered due to the increase in the number of patients resulting from aging population.

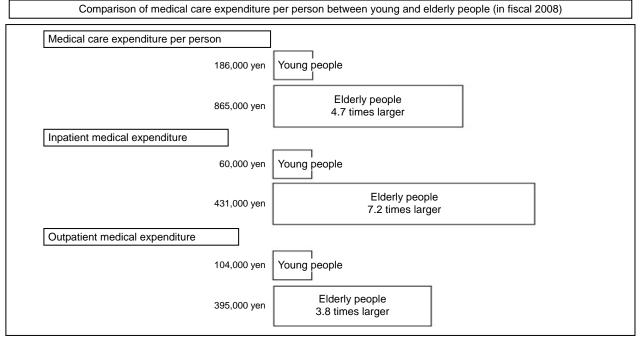
Promoting an appropriate combination of the fee-for-service reimbursement system (medical fees are paid for each medical act) and fixed payment system (a fixed amount of fee is paid regardless of individual medical act), and encouraging appropriate division of roles and collaboration between hospitals and clinics.

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Medical Care Expenditures

The national medical care expenditure has been increasing every year and it exceeded 30 trillion yen for the first time in fiscal 1999. The national medical care expenditure as a percentage of national income reached 9 percent in fiscal 2005. Medical care expenditure per elderly person is five times as much as that per young person. It is necessary to continue to promote the improvement and management of lifelong health as well as to offer appropriate medical care for the elderly in an efficient manner.





"Elderly people" above are those who are eligible for medical care benefits for the elderly, and "young people" are those who have medical care insurance except for those who are eligible for medical care benefits for the elderly. (Notes) 1

2. Inpatient medical expenditure includes hospital meal expenses and daily expenses during hospital stay (in a medical department). Expenditure as an outpatient is the Inpatient infedical reperiod of encloses other than those for hospital star daily opened daily opened day (in a model of opened day (in a model of opened day (in a model of opened day)). Since October 2002, the eligibility age for medical care benefits for the elderly has gradually been raised. (Source: "Annual Report on Medical Care for the Elderly," Actuarial Research Division, Health Insurance Bureau, etc.) 3.