

Session 3: Reforms for the Future 【Comments】



「国民文化祭・京都2011」
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Current situation: Condition & Challenges of Municipal Insurance Plans

- Municipality operated Citizens' Health Insurance (CHI) is the last bastion for sustaining universal coverage, but it is facing enormous challenges.

Background

(1) Drastic change in enrollees: 75% without jobs or irregularly employed

Drastic change in employment

	1965	2009
Farming/fishing	42.1%	3.9%
Self-employed	25.4%	16.3%
Total	67.5%	20.2%
Unemployed	6.6%	39.6%
Irregularly employed	19.5%	35.2%
Total	26.1%	74.8%

(2) Major increase in low-income households (tripled over thirty years)

Percentage of households without taxable income (nationwide)

1976	2009
8.0%	26.9%

(3) Income level of those insured by municipalities is half that of those insured by large company employee-based insurance plans

Estimated income per person, Million ¥ (FY2008)

Municipality CHI	Society employee-based	NHIA
¥ 0.79	¥ 1.54	¥ 1.02

(4) Making ends meet through non-statutory allocation from general revenues and the use of reserves from previous fiscal year

Non-statutory allocation by municipalities (All Japan)

FY1998	FY2009
¥ 310 billion	¥ 360 billion

Reserves from previous year (All Japan)

FY1998	FY2009
¥ 50 billion	¥ 180 billion

Challenges: Issues in unifying insurance plans at prefectural level

• Visits by patients outside of their municipality and health planning area

Lung cancer patients (in hospitals) undergoing treatment outside of their health planning areas: Yamashiro-Minami 15.7%, Yamashiro-Kita 44.8%, Nantan 46.1%, Tango 59.3%, Chutan 77.9%, Kyoto · Otokuni 93.9% (94.2% for within Kyoto prefecture)

National government's proposed revisions to the health insurance system

(1) Abolish Late Elder Health Insurance Plan and cover employees and their dependents under the Employee-based Plans and others under the Citizens' Health Insurance Plans



Differences in premium rates among insurance plans will cause inequality again among the elderly

(2) Establish a system whereby premiums collected by municipalities are transferred to prefectures for those over 75 enrolled in CHI plans



No incentive for municipalities to collect premiums

(3) Pool Municipal CHI plans' fiscal management at the prefecture level and strengthen their fiscal basis (expand public funds by around ¥ 220 billion)



¥ 220 billion yen public funds not sufficient to cover the non-statutory allocation from general revenues of ¥ 360 billion and the use of reserves from previous fiscal year's budget of ¥ 180 billion



- Providing health insurance is a national minimum.
- National government should establish a basic system and a solid financial basis to support prefectures and municipalities so that they could cooperate in the stable management of health insurance plans.

(For reference) Proportion of funding to cover those on welfare by national government: 75%

Direction:

Restructuring towards a secure society

(Integrated delivery of healthcare, LTCI and social services)

Population estimate

- Baby boomer generation to reach “late elders” age group in 2025
- Late elders to increase to 20 million in 2025 (from the 11 million in 2005)



○ **Eliminate vertical division and establish a system which delivers integrated healthcare, LTCI and social services for elders which so that they can live feeling safe and secure in their homes**

“Hospital registration system (provisional naming)”

• By pre-registering patients in home-care hospitals through their primary care physicians, elders can have prompt access and treatment when their physical condition deteriorates, which would lead to earlier discharges from hospitals and maintenance of home care.

○ **Develop a system of disease prevention and improved health maintenance using ICT (implement social security and tax identification number in future)**

“Kyo Health Management System (provisional naming)”

• Using ICT, citizens can have all health check-ups and vital data stored electronically and manage their own health conditions with the support from “primary care physicians” and local “health centers”.