

## ABSTRACT

### The Public Health Insurance Reform in the 2000s and Japanese-type Welfare Society

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The public health insurance system, introduced in 1922, has been played a key role in Japan's social welfare along with the public pension system that started in 1942. Broadly speaking, there are two types of public health insurance; Health Insurance and National Health Insurance. The former one is employment-based while the later one is for the people left out from the Health Insurance, including the self-employed and the unemployed. The two systems are somewhat different in terms of benefits, but several features are common. The premiums are collected from the family as a unit, and the insurers are usually associations including local communities. Also they depend on the government subsidies more or less. In other words, the family, the community, and the state have shared the role. This implies the 'Japanese-type welfare society'. In the late 1970s the Japanese government suggested this concept as their ideal model. The 'Japanese-type welfare society' consists of the individuals taking care of themselves, the society supporting them to do so, and the state providing appropriate welfare services. The government explained this three levels of social welfare system is consistent with Japanese values such as

self-reliance, mutual help, and social solidarity.

Recently the public health insurance reform has been controversial. The medical expenses have soared due to the advanced medical technology, the increasing interest in the health, and the aging population, and Japan had to deal with this problem. As a result, the reform, that include the increases of both premium and co-payment, was carried out in 2000, 2002, and 2006. Also Latter-Stage Elderly Healthcare System has been implemented by 2008. The Japanese government insisted the reform should be made in order to rebuild three levels of Japanese welfare system; self-help, mutual-help and public-help. However, this paper found that the reform lowered the responsibility of the state while it increased the one of the individuals. Also it tore down family support and social solidarity. That is to say the reform broke the bounds of Japanese-type welfare.

The reform triggered counteractions. The Japanese government has encouraged people to buy the private health insurance through the deregulation policies, however it has not led to the insurance purchase. Instead more people insisted that the state should take more responsibility on health care. This can be observed in the 2009 Japanese general election, which the Democratic Party of Japan won for the first time in 54 years. The Democratic Party of Japan claimed that they would address the issues caused by the public health insurance reform. Even though it ended in failure, it changed the direction of the reform that had emphasized the self-help. Recently the bill of raising the consumption tax has passed, and it will take into effect as of April 2014. The Japanese government promised to pour all of the money gained from the raise into social welfare system. Also, the debate over the consumption tax issue has encouraged Japan to form a social consensus that every member of the society should share the burden and contribute to community. This may serve as a momentum to get back to the equilibrium of the Japanese-type welfare.