

Outline of the Act Partially Amending the Health Insurance Act and Other Acts in Order to Establish a Sustainable Social Security System That Covers All Generations

Purpose of the Amendments

With the aim of establishing a sustainable social security system that covers all generations, these amendments: introduce support payments as funding for the lump-sum allowance for childbirth and child care from the medical care system for the older senior citizens; revise the older senior citizens' contribution rate in the medical care system for the older senior citizens; introduce a remuneration-based adjustment in the system for adjusting the costs of medical expenses for the younger senior citizens; undertake revisions meant to ensure the effectiveness of medical cost optimization plans; make arrangements for a system that maximizes the function of the primary-care physician; and create a program for long-term care insurers to collect and provide information on long-term care and take other such measures.

Outline of the Amendments

1. Expansion of support for children and parenting [Health Insurance Act, Mariners Insurance Act, National Health Insurance Act, Act on Ensuring Medical Care for the Elderly, Others]

(1) The amendments raise the amount of the lump-sum allowance for childbirth and childcare* and make it so that not only the working-age population, but also the system of medical care for the older senior citizens will be a mechanism supporting a part of the cost of these benefits. *Beginning in April 2023, the amount of the allowance will be raised from 420,000 yen to 500,000 yen (by Cabinet Order), and visual controls will be used to show the costs of childbirth.

(2) An exemption from national health insurance premiums (taxes) will be made available during the period before and after childbirth, with the amount equivalent to the exemption to being covered by the national, prefectural, and municipal governments.

2. Revision of the system of medical care for the elderly to ensure fair intergenerational support for medical care for the elderly. [Health Insurance Act, Act on Ensuring Medical Care for the Elderly]

(1) In order to ensure that the costs of medical benefits for the older senior citizens are fairly supported by both the older senior citizens and the working-age population, the amendments revise the method of setting the contribution rate for the older senior citizens to equalize the growth rates of premiums per the older senior citizen and support payments for the older senior citizens per member of the working-age population.

(2) Within the mechanism for adjusting the costs of medical benefits for the younger senior citizens among insurers, a mechanism will be introduced to enable those that insure employed persons to make these adjustments based on remuneration levels. Financial support will be introduced for the subsidy programs that the National Federation of Health Insurance Societies provides for health insurance associations with tight finances, and financial support will be expanded for cases in which insurers of employed persons come to bear a large share of support payments for the older senior citizens.

3. Reinforcement of the medical insurance system infrastructure and related measures [Health Insurance Act, Mariners Insurance Act, National Health Insurance Act, Act on Ensuring Medical Care for the Elderly, Others]

(1) As well as expanding the information that is required to be included in prefectural medical cost optimization plans, the amendments set in place a council of health insurers as a mandatory administrative structure in each prefecture and introduce a mechanism to involve the council in the formulation and evaluation of those plans. The amendments also clarify the roles and responsibilities of the prefectures in optimizing medical expenses and take other such measures. They establish that the prefectures are to keep in mind the importance of providing an effective and efficient combination of medical and long-term care services and of ensuring the function of the primary-care physician when setting goals in the plan.

(2) The operational period of the national health insurance policies that the prefectures formulate will be established as a matter of law (6 years), and it will become mandatory to include particulars related to optimizing medical expenses and promoting standardization and expansion of national health insurance operations in those policies.

(3) In light of the decrease in the number of eligible persons and the burden on insurers, the amendments will discontinue the mechanism for making adjustments among insurers of employed persons for the costs of providing medical benefits to insured persons who have separated from employment, which has continued as a transitional measure.

4. Strengthening of the infrastructure for coordinated medical and long-term care functions and the systems for providing them [Act on Advancing Comprehensive Measures to Ensure Regional Medical and Nursing Care, Medical Care Act, Long-Term Care Insurance Act, Act on Ensuring Medical Care for the Elderly, Others]

(1) The amendments will enhance the sharing of information with the public on the function of hospitals as the primary-care provider; a mechanism for regional dialog based on reports from hospitals regarding their function as primary-care providers will be established, and the results of these dialogs will be reflected in various medical and long-term care plans.

(2) In order to improve the quality of medical and long-term care services, medical care and long-term care insurers will coordinate in implementing programs to collect and provide information on the medical and long-term care that insured persons and others receive, and those of the programs that long-term care insurers implement will be positioned as community support projects.

(3) It will be made obligatory for medical corporations and long-term care service providers to report their management information, and arrangements will be made for a database of that information.

(4) A mechanism will be introduced that allows private hospitals and nursing care facilities to participate in the certification system for incorporated bodies engaged in advancing medical coordination in the region, if they meet certain requirements.

(5) The time limit will be extended (from the end of September 2023 to the end of December 2026) under the transition plan approval system that is applicable when a medical corporation with established equity interests transitions into one without them.

... and other measures

Effective Date

April 1, 2024 (However, the effective date is the date of promulgation for some of the measures outlined in 3.(1) and for the measures outlined in 4.(5); January 1, 2024, for the measures outlined in 1.(2); April 1, 2025, for some of the measures outlined in 3.(1) and for the measures outlined in 4.(1); the date specified by Cabinet Order within three years after promulgation for some of the measures outlined in 4.(3); and the date specified by Cabinet Order within four years after promulgation for the measures outlined in 4.(2).)

全世代対応型の持続可能な社会保障制度を構築するための健康保険法等の一部を改正する法律の概要

改正の趣旨

全世代対応型の持続可能な社会保障制度を構築するため、出産育児一時金に係る後期高齢者医療制度からの支援金の導入、後期高齢者医療制度における後期高齢者負担率の見直し、前期財政調整制度における報酬調整の導入、医療費適正化計画の実効性の確保のための見直し、かかりつけ医機能が発揮される制度整備、介護保険者による介護情報の収集・提供等に係る事業の創設等の措置を講ずる。

改正の概要

1. こども・子育て支援の拡充

【健康保険法、船員保険法、国民健康保険法、高齢者の医療の確保に関する法律等】

- ① 出産育児一時金の支給額を引き上げる（※）とともに、支給費用の一部を現役世代だけでなく後期高齢者医療制度も支援する仕組みとする。
（※）42万円→50万円に令和5年4月から引き上げ（政令）、出産費用の見える化を行う。
- ② 産前産後期間における国民健康保険料（税）を免除し、その免除相当額を国・都道府県・市町村で負担することとする。

2. 高齢者医療を全世代で公平に支え合うための高齢者医療制度の見直し

【健保法、高確法】

- ① 後期高齢者の医療給付費を後期高齢者と現役世代で公平に支え合うため、後期高齢者負担率の設定方法について、「後期高齢者一人当たりの保険料」と「現役世代一人当たりの後期高齢者支援金」の伸び率が同じとなるよう見直す。
- ② 前期高齢者の医療給付費を保険者間で調整する仕組みにおいて、被用者保険者においては報酬水準に応じて調整する仕組みの導入等を行う。
健保連が行う財政が厳しい健保組合への交付金事業に対する財政支援の導入、被用者保険者の後期高齢者支援金等の負担が大きくなる場合の財政支援の拡充を行う。

3. 医療保険制度の基盤強化等

【健保法、船保法、国保法、高確法等】

- ① 都道府県医療費適正化計画について、計画に記載すべき事項を充実させるとともに、都道府県ごとに保険者協議会を必置として計画の策定・評価に関与する仕組みを導入する。また、医療費適正化に向けた都道府県の役割及び責務の明確化等を行う。計画の目標設定に際しては、医療・介護サービスを効果的・効率的に組み合わせた提供や、かかりつけ医機能の確保の重要性に留意することとする。
- ② 都道府県が策定する国民健康保険運営方針の運営期間を法定化（6年）し、医療費適正化や国保事務の標準化・広域化の推進に関する事項等を必須記載とする。
- ③ 経過措置として存続する退職被保険者の医療給付費等を被用者保険者間で調整する仕組みについて、対象者の減少や保険者等の負担を踏まえて廃止する。

4. 医療・介護の連携機能及び提供体制等の基盤強化

【地域における医療及び介護の総合的な確保の促進に関する法律、医療法、介護保険法、高確法等】

- ① かかりつけ医機能について、国民への情報提供の強化や、かかりつけ医機能の報告に基づく地域での協議の仕組みを構築し、協議を踏まえて医療・介護の各種計画に反映する。
- ② 医療・介護サービスの質の向上を図るため、医療保険者と介護保険者が被保険者等に係る医療・介護情報の収集・提供等を行う事業を一体的に実施することとし、介護保険者が行う当該事業を地域支援事業として位置付ける。
- ③ 医療法人や介護サービス事業者に経営情報の報告義務を課した上で当該情報に係るデータベースを整備する。
- ④ 地域医療連携推進法人制度について一定の要件のもと個人立の病院等や介護事業所等が参加できる仕組みを導入する。
- ⑤ 出資持分の定めのある医療法人が出資持分の定めのない医療法人に移行する際の計画の認定制度について、期限の延長（令和5年9月末→令和8年12月末）等を行う。

等

施行期日

令和6年4月1日（ただし、3①の一部及び4⑤は公布日、4③の一部は令和5年8月1日、1②は令和6年1月1日、3①の一部及び4①は令和7年4月1日、4③の一部は公布後3年以内に政令で定める日、4②は公布後4年以内に政令で定める日）