

# Outline of the Act to Partially Amend the Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases and Related Laws (Act No. 96 of 2022)

## Purport of Amendment

Taking the response to the Covid-19 infection into consideration, in order to prepare for the occurrence or spread of infections, situations which could exert serious influence on the lives and health of the people, through collaboration among the State or prefectures and the relevant organizations, procurement of hospital beds, outpatient medical care and medical care human resources and materials for infection countermeasures will be strengthened, public health center and examination systems will be strengthened, and measures will be taken to achieve the development of information infrastructure, flexible execution of vaccination, and effective border control measures, etc.

## Outline of the Amendment

### **1. Development, etc. of Health/Medical Care Delivery System for Periods of Occurrence/Spread** (Infectious Diseases Control Law, Community Health Act, Health Insurance Act, Medical Care Act, and Other Acts)

#### **1) Reliable Provision of Medical Care for Infectious Diseases by Medical Institutions**

- (1) In accordance with prevention programs, etc. specified by the prefecture, to ensure the provision of medical care regarding hospital beds, fever outpatients, and persons recuperating at home (including residents of elder care facilities, etc.), formal legal status will be established for the system for concluding agreements between a prefecture, etc. and medical institutions, etc. In addition, public and quasi-public medical institutions, advanced treatment hospitals, and regional medical care support hospitals will be required to provide necessary medical care in the event of the occurrence or spread of infectious diseases. Concurrently, medical institutions providing services covered by health insurance, etc. are to cooperate in the conduct of medical care for infectious diseases. Also, prefectures, etc. may request cooperation from medical-care related organizations.
- (2) Concerning the medical institutions that will conduct the initial response with which cooperation agreements have been concluded, measures (the expense will be borne by public expense, as well as by insurance) will be introduced to ensure that it is possible for them to provide a level of medical care equivalent to that before the epidemic (measures to ensure medical care levels at the initial period of an epidemic). Also, it will be possible to publicly disclose the status of cooperation agreement performance, and publicize the names of and issue instructions to medical institutions that do not follow the guidelines of the cooperation agreements.

#### **2) Ensure Medical Care and Support for Persons Recuperating at Home or in Accommodation Facilities, etc.**

- (1) Formal legal status will be established for the entrustment of persons recuperating at home, etc. to medical institutions, etc. conducting health monitoring. Concerning the health monitoring and the support for daily living including provision of meals, the prefectures will request the cooperation of municipalities, and information sharing between the prefectures and municipalities will be promoted. In addition, agreements will be concluded to ensure the availability of accommodation facilities.
- (2) A system will be established to utilize public expenses to bear the self-payable expenses of outpatients and patients being treated at home.

#### **3) A System for Coordinating the Dispatch of Medical Care Human Resources Will Be Established**

- Concerning medical care human resources, the State will develop a wide-area dispatch system and develop a system for the cultivation and registration of DMAT personnel, etc.

#### **4) The Functioning of Public Health Center System and Cooperation With Related Local Parties Will Be Strengthened**

- A cooperation council consisting of the prefectures, municipalities and special wards with health centers, and other related parties will be established, and prefectural governors will be given the authority to issue recommendations for hospitalization during emergencies. Formal legal status will be established for the team of public health nurse experts (IHEAT: Infectious Disease Health Emergency Assistance Team) that supports health center operations and the system (public health institute, etc.) for conducting expert research and studies and tests and inspections.

#### **5) Development of Information Infrastructure**

- The entries for notifications, etc. of infectious disease occurrence made by medical institutions through electronic or magnetic means will be changed to a basis where there is an obligation to make an effort (Entry will be required for some medical institutions), and a system will be established for the consolidated analysis and provision to third parties of receipt information, etc.

#### **6) Securing of Materials**

- To obtain medicine, medical devices, personal protective equipment, etc., in emergencies, a system will be developed in which the State may make production requests or give instructions to businesses and provide the necessary support, etc.

#### **7) Payment of Expenses**

- Including the subsidy of 3/4 of the payments made by the prefectures, etc. in executing the agreements related to medical care, etc., pursuant to the law, in an appropriate manner, the State will pay a certain percentage of the expenses of the newly established affairs borne by the prefecture, etc.

### **2. A Flexible System Will be Established for Vaccination** (Immunization Act, Special Measures Law, etc.)

- 1) Introduce new temporary vaccinations that have been instructed by the State with prefectures and municipalities, a framework for concluding indemnity agreements for related damages to health or other losses, and a system for confirming persons who are eligible for vaccination by utilizing an individual number card.
- 2) A framework will be developed that allows some persons other than doctors or nurses to conduct specimen collection or vaccination during an occurrence or spread of infectious diseases, based on requests by the Minister of Health, Labour and Welfare and prefectural governors.

### **3. Securing Effective Border Control Measures** (Quarantine Act, etc.)

- Regarding foreign entrants, the quarantine station chief may instruct them to wait at home etc., and may request that they report on their waiting status (with penalties attached for noncompliance). In addition, a necessary provision will be prepared for Article 6-5, paragraph (4) of the Medical Care Act, which should have been required improvement at the time of the 2018 amendment of same Act.

## Effective Date

April 1, 2024 (Provided, however, that part of 1., 4) and 2., 1) are the date of promulgation, part of 1., 4) and 5) are April 1, 2023, and 1., 2)-(1) and 3. are the day on which 10 days have passed from the date of promulgation, etc.

# 感染症の予防及び感染症の患者に対する医療に関する法律等の一部を改正する法律（令和4年法律第96号）の概要

## 改正の趣旨

新型コロナウイルス感染症への対応を踏まえ、国民の生命及び健康に重大な影響を与えるおそれがある感染症の発生及びまん延に備えるため、国又は都道府県及び関係機関の連携協力による病床、外来医療及び医療人材並びに感染症対策物資の確保の強化、保健所や検査等の体制の強化、情報基盤の整備、機動的なワクチン接種の実施、水際対策の実効性の確保等の措置を講ずる。

## 改正の概要

### 1. 感染症発生・まん延時における保健・医療提供体制の整備等【感染症法、地域保健法、健康保険法、医療法等】

#### (1) 感染症対応の医療機関による確実な医療の提供

- ① 都道府県が定める予防計画等に沿って、都道府県等と医療機関等の間で、病床、発熱外来、自宅療養者等（高齢者施設等の入所者を含む）への医療の確保等に関する協定を締結する仕組みを法定化する。加えて、公立・公的医療機関等、特定機能病院、地域医療支援病院に感染症発生・まん延時に担うべき医療提供を義務付ける。あわせて、保険医療機関等は感染症医療の実施に協力するものとする。また、都道府県等は医療関係団体に協力要請できることとする。
- ② 初動対応等を行う協定締結医療機関について流行前と同水準の医療の確保を可能とする措置(流行初期医療確保措置)を導入する(その費用については、公費とともに、保険としても負担)。また、協定履行状況の公表や、協定に沿った対応をしない医療機関等への指示・公表等を行うことができることとする。

#### (2) 自宅・宿泊療養者等への医療や支援の確保

- ① 自宅療養者等への健康観察の医療機関等への委託を法定化する。健康観察や食事の提供等の生活支援について、都道府県が市町村に協力を求めることとし、都道府県と市町村間の情報共有を進めることとする。さらに、宿泊施設の確保のための協定を締結することとする。
- ② 外来・在宅医療について、患者の自己負担分を公費が負担する仕組み（公費負担医療）を創設する。

#### (3) 医療人材派遣等の調整の仕組みの整備

- 医療人材について、国による広域派遣の仕組みやDMAT等の養成・登録の仕組み等を整備する。

#### (4) 保健所の体制機能や地域の関係者間の連携強化

- 都道府県と保健所設置市・特別区その他関係者で構成する連携協議会を創設するとともに、緊急時の入院勧告措置について都道府県知事の指示権限を創設する。保健所業務を支援する保健師等の専門家（IHEAT）や専門的な調査研究、試験検査等のための体制（地方衛生研究所等）の整備等を法定化する。

#### (5) 情報基盤の整備

- 医療機関の発生届等の電磁的方法による入力を努力義務化(一部医療機関は義務化)し、レセプト情報等との連結分析・第三者提供の仕組みを整備する。

#### (6) 物資の確保

- 医薬品、医療機器、個人防護具等の確保のため、緊急時に国から事業者へ生産要請・指示、必要な支援等を行う仕組みを整備する。

#### (7) 費用負担

- 医療機関等との協定実施のために都道府県等が支弁する費用は国がその3/4を補助する等、新たに創設する事務に関し都道府県等で生じる費用は国が法律に基づきその一定割合を適切に負担することとする。

### 2. 機動的なワクチン接種に関する体制の整備等【予防接種法、特措法等】

- ① 国から都道府県・市町村に指示する新たな臨時接種類型や損失補償契約を締結できる枠組み、個人番号カードで接種対象者を確認する仕組み等を導入する。
- ② 感染症発生・まん延時に厚生労働大臣及び都道府県知事の要請により医師・看護師等以外の一部の者が検体採取やワクチン接種を行う仕組みを整備する。

### 3. 水際対策の実効性の確保【検疫法等】

- 検疫所長が、入国者に対し、居宅等での待機を指示し、待機状況について報告を求める(罰則付き)ことができることとする。等  
このほか、医療法の平成30年改正の際に手当する必要があった同法第6条の5第4項の規定等について所要の規定の整備を行う。

## 施行期日

令和6年4月1日（ただし、1の(4)及び2の①の一部は公布日、1の(4)及び(5)の一部は令和5年4月1日、1の(2)の①の一部及び3は公布日から10日を経過した日等）