DECLASSIFIED E. O. 12065 SECTION 3-402 / NNDG NO. 775013

GHQ/SCAP Records(RG 331)
Description of contents

THE NATIONAL ARCHIVES OF THE UNITED STATES

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(2) Folder title/number: (28)
Insurance (National Health)

(3) Date: ? - Aug. 1949

(4) Subject:

Classification	Type of record
760, 9760 (M)	c, e, s

(5) Item description and comment:
M: Miyagi

(6) Reproduction: (Yes) No

(7) Film no. Sheet no.

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National Health Insurance in Tsuya Town.

August 25, 1949

Insurance Clinic.

Doctor	2	
Nurse	4	
Clerk	3	
Bed	24	
In-patient	18	
Out-patient	48	on average per day.

(98% of out-patients is the insurenced)
(80 % of Out-patients is citizen of the town)
(50 to 50 as for in-patient)

History : The clinic used to belong to Health Insurance Association.
Transferred to Town Office in Dec. 1948.

Financial Situation:

Outline: So far the clinic has no financial problem, because the town has great property (mountains) and the money obtained by selling them has been monthly subsidying the clinic.
and, with the money obtained by selling them, the town has been granting the subsidy to the clinic.

Patient pays half of fee at window and another half is paid by Town later.

Insurance fee of people ; on average ¥ 520 a year
(Another equal amount is being paid by Town)

Qualification of Nurse : They are Public Health Nurse licenced by old system and have not obtained New Qualification.)

There are two more docotrs in the town who have private clinic.
They are insurance doctors and have no nurse.

Collection of fee 80%

Population of the town is 8,500 and all are the insured person.

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August 25-1949

Conference on Steering of National Health Insurance.

Place: Motoyoshi District Office at Shizukawa Town.

Q) Kesennuma Problem

So far the difficulties in steering insurance program is delinquent fee payers. However, it seems very difficult to collect fee from them because of no money they seemed to have. Consequently, town office has difficulty in financing its Insurance fund and this will make delay in paying doctor's bill. Taking all such circumstances into consideration, National Subsidy is the only thing which will solve such problem and which will invigorate the work of National Health Insurance.

In the town, there are considerable number of T.B. patients (about 100). and wants to establish T.B. Sanatorium at Government Expense.

Steering Committee, as though its function prescribed in Article is an advisory committee, is inevitable to perform practical administration in the field of Insurance work. Is it considered illegal or undesirable ?

Mr. Tachibana said in answer to the question, wanting to know how is the best method to prevent or collect delinquent fees, that in

In an answer to the question that how is the best way to collect deliquent fees, Mr. Tachibana said that in Shibahime Village they put up shows and, during the recess, doctors and officials stressed an importance of National Health Insurance to peoples. And, by this, they have obtained peoples' good reaction toward Insurance Program.

Would not it be an desirable to present some money from Insurance Fund to the insuranced person when insuranced person give a birth to baby or when insuranced person pass away?

It is desirable to have a sort of association in order to hold the meeting at which people can exchange their opinions regarding Insurance.

Following is a case presented by Shizukawa representative.

> Insuranced person was charged ¥ 100 whereas ¥ 70 was the amount usually charged on none-insurance. Doc. explained that " on the contract, it is decided 10 points for room rent, and therefore the room rent is ¥ 80 . But as the room was a special room, additional ¥ 20 is required. As for none-insuranced person, I have been charging ¥ 70."

Mr. Tachibana said" legally, doctor is right. However, such case depends entirely on moral sense of doctor. Suggested that give a report to Miyagi Ken Docotors Association whenever you find dis-cooperative attitude of doctors.

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Conference on Social Work

Aug 24, 1949

Place : Motoyoshi District Office in Shizukawa Town

Q) Matsuiwa Village
Widow who has little kids has great difficulties to secure clothes for her kids. Therefore, free distribution of clothes such as LARA goods for such widows is most desirable. There are 42 households in such need while total households in the village is 850.

Q) Yanaizu Town
Presented similar case and said that the recipient of P.A. has difficulties even in securing their food, therefore, has no reserve to take care of their clothes.

Q) Needy person can not be rehabilitated by money or goods alone, and job or work shop is necessary for rehabilitation of needy people. In this connection, work shop is very important & necessary in order to give needy person an opportunity & convenience to obtain or learn an adequate job and guide them toward rehabilitation.
The good thing regarding this is that amount of P.A. can be reduced by an amount they earned.

Mr. Tachibana said in answering that very few are receiving P.A. in Iwadeyama and Shiroishi Town. Because bamboo industry is very prosperous in both places and, therefore, people can easily earn money by working at Work Shop.
Further he said that work shop which is rather amateur business will have harder difficulties because of competition with professional dealer. Therefore, more wise and ~~responsible~~ rational operation shall be required to work shop.

Q) As P.A. is not sufficient amount to take care of clothing, the reipient, while being distributed lots of goods, are unable to buy them. In this connection, distribution on free-charge or half-charge is desirable.

Q) In case that child who has finished compulsory education and who is expected to become a useful person if higher education were given the child, (in most cases, such child is found in a needy family evacuated from uraban district during the war and the child usually is physically too weak to bear any labour.) could not a sort of educational assistance be granted to such case ?

Q) Illegal child of war widow ..... How would America treat such case ?

Q) May be due to frequent revision of Laws & Regulations, delivery of P.A. subsidy to Town Office always delays. Smoth and in-time delivery of the subsidy is desirable.

Miss. Randloph suggested to set up a definit pay day (P.A. to recipient), so that recipient can plan their livelihood reasonably.

Yanaizu Town said that, in order to pay P.A. on definit day, they have been paying P.A. by provisionally using Town's fund.

Q) Utatsu Village.
Welfare workers should drive strongly birth control toward the needy family which has too many children. Because, it is found in most of needy families that the mother, who has ability to work to earn the money, is disturbed by little children and, thus, become unable to work.

Q) Occupational fund such as ¥ 1,000 or so is meaningless under present economic situation. How about rasing its amount ?
When it is clearly seen that certain amount of O.F. will surely help the fund family, could not larger amount of O.F. than the amount prescribed by law be given to the family ?

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Tsu[illegible] Town Work Shop

Aug 25, 1949

Product ------- Wooden shoes.

Originally, 1,200,000 yen was estimated ~~fxx~~ for construction of the shop.
However, 1,080,000 yen was an actual cost.

Worker ----- 16 (12, 6 females and 6 males, are P.A. recipient)
Operating Body ----- Town.
Daily income for per ~~xxxxx~~ worker on average ------- ¥ 120
Prospect ------- much prosperous. For the ~~timber~~ lumber can be obtained from Town at very cheap price.

Voice from Women M.I.

It is very desirable to give home-work to widows who has little children.
There are 22 widows who has little kids and who receive P.A.
How about using this institution for reliefing the unemployed ?
5 repatriated from Soviet Zone. 1 is employed by Work Shop. 2 just came back.
2 helping their family work which is farming.
M.I. Meeting is held twice a month to confer on employment of repatriates.

Takuto-in (Child Welfare Agency) Kesennuma Town.

Staff ~~11~~ ~~Age from 13 to 18~~
1 -- chief 1 --- assistant chief 1 --- General Affairs & Account.
3 --- instructors 1 --- Nurse Teacher 2 --- cook
3 --- for farming & animals.

Inamtes 15 Age 13 to 18
1 --- running away
2 --- vocational Training.

Case of Aizawa Tishi who is running away child

Age ------ 18 , and has mother & elder sister.
After he finished the course at Tohoku Reformatory, he was sent this institution through Central Child Care Center.
He has run out of the institution twice in past.

Capacity ------- 30. will be 50 after rebuilding is completed.
Educational Problem
Staffs are planing to send the inmates to normal school.
Recreational Problem.
Base-ball, ping-pong. Sumo. Show(2 or 3 times a month)
Responsibility.
Cleaning the room & their own clothes.
3 hours of labour at farming
Decipline scolding.

Financial Situation:
This institution started as Child Welfare Insitution from April, 1949 and so far the Institution received no subsidy.
By selling out the property, the insitution has been managing its finance.

July.

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July

¥	5,942.13	Administrative Exp.
¥	24,965	pay for staffs
¥	1,560	Travelling Exp.
¥	900	Miscellaneous Exp.

Operating Exp.

¥	16,985	Food-stuff
¥	375	Insurance
¥	4,595	Livelihood necessities.
¥	1,622	Recreation
¥	6,024	Clothing
¥	360	miscellaneous Exp.

Total 63,292.13

For the corresponding period, it is expected to be granted the subsidy amounting estmatly about ¥ 30,000. Therefore, it is inevitable to meet with deficit of about ¥ 30,000 every month.

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File Nat. Health Insurance

Guide to National Health Facilities Service

I. Organization and administration of health activities

a. Insurance agents will appoint doctors for health supervision who will plan for the establishment of health facilities in close touch with health centers.

b. Distribution of health nurses

One nurse to 3,000 population in cities
One nurse to 2,000 population in towns and villages

c. In order to popularize health program among the general public a certain number of members will be selected from the following untis to take part in health services.

Welfare agency, F T A, Livelihood Cooperative Association, Agricultural Cooperative, Youth Association, Womens' Association and others..

d. Health facilities under the direct jurisdiction of National Health Insurance Association shall conduct health supervision including medical supplies, health consultation and establishing health service stations.

e. Policies for health service facilities and their details shall be planned by respective health centers cooperating with regional offices, considering the mutual relations of communal health administration and shall be presented to Discussion Meeting of National Health Insurance Management for approval.

f. Regarding the management of health facilities, insurance agencies shall intensify contact with health centers.

g. In case the functions of National Health Insurance facilities cause duplication with the program of health centers, it will require a certain amount of adjustment but special attention will be emphatically paid on the materialization of the plan based on the united efforts of health centers and National Health Insurance agencies.

h. With regard to health supervision by public health nurses, more stress shall be laid on personal supervision through home visits but supervision on mass shall be conducted as often as situation as often as situation requires.

1. Monthly meeting at respective health centers shall be attended by all means with a view to improving the technique of health service as well as facilitating business contact..

2. Close contact between health nurses and the units stated in Par. 3 and their systemized activities shall be encouraged with every possible effort..

National Health Insurance

Miyagi Times

No.2 Published April 20.

Three Conditions

People in general have a considerable understanding about the value and necessity of National Health Insurance Work. It is also the fact that they already do have, though within their heads, a considerable degree of knowlege concerning them.

Then, why on the earth don't they get up and start action ? Probably, it is because that the miserable scene of N.H.I.W., which easily collapsed in the turmoil of ideas and in the chaos of economic caused by the surrender, still remains in the eye of people. Peoples are in such feeling as that it would be unbearable if the work should collapsed again they after they reconstructed it with much trouble.

Those peoples are seemed blaming that the major factor for suspension of N.H.I.W. lays upon the un-cooperation of doctors, and are still puzzling at the riddle that whether or not the doctors would actually cooperate, though doctors have been throwing from their mouths the words of " will cooperate".

In addition, they have been still keeping a plenty of douhts against the point that taxatation of premiums reaching huge amount would be possible.

It is considered as true situation that such way of thinking is causeing peoples and officials of towns, villages to have and keep timid and negative attitude toward N.H.I.W..

We have fallen down from the cliff after continuous hard and hard struggles.

The state could have bearly stopped at one foot to the doom.

Though it is the fact that, as the result of them, we became badly secptic and sharp-nervous peoples, what we must see at this occasion is that the world is progressing with high speed while we are hesitating and stagnating, and we are to be drawn into the whirl of world changes, regardless to whether or not we want.

It would be too thoughtless if we slaved to the past, stucked to the present and confused ourselves in hesitation, what is desirable for us to have now are firstly the decision, and then, enthusiasm and endeavour.

Strong operation of N.H.I.W. requires three conditions.

The first is the " understanding of citizens of cities, towns and villages". In this connection, what we must not forget is that fundamental idea of Social Health Insurance is rooted in the joint and responsible mutual aid of society.

The second is to get " the cooperation of doctors ". It is needless to say that the matter of success or failure of the work depends largely upon the doctors, and the problem of the bill and its quick and authentic payment must be taken under the carful consideration in order to obtain cooperation from the side of doctors.

The third is "balanced economic of the Work ". No enterprises can be think out without financial backing, especially the Work of N.H.I.. The fatal wound of old N.H.I.W. was nothing else but the lack of financial backing.

What we must firstly to do in order to establish the healthily financed Insurance Work is the adequate taxatation based on reasonable premiums and to collect them at proper occasion.

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The necessity of above three conditions are nothing new for one's ear, but the truth is universally fitness, and as well as it, if we fail to carry out this most ordinal principles, N.H.I.W. will be nothing more than the rice-cake painted on the paper.

The rest of articles.

National wide " sign name on" movement to spur to set Social Security System.
Report on Gneral Meeting of N.H.I. Organizations.

Others are such small and local reports as activities of certain community or of certain person, and so forth.

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Health Insurance Section (Hoken-ka)

Chief Yoshio-Matsuoka — 2nd class official

Assistant Chief Shimpei Fujishima — 2nd class official
Transferred to Ibaraki Prefecture

A. Organization

Classification	Regular personnel				Members on the list			
	2nd class	3rd class	minor employees	Total	2nd class	3rd class	minor employees	Total
Chief, Assistant chief	2			2	2			2
General Affairs Unit *	1	3	13	17		3	12	15
Benefits Unit		4	9	13		3	8	11
Qualification Unit		4	14	18		3	13	16
Collection Unit		4	11	15		4	10	14
National Health Insurance Unit		4	4	8		2	4	6
Referee Unit	1		1	2	1		1	2
Total	4	19	52	75	3	15	48	66

* Each unit has its head.

B. Units

1. General Affairs Unit

   a. Settling the accounts and taking charge of the finance of Welfare Insurance Special Account and of Marine Insurance Special Account.

   b. Taking charge of the accounts in kind.

   c. Guidance and supervision of Health Insurance Societies.

   d. Taking charge of the national property.

   e. Guidance and supervision of the Social Insurance Medical Fee Payment Fund.

2. Benefits Unit

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Benefits Unit		4	9	13		3	8	11
Qualification Unit		4	14	18		3	13	16
Collection Unit		4	11	15		4	10	14
National Health Insurance Unit		4	4	8		2	4	6
Referee Unit	1		1	2	1		1	2
Total	4	19	52	75	3	15	48	66

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   e. Guidance and supervision of the Social Insurance Medical Fee Payment Fund.

2. Benefits Unit

   a. Taking charge of the insurance benefits.

   b. Taking charge of the health improvement facilities.

   c. Authorization of the insurance doctors.

   d. Taking charge of the medical treatment contract.

3. Qualification Unit

   Taking charge of the qualification of the insured and of the standard renumeration.

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4. Collection Unit

Taking charge of the computation of the insurance fee and its collection.

5. National Health Insurance Unit

a. Taking charge of the enforcement of the N.H.I. Law.

b. Guidance and supervision of the Federation of N.H.I. Associations.

c. Guidance and supervision of N.H.I. affairs of cities, towns, villages and corporate judicial persons that administer the N.H.I. program.

d. Taking charge of the affairs concerning the establishment and management of the N.H.I. hospitals or clinics.

e. Taking charge of the N.H.I. Advisory Council.

f. Taking charge of the N.H.I. Medical Care Advisory Council.

g. Taking charge of the N.H.I. Fee Reviewing and Auditing Committees.

6. Referee Unit

Taking charge of the appeals of the insured

C. Budget

1. *The Section's Budget for the Fiscal Year

*All the expenditure is allocated by the Welfare Ministry four times a year and the present Budget is up to December, 1948.

a.	Health Insurance Expenditure	¥ 18,454,150
b.	Welfare Pension Expenditure	2,761,600
c.	Administration Expenditure	3,304,602
d.	Seamen's Insurance Expenditure	2,677,555
e.	Seamen's Unemployment I. Ex.	288,225

2. National Health Insurance Budget (1948-49)

Total ¥ 2,143,177 (¥ 58,570 National subsidy
¥ 2,084,617 Prefectural expense

Classification	Amount (¥)	National	Prefectural	Note

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management of the N.H.I. Hospitals or Clinics.

e. Taking charge of the N.H.I. Advisory Council.

f. Taking charge of the N.H.I. Medical Care Advisory Council.

g. Taking charge of the N.H.I. Fee Reviewing and Auditing Committees.

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Classification	Amount (¥)	National	Prefectural	Note
Personnel expenditure	479,877	48,570	431,307	
Traveling allowance	40,000	4,260	35,740	
Cost of Wear & Tear	9,850	2,840	7,010	
Labor expenses	4,850	2,280	2,570	
Fixture expense	1,800	1,540	260	
Subsidy for model teams	55,000		55,000	11 teams
Subsidy for personnel expenditure	480,000		480,000	80 teams

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Classification	Amount (¥)	National	Prefectural	Note
Subsidy for publicity	117,000		117,000	117 teams
Subsidy for encourage-ment of inactive teams	373,500		373,500	83 teams
Subsidy for flood-stricken teams	300,000		300,000	20 teams
10th anniversary expenditure	121,350		121,350	
N.H.I. Advisory Council expenditure	20,000	10,000	10,000	
Guidance & supervision expenditure	196,460		196,460	

3. The Draft Budget for the coming Fiscal Year (1949-50)

Total ¥ 38,897,827 (¥ 19,640,180 National Subsidy
¥ 19,257,647 Prefectural expense

Classification	Amount (¥)	National	Prefectural	Note
Personnel expenditure	512,698	55,900	456,798	
Traveling allowance	40,000	2,700	37,300	
Cost of Wear & Tear	13,550	7,800	5,750	
Labor expenses	4,850	2,700	2,150	
Fixture expenditure	1,800	,900	,900	
Subsidy for salaries of association clerks	19,299,420	12,866,280	6,433,140	340 clerks $\frac{1}{4}$ subsidy
Subsidy for association nurses	13,406,000	6,703,000	6,703,000	250 Nurses $\frac{1}{3}$ subsidy
Subsidy for Tuberculosis treatment	2,186,700		2,186,700	$\frac{5}{100}$ subsidy

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Subsidy for Tuberculosis treatment	2,186,700		2,186,700	$\frac{5}{100}$ subsidy
Subsidy for health improvement facilities	2,698,447		2,698,447	
Subsidy for model associations	110,000		110,000	11 units
Subsidy for the Federation of N.H.I. associations	416,262		416,262	11 clerks $\frac{1}{2}$ subsidy
Expenditure for the board of the N.H.I. committee	30,000	1,500	1,500	
Guidance of supervision expenditure	238,300		238,300	

D. Status Quo of the Health Insurance

1. Health Insurance (From April to December)

Number of the working places	1,490	
Number of the insured	44,120	
Standard remuneration	¥ 3,653.065	
Revenue	¥ 23,499,674	) Deficit ¥ 8,205,995
Outgo	¥ 31,705,642	

2. Welfare Pension

Number of the working place	1,627	
Number of the insured	52,782	
Standard remuneration	¥ 4,657.848	
Revenue	¥ 28,347,118	) Surplus ¥ 27,004,795
Outgo	¥ 1,342,323	

3. Seamen's Insurance

a. Ordinary Insurance

Number of the ship-owners	199	
Number of the insured	2,775	
Standard remuneration	¥ 1,468	
Revenue	¥ 1,728,468	) Surplus ¥ 523,143
Outgo	¥ 523,143	

b. Unemployment Insurance

Number of the ship-owners	191	
Number of the insured	2,012	
Standard remuneration	¥ 1,908.090	
Revenue	¥ 200,671	) Surplus ¥ 22,253
Outgo	¥ 178,418	

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Outgo	¥ 178,418		

Health Insurance Medical Care Facilities

1. The Miyagi First Health Insurance Hospital

Doctors	2		
Pharmacist	1	Clerks	1
Nurses	4	Beds	12

The number of the patients treated (From April to November)

7,885 ----- 98,6 Monthly average

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2. The Miyagi Second Health Insurance Hospital

Doctors	5	Pharmacist	1
Nurses	2	Clerks	2
Beds	19		

The number of the patients treated (Between April and Nov.)

39,361 ----- 4,795 Monthly average

E. Status Quo of the National Health Insurance

Classification	Number of teams or associations	%
Excellent	14	7.2
Average	65	33
Inactive	49	25
Partly Suspended	25	12.9
Suspended	42	21.5
Total	195	

1. The Standard Figures for the Administration of the N. H. I. vs the Actual Situation in Miyagi Prefecture

Revenue

Classification	Insurance fee	Share for the insured	National subsidy	Others subsidy	Total
Per family (5 members)	¥ 1,369.85 (846.05)	¥ 794.75 (463.40)	¥ 111,00 (120.60)	¥ 14.15 (237.40)	¥ 2,289.75 (1,667.45)
Per person	273.97 (169.21)	158.95 (92.68)	22.20 24.12	2.83 47.48	457.95 333.49

Outgo

Classification	Management expense	Medical Care Benefit	Other benefits	Health facilities	Others	Total
Per family	¥ 204.00	¥ 1,579.50	¥ 163.50	¥ 194.75	¥ 148.00	¥ 2,289.75

Excellent	14	7.2
Average	65	33
Inactive	49	25
Partly Suspended	25	12.9
Suspended	42	21.5
Total	195	

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Per person	273.97 (169.21)	158.95 (92.68)	22.20 24.12	2.83 47.48	457.95 333.49

Outgo

Classification	Management expense	Medical Care Benefit	Other benefits	Health facilities	Others	Total
Per family (5 members)	¥ 204.00 (165.40)	¥ 1,579.50 (1,019.05)	¥ 163.50 (129.25)	¥ 194.75 (111.80)	¥ 148.00 (241.95)	¥ 2,289.75 (1,667.45)
Per person	40.80 (33.08)	315.90 (203.81)	32.70 (25.85)	38.95 (22.36)	29.60 (48.39)	457.95 (333.49)

Remarks : * Figures in paretheses show the amount actually received or paid.
** The table presupposes 60% of the insured will receive the medical treatment and will bear 50% of its expense.

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2. National Subsidy for the N.H.I. Teams and Associations

a. The First Period (From April to December)

Total ¥ 8,064,709 (all paid)

Classification	Amount (¥)	Amount divided by the number of the insured (¥)
Subsidy for management expenditure	5,939,092	7.04
Subsidy for the salaries of nurses	1,650,853	1.96
Subsidy for the salaries of doctors	474,764	0.56
Total	8,064,709	9.56

b. The Estimated Amount of the Subsidy for the Fiscal Year (1948-49)

Classification	Amount (¥)	Amount divided by the number of the insured (¥)
Subsidy for management expenditure	7,918,790	9.39
Subsidy for the salaries of nurses	2,201,137	2.61
Subsidy for the salaries of doctors	633,018	0.75
Total	10,752,945	12.75

3. National Health Insurance Clinics and Hospitals

Number	31	Nurses	70
Doctors	40	Clerks	44
Pharmacists	7	Beds	205

4. Miyagi-ken Federation of the N.H.I. Associations

a. Federated units ---- 195

Units managed by town or village -- 119

Units managed by associations ---- 73

Units managed by corporate judicial body ---- 3

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b. The Estimated Amount of the Subsidy for the Fiscal Year (1948-49)

Classification	Amount (¥)	Amount divided by the number of the insured (¥)
Subsidy for management expenditure	7,918,790	9.39
Subsidy for the salaries of nurses	2,201,137	2.61
Subsidy for the salaries of doctors	633,018	0.75
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a. Federated units ---- 195

Units managed by town or village -- 119

Units managed by associations ---- 73

Units managed by corporate judicial body ---- 3

b. Personnel 8 (7 clerks, 1 nurse)

c. Budget for the Fiscal Year ¥ 912,641

F. Pending Questions about Social Insurance

1. Necessity of unification of the agencies which are taking charge of social insurance.

2. Necessity of stabilization of the health insurance finance.

3. Necessity of establishment and management of health insurance hospitals and clinics on the basis of national planning.

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4. Necessity of orientation training for private doctors.

5. Necessity of raising the standard of welfare pension.

6. Necessity of utilization of the welfare-pension fund for the welfare of the working class.

7. Necessity of increase in the number of the N. H. I. officials to guide and supervise the N. H. I. teams.

8. Necessity of increase in both national and prefectural subsidies for the N. H. I. team.

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Insurance Section

From 15 Feb. To 22 Feb. } C of Health

Insurance Asso'n:

As the result of the supervision of the Hosokura Branch of Health Insurance Asso'n of Mitsubishi Mining Industry and five other's, general condition are all good. But 2 ~~as~~ asso'n out of 5 are found not adequate in keeping account book.

From 1 Feb. To 28 Feb. The Month of

Cleaning Up Insurance Fee Delinquent

Conducted the drive of cleaning up delinquent insurance fee throughout Prefecture and resulted to get 35.8% collection for the total amount of delinquent, that is,

¥ 1.839.301.65 income for ¥ 5.130.729.61 delinquent.

From 1 Feb. To 28 Feb. The Month of Encouragment For

all good. But 2 ~~ass~~ assn out of 5 are found not adequate in keeping account book.

From 1 Feb.
To 28 Feb.

The Month of
Cleaning Up Insurance Fee Delinquent

Conducted ~~over~~ the drive of cleaning up delinquent insurance fee throughout Prefecture and resulted to get 35.8% collection for the total amount of delinquent, that is,

¥ 1.839.301.65 income for ¥ 5.130.729.61 delinquent.

From 1 Feb.
To 28 Feb.

The Month of Encouragement For
The Recovery Of National Heath Insurance

As a guidance toward recovery of the assons resulting from the revision of N. H. I. Law, much efforts has been directed toward the transfering into public operation by the district office, and got a favourable result as expected.

(over)

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25 Feb. Radio Broadcast on National Health Insurance Law.

Broadcast done in the way of question and answer, in order to spread the policy of N. H. I.

1 Feb. Regular director and chief conference:

Conference relating to welfare Administration.

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Insurance Section for March '48

Date	Planned Activities
1 March.	The 1st Drive of Cleaning Up Delinquent insurance fee (Sea men's insurance)
3 Mar.	Supervision of the work of National Health Insurance Assn
5 Mar.	The second Drive of Cleaning up D. I. F. (Sea men's Insu)
8 Mar.	Conference of Social Insurance committee (N. H. I.)
From 1 March. To 15 Mar.	
From 1 March. To 31 March.	Raising of Standard Remuneration During the month (Welfare Pension)

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	(Sea mens Insurance)
3 Mar.	Supervision of the work of National Health Insurance Assn
5 Mar.	The second Drive of Cleaning up D. I. H. (Sea mens Insu)
8 Mar.	Conference of Social Insurance committee (N. H. I.)
From 1 March. To 15 Mar.	
From 1 March. To 31 March.	Raising of Standard Remuneration During the month (Welfare Pension Sea-mens Insurance)
From 3 March To 31 Mar.	Guidance for recovery of N. H. I.
From 3 Mar. To 13 Mar.	Cleaning up Delinquent fee. (Welfare Pension)

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File 6A

17 November 1948

Monthly Report WELFARE

NATIONAL HEALTH INSCURNCE Katsuda.

1. Number of members of the associations 2,162

2. Number of insured person 12,263

3. Benefits provided during the month (number of cases, number of days, and cost) October.

	CASES	DAYS	COST
a. Medical care	no report	get from doctors - up to July only	
b. Cash sickness	no report - due to screening process.		
c. Maternity benefits		takes about one month	
d. Nursing a lowance			
e. Funeral benefits			
f. TOTAL			

4. Income from members contributions (premiums) Sept. ¥ 375,342

b. Members share of the cost of medical care received for which the association is reimbursed by the member

Late Premiums (delayed) 72,032

c. National subsidy ~~not rec'd from nat. gov't~~

d. Prefecture subsidy 1,000

e. City, town, and village subsidy ~~going to get ¥10,000~~

f. Transfers from associations funds or reserves

g. Other incomes (Balance carried fwd 9,000

h. TOTAL ¥ 457,372

5. EXPENDITURES September

a. Administrative expenditures 80,950

b. Medical care expenditures 108,033

c. Maternity expenditures 2,350

d. Nursing expenditures

e. Funeral expenditures 820

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f. Expenditures for health facilities 26,098

g. Other expenditures (doctors late pay) 194,392

h. TOTAL 448,648

6. BALANCE (Income minus Expenditures) 8,724

7. Loan operations

a. Transfer from reserve fund

b. Transfer from previous months balance

8. Consolidated balance at the end of the month

9.	INCOME	EXPENDITURES	BALANCE
TOTAL	457,372	448,648	8,724

10. Unpaid balance owed to doctors for medical care received by the associations (totalled by month in which services were received)

g. (see above) and 10.

Reason

1. Insured who are high class people are not willing to pay premium. do not put burden on other people. (unpaid premium)
2. Late national subsidies average 6 months because them or them Prof. delay report.

2 Ind

1. additional info
2. Function, organ. + staff.

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Kakkola N.H. Ins. association 17 nov

a. Collection of contributions. (average) High class people do not pay. amt. of payment fr. high class equal to 30 low class.

b. Payment of cash benefits.
90% go to put doctor

c. Medical care service and facilities.
all doctors cooperate

d. Medical fees and payment.
Payment delayed 5 months (Method of payment, delayed payment or subsidy from nat. gov't - Deficit 200,000 last year this year 600,000.)

e. Appeal procedure.
Summed - Clerks or mayor or advisory Councils - to Prof. all appeals were solved at local level by deciding Committee.

f. Advisory boards.
new - not active organized Oct 15

g. Information to persons affected.
By lectures (series of meetings) by Insurance representatives to each ward of village.

h. Reporting.
all necessary reports are on time. ~~Usually delayed at times~~

i. Functions, organization and staff.
See ind 2

j. Budgets and subsidies.
See basic report.

(over)

And 1

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In order to liquidate debt to doctors agreement reached to cut doctors fee-point 1/4 cent until debt is paid.

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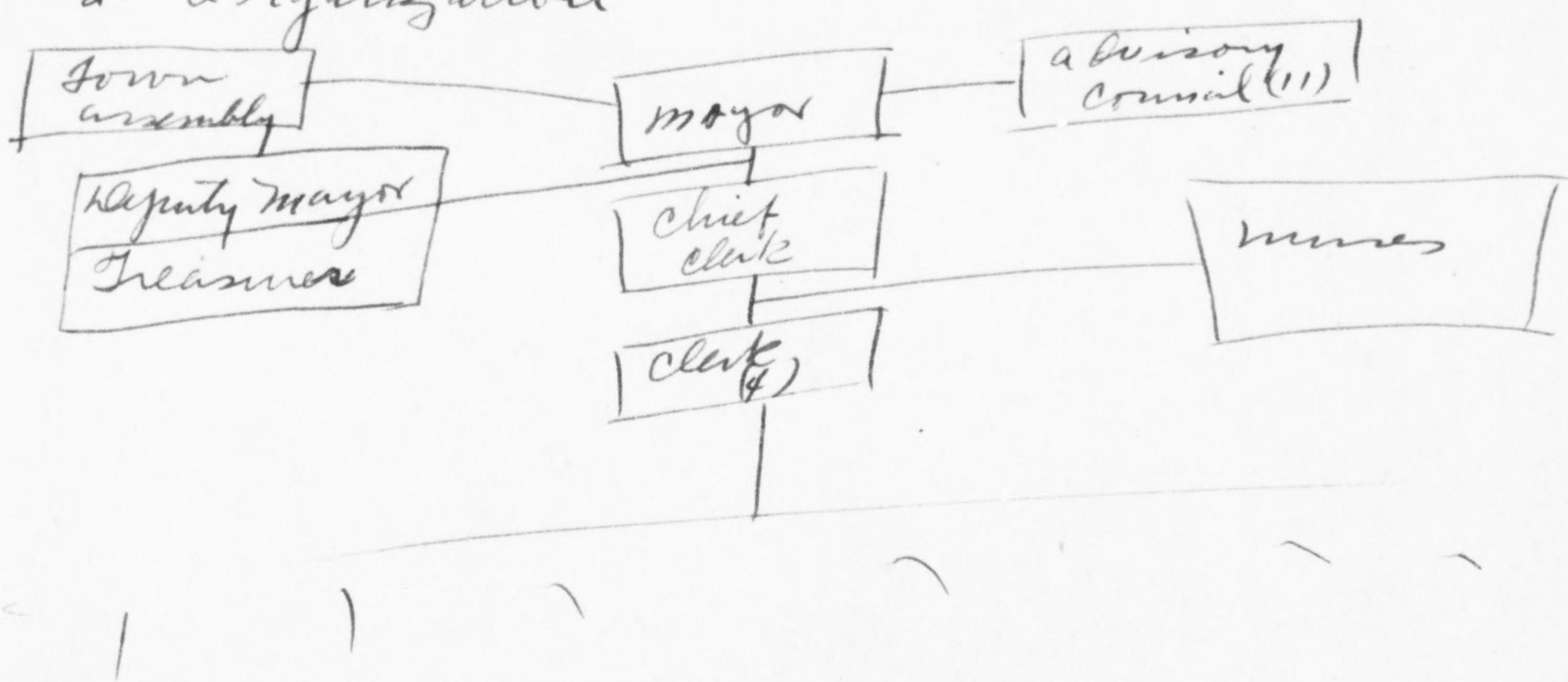
Kalmuka N H Dec 7 Nov.

1. Staff. (5)

5 clerks – salary 2300

3 PH Mine – salary 1600

2. Organization



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Armed persons.

Incl 2

DECLASSIFIED E. O. 12065 SECTION 3-402 / NNDG NO. 775013

No 6A

Marumori-machi National Health Insurance Assn's Enterpise Program and Its Detailed Practice For the Fiscal Year of 1948

Fundamental Policy	Matters to be taken up	Date & Period	Guidance of program	Remarks
[1] Establishment of Finance of the Asson	A. Supplementaly Budget	Feb.	Increase of subsidy from Town.	
	B. Original Budget	March.	A. Adequate levy of premium. B. Increase of subsidy from Town.	
	C. Establishment of Clinics run by asson.	May.	1. Operation by the asson direct 2. Internal medicine 3. Subsidy from Town.	
[2] Information Measure on Insurance	1. Advisory Councils	April December	1. all staff members	
	2. Institution of Discussion meeting	March.	2 Invitation of Instructor	
	3. Community Discussion meeting	Out of farming season	Principle of guidance to specified asson	
	4 Issue of prints	no definite time	Introduce of asson's work	
	5. Movie Show	April August Nov.	1. Chiefly sanitary film 2. Thrice a year 3 use a projector of C.P.H. 4 at three different places 5. Collection of actual expense	
[3] Improvement and arrangement of medical treatment system	Establishment of Clinic running directly by asson	May	under direct operation of N. H. I Asson	

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4 Expansion Of Pub. ~~Health Institution~~ Sanitation	1. Prevention Of T.B	March	1. To primary & middle school Kids 2. Tuberculin inoculation	
		Sept.	3. B.C.G. Test 4. minute examination	
	2. Examination on pregnant mother	Oct.	1. Invitation of specialist 2. carry out at three places 3. simultaneous examination 4. lecture to pregnant mother	once a year
	3. Examination on sucklings	April Sept.	1. Simultaneous Exam. at three places. 2. Commendation to excellent babies.	Twice a Year
	4 Prevention of acute communicable disease.	April May	1. vaccination, getting co-coperation of Town. To all members of the insured	
	5. Examination of Trachoma	Nov.		
	6 internal worm control	June.	To school children	
	7 Prevention of whooping cough	Jan.	① inoculation to the insured, from 1-year-old to 7. ② collection of actual expense	once a year
	8. Prevention of diptheria		inoculation to the kid, from 1—10-year-old	once a year
	9. Improvement of nutrition	March Aug.	operation of refresher's course of nutrition.	Twice a year
	10. movie show	April Aug. Nov.	mostly sanitary film. collection of actual expense	Thrice a year
	11. Lecture on sanitation	April Nov.	1. To ~~common~~ people in general 2. Public Health committee	Twice a year

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1'				
12.	12. Sanitary Exhibition	July	By making a contact with Health dept, pref.	
	13. Health consultation	Aug.	1. Physical examination 2. consultation on health problem.	once a year
	14. Consultation on marriage affairs	anytime	1. free service 2. Health examination	
	15. Issue of Prints		1. Spread of sanitary Knowledge.	
	16. Increase of P.H.N.	April	hire one more.	
5. Renewal of clerical work	Increase of office worker	April	1. clerical work for the clinic 2. statistical work 3. hire one more.	
6. Preparation of statistical materials	1. vital statistic 2. outline of enterprise	every month on occasion	1. By making a contact with census officer. 1 whenever a program is brought into practice.	
2. others	grown-up ceremony	December	1. To man and woman who attains their full 20-year-old. 2. Physical examination 3. Presentation of certificate to those who are excellent in health.	

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18 Nov. 1948

昭和二十三年丸森町國民健康保険組合事業計画實施細目

基本方針	實施項目	實施期日及期間	仝上要領	備考
一 組合財政確立	1. 追加豫算	二月	町費補助増	
	2. 當初豫算	三月	1. 保険料の適正賦課	
	3. 直営醫療施設設置	五月	2. 町費補助増	
二 趣旨普及の方策	1. 事業運営協議会	四月	1. 国保直営 2. 内科	
	2. 懇話会設置	十二月	3. 町費補助	
	3. 部落懇話会	三月	1. 役職員全員	
	4. プリント発行	農閑期	2. 指導者を招聘	
	5. 映画会	随時	指定組合指導要項基礎	
三 醫療組織の整備改善	1. 直営医療施設設置	四月	役員の協力を得て	
四 保健施設の充実	1. 結核豫防	八月	組合内容公開	
	2. 妊産婦検診	一月	1. 衛生映画を中心	
	3. 乳幼児検診	五月	2. 年三回	
	4. 急性傳染病予防	三月	3. 三箇所	
	5. トラホーム検診	九月	4. 公民館映写機を利用	
	6. 蛔虫駆除	十月	5. 寄費微集	
	7. 百日咳予防	四月	国保直営	
	8. ヂフテリヤ予防	九月	1. 中小学校生徒児童対象	
	9. 栄養改善	四月	2. ヂフテリヤ反應注射	
	10. 映画会	五月	3. BCG注射	
	11. 衛生講話	十一月	4. 結核検診	
	12. 衛生展覧会	十二月	1. 専門家招聘	
	13. 衛生相談	一月	2. 三箇所にて実施	
	14. 結婚相談	四月	3. 一斉検診	
		九月	4. 妊産婦に対する講話	
		四月	1. 三箇所にて一斉検診	
		五月	2. 優良児表彰	
		十一月	1. 町と協力して予防注射施行	
		十二月	被保険者全員	
		一月	中小学校生徒児童対象	
		四月	1. 被保険者一才より七才迄	
		五月	2. 予防注射施行	
		十一月	寄費微集	
		四月	一才より七才迄予防注射施行	
		八月	栄養講習会開催	
		三月	衛生映画中心寄費微集	
		八月	1. 一般対象	
		四月	2. 保健要員	
		十一月	1. 衛生部の上	
		十二月	1. 偶々診断	
		十一月	2. 健康相談	
		八月	1. 衛生相談	
		随時	2. 健康診断	

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二、懇話会設置	三月		
三、部落懇話会	隔月	農閑期	
四、プリント発行	随時		
五、映画会	四月		
	八月		
	一月		
三、医療組織の整備改善			
四、保健施設の充実			
一、結核予防			
一、直営医療施設設置	五月		
	三月		
	九月		
二、妊産婦検診	十月		
三、乳幼児検診	四月		
	九月		
四、急性伝染病予防	四月		
	五月		
五、トラホーム検診	十一月		
六、蛔虫駆除	随時		
七、百日咳予防注射	随時		
八、結核予防注射施行			
被保険者全員			
十、小学校生徒児童対象			
一、被保険者一斉ならびに随時施行			
二、学校生徒児童対象			
一、ツベルクリン反応注射			
二、優良児表彰			
一、町と協力して予防注射施行			
被保険者全員			
十一、衛生講話	三月		
	八月		
	十一月		
十二、衛生展覧会	七月		
十三、衛生相談	八月		
十四、結婚相談	随時		
十五、プリント外行	随時		
十六、保健婦増員	四月		
一名増員			
十七、事務整備について			
一、事務員の増員	四月		
八、統計資料の作製			
一、人口動態	毎月		
二、事業内容	随時		
一、成年式	十二月		
七、其の他			
一、出産届出の励行			
二、乳幼児の届出			
一、死亡届出の励行			
二、伝染病の届出			
一、衛生組織の確立			
二、衛生思想の普及			
三、衛生知識の普及			
四、衛生相談に応ずる			
一、一般対象			
二、妊産婦・乳幼児			
三、結核・性病			
四、伝染病			
五、精神病			
六、健康相談			
一、健康診断			
二、結核検診			
三、胸部X線撮影			
四、寄生虫検査			
五、トラホーム検査			
六、色盲検査			
七、其の他			
一、栄養改善			
二、栄養相談			
三、栄養講習会			
四、栄養調査			
五、栄養指導			
六、栄養食配給			
七、其の他			
一、体位優秀者の表彰			

年	年	年	年	年	年	年	年	年	各庁	年	年
一	一	二	三	二	一	一				二	一
回	回	回	回	回	回	回				回	回

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Grant in Aid, and

Office Expenditure

Fiscal Year	1943		1944		1945		1946		Total	
Classification of Subsidy	~~State grant Subsidy~~ National	~~expend-iturg Subsidy~~ Town	State grant	Town exp.	State grant	Town exp.	State grant	Town exp.	State grant	Town exp.
Amount	¥8607	2000	9534	2000	10640	4000	28243	14000	57024	22000
Total amount	¥10,607		¥11,534		¥14,640		¥42,243		¥79,024	
~~Expenses for~~ office Expenditure	¥3,311		¥4,510		¥6,653		¥16,847		¥31,321	
Balance	¥7,296		¥7,024		¥7,987		¥25,396		¥47,703	

Other informations.)

Total Budget for the year of 1948. (To the insured)

¥ 1.316.400.—

Budget for Public Health facilities such as
(including salary to PH Nurse, programs, prevention of
desease, physical examination, protection of mother &
child. ¥ 233,088.

Budget (from the insured.)
(figured ¥ 840.— per member per year.)
¥ 860,945.—

Subsidy
¥ 296.540.— { National Sub.
Prefectural sub.
Town Sub.

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Finance of Association and

Medical Care Benefit

(Marumori-machi National Health Insurance Association)

Fiscal Year	1943	1944	1945	1946	Total
Number of members of this Association (Average)	905	917	990	1015	
Number of insureds (average)	5,747	6,029	6,479	6,813	
Premium	¥22,247	22,284	28,476	70,490	144,488
Partial charge / Total	¥7,902	4,774	14,420	65,955	93,051
Total Income	¥30,149	28,058	42,887	136,445	237,539
Cases of medical care	5,185	5,156	4,102	3,641	18,084
Days of medical care	38,321	38,708	36,095	31,511	144,635
Medical care benefit	¥30,586	32,619	42,628	35,817	241,640
Expenditure for Sanitary Institution	¥1,413	4,523	8,651	12,653	27,240
Total expenditure	¥31,989	37,142	51,279	148,470	268,880
Balance	¥1.840	9,084	8,392	12,025	31,341

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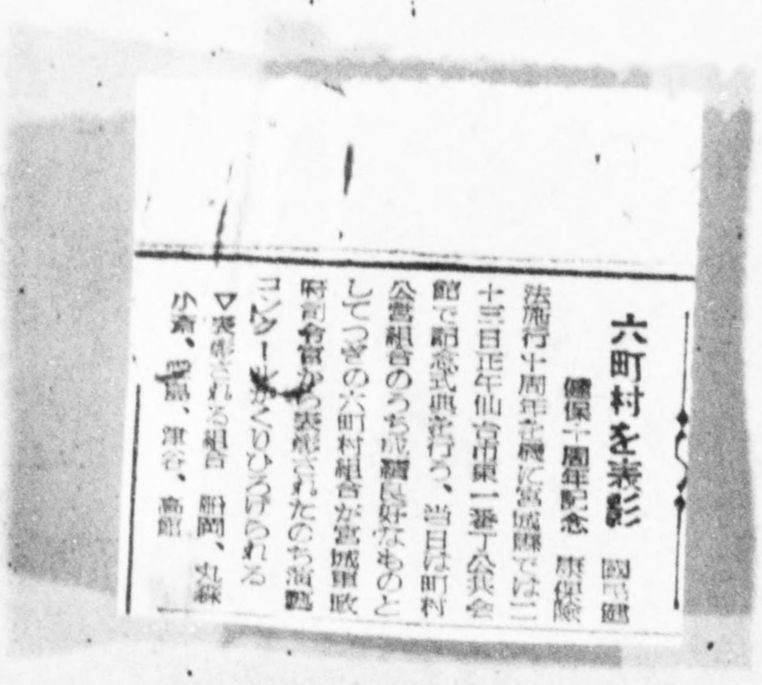

六町村を表彰

國民健康保險法施行十周年記念

健保十周年記念 康保險法施行十周年記念に宮城縣では二十三日正午仙台市東一番丁公共会館で記念式典を行う、当日は町村公営組合のうち成績良好なものとしてつぎの六町村組合が宮城軍政府司令官から表彰されたのち演藝コンクールがくりひろげられる

▽表彰される組合 船岡、丸森、小斎、愛島、津谷、高館

DECLASSIFIED E. O. 12065 SECTION 3-402 / NNDG NO. 775013

小さい害虫だと油斷をするなやがて金とる命とる

丸森町國民健康保險組合のあらまし

一、趣旨

國民健康保險は相扶共濟の精神に則り、病氣怪我の際の醫療費問題を解決し、ひいては醫療の普及と保健衛生狀態の改善を主眼とし國民生活の安定といふことがねらいである。

一、組合員及被保險者

組合員は丸森町地域内に在住する世帶主をもつて組合を構成し、組合に對して保險料を支拂ひ組合會議員の選擧權等を行使する、組合から所定の給付を受ける者を被保險者と稱している。

被保險者は組合員及其の家族であつて、被保險者は組合の構成については何等關與しないそして組合員の家族はすべて被保險者とならなければならない。

但し他の組合加入者は其の限りに非ず、

（丸森町に轉入した者或は出生した者は十日以内に届出しなければならず、資格無くなつた者も十日以内に其の旨届出なければ過怠金を徴收されることに成つて居る、資格無きものとは、死亡した場合、丸森町より他に轉出した者其の他生活保護を受けて居る者以外は脱退を認められない）

一、組合の事業

第一に保險給付　第二に保健施設　第三に保險料の徴収といふ三点が支柱となつている

第一の保險給付は、被保險者が病氣怪我した場合の醫療費の半額を組合から受けることであり、現在では醫療費の半額を醫師の窓口で患者が支拂つた事に依つて各人は醫療費の全部を終つた事に成る、殘半額は組合に於いて支拂い今迄の一部負擔金告知書は發行しないもし醫師に全額を支拂つた場合は受領證と印鑑持參組合に申出れば審査の結果、組合は其の半額を現金で直接患者に支拂ふことになる又被保險者が出産した場合、醫師、産婆、保健婦の證明を持參の上申出れば、金壹百圓を支給する。

其の計費　昭和二十三年度に於て、總額壹百參拾壹万六千四百圓の豫算である。

第二の保健施設について、疾病豫防及公衆衛生について各種の施設を組合が行うのであつて、組合は保健婦を設置し、傷病の豫防、健康診斷、母性及乳幼兒の保護、榮養改善等それ〴〵創意によつて行つてゐる、この豫算は貳拾貳萬參千八拾八圓である。

第三は保健料の徴收であるが組合の事業を行ふ財源は主として組合員から徴收する保險料によつて支辨される、

其の豫算　八拾六万九百四拾五圓

（組合員一人當年平均八百四拾四圓）

賦課方法は被保險者に依る保險料一人月三圓

平等割に依る保險料一戸月一五圓

資力に依る保險料年四三九、〇八二圓

右の三項を合計した金額が各組合員の保險料となり、告知書が發行される、資力に依る保險料は、町民税を基礎として左記の通り月額の等級を編成して居る

記

等級	金額	等級	金額	等級	金額
第一級	一八〇圓	第六級	八五圓	第十一級	三〇圓
二	一六〇圓	七	七〇圓	十二	二五圓
三	一四〇圓	八	六〇圓	十三	二〇圓
四	一二〇圓	九	五〇圓	十四	一五圓
五	一〇〇圓	十	四〇圓	十五	一〇圓

なほ組合の財源は國庫補助金、町補助金、縣補助金があり、

其の豫算　貳拾九万六千五百拾四圓

一、組合會及役員

組合會議員　二十名

阿部榮太郎　阿部千治　八島源彌

佐藤桂太郎　高野德三郎　小野新平

八卷喜三郎　菅野敬太郎　小野平

齋藤万藏　渡邊一郎　佐川芳之助

佐々木丈覺　石塚康平　長門誠

根田均　成田精一郎　宍戸定雄

齋藤傳二郎　菊地勝治

一、理事　十名

理事長　宍戸壽（現町長）

常務理事　齋藤傳二郎（現助役）

理事　渡邊一郎　長

星佐助　小

佐藤桂太郎　八

菅野敬太郎　小

組合會議員は組合員が互選し

會議員が組合員中より選任する

の事情なき限り市町村長が理事

一、組合經濟と給付狀況

年度	組合員數	被保險者平均數	保險料	一負
	平均	名	圓	
昭和18	九〇五	五、七四七	二二、二四七	[illegible]
19	九一七	六、〇二九	二三、二八四	[illegible]
20	九九〇	六、四九七	二八、四六七	一四
21	一〇一五	六、八一三	七〇、四九〇	六五
計			一四四、四八八	九三

一、補助金と事務所費

年度	補助金別	金
昭和十八年	國庫補助	八
	町費補助	二
昭和十九年	國庫〃	九
	町〃	二
昭和二〇年	國庫〃	一〇
	町〃	四
昭和二一年	國庫〃	二八
	町〃	一四
	國庫〃	五七
計	町〃	二三

一、參考

昭和二十二年八月現在の經濟用

日新聞社調査のものを厚生省が

1、赤字家計

2、手一杯

3、黒字家計

4、自分で自分の診療出來る者

5、自分で自分の診療出來ない者

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六千四百圓の豫算である。
健施設について、疾病豫防及公衆衛
を各種の施設を組合が行うのであつ
は保健婦を設置し、傷病の豫防、健
母性及乳幼兒の保護、榮養改善等そ
意によつて行つてゐる、この豫算は
參千八拾八圓である。
健料の徴收であるが組合の事業を行
主として組合員から徴收する保險料
支辨される、
八拾六万九百四拾五圓
組合員一人當年平均八百四拾四圓）
は被保險者に依る保險料一人月三圓
平等割に依る保險料一戸月一五圓
資力に依る保險料年四三九、〇八二圓
を合計した金額が各組合員の保險料
告知書が發行される、資力に依る保
町民税を基礎として左記の通り月額
編成して居る

金額	等級	金額	等級	金額
八〇圓	第六級	八五圓	第十一級	三〇圓
六〇圓	七	七〇圓	十二	二五圓
四〇圓	八	六〇圓	十三	二〇圓
二〇圓	九	五〇圓	十四	一五圓
〇〇圓	十	四〇圓	十五	一〇圓

の財源は國庫補助金、町補助金、縣
あり、
貳拾九万六千五百拾四圓

會及役員
議員 二十名
太郎 阿部 千治 八島 源彌
太郎 高野德三郎 小野 新平
三郎 菅野敬太郎 小野 平
万藏 渡邊 一郎 佐川芳之助
文覺 石塚 康平 長門 誠
均 成田精一郎 宍戸 定雄
二郎 菊地 勝治
事十名
長 宍戸 壽（現町長）
事 齋藤傳二郎（現助役）

理事 渡邊 一郎 長門 誠
星 佐助 小野 平
佐藤桂太郎 八島 源彌
菅野敬太郎 小野 新平

組合會議員は組合員が互選し、理事は組合會議員が組合員中より選任する、そして特別の事情なき限り市町村長が理事長となる。

一、職員
1、書記 平間 勘治 一條 太
佐藤 弘幸
2、保健婦 齋藤 しも 佐藤とよ子
志藤ちよこ 小野 志見
右役職員手當（人件費）豫算一九万五千八百八〇圓
（人件費は補助金にて充分支拂を完了する）

一、組合經濟と給付狀況

年度	組合員數	被保險者平均數	保險料	一部負担金	收入計	診療件數	診療日數	給付費	保健施設	支出計	收入支出差引
	平均	名	圓	圓	圓	件	日	圓	圓	圓	圓
昭和18	九〇五	五、七四七	二三、二四七	七、九〇二	三〇、一四九	五 一八五	三八、三二一	三〇、五七六	一、四一三	三一、九八九	一、八四〇
19	九一七	六、〇二九	二三、二八四	四、七七四	二八、〇五八	五、一五六	三八、七〇八	三二、六一九	四、五二三	三七、一四二	九、〇八四
20	九九〇	六、四九七	二八、四六七	一四、四二〇	四二、八八七	四、一〇二	三六、〇九五	四二、六二八	八、六五一	五一、二七九	八 三九二
21	一〇一五	六、八一三	七〇、四九〇	六五、九五五	一三六、四四五	三、六四一	三一 五一一	一三五、八一七	一二、六五三	一四八、四七〇	一二、〇二五
計			一四四、四八八	九三、〇五一	二三七、五一九	一八、〇八四	一四四 六三五	二四一 六四〇	二七、二四〇	二六八、八八〇	三一、三四一

一、補助金と事務所費

年度	補助金別	金額	計	事務所費	差引
昭和十八年	國庫補助	八、六〇四圓	一〇、六〇七圓	三、三二一圓	七、二九六圓
	町費補助	二、〇〇〇〃			
昭和十九年	國庫〃	九、五三四〃	一一、五三四〃	四、五一〇〃	七、〇二四〃
	町〃	二、〇〇〇〃			
昭和二〇年	國庫〃	一〇、六四〇〃	一四、六四〇圓	六、六五三圓	七、九八七圓
	町〃	四、〇〇〇〃			
昭和二一年	國庫〃	二八、二四三〃	四二、二四三〃	一六、八四七〃	二五、三九六〃
	町〃	一四、〇〇〇〃			
	國庫〃	五七、〇二四〃	七九、〇二四〃	三一、三二一〃	四七、七〇三〃
	町〃	二三 〇〇〇〃			

一、參考
昭和二十二年八月現在の經濟界と診療（朝日新聞社調査のものを厚生省が發表したもの）
1、赤字家計 五八、一%
2、手 一杯 三一、二%
3、黑字家計 一〇、七%
4、自分で自分の診療出來る者 一〇、七%
5、自分で自分の診療出來ない者 八九、三%

一、保健婦の担任區（六月—八月迄）
齋藤保健婦 横町區、本町區、東向區
上瀧區、五福谷區、中通區
佐藤〃 迴倉區、羽出庭區、小坊木區
志藤〃 山崎區、竹谷區、大川口區
峠區、欠入區、
小野〃 深山區、田町區、川前區
鳥屋區、新町區、羽入區

好き家が嫌い除掃は菌病
病氣は蠅から不潔から

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小さい害虫だと油斷をするなやがて金こる命こる

怖るべき法定傳染病　醫學博士　一橋卯吉

病名	こんな症狀	病原体	患部（どこから菌が入る）	潜伏期	應急の處置	豫防法
コレラ	劇しい嘔吐があり同時に米のとぎ水のような下痢をするそして皮膚に彈力がなくなり身がだるい	コレラ菌	消化器	數時間……5日	安靜にして床流行期になつたにやすませるら生水生食は嚴水分の補給を重に禁ずる暴飲十分にする暴食を愼しむ手足を冷さぬ蠅をとり豫防注射をうける	安靜にして床流行期になつたにやすませるら生水生食は嚴水分の補給を重に禁ずる暴飲十分にする暴食を愼しむ手足を冷さぬ蠅をとり豫防注射をうける
赤痢（疫痢を含む）	腹が痛み所謂シブリ腹となる回數の多い下痢便は粘液便で血液が混じる	赤痢菌	腸	1……7日	早期にダイアジンチアゾール止する手指の消毒や野菜の消毒を勵行し鼠や蠅をとる患者は隔離すること	早期にダイアジンチアゾールを服用させる
腸チフスパラチフス	頭痛がして全身がだるい、非常に高い熱が長時間つゞく	腸チフス菌パラチフス菌	腸	腸チフス7—14日パラチフス1—10日	不消化物を與へぬこと下熱劑を與へぬこと	水や飲食物と共に口から入る
痘瘡	激しい腰痛戰慄をともなう高熱そして三日目頃から熱がさがりはじめると發疹が出はじめる	濾過性病原体	皮膚	7……16日普通12日	安靜に休ませる患者を隔離	
發疹チフス	惡寒戰慄をともなうそして高熱激しい頭痛と腰痛四日目頃から發疹が出る	リケチアプロウエツキ發疹熱はリケチアムーゼリ	血管	5……12日普通21日	安靜臥床頭を冷やす	蚤を驅除し身体や衣服を清潔にする豫防注射をする
猩紅熱	極めて高い熱咽頭が痛む舌があれてイチゴのような狀態になるそして鮮紅色の發しんがでる	溶血性連鎖狀球菌	皮膚口腔	2……7日	安靜臥床含嗽頭を冷やす	患者の隔離
ヂフテリア	發熱ものをのみくだすとき咽喉がいたむ呼吸困難口の内の粘膜に白灰色の僞膜がかゝる	ヂフテリア菌	鼻咽腔	2……5日	安靜臥床含嗽	患者の隔離
流行性腦脊髓膜炎	頭痛嘔吐發熱うわごとを言ふようじの部分がこわばつて顏を自由に動かす事ができない	腦脊髓膜炎菌	鼻咽腔腦脊髓	2……10日	安靜臥床頭を冷やす	患者の隔離
ペスト	高熱鼠蹊腺がはれて痛たむ（腺ペスト）咳が出て胸がいたみ呼吸困難（肺ペスト）しわがでる（皮フペスト）	ペスト菌	血液内臟皮膚	3……6日	安靜臥床	豫防注射患者の隔離過勞をさける炎天をさけ衣服は通風のよいものを用ひる含嗽防蚊豫防注射
日本腦炎	頭痛高熱こん腫痙れん	濾過性病原体	腦鼻ねん膜	4……21日	安靜臥床	血清療法含嗽

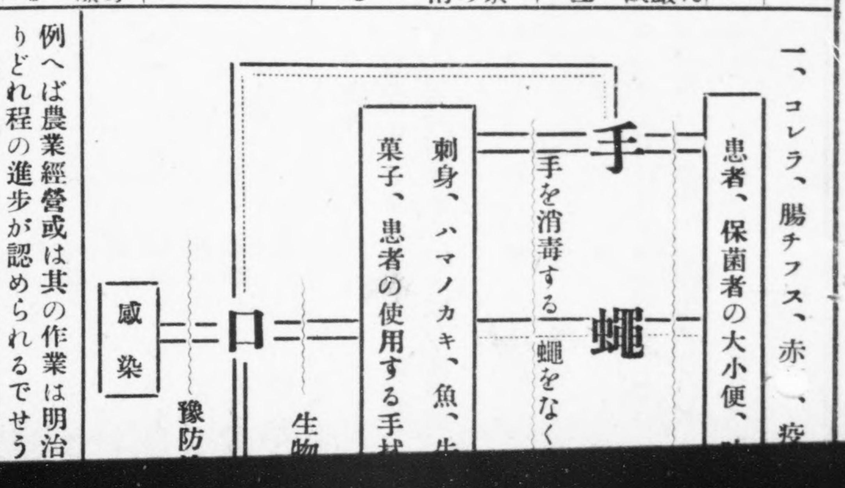
★此の表に書いた痙狀のあるときは一刻も早く醫師に診て貰ふ事が大切です

住みよい町にする爲に

私達人間として此の世に生をうけた限り健康であることを願はぬものはなく、日常健康であることがあらゆる幸福の基であることは誰もが言葉以上によく知つておりますが、實際日常生活に生命を保護する、健康を保つと云ふ觀念に基いて各々の職業又は生活の改善を計つて居る人は何人あるでせうか。

例へば農業經營或は其の作業は明治りどれ程の進歩が認められるでせうが人力を以て行はれる爲其の過勞が高血壓或は神經痛等農村に多く、農が年に成ると一樣に怖れて居りますの食生活、環境衛生共に舊態依然たかりであります。公衆衛生の一技官言ふ、日本の勞働と食生活に改善を長は伸び、体重は增し、体位の向上であると、我々は我が身の常に健康明朗でそして長く生きる事にもつとへなければならんと思ひます。

次に疾病と經濟を考へますと、保險て取扱ふ患者のみで、月三百五十人八十人あり、其の治療に要する費用十万圓を突破することも尠くないの其の内入院患者月十四名乃至十八名用全額の半額をしめて居ります。又醫師に支拂ふ醫療費は全額の六割をりります。月十万圓の醫療費の外患者の數三千日分の勞力と其の賃金看護する舞に行く人の勞力と、賃金或は病人食物の費用等考へた場合疾病は莫大と貴重なる時間の消耗であることが明ります。平時ですら貧乏の原因を調の六〇%迄が病であると言われて居他の物價の暴騰と共に醫療費も上昇とを知らず、其れに反し我々の經濟狀を追ふにつれて貧弱に成り、生活に



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File 6A

The National Health Insurance program can help establish a foundation upon which Japan can build as it improves economically and resources become available. The need exists to strengthen the present program as to financing, adequacy of protection, administration through coordination, adjustment to inflationary conditions (particularly in the Medical fee point system) democratization of administration and the cooperation and participation by the Medical profession and communities on a voluntary basis.

There are three democratic procedures recently introdu ced in the program of Social Insurance. They are:

(a) Appeals procedures

(b) Advisory councils

(c) Informationprograms

In the appeals procedure we are striving for the concept of appeals and for hearing of cases for complaints.

Advisory Councils should stress protection between groups served and the Social Insurance program.

Branch office chairmen should get out into the plants and push information programs. Unions could be brought into the project by interesting workers in the program.

It is commendable that the work of some National Healt h Insurance Associations has come to the attention of MMGT, and that the Commanding Officer of MMGT has presented certificates of merit to outstanding associations. Standards, whereby associations were judged were:

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(1) Prompt collection of insurance donations

(2) Providing benefits for Medical care, sickness (cash), maternity, nursing, and funerals.

(3) The development of the public health fu nction through the establishment and management of clinics.

(4) The use of the visiting public health nurse in a professional rather than a clinical capacity.

(5) Improvement in the cooperation between the association and the medical profession on a voluntary basis.

It is believed, and I wish to commend you, that you have attained to some measure progress in developing the afore mentioned standards.

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Monthly Report

WELFARE

File 6A

NATIONAL HEALTH INSURANCE

1. Number of members of the associations _____

2. Number of insured person _____

3. Benefits provided during the month(number of cases, number of days, and cost)

	CASES	DAYS	COST
a. Medical care			
b. Cash sickness			
c. Maternity benefits			
d. Nursing a lowance			
e. Funeral benefits			
f. TOTAL			

4. Income from members contributions (premiums) _____

b. Members share of the cost of medical care received for which the association is reimbursed by the member _____

c. National subsidy _____

d. Prefecture subsidy _____

e. City, town, and village subsidy _____

f. Transfers from associations funds or reserves _____

g. Other incomes _____

h. TOTAL _____

5. EXPENDITURES

a. Administrative expenditures _____

b. Medical care expenditures _____

c. Maternity expenditures _____

d. Nursing expenditures _____

e. Funeral expenditures _____

f. Expenditures for health facilities _____

g. Other expenditures _____

h. TOTAL _____

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6. BALANCE(Income minus Expenditures)

7. Loan operations

a. Transfer from reserve fund

b. Transfer from previous months balance

8. Consolidated balance at the end of the mohth

9.

	INCOME	EXPENDITURE	BALANCE
TOTAL			

10. Unpaid balance owed to doctors for medical care received by the associations(totalled by month in which services were received)

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File 6*

Six Associations Will Be Commended

The 10th Anniversary of National Health Insurance.

In accordance with the 10th anniversary of enforcement of the National Health Insurance Law it has been decided that Miyagi Prefecture is going to hold the ceremony of anniversary at the Public Hall, Higashi-Ichibancho from 12:00 October 23, 1948.

It is slated that certificate of commendation will be given to the following six best associations by Commanding Officer of Miyagi Military Government Team and after that some attraction will be followed.

Name of Associations to be awarded;

Funaoka, Marumori, Kosai

Medeshima, Tsuya, Takadate.

(Kahoku Shimpo,
issue of 22 Oct.'48)

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File 6

TO: Lt. Overstreet

SUBJECT: On Policy of Guidance in N.H.I. for the year of 1948.

We hereby notify you of the following points on which you asked us before.

Policy of Guidance

1. The management of the insuarance shall principally be switched into the hand of cities, towns and villages.

2. Ordinary association and other deputy association operated by Judicial Person which are considered the most active association at the present time, shall progressively be switched according to the consideration on the part of towns and villages.

3. Associations which are now suspended or under poor operation, shall be switched into the public operation as much as possible.

4. The number of the assured shall be 100%, except in the case authorized by ordinance, so forth.

5. Benefit of medical , maternity care, and management of clinics shall be given without exception. Benefit of funeral and of nursing need not be given according to the circumstances on the part of the assured.

6. Temporary subsidy shall be limited by 50%, which shall gradually be reduced to about 30%.

7. Percentage of utilization of medical treatment ticket shall be developed into 50% to 80% during one year.

Prepared by
Mr. Matsuoka,
Chief of Insurance
Section, Prefecture

S. C.

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20 - 26 Sept. 1948

National Health Insurance

A difficulty existing in some localities, is how the National Health Insurance medical care program is to be coordinated with the public program. The public health program is the responsibility of the District Health Office. That office may enlist the cooperation of the National Health Insurance Association in performing such fnctions for association members to be accomplished in accordance to its technical direction. The recently established local National Health Insurance Advisory Councils could render considerable assistance in coordinating their activities.

A new reason hasbeen revealed as to why a number of localities have suspended the National Health Insurance program. In many places the programs were administered by the All-Japan Agriculture Association; therefore, when that organization was dissolved, it was assumed that the national health insurance activities were also forbidden. This was a misinterpretation and it is expected that many of the associations will be reorganized under the jurisdiction of the local government body.

30 August - 5 September 1948

The Regulations as amended implement Article 47, paragraph 1, of the National Health Insurance Law which authorizes subsidization by the national government. Spceifically, they provide for annual subsidies within the limits of the budget, to insurers and federations thereof to help them bear the cost of

1. Administration;

2. Health facilities:

3. Establishment of facilities for midical and maternity care;

4. Other National Health Insurance operations.

These categories follow the usage of the past years. As heretofore, certain reports are required in connection with the application. These include a statement of the insurer's accounts for the past year and an estimate of income and expenditure during the year for which the insurer requests a subsidy.

The extent of subsidization will be determined in the Ministry of Welfare and will depend upon the funds made available by the Diet. However, as a rele, no subsidies for the cost of administration will be granted to an insurer failing to bear at least half the sost of medical care for the insured or failing to raise by way of insurence contributions at least 70% of the cost of benefits thus provided.

These minimum requirements constitute a now departure. Heretofore, any National Health Insurance Associ ation could qualify for subsidies as

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long as it had not suspended operations. Thus, an association could obtain a subsidy even though it under took to bear less than 50 % of the medical treatment cost, leaving the greater share of the expense to be borne by the insured patient hemself. Moreover, to the extent that the association did provide the necessary care or pay the cost thereof, it could rely excessively on sources other than members'insurance contributions, e.g., national, prefectural and local subsidies. In the future, such insurers will be disqualified from obtaining national subsidies for administration, although they may conceivably obtain national subsidies under one of the other counts enumerated above.

23 - 29 August 1948

Medical Fee Payment Fund

Information obtained by recent visits to some prefectures revealed there are currently several misinterpretations regarding the purpose and aministration of the Social Insurance Medical Fee Payment Fund.. For a description of this law and its purpose, your attention is called to Public Health and Welfare Weekly Bulletin No. 80 for the period 5 - 11 July.

The first erroneous interpretation is that the Fund will be handled entirely at the national level by the main office in Tokyo. Actually, the main office in Tokyo will be responsible for the general overall policies, uniformity of procedures and inspection of operation. But there will be branch office in each prefecture to hanbile all of the Fund's business for the prefecture. If found necessary, sub-branches may even be established in the prefecture for convenience and efficiency of operation.

A second misinterpretation is that the deposit from the insurer will be used to pay claims indiscriminately. Actually the deposit from an insurer will be used only to pay claims submitted against its account.

Another erroneous interpretation is that National Health Insurance Associations are not included in the scheme. The law provides that National Health Insurance Association may participate if they so desire.

The Insurance Bureau, Ministry of Welfare, states the information they have sent out to the Prefectural Insurance Office, should not have caused the above-mentioned misinterpretations.

9 - 15 August 1948

Statistical Reporting

In contrast to this comparatively adecuate state of reporting under the three compulsory schemes, statistics and reports required under the National Health Insurance program were found to be sadly neglected in all places visited. Both on the prefectural and on the gun level, only a portion of reports had been received and some allegedly active associations have not been heard from in many months. This state of affair s deserves a thorough check with a view to improving conditions redically.

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2 - 8 August 1948

National Health Insurance

No objection was offered to a proposed cabinet order desi gned to make effective the provisions recently incorporated inthe National Health Insurance Law relative to advisory councils to be set up for each local association. The membership will be drawn from three groups: insur ed members of the association, licensed doctors of medicine and dentistry , and the public interest. The number of members will be determined by local ordinance. The function of these local councils will be similar t o that of the National Advisory Councils already eiisting for the Health Insurance, Welfare P ensions Insurance, and Seamen's Insurance programs. It should be noted that these advi sory countils are to be distinguished from the "S ocial Insurance Medical Care Advisory Council," referred to in Public Health and Welfare Weekly Bulletin No. 82.

12 - 18 July 1948

General

"The Mission Report suggests a program in keeping with present day Japan and her immediate prospects. It proposes establishing a foundation upon which the nation can build as it improves economically an d resources become available. Stress is given to strengthening the presen t programs as to financing, adequacy ofprotection, adminstration through coordination and integration, improvement of quality of medical and adminstative services, continuous adjustment to inflationary conditions, democratization of adminstrtion, and participation by the medical profession an d communities on a voluntary basis. The specific recommendations are summarized as follows:

1. The establishmentof a representative advisory council to advise the Diet and responsible administrative agencies on planning, policy and legislation.

2. The intergration of all the present obligatory social insurances into one basic system to provide uniform protection relative to the major risks of old age, invalidity, health, unemployment, and surviversh ip, with consideration to be given to extension of such protection to w o rkers of firms employing less than five people.

3. The strengthening of health insurence for other wage earners by providing community health plans at the choice of the citizens, to be partially supported by grants-in-aid if minimum standards are maintained.

4. The development of public health fnctions through a consistent pattern of national, prefectural,and local adminstation, including the development of a nationwide hospital plan with recognition of the hospital' public service character and the furnishing of a portion of th eir capital costs and operating expenses through grants-in-aid.

5.

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5. The consentration of primary responsibility for social security within the national government should be placed in the Ministry of Welfare instead of the present division of responsibility among several ministries.

6. The administration of the integrated social security program should be decentralized to the prefectural and local government level.

7. The establishment of an independent appeal structure of quasi-judicial nature to provide a fair hearing to all interested pa_rties subject to final appeal to the regular courts.

8. The revamping of the fiscal structure of the social insurance to supplant the "full reserve" consept now followed with referenc_e to taxation and investment policies by a "limited reserve" or "pay-as-you-go" basis and with the understanding that funds raised for the purpose of social security not be diverted to ends foreign thereto.

21-27 June 1948

National Health Insurance

A recent field trip emphasixed the need for the prompt establishment of an adequate informational, educational, and advisory program in cash prefectural insurance office to assist the inactive associations, under National Health Insurance, in their attempt to reorganize.

At a conference of representatives of suspended associations in one prefecture, it was clearly evidenced that they desired to resume operations but needed assistance in the form of advice and informational material for adistibution to the potential members. Many had problems which had never been brought to the attention of the prefectural officials.

As an initial step in reorganization, many of the associations have reestablished the visiting nurse service. The nurses, in addition to performing professional services, disseminate information as to the need and value of a community cooperative health insurance program.

14 - 20 June 1948

General

Operational and related reports required under the National Health Insurance program were described in preceding issues of the Public Health and Welfare Weekly Bulletin, (see Nos. 67, 73, 75 and 76). The one remaining National Health Insurance report not yet described is the one to be submitted by National Health Insurance associations desiring subsidies on account of having been hit by floods and other naturel disasters. However, such reports will

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not be submitted this year inasmuch as all appropriations for such sibsidies have been eliminated from the current national budget. Hence a description of this report will be given at such time as appropriations for disaster subsidies to National Health Insurance associations may be restored.

7 - 13 June 1948

General

In further supplementation of earlier information on current statistical reporting requirements for National Health Insurance (see Public Health and Welfare Weekly Bulleting Nos. 73 and 75) the Insurance Bureau, Ministry of Welfare, has informed Public Health and Welfare Section of a mew report to be complied for the first time in every prefecture in June.

This is to be a monthly report to the prefectural Insurance Section by every Public Health Nurse employed by a National Health Insurance association. After consolidating these individual reports, the prefectural Insurance Section is to send the consolidated report to the Ministry of Welfare not later than one month a after completion of the month reported on. Each prefecture must decide for itself when the individual reports shall be due at the prefectural office, The following information is required to be forwarded to the Ministry:

1. N umber of associations reported on;

2. Number of Public Health Nurses reporting;

3. Number of insured per one Public Health Nurse;

4. Number of Public Health Nurses who failed to report;

5. Total hours and percent of total working time spent, out of each business day, on each of the following activities;

a. Home visits, total and broken down into visiting time, travel time, and preparation of records;

b Confultation in the office, total and broken down into consultation proper, assistance to the doctor, preparation, and cleaning up;

c. Outside conslutations (itinerant clinics), total and broken down into consultation proper, assistance t to the doctor and travel time;

d. Group education, total and broken down into guidance and travel time;

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e. Meetings and conferences, total and broken down into staff education, study and attendance, practical (on the spot) observation;

f. Other activities, total and broken down into investigation and statistics, communications, health preservation business (e.g. filling out of applications for special food for nursing mothers etc.) association business, conferences, and official trips outside the village;

g. Grand Totals

6. The total number of business days spent on:

a. Home visits, total number of homes and of cases and broken down acc ording to the following categories; maternity case, unweaned infant, pre-school child, student, adult, investigation, control of communicable disease, not home, death, other.

b. Visits on special diseases: tuberculosis, venereal disease, infectious disease, mental disease.

c. Communication visits, total number and broken down according to the following categories; school doctor or dispensary, Health Center, member of welfare committee, workshop and store, social work institution, other.

d. Grand Totals.

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Reference is made also to the application and report required from all National Health Insurance associations desiring a national subsidy for the establishment of a clinic or hospital under their direct management. A translation of that form as required by Insurance Bureau, Ministry of Welfare Instruction # 284, (Ho-Hatsu No. 284) of 1 March was given as enclosure No. 1 to Public Health and Welfare Weekly Bulletin No. 67. Since no definite deadline was attached to that report, several associations planning to establish clinics or hospitals and desiring national subsidies therefore may have fallen behind and should be encouraged to make application proptly if such subsidy is desired for the current fiscal year.

Finally, reference is made tonational subsidies payable to National Health Insurance associations hit by natural disasters such as floods, etc. (See Public Health and Welfare Weekly Bulletin No. 64) The reporting requirements contained in the application from to be filed by associations wishing to qualify for such subsidies will be listed in the next issue of Public Health and Welfare Weekly Bulletin and will complete all regular statistical and related reporting done currently under the National Health Insurance Program.

31 May - 6 June 1948

National Health Insurance

In connection with the description of current reporting requirements begun in Public Health and Welfare Weekly Bulletin #73, for period 17-23 May, there are given below the data reportable by each National Health Insurance association in connection with its application for national government subsidies. Although this application falls outside the operational reporting, it contains, a number of important checks on the proper functioning of the respective association. Also it is important that this application, which serves as the basis for the allocation of national government subsidies, be filed promptly by all associations and forwarded speedily by the prefectural Insurance Section. Deadlines set for the receipt of said applications vary in the several prefectures. However, all of them were due at the Insurance Bureau, Ministry of Welfare, not later than 31 May. Latest reports from the Insurance Bureau indicate that several prefectures have failed to meet this deadline.

Data required:

1. Date of establishment of the National Health Insurance association requesting the subsidy.

2. Average number of insured, January through December 1947.

3. Share of the total cost of medical services to be borne by the insured requiring such services.

4. Ratio of cases treated to the number of insured.

5. Administrative expenditure as estimated for the current fiscal year. This figure must be broken down into personnel cost (salaried of full and part-time officials of the association), tra-

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veling expenses, and other expenditures (supplies, repairs, budget of the association's assembly, and miscellaneous).

6. Estimated cost of nursing personnel's salaries (number and salaries of licensed Public Health Nurses and such other nurses and midwives employed as have not yet been licensed as Public Health Nurses) and the estimated cost of their travel.

7. Estimated cost of maintaining health facilities and preventive services.

8. Estimated cost of (educational) publicity.

9. Estimated revenue from membership contribution during the current fiscal year, total and per member.

10. Estimated cost during the current fiscal year of services and benefits, total and per insured.

11. Number of hospitals (if any) under direct management of the association.

Having received all applications, the prefectural Insurance Section shall prepare the following summary table, giving under each paragraph the number of associations, the number of insured, and the amount of money.

24 May - 30 May 1948

National Health Insurance

In accordance with the program of transferring matters of substantive rights now contained in cabinet orders to statutes as adopadopted by the Diet, a draft of a revised National Health Insurance Law was cleared without objection by Public Health and Welfare and received Cabinet approval for introduction in the Diet in the course of the present session. Aside from incorporating into law substantive and important procedural provisions heretofore contained in the Enforcement Ordinance, the revisions aim at a consolidation of this all-important program which covered at its height upward of 40,000,000 insured in more than 10,000 associations. Though suffering severe set-backs in the past year or two, it is still reported to cover over 30,000,000 people in about 7,000 active associations.

Whild restating the essentially voluntary charecter of the membership by making it optional with the residents of each city, town or village to decide by majority vote whether or not they wish to have National Health Insurance in their locality, the revisions, if passed by the Diet, will strengthen the foundation of the system in two ways. Firstly, they add a third to the present two types of insurer (National Health Insurance associations and other corporate bodies, such as agricultural cooperatives, administering National Health Insurance), to wit, local public bodies in the sense of the Local Autonomy Law, that is cities, towns and villages. In the revised law these local public bodies may elect through their assemblies to operate National Health Insurance as a city, town or village function Secondly, no

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matter whether National Health Insurance will be operated by the local public body or by either of the two existing semi-private types of agency, coverage is to include - with minor exceptions - all local residents not protected by other forms of social insurance.

An interesting innovation will be the National Health Insurance Operations Advisory Council, a citizens',advisory body to be created in those cities, towns, and villages administering National Health Insurance on a municipal basis and designed to keep in close touch on the one hand, with the insured and their problems, on the other hand, with the mayor and the city, town, or village assembly. A report of its activities and recommendations is to be published annually. The major provisions concerning contributions by, and serices to, the insured and arrangements for their provision remain in substance as they are, leaving the insurer of whatever type free to decide the method of financing (it being understood that sufficient funds must be collected from the insured to offer at least medical and, as a rule, also maternity and funeral services), determine the scope of benefits to be provided, and conclude agreements with the purveyors of medicaland allied services. The provision of the law giving the prefectural governor the power "in case of necessity" to order the establishment of a National Health Insurance association, will be eliminated.

Reports from the field indicate the interest expressed by several Military Government Teams in obtaining translations of the several social insurance lasw. In keeping with this request,an effort will be made to procure enough copies of a new translation of the National Health Insurance Law in its revises form, if and when it is passed by the Diet, for distribution to all Regional and Prefectural Military Government Teams.

17 - 23 May 1948

General

Pending completion of the current revision of statistical and reporting requirements under the several social insurance programs, it has been found that existing procedures for reports from the field would go a long way in providing the information desired if they were commonly observed and complied with. T he extent and frequency of failure to report and the number of undue delays in reporting vary regionally and from program to program. They appear to be laygest in National Health Insurance (Kokumin Kanko Hoken) and second largest in society-managed Health Insurance (Kenko Hoken-Kumiai)Kansho).

For the information of Military Government Team existing reporting requirements under the social insurance schemes for workers in private industry and the self-employed will be listed in successive issurd of this Bulletin. Those applying to National Health Insurance are listed below. Regular compliance therwith is a responsibility of the Insurance Section (Hoken Ka) of the Welfare Bureau (Minsei Bu) in all the prefectures.

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Reports required under the National Health Insurance program from each National Health Insurance Association are of two kinds, monthly and annual. It is the job of the prefectural Insurance Section to consolidate the reports fromthe associations into one and forward it to the Ministry of Welfare. Reportable data are is follows:

A. Monthly Report

1. Insurer (National Health Insurance Association of....., Agricultural Association of ....., other)

2. Number of "members" of the associations (heads of households only)

3. Number of "insured person" (dependents of the insured heads of households). Note: Items (2) and (3) are reportable as of the end of the current month and at the end of the preceding month with the intervening increase or decrease.

4 . Benefits provided during the month (number of cases, number of days, and cost thereof)

a. Medical care (broken down by hospitalized, ambulatory and dental)
b. Cash sickness benefit
c. Maternity benefit.
d. Nursing allowance
e. Funeral benefit
f. Total

5. Income (annual budget,actual income during current month, and cumulative income during current year up to and including current month) broken down according to:

a. Income from members' contributions (premium)
b. Members' shere of the cost of medical care received for which the association is reimbursed by the member (for himself or his dependents)
d. National subsidy
d. Prefectural subsidy
e. City, town and village subsidy
f. Transfers from association funds or reserves
g. Other incomes
h. Total

6. 6. Expenditure (annual budget, actual expenditure during current month, and cumulative expenditure during current year up to an and including current month) broken down according to:

a. Administrative expenditures
b. Medical care expenditures
c. Maternity expenditures
d. Nursing expenditures
e. Funeral expenditures
f. Expenditures for health facilities

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g. Other expenditures
h. Total-Note: Item (4), (5) and (6) call for explanatory remarks to accompany data presented wherever such seem indicated.

7. Balance (income minus expenditures)

8. Loan operations

a. Transfer from reserve fund
b. Transfer from previous month's balance

9. Consolidated balance at the end of the month.

10. Total income, expenditure and balance of association

11. Unpaid balance owed to doctors for medical care reveived by the association (totalled by month in which services were received)
Note: Monthly reports are due at the prefectural Insurance Section on the last day of the succeeding month and should reach the Welfare Ministry ten days later.

B. Annual and Budget Report

Information required in the annual report which also serves as current budget report is substantially the same as that reportable monthly. Additional items reauired annually are as follows:

1. Date of authorization of the association and date on which it started operations; number of people eligible to membership and rate of application; number of public health nurses at the beginning of the current fiscal year.

2. Income data are restricted to totals, broken down as above A, 5, (Plusan additional item: advances received on next fiscal year's income), but per-capitation of each figu re is required on the basis of the number of "members" reported. Also a comparison is required between the current fiscal year for which the report is made and the fiscal year for which accounts have been settled.

3. The same is true of expenditure date, see above A,6.

4. SO-called basic data for the budget are required including the following:

a. Number of "members" and "insured".
b. Duration of medical care benefit.
c. Ratios of medical care cost borne by the member and his dependents for each type of benefit and for all types combined.
d. Reserves at the beginning of the fiscal year and at the end of the last completed fiscal year. Note: These data likewise are required for the fiscal year under review and the fiscal year for which accounts have been settled. For example: The annual and

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budget report for the current fiscal year 1948-49 is due at the prefectural Insurance Section on 20 June. It must carry comparative data for the complted fiscal year of 1946-47. The compliation of all annual and budget data should reach the Ministry of Welfare on 30 June. (This concludes current reporting requirements under the National Health Insurance Program. Other programs will be discussed in subsequent issues of the Public Health and Welfare Weekly Bulletin).

3 - 9 May 1948

National Health Insurance

The All-Japan National Health Insurance Regorm League held a meeting in Tokyo on the 4th and 5th of May. This League is composed of voluntary representatives from the prefectural federations of associations. There were more than 200 persons present for the conference. Pertinent subjects discussed were: the objectives for rehabilitation of the entier program; improvement in the cooperation between the associations and the medical profession; the standardization of national subsidy; the uniform relationship of contribution rates to community income; the use of the visiting nurse in a professional rather than clerical capacity; inauguration of an extensive information and education program for the benefit of the insured; and the revisions necessary in the National Health Insurance Law.

4 - 10 October 1948

National Health Insurance

Observation in the field of current efforts to revive and reorganize National Health Insurance has yielded the following findings:

1. Meetings are being held in the Prefectures by representatives of cities, towns and villages of existing National Health Insurance associations, doctors, and other interested parties to determine the future course of National Health Insurance. Reportedly, large numbers of cities, towns and villages have expressed interest, through their representatives, in administering National Health Insurance on a municipal basis, as provided by the revised National Health Insurance Law. Likewise, a number of associations are reported to have indicated the intention of continuing in business in localities in which the municipality will not take over the administration of National Health Insurance.

2. Little appears to have been done, so far, to implement these professed intentions. The steps required are as follows:

a. In those instances in which the city, town or village intends to administer National Health Insurance, a resolution to this effect must be passed by the local assembly. If the local assembly does not favor municipal operation any National Health Insurance

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a. In those instances in which the city, town or village intends to administer National Health Insurance, a resolution to this effect must be passed by the local assembly. If the local assembly does not favor municipal operation, any National Health Insurance Association or other juridical person administering National Health Insurance, existing or to be created, may administer National Health Insurance in the locality concerned. To effect this it must call a general meeting to obtain the consent of the membership.

3. The Prefectural Insurance Section, in particular the Subsection for National Health Insurance, has charge of the publicity required to acquaint the parties concerned and the population at large with these amendments to the National Health Insurance Law which became effective 1 July.

It was found that in some prefectures little has been done with respect to this. In other prefectures the reorganization has been misrepresented as compulsory. According to the Law as amended , no locality or association or other juridical person is to operate a National Health Insurance program unless a majority of the local residents eligible to belong, or of their elected representatives in the city, town or village assemblies so desires. In this case, but only in this case, all eligible residents will be covered. While this is being encouraged, care must be taken not to give the appearance of compulsion.

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OFFICIAL GAZETTE

GOVERNMENT PRINTING BUREAU *ENGLISH EDITION* 昭和二十一年十一月三十日 第三種郵便物認可

EXTRA (1) SUNDAY, AUGUST 15, 1948

C.O. Ex.O. Adj. Det.CO Econ. Ed. Info. Lab. Leg. Wel. Hlth.

MINISTERIAL ORDINANCE

Ministry of Welfare Ordinance No. 38

Revised Enforcement Regulation (Ministerial Ordinance) to the National Health Insurance Law

Chapter I. General Provisions

Art. 1. In collecting insurance contributions and other charges according to the provisions of the National Health Insurance Law (hereinafter referred to as "Law" unless otherwise designated), the insurer, after fixing the sum of money to be collected, shall notify the assessee by a written statement describing the kind of charge, the amount to be paid, and the date and place of payment. However, in case of payment before issue of written notice, a notification may be given orally.

For all payments made, a receipts shall be issued to the insured describing the kind of charge, the amount paid, and the date and place of payment.

Art. 2. The insurer may provide injury allowance, delivery allowance or nursing allowance, or treat medically in nursing and other benefits in accordance with the ordinances of the city, town or village (hereinafter referred to as "ordinances".), articles or regulations according to Law Art. 8-2, Par. 2.

Art. 3. In case a licensed doctor of medicine, dentist, pharmacist or other intends to take charge of medical and allied care according to the provision of Law Art. 8-4, Par. 1, such person shall have to apply to the insurer by written application or orally.

In case the application mentioned in the preceding paragraph is done, the insurer, excepting special circumstances exist, shall not refuse this application of the purveyor of medical and allied care (hereingafter referred to as "the purveyor")

Those who intend to retire from the purveyors shall have to notify the insurer of the date of retirement by a letter at least one month previous to the day on which to be retired.

Art. 4. In the written application for approval according to the provision of Law Art. 8-5, a copy of written agreement conferred between the insurer and the purveyor shall have to be annexed.

Art. 5. In case the amount of the medical care fee in accordance with the provision of Law Art. 8-5 is fixed, the insurer shall have to publish without delay following items. It is the same in case there is a change:

1. Name of the purveyor of medical and allied care and designation of hospital, medical care office or pharmacy.
2. Name of branch of medical care.
3. Place where medical and allied care is provided.
4. Other necessary articles concerning the medical care for the insured.

In case the insurer designates others who are in charge of providing benefit, besides medical and allied care, the insurer shall have to publish the information in accordance with the preceding paragraph.

Art. 6. The insure shall have to deliver medical care cards to the insured.

Art. 7. In case the insured intend to get the medical and allied care, they shall have to present medical care cards to the purveyors. However, in an unavoidable case, they shall have to present them without delay after such case elapsed.

In case a purveyor had a medical care, he or she shall have to return the medical care card presented according to the provision of the preceding paragraph to the insured without delay.

Irrespective of the provision of first paragraph, as to the presentation of medical cards special provision may be made in accordance with ordinances, articles or regulations.

Art. 8. In case any insured intends to be supplied with medicine by a pharmacist who is a purveyor, the insured shall have to present a prescription delivered by a licensed doctor of medicine or dentist who is a purveyor.

Art. 9. In case the insurer receives a claim for amount of cost necessary to medical care or other benefit from a purveyor or from a person who gave the benefit other than that of medical care, the insurer shall have to pay them without delay.

Art. 10. Necessary matters concerning medical care or supply of medicine by a purveyor shall be fixed in separate regulations.

Art. 11. The scope of health facilities according to the provision of Law Art. 8-9 is as follows:

1. Facilities for the prevention of communicable diseases, parasideses and other diseases.
2. Facilities for preventive medical examination.
3. Other facilities for the protection of maternity, sucklings and infants.
4. Facilities on the improvement of nutrition.
5. Facilities on the preservation and improvement of health.

Art. 12. The insurer shall have until 15th of the next month to report the undertaking activities monthly to the governor of Tokyo Metropolis, Hokkaido or the prefecture (hereinafter referred to as "governor of prefecture", except as specified in Art. 96).

Art. 13. The certificate card according to the provision of Law Art. 54-(2) shall have the form in appendix.

Chapter II. The City, Town or Village Which Administers the National Health Insurance

Section 1. Ordinances

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Art. 14. To the written application for making or changing ordinances according to the provision of Law Art. 81-(2), Par. 2, the following documents shall have to be annexed. However, to the written application for the change of ordinances, unnecessary documents mentioned in following items 2 to 4 may not be annexed:

1. Copy of the minutes of the assembly relating to the making of the ordinances for National Health Insurance.
2. Estimate of the revenue and expenditure in the special account of the National Health Insurance.
3. Plan of operations relatng to the National Health Insurance.
4. Papers showing the basis of calculating insurance contributions.

Art. 15. In case the approval of establishing, changing, or abrogating ordinances according to the provisions of Law Art. 81-(2), Par. 2 is made, the governor of prefecture shall have to publish the name of city, town or village concerned, and the date of approval. It is the same in case there is a change of the articles made.

Art. 16. In case the approval of establishing the ordinances according to the provision of Law Art. 8 (12), Par. 2 is made, the Mayor of the city, town or village shall have to publish the ordinances without delay. It is the same in case there is a change in ordinances or approval of abrogation.

Art. 17. To the written application for the approval of abrogating the ordinances according to the provision of Law Art. 8 (12) Par. 2, following documents shall have to be annexed:

1. Reasons in written form.
2. Copy of the minutes of the assembly relating to the abrogation of the ordinances of the National Health Insurance.
3. The list of the actual property relating to the National Health Insurance prepared within one month previous to the application for the approval.
4. Statement of account of revenue and expenditure in special account of the National Health Insurance and method of disposition of its property.

Art. 18. In case the approval of abrogating the ordinances according to the provision of Law Art. 8 (12), Par. 2 is made, the city, town or village shall complete the statement of account in special account of the National Health Insurance and the disposition of its property without delay, and shall have to report its result to the Governor of prefecture.

Section 2. Miscellaneous Provisions

Art. 19. The budget of revenue and expenditure in special account of the National Health Insurance according to the provision of Law Art. 8 (16) shall have to be reported to the Governor of prefecture by the end of February in the previous fiscal year.

In case budget is amended or added, it shall have to be reported to the Governor of prefecture, on all such occasions.

Art. 20. The city, town or village may, as to the special account concerning National Health Insurance, lay by reserved fund, according to the provisions of the ordinances.

Art. 21. The Mayor of the city, town or village shall keep on file at the administrative office the ordinances relating to national Health Insurance, the list of the actual property and reports of operations and minutes of the assembly.

Art. 22. The Mayor shall submit for approval to the assembly a report of operations and a settlement of the accounts of National Health Insurance.

The report of the operations and the settlement of accounts shall have to be reported to the Governor of prefecture without delay after the approval of the assembly has been given.

In cace, according to the provisions of the preceding two paragraphs, the report of the operations is laid before the assembly for approval, or is reported to the Governor of prefecture, the list of the actual property at the end of the same fiscal year shall have to be annexed to it.

Art. 23. In case the matters, upon which the city, town or village must obtain the approval of the Governor of prefecture, according to the provisions of Law or this Ministerial Ordinance, or the matters which must be reported to the Governor of prefecture, have been those which passed the resolution or approval of the assembly, the copy of the minutes shall have to be annexed to the written application for approval of the report. However, in case the mayor of the city, town or village decided on his own authority the matters requiring the resolution or approval of the assembly, a paper by the mayor stating the reasons of the decision on his own authority shall be annexed in place of the copy of the minutes of the assembly.

Art. 24. The city, town or village shall prepare the ledger of the insured.

Art. 25. In case the city, town or village makes, changes or abrogates the provisions necessary to administering the National Health Insurance, other than that provided by the ordinances, it shall report to the Governor of prefecture, and moreover, shall have all the insured of the city, town or village know it well.

Chapter III. National Health Insurance Association

Section 1. Establishment

Art. 26. The following documents shall be annexed to the written application for the establishment of the Association:

1. Articles of the Association.
2. Written programs of the operations.
3. Letter denoting the basis of calculating insurance contributions.
4. Documents clear enough to show that there has been consent of half of more of those persons who have the qualification to be members of the Association.

In case promotors intend to establish General National Health Insurance Association, they shall annex a copy of the minutes of the assembly of the city, town or village concerned relating to establishing Association to the written application for approval mentioned in the preceding paragraph, and shall present this through the Mayor of the city, town or village concerned.

Art. 27. The budget for revenue and expenditure of the first fiscal ayer shall be settled by promotors and it shall have to be approved by the Governor

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of prefecture at the same time with the written application for approval mentioned in the first paragraph of the preceding Article. However, the written application for approval of establishing the General National Health Insurance Association shall have to be through the Mayor of the city, town or village concerned.

Art. 28. The Governor of prefecture shall have to, in case he approves the establishment of the Association, publish the following items:

1. Name of the Association.
2. Place of the office.
3. The area of the Association (the scope of membership of the Association in case of a Special National Health Insurance Association.)
4. Date of the approval.

Art. 29. In case the establishment of an Association is approved, promotors shall have to publish the articles of the Association without delay.

Art. 30. In case the establishment of an Association is approved, promotors shall have to call Association Assembly and report the process of the establishment of the association and budget of revenue and expenditure of the first fiscal year and other important matters.

Art. 31. The duty of directors shall be substituted by promotors till the assumption of office by directors is made after the establishment of the Association.

Art. 32. The expenses needed for the establishment of the Association shall be a charge on the Association after the establishment of the Association.

Section 2. Association Assembly

Art. 33. It shall be a rule that the election of board-members of an Association shall be done by voting.

Voting shall be by secret ballet and it is limited that one person can cast one ballot.

Art. 34. As regard to the election of board-members, electorial district may be established by the articles of the Association.

The area of electorial district, the number of board-members to be elected from every electorial district or other necessary matters regarding electorial districts shall have to be fixed by the articles of the Association.

Art. 35. In case of a vacancy in required number of board-members, the vacancy shall be filled by an elected person according to the method specified in Art. 45.

In case there is an sufficient member of elected persons available to meet the provisions of the preceding paragraph, or in case the number of vacancies surpass one-fifth of the fixed number of board-members, another election to fill vacancies shall have to be executed.

In case election is execured according to the provision of Art. 46, or Art. 48, Par. 2, even though the number of the fixed number of the vacancies of the board members does not surpass one-fifth of the fixed number of board-members, an election to fill vacancies shall also be executed at the same time.

Art. 36. The directors shall have to publish the place of election, the date of voting and official count of votes, and the number of board-members to be elected by the twentieth day before the date of elections.

Art. 37. One of directors shall be the presiding officer of the election and he shall open or close election meeting and be in charge of its control.

The directors shall have to nominate two to four persons for inspectors of election from among members of the Association.

Art. 38. A member of the Association shall, at the polling station, write down in his own hand the name of one person who is to be elected in a ballot paper and deposit it in a ballot-box within the time of ballot on the day of the election.

The ballot paper standarized by the directors shall have to be used.

Art. 39. The following ballot shall be invalid:

1. A vote which is not given in the prescribed form;
2. A vote on which the name of person who is now filling the post of a board-member is written;
3. A vote on which the names of two or more persons to be elected are written;
4. A vote, whereby it is unascertainable on the face of the ballot whom the voter has intended to vote for;
5. A vote on which the name of a person who is not qualified to be a board-member is written;
6. A vote on which, besides the name of a person to be elected, anything, except status, prefession, residence or honorific title or the like, is written;
7. A vote on which the name of a person to be elected is not written by the voter himself.

Art. 40. The validity of the vote shall be decided by inspectors of election. In case the vote of the inspectors is a tie, the presiding officer of election shall have to decide it.

Art. 41. In the election of board-members, a person who has polled the majority of valid votes shall be elected; provided, however, that he shall be required to have polled the number of the votes which is one-sixth or more of the quotient which shall be obtained by dividing the total number of the valid otes by the fixed number of board-members.

If, in determining the elected person according to the provision of the preceding paragraph, an equality of votes is found to exsit, the presiding officer, of election shall determine him by the drawing of lots.

Art. 42. The presiding officer of election shall have to prepare a record of election in which he shall have to state the particulars relating to the election meeting and attach his signature thereto together with the signatures of the inspectors of election.

The record of election shall be preserved together with votes and documents concerned during the term of office of board-members.

Art. 43. When the elected person have been determined, the directors shall have to forthwith give such persons notification of their having been duly elected.

In case an elected person declines to accept office, he shall, within five days from the day on which he receives a notification of his having duly been elected, have to file notice thereof to the directors.

Art. 44. In case a board-member takes up the post, the directors shall have to publish the information thereof without delay. It is the same when board-member retires or dies.

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Art. 45. In case elected persons have declined to accept office, have lost their qualifications of board-members or have not remained members of the Association, or died after the date of election, those persons who got the votes according to the proviso of Art. 41, Par. 1 and have not been elected shall be elected persons in order.

Art. 46. In case the number of elected persons required to be board-members is not sufficient, a new election shall have to be held to elect a sufficient number within three months.

Art. 47. In case there is a risk of producing a change in the results of election by violating the law or ordinance of the election of board-members or the articles of the Association any member of the Association may, within thirty days after the election in the case of the validity of the election and within thirty days after the publication mentioned in Art. 44, in the case of the validity of a member elected, file a protest on the validity of the election or the validity of a member elected with the Governor of prefecture.

In case any member of the Association makes the protest mentioned in the preceding paragraph, he shall have to present it to the Governor of prefecture through the Association. In this case the Associaton shall have to pass on the said protest to the Governor of prefecture with the opinion of the Association together within seven days.

During the time when investigation is being conducted, the board-member shall not lose their right to attend the board conferences and to participate in the proceedings, prior to the time of the determination of the validity of the election.

Art. 48. In case there is the withdrawal of election, a new election shall have to be held within three months.

In case election is valid but person has been elected in error, a new elected person shall have to be determined according to the method provided in Arts. 45 and 46.

Art. 49. Besides those that are provided in the Law or this Ministerial Ordinance, matters concerning the fixed number, qualification and election of board-members shall be according to what is provided in the articles of the Association.

Art. 50. The Association assembly shall have to be called by the directors.

In case demand for calling an Association assembly, by showing the matters to be the object of the assembly, has been made by one-third or more of the fixed number of board-members, directors shall have to call the assembly.

The calling of the Association assembly shall be made, notifying the matter to be the object of the assembly, at least three days before the day of the opening of the assembly, except in case where an urgent action is required, the number of days may be less than three.

In case there arises any urgent matter during the session of the assembly, the directors may submit the matter to the assembly immediately.

Matters concerning the opening or closing of an Association assembly shall be determined by the Association assembly.

Art. 51. The term of office of the chairman of an Association assembly shall be the same as that of the boardmembers.

Art. 52. The chairman of boardmembers shall keep order at the assembly hall, arrange the proceedings, rule the business of the Association assembly and represent the assembly.

Art. 53. If the chairman of board-members is absent or unable to act, an acting-chairman shall be elected and the assembly may entrust to the acting-chairman the exercise of the duties of the chairman. However, the assembly may entrust the appointment of the acting-chairman to the chairman.

Art. 54. If, in case an election of chairman or acting-chairman of board-members is to be held, and there fails to be a person who shall perform the duties devolving upon the chairman, a senior board-member shall provisionally take charge of the duties devolving upon the chairman.

Art. 55. The chairman of members of the Association assembly may retire from office upon obtaining the approval of the assembly.

Art. 56. No conference shall be commenced at session of the Association assembly unless a majority of the board-members are present thereat, expect in case where the number of board-members is less than half of the fixed number thereof in consequence of the exclusion as prescribed in the provision of Art. 59.

Art. 57. The proceedings of the Association assembly shall be decided by the majority of the board-members who are present at the assembly, and in case the vote on an issue is a tie, the chairman may decide it.

In the case contemplated in the preceding paragraph, the chairman has no right to vote as a board-member of the assembly.

Art. 58. The proceedings of the segregation, amalgamation or dissolution of the Association or the change of the articles of the Association shall be decided by the majority of two-thirds or more of the fixed number of board-members.

Art. 59. The chairman or any board-member of the assembly shall not take part in the proceedings at an assembly relating to business concerning the personal interests of his own; provided, however, that he may attend and speak at such assembly, upon obtaining the consent of the Association assembly.

Art. 60. Each board-member shall have to attend the assembly and cast their own vote.

Art. 61. The board-members may retire from office upon obtaining the approval of the Association assembly.

Art. 62. Any member of the Association may attend the sessions of the Association Assembly, except when Association Assembly decides the session is a closed conference.

Art. 63. The chairman shall have to prepare the minutes of the assembly and sign them with two or more other board-members who attended the assembly.

Art. 64. The Association assembly shall have to regulate separately the necessary matters concerning the assembly conference.

Section 3. The Officials

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Art. 65. If a director ship is vacant, a new director to fill the vacancy shall have to be elected.

The director elected to fill the vacancy shall remain in office for the remaining term of office of his predecessor.

Directors shall have to perform their duties till nomination of their successors, even after the expiration of their term of office.

Art. 66. In case there are no special provisions in the articles of the Association, the business of the Association shall be decided by the majority of directors, and in case the vote on an issue is a tie the chief of directors may decide it.

Art. 67. Directors shall have to furnish the business office of the Association, with the articles of Association, list of the actual property, reports of the operations, ledger of the Association, and the minutes of the Association assembly.

In case any member of the Association requests to inspect the record mentioned in the preceding paragraph, the directors shall not be allowed to decline the inspection unless there is proper reason.

Art. 68. When a chief of directors or directors accept their post duties, the assembly shall publish the information without delay. It is the same when they retire or die.

Section 4. Financial Affairs

Art. 69. The fiscal year of the Association shall be the same as the fiscal year of the government.

Art. 70. The Association shall have to draw up the budget of revenue and expenditure in every fiscal year and apply of approval to the governor of prefecture by the end of February in the preceding fiscal year.

In case a budget is amended or an addition is made to it, the change shall have to be submitted for approval to the governor of prefecture on all such occasions.

The sum of money fixed in each part of budget shall not be reallocated to other parts.

The sum of money fixed in each item of a part may be reallocated to other items of the same part through the resolution of the Association assembly.

Art. 71. The Association may establish long term expenditure through the resolution of the Association assembly.

Art. 72. The Association shall have to establish reseve funds to appropriate for the disbursement exceeding the budget or for the disbursement outside the budget.

Reserve funds shall not be allowed to be appropriated for expenditure rejected by the Association assembly.

Art. 73. The receipts and expenditure of the Association for a fiscal year shall be closed on May 31 of the following fiscal year.

Art. 74. The Association shall, till the sum of money amounts at least to the average sum of the preceding three fiscal years of the expenditure needed for insurance benefits services, have to lay by the amount of money corresponding to five-hundredths or more of the said average sum from the surplus of every fiscal year (in case the surplus does not amount to the five-hundredths of the said average sum, the whole amount of it) as reserve funds.

The reserve funds within the limit of the preceding paragraph shall not be allowed to be used unless there happens to be a shortage in money needed for insurance benefits services.

Art. 75. The method of taking charge of reserve funds and other property shall have to be fixed by the articles of the Association.

Art. 76. The Association may, in case there happens to be a shortage of cash money for disbursement, appropriate and use cash money belonging to the reserve funds or receives a loan temporarily.

The sum of money used by appropriation or by a temporary loan as stated in the preceding paragraph shall be refunded during the current fiscal year.

Section 5. Segregation, Amalgamation and Dissolution

Art. 77. On the written application for the approval of the amalgamation of Associations, the name of each of Associations to be amalgamated and the number of its members and, also, the name of the Association to be continued to exist or to be newly established after the amalgamation, shall have to be described, annexed with the following documents:

1. Written program of operations after the amalgamation.
2. A list of the actual property of each of the Associations within one month previous to the application for the approval.
3. A copy of minutes of the assembly of the city, town or village concerned relating to the amalgamation (except for a Special National Health Insurance Association).

In case there is any Association to be continued to exist after the amalgamation, a written application for the approval for any change in the rules accompanying the amalgamation shall have to be made at the same time with a written application for the approval of the amalgamation.

The written application for the approval mentioned in the preceding two paragraphs shall have to be presented through the Mayor of the city, town or village concerned; excluding, however, the case of Special National Health Insurance Association.

Art. 78. The articles and the budget of revenue and expenditure in the first fiscal year of the Association established by the amalgamation shall have to be decided by co-operation of the persons elected by each of the Associations, and written application must be submitted for approval to the Governor of prefecture through the Mayor of the city, town or village concerned; excluding, however, the case of Special National Health Insurance Association.

To the written application mentioned in the preceding paragraph, the letter denoting the basis of the calculation of the insurance contributions shall have to be annexed.

The application for the approval of articles and budget shall have to be made at the same time with the application for the approval of the amalgamation.

Art. 79. On the written application for the approval of the segregation of an Association, the name of the Association to be segregated, the one that is to continue in existence, the one to be established through

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the segregation and the number of the members of each of them shall have to be stated, annexed with the following documents:

1. Written program of operations of each of the Associations after the segregation.
2. A list of the actual property of each of Associations to be segregated, within one month previous to the application for the approval.
3. A copy of minutes of the assembly of the city, town or village concerned relating to the segregation (except for a Special National Health Insurance Association).

The written application for the approval of segregation mentioned in the preceding paragraph shall have to be presented through the Mayor of the city, town or village concerned, excluding, however, the case of Special National Health Insurance Association.

The provision of Art. 77, Par. 2 shall be applied correspondingly to the application for the approval of changes in the articles accompanying the segregation of the Association which is to continue its existence after the segregation.

Art. 80. The articles and the budget of revenue and expenditure in the first fiscal year of the Association established by the segregation shall be decided by the persons who have been elected from among those who are to be the members of the same Associaton, and written application must be submitted for approval by the Governor of prefecture through the Mayor of the city, town or village concerned, excluding, however, the case of Special National Health Insurance Association.

To the written application for the approval of the articles mentioned in the preceding paragraph, a letter denoting the basis of the calculation of the insurance contributions shall have to be annexed.

The application for the approval of articles and budget mentioned in the first paragraph shall be made at the same time with the application for the approval of the segregation.

The application for the approval of the limit of right and duty to be succeeded by the Association established by the segregation shall have to be made at the same time with the application for the approval of the segregation.

Art. 81. To the written application for the approval of the dissolution, of the Association the following documents shall have to be annexed:

1. Reasons in written form.
2. A list of the actual property within one month previous to the application for the approval.
3. Statement of account for the current fiscal year.
4. Method of liquidation and that of disposition of its property.

In the case of a General National Health Insurance Association, the written application for the approval mentioned in the preceding paragraph, shall have to be annexed with a copy of minutes of the assembly of the city, town or village concerned relating to the dissolution of the Association, and it shall have to be presented through the Mayor of the city, town or village concerned.

Art. 82. In case a General National Health Insurance Association is regarded as having been approved for the segregation according to the provision of Law Art. 54, Par. 2, the Association established by the segregation or continued to exist after the segregation shall have to be approved by the Governor of prefecture through the Mayor of the city, town or village concerned, and the application for approval shall be annexed to the following documents on the limit of right and duty succeeded by the Association:

1. Name of the Association established by the segregation or continued after the segregation.
2. Number of members of Association.
3. Written program of operations of the Association after the segregation.
4. A list of the actual property of the Association which is regarded as having being segregated and approved, within one month previous to the application for the approval.

The written application for the approval mentioned in the preceding paragraph shall have to be presented at the same time as the application for the approval to make the ordinances respecting National Health Insurance.

Art. 83. In case an Association has been dissolved due to a shortage in the number of its members, those who were directors of it shall have to notify the Governor of prefecture without delay, annex the notice with the following documents:

1. Name of the Association.
2. Date of its dissolution.
3. Reason in written form.
4. A list of the actual property at the time of the dissolution and the number of members of Association at that time.

Art. 84. The Governor of prefecture, in case he has given the approval of the segregation or the amalgamation of an Association, shall have to publish the following articles relating to the Association established or discontinued by the segregation or the amalgamation:

1. Name of the Association.
2. Location of its office.
3. District of the Association (in case of Special National Health Insurance Association, the scope of its membership).
4. Date of the approval.

In case the Association has been dissolved, the governor of prefecture shall have to publish the information according to the example of the preceding paragraph.

Art. 85. The provisions of Arts. 29, 30 and 31 shall be applicable correspondingly to the Association established by the amalgamation or the segregation: however, "the promoter" in the same Article shall be those who have been appointed or elected in accordance with the provision of Art. 78 or Art. 80.

Art. 86. In case an Association has been amalgamated or segregated, the directors or those who have been directors shall, without delay, have to hand over the business of it to the directors of the Association established or continued by the amalgamation or the segregation.

When the handing over of the business has been completed, the information shall have to be reported to the Governor of prefecture within five days from the day of its completion, with the joint signature of those who have handed over and taken over.

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The notification mentioned in the preceding paragraph shall have to be through the mayor of the city, town or village concerned: excluding however, the case of Special National Health Insurance Association.

Art. 87. To the written application for approval of liquidation and disposal of property according to the provision of Law Art. 37, Par. 4, in case of General National Health Insurance Association, a copy of minutes of assembly of the city, town or village concerned shall have to be annexed.

The written application for the approval of liquidation and disposal of property according to the provision of the preceding paragraph shall have to be presented at the same time with the application for the approval of the dissolution of the Association or with the application for the approval to make the ordinances respecting National Health Insurance.

When the liquidation has been completed, the liquidators shall have to report the results to the governor of prefecture.

The report mentioned in the preceding paragraph shall have to be through the mayor of the city, town or village concerned: excluding, however, any case of Special National Health Insurance Association.

Section 6. Miscellaneous Provisions

Art. 88. In case the matters, on which the Association should obtain the approval of the Governor of prefecture according to the provisions of Law or of this Ministerial Ordinance, and through the decision of the Association assembly, a copy of the minutes of the assembly shall have to be annexed to all written applications.

In case the matters which are to be applied for approval are decided by the directors on their own authority, a letter stating the reasons for the decision on their own authority shall have to be annexed to all written applications.

Art. 89. To a written application for the approval of the change of the articles relating to the change of the district of the Association on the scope of the membership of the Association, the written program of operations after the change of the articles shall have to be annexed.

Art. 90. To a written application for the approval of the change of the articles relating to the change of the insurance contributions, a letter denoting the basis of the calculation shall have to be annexed.

Art. 91. When the approval of the change of the articles has been given, the directors of Association shall have to publish the information without delay.

Art. 92. The report of operations and the settlement of accounts shall have to be presented to the assembly of the Association within four months after the current fiscal year has passed for approval by the assembly.

The report of the operations and the settlement of accounts shall have to be presented to the Governor of prefecture without delay after the approval of the Association assembly has been given.

In case, according to the provisions of the preceding two paragraphs, the report of the operations is presented to the Association assembly for approval, or is presented to the Governor of prefecture, the list of the actual property at the end of the same fiscal year shall have to be annexed to it.

The report mentioned in the second preceding paragraph shall have to be presented through the Mayor of the city, town or village concerned: excluding, however, any csae of Special National Health Insurance Association.

Art. 93. The Association shall have to prepare the ledger of the insured persons, the revenue-book, the expenditure-book and cash accounting-book.

Art. 94. The Association, in case it has made, amended or cancelled the provisions necessary to administering the National Health Insurance, besides those provisions stipulated by the articles ahsll have to report the changes to the Governor of prefecture without delay, and at the same time, shall have each member of the Association know the changes well.

The report mentioned in the preceding paragraph shall have to be through the mayor of the city, town or village concerned: excluding, however, any case of Special National Health Insurance Association.

Art. 95. In case the chief of directors has accepted his duty, retired from the post or died, the Association shall have to report the information to the Governor of prefecture without delay.

The report mentioned in the preceding paragraph shall have to be made through the Mayor of the city, town or village; excluding, however, any case of Special National Health Insurance Association.

Art. 96. In this Chapter "the Governor of prefecture" shall read "the Welfare Minister" in case the Association extends over two or more Tokyo Metropolis, Hokkaido or prefectures.

Chapter IV. Corporate Juridical Person Administering the National Health Insurance

Art. 97. To the written application for the approval to administer the National Health Insurance, according to the provisions of Law Art. 37-2, Par. 1, the following documents shall have to be annexed:

1. Articles of the corporate juridical person.
2. Copy of the minutes of the general assembly of its members or of the assembly which is to be taking place of it according to the regulations.
3. Regulations respecting the National Health Insurance.
4. Written program of the operations.
5. Letter denoting the basis of calculating the insurance contributions.
6. Letter denoting the condition of joining of the heads of the households in the district.
7. Documents relating to the condition of the operations and the revenue and the expenditure.
8. Copy of the minutes of the assembly of the city, town or village concerned relating to administering the National Health Insurance.

The written application for the approval mentioned in the preceding paragraph shall have to be presented through the mayer of the city, town or village concerned.

Art. 98. The Governor of prefecture, in case he has given permission according to the provision of Law Art. 37-2, Par. 1, shall have to publish the following items:

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1. Name of corporate juridical person.
2. Location of business office.
3. District of corporate juridical person.
4. Date of permission.

Art. 99. The corporate juridical person administering the National Health Insurace, in case there is a change in its name, location of the business office and the district, shall have to report to the governor of prefecture without delay through the mayor of the city, town or village concerned.

Art. 100. To the written application for the permission of discontinuance according to the provision of Law 37-(2). Par. 3. the following documents shall be annexed and shall have to be presented to the Governer of prefecture, through the Mayor of the city, town or village concerned:

1. Reasons in written from.
2. A list of the actual property on hand within one month previous to the application of the permission.
3. Statement of account for the current fiscal year and the method of disposition of its property.
4. Copy of minutes of the assembly of the city, town or village concerned relating to corporate juridical person's discontinuance.

When the statement of accounts and the method of disposition of property are completed, after the permission of discontinuance is given, the information shall have to be reported to be the Governor of Tokyo Metropolis, Hokkaido or prefecture, without delay, through the mayor of the city, town or village concerned.

Art. 101. To the written application for the approval of the statement of accounts and disposition of the property, the following documents shall be annexed and shall have to be presented to the governor of prefecture through the mayor of the city, town or village concerned:

1. A list of the actual property relating to the National Health Insurance within one month previous to the application for permission of discontinuance, cancellation of the permission, or the dissolution.
2. A copy of minutes of the assembly of the city, town or village concerned.

The application for approval according to the provision of the preceding paragraph shall have to be presented with the application for permission of discontinuance, and without delay in case the permission of the corporate juridical person to administer National Health Insurance is cancelled by the Governor or the corporate juridical person effected the dissolution.

Art. 102. In case the approval according to the provision of Law Art. 37-7 is given, the representative or liquidator of the corporate juridical person concerned shall complete the statement of account and disposition of its property without delay, and shall report that result to the Governor of prefecture through the Mayor of the city, town or village concerned.

1. A list of the actual property relating to National Health Insurance within one month previous to the report.
2. Statement of account for the current fiscal year and the method of disposal of the property relating to National Health Insurance.

The report mentioned in the preceding paragraph shall have to be made at the same time with the application for the approval to establish the ordinances administering the National Health Insurance by the proper city, town or village.

The corporate juridical person shall, in case the statement of account and the disposal of its property is completed after the report mentioned in the first paragraph was made, have to report its result without delay to the governor of prefecture.

The report mentioned in the first paragraph or the report in the third paragraph shall have to be through the mayor of the city, town or village concerned.

Art. 104. The Governor of prefecture shall, in case he is given a permission of discontinuance according to the provision of Law Art. 37-2, Par. 3, a cancellation of permission according to the provisions of Law Art. 45, and Art. 46 or regarded as the permission of discontinuance is given, according to the provisions of Law Art. 54, Par. 1 or Par. 3, have to publish the following items:

1. Name of corporate juridical person.
2. Location of business office.
3. Date when permission of discontinuance, cancellation of permission was made or permission of discontinuance was regarded as given.

Art. 105. In case the corporate juridical person that received the pormission of discontinuance according to the provision of Law Art. 37-(2), Par. 1 dissolved, the information shall have to be reported to the Governor of prefecture through the Mayor of the city, town or village concerned, annexed with the following documents:

1. Name of corporate juridical person.
2. Location of business office.
3. Date of discontinuance.

Art. 106. In case the report mentioned in the preceding Article is made, the Governor of prefecture shall have to publish the following items:

1. Name of corporate juridical person.
2. Location of business office.
3. Date of discontinuance.

Art. 107. The change in regulations of National Health Insurance shall have to be made by resolution of the general assembly of the members or of the assembly which is substituted for it.

Art. 108. The provisions of Arts. 27, 29, 67, 69, 76, 88 and 90-96 shall be correspondingly applicable to the corporate juridical person administering the National Health Insurance. However, in Art. 27 and Art. 29 "promoter" shall read "proper juridical person," in Art. 29, Art. 67, Par. 1, Arts. 75, 90, 91 and Art. 94, Par. 1 "articles" shall read "regulations of National Health Insurance" and in Art. 67, Par. 1 "ledger of the Association" shall read "ledger of works of National Health Insurance."

Chapter V. The National Health Insurance Federation

Art. 109. To the written application according to the provision of Law Art. 38, Par. 1, the following docu-

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ments shall have te be annexed:

1. Articles of Federation.
2. Written program of the operations.

Art. 110. The budget of revenue and expenditure in the first fiscal year shall be decided by the insurers who are going to establish the Federation in co-operation, and shall have to be approved by the governor of prefecture.

The application for the approval mentioned in the preceding paragraph shall have to be made at the same time with the application for the establishment of the Federation.

Art. 111. The insurers who are to be members of a Federation, in case they intend to establish a Federation according to the provision of Law Art. 38, Par. 1, shall appoint a person who take the post of director after the Federation is established and until the director takes official post. and shall have to report this information to the Governor of prefecture.

The report mentioned in the preceding paragraph shall have to be made at the same time when the application for the approval to establish the Federation is made.

Art. 112. If, in case an election as mentioned in the provisions of Law Art. 41, Par. 4 is to be held. and the fails to be a person who shall perform the duties devolving upon the chairman, a senior board-member shall provisionally take charge of the duties devolving upon the chairman.

Art. 113. The provisions of Arts. 28, 32, 50, 52-55, 57-59, 63-73, 75, 76, 77, Pars. 1 and 2, 78, Par. 1, mian sentence, and Pars. 3, 79, Pars. 1 and 3; 80, Pars. 1 main sentence, Pars. 3 and 4; 81, Pars. 1, 83-87, Par. 3; 88 and 91-96 shall be applicable correspondingly to the Federation. However in Art. 50, Par. 2 "fixed number of board members" shall read "board members" and in Art. 67, Par. 1 "ledger of the Association" shall read "ledger of the Federation", and in Art. 77, Par. 1 "item 3", in Art. 78, Par, 1 main sentence and in Art. 80, Par. 1, main sentence "through the Mayor of the city, town or village", in Art. 79, Par. 1 "item 3", in Art. 86 " Par. 3" in Art. 92 "Par. 4", in Art. 93" ledger of the insured", in Art. 94, Par. 1 "and at the same time, shall have every member of the Association know it well", and in the same Article "Par. 2" and in Art. 95 "Par. 2" shall be deleted respectively.

Supplementary Provision:

Art. 114. This Ministerial Ordinance shall be put into force on the day of promulgation and shall be applied as of July 1, 1948.

Appendix

No.

Date of Deliverance;.....

Welfare Ministry or Name of Prefecture

Government Post or Name of One's Duty:

Name:

National Health Insurance Law

(Abstracted)

Art. 54-2. In case the Minister of Welfare or the Governor of Tokyo Metropolis, Hokkaido or the prefecture deems it necessary with respect to Insurance benefits, he may have the competent national government officials or local public body officials inspect medical treatment records and account books,.....

Fold

Art. 56, Par. 3. Those who reject, disturb or evade the inspection of the competent government official or local public body officials, provided by Art. 54-2 shall be given a jail sentence or in fine of not more 5,000 *yen*.

Note: This certificate shall have about 8 cm. in length and about 10 cm. in width, befolded in two at the central dotted line and have the characters "Certificate of Examination of the National Health Insurance" on the surface.

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File 6

HEALTH INSURANCE Speech given to Insurance meeting 26 Aug

The fundamental of the Insurance system is to keep people from going broke when serious illness strikes in their homes. A catastrophe of serious illness with unexpected doctor and hospital bills can wreck a lifetime of frugal planning. It is our desire to protect ordinary families from being wrecked by the cost of seriousness illness. Sudden serious illness is a wrecker of homes. It seems important to me that the people understand how insurance can help them to keep serious illness from wrecking homes. I doubt whether many citizens really know the whole problem of sickness and health in their community. We have accepted the broad principal that no one will be left to sicken and die for lack of help because they cannot afford treatment. No one questions this principal.

We accept the idea that people who fall sick, xxxx with any one of dozens of ailments can be treated free of cost through our health centers and out patient clinics but we go still further we accept the principal that a breadwinner who is injured while he labors shall be treated for his injuries and paid during his days of enforced iddleness. This workman's compensation is met by levy on the employers through an insurance system, but the simple fact is that we all help pay for it and the purchase prices of the goods and services that we buy. Our unemployment insurance provides benefits for workers who loose wages because they are sick. After we have solved the problems of mutual sharing of the costs of sickness and injury on a wide scale there is another important problem to be solved. To help families of moderate income so that the costs of seriousness illness will not

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push them down into a lower social group.

Economic disaster is always close to the middle bulk of society that does most of the hard work. The welfare of this bulk is important. Society loses its stability when one of these families is compelled to give up its self reliance.

Tragedy is familiar to all of us, for instance families can be in similar circumstances as this one, a husband and wife had a son and daughter. The children doing excellent work in school. The husband had his home and a fine record, then the mother came down with a serious ailment. It was cureable but meant months of hospital care and expensive treatment. By the time she was well enough to care for her familiy again they had lost their home and had borrowed all the money they could. The strain was too much for the husband and he drank too much, he lost his job, and his fine record.

The real question is how can we help families of moderate income to have means and foresight to protect themselves against the tragic consequences of unexpected serious illnesses.

Any change that will improve a plan before or after it is adopted is welcomed. Minimum changes have been made to make sure people in modert circumstances will not be ruined by seriousness illness.

We must have faith that our instutions are so practical, so adjustable and so responsive to every situation that we can make them fully serve our needs. I think that it is very important that something be done about the catastrophe of sudden serious illness in the homes. We have now an opportunity to do this through our revised social insurance system.

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Welfare Section File No. 6

Date 17 August

By Mrs. Jones

Organization contacted Health Insurance Sect Contacted Persons Mr. MASUOKO
Mr. AYANO

Compiled MG

Purpose:

Pertinent Facts

Since the National Health Insurance Law has been revised as of 1 July, the mayors and headmasters of towns and villages are to be responsible for the administering of the program. A meeting of all such persons plus the Riji of the National Health Insurance League is to be held 1330c, 26 August, and it is desired that Lt. Everstreet attend and encourage stronger insurance programs. The place has not been settled as yet.

Comments & Suggestions

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Pertinent Facts

Comments & Suggestions

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PHYSICAL INVENTORY OF MOTOR VEHICLES

(except bicycles and materials handling equipment)

Reporting command

Address

Reports Control Symbol

CSGSP-(OT)-163

Item No. (a)	Nomenclature (b)	Serviceable		Unserviceable but repairable (e)
		Unused (c)	Used (d)	

DA AGO FORM R-5533
6 NOV 47

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NATIONAL HEALTH INSURANCE

Insurance systems created by the Japanese Government prior to the occupation, and which may be characterized as social insurance or related thereto, are the following:

Health Insurance (1922) A compulsory system for certain industrial, mining, commercial and transportation employees; paying limited cash benefits during incapacitation and providing medical and dental care, maternity care, and funeral expences. This type of insurance was further expanded in 1934.

National Health Insurance (1938) A program in extension of "Health Insurance" and sponsoring voluntarily organized health associations which are supported by members' premiums and a government subsidy; providing medical care and hospitalization to the rural population.

Seamen's Insurance (1939) A composite social insurance program for seamen ~~with provision for~~ providing medical care, limited cash benefits to the insured seamen for sickness, invalidity due to occupational accidents, ~~and in~~ old age, ~~and~~ to his surviving dependents, and funeral expenses.

Welfare Pension Act (Formerly "Workers' Annuity Insurance") (1941) A compulsory system for practically the same groups as are covered by "Health Insurance" ~~and~~ providing cash benefits for old age, permanent disability, and aid to survivors on death.

Employers' Liability Insurance (1931 and revised in 1941) A system of compensation for occupational disabilities, providing medical care and cash benefits to injured workers in engineering, construction and lumber industries, and assistance to survivors of such workers.

Post Office Insurance and Annuities Two programs administered by the Ministry of Communications ~~and which are~~ comparable to the usual life and endowment or retirement commercial policies, but due to their extremely wide application (over 91 million policies with more than 26 billion yen face-value are currently effective), consideration must be given to these systems in appraising the social insurances.

252
1260

Form PH-4

WEEKLY CIVILIAN COMMUNICABLE DISEASE REPORT
HEADQUARTERS EIGHTH ARMY
Office of the Surgeon
Military Government Section
APO 343

ORGANIZATION SUBMITTING REPORT: _____

PERIOD OF REPORT: From _____ To _____, incl. AREA OF REPORT: _____

List of all major geographic subdivisions in AREA OF REPORT	POPULATION	REPORTED NUMBER OF NEW CASES & DEATHS OF COMMUNICABLE DISEASE																			
		Chancroid		Cholera		Dengue		Diphtheria		Dysentery, Amoebic		Dysentery, Atypical		Dysentery, Bacillary		Ekiri		Epidemic Encephalitis		Filariasis		Gonorrhea	
		C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D
TOTAL																							

1. If no cases or deaths are reported — Use "O"
2. If no report is received — Use "NR"

Eighth U.S. Army Printing Plant
(Boonjudo)

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POINTS TO BE STRESSED:

1. There is no reason to believe that a system of National Health Insurance can not succeed. Difficulties will always be encountered in a period of inflation or national economic instability. However, when national economy has been stabilized, such a system has every chance of success.

2. National Health Insurance is important because it involves the rural areas of Japan, areas notorious for the inadequacy of medical care when collective action was not in effect.

3. Corrective measures must fall in to two categories: temporary and long-term.

4. Temporary measures include the granting of larger appropriations from the national treasury, but in the long run, to avoid socialization if for no other purpose, adjustment of any existing disparity must be by means of an increased premium.

5. There must be greater coordination among the individual associations, within the National Health Insurance and between this form of insurance and other forms, in order to more efficiently utilize existing facilities as well as future developments.

6. Understanding between the Association officials and the members of the doctors' associations with a view toward improving medical ethics and establishing standards of treatment would be beneficial. By this means also competent
7. doctors might be induced to serve in areas where no treatment is at present possible.

7. In the United States the investment of insurance companies funds is standard practice. Relatively safe, conservative investments may or may not be the usual procedure over here.

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It has been decided by SCAP that the system of National Health Insurance needs revision. Under the influence of the inflationary trend many of the individual societies have been forced to discontinue benefits or are operating only in token fashion. The physicians comprising the board of "insurance doctors" have been criticised, the criticism probably based upon the fact that they are refusing to treat or neglecting by means of poor treatment their insured patients, prefering the private patient who is able to pay more. As a result the patients are complaining and giving up their insurance rights.

Several measures have been advocated to correct this condition. As early as February of this year the low patient census in health insurance hospitals and sanatoriums caused a survey of procedures and operations. As a result, a revision in the hospital and sanatorium procedures was directed in an effort to increase efficiency in the use of equipment, facilities, and professional personnel. Each institution surveyed was found to be well staffed and sufficiently financed to render service to a larger number of people. Heads of governmental insurance departments have initiated a program to bring about a cooperative plan among all governmental insurance agencies in making efficient use of insurance hospitals and sanatoriums.

In June at a Tokyo conference attended by representatives of PH&W and CI&E and two which Japanese correspondents were invited to attend, it was emphasized that the National Health Insurance was definitely in need of considerable rehabilitation and financial aid in order to prevent collapse of the program. It was felt that National Health Insurance is an important part of the over-all social insurance program because of its effects on the economic stabilization of Japan. The following points were indicated as necessary for keeping the program alive and to increase its efficiency for the benefit of the Japanese people.

1. Substantial increase in the central government's subsidy.
2. A long term, low-interest loan from the Welfare Pension reserve fund.
3. Establishment of dispensaries or procurement of existing dispensaries, including those of the All-Japan Medical Treatment Corporation.
4. Coordination and standardization of all health insurance benefits of the various social insurance schemes with the view toward a unified system.

The possibility of achieving an immediate coordination and cooperation between the Health and National Health Insurance programs was clearly shown in a plan now operated by a factory in the vicinity of Tokyo. This factory had built a rather large hospital at the beginning of the war which now far exceeds its requirements. In order to utilize the facilities of the hospital, the National Health Insurance Associations of eight nearby towns and the Health Insurance Association of the factory have organized a cooperative association. The members come to this hospital for their treatments as out-patients as well as for their hospitalization needs, for which their respective Associations reimburse the hospital at the standard insurance rate. Each association involved

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has elected representatives to a council which meets with representatives of the hospital and company in formulating the over-all policies.

In July the request of the Ministry of Welfare for a supplemental appropriation of ¥1,400,000,000 for National Health Insurance was not granted by the Ministry of Finance or the Cabinet. However, there has been ¥177,000,000 authorized, with the possibility that another ¥100,000,000 may be authorized following further reports on the condition of the program. The important pints to be covered by the additional appropriation are: an increase in salary for visiting nurses; an increase in pay for doctors on full time basis in National Health Insurance clinics and hospitals; a subsidy for establishing more clinics; and an increase in salary for administrative personnel in National Health Insurance Associations.

The Diet has created a Welfare Committee which has taken up the problems of the National Health Insurance program as one of its most important subjects. Already representatives from various prefectures of these Associations have visited the Committee to inform them as to the difficulties and problems facing this program.

A partial survey conducted out of PH&W, SCAP indicated that approximately 10% of the associations have suspended operations during the year 1946. The principal reasons given were the increased cost in medical care by private physicians, the deficiency of medical supplies, the neglect by government in rendering adequate assistance, and the lack of a clinic for medical examination and group treatment. There are some indications that efficient operation may be served in certain instances at least by a central clinic for rendering economical group medical care.

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There are at present 195 National Health Insurance Societies in the whole of Miyagi Prefecture. The Federation of National Health Insurance Associations in Miyagi Prefecture has been founded for the attainment of their common objectives. These societies were organized voluntarily, based upon the National Health Insurance Law of 1938; societies encompass geographical districts, namely village, town or city. All such districts in this prefecture now have such a society with the exception of Sendai and Shiogama. At present these two cities have under consideration the establishment of such a society.

It appears that as of June 1946 at least, practically all the inhabitants of the rural areas (Miyagi Prefecture excepting Sendai and Shiogama cities) were covered by National Health Insurance. The head of each household become a member of the society and is required to contribute to the society in the form of premiums; the remaining members of the household benefit as insured individuals. Benefits of the society are in the form of medical care and hospitalization including maternity benefits and funeral benefits. Certain societies have expanded their benefits to include visiting nurse service, distribution of drugs and nurseries.

The Governor, under the supervision of the Minister of Health and Welfare, exercises control over all the societies in the prefecture. He appoints the board of "insurance doctors" from those medical practitioners willing to treat the insured persons at an agreed-upon scale of remuneration. The rates of premiums are fixed by each society according to the rates of household taxes paid by that individual.

In June 1946 the following conditions existed:

No of societies	195
No of members	141,540
No of insured persons	943,564
No of insurance doctors appointed	832

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File 6

FLÓ (48)-720

MIYAGI PREFECTURAL GOVERNMENT

27 July 1948

SUBJECT: Expenses Paid Out in Connection With National Health Insurance.

TO : Lt. OVERSTREET,
Miyagi Military Government Team.

Inclosed for your information is Prefecture expenditure during June disbursed from the expense source set aside for the National Health Insurance administration.

YOSHIO MATSUOKA

Chief
Insurance Section.

DISBURSEMENT MADE IN CONNECTION
WITH NATIONAL HEALTH INSURANCE

(For June 1948)

Item	Budget	Disbursement			Balance
		June	Total up to May	Cumulative Total	
Expense for Prefectures employees	169,868	16,113,04	21,523,08	37,636,12	132,231,88
Expense for officials	169,868	16,113,04	21,523,08	37,636,12	132,231,88
Salaries for officials	40,200	7,206,60	9,000,00	16,206,60	23,993,40
2nd class salaries	13,800	0	0	0	13,800,00
3rd class salaries	26,400	7,206,60	9,000,00	16,206,60	10,193,40
Wages	16,320	2,419,80	3,072,00	5,491,80	10,828,20
Wages for employees	16,320	2,419,80	3,072,00	5,491,80	10,828,20
Allowances and other additionals	70,998	2,354,44	3,451,08	5,805,52	65,192,48
Allowance for employment place	18,002	1,004,44	1,387,20	2,391,64	15,650,36
Committee meeting allowance	8,100	0	0	0	8,100,00
Family allowance	43,200	1,350,00	1,800,00	3,150,00	40,050,00
Overtime allowance	1,696	0	263,88	263,88	1,432,20
Travelling expense	30,000	4,132,20	6,000,00	10,132,20	19,867,80
Ordinary travelling expense	30,000	4,132,20	6,000,00	10,132,20	19,867,80
Expense for covering consumption	6,700	0	0	0	6,700,00
Stationery expense	4,500	0	0	0	4,500,00
Fuel expense	900	0	0	0	900,00
Food-stuff expense	400	0	0	0	

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Wages	16,320	2,419,80	3,072,00	5,491,80	10,828,20
Wages for employees	16,320	2,419,80	3,072,00	5,491,80	10,828,20
Allowances and other additionals	70,998	2,354,44	3,451,08	5,805,52	65,192,48
Allowance for employment place	18,002	1,004,44	1,387,20	2,391,64	15,650,36
Committee meeting allowance	8,100	0	0	0	8,100,00
Family allowance	43,200	1,350,00	1,800,00	3,150,00	40,050,00
Overtime allowance	1,696	0	263,88	263,88	1,432,20
Travelling expense	30,000	4,132,20	6,000,00	10,132,20	19,867,80
Ordinary travelling expense	30,000	4,132,20	6,000,00	10,132,20	19,867,80
Expense for covering consumption	6,700	0	0	0	6,700,00
Stationery expense	4,500	0	0	0	4,500,00
Fuel expense	900	0	0	0	900,00
Food-stuff expense	400	0	0	0	400,00
Expense for consumptive articles and materials	900	0	0	0	900,00
Office expense	3,850	0	0	0	3,850,00
Printing and bookbinding expense	250	0	0	0	250,00
Communication expense	1,800	0	0	0	1,800.00
Repair expense	900	0	0	0	900,00
Rents	900	0	0	0	900,00
Expense for furniture and equipments	1,800	0	0	0	1,800,00

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Expense for Prefecture office furniture and equipment	1,800	0	0	0	1,800,00
Expense for social and labour institutions	264,210	0	0	0	253,210,00
Expense for social insurance	264,210	0	0	0	253,210,00
Allowance and other additionals	19,200	0	0	0	19,200,00
Committee meeting	16,200	0	0	0	16,200,00
Awards and bonus	3,000	0	0	0	3,000,00
Wage	250	0	0	0	250,00
Wage for laborers	250	0	0	0	250,00
Expense for awards	70,000	0	0	0	70,000,00
Awards	70,000	0	0	0	70,000,00
Travelling expense	42,850	0	11,000,00	11,000,00	31,850,00
Ordinary travelling expense	42,850	0	11,000,00	11,000,00	31,850,00
Expense for covering consumption	9,210	0	0	0	9,210,00
Stationery	5,000	0	0	0	5,000,00
Fuel	970	0	0	0	970,00
Food-stuff	3,240	0	0	0	3,240,00
Office expense	67,700	0	0	0	67,700,00
Printing and book-binding	60,800	0	0	0	60,800,00
Communication	6,000	0	0	0	6,000,00
Rents	900	0	0	0	900,00
Subsidy and delivery	55,000	0	0	0	55,000,00
Subsidy for National Health Insurance					

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additionals	19,200	0	0	0	19,200,00
Committee meeting	16,200	0	0	0	16,200,00
Awards and bonus	3,000	0	0	0	3,000,00
Wage	250	0	0	0	250,00
Wage for laborers	250	0	0	0	250,00
Expense for awards	70,000	0	0	0	70,000,00
Awards	70,000	0	0	0	70,000,00
Travelling expense	42,850	0	11,000,00	11,000,00	31,850,00
Ordinary travelling expense	42,850	0	11,000,00	11,000,00	31,850,00
Expense for covering consumption	9,210	0	0	0	9,210,00
Stationery	5,000	0	0	0	5,000,00
Fuel	970	0	0	0	970,00
Food-stuff	3,240	0	0	0	3,240,00
Office expense	67,700	0	0	0	67,700,00
Printing and book-binding	60,800	0	0	0	60,800,00
Communication	6,000	0	0	0	6,000,00
Rents	900	0	0	0	900,00
Subsidy and delivery	55,000	0	0	0	55,000,00
Subsidy for National Health Insurance Unions	55,000	0	0	0	55,000,00

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File b

NATIONAL HEALTH INSURANCE NURSES

DATE

DAILY REPORT OF HOME VISITING

District Village The name of public nurse belongs to National insurance association (Farmer association) Date employed	Population of Community No. of members of Unions No. of insured No. of public nurses	No. of insured per a nurse In community Direct clinics No. of hospitals Private doctors Midwives

Classificatior \ day		
Home Visiting		
Pregnant woman		
Infant		
Pre-school		
School child		
Investigation		
Prevention		
Absence		
Death		
Others		
Total.	No. of homes	
	All members	
T.B.		
V.D.		
Infection		
Mentalcase		
Connected Visit		
School		
Clinic		
Health center		
Welfare committee		
Industry shop		
Institution of social service		
Other		
Grand Total		