

- ✓ On Mar. 5, 2024 (Tue), Japan announced its policy to end the transition to a normal healthcare system by the end of March and provide **a normal healthcare system from April 2024.**

Handling of Public Funding

	Measures from Oct. 2023 to the end of March 2024	Measures from April 2024
Outpatient	<ul style="list-style-type: none"> ➤ Continue to publicly fund while asking a portion to be paid out-of-pocket for COVID-19 treatment drug (PAXLOVID, Xocova, etc.) expenses <p>*Out-of-pocket upper limit is determined according to the copayment ratio of medical expenses. (Upper limit: 3,000 yen (10% copayment), 6,000 yen (20% copayment), 9,000 yen (30% copayment))</p>	<ul style="list-style-type: none"> ➤ Public funding for COVID-19 treatment drugs ends at the end of March 2024 ➤ Similar to other diseases, patients will pay according to the copayment amount of their health insurance, and their out-of-pocket expenses will not exceed the limit according to their income with the application of the high-cost medical expense benefit.
Inpatient	<ul style="list-style-type: none"> ➤ Public funding will continue for hospitalization costs with the reduction from the limit of the copayment amount of the high-cost medical expense benefit revised to 10,000 yen. 	<ul style="list-style-type: none"> ➤ Public funding for hospitalization costs ends at the end of March 2024 ➤ Similar to other diseases, patients will pay according to the copayment amount of their health insurance, and their out-of-pocket expenses will not exceed the limit according to their income with the application of the high-cost medical expense benefit.
Testing	<ul style="list-style-type: none"> ➤ Intensive testing for staff at aged care facilities as administrative exams will continue for the time being. 	<ul style="list-style-type: none"> ➤ Ends at the end of March 2024
Consultation Service	<ul style="list-style-type: none"> ➤ Municipality's consultation service will continue in order to ease effects on outpatient and emergency. 	<ul style="list-style-type: none"> ➤ Ends at the end of March 2024

The National Policy Regarding the Healthcare System and Public Funding from April 2024^②

Healthcare System

	Initiatives from Oct. 2023 to the end of Mar. 2024	Initiatives from Apr. 2024
Outpatient	<ul style="list-style-type: none"> ➤ Newly adding outpatient as a part of the transition plan ➔ Further expand the number of outpatient-handling medical facilities while regularly tracking progress ➤ Continue the system of releasing medical facility names for the time being ➤ Provide support in securing equipment upgrades, personal protective equipment, etc. ➤ Continue remuneration special measures by revising points based on the facility's state of infection control, staffing, efficiency, etc. <p>(E.g.) • Evaluation of in-hospital infection control Current 147 points ➔ 50 points (If not limiting the admission of patients, current 300 points ➔ 147 points)</p> <p>• Evaluation of hospitalization adjustments by the medical facility Current 950 points ➔ 100 points</p>	<ul style="list-style-type: none"> ➤ The designation and release of the names of outpatient-handling medical facilities ends at the end of March 2024 ➤ Widely transitioning to general medical facilities
Inpatient	<ul style="list-style-type: none"> ➤ Extend the transition plan and promote acceptance by new medical facilities ➤ Continue subsidies for covering costs of securing beds, prioritizing inpatients who are under the severely ill/moderate II groups <p>*Paid according to the standards of transmission stages and immediately available beds set by the Japanese government. Prefectures are to set the number of immediately available beds based on the standard and stage.</p> <p>➔ Flexibly respond to the transmission situation regarding the application of stages</p> <ul style="list-style-type: none"> ➤ Former temporary medical facilities that are necessary continue to retain their functions. ➤ Provide support in securing equipment upgrades and personal protective equipment 	<ul style="list-style-type: none"> ➤ Subsidies for securing beds are discontinued and transitioned to a normal healthcare system of accepting inpatients without depending on secured beds. ➤ Special treatment of former temporary medical facilities will be discontinued at the end of March 2024.

*Remuneration special measures **end** at the end of March 2024.

*Revision to constant infection control for **FY 2024 Revision of the Medical Payments System** (Addition to **medical care provided to patients with fever, etc. (20 points/care)**, etc.)

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	Initiatives from Oct. 2023 to the end of Mar. 2024	Initiatives from Apr. 2024
Hospitalization adjustments	<ul style="list-style-type: none"> ➤ Decide which hospital to be admitted to among medical facilities (The adjustment framework by the government can remain for the time being.) ➤ Promote utilization of IT to share the status of beds ➤ Transition to the existing adjustment framework in prefectures for expectant and nursing mothers, children, and dialysis patients ➤ Extend the transition plan 	<ul style="list-style-type: none"> ➤ Continue to decide which hospital to be admitted to among medical facilities
Responses to aged care facilities	<ul style="list-style-type: none"> ➤ Continue various policies and measures concerning aged care facilities by revising a portion of requirements, amount of money, etc. 【Main policies and measures】 <ul style="list-style-type: none"> ▪ Intensive testing ▪ Securing supporting medical facilities that make home visits, etc. ▪ Support given to the dispatch of nursing staff ▪ Support given to facilities providing treatment inside the facility ▪ Exceptions to nursing-care benefits to promote the acceptance of discharged patients ➤ Promote initiatives such as infection control, care worker training, strengthening cooperation among medical facilities at facilities 	<ul style="list-style-type: none"> ➤ Various policies and measures concerning aged care facilities end at the end of March 2024 ➤ Regarding the revision of nursing-care benefits for FY 2024, initiatives are put in place for constant infection prevention measures concerning aged care facilities.