

# Problems Associated with Providing Medical Service to Foreigners: Unpaid Medical Bills at Tertiary Emergency Medical Institution in Tokyo

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Over a period of 7 years (1994~2000), a total of 168 foreign patients were admitted to our institution. We investigated problems associated with providing medical services to foreigners from the perspective of unpaid medical bills. The male-to-female ratio was 1.2, and mean age was 35.6 years. More than half of these foreign patients came from neighboring Asian countries such as Republic of Korea (South Korea), Democratic People's Republic Korea (North Korea), and China. For both male and female patients, the most common cause of hospitalization was extrinsic: notable factors included violence and injury for men, and acute drug poisoning for women. At our institution, only 20% of foreign patients had fully paid their bill, and through programs provided by the Tokyo Government, such as the Law for handling sickness, injury or death of travelers (Traveler Law) and Foreigner Unpaid Medical Cost Reimbursement System, we were able to recover 60% of medical expenses incurred from the provision of medical services to foreign patients. However, as the number of foreign patients is expected to increase in future, measures must be established to ensure that foreigners enroll in the national health insurance system when they register for residency or are hired for work.

**Key words:** medical bill, foreigner, Traveler Law

## Introduction

Coinciding with the trend toward globalization, more than 5 million foreign people enter Japan legally every year, and this number is on the rise<sup>1)</sup>. Providing medical services to foreigners are difficult due to linguistic and cultural differences. Moreover, since costs incurred by providing medical services to foreigners who are not cov-

ered by insurance or cannot receive public assistance are often unpaid, the economic impact is high, especially in the field of emergency medicine. In the Tokyo metropolitan area specifically, there are approximately 280,000 illegal aliens, and some individuals experience various difficulties and are brought to tertiary emergency medical institutions.

**Table 1** Extrinsic diseases

	Assault	Traffic accident	Fall	Self injury	Drug poisoning	Total (%)
Male	44	25	22	6	3	100
Female	9	9	5	5	72	100
Total	30	20	15	5	30	100

**Table 2** National distribution

	South Korea	China	Taiwan	Other Asian countries	Europe & USA	Others	Total (%)
Male	29	29	10	14	10	8	100
Female	51	11	17	11	8	2	100
Total	39	22	11	13	8	7	100

In this study, conducted at Tokyo Women's Medical University Critical Care Medical Center in the Tokyo metropolitan area, we investigated the current state of provision of medical services to foreigners and problems associated with this, from the standpoint of unpaid medical bills.

### Subjects and Methods

Subjects were 168 foreigners who were admitted to our center over a 7-year period from 1994 to 2000. Based on their medical charts, male-to-female ratio, age, reason for admission, and nationality were ascertained, and reimbursements were examined on the basis of applications that our medical affairs office filed with the Tokyo Government.

### Results

#### 1. Male-to-female ratio

Subjects comprised 92 men and 76 women; a male-to-female ratio of 1.2.

#### 2. Average age

Most of the male and female patients were in their 30's, with the average age of male patients being 36.9 years, and that of females being 34.0 years.

#### 3. Reason for admission

One hundred and one patients, or 60% of the

subjects, were diagnosed with extrinsic diseases, 1.5 times higher than numbers of those experiencing intrinsic diseases (67 patients). While many men presented with trauma, including injury, more than two thirds of the female patients were diagnosed with drug poisoning (Table 1). Of the 168 patients, 13 died, giving a mortality rate of 7.7%.

#### 4. National distribution (Table 2)

The overwhelming majority of the male patients were from Republic of Korea (South Korea), Democratic People's Republic Korea (North Korea) or China, each country accounting for around one third of the male patients, and most of the female patients were from South Korea or North Korea. As a whole, patients from South Korea, North Korea, China and Taiwan accounted for 70% of the total study group, and patients from Asian countries accounted for more than 80%. Consequently, patients from Western countries accounted for less than 10%.

#### 5. Medical bill payment (Fig. 1)

The proportion of paid bills fluctuated from one year to the next, but about half of the bills were covered by insurance. Over the last 7 years, about 20% of bills have not been paid, and there

does not seem to be any improvement in this regard. At our center, a system for providing medical services to foreigners was established in 1999, and in that year, medical bills for 10 patients, about 40% of the foreign patients treated in 1999, were either partially paid or unpaid. The center filed for reimbursement based on the Traveler Law for 3 patients and the Foreigner Unpaid Medical Cost Reimbursement System for 5 patients. While the applications filed based on the Traveler Law were fully reimbursed, only about 70% of the applications filed based on the Foreigner Unpaid Medical Cost Reimbursement System were reimbursed (Table 3).

### Discussion

According to the Immigration Bureau at the

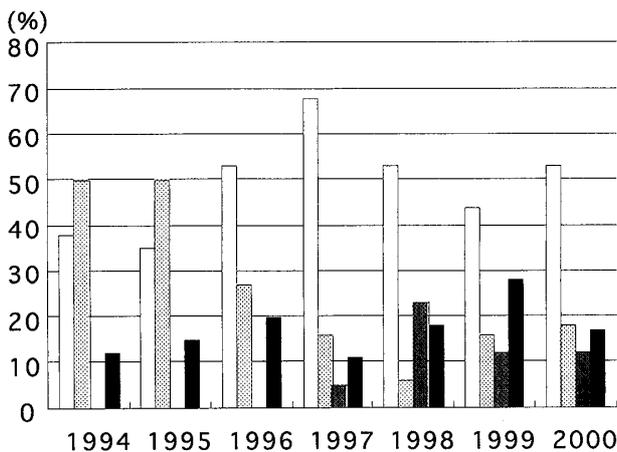


Fig. 1 Annual state of medical bill payment

□ paid by insurance, ▨ paid by the patient, ▩ made partial payment, ■ made no payment.

Ministry of Justice, 5,272,095 foreigners entered Japan in 2000 (including reentry), reflecting a 7.6% increase from the previous year. Since 56% of these foreigners were men, the male-to-female ratio of foreigners entering Japan was comparable to that of the foreign patients treated at our center<sup>2)</sup>. According to the Bureau, South Koreans were the largest group of foreigners entering Japan in 2000, followed by Taiwanese, Americans, Chinese and English, in that order. Although most people who entered Japan were from Asian countries, people from America and England were the third and fifth largest groups, respectively (Fig. 2). However, only a few American and British patients were treated at our center, in marked contrast to the proportion of these nationalities entering Japan as described by the Immigration Bureau.

Our center was unique in that most patients were admitted for extrinsic diseases: while most male patients presented with traumatic injury, more than two thirds of the female patients were diagnosed with acute drug poisoning. Furthermore, many of these patients were illegal aliens. Among the subjects of the present study, the ratio of patients from Western countries who entered Japan legally and had health insurance was low, while the ratio of patients from neighboring Asian countries who entered Japan illegally and did not have health insurance was high. Naturally, there was a large difference in nationality

Table 3 Medical bill payment and reimbursements (1999)

Pay	Patients	%
Paid by insurance	11	44
Paid by the patients	4	16
Made partial payment	3	12
Made no payment	7	28
Reimbursement		
Traveler Low	3	
Foreigner unpaid medical cost reimbursement system	5	

breakdown with the above-mentioned statistics compiled by the Immigration Bureau at the Ministry of Justice.

At present, costs incurred by providing medical services to foreigners are either paid by patients themselves or covered by the national health insurance if foreigners are registered and have been employed for at least one year. However, when foreigners are not covered by any health insurance, costs are covered by the Tokyo Government based on the Traveler Law and the Foreigner Unpaid Medical Cost Reimbursement System, which reimburses 70% of medical costs, up to 2 million yen per patient (Table 4).

The Traveler Law was enacted in 1899, and has been revised several times. The Ministry of

Health, Labor and Welfare orally issued restriction in the coverage of the Livelihood Protection Law to resident foreigners in 1990, and in response to this action, the Tokyo Government decided to provide coverage to foreigners who are not covered by the Livelihood Protection Law under the category of sick travelers in 1992. The Tokyo Government reimburses the costs incurred by providing medical services to foreigners if the following conditions are met: patients are brought to the hospital by ambulance, patients do not have a known address, and patients do not have anyone who can pay the bills. Since legal status is not taken into account, the Traveler Law also covers illegal aliens. Each hospital must file the necessary papers, and the Public Welfare Office presides over decisions, but not every application is necessarily approved.

Since there is no national reimbursement system for covering the costs incurred by providing medical services to uninsured foreigners, each local government is responsible; however, most local governments have no reimbursement system. In Tokyo, Foreigner Unpaid Medical Cost Reimbursement System are applicable for the foreigners of illegal stay and illegal entry who cannot receive grant of the public medical insurance, the traveler law. Nonetheless, there is a limit to the medical resources that the Tokyo Government can provide, and naturally, there is a limit to the reimbursement system.

As the number of foreigners entering Japan

## National distribution

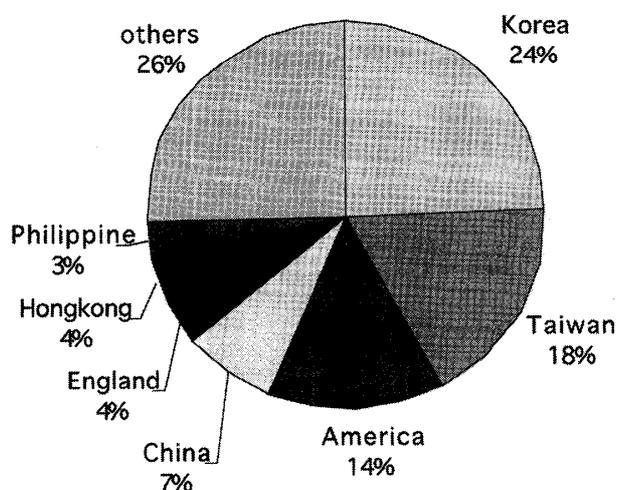


Fig. 2 Statistics of alien entry (2000)<sup>1)</sup>

Table 4 Medical expenses incurred by providing medical services to foreigners

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1. Health insurance:  
applicable to Japanese and foreign workers alike
  2. National health insurance:  
applicable to Japanese and registered foreigners with residency who expect to stay in Japan for at least one years
  3. Law for handling sickness, injury or death of travelers
  4. Foreigner Unpaid Medical Cost Reimbursement System:  
When medical institution in Tokyo provided medical services to illegal foreigner, part of the medical costs incurred is reimbursed (70% of cost, up to two million yen per patient per patient per medical institution)
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continues to increase, the Japanese Government must take appropriate action. For example, registration should be passed to make enrollment in any private or public insurance (national health insurance) mandatory at the time of residency registration and to penalize employers for failing to check insurance coverage for foreign workers.

### Conclusion

Over a period of 7 years (1994~2000), a total of 168 foreign patients were admitted to our institution. We investigated problems associated with providing medical bills. More than half of these foreign patients came from neighboring Asian countries such as South Korea, North Korea, and China. The most common cause of hospitalization was extrinsic factor. At our institution, only 20% of foreign patients had fully paid their bill, through programs provided by Tokyo Government, such as the Law for handling sickness, in-

jury or death of travelers (Traveler Law) and Foreigner Unpaid Medical Cost Reimbursement System, we were able to recover 60% of medical expenses incurred from the provision of medical services to foreign patients. As the number of foreign patients is expected to increase in future, measures must be established to ensure that foreigners enroll in the national health insurance system when they register for residency or are hired for work.

### References

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## 都心部三次救急医療機関における医療費未払い問題からみた外国人医療の問題点

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最近7年間(1994~2000年)に当施設に入院した外国人患者168人について、医療費未払い問題からみた外国人医療の問題点について検討した。対象例の背景因子は男女比1.2、平均年齢35.6歳で、出身地としてはアジアの隣国、韓国、朝鮮、中国が過半数を占めた。疾病としては男女共に外因性疾患が多く、男性は暴行、傷害例、女性は急性薬物中毒が中でも目立った。当施設では全額未払いが20%に達したが、東京都から行旅法適応や独自の外国人未払い医療費補填制度により約60%の補填がなされた。しかし、今後さらに増加傾向にある外国人医療費問題に対しては、外国人登録時の保険加入や、事業主に対する外国人労働者の保険加入の徹底化など抜本的な施策が必要である。