National Hospital Organization (Incorporated Administrative Agency)

https://nho.hosp.go.jp/

1. Summary of operations implemented using FILP funds

The National Hospital Organization builds and improves medical facilities such as hospital wards and introduces medical equipment and other devices in order to provide proper medical services for diseases that have great effects on the health of Japanese people and for other medical problems. Note: Major projects that are outside the scope of the FILP projects are research on medical treatment and the training of the technicians.

2. Amount of lending under FILP

(Unit: billion yen)

FY2023 FILP	Estimated outstanding amount of FILP lending at the end of FY2022
28.6	416.4

3. Estimated policy cost analysis of the project

(1) Policy cost

(Unit: billion ven)

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Category	FY2022	FY2023	Fluctuation		
1. Government expenditure					
(subsidies, etc.)	-	-	-		
2. Government revenue	_	-42.2	-42.2		
(payments to the government, etc.)*		72,2	72.2		
3. Opportunity cost of capital	53.8	301.2	247.5		
investments, etc.	33.0	301.2	217.5		
Total (1+2+3=policy cost(A))	53.8	259.0	+205.3		
Analysis period (years)	43 years	42 years	-1 year		

(2) Breakdown of policy cost by the time of the provision of funds (Unit: billion yen)

	Category	FY2022	FY2023	Fluctuation
(A) Polic	(A) Policy cost (previously cited)		259.0	+205.3
	pportunity cost of capital investments, etc. ided before the beginning of the analysis id	57.2	105.2	+48.0
	Policy cost expected to be newly accrued during the analysis period		153.9	+157.3
	Government expenditure (subsidies, etc.)	-	-	-
	Government revenue (payments to the government, etc.)*	1	-42.2	-42.2
	Opportunity cost of surplus, etc.	-3.4	196.1	+199.5
	Opportunity cost of capital investments, etc.	-	-	-

(3) Year-to-Year comparison analysis

(Computing any fluctuation from previous year)

(Unit: billion yen)

		FY2022	FY2023	Simple fluctuation	
	Simple comparison (before adjustment)	53.8	259.0	+205.3	
Policy cost	Past year comparison	Adjusting initial years (Analysis results after adjusting initial year to that for FY2023 analysis)	Adjusting assumed interest rates (Analysis results of re-estimation using assumed interest rate for FY2022)	Real fluctuation (2-1)	
	(after adjustment)	47.6	132.8	+85.2	

[Real fluctuation factor analysis]

- O Factors behind policy cost increase
- Increase in cost due to increase in opening balance of reserves associated with the receipt of COVID-19-related subsidies, etc. in FY2022 (+70.1 billion yen)
- Increase in cost due to increase in operating expenses, etc. associated with an increase in investment in FY2023 (+57.3 billion yen)

O Factors behind policy cost decrease

- Decrease in cost due to payment to the National Treasury brought forward in FY2023 (-42.2 billion yen)

(4) Sensitivity analysis (cases where assumptions change)

(Unit: billion yen)

(A) Policy cost (previously cited)	Case of assumed interest rate + 1%	Fluctuation	Government expenditure (subsidies, etc.)	2. Government revenue (payments to the government, etc.)*	3. Opportunity cost of capital investments, etc.
259.0	327.7	+68.6	=	+0.2	+68.4

(A) Policy cost (previously cited)	Case of a 1% decrease in medical services revenues	Fluctuation	Government expenditure (subsidies, etc.)	2. Government revenue (payments to the government, etc.)*	3. Opportunity cost of capital investments, etc.
259.0	289.1	+30.1	-	-	+30.1

(Note) Components in each column may not add up to the total because of rounding.

^{*} Government revenue (payments to the government, etc.) is booked as a negative amount. Example: -10 b. yen for 10 b. yen in payments to government, etc.

4. Outline of estimation and project prospect employed in the analysis

[Outline of estimation]

The operation subject to the analysis is the development of hospital facilities and medical equipment for medical services of the National Hospital Organization required for providing medical treatment and other services for diseases having grave impacts on the health of the people.

The analysis period covers 42 years for repaying 40.0 billion yen in fiscal loan planned to be borrowed between FY2023 and FY2025 and existing fiscal loans for the relevant operation.

[Project prospect]

Revenues from medical services are calculated, while expecting the continuation of investment up to FY2025 at the longest and excluding investment plans for FY2026 onward (for renewal after the elapse of durable years) with regard to hospitals with renovation plans.

(Unit: billion yen)

		Re	sult		Estimated	Planned	Assumptions for calculation
FY	2018 2019 2020 2021		2021	2022	2023	2024-2064	
Medical services revenues	996.1	990.4	1,034.4	1,124.4	1,080.0	1,052.3	-0.3% from the previous year
Medical services expenses	879.7	898.9	898.4	923.3	946.2	958.5	-0.3% from the previous year

5. Reasons for granting of subsidies, mechanism and underlying laws

[Reasons for granting of subsidies]

The NHO contributes to improving and promoting public heath by providing medical services and conducting surveys and research on medical services and training of technicians to improve its medical services for diseases having grave impacts on the health of the people under national healthcare policies.

(Underlying laws and regulations)

Act on General Rules for Incorporated Administrative Agencies (Act No.103, 1999)

Article 46

The national government may give incorporated administrative agencies grants equivalent to all or any part of the funds necessary for their operations.

[Underlying law for payments to the national treasury]

National Hospital Organization Act (Act No. 191 of 2002)

Paragraph 2 of Article 17

The Organization may deduct from the amount equal to the reserve specified in the preceding paragraph the amount approved under the said Paragraph. After the deduction, the remaining amount, if any, shall be paid to the national treasury.

6. Special remarks

- 1) Under the National Hospital Organization Act (Act No.191 of 2002) established based on the Basic Act on Reforming Government Ministries, the National Hospital Organization was created on April 1, 2004 by transforming into a single incorporated administrative agency from 154 national hospitals and sanatoriums (excluding the national centers) throughout Japan that were originally included in the National Hospital Special Account.
- 2) From 1986, 87 national hospitals and sanatoriums were realigned through "abolition/consolidation" and "business transfers." The realignment was completed in May 2013 when the last hospital was subjected to abolition/consolidation. (The number of national hospitals stood at 140 as of April 1, 2023.)
- 3) As a result of working on management improvement after the transition to an incorporated administrative agency, many hospitals made improvements in financing to the extent that they were able to make future investment for buildings and medical machines. However, hospitals that still fail to secure earnings equivalent to operating costs or whose ratio of current expense to current income is less than 100% require drastic hospital reform or management improvement. Therefore, the Organization implemented a 3-year administrative improvement plan (reorganization plan) to be completed by FY2014 for each hospital. Since FY2015, the Organization has continued an attempt to improve management at individual hospitals through close cooperation between its headquarters and group offices.

(Reference) Outcome and social and economic benefits of operations

The National Hospital Organization contributes to the enhancement of Japanese medical services by providing safe and high-quality medical treatment to patients from patients' viewpoint, conducting surveys and researches about high-quality medical services to prepare evidential materials through the effective use of its extensive network, and providing training programs for medical technicians aiming to foster competent medical personnel.

1) Initiatives in pioneering medical research activities

The National Hospital Organization conducts multi-institutional studies and clinical trials. These activities are supported by consolidation of a database on medical cases through the effective use of the policy-based medical services network. Clinical research centers (departments) are mostly in charge of these collaborative activities.

 Initiatives in the medical fields that cannot be dealt with properly by NonNational Hospital organizations due to historical and social reasons

(As of October 2022)

	(01 October 2022)
	Institutions	Beds
Institutions engaging in the treatment of tuberculosis	41	1,019
Institutions engaging in the treatment of severe motor and intellectual disabilities	75	8,112
Institutions engaging in the treatment of progressive muscular dystrophy	26	2,347
Legally-designated inpatient settings engaging in the treatment of mental unsoundness, etc.	14	433

- 3) Provision of medical services required for the government's crisis management
 - O In response to the large earthquake in Kumamoto Prefecture in April 2016, hospitals of the National Hospital Organization dispatched many disaster medical assistance (DMAT) and disaster psychiatric assistance (DPAT) teams to disaster-hit areas for the initial rescue of disasteraffected people.
 - O In response to the COVID-19 outbreak, the NHO sent a disaster medical assistance team (DMAT) and other personnel to National Tax College and other locations and pharmacists to the Yokohama Quarantine Station to deal with people returning home from Wuhan, China, and dispatched DMAT doctors for medical services on the Diamond Princess cruise ship.

- O In FY2022, responses to emerging infectious diseases were added to the operations of the DMAT secretariat. Such responses include support for local governments amid the spread of emerging infectious diseases.
- 4) Initiatives in the implementation of important medical policies from the national standpoint of Japan
 - OHospitals designated for clinical training
 - •54 institutions (FY2022)
 - OHospitals designated for cooperation-type clinical training
 - •70 institutions (FY2022)
 - OHospitals designated as centers for allergic disorders
 - •1 institution
 - OHospitals designated as AIDS Block Centers
 - •4 institutions
- 5) Contribution to the reinforcement of local medical services

Share of nationwide total number of base hospitals, etc.	NHO	Nationwide total	Share (%)
Number of the base hospitals etc. of emergency medical care for children (as of July 2022)	21	300	7.0%
General Perinatal Center (as of April 2021)	5	112	4.5%
Regional Perinatal Center (as of April 2021)	20	296	6.8%
Core disaster base hospitals (as of April 2022)	5	64	7.8%
Regional disaster base hospitals (as of April 2022)	32	701	4.6%
Cancer Care Coordination Core Hospital [total] (as of April 2023)	35	456	7.7%
Prefectural Cancer Care Coordination Core Hospital (as of April 2023)	3	51	5.9%
Regional Cancer Care Coordination Core Hospital (as of April 2023)	30	357	8.5%
Remote base hospitals (as of April 2021)	10	341	2.9%

[Reference]

NHO hospitals' share of nationwide total number of hospitals (8,156 hospitals as of October 2022) stood at about 1.7%.

Overview of policy cost analysis results

[Changes in policy costs]



Note: Policy costs for each fiscal year differ in assumptions including interest rates applied to estimates.

(Unit: billion yen)

	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023
Policy costs (total amount)	171.9	121.2	193.5	129.8	109.3	92.3	236.6	97.5	53.8	259.0
Government expenditure (subsidies, etc.)	151.1	152.0	179.6	181.1	130.3	57.1	47.9	-	-	-
Government revenue (payments to the government, etc.)	-	-	-	-	-	-	-	-	-	-42.2
Opportunity cost of capital investments, etc.	20.8	-30.8	13.9	-51.3	-21.0	35.1	188.8	97.5	53.8	301.2

(Explanation of policy cost trends)

- Until FY2020, policy costs related to subsidies, etc. decreased as operating expense subsidies for retirement allowances for the period before the organization's conversion into the incorporated administrative agency status were decreasing, As all operating expense subsidies were reduced in FY2021, policy costs related to subsidies, etc. became zero thereafter.
- •From FY2019 to FY2020, "opportunity cost of capital investments, etc." increased due to an increase in personnel costs, etc. (fixed costs) associated with the impact of work style reforms.
- •From FY2021 to FY2022, "opportunity cost of capital investments, etc." increased as year-end reserves increased due to the impact of the receipt of COVID-19-related subsidies, etc..
- •In FY2023, "opportunity cost of capital investments, etc." increased due to an increase in depreciation expense, associated with the increase in investment, and an increase in personnel and utilities costs, etc. (on the cost side), and a decrease in revenue from medical services after COVID-19 (on the income side).

[FILP agency's self-assessment of policy cost analysis results (FY2023)]

- •Policy costs increased in FY2023 compared to FY2022. With the impact of COVID-19 remaining unclear even from FY2023, despite the potential for an upswing in the situation, it is expected to remain challenging without returning to pre-COVID levels. Therefore, it is necessary to continue working toward efficient hospital management.
- •The results of the sensitivity analysis (case of assumed interest rate + 1%) showed that policy costs increased 68.6 billion yen. This is due to an increase in opportunity cost arising from a fall in discount rate brought, about by the difference in interest rate, in addition to an increase in interests paid. Therefore, it is necessary to continue working toward efficient hospital management.
- •The results of the sensitivity analysis (Case of a 1% decrease in medical services revenues) showed that policy costs increased 30.1 billion yen. This is due to the decrease in revenue from medical services exceeding the decrease in expenditures from medical services. Therefore, it is necessary to continue working toward efficient hospital management.

(Reference) Financial Statements

Balance Sheet (Unit: million yen)

Item	End of FY2021	End of FY2022	End of FY2023	Item	End of FY2021	End of FY2022	End of FY2023
itein	(Result)	(Estimated)	(Planned)	nem	(Result)	(Estimated)	(Planned)
(Assets)				(Liabilities and net assets)			
Current assets	453,200	496,741	404 500	Current liabilities	204,961	200,025	210,837
Cash and bank deposits	163,259	196,409	101,554	Debt from grants for operation cost	5,042	200,023	210,037
Securities	70,000	70,000	70,000	Subsidy received, etc.	904	862	_
Accounts due for medical operations	170,953	179,927	178,859	Deposited donations	2,029	802	_
Accounts due for medical operations Accounts receivable	40,012	41,424	45,107	•	45,425	39,834	39,631
				Current portion of long-term borrowings			<i>'</i>
Inventory assets	8,038	8,038	8,038 140	1 ,	43,609	47,127	54,019 79,898
Prepaid expenses	182	140	140		70,865	74,636	· · · · · · · · · · · · · · · · · · ·
Accrued income	4	799	- 902	Current portion of lease obligation	141	105	129
Other current assets	751		803	Accrued expenses	35	35	35
Fixed assets	1,059,900	1,026,582	1,054,309	Unpaid consumption tax, etc.	853	853	853
Tangible fixed assets	1,043,519	1,014,805	1,028,292	Deposit received	4,094	4,094	4,094
Buildings	479,599	467,346	450,313	Advance revenues	18	-	-
Structures	16,017	15,062	14,312	Provisions	31,618	32,196	31,897
Medical instruments and equipment	63,376	51,943	65,948	Provision for bonuses	30,364	30,943	30,644
Other instruments and equipment	14,473	10,388	24,701	Provision for loss from compensation of damage	1,253	1,253	1,253
Vehicles	212	228	232	Current portion of asset retirement obligation	1	1	1
Land	468,237	468,237	468,237	Other current liabilities	329	283	282
Construction in progress	1,527	1,522	· · · · · · · · · · · · · · · · · · ·	Fixed liabilities	799,582	772,725	748,578
Other tangible fixed assets	79	79	79	Contra-accounts for assets	55,223	52,670	50,328
Intangible fixed assets	14,310	9,607	23,721	Contra-accounts for assets funded by operational grants	1,248	817	817
Software	14,046	9,343	23,458	Contra-accounts for assets funded by subsidies, etc.	52,300	50,420	48,594
Telephone subscription right	195	195	195	Contra-accounts for assets funded by contributions	1,403	1,235	917
Other intangible fixed assets	69	69	69	Contra-accounts for donation of non-current assets	271	198	-
Investment and other assets	2,071	2,170	2,296	Long-term deposited donations	53	53	53
Long-term loan receivable	1,235	1,347	1,485	Long-term borrowings	405,323	376,589	365,558
Bankruptcy or rehabilitation claims, etc.	1,706	1,804	1,806	Long-term debts	411	378	344
Allowance for loan losses	-1,706	-1,804	-1,806	Lease liabilities	217	177	137
Long-term prepaid expenses	37	25	12	Provisions			
Stock for disasters	782	782	782	Provision for retirement benefits	296,954	302,202	292,290
Other investment assets	17	17	16	Asset retirement obligation	41,256	40,513	39,769
				Other fixed liabilities	144	144	98
				(Total liabilities)	1,004,543	972,749	959,415
				Capital			
				Government investment	202,906	202,906	202,906
				Capital surplus	223,711	223,310	222,933
				Capital surplus	234,371	234,371	234,371
				Other administrative costs accumulated	-10,660	-11,061	-11,438
				Amount equivalent to accumulated depreciation cost	-6,630	-7,031	-7,408
				Amount equivalent to accumulated impairment loss	-8	-8	-8
				Amount equivalent to accumulated net gains or losses on sale or disposal	-4,022	-4,022	-4,022
				Retained earnings	81,940	124,358	73,555
				Reserve fund	-	81,940	82,158
				Unappropriated retained earnings or loss for the period	81,940	42,418	-8,603
				(of this, gross profit or loss)	85,915	42,418	-8,603
				(Total net assets)	508,557	550,574	499,394
Total assets	1,513,100	1,523,323	1,458,809	Total liabilities and net assets	1,513,100	1,523,323	1,458,809

Notes 1. The balance sheet includes amounts for projects other than those subject to the policy cost analysis.

2. Components may not add up to the total because of rounding.

Income Statement		(Uı	nit: million yen)
Item	FY2021	FY2022	FY2023
Itelli	(Result)	(Estimated)	(Planned)
Ordinary income	1,148,596	1,110,394	1,077,188
Income from grants for operation cost	671	5,449	-
Medical care operations income	1,129,247	1,088,507	1,062,143
Education and research operations income	4,973	4,937	4,817
Clinical research operations income	8,280	8,260	7,237
Other ordinary income	5,425	3,241	2,991
Ordinary expenses	1,057,833	1,067,611	1,085,582
Medical care operations expenses	1,024,980	1,036,210	1,054,908
Education and research operations expenses	7,354	7,354	7,186
Clinical research operations expenses	11,708	11,305	10,780
General and administrative expenses	4,014	4,002	4,033
Other ordinary expenses	9,778	8,739	8,676
Ordinary profit or loss	90,763	42,783	-8,394
Temporary profits	522	143	-
Gain on sales of fixed assets	40	-	-
Other temporary profits	482	143	-
Temporary losses	5,371	508	208
Loss on sale of fixed assets	0	0	-
Loss on retirement of fixed assets	1,566	200	200
Impairment loss on fixed assets	2,812	8	8
Other temporary losses	993	300	-
Net profit or loss	85,915	42,418	-8,603
Gross profit or loss	85 915	42 418	-8 603

Gross profit or loss 85,915 42,418 -8,603

Notes 1. The income statement includes amounts for projects other than those subject to the policy cost analysis.

^{2.} Components may not add up to the total because of rounding.