

In the medical plan formulated by the prefecture, the number of hospital beds as the standard is set for each medical area (secondary medical area), and in the area exceeding the reference hospital bed number, the establishment of new hospitals and the increase of floor are not permitted in principle, so-called bedside regulation exists. Regarding such bedside regulation, there are cases where the restriction such as establishment of hospitals is contested as unconstitutional from the viewpoint of freedom of occupation, and areas where dormancy beds that are not in operation for a long time even though they are permitted are idle. There is discussion on how to regulate the medical treatment, as it promotes inefficient medical provision, such as being present. In this paper, we estimate the effectiveness of these bedside regulations, for prefectures and secondary medical care areas, on the efficiency of medical services, with the number of discharged patients per hospital general hospital bed as the production volume of medical services. Analysis was done. As a result of the analysis, it was confirmed that as the number of general hospital general hospitals decreases, the number of discharged patients per one bed of general hospital general hospital increases and the rotation rate of hospital bed rises, therefore the efficiency of medical service increases. However, from 1985 (revision of the primary medical law) to 2010, the efficiency of medical services has declined, and no change in efficiency due to system revision was seen. It was also confirmed that regional differences exist in the efficiency of medical services and that regional characteristics such as the state of public transport improvement and the number of public health nurses are significantly related to efficiency. The policy implications obtained from the above results are as follows: (1) In order to supply appropriate medical services in the area, it is necessary to expand the discretion of the prefecture in the medical plan and to regulate in accordance with local circumstances, (2) In order to provide medical services suited to the actual circumstances of the community, it is necessary to review the institutional plan from fairness (correction of regional disparity) to efficiency (supply efficiency improvement), prefectures are It is necessary to fulfill a greater responsibility, (3) it is necessary to formulate a medical plan including the state of improvement of public transport, etc. in order to achieve efficient medical supply, and (4) health care And that a mechanism to improve prevention medicine such as health counseling and medical examination by the teacher and to reduce reliance on medical care is necessary.