

COVID-19 will transition to

the regular Medical Care Provision System

Infection prevention as a daily practice

Watch out for infectious diseases such as **COVID-19** and influenza!

Are you taking the necessary precautions?

Remember to wash and sanitize your hands, wear a mask if you show symptoms, and ventilate rooms.

Are you resting enough?

If you have a fever or show any other symptoms, rest and don't push yourself too hard.

Are you adequately prepared?

Remember to stockpile over-the-counter medicines and daily necessities in case of illness.

Medical Care Provision System for COVID-19 (from April 2024)

Medical Care Provision System

Current System

From April 2024

NPATIEN

Expansion of the patient admission system with a focus on securing hospital beds (secured for critical or moderate II patients only)

Supported by the regular medical care provision system that does not depend on secured hospital beds

OUT-PATIENT

Maintain and expand the number of medical institutions offering treatment

Treatment supported by a wide range of general medical institutions

Termination of the Special Financial Assistance

Current System

From April 2024

Copayment for treatment drugs Fixed amount of copayment (between 3,000 and 9,000 yens), depending on the medical insurance copayment ratio.

Normal copayment costs based on the patient's medical insurance copayment ratio.

Copayment for hospital stay

Subsidy up to 10,000 yens

Normal copay costs based on patient's medical insurance copayment ratio.

Hospital bed Reservation Fee

- Applies to patients whose condition is critical or moderate II
- Will not be issued when the infection is under control.

Abolished

Medical Fees

EDICAL INSTITUTION

Based on the situation, points will be lowered and special provisions will be maintained.

In principle, special provisions will be abolished

- Publicly funded (=free) vaccinations will stop at the end of March.
- Hokkaido's "Health Consultation Center" will close at the end of March, and the public health center will act as the consultation center. (The National Consultation Desk will continue to operate.)
- Data on patient incidence trends will continue to be collected and published.