

(2) Health and Welfare

- Since 2000, the government has implemented the “21st Century National Health Plan (Healthy Japan 21),” which provides 70 objectives in nine fields, to promote lifelong efforts of people to stay healthy. Aiming to further promote people’s efforts to prevent diseases and stay healthy based on the plan, the “Health Promotion Law” (Law No. 103, 2002) was established in 2002 and came into force in May 2003.

Furthermore, the government formulated the “Health Frontier Strategy” in May 2004 to promote countermeasures against lifestyle-related diseases and preventive approaches in long-term care, and intends to take measures thoroughly based on the strategy during ten years from FY2005.

- With regard to the Long-term Care Insurance System, the “Law to Partially Amend the Long-Term Care Insurance Law, Etc.” (Law No. 77, 2005) was enacted in June 2005. The law aims to ensure the sustainability of the Long-term Care Insurance System, providing for a shift of the existing system to a prevention-oriented system, revision of accommodation and meal fees paid by nursing home residents, establishment of a new service system, and improvement of service quality.

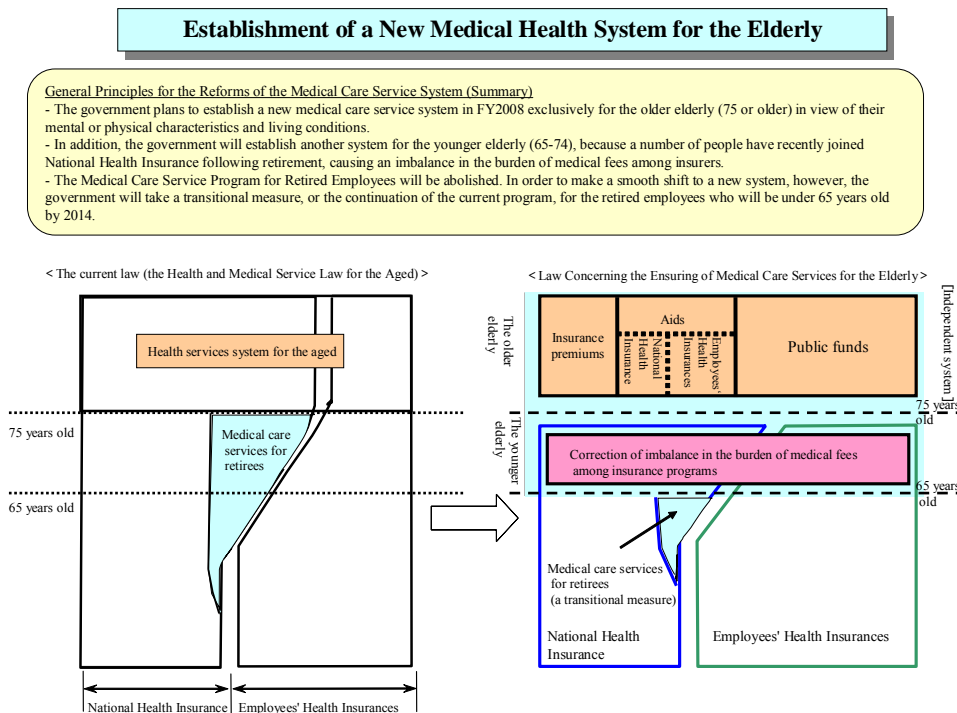
- The government deemed FY2005 as the “One-Year Campaign to Learn About Dementia” and ran publicity campaigns with a view to widening the circle of dementia-aware people and supporters through people’s deep understanding of the importance of developing a community that allows people with dementia to lead their lives keeping their dignity. Specifically, the government took measures such as: 1) providing residents, company workers, and school students with seminars (for fostering supporters for people with dementia) to increase their understanding of dementia; 2) preparing care plans tailored for each person with dementia; and 3) promoting the collection of actual examples of community development and providing them for people.
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- On December 1, 2005, the “General Principles for the Reforms of the Medical Care Service System” was decided by the Council of the Government and Ruling Parties for Medical System Reforms. The general principles aim to create a new medical insurance system that comprehensively promotes the appropriate adjustment of medical fees in view of an incoming ultra-aging society. In order to transform the general principles into a law, the “Bill for Partial Amendment of the Health Insurance Law” was submitted to the 164th Diet session. (Charts 2-3-22 and 2-3-23)

- In FY2005, the government took a broad range of measures, including those for the independence of young people, review of working styles, and provision of child-care support services in local

communities, based on the “Detailed Plan for the Implementation of Important Measures under the General Principles Concerning Measures for Society with Fewer Children (Children/Child-raising Support Plan).” This plan was formulated as an implementation plan for the “General Principles Concerning Measures for Society with Fewer Children” decided by the Cabinet as a national basic policy in June 2004.

Chart 2-3-22. Establishment of a New Medical Health System for the Elderly



- In April 2005, the “Law for Measures to Support the Development of the Next Generation” (Law No. 120, 2003) came into force on a full-scale basis. In view of this, each local government formulated a plan (the Regional Action Plan) in order to provide child-care support services in their communities, to ensure and promote maternal and infant health, and to create a better educational environment. Meanwhile, companies also formulated a plan (the Private Sector Employer Action Plan) in order to create a working environment that supports a good work-childcare balance for parents, and to develop working conditions that facilitate workers to change their current working styles. Based on these plans, local governments and companies took necessary measures.

- In March 2006, the “Law to Partially Amend the Child Allowance Law, Etc. Following the Consolidation and Rationalization of Governmental Subsidies” (Law No. 20, 2006) was enacted. The law aims to extend the age for providing child allowance from April 2006, from the viewpoint

of alleviating the economic burden of households raising children.

- In FY2005, the government implemented the Comprehensive Facility Model Program at 35 locations nationwide in order to examine appropriate education/daycare services, personnel assignment, and equipment for comprehensive daycare facilities. In view of the progress of the program, the government designed a system for comprehensive daycare facilities in detail, and submitted the “Bill on the Promotion of Providing Comprehensive Education, Daycare, etc. Services for Preschool Children” to the 164th Diet session, in preparation for starting full-scale operations of the system in FY2006.

Chart 2-3-23. Outline of the Bill for Partial Amendment of the Health Insurance Law

<p>Summary</p> <p>In order to ensure participation of all citizens in health insurance and future sustainability of the Medical Insurance System, the government will take necessary measures for comprehensively promoting the appropriate adjustment of medical fees, establishing a new medical health system for the elderly, and reorganizing and consolidating insurers in accordance with the General Principles for the Reforms of the Medical Care Service System (decided by the Council of the Government and Ruling Parties for Medical System Reforms on December 1, 2005).</p>
<p>Detailed Measures</p>
<p>1. Comprehensively promoting the appropriate adjustment of medical fees</p>
<p>(1) Formulating the Plan for Appropriate Adjustment of Medical Fees that provides countermeasures against lifestyle-related diseases and limitations on long-term hospitalization, in order to reduce medical fees in the mid-and long-term. (April 2008)</p>
<p>(2) Reviewing the content and scope of application of health care benefits</p> <p>* The rate of burden of medical fees on elderly people who earn as much income as younger people will be increased from 20% to 30%, while accommodation and meal fees will be revised for elderly people who are admitted in sanatorium-type wards. (October 2006)</p> <p>* The rate of burden of medical fees on the elderly aged 70-74 will be increased from 10% to 20%, while the scope of application of exceptional treatment, or a 20% decrease of medical fees on infant patients, will be extended from infants under three to children before compulsory education. (April 2008)</p>
<p>(3) Abolishing sanatorium-type medical care facilities for the elderly requiring care. (April 2014)</p>
<p>2. Establishing a new medical health system for the elderly (April 2008)</p>
<p>(1) Establishing a new medical care service system for the older-elderly (75 or older).</p>
<p>(2) Establishing a new financial adjustment system for the medical fees of the younger-elderly (65-74).</p>
<p>3. Reorganizing and consolidating insurers on a prefectural basis</p>
<p>(1) Continuation of measures for enhancing the financial base of National Health Insurance (April 2006), the Project for the Financial Stabilization of the Health Care Insurance in Cooperation among Municipalities (October 2006)</p>
<p>(2) Transforming the health insurance managed by the government into one managed by a public corporation (October 2008)</p>
<p>(3) Establishing Regional Health Insurance Associations (October 2006)</p>
<p>4. Other</p> <p>The government will take necessary measures such as changing the composition of members of the Central Social Insurance Medical Council, and abolishing the member appointment system based on the recommendation of relevant organizations (March 2007).</p>