

Support for Women Engaged in Preconception Care ~Osaka Prefecture Pilot Project for Premature Ovarian Failure Patients and Others with Premature Pregnancy-Preserving Treatment~

In Osaka Prefecture, we are promoting "Preconception Care" (abbreviated as "Precon"), which involves considering life plans including pregnancy and childbirth wishes and addressing daily health. At the same time, we are implementing the "Pilot Subsidy Program for Preconception-Preserving Treatment for Patients with Premature Ovarian Failure, etc." to provide opportunities for medical treatment as needed.

Notice

- For those applying for subsidies **for AMH test fees and egg freezing** costs: The deadline for applying for subsidies for AMH testing and egg freezing conducted in fiscal year 2025 is March **31, 2026**.
Applications will generally not be accepted after April 1, so if you have completed AMH testing or egg freezing treatment, please apply promptly.
- **The schedule for the 2025 pre-con course has been posted.**
For more details about the Precon course, please [check here](#).

To < medical institutions> We recruit registered medical institutions (medical institutions that perform AMH testing) and designated medical institutions (institutions that provide egg freezing and assisted reproductive technology) that meet the requirements specified by Osaka Prefecture. After review by Osaka Prefecture, registration (designation) will be conducted.

Medical institutions wishing to participate in Osaka Prefecture's pilot subsidy program for premature ovarian failure patients and other premature pregnancy-preserving treatment should check here when applying for registration or designation.

Business Overview

Through pre-con courses conducted by the prefecture, we provide opportunities to concretely think about the future, understand your physical condition, and, if necessary, receive medical treatment (such as various treatments and egg freezing).

To improve the health of your present, future, and future families, and to expand future possibilities such as work, childbirth, and child-rearing, let's think about your own health.

Business Overview

1. Those diagnosed with early-onset ovarian insufficiency at a medical institution

If you are diagnosed with early-onset ovarian failure at a medical institution, we will subsidize the costs related to egg freezing based on a medical certificate from the medical institution.

2.1 Persons Other Than Those

(1) First, please take the Precon course.

(2) For those who have completed the Precon course and wish to take the **AMH test (a blood test that measures ovarian reserve capacity)** after having a correct understanding of AMH testing and egg freezing, we will provide subsidies for the costs related to the test.

* Completion of the course is considered upon your response to the survey after attending.

(3) For those whose AMH test value is **1.00 ng/ml or less** and whose **doctors recognize** that egg freezing is appropriate, subsidies will be provided for the costs related to egg freezing and storage.

*Only those who have received a grant from this program and have taken the AMH test are eligible. (If you take the AMH test without receiving prefectural subsidies, you will not be eligible for subsidy even if the test value is 1.00ng/ml or less

.))

(4) For those **who use frozen eggs in this project to receive assisted reproductive medicine**, we will provide subsidies for costs related to assisted reproductive technology.

* If you perform egg freezing without receiving subsidies from this program and use frozen eggs to receive assisted reproductive technology, you are not eligible for the subsidy.

Regarding the subsidies under (2)~(4), they cannot be combined with subsidies under other systems.

大阪府早発卵巣不全患者等妊よう性温存治療助成試行事業

【対 象】府内在住女性（主に18～39歳）

事業の内容

早発卵巣不全患者の方



診断書あり

それ以外の方



月2回開催

プレコン講座（オンライン）

- ・年 齢：18～39歳
- ・婚 姻：既婚・未婚
- ・受講料：無料
- ・受講回数：原則年度中1回



AMH検査（希望者のみ）

- ・年 齢：18～39歳
- ・婚 姻：既婚・未婚
- ・時 期：受講後、同一年内
- ・回 数：1人1回
- ・助成上限額：1万円



検査値が1.0ng/ml以下の方

医師が適当と認めた場合



卵子凍結

- ・年 齢：～39歳
- ・婚 姻：未婚のみ
- ・回 数：1人1回
- ・助成上限額：原則20万
- ・卵子保管料：2万円／年

卵子凍結

- ・年 齢：18～39歳
- ・婚 姻：未婚のみ
- ・回 数：1人1回
- ・助成上限額：原則20万
- ・卵子保管料：2万円／年



本事業での凍結卵子を使用する方



生殖補助医療

- ・年 齢：～42歳
- ・回 数：～39歳6回、40～42歳3回
- ・婚 姻：既婚（事実婚含む）
- ・助成上限額：原則25万／回

※本事業は令和11年度までの試行事業です。いずれについても試行期間内に実施されるものが助成対象です。

※本事業の助成対象となる医療行為を受けていただける医療機関は、府が承認した医療機関に限ります。

※本事業では、効果検証及び大阪府のプレコンセプションケアの推進に向けた検討を行うことを目的にアンケート調査を実施します。アンケート調査にご協力いただく場合のみ、助成対象となります。

Medical institutions

eligible for subsidy (AMH testing, egg freezing, assisted reproductive technology) must meet certain requirements and be recognized by the prefecture; institutions receiving treatment at other institutions are not eligible for subsidy.

■ Please check below for a list of medical institutions, subsidy requirements such as age for each item, and the maximum subsidy amount.

- Details for each item (links on the page)

For the Precon course, [click here](#)

. For AMH testing, [click here](#)

. For egg freezing, [click here](#). For preservation and maintenance management of frozen eggs, [Click here](#) for information about assisted reproductive technology.

- Implementation Guidelines and Grant Guidelines

: [Osaka Prefecture Pilot Project for Premature Ovarian Failure Patients and Others Fertility Preservation Treatment Subsidy Guidelines \(PDF: 270KB\)](#)

Osaka Prefecture Pilot Project for [Premature Ovarian Failure Patients and Others Fertility Preservation Treatment Subsidy Guidelines \(PDF: 209KB\)](#)

- Frequently Asked Questions (FAQs are compiled in a QA format)

For frequently asked questions, please [refer to this \(PDF: 272KB\)](#).

Regarding participation in this project

All procedures related to this project (such as applying for pre-con courses and various grant applications) must be submitted through the Osaka Prefectural Government Online System.

User **registration on the Osaka Prefectural Government Online System is required**, so if you have not yet registered, please register from [here \(link to external site\)](#).

Please check the user registration procedure [here \(PDF: 452KB\)](#).

About the Precon Course

To gain accurate knowledge about precons and expand future options, we hold precon courses to encourage you to think about your own health, where we will explain women's specific diseases, body mechanisms, AMH testing, and the advantages and disadvantages of egg freezing.

Target Audience

Applicants must meet all of the following criteria.

A. At the time of course application, **you must have an address within Osaka Prefecture.**

B. Women must be between **18 and 39** years old at the time of course attendance (including cases where the age as of April 1, **2025 is 39 if the course is held during fiscal year 2025**).

*Having a partner does not matter.

How to Attend the Course

Format:

Online via Zoom

How to Attend

: For those who have applied for the course, we will send you a link to the online course.

How to Apply:

Please apply via the [application form \(Osaka Prefectural Government Online System\)](#).

* Please be sure to check the "Important Notes" on the application form before applying.

About the event dates: In

fiscal year 2025, it is scheduled to be held twice a month until February 2026.

[Event Date]

- February 5, 2026 (Thursday) 19:00~20:30
- February 19, 2026 (Thursday) 19:00~20:30 (Final day of the 2025 academic year)

*Please select your preferred date and time when applying for the course.

*There will be no event in March.

Application deadline: Up to 3 days before

each session

(e.g., for events held on Wednesday, August 27) → Deadline

: Sunday, August 24 *For each session, even if you have not yet reached the deadline, applications will close once capacity is reached.

* Please note that applications submitted after the deadline will not be accepted.

Capacity: 200

people per session

About AMH testing

For those who have completed the Precon course, have a correct understanding of AMH and egg freezing, and wish to take **the AMH test (a blood test that measures ovarian reserve)**, we will provide subsidies for the costs related to the test.

Target Audience

Applicants must meet all of the following criteria.

A. Must **have an address in Osaka Prefecture** as of the application date for the grant grant for this project related to AMH testing.

B. Women aged between 18 and 39 years at the time of blood collection for AMH testing (including cases where the blood **is collected during fiscal year 2025, including cases where the age as of April 1, 2025 is 39** years old).

C. In the fiscal year in which the blood collection date for AMH testing belongs, you must have **completed the precon course for this project**.

Completion of the pre-con course is considered upon your response to the survey after attending the pre-con course (if you do not answer the survey, you are not eligible for the subsidy).

※ If you are unable to take the AMH test within the same fiscal year after completing the precon course, you will be required to retake the precon course in the following year.

Grant Amount

■ Eligible Expenses

Initial consultation fees, **follow-up** consultation **fees**, **advice** consultation fees, and **examination** fees for exams and explanation of test results

■ Maximum grant amount

10,000 yen

■ Maximum number of grants

Limited to one time per person

List of Registered Medical Institutions Conducting AMH Testing Through This Project

For information about the medical institutions where you will undergo the AMH test, please refer to the list below.
(Scheduled to be updated as needed)

■ [List of Registered Medical Institutions \(as of January 26, 2026\) \(Excel: 48KB\)](#) [List of Registered Medical Institutions \(as of January 26, 2026\) \(PDF: 324KB\)](#)

Application Procedures

■ Process until subsidy application



■ How to Apply

Applications must be submitted through the Osaka Prefecture Government Online System.

■ Application Form

(1) AMH Test Appointment Information Registration Form: **You need to register your reservation date and other details before your appointment.**

<https://lgpos.task-asp.net/cu/270008/ea/residents/procedures/apply/95280d3b-9895-4ff1-9c62-449c9d1377f9/start>

(2) AMH Inspection Subsidy Application Form

<https://lgpos.task-asp.net/cu/270008/ea/residents/procedures/apply/ef745bb7-9045-4e9a-a4dd-71251bdf9916/start>

■ Required documents (These are the documents to be attached when applying for the subsidy). Images for items 2~5 are attached.)

- [Form No. 1-1] Osaka Prefecture Application and Performance Report for Pilot Project for Fertility Preservation Treatment Subsidy for Premature Ovarian Failure Patients (AMH Test) (Excel: 39KB)
- Copy of documents proving the age and address of the subsidy recipient (resident record, driver's license, etc.)
- Copy
- Copy of receipt for the costs incurred for the inspection (with a detailed breakdown)
- Copy of the bank account passbook, etc. *Only documents in the applicant's name are accepted.

*1 [Form No. 1-1] is an Excel file. If you are applying via smartphone or cannot create Excel files,

Please contact the Community Health Division Mother and Child Group (email address: chiikihoken-g03@gbox.pref.osaka.lg.jp).

About Egg Freezing

We provide subsidies for egg freezing costs for those diagnosed with early-onset ovarian failure at a medical institution, those with AMH test values **of 1.00 ng/ml or less** (*), and whose **doctors have deemed egg freezing appropriate**.

*Only those who have received a grant from this program and have taken the AMH test are eligible. (If you take the AMH test without receiving prefectural subsidies, you are not eligible for subsidies even if the test value is 1.00ng/ml or less.))

Target Audience

Applicants must meet all of the following criteria.

A. From the egg retrieval date for egg freezing until the application date for the subsidy related to egg freezing, the applicant must have **a continuous address within Osaka Prefecture**.

B. Women must be 39 years old as of the egg retrieval date for egg freezing (including cases where the age as of April **1, 2025 is 39** years old if egg retrieval is performed during fiscal year 2025).

C. At a medical institution, if you **have been diagnosed with early-onset ovarian failure**, or have an **AMH test result of 1.00 ng** /mL or less received by a physician who received the AMH test from a medical institution **who underwent the AMH test, Egg freezing is deemed** appropriate.

D. At the time of egg retrieval, **the marriage (including common-law marriages)**.

) * **Those diagnosed with premature ovarian failure are also eligible for subsidies.**

Grant Amount

■ Eligible Expenses

Costs for medication in egg retrieval, egg retrieval, and egg freezing

■ Maximum grant amount

200,000 yen

*The maximum amount per egg retrieval cycle is as follows:

(a) If eggs are not obtained after egg retrieval, or if eggs in good condition are not obtained, and the process is canceled: 100,000 yen.

(B) (A) If not in the same cases: 200,000 yen.

1つの採卵周期あたりの助成上限額

治療内容		薬品投与（点鼻薬） （自然周期で行う場合も あり）	薬品投与（注射） （自然周期で行う場合も あり）	採卵	卵子凍結	助成上限額
a	卵子凍結を実施					20万円
b	採卵したが卵が得られない、又は状態の良い卵が得られないため中止					10万円
c	卵胞が発育しない、又は排卵終了のため中止					対象外
d	採卵準備中、体調不良等により治療中止					

Maximum number of grants

Limited to one per person

*However, if the application is conducted within the same fiscal year, applications can be combined within the maximum amount

List of designated medical institutions offering egg freezing through this program

For information on medical institutions that offer treatments related to egg freezing, please refer to the list below.
(Scheduled to be updated as needed)

■ [List of Designated Medical Institutions \(as of September 10, 2025\) \(PDF: 223KB\)](#) [List of Designated Medical Institutions \(as of September 10, 2025\) \(Excel: 19KB\)](#)

Application Procedures

Application Process



■ How to Apply

Applications must be submitted through the Osaka Prefecture Government Online System.

* The application forms differ between those diagnosed with premature ovarian insufficiency and those who underwent AMH testing under this program and were eligible for egg freezing subsidies.

■ Confirmation Items

Minors (under 18) diagnosed with early-onset ovarian failure at medical institutions **are also eligible for subsidies**.

If the person undergoing medical procedures such as egg freezing (hereinafter referred to as the examinee) is a minor, the **applicant's legal guardian or** minor guardian must apply.

■ Application Form

[For those diagnosed with premature ovarian failure at a medical institution]

(1) Egg Freezing Appointment Information Registration Form (for patients with premature ovarian failure): **You need to register your reservation date and other details before your visit.**

<https://lgpos.task-asp.net/cu/270008/ea/residents/procedures/apply/f6fa78df-a354-4466-beca-0f9095269346/start>

(2) Egg Freezing Subsidy Application Form (for patients with premature ovarian failure)

<https://lgpos.task-asp.net/cu/270008/ea/residents/procedures/apply/79758e51-832e-42d4-b9cd-783a10f36281/start>

[For those eligible for the subsidy based on AMH test results]

(3) Egg Freezing Appointment Information Registration Form (for AMH test candidates) You need to **register your reservation date and other details before your appointment.**

<https://lgpos.task-asp.net/cu/270008/ea/residents/procedures/apply/b6b2d858-8e4f-4441-99f5-e4b9aa9ee733/start>

(4) Egg Freezing Subsidy Application Form (for AMH Test Participants)

<https://lgpos.task-asp.net/cu/270008/ea/residents/procedures/apply/068fc95f-9656-41f9-84b7-e95ae1523d14/start>

■ Required documents (These are the documents to be attached when applying for the subsidy). Images for items 2~8 are attached.)

1. [Form No. 2-1] Osaka Prefecture Application and Performance Report for Pilot Project Grant for Premature Ovarian Failure Patients with Premature Ovarian Failure and Pregnancy Prevention Treatment (Egg Freezing) (Excel: 44KB)

!! For Minors!![Form No. 2-1] Osaka Prefecture Application and Performance Report for Pilot Project Subsidy for Premature Ovarian Failure Patients and Others for Fertility Preservation Treatment (Egg Freezing) (Excel: 48KB)

2. Copies of resident certificates for all households to which the examinee belonged (issued within one month prior to the application date)

3. Copy of documents proving the examinee is not married (such as a certificate of all family registers)

4. **!!! Only for patients with premature ovarian failure!!!** " Copy of the medical certificate proving diagnosis of early-onset ovarian failure by a medical institution

5. Copy of the certificate of consultation, etc. (unfertilized egg freezing) *Issued by the medical institution
6. **!! AMH Test Takers Only!!** Copy of the AMH test result report and attending physician's opinion ※ Documents prepared by the medical institution
7. Copy of receipts for egg freezing costs (showing the breakdown of expenses)
8. Copy of bank account passbook, etc. ※ Only documents in the name of the applicant (or the applicant if the examinee is a minor)

Item 1, [Form No. 1-1], is an Excel file. If you are applying via smartphone or cannot create Excel files,

Please contact the Community Health Division Mother and Child Group (email address: chiikihoken-g03@gbox.pref.osaka.lg.jp).

About the preservation and maintenance of frozen eggs

We provide subsidies for the costs related to the preservation and maintenance of frozen eggs for those who have undergone egg freezing under this program.

Target Audience

Applicants must meet all of the following criteria.

A. At the time of applying for the grant of the grant for this project related to frozen maintenance management, the **applicant must have an address within Osaka Prefecture.**

B. In the fiscal year when the grant for this project is to be granted, the prefecture must **respond to an annual survey.** conducted by the prefecture for those who have undergone egg freezing through this project.

Grant Amount

■ Eligible Expenses

Expenses for the preservation and maintenance of frozen eggs

: *Limited to expenses incurred for fiscal years following the year in which the storage start date belongs.

■ Maximum grant amount

20,000 yen per use (per year)

■ Maximum number of grants

Up to FY2029

Application Procedures

Currently in preparation.

About Assisted Reproductive Technology

We provide subsidies for assisted reproductive technology costs to those who use eggs frozen in this program to receive assisted reproductive technology.

Target Audience

Applicants must meet all of the following criteria.

A The **start date of a single assisted reproductive technology** (in the case of thawing frozen eggs and fertilization, this refers to the day the frozen egg was thawed; in the case of previously thawing frozen eggs and fertilizing to create frozen embryos, the date on which embryo transfer was performed in preparation for transfer, this refers to the start date of administering medications in preparation for transfer). The same applies hereinafter.

) until the date of the application for the grant of **subsidies related to assisted reproductive medicine, the marriage (including common-law marriages) has continued until the date of the subsidy application for this project.**)

B. From the start date of a single assisted reproductive medical treatment session until the application date for the subsidy related to this project, the applicant or their husband (including common-law husbands)) must continuously **have an address within Osaka Prefecture**

C. Women must be under 43 years old at the start date of a single assisted reproductive technology session.

Grant Amount

■ Eligible Expenses

Costs required for egg melting, fertilization and embryo culture, embryo freezing, embryo transfer, and pregnancy confirmation

■ Maximum grant amount

250,000 yen per session

*From the second session onward, if the frozen embryos are thawed and transferred in previous sessions, 100,000 yen is charged

生殖補助医療の治療ステージと助成上限額

治療内容		凍結 卵子 解凍	採精 (夫)	受精 (前培養・授精・顕微 授精)・培養	胚 移 植					妊娠の 確認	助成上 限額	
					新鮮胚移植		胚凍結	凍結胚移植				
					胚 移植	黄体期 補充療法		薬品 投与	胚 移植			黄体期 補充療法
A	新鮮胚移植を実施										25万円	
B	凍結胚移植を実施										25万円	
C	以前に凍結した胚を解凍して胚移植を実施										10万円	
D	体調不良等により移植のめどが立たず治療終了										25万円	
E	受精できず または、胚の分割停止、変性、多精子授精などの異常授精等により中止										25万円	

Limit on the number of times

The age at the start date of assisted reproductive technology for the first time eligible for the subsidy is

: ・ ~39 years old: 6 times

・ 40~42 years old: 3 times

* If the child gives birth after receiving the subsidy, or if stillbirth occurs after 12 weeks of pregnancy, the number of payments will be counted anew.

List of designated medical institutions offering assisted reproductive medicine through this program

For information on medical institutions where assisted reproductive technology is available, please refer to the list below.
(Scheduled to be updated as needed)

■ [List of Designated Medical Institutions \(as of September 10, 2025\) \(PDF: 223KB\)](#) [List of Designated Medical Institutions \(as of September 10, 2025\) \(Excel: 19KB\)](#)

Application Procedures

Currently in preparation.

Affiliation of this page

[Health and Medical Department](#), [Health Medical Department](#), [Community Health Division](#), [Mother-Child Group](#)

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