

我が国における公的医療保険制度に関する英文資料の作成

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研究要旨

歯および口腔の健康づくりの支援体制の構築に向けた具体的な提示を行うためには、まず我が国における制度概要を把握する必要がある。このため、平成 23 年度においては、我が国の歯科保健医療施策のうち、公的医療保険の制度概要を調査した。

平成 24 年度においては、海外からの情報収集の際に必要な我が国の公的医療保険制度に関する情報提供のための英文資料の作成を行った。

A．研究目的

海外からの情報収集の際に必要な我が国の公的医療保険制度に関する情報提供のための英文資料の作成を目的とした。

（倫理面への配慮）

本研究では、我が国において、すでに公表された総説をもとに英文資料を作成するものであるため、倫理上の問題はない。

B．研究方法

厚生労働白書、各種審議会資料、成書、その他の文献を調査することにより、公的医療保険の制度概要をとりまとめた研究分担者の総説「我が国における公的医療保険制度の概要」（九州歯会誌 65(5・6), 185-191, 2012）に基づき、公的医療保険制度の制度概要、保険診療の概念と現況、診療報酬の決定プロセス、歯科診療報酬の範囲、歯科診療報酬の構成割合、保険外併用療養費制度、新規技術の保険導入の仕組み、保険医療材料の保険償還価格、歯科用貴金属の随時改定の考え方、今後の課題について記載した英文資料を作成した。

C．研究結果

An Overview of the Healthcare Insurance System in Japan

. Introduction

Japan has constructed second to none system of the public health insurance for the whole nation, which all Japanese can enjoy medical treatment since 1961. On the other side, It is said that the system contain various problems, for the socioeconomic structure has changed

drastically in terms of increasing national medical expenditure due to population aging and decreasing business scale due to declining birth rate. We will explain the history of the public health insurance for the whole nation in Japan, the present system and forward challenge by reviewing for 50 years from starting the system.

. History of the system of the public health insurance

First, Healthcare Insurance Law which has been center of Healthcare Insurance System in Japan was enacted in order to provide health insurance service with employees and enforced 1 year late because of “Kanto” big earthquake. The public health insurance started from this law. Next, the nation’s Healthcare Insurance Law, which covered farmer, was enacted in 1938 and association of the nation’s Healthcare Insurance started to provide Healthcare Insurance with residents of each community. But some people could not use the system because of free entry, out of coverage and abolition of its service. Therefore, Japan revised existent system so that municipality had to run business of Healthcare Insurance instead of the association and residents had to entry it as a rule except officer, employees, and their dependents. And the present nation’s Healthcare Insurance Law started in 1959. Also, Treatment reward,

differed from each subjects was made equal: 1point means 10 yen by all subjects. Finally, this law obliged all residents to entry itself in 1961. Whenever all Japanese people hope medical service, they can enjoy it evenly. In 1961, people who entry employee insurance had no patient’s pay and their dependent had half patient’s pay. On the other hand, people who entry national health insurance and their dependent had half patient’s pay. In 1968, the dependent’s fee of the people who entry national health insurance decreased into 30% patient’s pay. In 1973, the dependent’s fee of the people who entry employee insurance their dependent decreased into 30% patient’s pay. At the same time, high cost illness insurance and the elder insurance were established. The later was based on elderly welfare law and the law made Japan and municipality taken over over 70 years old patients pay and supplied with their patient’s pay. This insurance led to increase the elder medical expenses drastically, so law of Health and Medical Services for the Elderly was established in 1983 in order to stop this trend and to their pay fixed the elder medical expenses; 10% patient’s pay in 2000 and 20% patient’s pay for the elder who get as much salary as working generation in 2002. The elder’s fee of employee insurance was 10% from 1984 to 1996, 20% from 1997 to 2001 and 30% from

2002 to now. The working generation's fee of employee insurance was 30% as a rule. Moreover, we made it clear to relationship between working generation and the elder generation and responsibility of medical finance. Then we revised the law of Health and Medical Services for the Elderly and made Act on Assurance of Medical Care for Elderly People in 2008.

The present medical insurance system

A. Overview

The present public medical insurance system is one of the social insurance. The social insurance has 3 characteristic: compulsory participation, country's control and automatic setting insurance depending on income. Also, the system has 2 types: performance in kind, which provide medical service and payments in cash, which provide cost of medical service. Japan introduces the former type as a rule. Our medical insurance system makes people belong each system depending on ages. For example, younger than 74 years old can belong each employee insurance or regional social insurance and older than 75 years old can belong the late-stage medical care system for the elderly. Employee insurance concludes health insurance and various mutual aid associations. Regional social insurance concludes national health insurance. There are difference features

by each insurer. Compared with identification of benefits of employee insurance and regional social insurance, there are no differences in terms of medical performance in kind, visiting care medical expense, hospital meal expense, hospital life expense and Expensive medical charge but there are differences in payments in cash, especially the burial fee, allowance for sick and wounded and benefit for delivery between employee insurance and regional social insurance.

B. Concept and the current situation

Health care services provided by public medical insurance means a contract in accordance with public law between insurer and Authorized Insurance Medical Institutions. Authorized Insurance Medical Institutions and panel doctor are charge of various medical service and treatment based on health insurance. The number of Authorized Insurance Dental Institutions which were paid by the Social Insurance Medical Fee Payment Fund from 2006 to 2011 is 68298(2006), 68349(2007), 68311(2008), 68408(2009), 68719(2010) and 68647(2011). Also, the fee for dental treatment and its ratio within national cost of medical care were estimated – 2 trillion 537 billion 700 million: 7.9% (2006), 2 trillion 576 billion 600 million: 7.8% (2007), 2 trillion 503 billion 900 million: 7.6% (2008), 2 trillion 499 billion

600 million: 7.3% (2009), 2 trillion 577 billion 700 million: 7.4% (2010) and 2 trillion 558 billion 700 million: 7.1% (2011).

The Social Insurance Medical Fee Payments system

A. Decision process of Medical Fee Payments

Medical treatment fees means that medical institutions can get a reward in exchange for insurance medical care. This reward is decided by Minister of Health, Labor and Welfare based on discussion by Central social insurance medical council. This council consists of 20 committee members: 7members of the payment side such as national health insurance, 6members of the providing medical treatment side such as doctor, dentist, pharmacist, and 6members of the public utilities commission. Appointment of the public utilities commission needs the approval by both House of Representatives and House of Councilors. This council discusses 2 types of Medical Fee Payments. One side is the range and contents of health insurance treatment. The other side is cost of each health insurance treatment.

B. Range of fee for dental treatment

Range of dental which public medical insurance covered is decided by the fee list for dental treatment. In case dental

technology does not set in the list, it is exclusion from fee for dental treatment as a rule. Beneficial rate, public medical insurance covered, within total dental treatment fee per person was 77% (Japan), 60%(Germany) 55%(United Kingdom) 37%(France) 19%(Korea)and 6%(United States of America). So, we can safely say that Japanese public medical insurance covered wider field of dental treatment than other countries.

C. Ratio of Dental Fee Payments

According to survey of each social medical treatment point by act in2002 June, point per treatment was 1296.1 and point per day is 622.4 -these were a 0.2 % and 1.1% increase from the previous year. Compared general medical treatment, which under 74 years people can be adopted except insured person of medical system for elderly people and medical system for elderly people, point per treatment was 1248.6 for general medical treatment and 1571.8 for medical system for elderly people. And point per day was 608.3 for general medical treatment and 697.0 for medical system for elderly people. Also judging from age for point, over 75 years old was 695.0 points and its point was higher than any other age class. 65 to 74 years old 639.7 points. And 0 to14 years old was 545.0 points.

D. Combination with an examination out

of the application range of insurance

All medical treatment fees are to pay one's own expense in case people take the treatment partially covered by insurance. But the evaluation and choice medical treatment by Minister of Health, Labor and Welfare are permitted to make use of socialized medicine at the same time. In case, the evaluation and choice medical treatment contain common treatment to socialized medicine, common part fee is treated same cost as socialized medicine. And the rest is paid by public medical insurance as examination out of the application range of insurance.

E. The new medical technology introduced medical insurance

There are 2 ways to introduce new medical technology into medical insurance. One way is that advanced medical care which is permitted to make use of socialized medicine at the same time is introduced it. The other way is that several learned society and related organizations offer a suggestion to do so. The former is central social insurance medical council and advanced health professional meeting judge results of advanced medical care and determine whether introduce or not. The latter is Investigation professional organization of Medical Treatment Fees and central social insurance medical council judge evaluation document which was handed

in by several learned society and related organizations and determine whether introduce or not. This document must specify evidence level about applying new medical technology and resources such as related paper.

Repayment method of dentistry materials and these price

Medical care materials which are covered by Public medical insurance are classified 5 sections by subject to materials characteristics-A1 (comprehensive), A2 (specific comprehensive), B (individual evaluation), C1 (new function) and C2 (new function and technology). B is said to specific insurance medical care materials. B can get extra medical treatment reward in addition to consideration. The price criteria of new dentistry materials are different whether the revision addition or Similar function division correspond or not. Both cases adjust for 1.5 times price of national average when their material costs are over 1.5times.

Challenges for the future

Japan has accompanied medical administration system that all people can enjoy medical services without some anxiety. It is not too much to say that this system has enabled Japanese to achieve the world's longest average life span and high level medical administration system.

But, Japan has been faced on various changes in the social environment, such as decreasing birthrate and aging of the population and transition into a lower ratio of economic development. So, Japan has some Challenges in order to sustain universal public insurance system in the future. Under the condition, the comprehensive reform of tax and social security was composed on the June 30 in 2011 and reported to cabinet meeting on the September 1 in 2011. We are expected to discuss about the way of the social security in terms of primary balance between benefit and obligation. In addition to this, dental treatment is expected to examination in order to make patient's pay clear and promote the prevention of odontopathy.

D . 考察

本研究により作成した英文資料は、海外からの情報収集の際に、我が国の公的医療保険制度に関する情報提供のツールとして有用であると考えられる。

E . 結論

我が国の公的医療保険制度に関する英文資料は、海外からの情報収集を容易にするものと考えられる。

F . 研究発表

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G . 知的財産権の出願・登録状況

なし