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Headquarters, World War II

SUPREME COMMANDER FOR THE ALLIED POWERS

Civil Affairs Section
Kanto Civil Affairs Region
Public Health Activities File
1946-51

Model Health Center to Milk Plants

Box No. 2819

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GHQ/SCAP Records (RG 331, National Archives and Records Service)

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# Nursing Books Available

## Clinical Nursing

1. Nursing Procedure Book
   by Nursing Affairs Div. PHAW
   Price - ¥120

2. Principles & Practices of Nursing
   by Harter Nursing Affairs Div. PHAW
   Price - ¥500

3. History of Nursing - by Sellew & Nurses (a translation)
   Price - ¥280

4. Communicable Disease Nursing by Lynch (a translation)
   Price - Vol.I - ¥300
   Vol.II- ¥350

## Public Health Books & Pamphlets

1. Manual of Public Health Nursing (a translation)
   National Organization for Public Health Nurses, N.Y.
   Price -¥300

2. Handbook on Tuberculosis for Public Health Nurses
   by Hodgson (a translation)
   Price - ¥30

3. Guide to Nurses in Health Centers.
   Nursing Affairs Div. PHAW.
   Price - ¥230

4. Home Care of Tuberculosis (Translations)

   a. Pointers for Nurses Price ¥ 40
   b. A Guide for the Family ¥ 60
   c. Hints for the Patient ¥ 20

   National Tuberculosis Association, New York.

5. Syphilis (a translation)
   Community Service Society, N.Y.
   Price ¥ 30

6. Child Care and Development (a translation)
   Community Service Society, N.Y.
   Price ¥ 25

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7. Tuberculosis - Guide for Public Health Nurses (a translation)
Community Service Society, N.Y.
Price ¥ 20

8. Prenatal Care (a translation)
Children's Bureau, U.S. Dept. of Labor
Price ¥ 70

9. The Child-Health Conference (a translation)
Children's Bureau, U.S. Dept. of Labor
Price ¥ 45

10. Tuberculosis Patient and You.
Nursing Affairs Div. PH&W Sec.
Price ¥ 30

Midwifery Books and Pamphlets

1. New Textbook of Midwifery
Nursing Affairs Div. PH&W. Sec.
Price ¥ 30

2. Mother's Classes
Nursing Affairs Div. PH&W. Sec.
Price ¥ 50

3. Midwifery Handbook
Nippon Boshi Aikyo-kai
Price ¥ 45

# Report Regarding Home Visit
# 家庭訪問に關する報告

Date 昭和 年 月 日

| Name 姓名 | Address 住所 | Remarks 備考 |
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姓名 Name

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Medical Health Center
Tokyo - to

Introduction

to

School Nursing Demonstration

( School Nurse & H.C. Nurse Relationships )

The School Health Program in Japan is administered through the Ministry of Education - and locally through the Education Department of the Prefecture, City or Ward. However, the Public Health Nurse working in the health center may render a valuable service to the school health program. This could be done in one of two ways.

1. By giving a part time nursing service to schools which do not employ a full time nurse. (In order to do this arrangements would have to be made through the Education Department of the prefecture, city or ward.)

2. By working cooperatively with the school nurse in an effort to make health facilities of the health center district available to the school.

The purpose of this demonstration is to show how the health center nurse and the school nurse might work together in an effort to provide a better health service to the school through utilizing the health center facilities. This demonstration represents a true situation which occurred in Suginami Ward; it demonstrates 2 specific ways in which the school used the health center facilities.

1. The principal of _____ school made arrangements with the Director of Suginami Health Center to have all children who had positive tuberculin tests to have x-ray and physical examinations at the Health Center. (The tuberculin tests had been given by the school physician, in school.) These physical and x-ray examinations revealed 36 children to be in need of medical attention; 18 were diagnosed as active cases of tuberculosis and 18 as children "under par" and in need of follow up care.

2. The School Nurse reported to the Health Center Nurse that she suspected a number of cases of trachoma among the school children. At the request of the school a doctor was sent from the Health Center to assist the part-time school physician in making eye examinations; as a result 15 cases of trachoma were found and placed under treatment.

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IX

Demonstration of School Nursing
(H.C. Nurse & School Nurse Relationship)

H.C.N. These are the manes of the children who were found by X-ray examination this Tuesday to be in need of follow up, Miss Kimata.
(Hands list of names and diagnosis to Miss Kimata.)

Sch.N. Thank you very much, Miss Shimizu.

H.C.N. There are 36 cases, Miss Kimata, and within these 36, are 18 who must be under medical supervision and 18 of whom must rest at home.
The children under medical supervision may attend school.
They have been given regular appointments at the Health Center: if they do not return I will contact you and would appreciate if you would encourage them to return, The 18 children who are to stay at home -- in bed -- should be under medical and nursing supervision. Since they have been examined at the H. C. Clinic we will give follow up nursing care in the home.

Sch.N. Under the circumstances of the present school program, I'll not be able to go their homes at all, and so, if you can make arrangement for a health center nurse to do so, I'll be very appreciative.

H.C.N. Well, yes, we can. We will go into the home and give instruction regarding isolation technic and nursing care. We must try and get their families examined too. We'll keep you informed about their conditions.

Sch.N. Thank you, please do so. I'll report to the teachers about all 36 of these children and help them to understand the need for careful supervision of the 18 who may remain in school.

Then - these 15 children were diagnosed as having Trachoma at the eye-examination the other day when we asked one of the H.C. doctors to come to help our Doctor examine the children.
(Hands list of names to Miss Shimizu.)

H.C.N. I see. Do all go to the eye doctor to have treatment now?

Sch.N. Yes, they were all referred to the doctor for treatment.
Yesterday I found out that there are only half of them who have reported to a doctor, the other half have not. They were referred again to an eye doctor. I called to Doctor in this community who has been treating the cases and inquired about them; he felt that follow up instruction to the home by the nurse would be very helpful.

H.C N. Does he mean for all 15 cases, Miss Kimata?

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Sch.N. Yes, he does, I'll try to get the other half who have not visited the doctor to do so. Could you nurses in the health center make arrangement to visit their homes and give instruction under the doctor's prescription?

H.C.N. We'll do so! Would you give me his phone number and name so I may call him for orders? We'll let you know how they are coming along.

Sch.N. That would be very helpful, thank you!

H.C.N. Are't these drawing pictures sweet !
(Comments on health posters on the wall)

Sch.N. Yes, they are! Our children did them.
I think we need to stress health habits more than we do and pictures such as these help them to understand these habits.

H.C.N. Hm, hm, That is good health education, isn't it?
Well, I'll go. We'll make home visit as soon as possible and will keep you informed. Good bye.

Sch.N. Good bye ! Thanks a lot, see you again.

FAMILY CASE NUMBER
家族番號_____

HEAD OF THE FAMILY
世帶主名_____

TOKYO-TO 東京都立 HEALTH CENTER 保健所 FAMILY INVESTIGATION RECORD 家庭調査票

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FAMILY CASE NUMBER 家族番號

DATE OF FIRST CLINIC VISIT 初相談日 年 月 日

DATE OF FIRST HOME VISIT 初訪問日 年 月 日

| | | | |
|---|---|---|---|
| 世帯主 HEAD OF FAMILY | | 本籍 NATIVE RESIDENCE WHERE FAMILY IS REGISTERED | |
| | | 職業 OCCUPATION TYPE OF WORK WHERE | |
| | | 保健 HEALTH INSURANCE IF SO WHAT KIND | |
| 住所 ADDRESS | PRESENT | DATE | |
| | EXTRA SPACE TO BE USED IF FAMILY MOVES | | |

家族狀況 FAMILY ROSTER

| 姓名 NAME | 世帯主との關係 RELATIONSHIP TO THE HEAD OF FAMILY | 出生年月日 DATE OF BIRTH | 出生地 BIRTH PLACE | 出京年月 DATE OF COMING UP TO TOKYO | 教育程度 EDUCATION | 健康狀態其他 HEALTH CONDITION & REMARKS |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| MEMBERS OF FAMILY LIVING IN HOME. STATE IF ADOPTED. | | | | | | |
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| HEALTH CONDITION (TB, CANCER, LAPRA, INSANE) | | | | | | |

近親者 RELATIVES LIVING ELSEWHERE

健康狀態（結核•癌•癩•精神病）

RELATIONSHIP - DATES OF ILLNESS OR DEATH
(INCLUDE RELATIVES OF ADOPTED MEMBER OF FAMILY)

HEALTH CONDITION (NUMBER)

同居人 OTHERS IN SAME HOME (NON-RELATIVES)

健康狀態（人數）

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SANITATION GOOD FAIR BAD

| | |
|---|---|
| 住居状況 HOUSING CONDITION | 環境の衛生状態・良、中、不良<br>HOME-OWNED 自家・借家（月　圓）・ROOM RENTED 間借（月　圓）・船・ 階建、長屋、地代（　圓）<br>RENTED (RENT PER MONTH) (RENT PER MONTH) NO. OF FLOORS HOUSE BOAT SIUM AREA RENT FOR GROUND<br>NO. OF ROOMS NO. OF TATAMI NO. IN FAMILY TATAMI PER PERSON<br>室數（　室）疊數（　疊）家族數（　人）一人當疊數（　疊）台所專、共、浴室<br>KITCHEN / BATHROOM } SEPARATE, COMMON<br>SUNNY GOOD FAIR BAD　CLEANLINESS GOOD FAIR BAD　DAMP DRY<br>日當り・良、中、不良 \| 換氣良、中、不良 \| 清潔度・良、中、不良 \| 整頓良・中、不良 \| 乾・濕<br>VENTILATION GOOD FAIR BAD　ORDERLY GOOD FAIR BAD<br>WATER SUPPLY RUNNING WATER WELL SEPARATE OR COMMON<br>使用水・水道水、井水、專用、共用 \| 便所・水洗、汲取、專用、共用、戶外<br>TOILET WATER CLOSET NO SEWER SEPARATE COMMON OUTSIDE<br>LIVING COND. OF FAMILY (WELFARE) UPPER MIDDLE LOWER TOWN FEE |
| 經濟狀況 ECONOMIC STATUS | 家族の生活程度（方面カード種別に依る）上 中 下　町會費（　圓　錢）<br>世帶主收入 INCOME OF HEAD OF HOUSE<br>其他の收入 INCOME OF OTHERS<br>每月の平均收入TOTAL MONTHLY INCOME　每月の平均支出TOTAL MONTHLY EXPENDITURE |
| 其他 REMARKS | 家族の融和狀態 FAMILY RELATIONSHIP GOOD?<br>其他社會事業機關との關係 RELATIONSHIP BETWEEN FAMILY & SOCIAL AGENCIES<br>家族員の健康生活態度 FAMILY ATTITUDE TOWARD HEALTH - WELL INFORMED, INTERESTED, CAREFUL, OR UNINFORMED, LACK OF INTEREST, CARELESS |
| 備考 OTHER REMARKS | REFERRED TO H.C. BY<br>OTHER SOCIAL OR MEDICAL DATA RE: FAMILY |

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FAMILY ACCORDING TO CASES

# 事例別に依る家族員表

NAME REGISTERED DATE DATE REASON MOVED NO. OF NO. OF SIGN.

| 姓　名 | 登録日 | 事例の種類 | 休止日 | 休止理由 | 區外移轉 | 訪問回數 | 來館回數 | 署名 |
|---|---|---|---|---|---|---|---|---|
| OF CASE | | KINDS OF DISCHARGE | OF DISCHARGE | FOR DISCHARGE | | VISITS | VISITS TO CLINIC | |
| | | | | MOVED | | | | |
| | | | | CURED | | | | |
| | | | | DIED | | | | |
| | | | | ENTERED HOSP. OR SAN. | | | | |
| | | | | INSTRUCTION NO LONGER NEC. | | | | |

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# INDIVIDUAL NURSING RECORD

看護記錄(Nursing Record) 個別看護記錄(Individual Morbidity Rd)

患者姓名(Patients Name) 診斷(Diagnosis)

住所(Address)

| 日(Date) | 醫師の指示(Physician's Orders) | 醫師氏名(Drs Name) |
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▷看護訪問記錄(RECORD OF NURSING VISITS)

| 月日(Date) | 午前(A.M) 午後(P.M) | 体温(T) 脈拍(P) 呼吸(R) | 處置(Care given) | 患者の狀況(PTS CONDITION) (CARE GIVEN) (INSTRUCTIONS GIVEN) | 保健婦氏名(Name of PHN) |
|---|---|---|---|---|---|
| | | | | | |

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by A Weintraub

# VENEREAL DISEASE CONTROL SERVICE IN THE HEALTH CENTER

IN
3 October 1949

## 1. Introduction

The provision of adequate public facilities for the control of venereal disease is a basic necessity in Japan. It has been demonstrated in the United States and other countries that the level of venereal disease control work is raised in direct proportion to the number of public facilities available. The right of the community to protect itself against the hazards of communicable disease is recognized in all modern countries and since the venereal diseases are communicable diseases, it is the responsibility of the government to provide adequate medical service for the control of venereal disease.

The provision of adequate service for the control of venereal disease includes vastly more than the simple diagnosis and treatment of the patient. Case finding, contact tracing and case holding services are essential functions of venereal disease control which could hardly be provided for the community in any other way than through the health centers.

## 2. Personnel

a. The chief of the venereal disease control division of the health center is the venereal disease control officer for the health center district. His duties should include, as a minimum, the following:

(1) The administration and implementation of the venereal disease control program in the health center district. It is his responsibility to carry out the program within the framework laid down by the Ministry of Welfare and the prefectural health department.

(2) The compilation and analysis of morbidity data. Future planning, the need for more personnel, supplies, equipment and financial aid will all depend upon the gathering and presentation of accurate statistics. The venereal disease control officer must keep himself informed, through the study of statistics, of the result of the program and of any progress which is being made towards the control of venereal disease.

(3) Organization and operation of the venereal disease clinic.

(4) The organization and supervision of the follow-up services, including contact tracing and case holding. This follow-up service should be made available to private physicians and other clinics.

(5) The organization and implementation of an effective case-finding program, including routine pre-natal and pre-martial examinations and mass examinations.

(6) The coordination of activities with other divisions within the health center such as laboratories, maternal and child health, public health statistics, medical social service and health education.

(7) The establishment of effective cooperation with physicians in private practice through conferences with local medical societies, provision of consultation services, provision of laboratory services, distribution of helpful medical literature and such other assistance as will lead to the willing participation of physicians in the health center program.

(8) The development of cordial relations with the public. A continuous campaign of sound public education in venereal disease control should be conducted.

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b. Auxiliary Personnel should include the following:

(1) A nurse to assist the physician in the technical aspects of clinical operation, the routing of patients through the clinic, the entry of clinical records of a routine nature., etc.

(2) A clerk to keep clinic records and statistics, to attend to the clinic aspects of the follow-up system, and to attend to clinic correspondence.

(3) Two qualified persons to do contact tracing. One should be a public health nurse and the other a male investigator who should have some background in public health work. In lieu of this contact tracing team, these functions may be carried out by the staff of public health nurses who are assigned to definite nursing districts.

(4) In addition to the above, personnel there should be such assistants as may be necessary for the efficient and effective operation of the venereal disease control services.

(5) A part of all of the personnel assigned to the venereal disease service will have additional duties. The extent of these additional duties will depend upon the venereal disease work load.

3. Venereal Disease Clinic Service

a. Venereal disease clinics should be held in clean, well lighted and well ventilated rooms. It should be so located and arranged as to offer adequate privacy but still it should not imply isolation or segregation. The physical arrangement of the clinic should be such as to insure privacy in history taking. physical examinatio: treatment and interview for contact tracing.

b. The clinic equipment should be adequate to insure the proper and efficient handling of the patient, a complete physical examination and correct treatment. There should be sufficient syringes and needles so that a sterile outfit is ready for each patient without delay. Adequate facilities should be available for the collection of necessary specimens for laboratory examination.

c. The clinics should be conducted so as to be of maximum service to the community. The number of clinic hours per week should be sufficient to meet the needs for the district without overcrowding or causing unreasonable delay for the patient. Evening sessions should be held if necessary to accommodate those who are employed. The hours and days of the clinic should be well publicized. The sexes should be separated as much as possible. Children and pregnant women should be cared for as a separate group.

d. Records:

(1) Individual records should include the medical history, the result of adequate physical examination, laboratory examination, treatment given, reactions to treatment and the condition of the patient at the time of discharge whether because of cure, lapse of treatment or transfer of patient for treatment elsewhere. The records should provide also for recording the identity of all of the patient's contacts and the results of their follow-up.

(2) Clinic records should include information required to complete "Clinic Monthly Report". For example, a monthly breakdown of the patient load, number of persons examined, number of different types of laboratory tests performed, number of different types of injections given, data on contact tracing and case holding.

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4. Management of the Venereal Disease Patient in the Clinic. (Reference Chart #1).

a. An adequate medical history should be taken by the doctor. A complete physical examination should be performed with special attention paid to skin and mucous membrane lesions, lymph node enlargements, and lesions of the genital and anal areas.

b. Suitable specimens are taken and sent to the laboratory for examination. For the diagnosis of gonorrhea specimens for smear and/or culture should be taken from Bartholin's glands and Skene's glands as well as from the endocervical glands. In the case of genital ulcerations, darkfield microscopic examinations are necessary besides the serological tests.

c. A diagnosis based upon the history, clinical findings and laboratory examinations, is made. In chronic gonorrhea in the female a clinical diagnosis may be made in the presence of suggestive history and clinical findings even though confirmatory laboratory findings are lacking since smears are not very reliable in chronic cases and culture facilities are not often available.

The diagnosis of syphilis, however, should be made only if darkfield examinations are positive or a positive serologic test is confirmed by history, clinical findings, or a second serological test, preferably a Wasserman.

d. The patient is informed of the diagnosis, nature of the disease, its communicability, and the necessity for treatment. The most important public health teaching isdone while the patient is in the clinic. The patient will respond to a clear explanation of his case with more sincere cooperation. Careful instructions to the patient in the clinic is very effective in case control and eliminate the necessity of much correspondence and home visits.

e. Contact information is obtained after explaining to the patient that examination of the contact or contacts is necessary since they may not experience warning symptoms although the disease may be present and communicable to others.

f. A venereal disease report card is completed and sent to the Public Health Statistics Division of the health center.

g. Treatment of venereal disease is carried out in accordance with modern accepted drugs, schedules and techniques. Instructions concerning acceptable methods of treatment are issued by the Ministry of Welfare and are reissued from time to time in keeping with the availability of modern effective drugs, accepted treatment schedules and techniques. It is the duty of the venereal disease control officer to keep himself fully informed on the progress of venereal disease control and to carry out treatment in accordance with the latest instructions from the Ministry of Welfare.

h. Financial arrangements according to the economic status of the patient should be made with the did of the medical social service of the health center. The fees should be adjusted for each patient so that he or she will be able to complete the course of treatment. Financial difficulty must not be a reason for the case not being held until treatment is completed. The indigent and destitute must receive free care.

i. Case holding is essential if the patient's infection is to be kept under control until it is cured. It is useless however, to employ public health nurses for case holding if the fundamental causes of neglect of treatment are ignored. Some of these are failure to explain the disease, its treatment, and its communicability to the patient; failure to take the patient's economic problems into consideration; rough and discourteous handling of the patient in the clinic; poor techniques which cause pain, reactions and resentment. Whenever a patient becomes delinquent the public health nurse should make a home visit to determine the reason for the patient's discontinuation of treatment and to do whatever isnecessary to return the patient to the clinic for treatment.

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j. After the patient completes the course of treatment there should be a follow-up period of observation before the patient can be discharged as cured.

5. Case Finding

a. Case finding is a major problem in venereal disease control. We know and have known for a long time how to diagnose and treat the venereal diseases, also how they are spread and how to prevent their spread. We now have to find the cases that constitute the huge reservoir which is continually spreading infection throughout the population. Case finding is not an objective in itself; if it is to be of any benefit to the community it must lead to the following conclusions:

(1) Better information as to the prevalence or incidence of infection in the community.

(2) The protection of the public health.

(3) The treatment of the infected.

b. Case finding procedures may be divided into three main groups: (1) mass blood testing (2) contact tracing, and (3) public health education.

Mass blood testing should be carried out as a valuable method of case finding in at least the following situations:

(1) In hospitals, clinics and physicians offices where blood tests should be made routinely on patients whose condition suggests the need for a general physical examination. A blood test should be considered a routine procedure in every general examination.

(2) In industries where recognition of syphilis is a method for reducing industrial hazards. Periodic blood tests should be encouraged in industries involving risk of life or injury to the patient or others, or the protection of property. It should be pointed out here that the presence of a positive serology should not be a cause for discharge from employment unless there is a hazard to the public health or to the public safety.

(3) In selected population groups, for example, the entire population of a village for the purpose of measuring the extent of the syphilis problem in the community besides finding new cases.

(4) In all pregnant women in order to prevent congenital syphilis. The sereological test should be required as a pre-requisite to receiving the Maternal and Child Handbook.

(5) In pre-marital examinations for the protection of the spouse and their future children. It should be determined at the time of registration of marriage whether or not pre-marital health examinations were performed and those cases which did not have examination should be followed up by the health center so that an examination is made even if belated.

c. Contact Tracing:

(1) A direct epidemiologic investigation starting with a known infection is probably the most productive method of case finding, at least so far as the discovery of communicable infection is concerned. The greatest promise for the control of venereal disease is offered when case finding is initiated by the discovery of a patient with a recently acquired infection.

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(2) Contact tracing isbest carried out by the public health nurses or by special contact tracing teams from the health center. Only the patient can supply the information by which his or her contacts may be identified. The health center follow-up workers should gain the confidence of the patient in order to get the patient's cooperation and active assistance in bringing the contacts to medical attention. In many cases more than one contact must be investigated although not all of them will be found to be infected.

(3) The mechanism of contact tracing should be as follows (reference Chart #2). Contact information isobtained from the patient by the doctor, nurse, or medical social worker. The contacts of patients treated by private physicians should be reported by the doctor on the venereal disease report card. All identifiable contacts should be requested by either the patient or health center personnel to undergo medical examination at either the health center clinic or private physician's office. Noh-cooperative contacts may be required to have an examination by order of the prefectural governor. Those contacts found to be infected must, of course, be treated.

d. Public Health Education is the third method of case finding. The public must be educated so that those who may have been exposed to venereal disease will voluntarily seek medical advice. The public must be made aware of the dangers of venereal disease and must be informed of the available services at the health center.

6. Relationship of the venereal disease service to other divisions of the health center (Chart #3).

a. The Public Hellth Statistics Division is responsible for the collection and analysis ofmorbidity data regarding venereal disease in the health center district. Individual venereal disease case reports, including contact information, reports of premature discontinuation of treatment and monthly clinic reports are received from the private practitioner and public clinics. The information contained in these reports should be analyzed and compiled for the benefit of the venereal disease control officer. The following is the minimum information that should be provided.

(1) The number of casesof syphilis, gonorrhea, chancroid and lymphogranuloma venereum reported according to sex, and the rate per thousand per annum for these diseases during the current week and for the year.

(2) The location of current cases on a spot map.

(3) The names and addresses of contacts and delinquent patients as reported by private physicians and public clinics.

b. Public health nurses are responsible for carrying out the important and difficult task of doing follow-up work on delinquent patients, contacts and others. Home visits and field investigations are made whenever necessary to achieve the desired results. The following type of cases must be followed up.

(1) All delinquent patients who discontinue treatment prematurely, especially if still infectious, so that they are returned for treatment either by their private physician or by the health center.

(2) All pregnant women who have not had an examination prior to receiving the Maternal and Child Handbook.

(3) All newly married couples who have not had pre-marital examinations (i.e., prior to the registration of the marriage).

c. The Maternal and ChildHygiene Service should work in close coordination with the venereal disease control service since every pregnant woman must have a sereological test for syphilis as part of her general examination. This should

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preferably be done about the fourth month so that the mother, if infected, can be adequately treated to insure the birth of a normal baby. This examination should be required as a pre-requisite to receiving the Maternal and Child Handbook. There is no excuse for the existence of congenital syphilis since it can be prevented so easily. However, cases of congenital syphilis that occur should be referred to the venereal disease clinic for treatment together with the mother.

d. The Laboratory Service is the cornerstone of the venereal disease clinic and should be in close proximity in order to facilitate the transportation of specimens and reports. The laboratory should have a darkfield microscope and gonococcus culture facilities besides doing smear examinations and serological tests. All positive precipitation tests for syphilis (i.e., Murata, Ido and Hokkon), should be confirmed by the Wasserman complement fixation test which should not be done in the average health center laboratory but at the prefectural and other large laboratories which have qualified personnel and adequate facilities to do reliable Wasserman tests.

e. The Medical Social Worker can be of great assistance to the venereal disease clinic. At present the cost of medical care for venereal disease is so expensive that some patients will not be able to pay for treatment. Those patients are referred to the medical social worker who interviews them and determines what arrangements can be made to help them. The medical social worker maintains liaison with the different welfare services in the community and helps the patient secure the assistance which he needs.

f. The Health Education Service should be the press agent for the venereal disease control service. It should continually disseminate information of all types to the public through every available media, for example, radio, press, posters, phamplets, lectures, exhibits, movies., etc. The taboo on the subject must be lifted and the public be made conscious of the venereal disease problem if any progress in the control of the venereal disease is to be made. The public should be informed of the following:

(1) What the venereal diseases are, how they are spread and how they can be prevented.

(2) What the suspicious symptoms are and where to go for medical advice and treatment.

(3) That a blood test should be a part of every general physical examination.

(4) That venereal disease can be cured in a relatively short time if properly treated with modern drugs and methods.

(5) The location and hours of the venereal disease clinic in the health center.

(6) That the health center venereal disease clinic is not a clinic for prostitutes and indigents only, but is a clinic open to everyone in the community since the venereal disease are a community problem.

Information and eduection activities should also be directed to the private practitioners in the health center district. Informative literature which will help them in their practice should be distributed. Their cooperation should be solicited through the local medical society. They should be made to realize the necessity of their cooperation in order to carry out an effective venereal disease control program. It should be emphasized that -

(a) They should maintain a high level of suspicion since syphilis is known as the "great imitator".

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(b) Serological tests should be made routinely as a part of every physical examination.

(c) Each and every case of venereal disease must be reported promptly, together with information regarding the identity of contacts.

(d) All delinquent patients who discontinue treatment prematurely must be reported.

(e) The venereal disease should be diagnosed and treated according to modern, accepted methods.

7. Summary and Conclusions

a. The basic requirements for the proper functioning of a good venereal disease control service are:

(1) A trained and qualified staff consisting of a minimum of a doctor, a public health nurse and a clerk.

(2) A well organized and active venereal disease clinic which provides privacy as well as adequate facilities for history taking, physical examination and treatment, and interview for contact tracing and case holding.

(3) The equipment of the clinic should be adequate and maintained in good condition so that each patient can be properly cared for without delay or discomfort. Clinic hours should be adequate to serve the needs of the community, including evening clinics for the working people if necessary.

(4) All patients must be accepted for diagnosis and treatment regarding of their ability to pay for services rendered.

(5) An inclusive service should be offered reaching all types of cases, with particular attention to pre-natal and premarital examinations.

(6) There should be an effective plan for case finding, including mass examinations and contact tracing, and also for case holding.

(7) An accurate system of records, giving the personal history, physical findings, laboratory reports and treatment reports of each patient. Adequate clinic records should be kept in order to complete fully the Clinic Monthly Report.

(8) Diagnosis of venereal disease should be based on history, physical examination and appropriate laboratory tests. Treatment must be prompt, thorough, and complete, using modern accetpted methods.

(9) There should be an effective and continuous program of information and education for both the lay and professional public.

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CHART #1. MANAGEMENT OF VD PATIENT

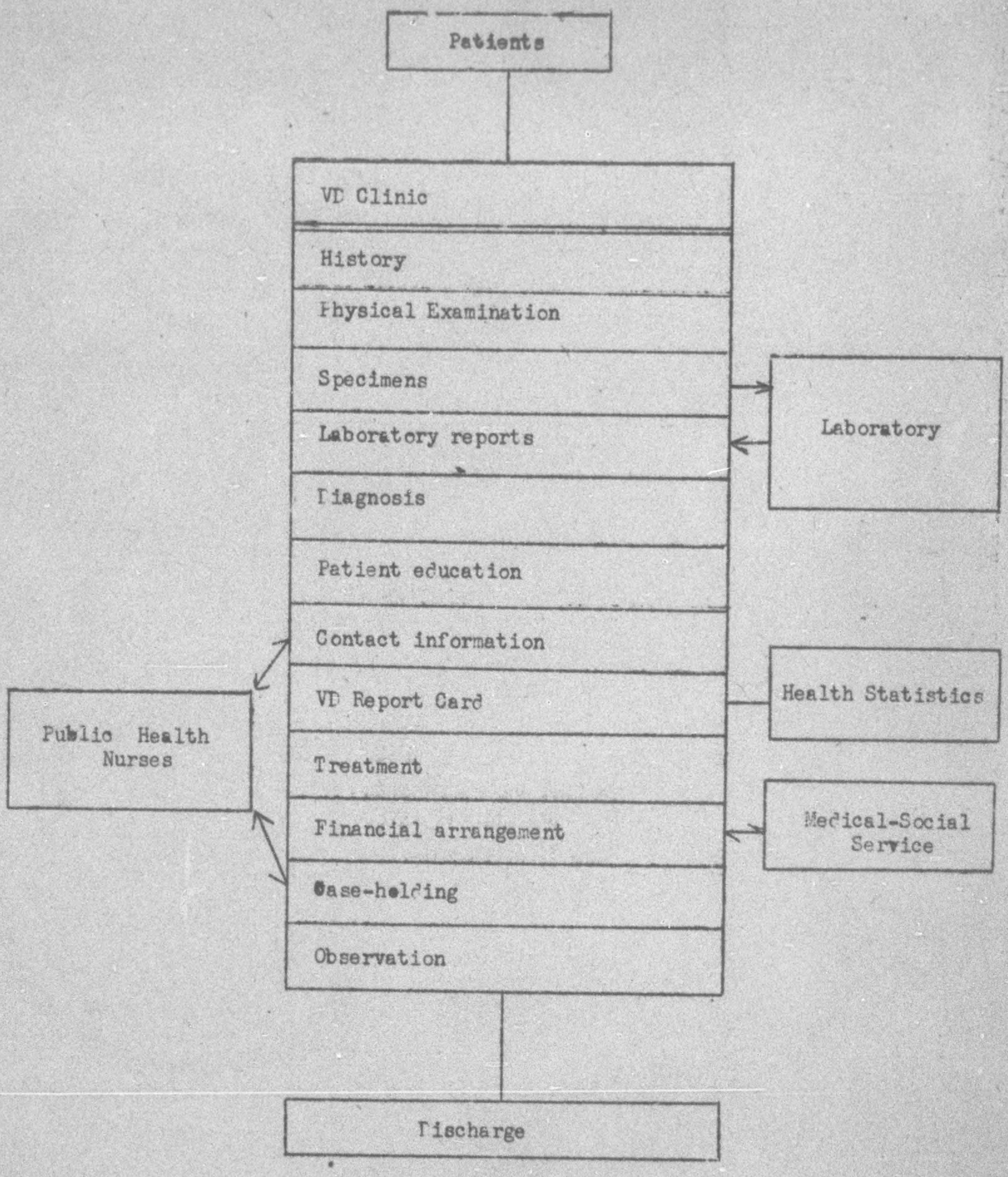

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CHART #2. VI CONTACT TRACING

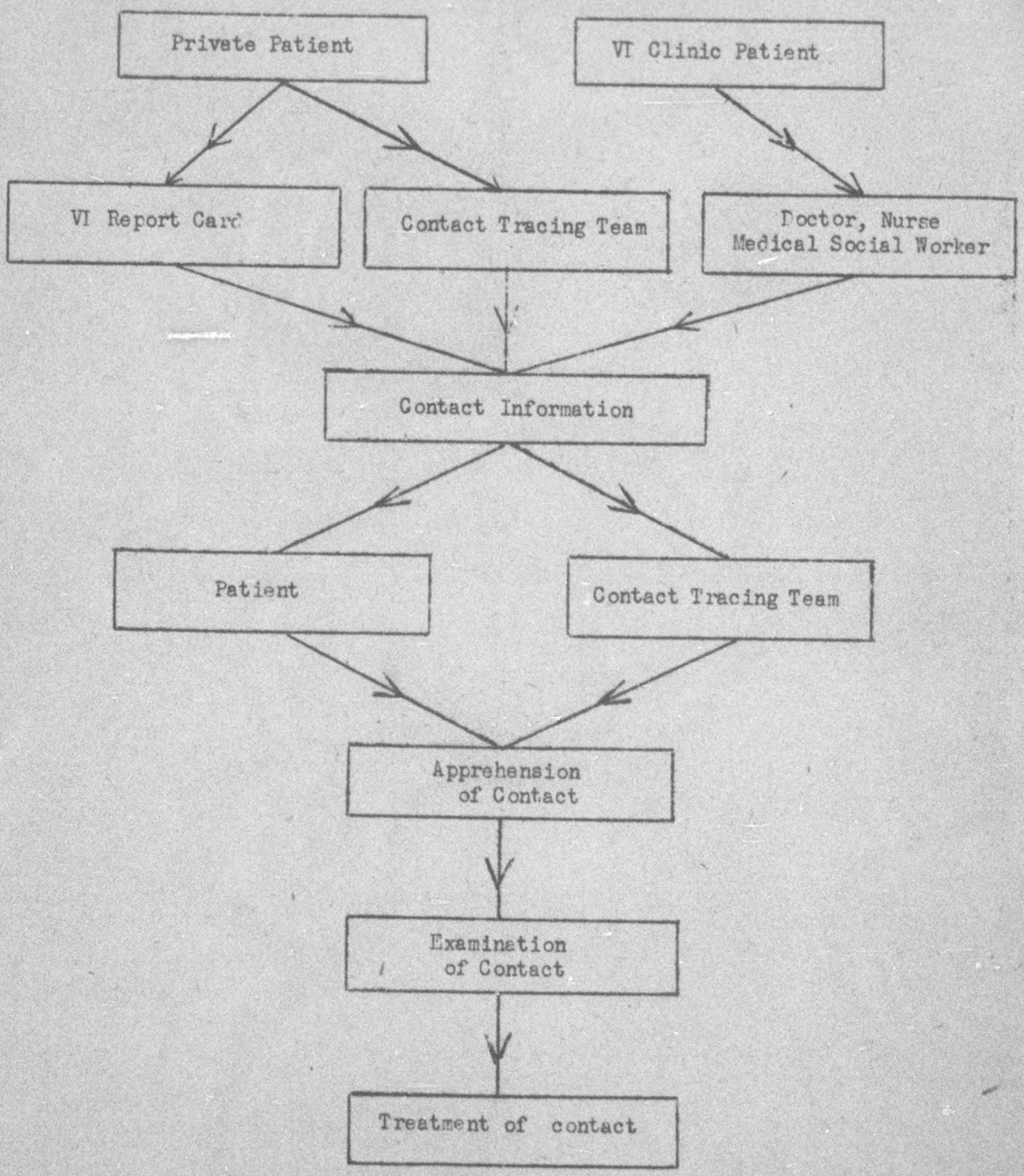

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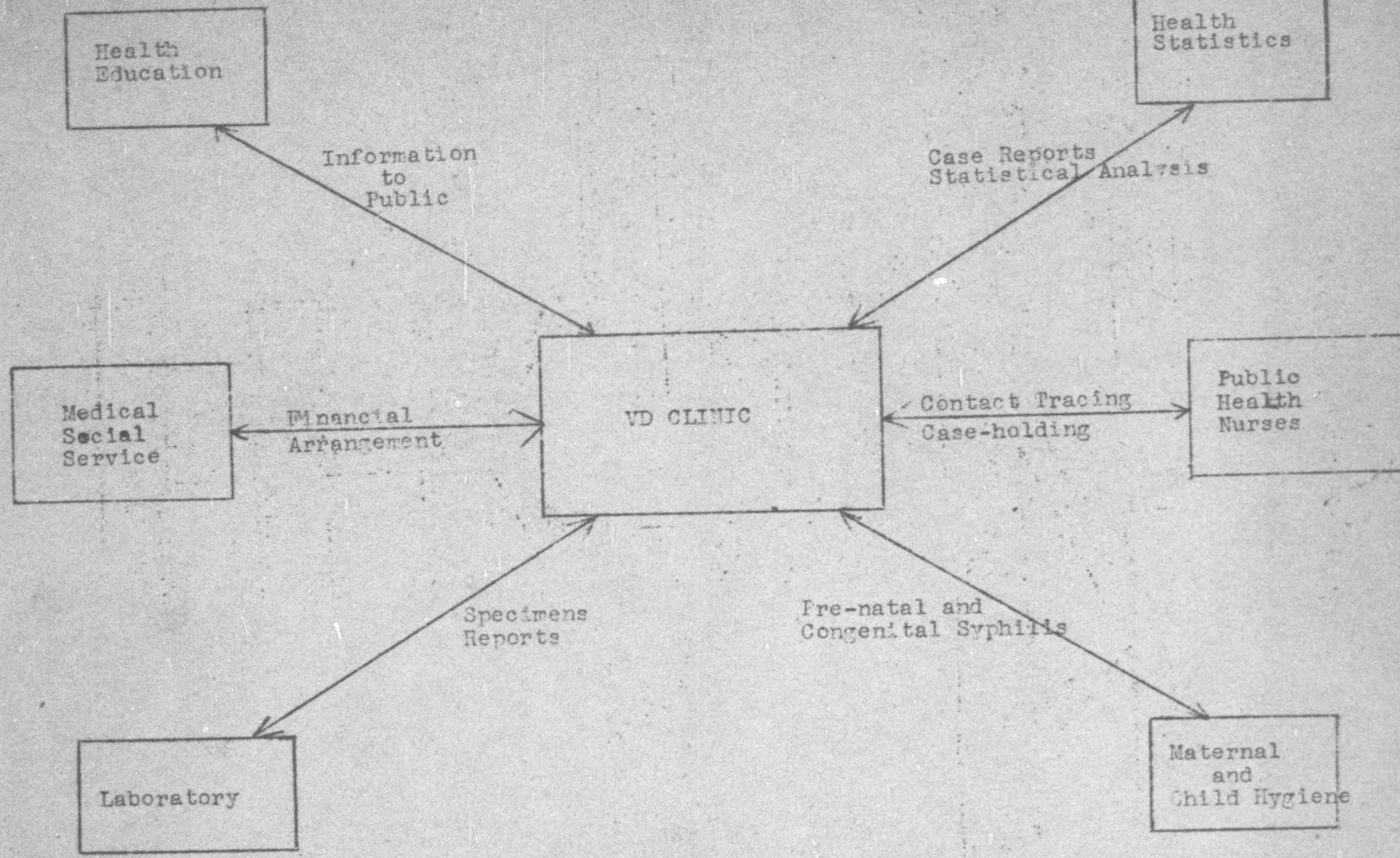
Chart No. 3

# RELATIONSHIP OF VD CLINIC WITH OTHER SERVICES



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Name of Head of Family 世帶主名

# visiting card 訪問票

Family No. 家族番號

| | | | | | |
|---|---|---|---|---|---|
| 住所 Address | | | 10 | | |
| 2 | | | 11 | | |
| 3 | | | 12 | | |
| 家族名 | 種別 | 生年月日 | 13 | | |
| 1 Family Name | Kind of case | Date of Birth | 14 | | |
| 2 | | | 15 | | |
| 3 | | | 16 | | |
| 4 | | | 17 | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |

職業 occupation

地圖 Direction to the Home

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Name of Head of Family 世帯主名　　wife's name 世帯主妻の名

| 年月日 | 備考 | 署名 | 年月日 | 備考 | 署名 |
|---|---|---|---|---|---|
| Date | Remarks | Sign | Date | Remarks | Sign |
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# GLOSSARY OF JAPANESE SOCIAL INSURANCE TERMS

## PUBLIC HEALTH AND WELFARE TECHNICAL BULLETIN

PHW GHQ SCAP APO 500

June 1949

Introduction:

This bulletin supplements TB-PH-SS-2 and TB-PH-WEL-5, both dated November 1948. The words and phrases translated herein pertain to Social Insurance and closely related subjects. The number and year of each basic law is given as an aid in clearly identifying the laws for reference purposes. Although certain laws and agencies are now obsolete, there continues to be occasion to refer to them. These are marked "(obs.)". The assistance of Welfare Officers is solicited in suggesting revisions and additions in anticipation of publishing an amended glossary at a later date for the benefit of Military Government personnel who may find it helpful.

The glossary is divided into the following four groups:

1. Government Offices, Agencies and Institutions, page 1;

2. Laws and Regulations, page 6;

3. Associations, Boards, Committees, Councils, Federations, Referees and Societies, page 12; and

4. General Terms, page 15.

## Government Offices, Agencies and Institutions

| English | Romaji | Japanese |
|---|---|---|
| Attorney General's Office | Homu Fu | 法務府 |
| Branch Office, Social Insurance | Shakai Hoken Shutchojo | 社會保險出張所 |

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

| English | Romaji | Japanese |
|---|---|---|
| Bureau | Kyoku | 局 |
| Bureau, Maritime (Min. of Trans.) | Kaiun Kyoku | 海運局 |
| " , Pension (Prime Min. Office) | Onkyu Kyoku | 恩給局 |
| " , Post Office Life Insurance (Min. of Telc-com.) | Kani Seimei Hoken Kyoku | 簡易生命保険局 |
| Bureaus of Ministry of Labor: | Rodo Sho Kakkyoku | 勞働省各局 |
| Employment Security Bureau | Shokugyo Antei Kyoku | 職業安定局 |
| Labor Administration Bureau | Rosei Kyoku | 勞政局 |
| Labor Standard's Bureau | Rodo Kijun Kyoku | 勞働基準局 |
| Women's and Minors' Bureau | Fujin Shonen Kyoku | 婦人少年局 |
| Bureaus of Ministry of Welfare: | Kosei Sho Kakkyoku | 厚生省各局 |
| Children's Bureau | Jido Kyoku | 児童局 |
| Demobilization Bureau (obs.) | Fukuin Kyoku (Haikyoku) | 復員局(廢局) |
| Disease Prevention Bureau (obs.) | Yobo Kyoku (Haikyoku) | 予防局(廢局) |
| Insurance Bureau | Hoken Kyoku | 保険局 |
| Medical Affairs Bureau | Imu Kyoku | 医務局 |
| Pharmaceutical Affairs Bureau | Yakumu Kyoku | 薬務局 |
| Public Health Bureau | Koshueisei Kyoku | 公衆衛生局 |
| Social Affairs Bureau | Shakai Kyoku | 社会局 |
| Cabinet | Naikaku | 内閣 |
| Diet | Kokkai | 國會 |
| Economic Affairs Department (Prefecture) | Keizai Bu | 經済部(縣) |

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

| English | Romaji | Japanese |
|---|---|---|
| Economic Stabilization Board | Keizai Antei Honbu | 経済安定本部 |
| House of Councillors | Sangiin | 参議院 |
| House of Representatives | Shugiin | 衆議院 |
| Labor Standard's Office | Rodo Kijun Kantoku Kyoku | 労働基準監督局 |
| " " Branch Office | Rodo Kijun Kantoku Sho | 労働基準監督所 |
| Maritime Office | Kaiun Shutchojo | 海運出張所 |
| Maritime Safety Board | Kaijo Hoan Cho | 海上保安廳 |
| Minister | Daijin | 大臣 |
| Ministry | Sho | 省 |
| Ministry of Agriculture and Forestry | Norin Sho | 農林省 |
| " " Commerce and Industry (obs.) | Shoko Sho (Haisho) | 商工省(廢省) |
| " " Communication (obs.) | Teishin Sho (Haisho) | 逓信省(廢省) |
| " " Construction | Kensetsu Sho | 建設省 |
| " " Education | Monbu Sho | 文部省 |
| " " Finance | Okura Sho | 大藏省 |
| " " Foreign Affairs | Gaimu Sho | 外務省 |
| " " International Trade and Industry | Tsusho Sangyo Sho | 通商産業省 |
| " " Labor | Rodo Sho | 労働省 |
| " " Postal Service | Yusei Sho | 郵政省 |
| " " Tele-communications | Denkitsushin Sho | 電氣通信省 |

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

| English | Romaji | Japanese |
|---|---|---|
| Ministry of Transportation | Unyu Sho | 運輸省 |
| " " Welfare | Kosei Sho | 厚生省 |
| Prime Minister's Office | Sori Fu | 總理府 |
| Prefectural Government | Ken Cho | 縣廳 |
| " " District Office | Chiho Jimusho | 地方事務所 |
| Public Employment Security Office | Kokyo Shokugyo Antei Sho | 公共職業安定所 |
| Public Employment Security Agency, Seamen's (Mariners') | Senin Shokugyo Antei Sho | 船員職業安定所 |
| Repatriation Relief Board (Min. of Wel.) | Hikiageengo In | 引揚援護院 |
| Sanitation Department (Prefecture) | Eisei Bu | 衛生部(縣) |
| Secretariate | Kambo | 官房 |
| Section | Ka | 課 |
| Sections of Insurance Bureau, Ministry of Welfare: | Kosei Sho Shakaihoken Kyoku Kakka | 厚生省社会保険局各課 |
| Actuarial and Statistical Section | Suri Ka | 数理課 |
| General Affairs Section | Shomuka | 庶務課 |
| Health Insurance Section | Kenko Hoken-Ka | 健康保險課 |
| Medical Section | Imu-Ka | 医務課 |
| National Health Insurance Section | Kokumin Kenko Hoken-Ka | 國民健康保險課 |
| Seamen's Insurance Section | Senin Hoken-Ka | 船員保險課 |
| Welfare Pension Insurance Section | Kosei Nenkin Hoken-Ka | 厚生年金保險課 |
| Special Procurement Board | Tokubetsu Chotatsu-Cho | 特別調達廳 |

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

| English | Romaji | Japanese |
|---|---|---|
| Supreme Court | Saiko-Saibansho | 最高裁判所 |
| Welfare Department (Prefecture) | Minsei B | 民生部 |

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Laws and Regulations

| | | |
|---|---|---|
| Account Law (No. 35 of 1947) | Kaikei Ho | 会計法 |
| Administrative Appeals Law (No. 105 of 1890) | Sogan Ho | 訴願法 |
| Advisory Council on Social Security (System) Law, Establishment of the (No. 266 of 1948) | Shakai Hosho Seido Setchi Ho | 社会保障制度審議会設置法 |
| Agricultural Cooperative Association Law (No. 132 of 1947) | Nogyo Kyodo Kumiai Ho | 農業協同組合法 |
| Agricultural Land Adjustment Law (No. 67 of 1938) | Nochi Chosei Ho | 農地調整法 |
| Agricultural Land Development Law (No. 65 of 1941) | Nochi Hakkai Ho | 農地発開法 |
| Allowance to Special Non-Repatriates, Law for (No. 279 of 1948) | Tokubetsu Hikikansha no Kyuyo Ho | 特別未帰還者給与法 |
| Bureau Notice, Allowance (Min. of Fin.) | Kyuhatsu (Okura Sho) | 給発(大蔵省) |
| Bureau Notice, Insurance (Min. of Wel.) | Hohatsu (Kosei Sho) | 保発(厚生省) |
| Cabinet Decision | Kakugi Kettei | 閣議決定 |
| Cabinet Order | Seirei | 政令 |
| Child Welfare Law (No. 64 of 1947) | Jido Fukushi Ho | 児童福祉法 |
| Civil Code (No. 89 of 1896) | Minpo | 民法 |
| Civil Procedure Law (No. 62 of 1896) | Minji Sosho Ho | 民事訴訟法 |
| Constitution | Kempo | 憲法 |
| Criminal Law (No. 45 of 1907) | Kei Ho | 刑法 |
| Daily Life Security Law (No. 17 of 1946) | Seikatsu Hogo Ho | 生活保護法 |

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

| English | Romaji | Japanese |
|---|---|---|
| Deposits Bureau, Ministry of Finance, Law Concerning the Special Account for the (No. 13 of 1925) | Okura Sho Yokinbu Tokubetsu Kaikei Ho | 大蔵省預金部特別会計法 |
| Employment Security Law (No. 41 of 1947) | Shokugyo Antei Ho | 職業安定法 |
| Eugenical Protection Law (No. 156 of 1948) | Yusei Hogo Ho | 優生保護法 |
| Factory Act (obs.) (No. 46 of 1911) | Kojo Ho | 工場法(廃) |
| Family Registration Law (No. 26 of 1914) | Koseki Ho | 戸籍法 |
| Fines etc., Law for Temporary Measures Concerning (No. 251 of 1948) | Bakkin to Rinji Sochi Ho | 罰金等臨時措置法 |
| Government employees, Law Administering the New Pay of (No. 46 of 1948) | Seifu Shokuin Shin-Kyuyo Jisshi ni Kansuru Horitsu | 政府職員新給与実施ニ関スル法律 |
| Government employees, Law Concerning Salaries and Other Pay of (No. 12 of 1948) | Seifu Shokuin Hokyu to ni Kansuru Horitsu | 政府職員俸給等ニ関スル法律 |
| Government workers, Law Concerning Lump Sum Grant for (No. 166 of 1947) | Seifu Shokuin Ichiji-teate Shikyu ni Kansuru Horitsu | 政府職員一時手当支給ニ関スル法律 |
| Health Center Law (No. 42 of 1937) | Hokenjo Ho | 保健所法 |
| Health Insurance Law (No. 70 of 1922) | Kenko Hoken Ho | 健康保険法 |
| Infectious Disease Prevention Law (No. 36 of 1897) | Fansembyo Yobo Ho | 伝染病予防法 |
| Japan Monopoly Public Corporation Law (No. 225 of 1948) | Nihon Sembai Kosha Ho | 日本専売公社法 |
| Japan National Railways Law (No. 256 of 1948) | Nihon Kokuyu Tetsudo Ho | 日本国有鉄道法 |
| Labor Standards Law (No. 49 of 1947) | Rodo Kijun Ho | 労働基準法 |

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| English | Romaji | Japanese |
|---|---|---|
| (Labor) Trade Union Law (No. 51 of 1945 | Rodo Kumiai Ho | 労働組合法 |
| Local Autonomy Law (No. 67 of 1947) | Chiho Jichi Ho | 地方自治法 |
| Local Distribution Tax Law (No. 111 of 1948) | Chiho Haifu Zei Ho | 地方配付税法 |
| Local Finance Committee Law (No. 155 of 1947) | Chiho Zaisei Iinkai Ho | 地方財政委員会法 |
| Local Finance Law (No. 109 of 1948) | Chiho Zaisei Ho | 地方財政法 |
| Local Tax Law (No. 60 of 1940) | Chiho Zei Ho | 地方税法 |
| (Mariners') Seamen's Employment Security Law (No. 130 of 1948) | Senin Shokuin Antei Ho | 船員職員安定法 |
| (Mariners') Seamen's Insurance Law (No. 73 of 1939) | Senin Hoken Ho | 船員保険法 |
| (Mariners') Seamen's Insurance Special Account Law (No. 236 of 1947) | Senin Hoken Tokubetsu Kaikei Ho | 船員保険特別会計法 |
| Mariners' (Seamen's) Law (No. 100 of 1947) | Senin Ho | 船員法 |
| Medical Affairs Law (No. 197 of 1948) | Yakuji Ho | 薬事法 |
| Medical Association, Dental Association and Japan Medical Treatment Corporation, Law Regarding Dissolution and Liquidation of (No. 128 of 1947) | Ishikai Shika-ishikai oyobi Nihon-iryodan no kaisan ni kansuru horitsu | 医師会、歯科医師会及ビ日本医療団ノ解散ニ関スル法律 |
| Medical Service Law (No. 205 of 1948) | Iryo Ho | 医療法 |
| Ministerial Ordinance | Sho-rei | 省令 |
| Ministerial Notification | Sho-kokuji | 省告示 |
| Mothers' and Children's Protection Law (No. 19 of 1947) | Boshi Hogo Ho | 母子保護法 |

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| English | Romaji | Japanese |
|---|---|---|
| National Health Insurance Law (No. 60 of 1938) | Kokumin Kenko Hoken Ho | 國民健康保險法 |
| National Public Service Law (No. 120 of 1947) | Kokka Komuin Ho | 國家公務員法 |
| National Public Service Mutual Aid Association Law (No. 69 of 1948) | Kokka Komuin Kyosai-Kumiai Ho | 國家公務員共濟組合法 |
| National Tax Collection Law (No. 107 of 1897) | Kokuzei Choshu Ho | 國稅徵收法 |
| Pension Bank Law (obs.) (No. 57 of 1938) | Onkyu Kinko Ho | 恩給金庫法 |
| Pension Law (No. 48 of 1923) | Onkyu Ho | 恩給法 |
| Pension Law, Law for Emergency Measures of Application of Special Cases of (No. 190 of 1948) | Onkyu Ho Rinji Tokurei | 恩給法臨時特例 |
| People's Bank Law (obs.) (No. 58 of 1938) | Shomin Kinko Ho | 庶民金庫法 |
| People's Finance Corporation Law (No. 49 of 1949) | Kokumin Kinyu Koko Ho | 國民金融公庫法 |
| Petition Law (No. 13 of 1947) | Seigan Ho | 請願法 |
| Post Office Annuities Law (No. 60 of 1949) | Yubin Nenkin Ho | 郵便年金法 |
| Post Office Life Insurance Law (No. 42 of 1916) | Kani Seimei Hoken Ho | 簡易生命保險法 |
| Preventive Vaccination Law (No. 68 of 1948) | Yobo Sesshu Ho | 予防接種法 |
| Public Health Nurse, Midwife and Nurse Law (No. 203 of 1948) | Hokenfu, Josanpu, Kangofu Ho | 保健婦助産婦看護婦法 |
| Seamen's (Mariners') Employment Security Law (No. 130 of 1948) | Senin Shokuin Antei Ho | 船員職員安定法 |

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| English | Romaji | Japanese |
|---|---|---|
| Seamen's (Mariners') Insurance Law (No. 73 of 1939) | Senin Hoken Ho | 船員保険法 |
| Seamen's (Mariners') Insurance Special Account Law (No. 236 of 1947) | Senin Hoken Tokubetsu Kaikei Ho | 船員保険特別会計法 |
| (Seamen's) Mariners' Law (No. 100 of 1947) | Senin Ho | 船員法 |
| Section Notice | Tsucho | 通牒 |
| Separation Allowances for Government Employees (Cab. Dec.) | Seifu Shokuin ni Taisuru Taishoku-teato | 政府職員ニ対スル退職手当 |
| Social Insurance Medical Fee Payment Fund Law (No. 129 of 1948) | Shakai Hoken Shinryo Hoshu Shiharai Kikin Ho | 社会保険診療報酬支払基金法 |
| Social Undertaking Act (No. 59 of 1938) | Shakai Jigyo Ho | 社会事業法 |
| Statistics Law (No. 18 of 1947) | Tokei Ho | 統計法 |
| Trade (Labor) Union Law (No. 51 of 1945) | Rodo Kumiai Ho | 労働組合法 |
| Tuberculosis Prevention Law (No. 26 of 1919) | Kekkaku Yobo Ho | 結核予防法 |
| Undemobilized Persons' Compensation Law (No. 182 of 1947) | Mifukuinsha Kyuyo Ho | 未復員者給与法 |
| Unemployment Allowance Law (obs.) (No. 145 of 1947) | Shitsugyo Teate Ho | 失業手當法(廢 |
| Unemployment Insurance Law (No. 146 of 1947) | Shitsugyo Hoken Ho | 失業保険法 |
| Unemployment Insurance Special Account Law (No. 157 of 1947) | Shitsugyo Hoken Tokubetsu Kaikei Ho | 失業保険特別会計法 |
| V.D. Prevention Law (No. 167 of 1948) | Seibyo Yobo Ho | 性病予防法 |

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| English | Romaji | Japanese |
|---|---|---|
| Wage Control Act | Chingin Tosei Rei | 賃金統制令 |
| Welfare Commissioner Law (No. 198 (of 1948) | Minsei-iin Ho | 民生委員法 |
| Welfare Insurance Special Account Law (No. 10 of 1944) | Kosei Hoken Tokubetsu Kaikei Ho | 厚生保険特別会計法 |
| Welfare Pension Insurance Law (No. 60 of 1941) | Kosei Nenkin Hoken Ho | 厚生年金保険法 |
| Workmen's Accident Compensation Insurance Law (No. 50 of 1947) | Rodosha Saigai Hosho Hoken Ho | 労働者災害補償保険法 |
| Workmen's Accident Compensation Insurance Special Account Law (No. 51 of 1947) | Rodosha Saigai Hosho Tokubetsu Kaikei Ho | 労働者災害補償特別会計法 |

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775 013

Associations, Boards, Committees, Councils, Federations, Referees and Societies

| English | Romaji | Japanese |
|---|---|---|
| Advisory Council, Employment (Security) Stabilization | Shokugyo Antei Shingi-kai | 職業安定審議会 |
| " " , Health Insurance | Kenko Hoken Shingi-kai | 健康保険審議會 |
| ( " " ), Managerial Committee, Mutual Aid Association | Kyosai kumiai unei Kyogi kai | 共済組合運営協議會 |
| " " , National Health Insurance (Municipal) | Kokumin Kenko Hoken Unei Kyogi-kai | 國民健康保険運営協議会 |
| " " , Seamen's Insurance | Senin Hoken Shingi-kai | 船員保険審議会 |
| " " , Social Insurance Medical Care | Shakai Hoken Shinryo Kyogi-kai | 社会保険診療協議会 |
| " " , Unemployment Insurance | Shitsugyo Hoken Iinkai | 失業保険委員会 |
| " " , Welfare Pension Insurance | Kosei Nenkin Hoken Shingi-kai | 厚生年金保険審議会 |
| " " , Workmen's Accident Compensation Insurance | Rodosha Saigai Hosho Hoken Shingi-kai | 勞働者災害補償保険審議会 |
| Advisory Council on Social Security (System) | Shakai Hosho Seido Shingi-kai | 社会保障制度審議会 |
| Appeals Board, Health Insurance | Kenko Hoken Shinsa-kai | 健康保険審査会 |
| " " , Mutual Aid Association | Kyosai Kumiai Shinsa-kai | 共済組合審査会 |
| " " , National Health Insurance (Prefectural) | Kokumin Kenko Hoken Shinsa-kai (Chiho) | 國民健康保険審査会(地方) |
| " " , Seamen's Insurance | Senin Hoken Shinsa-kai | 船員保険審査会 |
| " " , Unemployment Insurance | Shitsugyo Hoken Shinsa-kai | 失業保険審査会 |

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| English | Romaji | Japanese |
|---|---|---|
| Appeals Board, Welfare Pension Insurance | Kosei Nenkin Hoken Shinsa-kai | 厚生年金保険審査会 |
| " " , Workmen's Accident Compensation Insurance | Rodosha Saigai Hosho Hoken Shinsa-kai | 労働者災害補償保険審査会 |
| Central Labor Relations Board | Chuo Rodo Iin-kai | 中央労働委員会 |
| Central Society of National Health Insurance Organizations | Kokumin Kenko Hoken Dantai Chuo-kai | 国民健康保険団体中央委員会 |
| Federation of Mutual Aid Associations | Higengyo Kyosai Kumiai Rengo-kai | 非現業共済組合連合会 |
| Japan Dental Association | Nihon Shika Ishi Kai | 日本歯科医師会 |
| Japan Medical Association | Nihon Ishi Kai | 日本医師会 |
| Managerial Committee (Advisory Council), Mutual Aid Association | Kyosai Kumiai Unei Kyogi Kai | 共済組合運営協議会 |
| Medical Relief Society | Saisei-kai | 済生会 |
| National Health Insurance Council (obs.) | Kokumin Kenko Hoken Kyokai (hai) | 国民健康保険協会(廃) |
| National Health Insurance Renovation Federation (obs.) | Kokumin Kenko Hoken Sasshin Renmei (hai) | 国民健康保険刷新連盟(廃) |
| National Relief Association | Doho Engo Kai | 同胞援護会 |
| Referee, Insurance (Workmen's Accident Compensation Insurance) | Hoken Shinsa-kan (Rodosha Saigai Hosho Hoken) | 保険審査官(労働者災害補償保険) |
| " , Social Insurance (Health Insurance, Seamen's Insurance and Welfare Pension Insurance) | Shakai Hoken Shinsa-kan (Kenko Hoken, Senin Hoken, Kosei Nenkin Hoken) | 社会保険審査官(健康保険,船員保険,厚生年金保険) |
| " , Unemployment Insurance | Shitsugyo Hoken Shinsa-kan | 失業保険審査官 |

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| English | Romaji | Japanese |
|---|---|---|
| Reviewing and Auditing Committee (Social Insurance Medical Fee Payment Fund) | Shinryo Hoshu Sinsa-kai (Shakai Hoken Shin-ryo Hoshu Shiharai Kikin) | 診療報酬州審査会(社会保険診療支拂基金 (報酬 |
| Social Insurance Investigating Committee (obs.) | Shakai Hoken Seido Chosa-kai (hai) | 社会保険制度調査会(廃) |
| Social Insurance Medical Fee Calculating Council | Shakai Hoken Shinryo Hoshu Santei Kyogi-kai | 社会保険診療報酬算定委員会 |
| Social Insurance Medical Fee Payment Fund | Shakai Hoken Shinryo Hoshu Shiharai Kikin | 社会保険診療報酬支拂基金 |
| Unions, All Japan Council of Medical Treatment Employees' | Zennihon Iryo-jugyoin Kumiai Kyogi-kai | 全日本医療従業員組合協議会 |
| " , All Japan Occupation Forces Workers' | Zennihon Shinchugun-yoin Rodo Kumiai | 全日本進駐軍要員労働組合 |
| " , General Federation of Japanese Trade | Nihon Rodo Kumiai Sodomei | 日本労働組合総同盟 |
| " , Japan General Federation of Local and Municipal Govern-ment Workers' | Nihon Jichidantai Rodo Kumiai Sorengo | 日本自治團体労働組合総連合 |
| " , Japan Teachers | Nihon Kyoshokuin Rodo Kumiai | 日本教職員労働組合 |
| " , National Congress of Industrial | Zennihon Sangyobetsu Rodo Kumiai Kaigi | 全日本産業別労働組合会議 |
| " , National Council of All-Government Office Workers | Zenkoku Kancho Shokuin Rodo Kumiai Kyogi-kai | 全国官廳職員労働組合協議会 |
| " , National Federation of Occupation Forces Workers' | Zenkoku Shinchugun Rodo Kumiai Domei | 全国進駐軍労働組合同盟 |

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## General Terms

| English | Romaji | Japanese |
|---|---|---|
| Accomodation (admission) | Shuyo | 收容 |
| Account | Kaikei | 會計 |
| Accountant | Kaikei-gakari | 会計係 |
| Act (law) | Horei | 法令 |
| Activate, to | Katsudo-seshimeru | 活動セシメル |
| Actuary | Hoken Tokei-gakari | 保険統計係 |
| Adjustment | Chotei | 調定 |
| Administration | Jimu Gyosei | 事務行政 |
| Advise, to | Kankoku | 勧告 |
| Advisory | Jogen | 助言 |
| Advocate, to | Shucho-suru | 主張スル |
| Agenda | Kamoku | 課目 |
| Agent | Dairinin | 代理人 |
| Aid (assistance-monetary) | Fujo | 扶助 |
| Aim (purport, object) | Shushi (Mokuteki) | 趣旨(目的) |
| Allowance | Tesuto Kin | 手當金 |
| Ambulatory | Hoko | 歩行 |
| Amendment | Kaisei | 改正 |
| Analysis | Bunseki | 分析 |
| Annuity (pension) | Nenkin | 年金 |
| Annul | Muko | 無効 |
| Appeal, to | Sogan-suru | 訴願スル |

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| English | Romaji | Japanese |
|---|---|---|
| Appellant | Jososha | 上訴者 |
| Appellee | Hijososha | 被上訴者 |
| Application (claim) | Shinsei | 申請 |
| Application (claim in writing) | Seikyusho | 請求書 |
| Apply, to | Shinsei-suru | 申請スル |
| Appoint (designate) | Shitei-suru | 指定スル |
| Appraise | Hyoka-suru | 評價スル |
| Appropriate (to or for a purpose) | Tekito-naru | 適当ナル |
| Appropriated (from another account) | Ryuyo | 流用 |
| Appropriation bill | Tokubetsu Kaiken An | 特別会計案 |
| Appropriation (monetary subsidy) | Juto | 充當 |
| Approval (authorization, license) | Ninka | 認可 |
| Arbitrate | Saitei | 裁定 |
| Arrearage (delinquency) | Taino | 滞納 |
| Assembly (city, town, village) | Kaigi (shi, cho, son) | 会議(市.町.村) |
| Assess, to | Choshu-suru | 徴收スル |
| Assessment | Choshu | 徴收 |
| Assistance (in kind) | Hojo | 補助 |
| Association | Kumiai | 組合 |
| Audit | Keisan | 計算 |
| Auditor | Kaikei Kensa Kan | 會計檢查官 |
| Average basic wage | Heikin Hyojun Hoshu Gaku | 平均標準報酬月額 |

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| English | Romaji | Japanese |
|---|---|---|
| Balance (accounts) | Sashihiki zandaka | 差引残高 |
| Balance (a debit) | Karikoshi | 借越 |
| Balance (average) | Heikin | 平均 |
| Basic wage | Hyojun hoshu | 標準報酬 |
| Basis for computation | Santei no kiso | 算定，基礎 |
| Beneficiary | Hoken uketori-nin | 保険受取人 |
| Benefit | Kyufu | 給付 |
| Benevolence (charity) | Jizen | 慈善 |
| Board of Directors | Riji Kai | 理事會 |
| Branch | Shibu | 支部 |
| Budget | Yosan | 予算 |
| Bureau | Kyoku | 局 |
| Bureaucracy | Kanryo | 官僚 |
| | | |
| Calamity | Saigai | 災害 |
| Calculate | Keisan | 計算 |
| Cancel (laws, contracts) | Haishi-suru | 廢止スル |
| Cancel (math.) | Taiyaku-suru | 對約スル |
| Capitalism | Shihon Shugi | 資本主義 |
| Centralize, to | Shuchu-suru | 集中スル |
| Certificate | Shomeisho | 証明書 |
| Chairman (association) | Kaicho | 會長 |

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| English | Romaji | Japanese |
|---|---|---|
| Chairman (council) | Gicho | 議長 |
| Charge (fee) | Ryokin | 料金 |
| Charge, person in | Tanto-sha | 担當者 |
| Charity hospital | Seryo-Byoin | 施療病院 |
| Chart | Zuhyo | 圖表 |
| Child welfare facilities | Jido fukushi shisetsu | 児童福祉施設 |
| Chiropractic | Amma ijutsu | 按摩医術 |
| Classification | Bunrui | 分類 |
| Clinic | Shinryo-jo | 診療所 |
| Collect, to | Choshu-suru | 徴收スル |
| Collections (of contributions, taxes, etc.) | Choshu | 徴收 |
| Committee | Iin-kai | 委員會 |
| Compensation | Hosho | 補償 |
| Competent authority | Shumu-kancho | 主務官廳 |
| Complaint | Fuhei | 不平 |
| Comprehensive | Hokatsuteki | 包括的 |
| Compulsorily insured | Kyosei Hihokensha | 强制被保険者 |
| Compute | Santei-suru | 算定スル |
| Constitution and By-laws (in case of juridical person): | | |
| 1. Social Insurance Medical Fee Payment Fund, Community Chest and places of business | Teikan | 定款 |

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| English | Romaji | Japanese |
|---|---|---|
| 2. Associations | Kiyaku | 規約 |
| 3. City, town, village | Jorei | 條例(令) |
| Contingent fund | Yobi-kin | 予備金 |
| Contract | Keiyaku | 契約 |
| Contractor | Keiyaku-sha | 契約者 |
| Contribution (insurance) | Hoken ryo | 保険料 |
| Cooperation | Kyoryoku | 協力 |
| Coordination | Chosei | 調整 |
| Council | Kaigi | 會議 |
| Coverage (under insurance law) | Hokatsu | 包括 |
| Customary fee | Kanko ryokin | 慣行料金 |
| Debenture | Saiken | 債券 |
| Decentralize | Choho bunken | 地方分権 |
| Decide, to | Kettei-suru | 決定スル |
| Decision (in appeal) | Kettei | 決定 |
| Decree (law) | Horei | 法令 |
| Deduction | Kojo | 控除 |
| Default (payment) | Fuharai | 不拂 |
| Default (non-appearance) | Kesseki | 缺席 |
| Default (in) | -- Naki baai | --ナキ場合 |
| Deficit | Fusoku | 不足 |

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| English | Romaji | Japanese |
|---|---|---|
| Defray | Shiharai | 支拂 |
| Delete | Sakujo | 削除 |
| Deliberation | Shingi | 審議 |
| Demobilization | Fukuin | 復員 |
| Dependent | Fuyo kazoku | 扶養家族 |
| Designate, to | Shitei-suru | 指定スル |
| Determination (administrative) | Kettei | 決定 |
| Diet member | Daigishi | 代議士 |
| Diffusion (popularization) | Fukyu | 普及 |
| Directive (SCAP) | Shirei (Rengogun Soshirei-bu) | 指令(連合軍總司令部 |
| Directive (Ministerial) | Shorei | 省令 |
| Director | Riji | 理事 |
| Disability | Romu-funo | 勞務不能 |
| Discriminate, to | Sabetsu-suru | 差別スル |
| Disease | Shippei | 疾病 |
| Dispensary | Yakuzaisho | 藥剤所 |
| Dispense, to | Bumpai suru | 分配スル |
| Disseminate, to | Fukyu-suru | 普及スル |
| Disqualify | Shikaku-soshitsu | 資格喪失 |
| Drastic | Kyoryoku | 強力 |
| Due consideration | Soto no koryo | 相当ノ考慮 |
| Due course or process of law | Horitsu jo tsukusubeki tetsuzuki | 法律上盡スベキ手續 |

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| English | Romaji | Japanese |
|---|---|---|
| Due date | Kijitsu | 期日 |
| Due form | Seishiki | 正式 |
| Due time | Shikarubeki toki ni | 然ルベキ時ニ |
| Due, to become or fall | Shiharai kigen ni tassuru | 支拂期限ニ達スル |
| Duplicate | Fukusei | 複製 |
| Earnings | Shunyu, Hoshu | 收入 報酬 |
| Economy | Keizai | 經濟 |
| Effective | Yukona | 有効ナ |
| Eligible, to be | Shikaku-aru | 資格アル |
| Emergency | Kinkyu | 緊急 |
| Emergency fund | Yobikin | 予備金 |
| Emolument | Hokyu | 俸給 |
| Employee | Jugyoin | 從業員 |
| Employer | Jigyonushi | 事業主 |
| Enact, to | Shiko-suru | 施行スル |
| Enforce, to (law) | Shiko-suru | 施行スル |
| Enforcement | Shiko | 施行 |
| Enrollment | Toki, Toroku | 登記, 登録 |
| Enterprise | Jigyo | 事業 |
| Entitled, to be | Yushikaku no | 有資格ノ |
| Entrust | Itaku | 委託 |

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| English | Romaji | Japanese |
|---|---|---|
| Estimate, an | Mitsumori | 見積 |
| Estimate, to | Mitsumoru | 見積ル |
| Evaluate, to | Hyoka-suru | 評價スル |
| Evaluate by numerals | Suji nite shimesu | 数字ニテ示ス |
| Execution (of a law) | Jisshi | 実施 |
| Expectancy, life | Yoki | 予期 |
| Expedite | Binsoku | 敏速 |
| Expenditure | Saishutsu | 歲出 |
| Expenses | Hiyo | 費用 |
| Extend the application of the law | Horitsu no tekiyo o hirokusuru | 法律ノ適用ヲ廣クスル |
| Facility | Shisetsu | 施設 |
| Federation | Rengo-kai | 連合會 |
| Finances | Zaisei | 財政 |
| Financial resource | Zaigen | 財源 |
| Fine (penalty money) | Bakkin | 罰金 |
| Fiscal year | Kaikei nendo | 会計年度 |
| Free medical treatment | Seryo | 施療 |
| Function | Kino | 機能 |
| Fund | Kikin, Shikin | 基金・資金 |
| Fundamental human right | Kihonteki jinken | 基本的人權 |

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| English | Romaji | Japanese |
|---|---|---|
| Funeral expenses (paid by immediate family) | Sosai-ryo | 葬祭料 |
| (paid by non-family member) | Sosai-hi | 葬祭費 |
| Funeral rite | Soshiki | 葬式 |
| General account | Ippan kaikei | 一般會計 |
| Government: | | |
| National | Seifu, Kokka | 政府 國家 |
| Prefectural | Ken-cho | 縣廳 |
| City | Shi-yakusho | 市役所 |
| Town | Machi-yakuba | 町役場 |
| Village | Mura-yakuba | 村役場 |
| Government management | Seifu kansho | 政府管掌 |
| Government subsidy | Kokko Hojokin | 國庫補助金 |
| Governor | Chiji | 知事 |
| Grant (of money) | Hojokin | 補助金 |
| " , government | Kokko hojo | 國庫補助 |
| Guarantee | Hosho | 保証 |
| Guidance | Shido | 指導 |

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| English | Romaji | Japanese |
|---|---|---|
| Health center | Hokensho | 保健所 |
| Health establishment | Hoken shisetsu | 保健施設 |
| Health guidance | Hoken shido | 保健指導 |
| Health insurance, society-managed | Kenko Hoken Kumiai Kansho | 健康保険組合管掌 |
| Health insurance, government-managed | Kenko Hoken Seifu Kansho | 健康保険政府管掌 |
| Health nurse | Hoken fu | 保健婦 |
| Hearing | Shingi, Shinsa | 審議 審査 |
| Hearing, public | Kocho-kai | 公聽會 |
| Home-call | Oshin | 往診 |
| Honorarium | Shareikin | 謝禮金 |
| Honorary post | Meiyo-shoku | 名譽職 |
| Hospitalization | Nyuin | 入院 |
| Hydrotherapy | Suiryoho | 水療法 |
| Hygiene | Eisei | 衛生 |
| | | |
| Illness | Byoki | 病氣 |
| Imprisonment | Chooki | 懲役 |
| In accordance with | ni shitagatte | ニ從ッテ |
| Income | Shotoku | 所得 |
| Income, taxable | Kazei shotoku | 課稅所得 |

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| English | Romaji | Japanese |
|---|---|---|
| Incomo tax | Shotoku zei | 所得税 |
| Incompetent (law) | Futekito | 不適当 |
| Incorporated (juridical person) | Hojin | 法人 |
| Ineligible | Mushikaku | 無資格 |
| Inexpedient | Furi | 不利 |
| Infection | Tensen | 傳染 |
| Information | Shiryo | 資料 |
| Information, public | Koho | 公報 |
| Injury | Fusho | 負傷 |
| In-patient | Nyuin kanja | 入院患者 |
| Insolvent | Hasan | 破産 |
| Insurance association | Hoken kumiai | 保険組合 |
| Insurance dentist | Hoken-shikai-i | 保険歯科医 |
| Insurance doctor | Hoken-i | 保険医 |
| Insured person | Hi-hoken-sha | 被保険者 |
| Insurer | Hokensha | 保険者 |
| Invalid | Muko | 無効 |
| Inventory | Mokuroku | 目録 |
| Issue | Hakko | 発行 |
| Item | Komoku, Meisai | 項目 明細 |

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| English | Romaji | Japanese |
|---|---|---|
| Judicial act | Shiho rei | 司法令 |
| Juridical person | Hojin | 法人 |
| Jurisdiction (law) | Saiban ken | 裁判権 |
| Jurisdiction, under the | Kankatsu | 管轄 |
| Justify (certify) | Shomei suru | 証明スル |
| | | |
| Lapse (law) | Shometsu | 消滅 |
| Ledger (register) | Daicho (Toki) | 台帳登記 |
| Legislation | Hosei | 法制 |
| Liability | Futan kin | 負担金 |
| Liquidate (law) | Seisan suru | 清算スル |
| Livelihood | Seikatsu | 生活 |
| Local appeals board | Chiho shakai hoken shinsa kai | 地方社会保険審査会 |
| Local level (of jurisdiction) | Chiho kankatsu | 地方管轄 |
| Local public body | Chiho kokyo dantai | 地方公共團体 |
| Local public service | Chiho komuin | 地方公務員 |
| Local self-government | Chiho jichi | 地方自治 |
| Lump-sum allowance | Ichiji teate kin | 一時手当金 |
| Lump-sum payment | Ichiji kin | 一時金 |
| Lying-in facilities | Josan shisetsu | 助産施設 |

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| English | Romaji | Japanese |
|---|---|---|
| Maladministration | Futorishimari | 不取締, |
| Managed, government | Seifu kansho | 政府管掌 |
| Managed, society | Kumiai kansho | 組合管掌 |
| Management | Kanri | 管理 |
| Manager (superintendent) | Shuji (kantoku) | 主事(監督) |
| Managerial regulations (Mutual Aid Association) | Unneikisoku | 運營規則 |
| Managing director | Jomu riji | 常務理事 |
| Matron (chief nurse) | Fucho | 看護婦長 |
| Maximum limit | Saiko seigen | 最高制限 |
| Medical diagnosis and treatment | Shinryo | 診療 |
| Medical facility | Iryo shisetsu | 医療施設 |
| Medical treatment | Chiryo | 治療 |
| Member of City Assembly (town, village) | Shikai Giin (Cho, Son) | 市(町.村)會議員 |
| Membership | Kaiin | 會員 |
| Memorandum | Oboegaki | 覺書 |
| Midwife | Josanmpu | 助産婦 |
| Minimum limit | Saitei seigen | 最低制限 |
| Minor (pre-school child) | Yoji | 幼児 |
| Minor (from primary school age to 18 years of age) | Gakurei jido | 學齡児童 |
| Mortality table | Shiboritsu hyo | 死亡率表 |
| Moxacautory | Kyu-jutsu | 灸術 |
| Mature (become due) | Manki | 滿期 |

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| English | Romaji | Japanese |
|---|---|---|
| National hospital | Kokuritsu byoin | 國立病院 |
| National level (of jurisdiction) | Chuo kankatsu | 中央管轄 |
| National public service | Kokka komuin | 國家公務員 |
| National treasury | Kokko | 國庫 |
| Notification | Tsucho | 通牒 |
| Nullification | Muko | 無効 |
| Objection (protest, demurrer) | Igi | 異議 |
| Obligations | Gimu | 義務 |
| Off-duty | Gyomu gai | 業務外 |
| On-duty | Gyomu jo | 業務上 |
| Operation (administration) | Unei | 運営 |
| Ordinance | Rei, kisoku | 令規則 |
| Organization | Soshiki | 組織 |
| Orthopedics | Seikei jutsu | 整形術 |
| Out-patient | Gairai kanja | 外来患者 |
| Partial liability | Ichibu futan | 一部負担 |
| Participate | Kanyu | 加入 |
| Penalty (monetary) | Karyo | 科料 |
| Penalty (imprisonment) | Chooki | 懲役 |
| Pension (annuity) | Nenkin | 年金 |

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| English | Romaji | Japanese |
|---|---|---|
| Percentage | Ritsu | 率 |
| Personnel | Shokuin | 職員 |
| Petition | Chinjo | 陳情 |
| Pharmacist | Yakuzaishi | 薬剤師 |
| Physician | Ishi | 医師 |
| Preferential | Yusenken | 優先権 |
| Premium | Hokenryo | 保険料 |
| Preparatory committee (a committee to form .....) | Jumbi iin kai | 準備委員會 |
| Pre-school child (from one year old to the entrance in primary school.) | Yoji | 幼児 |
| Prescription (doctor's) | Shohosen | 處方箋 |
| Prescription (law: running of time) | Jiko | 時効 |
| President (association, company) | Kaicho, shacho | 会長 社長 |
| Priority | Yusen | 優先 |
| Procedure | Tetsuzuki | 手続 |
| Promulgate | Kofu suru | 公布スル |
| Propaganda | Senden | 宣傳 |
| Proportion (percentage) | Hiritsu | 比率 |
| Proposal | Hatsugen, teigi | 發言 提議 |
| Psychiatrist | Seishinbyo-i | 精神病医 |
| Public Health | Koshu eisei | 公衆衛生 |
| Public service (facilities) | Kokyo shisetsu | 公共施設 |

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| English | Romaji | Japanese |
|---|---|---|
| Publicity | Kohyo, senden | 公表 宣傳 |
| Pursuant | Shitagau | 從 ノ |
| Qualification | Shikaku | 資格 |
| Radical change | Komponteki henka | 根本的変化 |
| Ratio | Hiritsu | 比率 |
| Rationalize | Gorika suru | 合理化スル |
| Readjust | Seiri suru | 整理スル |
| Rebate | Sashihiku | 差引ク |
| Rebuttal | Hansho o ageru | 反証ヲアゲル |
| Receipt | Ryoshu | 領收 |
| Reciprocal | Soto suru | 相當スル |
| Recommend | Suisen suru | 推薦スル |
| Recompense | Hoshu | 報酬 |
| Rectify | Teisei suru | 訂正スル |
| Red Cross | Sekijuji | 赤十字 |
| Referendum | Kokumin tohyo | 國民投票 |
| Reform | Kaizen | 改善 |
| Refund | Haraimodoshi | 拂戻シ |
| Regulation | Kitei | 規定 |

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| English | Romaji | Japanese |
|---|---|---|
| Reimburse | Baisho | 賠償 |
| Reinstate | Moto no shikaku ni fukuchi suru | 元ノ資格ニ復置ス |
| Report | Hokoku | 報告 |
| Research (Survey, investigation) | Chosa | 調査 |
| Reserve fund | Tsumitate kin | 積立金 |
| Resident's tax | Jyumin zei | 住民税 |
| Retire | Taishoku | 退職 |
| Retirement benefits | Taishoku teate | 退職手當 |
| Review | Shinsa | 審査 |
| Rights | Kenri | 権利 |
| Salary | Kyuryo | 給料 |
| Sanatorium | Ryoyojo | 療養所 |
| Secede | Dattai | 脱退 |
| Section | Ka | 課 |
| Sectionalism | Sekushonarizumu | セクショナリズム |
| Selection | Sentaku | 撰擇 |
| Self-government | Jichi | 自治 |
| Separation (from employment) | Dattai | 脱退 |
| Social Security Mission Report | Beikoku Shakai Hosho Chosadan Hokokusho | 米国社会保障調査團報告書 |

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| English | Romaji | Japanese |
|---|---|---|
| Society | Shakai | 社会 |
| Social security | Shakai hosho | 社会保障 |
| Solatium | Mimai kin | 見舞金 |
| Speaker (chairman) | Gicho | 議長 |
| Special Account | Tokubetsu Kaikei | 特別会計 |
| Specialize | Senmonteki | 専門的 |
| Specific | Meihaku na | 明白ナ |
| Stabilize | Antei ni suru | 安定スル |
| Standard | Hyojun | 標準 |
| Statistics | Tokei | 統計 |
| Status | Mibun | 身分 |
| Statute | Kisoku | 規則 |
| Stimulate | Shigeki suru | 刺戟スル |
| Stipulate | Kitei suru | 規定スル |
| Subsidy | Hojo | 補助 |
| Substantiate | Shomei suru | 証明スル |
| Summary | Sokatsuhyo | 總括表 |
| Summation | Sokatsu | 總括 |
| Superannuated | Rorei | 老齢 |
| Supersede | Kawaru | 代ル |
| Supervise | Kantoku suru | 監督スル |
| Supplement | Tsuika | 追加 |

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| English | Romaji | Japanese |
|---|---|---|
| Surplus (accounting) | Sainyu joyokin | 歲入剰余金 |
| Surtax | Fukazei | 附加税 |
| Survey | Chosa | 調査 |
| Survivor | Izoku | 遺族 |
| Suspend | Teishi suru | 停止スル |
| Sustain | Iji suru | 維持スル |
| System | Seido | 制度 |
| Systematic | Soshikiteki | 組織的 |
| Tabulate | Hyo ni suru | 表ニスル |
| Temporary | Rinji | 臨時 |
| Tenure of office (term of official service) | Ninki | 任期 |
| Termination | Shuryo | 終了 |
| Terminology | Yogo | 用語 |
| Testimonial (law) | Shoko | 証據 |
| Theory | Riron | 理論 |
| Therapy | Chiryoho | 治療法 |
| Total | Gokei | 合計 |

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| English | Romaji | Japanese |
|---|---|---|
| Vacancy | Ketsuin | 欠員 |
| Valid | Yuko na | 有効ナ |
| Value | Kachi | 價値 |
| Verify | Shomei suru | 証明スル |
| Veto | Kyohiken | 拒否権 |
| Voluntarily insured | Nini hihokensha | 任意被保険者 |
| | | |
| Waive (law) | Kenri o hoki suru | 権利ヲ放棄スル |
| Ward (district) | Ku | 區 |
| Welfare | Kosei | 厚生 |
| Welfare facility | Kosei shisetsu | 厚生施設 |

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# HEALTH INSURANCE
(Kenko. Hoken)

PUBLIC HEALTH AND WELFARE TECHNICAL BULLETIN

PH&W GHQ SCAP APO 500 March 1949

1. Introduction -

a. This is the second in a series of Technical Bulletins to be issued by Public Health and Welfare Section, SCAP, on the Japanese social insurance laws and ordinances, giving specific information on the administration of such laws, and providing suggested guide sheets for the convenience of the Military Government Teams. The first of the series, issued in December 1948, concerned National Health Insurance.

b. Attahced Inclosure #1 is an English translation of the Health Insurance Law, Inclosure #2 is a copy of Enforcement Regulations prescribed by Cabinet Order and Inclosure #3 is a suggested guide sheet for use in reviewing the administration of society-managed health insurance in a prefecture. An English translation of Enforcement Regulations and forms prescribed by Ministerial Ordinance is now being prepared and will be released at a later date. Guide sheets for reviewing government-managed health insurance will be incorporated in a subsequent Technical Bulletin concerning the operations of prefectural insurance sections and the social insurance branch offices.

2. Summary of Program -

a. General Scope:

Health Insurance in Japan is an integral part of the Japanese social insurances which have been in effect for a number of years. It applies chiefly to industrial, commercial, mining, and transportation workers and provides benefits for medical and allied care arising from non-occupational causes. It may also apply to the employees of a government office or juridical person or to employees of an employer not otherwise covered who with the consent of one-half or more of his employees elects to have such insurance. It is effected and controlled by the Health Insurance Law of 1922 (effected in 1927) and subsequent admendments thereto, and is compulsory for all regular full-time employees in the respective categories of employment in establishments or offices of five or more employees. It is financed in the main by monthly contributions from employers and employees, based with limitations on the amount of wages paid and received.

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Latest amendments to the Law were made in July and December, 1948. New appeal, penalty, coverage, and administrative provisions were added in July, and under the amendments, coverage, as of April 1, 1949, will be extended to Japanese workers employed by the Japanese Government for the Occupation Forces. In December a single amendment was made which increased the limit of the standard remuneration of an insured person from a maximum class scale of 8,100 Yen monthly, as the highest amount subject to contribution, to 13,800 Yen monthly. The lowest class scale remained unchanged at 390 Yen monthly.

The primary responsibility for the administration of the Health Insurance Law is vested in the Ministry of Welfare, with provision for two distinct types of management: namely: government-managed health insurance and society-managed health insurance. The basic differences in these types of management, which will be treated in subsequent paragraphs, is that government-managed health insurance usually applies to employees in establishments or working places which employ less than 500 workers and is under full government control while society-managed, which may be effected in establishment of 300 or more workers, is chiefly under the control of the society concerned.

b. Benefits:

Benefits under the Law for insured members cover medical and dental services and cash allowances for sickness and injury arising from non-occupational causes; medical services and cash allowances for maternity, delivery, nursing, and funeral expense; and cash repayments for amounts expended by the insured for services. The amount of cash allowances paid during periods of sickness or incapacity varies according to the standard monthly remuneration of the insured. The amount of cash benefit for repayment of medical service costs, expended by an insured for service from a private doctor, is determined by prescribed rates. The same type of benefits, excluding cash allowances, are provided for the dependent of an insured member; however, the insurer will allow to the insured member only 50% of the cost of such dependent's benefits at prescribed rates and the insured member must pay the balance of such cost.

c. Financing:

Employee contributions in government-managed health insurance are limited by the law to a maximum of 2.2% of their standard monthly remuneration and in the society-managed type to 2.5%. An employer's contribution each month must equal his employee contributions, but the employer is not prohibited from making additional contributions if he so desires. Other income available for health insurance activities may arise from donations, fees for service to non-insured persons, investments,

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and from limited government subsidies. Employee contributions are collected through payroll deductions in both types of management and it is the responsibility of the employer concerned to make such deductions.

d. Government-management:

The government-managed type of health insurance is for persons employed in establishments having 5 or more but less than 500 workers; however, an establishment of 300 or more employees may be granted authority to operate a health insurance program. This authority demands that such smaller establishments have the proper facilities for carrying on an adequate program, and in actual practice establishments that employ over 500 workers may remain under government-management for a considerable period before a society-managed plan is approved.

In the government-managed type the government is the insurer and conducts its business through the Insurance Section of the Prefectural Welfare Department. In these operations contributions are sent by the employer to the National Government through the Prefectural Insurance Section and appropriations for the payment of benefits, medical care claims, and business operational costs are forwarded by the National Government to the Prefectural Insurance Section for disbursement. In a prefecture, where conditions warrant, a branch office of the Prefectural Insurance Section may be established to permit more efficient and convenient operations of the program.

Medical facilities used in the government-managed type may be owned by the Ministry of Welfare, privately owned and under contract to the government, or privately owned and made available for insured members. The insured members receive medical service from appointed or private doctors, or from staff doctors of the government owned or operated facilities, upon presenting valid membership certificates issued by the Prefectural Insurance Section through the employers to the insured members. The certificates are prepared from employee listings supplied to the Insurance Section by the employers concerned. Statements from insurance doctors for services rendered to insured members and their dependents were formerly paid by the Insurance Section but are now to be paid by the branch office of the Medical Fee Payment Fund established in the area. Services obtained from other than insurance doctors by insured members are payable by the insured members with subsequent reimbursement by the Insurance Section, according to amounts allowed by the Law. The services available under the government-managed type to the insured members and their dependents are specified in the Law.

e. Society-management:

The society-managed type is primarily for single establishments or a combination thereof which regularly employ 500 or more workers. An establishment that employs 300 to 500 workers may, with the approval of govern-

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ment officials, voluntarily form a health insurance society and administer its own health insurance program. For an establishment that regularly employs 500 or more full-time workers it is obligatory that such concern organize and operate a health insurance society for its employees, although such operation may be deferred by governmental action and the employees remain under government-managed insurance until a society can be properly formed.

In the society-managed type the policies and administration of the society are determined and directed by a society council and a board of directors. These guiding bodies are formed by members of the society with equal representation for management and workers. Thus it is to a marked degree autonomous. The society council is composed of a fixed number of councillors, with a two year term of office, and is so organized that it contains half of its councillors appointed by the employer and half elected by the workers. The fixed number of councillors is determined by the society concerned. In a similar manner the board of directors of the society is composed of a fixed number of directors half of which are elected by the councillors representing employer interests and half by councillors representing worker interests. The authority of the board of directors is usually limited to administrative matters but may, under certain circumstances, extend to councillor duties, especially when a new council is being formed or when a council is not in session.

In the society-managed type the society acts as the insurer and conducts all necessary business to effect a health insurance program for its members. Its operations, however, are subject to the approval of government officials and its affairs and records are subject to periodic inspection and audit. It must submit regular monthly and annual reports to proper government offices.

Medical facilities of the societies are usually owned and operated by the employers concerned and the society is charged for the usage. It is possible, however, for a society to own and operate its own facilities and to extend to non-insured persons in the community such services as it may be able to provide. In addition to the medical service personnel that may be employed on a full-time basis by a society, insurance doctors appointed upon their own request by the prefectural governor are available to the insured members, or the members may obtain the services of a private doctor. The benefits provided by the societies are as stipulated in the Law and in addition they may be augumented by other services if the society so elects and has the resources to furnish such additional services.

f. Rights of Interested Parties:

The law provides all interested parties adequate rights of appeal through an insurance referee in each prefecture and further appeal or mediation through a Health Insurance Appeals Board established at the national level. Appeals may be made on the assessment or payment of

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contributions, the determination and payment of insurance benefits, the administration of the Law, the formation of official bodies managing the affairs of the health insurance program, and other issues, and mediation may be requested and obtained on controversies between the insured, the insurer, and doctors. Appeals are made initially to the Insurance Referee in the prefecture and may be carried higher to the Health Insurance Appeals Board, and thence be made the cause of a lawsuit. Requests for mediation are made through the prefectural governor to the Health Insurance Appeals Board. The Law further provides penalties for administrative irregularities, abuses, and infringement, for the protection of interested parties.

3. Current Problems -

In general the administration of health insurance is comparatively free of the present reformation difficulties that prevail in the National Health Insurance program; however, economic conditions have caused curtailment in the development of adequate service facilities and created a lack of surveillance by managing personnel. This in turn has caused deliquencies in contributions and a lack of proper accounting and reporting procedures.

4. Major Objectives -

Major objectives to be attained in reviews of organizations administering health insurance are those that give encouragement to good administrative practices, according to democratic concepts, and place specific accent on the following:

a. The collection of deliquent accounts.

b. The establishment of prompt contribution collections and payments by employers.

c. The development of good informational programs for the insured.

d. The improvement of medical facilities and services.

e. The adoption of sound financial policies and practices.

f. The adoption of prompt and accurate reporting techniques.

g. The development of good relations with doctors, dentists, pharmacists, and nurses.

h. The prompt payment of medical charges, including rompt deposits in the Medical Fee Payment Fund.

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i. The conduct of fair hearing on appeals and mediations.

j. The development of cooperation and coordination between the employers and the Prefectural Insurance officials.

3 Inclosures:

Inclosure #1: Health Insurance Law.

Inclosure #2: Enforcement Regulations of the Health Insurance Law.

Inclosure #3: Guide for a Review of A Society Administering Health Insurance (Kenko Hoken).

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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 GHQ SCAP

Incl. 1

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# THE HEALTH INSUTANCE 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) 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.

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| Classification of Standard Remuneration.. Class | Standard Remuneration Monthly | Daily | Monthly Value of Remuneration 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 | 6,650 |
| 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 | 8,550 | 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 | 360 | 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.

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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 3-2. 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

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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.

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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.

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When a demand letter is issued, according to the preceding paragraph, 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 deliquent 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 raragraph 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.

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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 profided by this Law.

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

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a) The manufacture, altgration, 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 storange 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.

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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 12, 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 employes 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 Articles 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

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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, b comes 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;

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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 persons 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 availaing 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.

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

Article 28. An employer regularly having 300 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 300 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 to submit reports on its affairs, inspect the conditions of its

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business and its funds, order amendment of the Articles 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.

In circumstances described in the preceding paragraph the expenses necessary for the discharge of such duties shall be borne by the Health Insurance 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.

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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 Articles 23, 23-2, 37, 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 means "insurance doctors and insurance dentists"

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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.

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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 accomodated 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

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preceding paragraph for a year and one half after the elapse of the perior 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 eqaul to 50 per cent of her standard monthly remuneration. If however the amount is less than 1,000 Yen, then 1,000 Yen shall 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 canlender 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.

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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 79 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 innury 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.

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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 remuneratio 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 dependent of an insured person has received medical care from a doctor chosen by the dependent from among insurance doctors, pharmacists, or persons designated by the insurer, the amount for dependents 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 dependent's medical care expenses, provided that such amount allowed is not more than 50 per cent of the actual amount paid.

When dependents 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 dependent's medical care expenses within the

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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 dependents medical care expenses.

Article 59-3. When a dependent 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:

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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.

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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).

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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 contributions for the month in which they become 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 3.6 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.

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Article 74. Deleted.

Article 75. Regardless of the provisions of Article 72 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.

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1. When an action pertaining to deliquency 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 paragreph, 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 11-2 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

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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 chariman 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 prefectual 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,

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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.

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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 accuired 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.

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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.

Articles 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.

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## 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.

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