

Law No. _____

Date _____

THE WELFARE COMMISSIONER LAW
(MINSEI-IIN HO)

Article 1. The welfare commissioners (Minsei-iin) shall be engaged in the work of protection and guidance with the spirit of serving the community, and shall endeavour to promote the social welfare.

Article 2. The welfare commissioners shall endeavour at all times to cultivate their personality and outlook, and to acquire knowledge and technique necessary for the execution of their duties.

Article 3. The welfare commissioners shall be established in the area of the city (including the special ward; and the same shall apply hereinafter), town or village.

Article 4. The quota of the welfare commissioners shall be determined by the prefectural governor for each area as provided in the preceding article, using the standards fixed by the Minister of Welfare, and after securing the opinion of the headman of the city, town or village (including the headman of the special ward; and the same shall apply hereinafter) who has jurisdiction over the area.

Article 5. The welfare commissioners shall be commissioned by the Minister of Welfare, upon recommendation of the prefectural governor.

As provided in the preceding paragraph, the prefectural governor shall recommend those persons whose names were submitted by the welfare commissioner nomination conference (Minsei-iin Suisen Kai) established in each city, town and village, after the opinion of the welfare commissioner screening conference (Minsei-iin Shinsa Kai) established in each prefecture has been secured.

Article 6. In nominating candidates for welfare commissioners, the welfare commissioner nomination conference shall nominate persons who have the right of vote for the members of the assembly of the city, town or village (including the assembly of the special ward; and the same shall apply hereinafter), who have a good personality and outlook, who have wide knowledge of the circumstances of the community, who are earnestly interested in the promotion of social welfare, and who are also suitable to be the child welfare workers under the Child Welfare Law (Law No. 164 of 1947).

Article 7. The prefectural governor, when he recognizes that a candidate nominated by the welfare commissioner nomination conference is not suitable to be a welfare commissioner, may order the conference to submit a new nomination, after he has secured the opinion of the welfare commissioner screening conference.

In the case of the preceding paragraph, if the welfare commissioner nomination conference does not submit a new nomination within twenty days of the order, the prefectural governor may, after securing the opinion of the headman of the city, town or village concerned and the opinion of the welfare commissioner screening conference, choose a person whom he recognizes as suitable to be a welfare commissioner, and recommend him to the Minister of Welfare.

Article 8. The welfare commissioner nomination conference shall be composed of a chairman and several members.

The members of the conference shall be commissioned by the headman of the city, town or village, from among any of those who are members of the assembly of the city, town or village, or those who are concerned in the operation of social work, or those who are men of learning and experience, after the headman has secured the opinion of the assembly of the city, town or village. Provided, however, the number of those to be commissioned from among the assemblymen shall be limited to one fourth of the total member of the members of the conference.

The members of the conference shall be those who have the right of vote for the members of the assembly of the city, town or village.

The chairman shall be elected by and from among the members of the conference.

Necessary matters concerning the welfare commissioner nomination conference, such as the term of office of the chairman and the members, the duties of the chairman, other than those provided in the four preceding paragraph, shall be fixed by cabinet order.

Article 9. The welfare commissioner screening conference shall be composed of a chairman and members of nine or less in number.

The prefectural governor shall commission the members from among any of those who are members of the prefectural assembly, or those who are concerned in the operation of social work or in child labour, or those who are men of learning and experience. Provided, however, the number of those to be commissioned from among the assemblymen shall be limited to three persons.

The members of the conference shall be those who have the right of vote for the members of the prefectural assembly.

The chairman shall be elected by and from among the members of the conference.

Necessary matters concerning the welfare commissioner screening conference, such as the term of office of the chairman and the members, the

duties of the chairman, other than those provided in the four preceding paragraphs, shall be fixed by cabinet order.

Article 10. The welfare commissioners shall be honorary appointments. Their tenure of office shall be for three years.

Article 11. In case a welfare commissioner falls under any one of the items listed below, the Minister of Welfare, on advice from the prefectural governor, may dismiss him, inspite of the provisions in the preceding article:

- 1) When there is hindrance for the execution of his duties, or when he is unable to execute duties.
- 2) When he neglects his duties, or when he violates his obligation to his post.
- 3) When he commits a bad conduct not befitting the welfare commissioner.

The prefectural governor shall obtain concurrence of the welfare commissioner screening conference in submitting the advice as provided in the preceding paragraph.

Article 12. In the case as provided in para. 2 of the preceding article, the welfare commissioner screening conference shall give notice to the individual beforehand that a further screening will be conducted.

The welfare commissioner who received such a notice may state his opinion to the welfare commissioner screening conference within two weeks after the date on which he received the notice.

When the opinion is stated as under the provisions of the preceding paragraph, the welfare commissioner screening conference shall listen to the opinion stated prior to screening.

Article 13. The welfare commissioners shall execute their duties by areas or by specific matters fixed within the areas of the city, town or village.

Article 14. The duties of the welfare commissioners shall be as follows:

- 1) To conduct investigations at all times and to be fully familiar with the condition of living.
- 2) To give proper protection and guidance to those who need protection.
- 3) To keep close contact with social institution and to aid the functions thereof.

The welfare commissioners shall, in addition to the duties provided in the preceding paragraph, give guidance for living in accordance with necessity.

Article 15. The welfare commissioners, in executing their duties, shall respect the personality of the individuals, keep their private matters secret, deal out no discriminatory or preferential treatment to persons of different race, creed, sex, social status or family history, and shall be rational in handling cases with due consideration of actual circumstances.

Article 16. The welfare commissioners shall not take advantage of their official position for political parties or for political purposes.

The welfare commissioner who violated the provisions of the preceding paragraph shall be dismissed under the provisions of Article 11 and Article 12.

Article 17. The welfare commissioners shall be under the command and supervision of the prefectural governor concerning their duties.

The headman of the city, town or village may order the welfare commissioners to prepare data on persons requiring protection, and in addition he may give necessary directions to the welfare commissioners concerning their duties.

Article 18. The prefectural governor shall, in accordance with the stipulations of the Minister of Welfare, set up plans for leadership and training of welfare commissioners and put such plans into operation.

Article 19. The prefecture shall establish officials who will engage in the leadership and training of the welfare commissioners.

The officials provided in the preceding paragraph shall be appointed from among those who have learning or experience in social work.

Necessary matters concerning the officials provided in the first paragraph shall be fixed by cabinet order.

Article 20. The welfare commissioners shall organize a welfare commissioner council (Minsei-iin Kyogi Kai) in each area which the prefectural governor shall decide after securing the opinion of the headman of the city, town or village.

In deciding areas in which the welfare commissioner councils will be organized, as provided in the preceding paragraph, the city, area shall be divided into several areas, while the entire town or village shall be an area, except where any special circumstances exist.

Article 21. In each welfare commissioner council, one standing commissioner (Jomu-iin) shall be established.

The standing commissioner shall be elected by and from among the welfare commissioners who compose the welfare commissioner council.

The tenure of office of the standing commissioner shall be for one year, provided, however, he may be elected again.

The standing commissioner shall manage the standing business of the welfare commissioner council, represent it, and shall act as the chairman of the council.

The necessary matters concerning the standing commissioner other than those provided in the four preceding paragraphs shall be fixed by cabinet order.

The standing commissioners shall organize a standing commissioner council (Jomu-iin Kyogi Kai), in accordance with the stipulations fixed by cabinet order.

Article 22. The prefectural governor may, if he thinks it necessary, cause the headman of the city, town or village concerned (the headman of the ward in the cities of Kyoto, Osaka, Yokohama, Kobe and Nagoya; and the same shall apply hereinafter) or other suitable persons to join in the organization of the welfare commissioner council.

The headman of the city, town or village concerned or a person so authorized by the said headman shall attend the welfare commissioner council and state his opinion.

Article 23. The welfare commissioner council shall meet more than once each month.

Article 24. The duties of the welfare commissioner council shall be as follows:

- 1) To fix the areas or the specific matters to be assigned to the welfare commissioners.
- 2) To coordinate and control the duties of the welfare commissioners.
- 3) To collect necessary data or information.
- 4) To cause the welfare commissioners to mutually encourage one another and to make studies and cultivate themselves concerning their duties.
- 5) To deal with any other matters necessary for the execution of duties by the welfare commissioners.

The welfare commissioner council may submit to the various governmental authorities concerned such opinions as considered necessary concerning the execution of duties of the welfare commissioners.

Article 25. The city designated by the Minister of Welfare shall establish a welfare commissioner office, under provisions fixed by cabinet order, in each area of the welfare commissioner council, in order to provide facilities for the disposition of business of the welfare commissioner council and for those need protection.

Full-time, specialized officials shall be placed in the welfare commissioner office, provided in the preceding paragraph.

The provisions of para. 2 and para. 3 of Article 19 shall be applied to the officials provided in the preceding paragraph.

Article 26. The expenses for the welfare commissioners, the welfare commissioner nomination conference, the welfare commissioner screening conference, the welfare commissioner council and the standing commissioner council, and for leadership and training of the welfare commissioners shall be borne by the prefecture.

Article 27. The expenses for the welfare commissioner office, as provided in Article 25, shall be borne by the city.

Article 28. The national treasury shall, under qualifications and standards fixed by the Minister of Welfare, grant one half of the expenses for the following items:

- 1) The expenses borne by the prefecture under the provisions of Article 26.
- 2) The expenses borne by the city under the provisions of Article 27.

Article 29. The prefecture shall, under qualifications and standards fixed by the Minister of Welfare, grant one fourth of the expenses borne by the city under the provisions of Article 27.

SUPPLEMENTARY PROVISIONS

Article 30. The present Law shall come into force as from the date of its promulgation.

Article 31. The Welfare Commissioner Ordinance (Minsei-iin Rei) (Imperial Ordinance No. 426 of 1946) shall be repealed.

Article 32. The persons who hold the post of welfare commissioners at the time of the enforcement of the present Law shall be deemed to have been commissioned to be the welfare commissioners under the present Law. Provided, however, the term of office of these welfare commissioners shall be for

three years since the date of the enforcement of the present Law.

Article 33. The persons who hold the post of members of the welfare commissioner nomination conference or the welfare commissioner screening conference under the Welfare Commissioner Ordinance at the time of the enforcement of the present Law shall be deemed to have been commissioned to be members of the welfare commissioner nomination conference or the welfare commissioner screening conference under the present Law. Provided, however, their tenure of office shall be fixed by cabinet order.

Article 34. A part of the Daily Life Security Law (Law No. 17 of 1946) shall be amended as follows:

The reference to "the Welfare Commissioner Ordinance" appearing in Article 5, of the Daily Life Security Law shall be amended to read "the Welfare Commissioner Law."

Article 35. A part of the Child Welfare Law shall be amended as follow:

The reference to "the Welfare Commissioner Ordinance" appearing in para. 3 of Article 12 of the Child Welfare Law shall be amended to read "the Welfare Commissioner Law."

Cabinet Order No. 226

For the Enforcement of the Minsei-iin Law

The Cabinet hereby stipulates the Enforcement Order of the Minsei-iin Law (Law No. 198 to 1948) as authorized by the said Law.

Article 1. The term of office of the chairman of the Minsei-iin nomination committee (Minsei-iin Suisen-iin Kai) shall be determined by the Minsei-iin nomination committee.

The term of office of the members of the nomination committee shall be for three years. Provided, that the term of office of the member newly commissioned to fill a vacancy shall be for the remainder of the term of his predecessor.

In the case a member falls under any of the items listed below, the headman of the city, town or village (including the headman of the special ward; and the same shall apply hereinafter) is authorized to dismiss him, after securing the opinion of the assembly of the city, town or village (including the assembly of the special ward):

- 1) When there is hindrance for the execution of his duties, or when he is unable to execute his duties.
- 2) When he has committed malfeasance not befitting a member.

When a member takes advantage of his official position for political parties or for political purposes, he is to be dismissed under provisions of the preceding paragraph.

Article 2. The chairman of the Minsei-iin nomination committee shall preside over the general affairs of the committee.

When the chairman is prevented from performing his duties, a committee member designated beforehand by the Minsei-iin nomination committee shall act for him.

Article 3. The chairman of the Minsei-iin nomination committee shall convene the meeting and act as the chairman.

Article 4. The presence of more than half of the members shall be required for the Minsei-iin nomination committee to come to order.

Article 5. The conclusion of the discussion shall require a majority vote. When the votes are equally divided, the chairman shall cast the deciding vote.

Article 6. The Minsei-iin nomination committee shall have less than three each of secretaries and clerks to be appointed by the headman of the city, town or village.

CABINET ORDER
NO. 226 8/10/48
ENFORCEMENT
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The secretaries shall manage general affairs under the direction of the chairman, the clerks shall handle matters as instructed by the chairman and secretaries.

Article 7. Necessary matters concerning the Minsei-iin nomination committee, such as the fixed number of the members of the Minsei-iin nomination committee, etc., other than those provided in each of the preceding articles, shall be stipulated by the headman of the city, town or village.

Article 8. The term of office of the chairman of the Minsei-iin screening committee (Minsei-iin Shinsa Kai) shall be determined by the Minsei-iin screening committee.

The term of office of the members of the Minsei-iin screening committee shall be for three years. Provided, that the term of office of the member newly commissioned to fill a vacancy shall be for the remainder of the term of his predecessor.

In case a member falls under any of the items listed in Article 1, para. 3, the prefectural governor may dismiss him even during the tenure of office.

When a member takes advantage of his official position for political parties or for political purposes, he is to be dismissed under the provisions of the preceding paragraph.

Article 9. The provisions in Articles 2 to 5 inclusive shall apply, mutatis mutandis, to the Minsei-iin screening committee.

Article 10. The Minsei-iin screening committee shall have less than five each of secretaries and clerks to be appointed by the prefectural governor.

The secretaries shall manage the general affairs of the committee as directed by the chairman, and the clerks shall handle matters as instructed by the chairman and secretaries

Article 11. Necessary matters concerning the Minsei-iin screening committee, such as the fixed number of the members of the committee, etc., other than those provided in the three preceding articles, shall be stipulated by the prefectural governor.

Article 12. The officials as provided in Article 19, para. 1 of the Minsei-iin Law shall be the second class or the third class administrative or technical officials who qualify for any of the following items:

- 1) Persons who have studied courses on social work designated by the Minister of Welfare in any university, upper

secondary school or any of the miscellaneous schools (which requires graduation from any upper secondary school for enrollment) under the School Education Law (Law. No. 26 of 1947) and graduated therefrom;

- 2) Persons who have studied courses on social work designated by the Minsei-in in any university under the University Ordinance (Imperial Ordinance No. 388 of 1918) or any college under the college Ordinance (Imperial Ordinance No. 61 of 1903) and graduated therefrom;
- 3) Persons who have graduated from any institution for the training of personnel to engage in social work which is designated by the Minister of Welfare;
- 4) Persons who have had experience in operative functions of social work over two years.
- 5) Persons who have been judged by the prefectural governor to qualify as being of a similar standing as those stated under each of the preceding items.

Article 13. The Minsei-in council may establish, when necessary, less than three assistant standing commissioners (Fuku Jomu-in) in order to assist the standing commissioner. (Jomu-in)

The assistant standing commissioners shall be elected by and from among the Minsei-in.

The tenure of office of the assistant standing commissioners shall be for one year. Provided, however, they may be reelected.

When the standing commissioner is hindered from his duties, a Minsei-in designated beforehand by the Minsei-in council shall act for him. Provided, however, if the assistant standing commissioners (Jomu-in) have been established under the provisions of para. 1 above, an assistant standing commissioner designated beforehand by the standing commissioner council shall act for him.

Article 14. The standing commissioners from each of the Minsei-in councils in the city (including the special ward; and the same shall apply hereinafter) shall organize a standing commissioner council for the area of the city concerned, in order to coordinate their functions. Provided, however, when a Minsei-in council is organized for a city as one area, the standing commissioner of such a council shall join the organization of the standing commissioner council which is established in the area of the local administrative office (Chiho-jimusho) or of the prefectural branch office designated by the prefectural governor.

The standing commissioners (Jomu-iin) from the Minsei-iin councils of the towns and villages shall organize a standing commissioner council in each area of the local administrative office or of the prefectural branch office which has the jurisdiction over the towns and villages concerned, in order to achieve coordination of their duties.

The chairman of the standing commissioner council shall be elected by and from among the standing commissioners who compose the standing commissioner council concerned.

Article 15. In the Minsei-iin office (Minsei-iin Jimusho) as provided in Article 25 of the Minsei-iin Law the following staff shall be placed; Office chief; Staff members.

The office chief shall be appointed by the mayor of the city from among the public officials who qualify under Article 16.

The office chief shall manage the business of the office under direction and supervision of the mayor of the city.

Article 16. As to the qualifications of the full time public officials as provided for in Article 25, para. 2 of the Minsei-iin Law, the provisions in Article 12 above shall apply, mutatis mutandis. In this case, the reference, in the same Article, to "the second class or the third class administrative or technical officials" shall read "the officials" and the reference, in item 5 of the same Article, to "the prefectural governor" shall read "the mayor of the city".

Supplementary Provisions

Article 17. The present cabinet order shall come into force as from the date on which the Minsei-iin Law is conforced.

Article 18. Under the provisions of Article 33 of the Minsei-iin Law, the tenure of office of persons who were commissioned as members of the Minsei-iin nomination committee or as members of the Minsei-iin screening committee shall be for two years from the day on which the Minsei-iin Law is enforced.

Even in the case of the preceding paragraph, the application of the provisions of Article 1, paras. 3 and 4 or of Article 8, paras. 3 and 4 is not prevented.

Imperial Ordinance No. 426

The Welfare Committee Ordinance

Art. 1. The Welfare Committee shall, for the promotion of social welfare, be engaged in the matter of protection and guidance, with the spirit of benevolence.

Art. 2. The welfare Committee shall be established in the district of a city (where there are wards in the Metropolis of Tokyo, the district shall be the district of a ward; and the same shall be hereinafter), town or village.

Art. 3. The fixed number of a Welfare Committee shall be decided by the Prefectural Governor for each district of cities, towns and villages. In collecting the opinion of the headman of the city, town or village concerned (where there are wards in the Metropolis of Tokyo, the headman shall be the headman of a ward)

Art. 4. The Welfare Committee shall be commissioned by the Minister of Welfare upon recommendation of the Prefectural Governor.

The recommendation of the Prefectural Governor as provided in the preceding paragraph shall be given of those who are members of the Welfare Committee. The headman of the city, town and village, has recommended, and after the opinion of the Committee to select the Welfare Committee, set up in the Metropolis, Prefecture and Prefectures, has been collected.

The respective organizations of the Committee to recommend the Welfare Committee and the Committee to select the Welfare Committee, which are provided in the last paragraph, shall be decided by the Minister of Welfare.

Art. 5. The Welfare Committee shall be honorary posts, and their tenure of office shall be for two years, provided that if there is any special reason, the Committee may be relieved even during the tenure of office.

Art. 6. The members of the welfare Committee shall perform their functions according to the districts and matters in their charge in the district of the city, town or village in question.

Art. 7. The functions of the member of the Welfare Committee shall be as follows:

- 1) To make investigation into the condition of life.
- 2) To give proper protection and guidance to those who need protection.
- 3) To keep close contact with social institutions, and to aid the functions thereof.

The members of the Welfare Committee shall, in addition to the functions as provided in the preceding paragraph, give guidance of life, in compliance with necessity.

Art. 8. The Welfare Committee shall be under the command and superintendence of the Prefectural Governor in the matter of their functions.

Art. 9. The Welfare Committee shall be organized in every district which the Prefectural Governor shall decide, upon collecting the opinion of the headman of the city, town or village concerned (where there are wards in the Metropolis of Tokyo, the headman shall mean the headman of a ward).

In case of deciding the district, in which the Welfare Committee shall be organized as provided in the preceding paragraph, a city district shall be a divided district of the whole district of the city, and a town or village district shall be the whole district of the town or village, except where any special circumstances exist.

Art. 10. The Prefectural Governor may, if he thinks it necessary, cause the headman of the city, town or village concerned (where there are wards in the Metropolis of Tokyo, and in the Cities of Kyoto, Osaka, Yokohama, Kobe and Nagoya, the headman shall mean the headman of a ward; and the same shall apply hereinafter) and other proper persons to join the Welfare Committee.

The headman of the city, town or village concerned, or a person so authorized by the said headman may attend the Welfare Committee and state his opinion.

Art. 11. The duties of the Welfare Committee shall be as follows:

- 1) To decide the district or the matter in charge of the members of the Welfare Committee.

- 2) To keep the connection and control concerning the functions of the members of the Welfare Committee.
- 3) To collect necessary data and information.
- 4) To cause the members of the Welfare Committee to mutually encourage, study and cultivate concerning their functions.
- 5) To deal with any other matters necessary for the performance of the functions by the members of the Welfare Committee.

The Welfare Committee may submit to the various Governments concerned such opinions as considered necessary in respect of the functions of the members of Welfare Committee.

Art.12. The headman of the city, town or village concerned may give the members of the Welfare Committee such indications as necessary in respect of their functions.

Art.13. The expenses concerning the members of the Welfare Committee, the Committee to recommend the Welfare Committee, the Committee to select the Welfare Committee and the Welfare Committee itself shall be borne by the Metropolis, Hokkaido and Prefectures.

Art.14. Such provisions of the present Imperial Ordinance as concern a town or village shall be applied to what corresponds to a town or village, where the Town and Village system has not as yet been enforced, and the provisions concerning the headman of a town or village shall be applicable to a person who corresponds to the headman of a town or village.

Supplementary Provisions:

The present Imperial Ordinance shall come into force as from the day of the enforcement of the Livelihood Protection Law.

The District Committee Ordinance shall be repealed.

Those who actually held the posts of the District Committee at the time of the enforcement of the present Imperial Ordinance shall be deemed to have been commissioned to be the Welfare Committee, provided that their tenure of office shall be for two months starting the day of the enforcement of the present Imperial Ordinance.

Even in the case of the last paragraph, the application of the proviso of Article 5 shall not be prevented.

A part of the Enforcement Ordinance of the Juvenile Reformation Act shall be amended as follows:

Para. 1 and Para. 2 of Article 3, shall be amended to read as the following.

The members of the Juvenile Reformation Committee shall be concurrently held by the members of the Welfare Committee.

In addition to those as provided in the preceding paragraph, the Prefectural Governor may, if he thinks it necessary, select other members of the Juvenile Reformation Committee.

The Juvenile Reformation Committee shall have honorary posts.

The tenure of office of the Juvenile Reformation Committee selected under the provisions of paragraph 2 shall be for two years, provided that, if there is any special reason, the Committee may be relieved even during the tenure of office.

I hereby give My Sanction to the Imperial Ordinance concerning the fixture of date of enforcing the Law of partial amendment to the Temporary Measures Law relative to Costs of Law-suit and Others of the Law No. 12 of 1946, and cause the same to be promulgated.

Signed: HIROHITO, Seal of the Emperor

This twelfth day of ninth month of the twenty first year of Showa (September 12, 1946)

Countersigned:

Prime Minister

YOSHIDA Shigeru

Minister of Justice

KIMURA Tokutaro

The Disaster Relief Law
Chapter 1. General Rule

Law No. 118
18th Oct. '47

Article 1. The purpose of this law is that, in case of emergency disasters, the Japanese Government will immediately take necessary relief under its responsibility with the cooperation of local public organizations, Japanese Red Cross Society, and other Organizations, together with the cooperation of people at large, for protection of disaster stricken people and for the preservation of social order.

Article 2. Relief in accordance with this law shall be given to those who are stricken by emergency disaster covering whole or part of one or more than two prefectures and are in immediate need of emergency relief.

It will be also the same as in the case of the preceding paragraph when a leave member of people are stricken by a same disaster and are in immediate need of emergency relief, though the scope of the disaster may not correspond to the provision prescribed in the preceding paragraph.

Article 3. In order to effect adequate and smooth operation of relief and other emergency measures, a National Disaster Relief Planning Board and a Prefectural Disaster Relief Planning Board will be set up respectively.

The Prefectural Disaster Relief Planning Board will be set up in every prefecture.

The Prime Minister, when he deems it necessary, may set up a Regional Disaster Relief Planning Board covering more than two prefectural areas.

The National Disaster Relief Planning Board, the Regional Disaster Relief Planning Board and the Prefectural Disaster Relief Planning Board shall come under the control of the Prime Minister.

Article 4. The functions of the National Disaster Relief Planning Board shall be:

1. To collect information concerning emergency disaster and relief.
2. To formulate a plan on arranging or providing labor, facilities, equipments, supplies and funds necessary for relief and other emergency measures.

DISASTER
RELIEF LAW
LAW NO. 118
18/10/47

3. To formulate an emergency plan of supply, distribution and transportation labor, facilities, equipments supplies and funds necessary for relief and other emergency measures in the time of emergency disaster.

4. To formulate a plan on relief and other emergency measures outside those prescribed in the preceding two Items.

5. To propel the execution of plans, items 2 through 4 above.

Article 5. The National Disaster Relief Planning Board shall be composed of the president and the Vice-President, one person each, and several members.

Article 6. The Prime Minister shall be the President of the National Disaster Relief Planning Board and Welfare Minister, the Vice-president.

Article 7. Members of the National Disaster Relief Planning Board shall be composed of each Minister concerned, other officials of governmental agencies concerned both designated by the Prime Minister, the President of Japan Red Cross Society and those appointed by the Prime Minister from among the learned and experienced civilians.

The Prime Minister, when he deems it necessary, may appoint the Provisional Members for discussion on special matters.

Article 8. Each Ministers concerned, other officials of governmental agencies and the President of the Japan Red Cross Society who compose the National Disaster Relief Planning Board shall take necessary measures to execute the plans drawn up by the National Disaster Relief Planning Board. Provided, the application of Cabinet organization Law is not excluded.

Article 9. The National Disaster Relief Planning Board may give necessary instructions to the Regional Disaster Relief Planning Board or the Prefectural Disaster Relief Planning Board.

Article 10. A working Committee of the National Disaster Relief Planning Board will be established whose duties it shall be to manage business affairs of the National Disaster Relief Planning Board.

The necessary matters concerning the organization of the working Committees shall be fixed by the provisions of governmental ordinances.

Article 11. Necessary matters concerning the organization of the National Disaster Relief Planning Board outside those prescribed in the provisions of Article 3 through the preceding Article shall be stipulated

by the provisions of governmental ordinances.

Article 12. The Ministers concerned and the other chiefs of governmental agencies who are prescribed in the provision of Article 8, when it is considered especially necessary to execute the measures of the same Article, may order those who engage in the business of production, collection, sales, distribution, custody or transportation of supplies necessary for the relief and other emergency measures to take custody of their dealing supplies or may expropriate supplies necessary for the relief and other emergency measures.

The warrant is required for executing the measures prescribed in the preceding Paragraph.

The whole amount of any loss caused by the measures prescribed in Paragraph 1 above shall be commensated at the market price.

Article 13. If necessary to order taking custody of supplies or to expropriate supplies according to the provision of Paragraph 1 of the preceding Article, the each Minister concerned and the other chiefs of governmental agencies may make the officials concerned enter and examine the place where supplies are to be ordered for custody or the place where supplies are stored.

The each Minister concerned and other chiefs of governmental agencies may obtain necessary report from the person in whose custody supplies will be ordered according to the provisions of Paragraph 1 of the preceding Article or make the officials concerned enter and examine the place where the said supplies are ordered for custody.

When these officials enter the places according to the provisions of preceding two Paragraphs, they must notify the custodian of the place beforehand.

When the officials concerned enter the places according to the provisions of Paragraph 1 or 2 above, they must carry with them the identification cards certifying their positions.

Article 14. The functions of the Regional Disaster Relief Planning Board and the Prefectural Disaster Relief Planning Board shall be:

1. To collect informations concerning emergency disaster and relief to furnish them to organization concerned.
2. To formulate a plan of arranging or providing labor, facilities, equipments, supplies and funds necessary for relief and other emergency measures.

3. To formulate an emergency plan of supply, distribution or transportation of labor, facilities, equipments, supplies and funds necessary for relief and other emergency measures in case of emergency disaster.

4. To formulate a plan on relief and other emergency measures outside those prescribed in the preceding two paragraphs.

5. To propel the execution of plans stipulated in Item 2 through 4 above.

Article 15. The Regional Disaster Relief Planning Board and the Prefectural Disaster Relief Planning Board shall be composed of one President and several Members.

Article 16. The Prefectural Governor designated by the Prime Minister shall be appointed the President of the Regional Disaster Relief Planning Board and prefectural Governor concerned shall be appointed the President of the Prefectural Disaster Relief Planning Board.

Article 17. Members of the Regional Disaster Relief Planning Board or the Prefectural Disaster Relief Planning Board shall be composed of the Chiefs of the Governmental organizations designated by the Prime Minister, the President of the Branch of Japan Red Cross Society within the area and these appointed by the Prefectural Governor in capacity of the President from among the learned and experienced civilians.

The Chiefs of the governmental organizations and the President of the the Branch of the Japan Red Cross Society who compose the Regional Disaster Relief Planning Board or the Prefectural Disaster Relief Planning Board shall take necessary measures to execute the plans drawn up by the Regional Disaster Relief Planning Board or the Prefectural Disaster Relief Planning Board.

Article 18. The Regional Disaster Relief Planning Board may give necessary instructions to the prefectural Disaster Relief Planning Board.

Article 19. Working Committees shall be set up respectively in order to execute business affairs of the Regional Disaster Relief Planning Board and the Prefectural Disaster Relief Planning Board.

Necessary matters concerning the organization of the Working Committee shall be stipulated by the provisions of governmental ordinances.

Article 20. Necessary matters concerning the organization of the Regional Disaster Relief Planning Board and the Prefectural Disaster Relief Planning Board outside those prescribed in the provisions of Article 14 through the preceding Article shall be stipulated by the provisions of governmental ordinances.

Article 21. The Japan Red Cross Society shall, in view of its mission, cooperate in the relief work.

The Government shall, under its direction and supervision, have the Japan Red Cross Society to coordinate the cooperation by the organizations other than local public organizations and by individuals, excepting those under the provisions of Article 25.

Chapter II Relief

Article 22. The relief work shall be conducted by the prefectural Governor, as state organ, of the place where the persons who need relief found.

The prefectural Governor, who conducts the relief work under the provision of preceding Article, shall make all efforts at all times to formulate necessary plans, to establish strong relief teams and to arrange labor, facilities, equipments, supplies and funds, in order to effect satisfactorily the relief and other emergency measures.

Article 23. The relief work shall consist of the following:

1. Providing accommodations:
2. Giving food by such method as the emergency public kitchen:
3. Giving or lending clothing, bedding and other daily necessities:
4. Medical treatment, delivery aid and prevention of diseases:
5. Giving or lending funds, tools or materials necessary for calling:
6. Supplying schooling articles:
7. Performing burials:
8. Other items stipulated by ordinances outside those items prescribed in each preceding item above.

The prefectural governor may give relief to the persons who need relief (in case of burials, to those who are in charge of burial affairs) by giving them cash in spite of the provision of preceding paragraph.

Necessary matters concerning the extent, method and period of relief shall be stipulated by ordinances.

Article 24. When it is considered specially necessary in conducting relief work, the Prefectural Governor may make persons who are connected with, medical treatment, civil and construction engineering or transportation engage in work concerning relief, and when it is necessary to execute the orders of the competent Minister issued in accordance with the Provision of Article 31, the Prefectural Governor may make persons who are connected with medical treatment, civil and construction engineering or transportation engage in work concerning relief.

When the Prefectural Governor recognizes the necessity in order to execute the orders of the competent minister issued in accordance with the provision of Article 31 and he demands to do so, the Director of Railway Bureau or the Director of Navigation Bureau may make persons in connection with transportation work under their supervision engage in work concerning relief.

The scope for persons who are connected with medical treatment, civil and construction engineering or transportation as described in Paragraph 1 and 2 shall be fixed in the provision of governmental ordinances.

The provision of Paragraph 2, Article 12 shall be applied mutatis mutandis to the cases prescribed in the paragraphs 1 and 2.

When made to engage in work concerning relief as prescribed in Paragraph 1 and 2 above, the actual cost must be reimbursed.

Article 25. The prefectural Governor may make persons who need relief and their neighbours cooperate in work concerning relief.

Article 26. When it is considered specially necessary for the relief work or when it is necessary to execute the orders of the competent Minister issued in accordance with the provision of Article 31, the prefectural Governor may administrate the facilities of hospital, medical office, hotel and other facilities stipulated by the provisions of governmental ordinances, or may use the land, buildings or supplies or may make persons who conducts a production, collection, sale, distribution, custody or transportation of supplies for their business take custody of their dealing supplies, or expropriate the supplies.

The provisions of Paragraph 2 and 3 Article 12 shall be applied mutatis mutandis to the case as prescribed in the preceding Paragraph.

Article 27. When it is necessary to administrate facilities, to use land, buildings or supplies, to take custody of supplies or to expropriate supplies in accordance with the provision of Paragraph 1 of the, preceding Articles, the Prefectural Governor may make the officials concerned enter and examine the place where facilities, land, buildings or supplies exist or the place where supplies are to be ordered for custody.

The Prefectural Governor may obtain necessary report from the person in whose custody supplies are ordered in accordance with the provision of Paragraph 1 of the preceding Article or make the officials concerned enter and examine the place where the said supplies are ordered for custody.

When those officials enter the places prescribed in two preceding Paragraphs, they must notify beforehand to the person in charge of the facilities, land buildings or places.

When the officials concerned enter the places prescribed in the provisions of Paragraph 1 or 2 above, they must carry with them the identification cards certifying their

Article 28. The provisions of Article 5 and 6 of the Administration Enforcement Law and regulations issued thereon shall be applied mutatis mutandis when the prefectural governor force the fulfillment of the obligations accompanying through measures taken in accordance with the provisions of article 24 the preceding Article of the present Law.

Article 29. When persons ordered to engage in or cooperate with work concerning relief in accordance with the provisions of Article 24 or 25 are injured or become sick or die on this account, allowances in aid shall be given them in accordance with the provisions of governmental ordinances.

Article 30. When it is deemed necessary in order to operate the relief work quickly, the prefectural Governor may delegate a part of his authority concerning the execution of relief to the headman of a city, town or village (including the headman of the special ward; as will be the same hereinafter.)

Article 31. On the relief conducted by a prefectural Governor, the competent Minister may order other Prefectural Governors to extend assistance.

Article 32. The Prefectural Governor may entrust necessary matters concerning the execution of relief work or assistance them to the Japan Red Cross Society.

Chapter III. Expenditure

Article 33. The expenses incurred in the relief prescribed in the provision of Article 23, shall be borne by the Prefecture of the place where the relief has been conducted.

Of the expenditure incurred in reimbursement of actual cost according to the provision of Paragraph 4, Article 24 and in payment of allowances in aid according to the provision of Article 29, the expense needed to cover the persons who were engaged in the work concerning relief by orders for such engagement issued by the provision of Paragraph 1 Article 24, shall be borne by the Prefecture administrated by the Prefectural Governor who issued such orders of engagement, and the expense needed to cover the persons who

were engaged in the work concerning relief by orders for such engagement issued by the provision of Paragraph 2 of the same Article, shall be borne by the Prefecture administrated by the Prefectural Governor who made the demands by the provision of the same Paragraph.

The expenses incurred in the compensation for the loss in accordance with the provision of Paragraph 3, Article 12, which is applied mutatis mutandis by the provision of Paragraph 2, Article 26, shall be borne by the Prefecture which is administrated by the Prefecture Governor who administrates, uses, expropriates or orders custody.

The expenses of the Prefectural Disaster Relief Planning Board shall be borne by the Prefecture concerned.

Article 34. For the expenses borne by the Japan Red Cross Society in order to execute matters entrusted by the Prefecture Governor concerned, the prefecture shall compensate the balance after subtracting the contribution and other revenue to be used for such costs.

Article 35. Any Prefecture may claim indemnity for such expenses as incurred by assisting relief work conducted in other Prefectures from the Prefecture of the place where the relief work was conducted.

Article 36. The subsidy from the National Treasury will be granted when the total amount of the expenses borne by prefecture in accordance with Item I-III, Article 33 and the expenses for compensation described in Article 34 borne by prefecture and the expenses for reclamation described in preceding Article are in excess of 5% of the total amount of the land, house and business taxes (hereinafter referred to as the three profit tax) of the previous fiscal year as have been calculated in accordance with the standard tax rates of the prefecture concerned and for the amount in excess according to the following classification:

5/10, or 50%, for the amount in excess of 5% of the three profit taxes and below 50% of the same.

8/10, or 80%, for the amount in excess of 5% of the three profit taxes and below 10% of the same.

9/10, or 90%, for the amount in excess of 100% of the three profit taxes.

Article 37. The prefecture shall set up the disaster relief fund in order to appropriate it as resource for the cost to be borne as prescribed on the preceding Article.

Article 38. The minimum amount of the disaster relief fund shall

Chapter IV. Penalties

Article 45. Any person who come under one of the following items shall be punished by an imprisonment for less than 6 months inclusive or by a fine less than 5,000 yen inclusive:

1. Persons who disobey the orders for engagement stipulated in Paragraph 1 or 2, Article 24.

2. Person who disobey the orders for custody stipulated in Paragraph 1, Article 12 or Paragraph 1, Article 26.

Article 46. Person who receive or make others receive relief by fraudulent measures or by any false pretence shall be punished by imprisonment for less than 6 months inclusive or by fines less than 5,000 yen inclusive. The Criminal Code shall be applied when falling under the proper Articles of the Criminal Code.

Article 47. Persons who refuse, interfere with or avoid the entering and examining by government officials or public officials in accordance with the provisions of paragraph 1 or 2, Article 2, or submit to or false reports in accordance with the provisions of Paragraph 2, Article 13 or Paragraph 2, Article 27, shall be fined less than 3,000 yen inclusive.

Article 48. When Article 45 of the preceding Article is violated by any representative of any juridical person, or by the agent or employee of any juridical person concerning the business matter of the said juridical persons or person shall be punished by fine stipulated in these Articles.

Supplementary Rules.

This Law shall be enforced from 20th Oct. 1947.

The Calamity Relief Fund Law shall be repealed.

The Calamity Relief Fund under the former Law now existing at the date of the enforcement of the present Law shall be transferred to the Disaster Relief Fund under the present Law.

The loans made out of the disaster relief fund in accordance with Item 1, Paragraph, Article 17 of the Calamity Relief Fund Law may be kept as they are by the former provision until their maturity.

Where as the Article 36 of the present Law contain clause "the total amount of the land, house and business tax revenues of the previous fiscal year as have been calculated in accordance with the standard tax rates", this clause shall mean for the fiscal year 1947 to read, "the return tax and the total amount of the supplementary land, house and business tax revenues have been calculated in accordance with the standard tax rates for the fiscal year 1946".

The Enforcement Ordinance of the Disaster
Relief Law

Art. 1. The President of the National Disaster Relief Planning Board (hereinafter is called the National Planning Board) superintends the general affairs of the Board.

The Vice-President and the Vice-President are deterred from their office owing to circumstances, any of the Members of the Board appointed in advance by the President shall act for them.

Art. 2. The term of office for the Members of the National Planning Board who have been appointed from among learned and experienced civilians shall be two years.

Art. 3. The following staff shall be appointed in the National Committee;

Director

Vice-director

2

Members

Secretaries

The President of the Cabinet Secretariat shall be the Director, who superintends the general affairs under the order of the President of the National Planning Board.

The Vice-President of the Cabinet Secretariat and the Vice-Minister of Welfare who have appointed by the Prime Minister shall be the Vice-Directors. They shall assist the Director and the Vice-Director, nominated in advance by the Director, in case where the Director is deterred from his office owing to circumstances, shall act for him.

The members shall be appointed by the Prime Minister from among the 1st- or 2nd-grade government officials concerned, and officer of the Japan Red Cross Society, and shall take charge of the affairs of the committee under the order of their senior officials.

The Secretaries shall be appointed by the Prime Minister from among the 3rd-grade government officials concerned and officers of the Japan Red Cross Society, and shall engage in various affairs of committee under the order of their senior officials.

The number of the officials of the Japan Red Cross Society under the provision of the preceding two paragraphs shall be not less than two as Members and not less than two as Secretaries.

Art. 4. The President of the Regional Disaster Relief Planning Board (hereinafter is called the Regional Planning Board) and the Prefectural Disaster Relief Planning Board (hereinafter is called the Prefectural Planning Board) shall superintend the general affairs of the Boards.

When they are deterred from office owing to circumstances, the Members who have been nominated in advance by the President shall take charge of their offices.

Art. 5. The Provisions of Art. 2 shall apply correspondingly to the Regional Planning Boards and Prefectural Planning Boards.

Art. 6. The following staff shall be appointed in the working Committee of the Regional Disaster Relief Planning Board (hereinafter is called the Regional Committee) and the Working Committee of the Prefectural Disaster Relief Planning Board (hereinafter is called the Prefectural Committee).

Director

Member

Secretaries

The director of the Regional Committee shall be appointed by the Prime Minister from among the Vice-Governors of the prefecture concerned to take charge of the affairs of the Regional Committee under the order of the President of the Regional Planning Board, while the director of the Prefectural Committee shall be appointed by the Prefectural Governor who is the President of the Prefectural Planning Board from among the Vice-Governors of the prefecture to take charge of the affairs of the Prefectural Committee under the order of the President of the Prefectural Planning Board.

The Members and Secretaries of the Regional or Prefectural Committee shall be appointed by the Prefectural Governor, who is the President of the Regional or Prefectural Committee, from among government and public officials concerned and officers of the prefectural branch of the Japan Red Cross Society within that district under his administration, and shall take charge of the affairs of the Regional or Prefectural Committee under the order of the sanior officials.

The number of the officials of the Prefectural Branch of the Japan Red Cross Society under the provision of the preceding paragraph shall be not less than three in total as members and as Secretaries with each Regional Planning Board or Prefectural Planning Board.

ENFORCEMENT
ORDINANCE
of DISASTER
RELIEF LAW

Art. 7. The Prefectural Governor shall organize a Disaster Relief Operating Team which will be composed of the following divisions, according to the provisions of Art. 22, Para. 2 of the Disaster Relief Law (hereinafter is called the Law). Provided, the Prefectural Governor may set up divisions other than those listed below when they are recognized as necessary.

1. General Affairs Welfare.
2. Public Safety.
3. Fire.
4. Health
5. Economics
6. Engineering
7. Coordination

The Prefectural Governor shall submit to the Welfare Minister by the end of March each year a complete plan for next fiscal year for utilizing in time of disaster the Disaster Relief Operating Team contained in the preceding paragraph.

Art. 8. The extent, method and period of relief shall be decided upon within the limit necessary for emergency relief by the Prefectural Governors with the previous understanding of the Welfare Minister.

Art. 10. The scope for persons engaged in medical treatment, civil engineering or construction and transportation provided in Para. 1 and 2, Article 24 of the Law is as follows:

1. Physicians, dentists or otherwise pharmacist.
2. Health-nurses, Midwives or Nurses.
3. Civil-engineers or architects.
4. Carpenters, plasterers or day-laborers for construction work.
5. Public-works contractors or building contractors and their employees.
6. Keepers of local railway works and their employees.
7. Keepers of tramway enterprise and their employees.

8. Keepers of motor transportation works and their employees.
9. Keepers of shipping business and their employees.
10. Keepers of harbour transportation works and their employees.

Art. 11. Necessary matters concerning the extent and method of compensation for actual expenses provided in Art. 24, Para. 4 of the Law shall be decided upon by the Prefectural Governor with the previous understanding of the Welfare Minister.

Art. 12. The following facilities may be administered according to the provisions of Art. 26 of the Law:

1. Hospitals, medical officers or lying-in hospitals.
2. Hotels, restaurants or eating-houses.

Art. 13. The allowance mentioned in Art. 29 of the Law is classified into four: one in aid of medical treatments, one in aid of accidents, one in aid of funeral rites, and one in aid of bereaved families. They are given according to the method mentioned in the annexed paper.

The allowance in aid of medical treatment is given to those who have been wounded, contracted diseases and require medical treatment and who don't receive the treatment of governmental or public expenses. Provided, those who receive the medical expense or medical treatment according to the provision of the Workers' Disaster Compensation Insurance Law shall not be paid this allowance in aid of medical treatment.

The allowance in aid of accidents is given to those who have remarkable physical defects remaining after recovery from their wounds or diseases.

The allowance in aid of bereaved families is given to bereaved families.

The allowance in aid of funeral rites is given to bereaved families who perform funeral rites. It is given to those who perform funeral rites.

Art. 14. The bereaved families mentioned in preceding Article shall be the following persons of the deceased.

1. The spouse of the deceased (including those who are in the same relation as matrimony even if the written report of marriage is not made).
2. Children.
3. Parents.
4. Grandchildren.
5. Grandparents.
6. Sisters and brothers (only who have been living on the income of the deceased at the time of death).

The order of the bereaved families to be given the allowance in aid of bereaved families is as above preceding Paragraph.

When there exist two or more persons to be given the allowance in the same rank, it shall be divided equally among them.

As for parents and grandparents, adoptive parents and grandparents are preferred to real parents and grandparents.

When the children or grandchildren who have been the fetus at the time of death of parents are born, they shall be recognized as already at birth about the application of Paragraph 1.

Art. 15. One million yen must be annually deposited by prefectures (Tokyo Metropolis, Hokkaido and other prefectures) according the provisions of Art. 38 of the Law.

Supplementary Rule

This Ordinance shall be put into effect on the day of its promulgation.

The Imperial Ordinance No. 20, 1935 "Reserved amount of the Disaster Relief Fund" shall be abolished.

The Prefectural shall complete the organization of the Disaster Relief Operating Team provided under Article 7 paragraph 1 not later than 31 October 1947, and shall submit to the Welfare Minister a complete plan for utilizing the Disaster Relief Operating Team for the fiscal year 1947 - 48 not later than 31 December 1947, in spite of the provision of paragraph 2 of the same article.

The annexed paper

Classification	Person who has received the order to engage	Person who has received the order for co-operation
Allowance in aid of Medical treatment	Actual cost	Actual cost
Allowance in aid of injurien	Person who can not take care of himself for life.	Person who can not engage in business for life.
	¥ 30.000	¥ 20.000
	Person who has other remarkable defects in body. Otherwise a woman having ugly appearance left.	
	15.000	10.000
	10.000	6.000
Allowance in aid of a boreaved family	25.000	15.000
Allowance in aid of a burial bits	2.000	1.500

National Health Insurance Act
Regulated by Act of 1 April 1936, as amended
by Act: of 6 March 1941 and Act of 21 February 1942

Chapter I. General Rules

Article 1. The object of the National Health Insurance is to provide insured persons with insurance benefits against the risks of sickness, injury, maternity, and death.

Article 2. The insurance shall be administered by the National Health Insurance Societies.

Article 3. The right of collecting insurance rates and other charges provided by this Law or getting them paid back, and the right of receiving insurance benefits shall cease to exist by prescription when they have passed one year.

With regard to interruption of suspension of prescription, provisions respecting prescription in the Civil Code shall be supplied with the necessary modifications.

The announcement of collecting insurance rates and other charges provided by this Law has an effect of interruption of prescription.

Article 4. On documents respecting the National Health Insurance stamp duty shall not be imposed.

Article 5. Taking money and valuables, which are insurance benefits, as a standard, taxes and public imposts shall not be imposed.

Article 6. The right of getting insurance benefits cannot be transferred or attached.

Article 7. The Societies or juristic persons exercising undertakings of the society of those who ought to get insurance benefits can demand gratis certificates with regard to the census registration of the insured persons or those who was once insured from census officers or their deputies.

Article 8. In case some fail to pay insurance rates and other charges provided by this Law, and when the Societies request, cities, towns and villages shall deal with them as with the case of city, town and village taxes.

NATIONAL HEALTH
INSURANCE ACT
3/6/41
2/21/42
AMENDED

In this case the societies should deliver four-hundred of the in case cities, towns and villages do not begin to deal with them within 330 days from the day when they got requests above mentioned, or do not finish within 90 days, the societies can deal with them by the approval of local governors.

The order of the right of priority of charges abovided in next to charges by cities, towns and villages, and prior to other public imposts.

Chapter II. National Health Insurance Society

1. General Rules

Article 9. The societies are divided into the followings:
General National Health Insurance Society. Special National Health Insurance Society. The societies are juristic persons.

Article 10. General National Health Insurance Society have householders in the districts and their as their members, and Special National Health Insurance Society are organized by those who are engaged in the same enterprises or trades.

Owing to the provision of Article 14, those who are not qualified to be insured can not be member of the societies. But incase some one in the household is qualified to be insured, this rule shall not apply to.

The district of General National Health Insurance Society depends upon district of cities, towns and villages. But in case a special reason exists, this rule shall not apply to.

Article 11. In case promoters wish to establish a society, they should make the contract, and get the permission of the local-governor with the consent of would-be members.

Sec. 2. The Local governor, if need be, by ordinance can committee of establishment from those who are qualified to be members of the general National Insurance Society and order them to set up the society.

The committee should make contract of the society, and with the consent of more than one-half of those who are qualified to be members of the General National Insurance Society get the permission of the Local governor with regard to setting up the society.

In case the committee do not apply for the approval of establishment within a term provided by the local governor, the governor can take necessary measures with respect to making contract and other matters.

The society shall come into existence when it gets the approval of establishment or it finishes to make contract provided in the previous article.

Article 12. In the contract of the society the following articles should be mentioned.

1. The title and name of the society.
2. The location of the society.
3. The district of the society (In case of Special National Health Insurance Society, the scope of members).
4. Article with respect to every and secession of members.
5. Articles with respect to getting and losing qualifications of the insured persons.
6. Other important matters.

Article 13. In regard to the society provided in Article 11, in case more than one-half of those who are qualified to be members and members of the society, those who are qualified to be members shall all be members of the society.

In case General National Health Insurance Society provided in Article 11 Sec. 2 is established, those who are qualified to be members shall all be members of the society.

In respect of two previous provisions, those who are under special circumstances shall not be members of the society.

Article 14. The society shall make its members and those belonging households of the members insured. But to those who are applicable to the followings this rule can not apply.

1. Persons insured under Health Insurance.
2. The insured persons of other societies or juristic persons undertaking of other societies.
3. Those who are under special circumstances and provided by the contract.

In spite of the previous, the society can make those belonging to households of the members not insured.

Article 15. The society can, by the provision of the contract, collect penalties from offenders to the contract.

Article 16. The society, if not inconvenient, can get those who are not insured utilize the institution of the society.

The society can, by the provision of the contract, demand fees from those who utilize the institution.

Article 17. Outside of the provisions in this scheme, the supervision of the society, charge and utilization of the fund, and other necessary matters respecting the society shall be decided by ordinance.

2. Undertakings.

Article 18. The societies shall administer the medical benefit for sickness and injury of the insured persons, the maternity benefit for delivery, funeral and burial benefit for death. But in case special reasons exist, the societies can administer no maternity benefit and no funeral and burial benefit.

The societies can, by ordinance, administer other insurance benefits in addition to the previous benefits.

The societies which are under special circumstances can, by provisions in the contract, pay medical, maternity, or funeral and burial expenses instead of these respective benefits.

Article 19. In case the societies which ought to administer medical benefits, maternity benefits and funeral and burial benefits find it difficult to do then, or if need be, they can pay medical, maternity or funeral and burial expenses instead of these respective benefits.

Sec. 2. Those the want to get medical benefits shall get medical treatment and attendance or drugs from insurance-doctors or insurance-pharmacists or those whom the societies appoint.

Sec. 3. Insurance-doctors and insurance-pharmacists are appointed by the local governors, as the Imperial Ordinance degrees, from among medical practitioners, dentists and pharmacists.

Medical practitioners, dentists and pharmacists cannot reject to be insurance-doctors and dentists without sufficient reason.

Those who employ medical practitioners, dentists or pharmacists respectively without sufficient reason.

Sec. 4. In case insurance-doctors and pharmacists charge of medical benefits, necessary matters shall be decided by ordinance.

Sec. 5. The amount of costs which insurance doctors, pharmacists or those who employ them demand to the societies or juristic persons that exercise the societies undertakings with respect to medical benefits, shall depend upon the Imperial ordinance.

Article 20. The societies can collect a portion of costs necessary to medical benefits (in case they are not members of the society, in the household which they belong to).

Article 21. The societies can provide institutions necessary to medical treatment and attendance of sickness and injury of the insured persons and also necessary to the promotion and maintenance of the insured persons health, and can pay necessary costs.

Article 22. The societies shall collect insurance rates from their members to cover costs necessary to the undertakings.

The societies can discount and limit insurance rater or give time to pay for those who are under special circumstances.

Article 23. The societies can, by ordinance, pay back a portion for a certain term.

Article 24. The kind and acope of insurance benefits, the term of allowance, the amount supplied, method of collecting insurance rates, discount and remittal of the rates, and other necessary matters regarding insurance benefits and rates should be decided by the contract.

3. Administration

Article 25. The society shall organize the Board of the Society. The board of the Society shall be substituted by the chairman and members of the Board of the Society.

The chairman of the Board of the Society shall be identified with the chairman of the Board of Directors. In case the chairman of the Board of the Society.

Article 26. The articles the Board of the Society should resolved shall be as follows:

1. The budget of income and outgo.
2. Report of undertakings and settelment of accounts.
3. Bearing of new duties or waiting of rights not provided by the budget of income and outgo.
4. Disposition of reserve funds and other important funds.

5. The loan of the Society.
6. The alteration of the contract.
7. Other important matters.

The resolutions of articles 1 and 4 -- 6 above mentioned shall not be affective unless they are approved by the local governor.

Article 27. The Board of the Society can inspect documents regarding -----
administration, the exercising of the resolution of receipts and expenses.

The Board of the Society can elect committee from among members of the board, and get them exercise matters belonging competence of the Board above mentioned.

Article 28. The society shall have a few directions. Directions shall be elected by the Board from among the members of the society. But in case a special reason exists, those who are not members can be elected. In this case the approval of the local governor should be necessary.

With respect to the General National Health Insurance Society, unless a special reason exists, in spite of the previous provisions, shall add among directors the master of a city, a town or a village concerned, or an officer authorized by them.

Sec. 2 In case of article 11, Sec. 2, 3rd paragraph, in spite of the prevision in 2nd paragraph of the previous article, the local governor shall appoint directors of the General National Health Insurance Society.

Article 29. One of directors shall be the chairman of directors. The chairman of directors shall be elected by mutual woods among directors. But in case on director is who is provided by Article 28, 3rd paragraph unless a special reason exists, he shall be elected the chairman. The chairman of directors represents the society.

In case the chairman has a trouble, other director as provided by the contral shall hold the office of the chairman.

Article 30. In case the Board of the Society is not formed and articles which should be resolved are not resolved, the directors can deal with articles which should be resolved with instructions of the local governor.

Article 31. With respect to articles which should be resolved by the Board of the Society, when urgent exercising is necessary on occasion and in case the Board of the Society is not formed and there is no time to call the Board, the directors can decide arbitrarly.

Article 32. In case the directors take measures by the provisions of the previous two articles, they should report to the Board of the Society at the next meeting.

Article 33. The society can, by the provision of the contract, have officers beside the chairman of directors and directors.

4. Division, Combination and Dissolution.

Article 34. In case the societies are to be devided, combined or dissolved, the Board of the Society should resolve and get the permission of the local governor.

Article 35. The society which continues to exist after combination, or the society which is formed by the combination, shall succeed to rights of the society which ceases to exist by the combination.

The society which is formed by the division shall succeeded to a portion of rights and duties of the society which ceases to exist by the division or of the society which continues to exist after the division.

The limit of the rights and duties, which is succeeded to by the previous provisions, should be decided with the resolution of the division and get the approval of the local governor.

Article 36. The society, though it dissolves, shall be regarded to continue to exist so far as the object of liquidation is concerned.

Article 37. In case the society dissolves, directors shall be a liquidator.

In case there is no liquidator above mentioned, the local governor elects a liquidator, the liquidator shall represent the society and have the right to do all necessary to liquidate.

In regard to the method of liquidation and the disposal of the funds, the approval of the local governor should be gotten.

In case the local governor finds it necessary, he can command the alternation of the method of liquidation and the disposal of the funds, or release the liquidator from office.

Chapter III. The Association of National Health
Insurance Society

Article 38. Societies and juristic persons exercising. The undertakings of the society can establish the Association of National Health Insurance Societies in order to achieve their sanction. The Association of Societies is a juristic person.

Article 39. In case the societies wish to establish the Association of Societies, they should make contract and get the approval of the local governor.

The Association of Societies shall be formed when it gets the approval of establishment.

Article 40. In the contract of the Association of Societies the following articles should be mentioned.

1. The object and undertaking of the Association.
2. The title and name of the Association.
3. The location of its office.
4. Articles with respect to entry and secession.
5. Articles with respect to allotment of expenses.
6. Other important articles.

Sect. 2. The Local-governor can command societies of juristic persons exercising the society's undertaking to enter the Association of Societies.

Article 41. Association shall have a General meeting, the chairman or directors and directors.

Article with respect the organization of the Association and the election of the chairman and directors shall be provided by the contract.

Article 42. Article 15 - 17, 21, 26, 27, 29, Sec. 2, 3, 4th item, 30 - 37, 46 shall apply to the Association with the necessary modifications.

Chapter IV. Supervision and Subsidy

Article 43. The competent Minister and the local governor can command the societies or juristic persons exercising the society's undertaking of

the Association of Societies to make reports with respect to their undertakings and funds, can inspect their circumstances, order the alteration of the contract, and besides those can make an order or disposal necessary to supervision.

Article 44. In case the officers of the societies or juristic persons exercising the society's undertakings or of the Association of Societies are absent from office or have some trouble, or in case the officers do not exercise their duties, the local governor can appoint a government officer or any other person and make him exercise those duties.

In regard to the previous paragraph, the cost necessary to exercising those duties shall fall on the societies or juristic persons exercising society's undertakings or the Association of Societies.

Article 45. In case the local governor considers that the resolutions or acts of officers of the societies, or juristic persons exercising the society's undertakings or of the Association offend against the law, the contract and the other ordinance of the competent Minister or the local governor, and hurt the public good or are in danger of hurting it, and in case he admits that the continuance of the undertakings is difficult judging from the undertakings and conditions of funds, he can cancel the resolutions, dismiss officers, command the dissolution of the societies or the Association of Societies, or cancel the permission of Article 54 towards juristic persons who exercise the society's undertakings.

Article 46. The competent Minister and the local governor can by ordinance command towards the societies or juristic persons exercising the society's undertakings to provide an institution of Article 21, or command to pay costs necessary to the institution.

Article 47. The National Treasury can, thin the scope of the budget, grant subsidies for the societies and juristic persons exercising to society's undertakings.

The prefectural governments and cities, towns and villages can grant subsidies for the societies and juristic persons exercising society's undertakings.

Chapter V. The Inspection Council, Appeal and Lawsuit

Article 48. Those who are dissatisfied with the decisions respecting insurance benefits shall demand inspected towards the local inspection.

Insurance Inspection Council and in case they are dissatisfied with the decisions they shall institute a civil suit.

The demanding of inspection mentioned in the preceding paragraph shall be regarded as judicial request with respect to suspension of prescription.

Article 49. Withdrawn.

Article 50. In case a dispute arises with respect to the contract regarding insurance benefits between the societies, juristic persons exercising society's undertakings of the Association of Societies and medical practitioners, dentists, pharmacists, or their association, the Local Social Insurance Inspection Council can, by the request of concerned parties, use its influence with respect to the settlement.

Article 51. Important articles regarding the Local Social Insurance Council not mentioned in this Law shall be provided by the imperial ordinance.

Article 52. Those who are dissatisfied with the disposal of insurance rates and other charges on the part of the societies, or the disposal of non-paying provided in Article 8, can appeal to the local governor, and those who are dissatisfied with the judgement and appeal to the competent Minister to the court of administrative litigation. But in case the society spreads over than two prefectures, they shall appeal to the Competent Minister or the court of the administrative litigation.

With respect to the appeal and administrative litigation provide in the preceding paragraph, the societies shall be regarded as administrative offices.

Article 53. The request of inspection and the institution of result, appeal or administrative litigation shall be done within 30 days from the day when the disposal or decision is reported. In this case with respect to the request of inspection the provision of article 8 Sec. 3 of the appeal code shall be applied with

Article 38. Sec. 2, and Article 15 of the code of civil procedure shall be applied.

Chapter VI. Miscellaneous Rules

Article 54. Incorporate juristic person who has not acquisition of gain for his object and exercise the undertakings of societies with the approval of the local governor.

Sec. 2. In case juristic persons who exercise the undertaking of the General National Health Insurance Society have as their member more than onehalf of those who are qualified in the district to be members of the General National Health Insurance Society, and in case the local governor and appoint them, those who are qualified in the district to be members of

General National Health Insurance Society and those who belong to their households shall all be insured persons. But to those who are provided by ordinance this rule shall not apply.

The provisions of Articles 20, 22, 23 shall be applicable to those householders, to whom the insured persons above provided be with necessary modifications.

Sec. 3. In case the competent Minister and the local governor considers necessary with respect to insurance benefits, can make, by ordinance, competent officials inspect papers on medical treatment and ordinance and audit accounts.

Article 55. The local governor, within the meaning of this Law, in case the society, a juristic person exercising society's undertakings of the Association of Societies spread over more than two prefectures, shall be the competent Minister.

Article 56. In case a district has not yet established the town or village system, a town or village or its master shall apply correspondingly to it.

Sec. 2. In case the competent officials or those who hold the to office leak out, without reason, private or business secrets of medical practitioners or dentists which they have learned when inspecting papers in medical treatment and attendance they shall be given a less than 6 months jail sentence or fined less than 500 yen. In case other officials who have learnt secrets above mentioned as a matter of duty leak them out without reason this rule shall apply. Those who reject, disturb or evade the inspection of the competent officials provided in Article 54. Sec. 3, shall be punished with a fine of less than 500 yen.

Article 57. In case the society, a juristic person exercising the society's undertakings or the Association of Societies offend orders provided in Article 27 Sec. 5 or Article 43, reject or disturb the disposal, their officials or liquidator. It be finished less than 100 yen.

THE AMENDED NATIONAL HEALTH INSURANCE LAW

The amended national health insurance law was in operation since July 1. The gist of which is :

1. Ordinarily work of national health insurance is to be pursued by the city, town or village, and all its inhabitants are peremptorily expected to join the system as the insured. When there is a special reason to be justified then an association such was hitherto in existence may be allowed to take place of the new system. In this case however the approval of the city, town or village assembly is required.
2. Treatment of the insured will be done by the physician, who, of his own free will proposes to the insurer (the city, town, village or association) to accept patients and with the insurer makes arrangement of fees. As the result there will not a case happen, in which refusal of insurance treatment or denial of cooperation is involved.

Above mentioned arrangements were done in accordance with the recommendation on social insurance system handed on July 15 to the Japanese Government from G.H.Q. As to conditions obtaining at this period in this prefecture, they are like the following.

- (1.) Among 395 associations in this prefecture about 85% of them will be transferred, by the end of September to the city, town or village, and the remaining 15% will be left with old form of the association.
- (2.) As to unit cost of medical treatment, after a talk between the physician and the insurer an agreement was reached that the maximum unit cost shall be 9 yen and with this amount as the limit decisions are to be made by the two parties in a any given place to suit its own situations. But as a matter of fact the smaller communities around a city have followed the example given out by the latter.
- (3.) The running time of the agreement between the insurer and the physician will terminate by the end of the next March.

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The Draft for Amendment of the National Health
Insurance Law

The National Health Insurance Law (Law No. 60, 1938) shall be amended in part as follows.

In the National Health Insurance Law, the words "the competent Minister" shall be amended to read "the Minister of Welfare" and the words "local governors" shall be amended to read "governor of Tokyo Metropolis, Hokkaido on the prefecture", "the Federation of National Health Insurance Association" shall read "The National Health Insurance Federation," "Federation of Association" shall read "Federation", and "juridical person administering the undertaking of Association", "corporate Juridical person administering National Health Insurance."

Art. 2. The National Health Insurance administration shall be responsible to the local public body of the city, town or village (likewise the special district shall be included hereinafter).

Art. 2-2. The National Health Insurance Association (hereinafter referred to as the Association) or other non-profit corporate juridical person may administer National Health Insurance, in case the city, town or village does not administer National Health Insurance.

The Association shall use the Chinese characters of Kokumin Kenko Hoken Kumiai as its designation.

The Association shall have the exclusive right to use the Chinese characters of Kokumin Kenko Hoken Kumiai as its designation.

Art. 2-3. The term "the insurer" in this law shall mean the city, town, or village, which administers National Health Insurance and the Association and corporate juridical person which administers National Health Insurance provided in the preceding two articles.

In Art. 3, para. 1, the word "one year" shall be amended to read "two years", and in Art. 3, para. 2 "which shall be made by the Association in accordance with the constitution" to "which shall be made by the insurer in accordance with the provisions of National Health Insurance".

In Art. 7 the words "Association or juridical person administering the operations of Association" shall be amended to read "insurer".

Art. 7-2. In case any person fails to pay his insurance contribution and other charges provided by this Law, the city, town or village which administers National Health Insurance shall deal with him in accordance with the provisions of the Local Autonomy Law, Article 225, Sec. 1, 3, 5 and 10.

In Art. 8-2. The words "Art. III, para. 1 and 4, of the code of Towns and Villages" shall be amended to read "Art. 225, para. 1, 3 and 4, other Local Autonomy Law."

Chapter II. Operations.

Art. 8-2 The insured with medical care for sickness and injury, maternity care for delivery, funeral and burial service for death. But in case special circumstances exist, the insurer need not provide maternity care or the funeral and burial.

The insurer may provide other insurance services in addition to the services provided in the previous paragraph as designated by ministerial ordinance.

Any insurer that is under special circumstances may pay medical care expenses, maternity expenses, funeral and burial expenses instead of providing the services prescribed in para. 1 of this article, in accordance with city, town or village ordinance, the constitution of the Association or the regulation concerning National Health Insurance (hereinafter referred to as the regulations) of the corporate juridical person.

Art. 8-3. In case the insurers who ought to provide medical care, Maternity care and funeral and burial service find it difficult to do so, or deem it necessary, they may pay medical care, maternity or funeral and burial expenses instead of providing those respective services.

Art. 8-4. The insurer shall designate the purveyors of medical and allied care from among licensed doctors of medicine, dentists, pharmacists and others who administer medical care upon their application.

The purveyors of medical and allied care may resign their position as provided by Ministerial Ordinance.

Art. 8-5. The insurer shall decide the amount of the medical care fee on the basis of the standard medical care fee set for National Health Insurance by the Committee on Calculation of the Medical Care Fee for Social Insurance. This shall be done after consulting with the Purveyors of medical and allied care and with the approval of the governor of Tokyo Metropolis, Hokkaido or the prefecture.

In case the Association or the corporate juridical person administering National Health Insurance wants to obtain the approval provided in the preceding paragraph, the application for the approval shall be submitted through the mayor of the city, town or village concerned.

Art. 8-6. In case of failure to designate the purveyors of medical and allied care or the amount of the medical care fee in accordance with the preceding two articles, the insurer shall appeal to the National Health Insurance Appeals Board for mediation.

Art. 8-7. The Committee on Calculation of the Medical Care Fee for Social Insurance shall be established in order to set the standard amount of the medical care fee for National Health Insurance.

The Minister of Welfare shall appoint an equal number of persons to the Committee on Calculation of the Medical Care Fee for Social Insurance from among representatives of the insurers, the insured, representatives of licensed doctors of medicine and dentists, and the public interest.

The said representatives of the insurers, licensed doctors of medicine or dentists shall be appointed upon recommendation of the organization to which they belong.

In addition to the provisions of the three preceding paragraphs, the necessary matters respecting the Committee shall be provided by ministerial ordinance.

Article 8-8. The insurer may collect part of the expense for medical care from the person who receives the care (in case the beneficiary is not head of the household, from the insured head of the household to which the beneficiary belongs).

In the preceding paragraph the words "insured head of the household" mean "the member who is the head of the household" in the case of a General National Health Insurance Association and in the case of a Special National Health Insurance Association they mean "the member of the said Association".

Article 8-9. The insurance shall collect insurance contributions from its insured who are heads of households (in the case of a General National Health Insurance Association from its members who are heads of household and in the case of a Special National Health Insurance Association from its members), to cover the expenditure for the operations.

The insurer can reduce, or waive insurance contributions or give additional time to pay to those who are under special circumstances.

Article 8-11. The kind, scope, term extent of insurance benefits, methods of collecting insurance contributions, reduction and waiver of insurance contributions and other necessary matters regarding insurance benefits and contributions shall be decided by city, town or village ordinance, the constitution of the Association or regulations of the corporate juridical person.

Chapter III. The City, Town
or Village

which Administers National Health Insurance

Art. 8-12. In case a city, town or village intends to administer National Health Insurance, it shall make the necessary ordinance respecting National Health Insurance.

In making, revising or abrogating any ordinances in accordance with the preceding paragraph, the approval of the governor of Tokyo Metropolis, Hokkaido or the prefecture shall be required.

Art. 8-13. The city, town or village ordinance respecting National Health Insurance shall include the following articles supplementary to the provisions of this law: -

1. Articles concerning the qualification of the insured.
2. Articles concerning insurance benefits.
3. Articles concerning insurance contributions.
4. Article concerning important assets and public establishments.
5. Other important articles.

Art. 8-14. The insured in the city, town or village which administers National Health Insurance shall be the heads of households and those belonging to their households in the respective area. However this article shall not apply to those who come under one of the following categories:

1. Persons insured under Health Insurance or Seamen's Insurance, except those insured under the Seamen's Insurance Law, Art. 20. para. 1.
2. Those insured under a Special National Health Insurance Association.
3. Persons who are under special circumstances as provided in the city, town or village ordinances.

In case the head of a household having no qualification to be insured according to the proviso in the first paragraph of this article has any persons in the same household qualified to be insured, he shall be deemed insured as head of a household in regard to the application of the provisions of Art. 8-8 and Art. 8-10.

Art. 8-15. The city, town or village which administers National Health Insurance may provide by the city, town or village ordinance a fine not exceeding 2,000 Yen, with respect to those who evade payment of insurance contribution and other charges.

Art. 8-16. The city, town or village which administers National Health Insurance shall decide through the resolution of the assembly of city, town or village, the budget or revenue and expenditure of National Health Insurance, disposition of reserve funds and the acquisition and disposition of important assets and public establishments, as provided by the city, town or village ordinance, and report them to the governor of Tokyo Metropolis, Hokkaido or the prefecture.

Art. 8-17. The city, town or village shall set up a special account in order to manage revenue and expenditure of National Health Insurance.

Art. 8-18. A National Health Insurance Operations Advisory Council shall be organized in any city, town or village which administers National Health Insurance and shall study and advise on matters concerning the management and operation of National Health Insurance.

The members of the Council, numbering not less than five, shall be appointed by the mayor of the city, town or village, with the consent of the assembly, from among representatives of the insured, licenced doctors of medicine or dentist, and the public interest.

Art. 8-19. The Council shall investigate matters concerning the operation of National Health Insurance at the request of the mayor of the city, town or village administering National Health Insurance and shall make such recommendations to him at its own initiative as it considers important.

Whenever the Council receives a communication from an insured of the city, town or village administering National Health Insurance or from any other interested party, the Council shall deliberate on it and shall forward it to the mayor accompanied by a statement of its own opinion.

Art. 8-20. In case a request for investigation has been made according to the preceding article, para. 1, the Council shall meet to study such request and make a prompt reply.

Regardless of the provision of the preceding paragraph the Council shall hold regular monthly meetings, barring exceptional circumstances, for the purpose of investigating matter affecting the operation of National Health Insurance, and shall report important findings to the mayor of the city town or village.

Art. 8-21. At the end of each fiscal year the Council shall make a report on the subjects considered during the past year as well as other important matters, including its recommendations, to the mayor of city, town or village.

Upon receiving the report mentioned in the foregoing paragraph the mayor of the city, town or village shall submit it to the assembly of the city, town or village and publish it.

Art. 8-22. In addition to the provisions of this law, the necessary matters respecting the Council shall be provided by Cabinet Order.

The word "Chapter II. The National Health Insurance Association" shall be amended to read "Chapter IV. The National Health Insurance Association".

In Art. 10, para. 1, the word "householders" shall be amended to read "the heads of household and adults belonging to same households", and in para. 3 the words "cities, towns or villages" to "one or more cities, towns or villages".

Article 11. In order to establish an Association, a constitution of the Association shall be drawn up by fifteen or more promoters, having the consent of half or more of those qualified to be members. Upon resolution by the assembly of the city, town or village concerned, the promoters shall apply for approval of the governor of Tokyo Metropolis, Hokkaido or the prefecture. But in the case of a Special National Health Insurance Association the resolution of the assembly of the city, town or village concerned shall not be required.

The Association shall come into existence when it obtains the approval of establishment.

Art. 11-2 and 11-3 shall be deleted.

Art. 13. In case a General National Health Insurance Association is established, all persons who are qualified to be members shall become members of the Association.

Any person who is under special circumstances as provided by the constitution of the Association, regardless of the provision of the preceding paragraph shall not become a member.

Art. 14. para. 4, item 1 and item 2 shall be amended as follows:

1. Persons insured under Health Insurance and Seamen's Insurance, except insured persons provided in the Seamen's Insurance Law Art. 20, para. 1.
2. Those insured under a Special National Health Insurance Association Section 2 shall be deleted.

Art. 18, 19, 20, 21, 22, 23, and 24 deleted.

Art. 19-2 to 19-5 shall be deleted.

The words "Section 3. Administration" shall be amended to read "Section 2. Administration".

Art. 25, para. 3 and 4 shall be amended as follows:

The members of the Board shall be elected by, and from among, the members of the Association, and the chairman shall be elected by, and from among, the members of the Board.

The fixed number of the members of the Board shall be provided by the constitution of the Association based on the following standards.

- 1. Associations with 2,000 members or less 22 members
- 2. Association with more than 2,000 and less than 5,000 26 members
- 3. Associations with more than 5,000 and less than 10,000 32 members
- 4. Associations with more than 10,000 and less than 20,000 36 members
- 5. Associations with more than 20,000 and less than 50,000 40 members
- 6. Associations with more than 50,000 and less than 150,000 46 members
- 7. Associations with more than 150,000 to less than 200,000 50 members
- 8. Associations with more than 200,000 to less than 300,000 54 members
- 9. Associations with more than 300,000 58 members

Art. 25-2. The term of office of the members of the Board shall be two years from the date on which they were elected.

The term of office of those members of the Board who have filled vacant posts shall be the remaining term of their predecessors.

If there is a change in the fixed number of members of the Board, the term of office of the newly elected members shall be the remaining term of those already members of the Board.

Art. 25-2. Any person coming under any of the following categories shall not qualify to be a member of the Board.

1. Minors.
2. Incompetent person or quasi-incompetent persons.
3. One who has been sentenced to penal servitude or confinement and who has not yet completed his term or been forgiven the remainder thereof.

Article the words "the resolutions" in Art. 26, para. 2, the words "through the mayor of the city, town or village concerned" shall be added, and the following proviso shall be added:

"However, in the case of the Special National Health Insurance Association, it need not pass through the mayor of the city, town or village concerned".

In Art. 28, para. 1, the words "a few directors" shall be amended to read "directors, numbering not less than five"; in para. 2 "in this case the local governors shall appoint directors of the General National Health Insurance Association" shall be deleted, and in para. 3, after the words "or an officer deligated by his" the words "and a licenced doctor of medicine or dentist" shall be added.

Art. 28-2. The term of office of the directors shall be two years.

The proviso in Art. 29, para. 2 shall be deleted.

In Art. 30 the words "instructions of the local governor" shall be amended to read "instruction of the governor of Tokyo Metropolis, Hokkaido or the prefecture through the mayor of the city, town or village concerned" and the following proviso shall be added:

"However, in the case of a Special National Health Insurance Association, it need not pass through the mayor of the city, town or village concerned".

The words "Section 4, Division, Amalgamation and Dissolution" shall be amended to read "Section 3, Division, Amalgamation and Dissoution".

In Art. 34 the words "the approval of local governors" shall be amended to read "the approval of the governor of Tokyo Metropolis, Hokkaido or the prefecture after obtaining the resolution of the assembly of the city, town or village concerned", and the following proviso shall be added:

"However, in the case of a Special National Health Insurance Association, such resdction of the assembly of the city, town or village shall be dispensed with".

In Art. 35, para. 3 the words "the approval of local governors" shall be amended to read "the approval of the governor of Tokyo Metropolis, Hokkaido or the prefecture through the mayor of the city, town or village concerned", and the following proviso shall be added:

"However, in the case of a Social National Health Insurance Association, it need not pass through the mayor of the city, town or village concerned".

In Art. 37, para. 4, after the words "In regard to the method of liquidation and the disposal of the properties" the words "the approval of the governor of Tokyo Metropolis, Hokkaido or the prefecture shall be obtained after obtaining the resolution of the assembly of the city, town or village concerned" shall be added, and the following proviso shall be added:

"However, in the case of a Special National Health Insurance Association, the resolution of the assembly of the city, town or village shall be dispensed with".

Chapter V. The Corporate Juridical Person Which Administers National Health Insurance.

Art. 37-2. In case a non-profit corporate juridical person desires to administer National Health Insurance, it shall make the regulations and obtain the approval of the governor of Tokyo Metropolis, Hokkaido or the prefecture upon obtaining the resolution of the assembly of the city, town or village concerned.

The governor of Tokyo Metropolis, Hokkaido or the prefecture may give the approval provided in the preceding paragraph in case the non-profit corporate juridical person fulfills both conditions stated below:

1. Its district as provided in the articles of incorporation consist of one, two, or more city, town or village areas.
2. Its membership includes four fifths or more of the heads of households in its district.

The provision of the first paragraph shall be applied correspondingly in case the corporate juridical person which administers National Health Insurance changes existing regulations pertaining to, or discontinues, National Health Insurance.

Art. 37-3. The regulations of a corporate juridical person administering National Health Insurance shall include the following articles supplementary to the provisions of this Law:

1. Articles on the qualification of the insured.
2. Articles on insurance services.
3. Articles on insurance contributions.
4. Other important matters.

Article 37-4. Persons insured by a corporate juridical person administering National Health Insurance shall be the members of the corporate juridical person and those who belong to their households, heads of households in the district where the said juridical person is established and those who belong to their households. But this rule shall not be applicable to those who come under any one of the following categories: -

1. Persons insured under Health Insurance or Seamen's Insurance except those insured under the Seamen's Insurance Law, Art. 20, par. 1.
2. Persons insured under a Special National Health Insurance Associations.
3. Persons who are under special circumstances as provided in the regulations.

In case the head of a household having no qualification to be insured according to the proviso in the preceding paragraph of this article has any person in the same household qualified to be insured, he shall be deemed insured as the head of a household in regard to the application of the provisions of Art. 8-8 and 8-10.

Art. 37-5. The corporate juridical person which administers National Health Insurance shall set up a special account on the management of revenue and expenditure of National Health Insurance.

Art. 37-6. The corporate juridical person administering National Health Insurance shall resolve the following matters in the general membership meeting or an equivalent meeting prescribed by its regulations.

1. The budget of revenue and expenditure.
2. Report on operations and settlement of accounts.
3. The undertaking of new obligations or renunciation of rights not provided for in the budget of revenue and expenditure.
4. Disposition of reserve funds and other important assets.
5. Loans (excepting short term loans).

6. Other important matters.

The resolutions mentioned in item 1, 4 and 5 above shall be invalid unless approval of the governor of Tokyo Metropolis, Hokkaido or the prefecture is obtained through the mayor of the city, town or village concerned.

Art. 37-7. In case the corporate juridical person administering National Health Insurance has its permission of administering National Health Insurance revoked according to the provision of Art. 37-2, para. 1, or has received the permission to discontinue operations according to the provision of Art. 37-2, para. 2, or is being dissolved, the representative or the liquidator of the corporate juridical person shall obtain the resolution of the assembly of the city, town or village concerned, with respect to the disposal of assets and the settlement of the accounts of National Health Insurance and thereupon shall obtain the approval of the governor of Tokyo Metropolis, Hokkaido or the prefecture.

The words "Chapter III. The Federation of National Health Insurance Association" shall be amended to read "Chapter VI. The National Health Insurance Federation".

In Art. 38, the words "Associations and juridical persons administering the undertakings of the Associations" shall be amended to read "insurers," and the following two paragraphs shall be added to the same article.

The Federation shall use the Chinese characters of Kokumin Kenko Hoken Dantai Rengokai as its designation.

The Federation shall have the exclusive right to use the Chinese characters of Kokumin Kenko Hoken Dantai Rengokai as its designation.

In Art. 40-2, the words "Associations and juridical persons administering the undertakings of the Associations" shall be amended to read "insurers".

Art. 41. The Federation shall have a General Assembly.

The General Assembly shall consist of the representatives and chairman.

Each of the insurers which are members shall send one representative.

The chairman shall be elected from among the representatives.

Article 41-2. The Federation shall have three or more directors.

The General Assembly shall elect the directors from among the representatives.

The directors shall be elected from among the representatives at the General Assembly. But in case special circumstances exist, persons who are not representatives may be elected.

One of the directors shall become the chairman of directors.

The chairman of directors shall be elected from among the directors.

Art. 41-3. The term of office of the directors shall be two years.

Art. 42. Article 8-9, 15, 16, 17, 26, 27, 29, par. 3 and 4, Articles 30 to 37 shall apply to the Federation. But the approval of the city, town or village in accordance with provision of Art. 37, par. 4, and the submittal through the mayor of the city, town or village concerned according to the provisions of Art. 26, 30 and 35, par. 3, shall be dispensed with.

The words "Chapter IV. Supervision and Subsidy" shall be amended to read "Chapter VII. Supervision and Subsidy".

In Art. 43, par. 1, the words "Association or juridical persons administering the undertaking of the Association" shall be amended to read "insurers" and "alteration of the by-laws" to "amendment of the city, town or village ordinances, constitution of the Association or regulations of the corporate juridical person", and the following paragraph shall be added to the same article:

Whenever, according to the provision of the preceding paragraph, reports are required from, and orders or dispositions are given to, the General National Health Insurance Associations or corporate juridical persons administering National Health Insurance, it shall be done through the mayor of the city, town or village concerned.

In Art. 44, para. 1, the words "government official" shall be amended to read "Government Official, the local public body official".

In Art. 45, the words "In case the local governor considers that the resolutions or acts of officers of the Association" shall be amended to read "In case the governor of Tokyo Metropolis, Hokkaido or the prefecture considers that the resolution of the assembly of a city, town or village administering National Health Insurance, or the Associations"; "law, contract" to "the law, the city, town or village ordinance, the constitution of the Association or the regulations of the corporate juridical person"; and after the words "finds that the continued operation is impossible judging from the condition of operations and assets," the following shall be added: "he may invalidate resolutions of the city, or

village assembly" and the words "the permission of Art. 54" shall be amended to read "the permission given according to Art. 37-2, para. 1".

Art. 46. Whenever a corporate juridical person administering National Health Insurance cases to fulfill either of the conditions stipulated in Art. 37-2, para. 2, the governor of Tokyo Metropolis, Hokkaido or the prefecture may cancel the permission given according to para. 1 of the same article.

Art. 47. The National Treasury may, within the limit of the budget, grant subsidies in accordance with Ministerial Ordinance for the expenditure necessary for the operation of National Health Insurance.

The prefecture, city, town or village may grant subsidies for the expenditure necessary for the operation of National Health Insurance.

"Chapter V. The Inspection Council, Appeal and Lawsuit" shall be amended to read "Chapter VIII. Appeal, Mediation and Lawsuit".

Art. 48. Any person who is dissatisfied with a decision with regard to insurance benefits, may appeal to the National Health Insurance Appeals Board. When dissatisfied with the decision of the National Health Insurance Appeals Board, he may institute a lawsuit in an ordinary court.

The appeal mentioned in the preceding paragraph shall be regarded as a judicial suit in connection with the interruption of prescription.

Art. 50. In case a dispute arises with respect to the contract regarding insurance benefits between the insurer or the Federation and purveyors of medical and allied care or their organizations, the National Health Insurance Appeals Board, if requested by other interested party, may mediate the question.

Art. 51. In case the National Health Insurance Appeals Board receives a request for mediation as provided by Article 8-6, it shall use its offices to negotiate a settlement concerning the purveyors of medical and allied care or the amount of the medical care fee.

Art. 52. Any person who is dissatisfied with the amount of contributions or other assessments levied under this law, with the action taken in collecting such amounts, or with the procedure as provided in Article 7-2 and Article 8, may appeal to the National Health Insurance Appeals Board.

Art. 52-2. The National Health Insurance Appeals Board shall be established in Tokyo Metropolis, Hokkaido and each prefecture.

Art. 52-3. The National Health Insurance Appeals Board shall consist of 3 persons representing the insured, 3 persons representing the insurers and 3 persons representing the public interest and each member shall be appointed by the governor of Tokyo Metropolis, Hokkaido or prefecture.

In case of mediation, the National Health Insurance Appeals Board shall consist of the members mentioned in the preceding paragraph and in addition, 5 or less temporary members shall be appointed by the governor of Tokyo Metropolis, Hokkaido or prefecture from among purveyors of medical and allied care.

Art. 52-4. The term of office of members of the National Health Insurance Appeals Board shall be 3 years and one-third of the members shall be appointed annually.

The person appointed to fill a Board vacancy shall complete the term of office of his predecessor.

The temporary members shall be discharged at the conclusion of the case to which they were summoned.

Art. 52-5. There shall be a chairman of the National Health Insurance Appeals Board elected by the members from among those members who represent the public interest.

In case of the chairman's absence, an acting chairman shall be elected in the manner prescribed in the preceding paragraph.

Art. 52-7. The National Health Insurance Appeals Board shall not commence proceedings or make a decision without the presence of at least one member representing the insured one member representing the insurers and one member representing the public interest.

The National Health Insurance Appeals Board shall not commence proceedings or make a decision on a mediation without the presence of at least one member representing the insured, one member representing the insurers, one member representing the public interest and one member representing the temporary members.

Art. 52-7. A decision of the National Health Insurance Appeals Board on any appeal or mediation shall be made by a majority of the members and the temporary members present. In case of a tie the chairman shall make the decision.

Art. 52-8. Any person who is dissatisfied with a decision with regard to payment of benefits or with matters referred to in Art. 52 and wishes to appeal, shall do so to the National Health Insurance Appeals Board whose jurisdiction is that of the area where the office of the insurer, who made the decision or action, is located.

The appeal mentioned above may be made through the insurer who made the decision or the action.

Mediation shall be conducted by the National Health Insurance Appeals Board under whose jurisdiction the insurer who is the party concerned, or the office of the Federation, is located.

When it is found that the appeal or mediation belongs to a different jurisdictional area, the National Health Insurance Appeals Board shall transfer the appeal or mediation to the proper district and shall notify the applicant to that effect.

Art. 52-9. An appeal to the National Health Insurance Appeals Board may be made either in writing or verbally.

Art. 52-10. The National Health Insurance Appeals Board shall hold a hearing promptly after receiving an appeal.

In case, however, it is difficult for the claimant to attend the hearing, the National Health Insurance Appeals Board may hold such hearing on the basis of written statements in lieu of said procedure.

Art. 52-11. When the National Health Insurance Appeals Board deems it necessary for the purpose of appeals or mediations, they may require the person responsible for the award of insurance benefits, the claimant, the parties concerned in a dispute or other interested parties or witnesses to submit evidence or attend the hearing for questioning and may authorize a doctor to make medical examinations and report his findings.

The governor of Tokyo Metropolis, Hokkaido or prefecture shall grant travelling expenses, daily allowance and hotel charge prescribed in Cabinet Order, the persons who attend a hearing at the request of the National Health Insurance Appeals Board according to the provision of the preceding paragraph.

Art. 52-12. The person responsible for the award of insurance benefits, the claimant, the parties concerned in a dispute and other interested parties and witnesses may express their opinion or submit documentary evidence to the National Health Insurance Appeals Board.

In case the claimant considers it necessary, he may bring an advisor to attend the hearing with him.

In case any interested party cannot attend the hearing he may authorize a representative to attend in his place.

Art. 52-13. In case a certain limited portion of the case has been settled, the National Health Insurance Appeals Board may make the Decision respecting that part first.

Art. 52-14. The decisions of the National Health Insurance Appeals Board shall be in written form with explanations.

Art. 52-15. The National Health Insurance Appeals Board shall, after conclusion of a mediation publish its full account unless both or either party involved indicate otherwise.

Art. 52-16. If the applicant dies before conclusion of the case, the right of appeal shall be transferred to his successor.

Art. 52-17. For the purpose of a lawsuit regarding a decision made by an Association with regard to the matters referred to in Articles 48 and 52, the said Association shall be regarded as a government office.

Art. 52-18. No member of a National Health Insurance Appeals Board or person who is working or has worked for the National Health Insurance Appeals Board shall disclose a secret which he learned while performing his duty.

Art. 53. An appeal shall be made or lawsuit instituted within 60 days from the date of receiving a written decision, provided that with respect to an appeal, this time limit may be extended for good cause as determined by the National Health Insurance Appeals Board.

With respect to the institution of a lawsuit as prescribed in the preceding paragraph, Art. 158, para. 2, and Art. 159 of the Code of Civil Procedure shall be applied correspondingly.

Art. 53-2. Matters of an administrative nature concerning the National Health Insurance Appeals Board may be provided by Cabinet Order.

The words "Chapter VI. Miscellaneous Rules" shall be amended to read "Chapter IX. Miscellaneous Rules".

Art. 54. In case the approval of a city, town or village ordinance is given according to the provision of Art. 8-12, para. 2, any General National Health Insurance Association within the area of the city, town or village shall be deemed to have obtained the approval of its dissolution, and any corporate juridical person administering National Health Insurance shall be deemed to have obtained permission to discontinue administering National Health Insurance as provided in Art. 37-2, para. 3.

In case the area of a General National Health Insurance Association covers two or more cities, towns or villages, and the approval of a city, town or village ordinance is given to one city, town or village according to the provision of Article 8-12, para. 2, such General National Health Insurance Association shall be deemed to have obtained the approval of dividing itself according to the district boundaries of the authorized city, town or village.

In case the area of a corporate juridical person administering National Health Insurance covers two or more cities, towns or villages, and approval to administer National Health Insurance is given to the city, town or village according to the provision of Article 8-12, para. 2, such juridical person shall be deemed to have obtained permission to cease administering National Health Insurance as provided in Article 37-2, para. 3.

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 official or local public body official inspect medical treatment records and account books.

In Art. 55. The words "Hokkaido or the prefectures" shall be amended to read "Tokyo Metropolis, Hokkaido or the prefecture".

Art. 56. In case the competent government official, local public body official or those who formerly held such positions, without good cause, reveals private or business secrets of licensed doctors of medicine or dentists which they have learned when inspection medical treatment records and account books according to the provision of Article 54-2, they shall be given not more than 6 months jail sentence or a fine of not more than 5,000 yen.

In case other officials reveal such secrets which they have learned while on duty, without good cause, the preceding rule shall apply.

Art. 56-2, shall be deleted.

LET IT BE KNOWN TO THE PEOPLE
OF THE PREFECTURE

The Federation of Niigata Prefecture National Health Insurance Associations, since creation of the Niigata Prefectural District Social Insurance Medical Treatment Fees Computation Conference was always willing to sit at the round table, in attitude of conciliation and make discussion with cointerested party comprised of men engaged in medical profession. Highly conscious of vital importance to keep in high degrees physical welfare of the people of the prefecture the Federation was willing to concede to what were asked by the medical men even though yielding to their seeking was often matter for it hard to stand. In a conference, held recently they wanted to change prevailing "¥ 3.80" all at once to "¥ 8" retroactive to January. This federation proposed "¥ 5" beginning with April.

Sometime later the federation was notified by the Central Computation Council which is comprised of those connected with the Japan Medical Association and others, that satisfactory agreement was concluded with present price "¥ 4" standing and "¥ 6" from April. Accordingly the federation modified its proposal from "¥ 5" to "6" and desiring to avoid disruption of talk it added extra "¥ 1.50" per patient as medical care allowance, and the change to "¥ 6" unit was made to take place from March.

The offer proposed by the federation was accepted by public-supported hospitals, but in the four conditions accompanied the acceptance there are features bearing unilateral insistence, which is not in harmony with the spirit of social insurance system, and its proper functioning such as the underlying spirit will rightly describe, and so with feeling of regret the federation hesitates to approve these qualifying conditions.

Then Prefectural Medical Association quoted "¥ 6.50" retroactive to January continuous to March, declaring it a final proposition it could afford to produce, yet unable to compromise.

The federation feels great disappointment at the attitude of the medical men who led the negotiation to disruption, in spite of the fact that the Central Computation Conference which includes representatives of Japan

Medical Association, decided to keep the price unchanged until March and then quote ¥ 6 from April, and the federation offered more than required in this decision. These medical men taking advantage of the failure of the negotiation called their meeting and passed resolution to charge ¥ 8 (customary price for visitor who does not show insurance card) each patient from March 1 who goes to their offices.

Such decision is certainly self-asserting coup-de-tat against the two million members of the Prefecture connected with the National Health Insurance system. They proposed "¥ 6.50" themselves and they voted for "¥ 8". Such action is nothing else but shameful belligerent challenge against this federation.

Now that Local Computation Conference was broken off the steps the Prefecture ought to take are very simple. It may check up the detail of the progress which was made in committee's meetings and it may follow the decision of the Central Computation Conference, regarded to be the nation-wide standard, and obtain approval of Welfare Minister, and make announcement of unit prices. All take effect with an official announcement; a unilateral decision by the Medical Association is will not do any good.

When the beneficiary of the insurance takes with him examination card, if he be charged customary fee of ¥ 8 at the office of a certain physician, the latter obviously has made refusal of insurance treatment and committed an action against the law.

Then if the physician notifies the Governor his renouncement of the insurance physician's position, in view of his action being inconsistent with the best interest of the multitude he should not be relieved of his position.

The Governor, today, at his interview with the President of the Federation in his official quarters where directors of Prefectural Health and Welfare Departments were present gave statement in which he made request of the Medical Association to warn its members not to charge their customers more than hitherts admitted, until he would announce a list of new units of medical fees. The federation sincerely wishes that the men entrusted with the work of medical care be discreet enough to think over, and it requests the Governor to make prompt decision of unit prices. Then the federation certainly expects of the people of the prefecture, two million strong, clear understanding of the situation and fervent support of the efforts maintained by it for their sake.

Niigata Prefecture National Health
Insurance Associations Federation

On this day, March 1, 1948

THIS MUCH WE REQUEST

By Niigata Prefecture National Health
Insurance Associations Federation

1. From the Diet and the government.
 - (1) Establishment of social stability system.
 - (2) Amendments to the National Health Insurance Law as a temporary measure.
 - (3) Increase of subsidy from national treasury during the one year 1947--8.
 - (4) Fixing official prices to the medical treatments.
 - (5) Reduction of medical practice tax on the receiving accrued from social, insurance medical practices.
 - (6) Transfer, free of charges all equipments owned by the former Japan Medical Therapeutic Corporation to the Prefecture
2. From the Prefecture and the Prefectural Assembly.
 - (1) Approval and prompt payment of ¥ 1,500,000 as additional subsidy from 1947 year prefectural account.
 - (2) Decision of the sum of subsidy from 1948 year prefectural account as ¥ 4,500,000.
 - (3) Expanding and strengthening of the leadership of the Insurance Section.
 - (4) Establishment of well equipped prefectural hospitals to fill gaps caused by dissolution of the Japan Medical Therapeutic Corporation.
3. From the Medical organizations.
 - (1) More thorough and complete appreciation of the National Health Insurance System.
 - (2) Willing cooperation with the National Health

- (2) Willing Cooperation with the National Health Association.
 - (3) Making Coincident the sums of compensation for Social Insurance Treatments and customary office charges: also removal of all discriminatory treatments between insurance and none-insurance patients
 - (4) Removal of request of having money paid at the physician's office.
 - (5) Withholding of attitude of frowning at the insurance patient by the physician.
 - (6) Refraining from taking coercive measures against physicians who consent reduction of fees.
4. From the National Health Insurance Association Itself.
- (1) Making endeavor to obtain thorough and wide appreciation of National Insurance system by the masses.
 - (2) Increase of insurance charges; reduction of charges to the people of certain categories; making payment of charge arrears.
 - (3) Quicker payment of medical treatment compensations, and practicing as far as possible paying the physician in rough calculation basis.
 - (4) Expansion and strengthening health promoting measures.
 - (5) Repression of paying by the patient his share of medical cost at the physician's office.
 - (6) Activation of County National Insurance Management Renovation Leagues.
 - (7) Establishment of clinics by the federation.

(1) The purpose of today's visit.

Since the middle of February, there has been a dispute between Prefectural Medical Association and National Health Insurance Union due to the difference of opinion in regard to Social Medical Service Insurance, and this was given out before the public through the announcement in four newspapers.

As the result, the physicians have decided to charge their medical fee directly to the patients. Thereupon National Insurance Union issued an announcement criticising Medical Association for this measure. The latter considers this criticism as being totally wrong, full of malicious intention, and a distortion of the truth.

Yet there is a danger that the prefectural public may get an impression justifying this criticism; and also we fear that the matter may be misreported to you. We felt it our duty to tell you the reasons for our justification of both the attitude and claim of Medical Association. We have also prepared a step to prevent the misunderstanding of the prefectural people.

In order to explain the present complication I will briefly state about the origin and history of Japanese Medical Service Insurance system.

(2) The origin.

It was established, a quarter of a century ago, as a system for the relief of the poor. As the expenditure for the medical treatment was taken care of by Japanese Medical Association by contract, various deplorable circumstances arose. So the government, the physicians, and the insured blamed this system, at the same time blaming one another.

(3) The steps taken.

In order to correct this fault, the government has abolished the contract system and established the point unit price system. This is an application of "sliding system" to medical examination and treatment whose content is indicated by points. For instance, an internal medicine is 1 point for each package a day; an internal examination, 4 points; an operation on appendicitis, 250 points, etc. Doctors' bills present these points, and both the government and Insurance Union pay them by multiplying these points with the unit price.

For the settlement of the point unit price the following organs are responsible.

(a) The Central Price Settlement Council.

(b) The Local " " "

(a) The Central Price Settlement Council is composed of the representatives on varied stand points from varied bodies e. g. the government, the associations of physicians and dentists, Insurance Union, etc. By this council the point unit price is discussed and the resolutions are submitted to the Minister of Welfare who, making the final decision (accepting the council's resolution if appropriate) makes it public. This is the standard price for the whole country. (This is only a standard price and not practical price)

(b) The Local Price Settlement Council is composed of such local representatives as those from prefectural Insurance Department and other local bodies corresponding to the ones in (a) This deliberates on the practical prefectural point unit price with the local circumstances and the national standard price in consideration.

The settled price is submitted to the governor who, on obtaining an approval from the minister of Welfare announces the practical unit price for his prefecture.

(4) The process this year's Local Price Settlement Council has taken.

This year's council was held at the request by Niigata Prefectural Medical Association. The request was made on the ground of the note by the director of prefectural Welfare Department at last year's council stating "When some circumstances arise to necessitate the revision of the unit prices the Local Council will deliberate on the matter whether the Central Council is convened or not."

Early in last November, the government announced to raise the official price of medicine by 25 percent in average. On the other hand, the excessive inflation threatened the life of physicians. The unit price at that time was ¥ 3.80 , and the result was that public hospitals were disabled to pay their workers the regulation wages. Thereupon Medical Association made the request to the prefectural department last December admitting this as the "circumstance necessitating the revision of the unit prices" Notwithstanding the request the prefectural department refused to hold the council up till February 12th and that without giving any reason. In the mean time, the urging of Medical Association was completely ignores.

With the above circumstances as the reason, the committee of Medical Association proposed that February council should settle the revised unit prices for January to March, for which a unanimous approval from the committee was obtained. We proposed that the unit price should be raised to ¥ 8.00 .

The basis for this proposal is the result of a detailed investigation into the condition of the 74 public hospitals and clinics in Niigata Prefecture, and of minute calculation dividing the carefully calculated income and expenditure by the number of the patients and the cumulative number of days apportioning it to the points to be charged. This was approved by the whole committee as being accurate by 99 o/o.

However, National Health Insurance Union proposed the settlement of

the unit price to ¥ 4.50 because of its viability of payment due to the present financial condition, although it considers ¥ 8.00 reasonable.

Medical Association opposed this proposal for the following 3 reasons.

1. The undesirable circumstances cannot be corrected while the prices lower than the appropriate figure are maintained.
2. It will result in the deterioration of the quality of medical service, which will inconvenience the general prefectural people.
3. There is a danger in the physicians' using dishonest means in order to cover the loss, which is destructive for the purpose of the newly born Medical Association.

Then the association pointed out the fact that the bad financial condition of the union is due to lack of skill and zeal of operation and that of co-operative spirit. It also explained, showing the actual figures, that the personal fee of ¥ 8.00 a point will mean only 3.1 o/o, in total, of the individual property fixed by the Board of Economic Stabilization, being far below 6.5 o/o of the U. S.

However, as the council could not reach the final decision Mr. Takizawa, chairman of the committee and representative of public welfare, proposed ¥ 6.50 a point, which is a compromise measure; and the representatives of Medical Association tentatively accepted this hoping to avoid the break down of the negotiation although it evidently meant some loss on their part. The condition was added that this new price should be put into practice from April on without fail.

The union, though it accepted the increase of price above ¥ 4.50 opposed this new plan and led the council to a break down. So the union is responsible for the break down.

(5) The attitude Medical Association has taken *since*.

Owing to the breaking down of the council we do not know when the

announcement of the point unit price will be made, which means that the doctors have to continue their medical service without reward for a pretty long period of time. It is too much of sacrifice to endure in the present economical condition. So the doctors have decided to charge the fee directly to the patients. The fee is the same as the former amount.

This act, National Health Insurance Union blamed with the rude wording in the announcement.

Furthermore, it added the untrue statement that Medical Association refused Social Medical Service. We not only do not refuse it, are continuing the service. What we refused is the method of payment under the old regulations. The insured can get the regulation reduction from the government and the union by presenting the receipt from the doctors. The method of payment is a contract; when it is not formed we have the freedom of getting paid in our individual way.

Medical Association has announced to settle the matter for after April by a conference.

The above is the explanation of the attitude of Medical Association.

English Translation of the Japanese

HEALTH INSURANCE LAW

(Law No. 70 of April 22, 1922, as amended during 1926, 1929, 1934, 1939, 1941, 1942, 1944, April 1947, December 1947, July 3 1948, and December 27, 1948)

25 February 1949

The Social Security Division

PHW ONQ SCAP

Incl. 1

THE HEALTH INSURANCE LAW

(Law No. 79 of April 22, 1922, as amended during 1926, 1929, 1934, 1939, 1941, 1942, 1944, April 1947, December 1947, July 3, 1948, and December 27, 1948) 1/

Chapter I - General Provisions

Article 1. Health insurance shall provide for the payment of benefits to insured persons and to persons supported by them (hereinafter referred to as "dependents") in case of sickness, injury, death, or maternity attributable to causes or sources outside of their employment.

The term "dependents" mentioned in the foregoing paragraph signifies lineal ascendants, spouses (as used throughout this Law includes persons who live together as husband and wife without formal marriage), children of insured persons who are mainly supported by them, and persons who live in the same household and are mainly supported by the insured.

Article 2. The term "remuneration" in this Law signifies the wages, pay, salary, allowances, or bonuses which are received in cash or in benefits in kind by employees from employers as compensation for services performed; however, this provision shall not be applied to such remuneration as may be received at extraordinary intervals nor to an allowance or bonus received less regularly than every three months.

If the whole or part of the remuneration received is in benefits in kind, the cash value thereof shall be fixed, according to the current prices in the district concerned, by the prefectural governor.

In addition to the provisions of the foregoing paragraph, special provisions applying to remuneration may be made by the Health Insurance Societies in their articles.

Article 3. Health insurance contributions and benefits shall be calculated on the standard remuneration of insured persons.

The amount of standard remuneration of an insured person shall be determined on the basis of the monthly amount of the insured person's remuneration in accordance with the classes prescribed in the following table:

1/ Annotations are added to this translation to supply explanatory comment not contained in the Japanese text.

Classification of Standard Remuneration Class	Standard Remuneration		Monthly Value of Remuneration	
	Monthly	Daily	Less than	The same as or more than
1st	300	10	450	0
2nd	600	20	750	450
3rd	900	30	1,050	750
4th	1,200	40	1,350	1,050
5th	1,500	50	1,650	1,350
6th	1,800	60	1,950	1,650
7th	2,100	70	2,250	1,950
8th	2,400	80	2,550	2,250
9th	2,700	90	2,850	2,550
10th	3,000	100	3,150	2,850
11th	3,300	110	3,450	3,150
12th	3,600	120	3,750	3,450
13th	3,900	130	4,050	3,750
14th	4,200	140	4,350	4,050
15th	4,500	150	4,650	4,350
16th	4,800	160	4,950	4,650
17th	5,100	170	5,250	4,950
18th	5,400	180	5,550	5,250
19th	5,700	190	5,850	5,550
20th	6,000	200	6,150	5,850
21st	6,300	210	6,450	6,150
22nd	6,600	220	6,750	6,450
23rd	6,900	230	7,050	6,750
24th	7,200	240	7,350	7,050
25th	7,500	250	7,650	7,350
26th	7,800	260	7,950	7,650
27th	8,100	270	8,250	7,950
28th ^{1/}	8,400	280	8,500	8,250
29th	8,700	290	8,850	8,550
30th	9,000	300	9,150	8,850
31st	9,300	310	9,450	9,150
32nd	9,600	320	9,750	9,450
33rd	9,900	330	10,050	9,750
34th	10,200	340	10,500	10,050
35th	10,800	350	11,100	10,500
36th	11,400	380	11,700	11,100
37th	12,000	400	12,300	11,700
38th	12,600	420	12,900	12,300
39th	13,200	440	13,500	12,900
40th	13,800	460	-	13,500

^{1/} Classes 28 through 40 were added by amendment of December 27, 1948, and became effective January 1, 1949.

The determination of the amount of standard remuneration of an insured person shall be made as of the date when the insured person is qualified as insured.

When the subsequent remuneration of an insured person is not in the same class as that used to determine his standard remuneration classification, because the remuneration of the said insured has been increased or decreased during a subsequent month, the standard remuneration of said insured shall be revised at the beginning of the following month; however, if the date of change in the remuneration of said insured was the first day of the month, the revision of the standard remuneration of the insured shall be effective from the beginning of the same month.

The standard remuneration of an insured person, insured according to the provision of Article 20, shall not be changed.

Article 3-3. The monthly standard remuneration of insured persons shall fixed in accordance with the provisions of the following sub-paragraphs:

1. When the remuneration is determined by the month, week, or other definite period, it shall be calculated by dividing the total amount of the remuneration determined as of the date on which the insured qualified, or the date on which his remuneration was increased or decreased, by the total days during that period, multiplied by 30.

2. When remuneration is regulated by days, hours, output, or the contract of a person entitled to insurance, monthly remuneration will be the same as the average amount of the monthly remuneration of persons engaged in the same kind of business or work in the same working place and who received the same kind of remuneration for the month immediately preceding the month in which the insured persons became qualified as insured.

When the monthly remuneration of an insured person has been determined in accordance with the preceding paragraph and his remuneration has subsequently increased or decreased, the amount of monthly remuneration shall be based on the remuneration received on the day when the change in remuneration occurred.

3. If the remuneration cannot be calculated by the preceding two provisions, the monthly remuneration of the insured person shall be the same as the remuneration received by another person who is engaged in the same kind of business or work in the same district and who received the same kind of remuneration during one month before the day when the insured person qualified or when the remuneration of the insured person was increased or decreased.

4. If the insured person receives remuneration which comes under more than one of the preceding provisions of this article, the sum total of the values calculated under each of the said provisions shall be the monthly remuneration of the insured person.

5. If the insured person receives remuneration from two or more business offices for the same period, the sum total of the value calculated under each of the said provisions with regard to each office shall be the monthly remuneration of the insured person.

If the monthly value of the remuneration of the insured person cannot be calculated under the preceding provisions or if the value calculated under the preceding provisions is inequitable, despite the said provisions, the insurer shall calculate the monthly remuneration of the insured person by other methods.

Whenever an insurer is a Health Insurance Society, methods of calculating remuneration, other than those mentioned in the preceding paragraphs, may be prescribed in the articles of the Society.

Article 4. The right to charge contributions and other assessments provided in this Law and the right to refunds and to benefits are cancelled by prescription after two years have elapsed.

Civil Code regulations on prescription and the interruption and suspension of prescription, stated in the preceding paragraph, shall be applicable to the rights of employer, insurer, and insured persons under Health Insurance.

In accordance with the provisions of Ministerial Ordinance, notifications by the insurer made on the charge of contributions and other assessments prescribed in this Law possess the validity of interruption of prescription regardless of Article 153 of the Civil Code.

Article 5. In regard to the calculation of the period of time prescribed in this Law and in ordinances issued upon this Law, regulations of the Civil Code concerning calculation of time shall govern.

Article 6. Stamp duty shall not be levied on Health Insurance documents.

No income tax or juridical person tax shall be assessed on a Health Insurance Society.

No local municipal body shall be authorized to impose a local tax on the operations of a Health Insurance Society.

Article 7. An insurer or beneficiary may demand a certification of the census registration of an insured person, or person previously insured, from the official in charge of census registration or his deputy, without charge.

In granting benefits stated in paragraph 2 of Article 1, the preceding regulation is applicable to the census registration of dependents or former dependents.

Article 8. The insurer may, as provided by Ministerial Ordinance, require employers of insured persons to report on employee changes, remuneration, and other matters, or present pertinent documents thereon and otherwise administer affairs necessary for the enforcement of Health Insurance.

Article 8-2. The insurer may, as provided by Ministerial Ordinance, require the insured or those who are eligible to receive a benefit to submit an application, report, or document to their insurer or employer necessary for the execution of Health Insurance.

Article 9. The authorized government office, when it considers it necessary, may have an authorized person question those concerned at the place of employment of insured persons and inspect accounts, documents, and other papers at the place of employment with respect to the changes and the remuneration of insured persons and the decisions on benefits.

Article 9.-2. With respect to benefits, the authorized government office may have an authorized person inspect records on medical care and other documents.

Article 10. The Welfare Minister may delegate, by order, a part of his official powers prescribed in this Law to the prefectural governor.

Article 11. In the case of non-payment of contribution and other assessments prescribed in this Law, the insurer shall designate the time limit for payment and make demand for payment.

When a demand for payment is necessary, in accordance with the preceding paragraph, an insurer shall issue a demand letter to an employer who is under obligation to pay. In such case 10 Yen shall be charged as the demand fee.

When a demand letter is issued, according to the preceding paragraphs penalty on the amount due shall be assessed for the number of days from the day after the date when payment was due to the day before the full payment of charges or the attachment of property, at a rate of 5 Sen per day for each 100 Yen charged. If, however, the delinquent case comes under any of the following, or if extenuating circumstances regarding arrearage are recognized, this rule shall not be applied:

1. The assessed amount in a demand notice is less than 100 Yen.
2. The time of payment is advanced and collection is made.
3. The demand notice or demand letter for payment is made by the same method as used in sending an official notice when the address and domicile of one who is under obligation to pay is not within Japanese territory, or his address and domicile are not clear.

When the contributions and delinquency fee are fully paid within the term fixed in the demand letter, or when the total counted by the preceding paragraph is less than 1 Yen, the penalties shall not be collected.

Article 11-2. When employers who receive demands for payment, as prescribed in the preceding article, fail to pay their contribution and other assessments prescribed in this Law in the designated time, the insurer may take further action according to the process for the collection of taxes in arrears or may demand such action of the city, town, or village where the defaulters live or their property lies; however, when a Health Insurance Society is the insurer, collection by disposal of property, according to the process for the collection of taxes in arrears, is allowable only when disposal has been demanded of the city, town, or village concerned and the letter has failed to institute such action within 30 days from the day of its receiving the demand or when it has failed to complete it within 90 days.

Approval by the Welfare Minister is required when a Health Insurance Society disposes of an employer's property according to the process for the collection of taxes in arrears prescribed in the proviso of the preceding paragraph.

When the insurer demands action of a city, town, or village in accordance with paragraph 1, the city, town or village will make the disposition in accordance with the taxation procedure of the city, town or village. When the city, town, or village concerned makes the collection for the Society, the city, town or village will receive four per cent of the amount collected.

The terms "towns" and "villages" in paragraph 1 and in the preceding paragraph are applicable to those districts not organized as towns or villages.

Article 11-3. The precedence of contributions and other assessments prescribed in this Law is second in priority to the assessments of cities, towns, villages, or associations of local public bodies 1/ but precedes other public imposts.

Article 11-4. With respect to the delivery of documents concerning contributions and other assessments prescribed in this Law, Articles 4-7 and 4-8 of the National Tax Collecting Law shall govern.

Article 12. When a person is employed by the government or is employed by an office of a local public community and is a member of a Mutual Aid Association, in accordance with the National Public Service Mutual Aid Law, he shall not be entitled to the benefits provided by this Law.

The kind and degree of benefits of the said Mutual Aid Association are equal to or above the benefits provided by the Law. 2/

Article 12-2. With respect to a Mutual Aid Association, as described in the preceding article, the Welfare Minister may require such Association to report operations, issue instructions on the management of the Association, and inspect conditions and property of the Association. 3/

Article 12-3. Contributions for Health Insurance shall not be collected from those ineligible for Health Insurance benefits by reason of Article 12.

Chapter II. Persons Insured

Article 13. All persons who are engaged in employment in working places (as used throughout this Law includes offices) within the following categories shall be insured under Health Insurance:

1. Working places which regularly employ five or more persons engaged in:

- 1/ Article 284 of Local Autonomy Law defines "local public bodies".
- 2/ Entered in the Japanese text as a notation.
- 3/ Similar provision in Article 9, paragraph 2, NPSMAA Law.

- a) The manufacture, alteration, selection, packing, repair, or demolition of articles;
- b) Mining, quarrying, or other processes for the extraction of minerals from the earth;
- c) The generation, transmission, and supply of electricity and other motive power;
- d) The transport of passengers or freight;
- e) The loading and unloading of freight;
- f) The sale and distribution of goods;
- g) Finance or insurance;
- h) The storage or loan of goods;
- i) The brokerage of any kind of goods or services;
- j) Guide service, advertising, or the collection of money;
- k) Incineration, sweeping, or butchery.

2. An office of government or juridical person which regularly employs five or more persons.

Article 13-2. Persons who come under any of the following sub-paragraphs, irrespective of other provisions of the Law, shall not be insured under Health insurance.

1. Persons insured under Seaman's Insurance (excluding those designated in Article 20, paragraph 1, of the Seamen's Insurance Law).

2. Persons employed temporarily:

- a) Persons employed for not more than the contract period of two full months;
- b) Persons employed on a daily basis.

If, however, a person excluded by sub-paragraph (a) is employed continuously beyond the designated time or if a person excluded by sub-paragraph (b) is employed continuously beyond one month, the provisions of such sub-paragraphs shall not be applicable.

3. Persons engaged in seasonal work, excluding persons intended to be employed continuously beyond four months.
4. Persons employed by establishments engaged in temporary enterprises, excluding persons, intended to be employed continuously beyond six months;
5. Persons employed by working places or offices when such working places or offices have no fixed location;
6. Persons employed by a National Health Insurance Association or by a corporate juridical person administering National Health Insurance;
7. Persons employed by a life insurance company as solicitors for life insurance and who receive commissions instead of a fixed amount of remuneration.

When a person insured under Health Insurance in accordance with the preceding article becomes insured under National Health Insurance, with the approval of the insurer, or with the approval of the Mutual Aid Association as prescribed in Article 22, such person shall not be insured under Health Insurance during such period.

Article 14. Employers engaged in undertakings not designated in Article 13 may apply for the approval of the Welfare Minister to have all of their employees insured under Health Insurance.

In applying for the approval prescribed in the preceding paragraph the consent of one-half or more of all employees of the working place shall be necessary.

Article 15. When the approval prescribed in the preceding article is granted, such employees will be insured under Health Insurance.

The provisions of Article 13-2 shall serve to preclude approval.

Article 16. If a business of the type listed in Article 13 ceases to be subject to the provisions of such article it shall be considered as having been granted the approval prescribed in Article 14.

Article 17. Persons insured in accordance with the provisions of Article 13 or 15, are insured as of the first day of employment or on the day when the provisions of Article 13-2 or Article 15, paragraph 2, become inapplicable to them.

Article 18. Persons insured in accordance with the provisions of Articles 13 or 15 are disqualified as insured on and after the day following the date of death, severance of employment, or when Article 13-2 or Article 15, paragraph 2, becomes applicable to them. However, if the provisions of the preceding article become applicable on the date of severance of employment, or when Article 13-2 or Article 15, paragraph 2, becomes applicable to them, they are disqualified as of that day.

Article 19. Employers of persons insured according to Article 15 may apply for the approval of the Welfare Minister to have all such insured persons disqualified as insured.

In applying for the approval prescribed in the preceding paragraph, the consent of not less than three-fourths of the persons insured is necessary.

When the approval prescribed in paragraph 1 has been granted the persons insured are disqualified as of the day following the approval.

Article 20. Any insured person disqualified by reason of Article 18 may continue to be insured providing he makes application to the insurer not later than ten days after the date of disqualification or, in case the insured person is receiving benefits at the time of disqualification, if he makes application not later than ten days after the termination of the period in which he is receiving benefits, providing further that such person has been insured for more than two months prior to the date of disqualification. However, those insured by Seamen's Insurance (excluding those designated in Article 20, paragraph 1, of the Seamen's Insurance Law) shall be excepted from this rule.

An application presented later than as prescribed in the preceding paragraph may not be accepted without proper reason being given by the insured.

Article 21. If a person, in accordance with the preceding article, comes within the provisions of the following sub-paragraphs he shall be disqualified as of the following day. However, with respect to sub-paragraphs 4 and 5 he shall be disqualified as of that day.

1. After the lapse of six months from the date he became insured;
2. In the event of death of the insured;

3. If the insured does not pay the total contributions within ten days after the specified date on which contributions are due;
4. If the insured person becomes insured as provided by Articles 13 or 15 of this Law;
5. If the insured becomes insured by Seamen's Insurance (excluding those designated in Article 20 of the Seamen's Insurance Law).

Chapter III. The Insurer.

Article 22.

An insurer under the Health Insurance Law shall be either the Government or a Health Insurance Society.

A Health Insurance Advisory Council shall be established to consider important affairs concerning the operation of health insurance by the Government.

The members of the Health Insurance Advisory Council shall be appointed by the Welfare Minister and shall consist of an equal number of those who represent the insured, the employer, and the public interest.

In addition to the provisions stipulated in the preceding two paragraphs, other necessary matters concerning the Health Insurance Advisory Council shall be prescribed by Cabinet Order.

Article 23. The insurer may provide suitable facilities necessary for the treatment of sickness or injury and the improvement of the health of insured persons and their dependents, and shall pay the necessary expenses thereof.

Article 23-2. The insurer may allow person other than the insured and their dependents to utilize the facilities mentioned in the preceding article only when such use will not impair the intended function of such facilities.

The insurer may demand fees in accordance with Ministerial Ordinance from those availing themselves of these facilities.

Article 24. The Government shall manage Health Insurance for insured persons who are not members of a Health Insurance Society.

Article 25. A Health Insurance Society shall manage Health Insurance for insured persons who are members of the Society.

Article 26. A Health Insurance Society shall be a juridical persons.

Article 27. A Health Insurance Society shall be composed of employers and insured employees.

Article 28. An employer regularly having 100 or more employees in one or more working places may form a Health Insurance Society.

Two or more employers of insured employees may jointly form a Health Insurance Society. In such case the combined number of insured persons shall regularly number 500 or more.

Article 29. The consent of half or more of those persons to be insured who possess the qualifications to be members of the Society shall be obtained to form a Health Insurance Society. Articles of the Society shall be drawn up and the approval of the Welfare Minister shall be obtained.

Whenever a Health Insurance Society is to be formed that covers two or more working places the consent prescribed in the preceding paragraph shall be obtained from the employees of each working place.

Article 30. The term "insured person" in the preceding two articles shall also include those persons to be insured when application for approval of the formation of a Health Insurance Society and application for the approval prescribed in Article 14, paragraph 1, are made at the same time.

Article 31. The Welfare Minister may order the formation of a Health Insurance Society by an employer regularly having 500 or more insurable employees, as defined in Article 13, in one or more working places.

Article 32. The employer who has been ordered to form a Health Insurance Society shall draft articles for the Society and obtain the approval of the Welfare Minister for the formation of the Society.

Article 33. Deleted

Article 34. A Health Insurance Society is officially authorized when approval is granted for its formation.

Article 35. When a Health Insurance Society is formed the employer and all the insured employees of the working place become its members.

Article 36; An amendment to the Articles of a Health Insurance Society does not become effective until such amendment is approved by the Welfare Minister.

Article 37. The Welfare Minister may require a Health Insurance Society submit reports on its affairs, inspect the conditions of its business and its funds, order amendment of the Article of the Society, and make other necessary changes in the administration of the Society.

Article 37-2. The Welfare Minister may through Ministerial Ordinance require the installation of insurance facilities and the payment of expenses thereof, as prescribed in Article 23.

Article 38. When the officers of a Health Insurance Society are absent, not available, or in difficulties, or if the Society fails to provide benefits or perform other duties, the Welfare Minister may appoint government officials and others to discharge the duties of the Society.

Article 39. When a determination of a Health Insurance Society or the conduct of an officer is contrary to law, or to the directions of the Welfare Minister, as prescribed by law, or to the Articles of the Society, and it is recognized to be harmful to the interests of the members of the Society, or when continued existence of the Society is considered to be difficult in view of the condition of the Society's finances and property, the Welfare Minister may revoke the determination, discharge the officers, or order the dissolution of the Society.

Article 40. The assets and liabilities of a Health Insurance Society which has been dissolved shall be assumed by the Government.

Article 41. Matters concerning the administration, partition, amalgamation, or dissolution of a Health Insurance Society, the custody and use of the Society's property, and other necessary matters referring to the Health Insurance Society, not provided in this Law, shall be prescribed by Cabinet Order.

Article 42. The insurer of an insured person who is employed by two or more employers at the same time shall be designated by the Welfare Minister.

Article 42-2. Health Insurance Societies may jointly form a Health Insurance Federation to accomplish their mission.

A Health Insurance Federation shall be a juridical person.

In establishing a Health Insurance Federation, Articles of the Federation shall be drafted and approval obtained from the Welfare Minister.

The Welfare Minister may order Health Insurance Societies to join a Federation when he deems it necessary for the general welfare of the insured.

The provisions of Article 23, 23-2, 34, 36 through 39, and 41 shall be applicable to a Health Insurance Federation.

Chapter IV. Insurance Benefits

Article 43. The following benefits shall be provided for sickness and injury of the insured person:

1. Medical examination;
2. Supply of medicines and other therapeutical materials;
3. Medical treatment, operation, and other therapeutical care;
4. Hospitalization and clinical service;
5. Nursing; .

6. Transportation.

Benefits stated in items 4, 5, and 6 of the preceding paragraph shall be granted when considered necessary by the insurer or when prescribed by Ministerial Ordinance.

Article 43-2. An insured person desiring to obtain any benefit described in the preceding Article, paragraph 1, items 1 through 4, will receive such benefits from an insurance doctor ^{1/} or pharmacist, or person appointed by the insurer according to the insured person's choice.

Article 43-3. Insurance doctors and pharmacists shall be appointed by the prefectural governors from among licensed doctors, dentists, and pharmacists.

An agreement by each doctor, dentist, or pharmacist appointed shall be necessary to effect the appointments stated in the preceding paragraph.

The insurance doctors or pharmacists who are appointed according to paragraph 1 of this Article shall exercise medical care and the granting of medicine in accordance with the requirements of the prefectural governor.

1/ "Insurance doctor" as used throughout this translation mean "insurance doctors and insurance dentists"

Insurance doctors or pharmacists may resign their positions when they desire.

When an insurance doctor or pharmacist wishes to resign in accordance with the preceding paragraph he shall submit a statement of his resignation one month in advance.

Article 43-4. Insurance doctors and pharmacists shall exercise kindness and care in dispensing medical care to the insured and to the insured's dependents.

If insurance doctors or pharmacists neglect their obligations in giving medical care, the prefectural governor may cancel their appointments.

Article 43-5. A Central Social Insurance Medical Care Advisory Council and Local Social Insurance Medical Care Advisory Councils shall be organized to guide and supervise insurance doctors and pharmacists for proper social insurance medical care.

The Welfare Minister shall appoint the members of the Central Social Insurance Medical Care Advisory Council and the prefectural governors shall appoint the members of the Local Social Insurance Medical Care Advisory Councils. The membership of each council shall consist of an equal number of representatives from among the representatives of the insurer, insured and employers, physicians and dentists, and the public interest.

The above appointments of persons who are to represent the insured and employers, and physicians and dentists, shall be from among those recommended by the organizations concerned.

Article 43-6. The amount of cost which insurance doctors, pharmacists, or persons 1/ that employ doctors, dentists, or pharmacists, are to charge the insurer for medical care provided, shall equal the amount determined for such medical care.

The medical care claims as submitted to the insurer for medical care provided to the insured shall be calculated by the insurer in accordance with the fee schedule determined by the Welfare Minister.

The Welfare Minister in making fee determinations, according to the provisions of the preceding paragraph, shall consult the views of the Social Insurance Medical Fee Calculating Committee.

1/ Persons, juridical persons organizations, etc., that extend employment to medical personnel.

Article 43-7. For the purpose of recommending proper medical care fees for Health Insurance, the Social Insurance Medical Fee Calculating Committee shall be established.

The members of the said Committee shall be appointed by the Welfare Minister with an equal number of representatives from among representatives of the insurer, insured and employer, physician and dentist, and public interest.

In the above appointments the persons who are to represent the insured and employers, and the physicians and dentists, shall be from among those recommended by the organizations concerned.

Article 44. When an insurer cannot provide medical care benefits, or if in time of urgency or owing to unavoidable circumstances it is considered necessary to provide medical care for the insured by doctors, dentists, or others who are not insurance doctors or persons designated by the insurer, the cost of medical care may be allowed in place of medical care benefits.

Article 44-2. The amount of cost of medical care that is allowed according to the provisions of the preceding article, shall be decided by the insurer, based upon the amount required for medical care.

In applying the provisions of the preceding paragraph, the amount of cost of medical care shall not exceed the actual cost.

For the calculation of expenses required for medical care as prescribed in paragraph 1 of this article, the provisions of paragraphs 2 and 3 of Article 43-6 shall be applied.

Article 45. When an insured person is not able to work because he is taking medical care, his daily sickness allowance, beginning with the fourth day of his incapacity, shall be equal to 60 per cent of his standard daily remuneration.

Article 46. Sickness allowances payable to insured persons accommodated in hospitals and clinics, if in the event the insured does not have a family to support, shall be equal to 40 per cent of the insured's standard daily remuneration.

Article 47. The time limit during which sickness allowances are payable for the same sickness or injury, or for sickness arising therefrom, shall be six months, beginning with the first day of the incapacity.

For special types of sickness, as designated by the Welfare Minister, the insurer may continuously grant sickness allowance prescribed in the preceding paragraph for a year and one half after the elapse of the period of the preceding paragraph.

Article 48. Deleted.

Article 49. When an insured person dies, the persons who were supported by him and who perform the funeral and burial services are entitled to a funeral expenses equal to the standard monthly remuneration of the deceased. If, however, the said sum is less than 2,000 Yen, then 2,000 Yen shall be allowed.

When, on the death of an insured person, there is no beneficiary entitled to the funeral expenses, according to the provision of the preceding paragraph, the persons who performed the funeral and burial service will receive a cash payment equal to the funeral expenses or within the limit of the sum previously mentioned.

Article 50. When an insured person has been confined in bed because of giving birth to a child, she shall be paid an amount for confinement equal to 50 per cent of her standard monthly remuneration. If however the amount is less than 1,000 Yen, than 1,000 Yen shall be paid.

When an insured person is incapable of work because of confinement she shall be paid an amount calculated as 60 per cent of her standard daily remuneration for a period of 84 days. Such period will begin 42 days before the day she gives birth to the child.

Article 50-2. When an insured person has given birth to a baby and she nurses the same baby, she shall be paid 100 yen per month for six months as a nursing allowance. Payments shall be calculated from the day of the birth of the child and a period of less than one calendar month, at the beginning of the period, shall be calculated as one month.

The nursing allowance specified in the preceding paragraph shall be granted although the insured gives birth to a child within 6 months from the day of her loss of qualification, or although the insured loses her qualification while receiving a nursing allowance.

Article 51. The insurer may admit insured women into maternity hospitals.

The amount of expense which is to be paid to an insured person who is admitted to a maternity hospital, hospital, or clinic shall be equal to one-half of the amount which would be paid in accordance with the provisions of Article 50, paragraph 1.

With respect to maternity allowance which is to be granted to an insured woman who is admitted to a maternity hospital, hospital, or clinic, the provisions of article 46 shall be applicable.

Article 52. Deleted.

Article 53. Deleted.

Article 54. During the period when a maternity allowance is granted a sickness allowance is not payable.

Article 55. Insured persons who are disqualified as insured persons during the period in which they are receiving benefits for sickness, or maternity may continue to receive such benefits from the same insurer for the duration of the term to which such person would have been entitled to benefits had he or she not been disqualified.

Article 56. When an insured person dies while receiving benefits according to the provision of the preceding article, or a person who previously received benefits according to the provisions of the preceding article dies within three months after the date on which he ceased to receive benefits, or a person previously insured dies within three months after the date of his disqualification, the persons who were supported by the deceased and who perform the funeral services are entitled to receive funeral allowances from the last insurer of the deceased.

The provisions of article 49 will be applicable with respect to the preceding paragraph when there is no beneficiary to receive the funeral allowance or the amount to be determined.

Article 57. When the confinement of a woman who was an insured person occurs within six months after date of her disqualification as an insured person, allowances associated with childbirth, payable to an insured person, shall be payable to her by her last insurer.

Article 57-2. Regardless of the provisions of the preceding three articles, persons who have insurance rights under the Seamen's Insurance Law shall not be entitled to Health Insurance benefits or allowances.

Article 57-3. Benefits and allowances for medical care for the same disease or injury of an insured, or for a disease resulting therefrom, shall not be paid under the following circumstances:

1. When the insured is to receive an accident annuity or an accident allowance provided by the Welfare Pension Insurance Law.
2. When the insured has not recovered from a disease or injury after receiving medical care for a period of two years.

Article 58. A sickness and injury or maternity allowance shall not be paid to persons who suffer from a disease, injury, confinement, or childbirth during a continuous period when all or a part of their remuneration is receivable. However, if the amount of their remuneration which they can receive is less than that of a sickness and injury or maternity allowance, the difference between the amount of remuneration they can receive and the total amount of the allowance shall be paid.

Article 59. When insured persons, as mentioned in the preceding article, do not receive all or part of their remuneration which they are eligible to receive by contract at the time of sickness and injury or maternity, the total amount of the sickness and injury or maternity allowance, or the difference between the said allowances and remuneration received when the remuneration received is less than that of the said allowance, shall be given to them by the insurer. When an insured person receives a part of the said allowance, in accordance with the provisions of the preceding article, such amount of the allowance shall be omitted from the balance payable to the insured.

The sum paid by the insurer in accordance with the provisions of the preceding paragraph shall be collected from the employer of the insured person.

Article 59-2. When a dependant of an insured person has received medical care from a doctor chosen by the dependant from among insurance doctors, pharmacists, or persons designated by the insurer, the amount for dependants medical care expenses necessary for the medical care shall be paid to the insured.

An amount equal to 50 per cent of the expenses necessary for medical care may be allowed as dependant's medical care expenses, provided that such amount allowed is not more than 50 per cent of the actual amount paid.

When dependants of an insured person have received medical care from an insurance doctor, pharmacist, or person designated by the insurer, within the limit of the fixed sum to be paid to the insured, the insurer may pay the expenses necessary for the medical care expenses to the insurance doctor, pharmacist, or other designated person instead of to the insured.

When the expenses necessary for medical care have been paid to insurance doctors, pharmacists, or persons designated by the insurer or to persons who employ them, in accordance with the provisions of the preceding paragraph, the dependant's medical care expenses within the limit of the actual amount paid shall be deemed as having been paid to the insured.

The provisions of Articles 43 and 43-2; Article 43-6, paragraphs 2 and 3; and Articles 44, 44-2, 55, and 57-3 shall be applicable to dependants medical care expenses.

Article 59-3. When a dependant of an insured person dies the insured shall be paid funeral expenses of 1,000 yen.

Article 59-4. When the wife of an insured person gives birth to a baby, the insured person shall be granted 500 yen as the expenses of childbirth.

When the preceding paragraph is applicable, a nursing allowance shall be granted to the insured, providing the mother nurses the child.

When a nursing allowance as specified in the preceding paragraph is granted the provisions of Article 50-2, paragraph 1, shall be applicable.

Article 59-5. Notwithstanding the provisions of Article 59-2, paragraph 1, an insurer may entrust the matter of the payment of dependent's treatment expenses to a city, town, or village; to a National Health Insurance Association; or to a corporate juridical person, providing such entities undertake the functions of administering National Health Insurance (hereinafter referred to as "those who exercise National Health Insurance"). In such cases the insurer shall pay the necessary expenses to those who exercise National Health Insurance.

With respect to the payment of dependent's medical care expenses to the insured by those who exercise National Health Insurance, such agents are given authority to act for the insurer in accordance with the provisions of the preceding paragraph, and the provisions of Article 59-2, paragraph 3, shall be applicable.

Article 60. Insured persons and persons previously insured will not be granted benefits when cause for benefits is brought about intentionally or is attributable to intentional criminal acts of the insured.

Article 61. Full or partial benefits may not be granted when the cause for benefits arises through an insured's fighting, intoxication, or extreme profligacy.

Article 62. Insured persons and those who were previously insured shall not be granted benefits for sickness and injury or maternity when subject to any one of the following conditions:

1. When outside Japanese territory.
2. When sent to a house of correction or to such other institution.
3. When imprisoned or detained in jail, police cell, or work-house.

When in accordance with the regulations of other laws, medical benefits or medical allowances are granted to persons at a cost of the Treasury or public corporation, medical benefits under this Law shall cease to be granted.

The provisions of Article 46 and Article 51, paragraph 2, are applicable to persons subject to the provisions of the preceding paragraph.

When any of the conditions in paragraph 1 of this article are applicable to insured persons, or to those previously insured, the insurer is not precluded from granting the dependents the benefits mentioned in the latter part of Article 1, paragraph 1.

Article 63. A part of the benefits granted may be withheld when medical orders are disobeyed without good reason.

Article 64. When an insured person has received or tried to obtain insurance benefits by fraud or other dishonest method, a decision can be made by the insurer to deny the payment of all or part of the sickness and injury allowance or maternity allowance payable for a period of six months; however, this decision cannot be made after a lapse of one year.

Article 65. When deemed necessary the insurer may have persons receiving benefits undergo a medical examination.

The total or part of the benefits may be withheld from those who without good reason refuse to undergo a medical examination.

Article 66. Medical care expenses, sickness and injury allowances, maternity allowances, funeral expenses, delivery expenses, dependent's medical care expenses, dependent's funeral expenses, spouse delivery expense, and nursing allowances shall be paid on all occasions when beneficiaries are eligible, and the funeral expenses, mentioned in Article 49, paragraph 2, or in Article 56, paragraph 2, shall also be subject to this rule.

Notwithstanding the provisions of the preceding paragraph, a sickness and injury allowance, maternity allowance, and nursing allowance may be paid monthly on a fixed date determined by the insurer.

Article 67. When an insurer has granted benefits in a case where the cause of the benefit condition was attributable to a third party, the insurer acquires the right to demand the damages which the insured person or those previously insured possess against the third party, according to the limit of the benefit sum.

Article 68. The right to receive benefits may not be transferred nor seized.

Article 69. Taxes and other public imposts shall not be imposed on the cash and other articles received as benefits.

Article 69-2. The provisions of Articles 60; 62, paragraph 1 and 2; 65; and 67 are applicable to dependents.

Article 69-3. When the insurer is a Health Insurance Society other benefits besides those stipulated in this Law may be granted according to the provisions of the Articles of the Society.

Chapter V. Expense Charges.

Article 70. The National Treasury shall pay the necessary administrative expenses for Health Insurance and the amount shall be fixed by the National annual budget.

Article 70-2. The administrative expenses of a Health Insurance Society which are to be paid by government subsidy shall be computed by the Welfare

Minister, calculated on the basis of the number of insured persons in the Society.

The government subsidy mentioned in the preceding paragraph may be roughly estimated and allocated to the Societies.

Article 71. Contributions are charged to meet the expenses of Health Insurance.

The monthly contribution of the insured shall be calculated as the product of the insured's standard monthly remuneration and contribution rate.

Regardless of the provision of the preceding paragraph, contributions will not be calculated on a continuously insured person 1/ for the month in which the person was disqualified.

1/ A person who was insured during the month preceding the month in which disqualification occurred. (A person who establishes qualification during the month of disqualification will be subject to contributions).

Article 71-2. The contributions of an insured person according to the provisions of Article 20 shall be calculated as of the month he is entitled to insurance.

With respect to persons subject to the preceding paragraph, the contributions for each succeeding month shall be calculated according to the provisions of the preceding article.

Article 71-3. When an insured person who was insured during the preceding month falls within the purview of Article 62, paragraph 1, items 1, 2, or 3, he shall not be charged contributions during the month in which he becomes subject and during the following complete months he remains subject to Article 62, paragraph 1, items 1, 2, or 3, and his contributions will begin with the month in which he ceases to be subject to Article 62, paragraph 1, items 1, 2, or 3; however, when a person falls within the purview of Article 62, paragraph 1, items 1, 2, or 3, in the same month in which he qualifies without being insured in the preceding month, or when an insured person becomes and ceases to be subject to Article 62, paragraph 1, items 1, 2, or 3, during the same month, such persons shall be subject to contribution for the month in which they became subject to Article 62, paragraph 1, items 1, 2, or 3.

Article 71-4. The contribution rate of Government-managed Health Insurance shall be 4 percent, except as follows:

When there is any shortage in the necessary funds for the payment of the expenses of insurance benefits or the expenses of insurance facilities, or in case there is a surplus, under the existing contribution rate, the Welfare Minister may have the contribution rate changed within the limits of 3.8 per cent to 4.4 per cent, based upon the opinion of the Health Insurance Advisory Council.

The contribution rate of Society-managed Health Insurance shall be decided within the limit of 3 per cent to 8 per cent, according to regulations prescribed by Cabinet Order.

The decision for and the revision of the contribution rate prescribed in the preceding paragraph must be approved by the Welfare Minister to be enforceable.

Article 72. Contribution charges are to be shared in equal parts by insured persons and the employers who employ the insured; however, persons insured according to the provisions of Article 20 must bear the entire sum.

Article 73. Deleted.

Article 74. Deleted.

Article 75. Regardless of the provisions of Article 73 a Health Insurance Society may, in its Articles of the Society, increase the rate of contributions to be borne by the employers.

Article 75-2. The amount of contributions borne per month by insured persons of a Health Insurance Society shall not exceed 2.5 per cent of their monthly standard remuneration, and in case one-half of the total employer and employee contributions charged by the insurer exceeds 2.5 per cent of the insured's remuneration the employer shall pay the excess.

Article 76. Deleted.

Article 77. Employers are responsible for the payment to the insurer of their own contributions and the contributions to be borne by their insured employees; however, such provision does not apply to the contributions of persons insured according to the provisions of Article 20.

Regardless of the provisions of the preceding paragraph an employer, in case the insured ceases to be an employee, may at time of settlement of insured's remuneration, deduct the contributions to be borne by the insured for the preceding and current months.

The employer, when he deducts contributions, as provided in the preceding two paragraphs, shall make a statement of the deduction and shall notify the insured as to the amount deducted.

Article 79. The contributions to be paid to an insurer for a specific month shall be paid by the end of the following month.

When an insurer discovers that contributions have been charged or paid in excess of the amount due because of an overcharge by the insurer or because of an overpayment by the contributor, the insurer shall credit within six months the amount of the overcharge or overpayment to contributions becoming due from such contributor within the said six months.

According to the preceding provision, if it is regarded that the date of payment was advanced and the notice of payment has been made or paid, the insurer shall notify the contributor concerned.

Article 79-2. When a contributor who is to pay contributions becomes subject to any of the following conditions or circumstances, the contributions may be collected before the due date.

1. When an action pertaining to delinquency for national tax, local tax, or other public levies has been instituted.
2. When the office where the insured has been employed is being abolished.
3. When compulsory seizure is effected.
4. When adjudged insolvent.
5. When a closing auction is to be held.
6. When a juridical person is to dissolve a business where the insured has been employed.

Chapter VI. Appeals and Lawsuits.

Article 80. Any person who dissatisfied with the determination of the insurance benefit may appeal to the Insurance Referee, and if the person mentioned above is dissatisfied with the decision of the Referee, he may appeal the case to the Health Insurance Appeals Board and if dissatisfied with the decision of said Board, he may bring a suit to the court.

As to the interruption of the statute of prescription by the appeal prescribed in the preceding paragraph, it shall be regarded the same as a request for a law-suit.

Article 80-2. Deleted.

Article 81. Any person who is dissatisfied with the amount of contributions or other assessments levied under this Law, with the action taken in collecting such amounts, or with the procedure as provided in Article 11-3 of this Law, may appeal to the Health Insurance Appeals Board.

Article 81-2. The Welfare Minister shall appoint an Insurance Referee in each prefecture and shall choose them from among local officials who are secretaries 2nd class.

Article 82. The Health Insurance Appeals Board shall be established in the Welfare Ministry.

Article 83. The Health Insurance Appeals Board shall consist of 3 persons representing the insured persons, 3 persons representing the employers, and 3 persons representing the public interest and each member shall be appointed by the Welfare Minister.

Article 83-2. The term of office of members of the Health Insurance Appeals Board shall be 3 years, and one third of the members shall be appointed annually.

A person appointed to fill a Board vacancy shall complete the term of office of his predecessor.

Article 83-3. There shall be a chairman of the Health Insurance Appeals Board elected by the members from among those members who represent the public interest.

In case of the chairman's absence, an acting chairman shall be elected in the manner prescribed in the preceding paragraph.

Article 83-4. The Health Insurance Appeals Board shall not commence proceedings or make a decision without the presence of at least one member representing the insured persons, one member representing the employers, and one member representing the public interest.

Article 83-5. A decision of the Health Insurance Appeals Board on any case shall be made by a majority of those present. In case of a tie the chairman shall make the decision.

Article 83-6. Any person who is dissatisfied with a decision with regard to payment of benefits and wishes to appeal shall do so to the Insurance Referee who is competent of the jurisdiction of the prefectural governor who made the decision or of the area where the office of the Health Insurance Society which made the decision exists.

The appeal mentioned above may be made through the prefectural governor who made the decision or the Health Insurance Society which made the decision with regard to the payment of benefits or through the prefectural governor or the Insurance Referee who are competent of the residence of the claimant.

When it is found that the appeal, in accordance with the preceding paragraph, belongs to the district of a different jurisdictional area, the Insurance Referee shall transfer the appeal to the proper district and shall notify the applicant to that effect.

Article 83-7. An appeal to an Insurance Referee or to the Health Insurance Appeals Board may be made either in writing or orally.

Article 83-8. The Insurance Referee and the Health Insurance Appeals Board shall hold a hearing promptly after receiving an appeal. In case, however, it is difficult for the claimant to attend the hearing the Insurance Referee and the Health Insurance Appeals Board may hold a hearing on the basis of written statements in lieu of said procedure.

Article 83-9. When the Insurance Referee or the Health Insurance Appeals Board deems it necessary, they may require the person responsible for the award of insurance benefits, the employer, the claimant, or other interested parties

or witnesses to submit evidence or attend the hearing for questioning and may authorize a doctor to make medical examinations and report his findings.

The prefectural governor, with respect to a hearing held by the Insurance Referee, and the Welfare Minister, with respect to a hearing held by the Health Insurance Appeals Board, shall grant travelling expenses, allowance and hotel charge, as prescribed by Cabinet Order, to persons who attend the hearing at the request of the Insurance Referee or the Health Insurance Appeals Board, according to the provisions of the preceding paragraph.

Article 83-10. The person responsible for the award of insurance benefits, the employer, the claimant, and other interested parties and witnesses may express their opinions or submit documentary evidence to the Insurance Referee or the Health Insurance Appeals Board.

In case the claimant considers it necessary, he may bring an advisor to attend the hearing with him.

In case any interested party cannot attend the hearing he may authorize a representative to attend in his place.

Article 83-11. In case a certain limited portion of the case has been settled, the Insurance Referee or the Health Insurance Appeals Board may make the decision respecting that part first.

Article 83-12. The decisions of the Insurance Referee and the Health Insurance Appeals Board shall be in written form with explanations.

Article 83-13. If the applicant dies before conclusion of the case the right of appeal shall be transferred to his successor.

Article 84. Deleted.

Article 84-2. For the purpose of a law-suit regarding a decision made by a Health Insurance Society with respect to the matters referred to in Articles 80 and 81, the said Society shall be regarded as a government office.

Article 85. No insurance Referee, member of the Health Insurance Appeals Board, or person who is working or has worked for the Health Insurance Appeals Board shall disclose a secret which he learned while performing his duty.

Article 86. An appeal shall be made or a law-suit instituted within 60 days from the date of receiving a written decision, provided, that with respect to an appeal this time limit may be extended for good cause as determined by the Insurance Referee or the Health Insurance Appeals Board, as appropriate.

With respect to the institution of a law-suit as prescribed in the preceding paragraph, Article 158, paragraph 2, and Article 159 of the Code of Civil Procedures shall be applicable.

Article 86-2. Matters of an administrative nature concerning the Insurance Referee and the Health Insurance appeals Board may be provided for by Cabinet Order.

Chapter VII. Penal Regulations.

Article 87. The competent official, government official, or persons who were formerly in that capacity, on revealing without reason, the occupational and private secrets of doctors or dentists acquired through the inspection of medical care records, in accordance with the provisions of Article 9-2, shall be subject to a sentence of not more than 6 months of penal servitude or a fine of not more than 5,000 Yen.

Other officials or those formerly in office, on revealing, without reason, secrets mentioned in the preceding paragraph, acquired through the execution of official duties, shall be subject to the same prison sentence and fine as stipulated in the preceding paragraph.

Doctors, dentists, or those employing them that hinder, refuse, or evade an inspection by authorized officials, according to the provisions of Article 9-2, shall be subject to a fine of not more than 5,000 Yen.

Any person subject to the provisions of Article 9 who refuses to answer to the authorized official in accordance with the provisions of Article 9, or on giving false answer or on hindering, refusing, or evading the official inspection without sufficient reason, shall be subject to a fine of not more than 10,000 Yen for an employer and 5,000 Yen for persons receiving benefits or other relative persons except employers.

Article 88. Employers refusing to present documents or giving false reports, without reason, or disobeying the requests of the insurer, made according to the provisions of Article 8, shall be subject to a fine of not more than 10,000 Yen.

Article 88-2. Persons who are entitled to receive benefits who, without reason, violate the provisions of an order issued in conformity with the provisions of Article 8-2, neglect to make notification or report, or make false notification or report, or neglect to present documents, or make a false record in documents, shall be subject to a fine of not more than 5,000 yen.

Article 88-3. Any person refusing to give a report, without reasons, or giving a false report, or refusing to attend a hearing, or refusing to undergo a medical examination, in case such is demanded by the Insurance Referee in accordance with the provisions of Article 83-9, paragraph 1, shall be subject to a fine of not more than 5,000 Yen.

Article 89. When an employer who is charged with the establishment of a Health Insurance Society fails, without reason, to apply for approval of the Society by the date set by the Welfare Minister, he shall be subject to a fine of not more than twice the amount of contributions to be borne during the period of such delay in making application.

Article 90. In case a Health Insurance Society or a Health Insurance Federation violates the order prescribed in Article 37 (including the cases when Article 42-2, paragraph 5, is applicable), refuses, or hinders the action of the Welfare Minister, the officials of the Society or Federation shall be subject to a fine of not more than 5,000 Yen.

Article 91. In case any representative of a juridical person, or any deputy or employee of, or any other person working for a juridical person or an individual, commits offenses in relation to the business of the said juridical person or individual, as mentioned in Article 87, paragraph 3 or paragraph 4, or in Articles 88 and 88-2, the fine provided for in the said article shall be imposed upon the juridical person or the individual concerned, in addition to the offenders being liable to punishment as provided for.

Supplementary Provisions.

1. This Law shall come into force from 1 August 1948; however, the amended provisions of Article 70 and Article 70-2 shall come into effect from the fiscal year 1948.

2. As to the person who is qualified as insured as of the time of operation of the present Law and date of enforcement of the present Law and is designated to the No. 17 grade under the classified standard remuneration prescribed in Article 3 of the Enforcement Ordinance (1926 Cabinet Order No. 243) he shall be regarded as qualified as an insured on the date of the operation of the present Law and as a result he shall be subject to Article 3, paragraph 3, of the Health Insurance Law.

3. The existing Insurance Referees and Social Insurance Appeals Board and its officials at the time of enforcement of this Law shall become the corresponding organ and officials provided by the Law and with the same legal personality.

INDEX BY ARTICLE OF THE HEALTH INSURANCE LAW**ADVISORY COUNCILS**

Govt. Managed Health Insurance 22
 Social Insurance Medical Care -
 Central 43-5
 Local 43-5

ALLOWANCES

Additional by society 69-3
 Childbirth -
 Dependent 59-4
 Insured 50, 57
 Claims from private doctors 44-2
 Continuation after disqualified 55
 Dependents 59-2, 59-3, 59-4
 Exclusions 57-2, 57-3, 60, 61,
 62, 63, 64, 65
 Funeral -
 Dependent 59-3
 Insured 49, 56
 Income offsets 58, 59
 In lieu of services 44
 Maternity 51, 54
 Medical examination required 65
 National Health Insurance
 organization as agency 59-5
 Nursing -
 Dependent 59-4
 Insured 50-2
 Payment of 44, 66
 Rights against 3rd party 67
 Rights not transferrable 68
 Sickness and injury 45, 46, 47,
 54
 Taxes not applicable 69

APPEALS

Appellant's decease 83-13
 Decision form 83-12
 Decision in part 83-11
 Evidence for 83-9
 Expenses for travelling 83-9
 Filing of 80, 81, 83-6

APPEALS (CONT'd)

Form of, written or oral 83-7
 Hearing on 83-8
 Jurisdictional transfer 83-6
 Lawsuit on 84-2, 86
 Proxy for appellant 83-10
 Where made 80, 81, 83-6
 Witnesses 83-9, 83-10

APPEALS BOARD

Cabinet Order provision 86-2
 Decisions of 83-11, 83-12
 Establishment of 82
 Members of 83, 83-2, 83-3
 Procedures of 83-4, 83-5, 83-8
 Receipt of appeals 81
 Secrecy obligation 85
 Witnesses for 83-9, 83-10

BENEFITS

Additional by society 69-3
 Childbirth to dependent 59-4
 Continuation after disqualified 55
 Cost of medical care in lieu of 44
 Dependents 59-2, 59-3, 57-3, 60,
 61, 62, 63, 64, 65
 Income offsets 58, 59
 Insured's selection of doctor for
 43-2
 Medical examination for 65
 National Health Insurance
 organization as agency for 59-5
 Non-taxable status 69
 Payment of 66
 Rights against 3rd party 67
 Rights not transferrable 68
 Sickness and injury 43

CONTRIBUTIONS

Base for calculation 3
 Calculation 71, 71-2, 71-3, 71-4
 Civil Code Regulations on 4, 5
 Collection procedures 11, 11-2,
 11-3, 11-4
 Deductions from wages 78
 Delinquency charges and demands 11
 Document delivery requirements
 11-4
 Due date of 79, 79-2