

Article 8-4. Insurers shall appoint the purveyors of medical care benefits, upon the purveyor's application, from among licensed doctors of medicine and dentistry, pharmacists, and others who administer medical care.

Purveyors of medical care benefits may resign their position as provided by Ministerial Ordinance.

Article 8-5. Insurers shall decide the amount of the medical care fee on the basis of the standard medical care fee set for National Health Insurance by the Social Insurance Medical Fee Calculating Committee. This shall be done after consulting with the purveyors of medical care benefits and with the approval of the prefectural governor.

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

Article 8-6. In case of failure to appoint the purveyors of medical care benefit or to determine the amount of the medical care fee in accordance with the preceding two articles, an insurer shall appeal to a National Health Insurance Appeals Board for mediation.

Article 8-7. A Social Insurance Medical Fee Calculating Committee shall be established in order to set the standard amount of the medical care fee for National Health Insurance.

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

The said representatives of the insurers and licensed doctors of medicine or dentistry shall be appointed from members of respective groups upon recommendation of the organization to which they belong.

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

Article 8-8. An insurer may collect part of the expense for medical care benefit from the person who receives the care (if the beneficiary is not the head of a household, then from the insured head of the household to which the beneficiary belongs).

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

Article 8-9. An insurer may provide necessary facilities for medical care benefit, maternity care benefit and the improvement and maintenance of health of the insured.

Article 8-10. An insurer shall collect insurance contributions from its insured who are heads of households (in the case of a General National Health Insurance Association from its members who are heads of households and in the case of a Special National Health Insurance Association from its members), to cover the operational expenditures.

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

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

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

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

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

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

1. Articles concerning the qualification of the insured.
2. Articles concerning insurance benefits.
3. Articles concerning insurance contributions.
4. Articles concerning important assets and public establishments.
5. Articles on other important matters.

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

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

When the head of a household who has no qualification to be insured, according to the provision in the first paragraph of this article, has any person in the same household qualified to be insured, the head of the household shall be deemed insured as head of a household in regard to the application of the provisions of Article 8-8, and Article 8-10.

Article 8-15. A city, town, or village which administers National Health Insurance may provide by city, town, or village ordinance a fine not exceeding 2,000 yen, for those who evade payment of insurance contributions and other charges.

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

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

Article 8-18. A National Health Insurance Advisory Council (hereinafter referred to as the "Council") shall be organized in each city, town or village which administers National Health Insurance to study and advise on matters concerning the management and operation of National Health Insurance.

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

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

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

Article 8-20. When a request for investigation has been made according to the preceding article, paragraph 1, the Council shall meet to study such request and make a prompt reply.

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

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

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

Article 8-22. In addition to the matters covered by the provisions of this Law, other necessary matters respecting a Council shall be provided by Cabinet Order.

Chapter IV. National Health Insurance Association

Section I. General Rules

Article 9. An Association may be one of the following two types:

- a. A General National Health Insurance Association
- b. A Special National Health Insurance Association.

An Association shall be a juridical person.

Article 10. The members of a General National Health Insurance Association shall be the heads of households and adults belonging to same households in the districts; however, a Special National Health Insurance Association shall be organized by and limited in membership to persons who are engaged in the same line of enterprise or trade.

Persons who are not qualified to be insured in accordance with the provision of Article 14 shall not be members of an Association; however, in case some one else in the household is qualified to be insured, this rule shall not apply.

The area of a General National Health Insurance Association shall cover one or more cities, towns, or villages; however, in case of special circumstances such rule shall not be applied.

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

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

Article 12. In the constitution of an Association, the following matters shall be provided:

1. The title and name of the Association.
2. The location of the Association.
3. The district of the Association (in the case of a Special National Health Insurance Association, the scope of membership).
4. The conditions of affiliation and withdrawal from membership.
5. The conditions of obtaining and losing the qualifications of the insured.
6. Other important matters.

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

Regardless of the provision of the preceding paragraph, any person who is under special circumstances, as specified in the constitution of the Association, shall not become a member.

Article 14. An Association shall insure its members and those belonging to their households, but this rule shall not apply to any of the following persons:

1. Persons insured under Health Insurance or Seamen's Insurance, except those insured under the Seamen's Insurance Law, Article 20, paragraph 1.
2. Those insured under a Special National Health Insurance Association.
3. Those who are under special circumstances as specified in the constitution of the Association.

Regardless of the preceding provisions an Association may as specified in its constitution, bar en bloc the membership of all persons belonging to the household of a member.

Article 15. In accordance with its constitution, an Association may collect penalties from those who infringe the said provisions of the Associations' constitution.

Article 16. If not inconvenient, an Association may permit those who are not insured to utilize the facilities of the Association.

In accordance with its constitution the Association may demand fees from those who utilize the facilities of the Association.

Article 17. In addition to the provisions of this Law, the administration of an Association, maintenance and utilization of its properties, and other necessary matters respecting the Association shall be provided by Ministerial Ordinance.

Articles 18 through 24. Deleted.

Section 2. Administration

Article 25. Each Association shall organize an Association Board.

An Association Board shall consist of a chairman and Board members.

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

The fixed number of Board members shall be specified in the constitution of the Association, based on the following standards:

- 1. Associations having a membership of 2,000 or less -----22 members
- 2. Associations having a membership of more than 2,000 and less than 5,000 ----- 26 members
- 3. Associations having a membership of more than 5,000 and less than 10,000 ----- 32 members
- 4. Associations having a membership of more than 10,000 and less than 20,000 ----- 36 members
- 5. Associations having a membership of more than 20,000 and less than 50,000 ----- 40 members

6. Associations having a membership of more than 50,000 and less than 150,000 ----- 46 members
7. Associations having a membership of more than 150,000 to less than 200,000 -----50 members
8. Associations having a membership of more than 200,000 to less than 300,000 ----- 54 members
9. Associations having a membership of more than 300,000 ----- 58 members

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

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

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

Article 25-3. A person coming under any of the following categories shall not be qualified to be a member of an Association Board.

1. A minor.
2. An incompetent person or quasi-incompetent person.
3. A person who has been sentenced to penal servitude or confinement and who has not yet completed his term or been forgiven the remainder thereof.

Article 26. An Association Board shall decide the following matters:

1. The budget of revenue and expenditure.
2. The report on operations and settlement of accounts.
3. The assumption of new obligations or the giving up of rights not specified in the budget of revenue and expenditure.
4. The disposition of reserve funds and other important assets.
5. Loans to the Association.
6. Amendments to the constitution of the Association.
7. Other important matters.

Resolutions concerning matters designated in items 1 and 4, 5, and 6 shall require the approval of the prefectural governor through the mayor of the city, town, or village concerned. However, in the case of a Special National Health Insurance Association, the approval need not pass through the mayor of the city, town, or village concerned.

Article 27. An Association Board may inspect the documents pertaining to operations of the Association; demand reports from the directors; and examine, the business administration, the way in which resolutions are carried out, and the expenditures.

An Association Board may elect a committee from among its members and entrust to the committee the exercise of functions which are under the authority of the Association Board.

Article 28. An Association shall have directors numbering not less than five.

Directors shall be elected by the Association Board from among the members of the Association, but in case special circumstances exist, persons who are not members may be appointed.

Regardless of the preceding provisions, the mayor of the city, town, or village concerned or an officer authorized by the mayor or a licensed doctor of medicine or dentistry, authorized by the mayor, shall be included among the directors of a General National Health Insurance Association unless special circumstances exist.

Article 28-2. The term of office of a director shall be two years.

Article 29. One of the directors shall be the chief of directors.

The chief of directors shall be elected by, and from among, the directors.

The chief of directors shall represent the Association.

In case the chief of directors is absent, one of the other directors shall act on behalf of the chief of directors as provided in the constitution of the Association.

Article 30. When an Association Board is not organized or does not resolve the matters which should be resolved, the directors may deal with the matters which should be resolved under instruction of the prefectural governor through the mayor of the city, town, or village concerned. However, in the case of a Special National Health Insurance Association, the instruction need not pass through the mayor of the city, town or village concerned.

Article 31. When urgent action is necessary with respect to matters which should be resolved by the Association Board, and the Association

Board is not organized or if there is no time to call a session of the Board, the directors may make the decisions.

Article 32. In case the directors take measures, according to the provisions of the preceding two articles, they must report the action to the Association Board at its next meeting.

Article 33. An Association may, in accordance with the provisions of its constitution, have consultants or advisors beside the chief of directors and the directors.

Section 3. Division, Amalgamation and Dissolution

Article 34. When an Association is to be divided, amalgamated, or dissolved, the Association Board shall so resolve and obtain the approval of the prefectural governor after obtaining the resolution of the assembly of the city, town, or village concerned. However, in the case of a Special National Health Insurance Association, such resolution of the assembly of the city, town, or village shall not be required.

Article 35. An Association which continues to operate after amalgamation, or an Association which is organized by amalgamation, shall succeed to the rights and duties of the Association which ceases operation as the result of amalgamation.

An Association which is organized by division shall succeed to a portion of rights and duties of the Association which ceased to exist by the division or of the Association which continues to exist after the division.

The limits of the rights and duties to be succeeded, according to the preceding provision shall be defined at the same time as the resolution of division, and approved by the prefectural governor through the mayor of the city, town, or village concerned. However, in the case of a Special National Health Insurance Association, the matter need not pass through the mayor of the city, town, or village concerned.

Article 36. An Association shall be regarded as continuing in operation even after its dissolution as far as the object of liquidation is concerned.

Article 37. When an Association dissolves, the directors shall be the liquidators.

When there are no such liquidators, as prescribed above, the prefectural governor shall appoint liquidators. The same shall apply in case the liquidators are unavailable.

The liquidators shall represent the Association and have authority to do everything necessary for the purpose of liquidation.

In regard to the method of liquidation and the disposal of the properties, the approval of the prefectural governor shall be obtained after obtaining the resolution of the assembly of the city, town or village concerned. However, in the case of a Special National Health Insurance Association, such resolution of the assembly of the city, town, or village shall not be required.

When the prefectural governor deems it necessary, he may order a change in the method of liquidation and the disposal of the properties or may dismiss the liquidators.

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

Article 37-2. When a nonprofit corporate juridical person desires to administer National Health Insurance, it shall make the regulations and obtain the approval of the prefectural governor upon obtaining the resolution of the assembly of the city, town, or village concerned.

The prefectural governor may give the approval provided in the preceding paragraph in case the nonprofit corporate juridical person fulfills both conditions stated below:

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

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

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

1. Provisions concerning the qualifications of the insured.
2. Provisions on insurance benefit.
3. Provisions on insurance contributions.
4. Provisions on other important matters.

Article 37-4. Persons insured by a corporate juridical person administering National Health Insurance shall be the members of the corporate juridical person and those who belong to their households, heads of households in the district where the said juridical person is established, and

those who belong to their households. But this rule shall not be applicable to those who come under any of the following categories:

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

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

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

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

1. The budget of revenue and expenditure.
2. The report on operations and settlement of accounts.
3. The assumption of new obligations or the giving up of rights not specified in the budget of revenue and expenditure.
4. The disposition of reserve funds and other important assets.
5. Loans (excepting short term loans).
6. Other important matters.

The resolutions mentioned in items 1, 4 and 5 above shall be invalid unless approved by the prefectural governor through the mayor of the city, town, or village concerned.

Article 37-7. When a corporate juridical person administering National Health Insurance, according to the provision of Article 37-2, paragraph 1, has its permission of administering National Health Insurance revoked or has received the permission to discontinue operation, according to the provision of Article 37-2, paragraph 3, or is being dissolved, the representatives or the liquidators of the corporate juridical person shall obtain the resolution of the assembly of the city, town, or village concerned with respect

to the disposal of assets and the settlement of the accounts of National Health Insurance and, thereupon, shall obtain the approval of the prefectural governor.

Chapter VI. A National Health Insurance Federation

Article 38. Insurers may establish a National Health Insurance Federation (hereinafter referred to as a "Federation"), in order to achieve their object cooperatively.

A Federation shall use the phrase "National Health Insurance Federation" (Kokumin Kenko Hoken Dantai Fengo-kai) in its title.

An organization that is not a National Health Insurance Federation shall not have the right to use the phrase "National Health Insurance Federation" (Kokumin Kenko Hoken Dantai Fengo-kai) in its title.

A Federation shall be a juridical person.

Article 39. When insurers intend to establish a Federation, they shall draw up a constitution for the Federation and obtain its approval by the prefectural governor.

A Federation shall be officially organized when it obtains the approval for establishment.

Article 40. In the constitution of a Federation the following matters shall be provided:

1. The object and operations of the Federation.
2. The title and name of the Federation
3. The location of the Federation's office.
4. Provisions on affiliation and withdrawal.
5. Provisions on allotment of expenses.
6. Other important matters.

Article 40-2. The prefectural governor may order insurers to affiliate with a Federation.

Article 41. A Federation shall have a General Assembly.

The General Assembly shall consist of the representatives and a chairman. Each of the insurers which are members shall send one representative.

The chairman of the General Assembly shall be elected from among the representatives.

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

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

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

One of the directors shall become the chief of directors.

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

Article 41-3. The term of office of a director shall be two years.

Article 42. Articles 8-9, 15, 16, 17, 26, 27, 29, paragraph 3 and 4, Articles 30 to 37 shall apply to the Federation, but the approval of the city, town, or village, in accordance with provision of Article 37, paragraph 4, and the submittal through the mayor of the city, town, or village concerned, according to the provisions of Articles 26, 30 and 35, paragraph 3, shall not be required.

Chapter VII. Supervision and Subsidy

Article 43. The Welfare Minister and the prefectural governor may order the insurers or the Federation to make reports on their operations and properties; may inspect their condition; and may order the amendment of the city, town, or village ordinances, constitution of the Association, or regulations of the corporate juridical person; and may give other orders or dispositions necessary for the supervision.

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

Article 44. When the officers of an Association, corporate juridical person administering National Health Insurance, or a Federation are unavoidably absent or neglect to perform their duties, the prefectural governor may appoint a government official, a local public body official, or any other qualified person for the performance of these duties.

In the case provided for in the preceding paragraph, the expense necessary for the performance of these duties shall be borne by the Association, corporate juridical person administering National Health Insurance, or by the Federation, respectively.

Article 45. Whenever a prefectural governor considers that the resolution of the assembly of a city, town, or village administering National Health Insurance; or the resolutions of an Association, or corporate juridical person administering National Health Insurance, or a Federation, or the act of an officer of an Association are against the law, the city, town, or village ordinance, the constitution of the Association, the regulations of the corporate juridical person, or other orders, or against the dispositions of the Minister of Welfare or the prefectural governor, or that they hurt the public good or are likely to hurt it, or if he finds that the continuation of the operation is difficult, judging from the condition of operations and assets, he may invalidate the resolutions of the city, town, or village assembly, dismiss officers, order the dissolution of the Association or the Federation or cancel the permission given, according to Article 37-2, paragraph 2, to the corporate juridical person administering National Health Insurance.

Article 46. Whenever a corporate juridical person administering National Health Insurance ceases to fulfill either of the two conditions stipulated in Article 37-2, paragraph 2, the prefectural governor may cancel the permission given according to paragraph 1 of the same article.

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

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

Chapter VIII. Appeal, Mediation and Lawsuit

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

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

Article 49. Deleted.

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

Article 51. Whenever a National Health Insurance Appeals Board receives a request for mediation, as provided by Article 8-6, it shall use its offices

to negotiate a settlement concerning the purveyors of medical care benefit or the amount of the medical fee.

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

Article 52-2. A National Health Insurance Appeals Board shall be established in each prefecture.

Article 52-3. A National Health Insurance Appeals Board shall consist of 3 persons representing the insured, 3 persons representing the insurers, and 3 persons representing the public interest, and each member shall be appointed by the prefectural governor.

In case of mediation, a National Health Insurance Appeals Board shall consist of the members mentioned in the preceding paragraph and, in addition, five or less temporary members shall be appointed by the prefectural governor from among the purveyors of medical care benefits.

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

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

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

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

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

Article 52-6. A National Health Insurance Appeals Board shall not commence proceedings or make a decision on an appeal without the presence of at least one member representing the insured, one member representing the insurers, and one member representing the public interest.

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

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

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

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

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

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

Article 52-9. An appeal to a National Health Insurance Appeals Board may be made either in writing or orally.

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

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

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

The prefectural governor shall grant traveling expenses, daily allowance and hotel charge prescribed by Cabinet Order, to persons who attend a hearing at the request of a National Health Insurance Appeals Board according to the provision of the preceding paragraph.

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

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

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

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

Article 52-14. The decision of a National Health Insurance Appeals Board shall be in written form with explanations.

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

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

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

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

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

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

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

Chapter IX. Miscellaneous Rules

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

In case the area of a General National Health Insurance Association covers two or more cities, towns, or villages, and the approval of a city, town, or village ordinance is given to one city, town, or village according to the provision of Article 3-12, paragraph 2, such General National Health Insurance Association shall be deemed to have obtained

the approval of dividing itself according to the district boundaries of the city, town, or village which has obtained said approval.

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

Article 54-2. Whenever the Minister of Welfare or the prefectural governor deems it necessary with respect to insurance benefits, he may have a qualified national government official or local public body official inspect medical treatment records and account books. On such occasion, the government official or local public body official who performs the inspection must carry an identification card to show who he is, and must produce it upon demand by the persons concerned.

Article 55. When an Association or corporate juridical person administering National Health Insurance, or a Federation is spread over two or more prefectures, the prefectural governor, within the meaning of this Law, shall be the Minister of Welfare.

Article 56. Whenever a government official, local public body official, or one who formerly held such a position reveals without good cause the private or business secrets of licensed doctors of medicine or dentistry which he learned when inspecting medical treatment records and account books, according to the provision of Article 54-2, he shall be subject to a jail sentence of not more than six months or a fine of not more than 5,000 yen.

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

Persons who reject, disturb, or evade the inspection by the authorized government official or local public body official, as provided in Article 54-2, shall be subject to a jail sentence or a fine of not more than 5,000 yen.

Article 57. Whenever an Association, a corporate juridical person administering National Health Insurance, or a Federation, disobeys the orders provided in Article 37, paragraph 5, or in Article 43, or reject or disturb the disposal, its officials or liquidators shall be subject to a fine of not more than 5,000 yen.

Supplementary Rules

Article 1. This Law shall take effect on 1 July 1948.

Article 2. An Association established according to Article 11, paragraph 1, of the Law in force prior to this revision, shall be deemed an Association established according to Article 11 of the Law as revised.

In case a corporate juridical person authorized by Article 54 of the Law in force prior to this revision still exists when this Law takes effect, it shall be deemed as having obtained permission as provided in Article 37-2, paragraph 1, of this Law as revised.

Article 3. The members of an Association Board, the chairman of an Association Board, the chief of directors, and the directors shall be elected or appointed not later than 90 days following the date of the enforcement of this Law.

As soon as the successors are elected or appointed as provided in the preceding paragraph, the incumbents of those positions, namely the members of an Association Board, the chief of directors, and the directors shall automatically lose their posts.

Article 4. The purveyors of medical care benefits for an Association or corporate juridical person administering National Health Insurance and the amount of medical care fees shall remain as before until such time when they are decided by Articles 3-4 and 3-5.

Article 5. An existing National Health Insurance Appeals Board and its officials at the time of enforcement of this Law shall become a corresponding organ and officials provided by this Law and with the same legal personality.

Article 6. The enforcement of this Law shall not preclude any society or organization existing or which may be established in the future from conducting operations like those mentioned in Chapter 2; however, such societies or organizations shall not use in their title the phrases "National Health Insurance Association" (Kokumin Kenko Hoken Kumiai) and "National Health Insurance Federation" (Kokumin Kenko Hoken Iantai Fengekai).

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