

国民健康保険法（二十八号の一部は、平成二十七年四月一日施行のため未改正）
National Health Insurance Act (Since a part of Act No. 28 will come into force on April 1, 2015, it has not been amended.)

(昭和三十三年十二月二十七日法律第百九十二号)
(Act No. 192 of December 27, 1958)

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第一章 総則

Chapter I General Provisions

（この法律の目的）

(Purpose of This Act)

第一条 この法律は、国民健康保険事業の健全な運営を確保し、もつて社会保障及び国民保健の向上に寄与することを目的とする。

Article 1 The purpose of this Act is to ensure the sound administration of national health insurance services, thereby contributing to the improvement of social security and the health of the people.

（国民健康保険）

(National Health Insurance)

第二条 国民健康保険は、被保険者の疾病、負傷、出産又は死亡に関して必要な保険給付を行うものとする。

Article 2 National health insurance programs shall pay the necessary insurance benefits in relation to an insured persons' illness, injury, childbirth or death.

（保険者）

(Insurers)

第三条 市町村及び特別区は、この法律の定めるところにより、国民健康保険を行うも

のとする。

Article 3 (1) Municipalities and special wards shall provide National Health Insurance programs pursuant to the provisions of this Act.

2 国民健康保険組合は、この法律の定めるところにより、国民健康保険を行うことができる。

(2) National health insurance societies may provide a national health insurance program pursuant to the provisions of this Act.

(国及び都道府県の義務)

(National and Municipal Governmental Obligations)

第四条 国は、国民健康保険事業の運営が健全に行われるようにつとめなければならない。

Article 4 (1) The national government must endeavor to ensure the sound administration of national health insurance services.

2 都道府県は、国民健康保険事業の運営が健全に行われるように、必要な指導をしなければならない。

(2) Each prefectural government must provide guidance necessary to ensure the sound administration of national health insurance services.

第二章 市町村

Chapter II Municipalities

(被保険者)

(Insured Persons)

第五条 市町村又は特別区（以下単に「市町村」という。）の区域内に住所を有する者は、当該市町村が行う国民健康保険の被保険者とする。

Article 5 Insured persons covered by the national health insurance program provided by a municipality or special ward (hereinafter simply referred to as a "Municipality") shall be persons domiciled in the area of said Municipality.

(適用除外)

(Exclusion from Application)

第六条 前条の規定にかかわらず、次の各号のいずれかに該当する者は、市町村が行う国民健康保険の被保険者としない。

Article 6 Notwithstanding the provisions of the preceding article, any person who falls under any of the following items shall not be classed as an insured person under any national health insurance program provided by a Municipality:

一 健康保険法（大正十一年法律第七十号）の規定による被保険者。ただし、同法第三条第二項の規定による日雇特例被保険者を除く。

(i) an insured person pursuant to the provisions of the Health Insurance Act

- (Act No. 70 of 1922); provided, however, that this shall not apply to specially-insured day laborers pursuant to the provisions of Article 3, paragraph (2) of the same Act;
- 二 船員保険法（昭和十四年法律第七十三号）の規定による被保険者
- (ii) an insured person pursuant to the provisions of the Seaman's Insurance Act (Act No. 73 of 1939);
- 三 国家公務員共済組合法（昭和三十二年法律第二百二十八号）又は地方公務員等共済組合法（昭和三十七年法律第五十二号）に基づく共済組合の組合員
- (iii) a member of a mutual aid association pursuant to the National Public Servants Mutual Aid Association Act (Act No. 128 of 1958) or the Local Public Care Service Mutual Aid Association Act (Act No. 152 of 1962);
- 四 私立学校教職員共済法（昭和二十八年法律第二百四十五号）の規定による私立学校教職員共済制度の加入者
- (iv) a subscriber to the Private School Personnel Mutual Aid System pursuant to the provisions of the Private School Personnel Mutual Aid Association Act (Act No. 245 of 1953);
- 五 健康保険法の規定による被扶養者。ただし、同法第三条第二項の規定による日雇特例被保険者の同法の規定による被扶養者を除く。
- (v) an insured person's dependent pursuant to the provisions of the Health Insurance Act; provided, however, that this shall not apply to a dependent pursuant to the provisions of the same Act of a specially-insured day laborer pursuant to Article 3, paragraph (2) of the provisions of the same Act;
- 六 船員保険法、国家公務員共済組合法（他の法律において準用する場合を含む。）又は地方公務員等共済組合法の規定による被扶養者
- (vi) an insured person's dependent pursuant to the provisions of the Seaman's Insurance Act, the National Public Servants Mutual Aid Association Act (including the cases where applied mutatis mutandis pursuant to other Acts) or the Local Public Care Service Mutual Aid Association Act;
- 七 健康保険法第二百二十六条の規定により日雇特例被保険者手帳の交付を受け、その手帳に健康保険印紙をはり付けるべき余白がなくなるに至るまでの間にある者及び同法の規定によるその者の被扶養者。ただし、同法第三条第二項ただし書の規定による承認を受けて同項の規定による日雇特例被保険者とならない期間内にある者及び同法第二百二十六条第三項の規定により当該日雇特例被保険者手帳を返納した者並びに同法の規定によるその者の被扶養者を除く。
- (vii) a person whose specially-insured day laborer certificate book received pursuant to the provisions of Article 126 of the Health Insurance Act has not run out of blank space to affix additional health insurance stamps, or such person's dependent pursuant to the provisions of the same Act; provided, however, that this shall not apply to any person for whom a period during which said person shall not be eligible as a specially-insured day laborer pursuant to the provisions of Article 3, paragraph (2) of the same Act is

running upon the approval obtained pursuant to the provisions of the proviso of the same paragraph or who has returned such specially-insured day laborer certificate book pursuant to the provisions of Article 126, paragraph (3) of the same Act or such person's dependent pursuant to the provisions of the same Act;

八 高齢者の医療の確保に関する法律（昭和五十七年法律第八十号）の規定による被保険者

(viii) an insured person pursuant to the provisions of the Act on Assurance of Medical Care for Elderly People (Act No. 80 of 1982);

九 生活保護法（昭和二十五年法律第百四十四号）による保護を受けている世帯（その保護を停止されている世帯を除く。）に属する者

(ix) a person who belongs to a household which receives public assistance pursuant to the Public Assistance Act (Act No. 144 of 1950) (excluding a household for which public assistance has been suspended);

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(x) an insured person of a national health insurance society;

十一 その他特別の理由がある者で厚生労働省令で定めるもの

(xi) any other person for whom any special reason exists and who is specified as such by Ordinance of the Ministry of Health, Labour and Welfare.

（資格取得の時期）

(Time of Acquisition of Eligibility)

第七条 市町村が行う国民健康保険の被保険者は、当該市町村の区域内に住所を有するに至った日又は前条各号のいずれにも該当しなくなった日から、その資格を取得する。

Article 7 An insured person under the national health insurance program provided by a Municipality shall become eligible as such on the day on which said person acquires domicile in said Municipality or on the first day on which said person no longer falls under any of the items of the preceding Article.

（資格喪失の時期）

(Time of Loss of Eligibility)

第八条 市町村が行う国民健康保険の被保険者は、当該市町村の区域内に住所を有しなくなった日の翌日又は第六条各号（第九号及び第十号を除く。）のいずれかに該当するに至った日の翌日から、その資格を喪失する。ただし、当該市町村の区域内に住所を有しなくなった日に他の市町村の区域内に住所を有するに至ったときは、その日から、その資格を喪失する。

Article 8 (1) An insured person under the national health insurance provided by a Municipality shall lose eligibility for said health insurance from the day immediately following the day on which said person loses domicile in said Municipality or from the day immediately following the first day on which said person falls under any of the items (excluding items (ix) and (x)) of Article 6;

provided, however, that said insured person shall lose eligibility for said health insurance from the day on which said person loses domicile in said Municipality if said person acquires domicile in the area of another Municipality on the same day.

- 2 市町村が行う国民健康保険の被保険者は、第六条第九号又は第十号に該当するに至った日から、その資格を喪失する。
- (2) An insured person under the national health insurance program provided by a Municipality shall lose eligibility as such from the first day on which said person falls under item (ix) or (x) of Article 6.

(届出等)

(Notification, etc.)

第九条 被保険者の属する世帯の世帯主（以下単に「世帯主」という。）は、厚生労働省令の定めるところにより、その世帯に属する被保険者の資格の取得及び喪失に関する事項その他必要な事項を市町村に届け出なければならない。

Article 9 (1) The householder of a household to which one or more insured persons belong (hereinafter simply referred to as the " Householder ") must notify the Municipality of particulars regarding the acquisition and loss of eligibility for each insured person belonging to said person's household and other necessary particulars pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare.

- 2 世帯主は、市町村に対し、その世帯に属するすべての被保険者に係る被保険者証の交付を求めることができる。

(2) The Householder may request the Municipality to issue a health insurance card for all insured persons belonging to said Householder 's household.

- 3 市町村は、保険料（地方税法（昭和二十五年法律第二百二十六号）の規定による国民健康保険税を含む。以下この項、第七項、第六十三条の二、第六十八条の二第二項第四号、附則第七条第一項第三号並びに附則第二十一条第三項第三号及び第四項第三号において同じ。）を滞納している世帯主（その世帯に属するすべての被保険者が原子爆弾被爆者に対する援護に関する法律（平成六年法律第百十七号）による一般疾病医療費の支給その他厚生労働省令で定める医療に関する給付（第六項及び第八項において「原爆一般疾病医療費の支給等」という。）を受けることができる世帯主を除く。）が、当該保険料の納期限から厚生労働省令で定める期間が経過するまでの間に当該保険料を納付しない場合においては、当該保険料の滞納につき災害その他の政令で定める特別の事情があると認められる場合を除き、厚生労働省令で定めるところにより、当該世帯主に対し被保険者証の返還を求めるものとする。

(3) In cases where a Householder who has become delinquent in the payment of insurance premiums (including any national health insurance tax payable pursuant to the provisions of the Local Tax Act (Act No. 226 of 1950); hereinafter the same shall apply in this paragraph and paragraph (7) of this Article, Article 63-2, item (iv) of paragraph (2) of Article 68-2, item (iii) of

paragraph (1) of Article 7 of the Supplementary Provisions and item (iii) of paragraph (3) and item (iii) of paragraph (4) of Article 21 of the Supplementary Provisions) (excluding any Householder, all of whose household members who are insured persons are entitled to the payment of general medical expenses for the treatment of illness under the Act for the Support of Atomic Bomb Victims (Act No. 117 of 1994) or any other benefit for medical services specified by Ordinance of the Ministry of Health, Labour and Welfare (hereinafter referred to as the "Payment, etc. of General Medical Expenses for Atomic Bomb-related Illness" in paragraphs (6) and (8)) fails to pay said insurance premiums after the payment due date for said insurance premiums before the elapse of a period specified by Ordinance of the Ministry of Health, Labour and Welfare, the relevant Municipality shall request said Head of Household to return their health insurance card pursuant to the provisions of Ordinance of the Ministry of Health Labour and Welfare, unless a disaster or any other special circumstances specified by Cabinet Order are deemed to exist under which such insurance premiums failed to be paid.

4 市町村は、前項に規定する厚生労働省令で定める期間が経過しない場合においても、同項に規定する世帯主に対し被保険者証の返還を求めることができる。ただし、同項に規定する政令で定める特別の事情があると認められるときは、この限りでない。

(4) Without waiting for the elapse of the period specified by Ordinance of the Ministry of Health, Labour and Welfare as set forth in the preceding paragraph, the Municipality may request the Householder set forth in the same paragraph to return their health insurance card; provided, however, that this shall not apply if any special circumstances specified by Cabinet Order as set forth in the preceding paragraph are deemed to exist.

5 前二項の規定により被保険者証の返還を求められた世帯主は、市町村に当該被保険者証を返還しなければならない。

(5) The Householder who was requested to return their health insurance card pursuant to the provisions of the two preceding paragraphs must return said health insurance card to the Municipality.

6 前項の規定により世帯主が被保険者証を返還したときは、市町村は、当該世帯主に対し、その世帯に属する被保険者（原爆一般疾病医療費の支給等を受けることができる者及び十八歳に達する日以後の最初の三月三十一日までの間にある者を除く。）に係る被保険者資格証明書（その世帯に属する被保険者の一部が原爆一般疾病医療費の支給等を受けることができる者又は十八歳に達する日以後の最初の三月三十一日までの間にある者であるときは当該被保険者資格証明書及びそれらの者に係る被保険者証（十八歳に達する日以後の最初の三月三十一日までの間にある者（原爆一般疾病医療費の支給等を受けることができる者を除く。）にあつては、有効期間を六月とする被保険者証。以下この項において同じ。）、その世帯に属するすべての被保険者が原爆一般疾病医療費の支給等を受けることができる者又は十八歳に達する日以後の最初の三月三十一日までの間にある者であるときはそれらの者に係る被保険者証）を交付す

る。

(6) When the Householder returns their health insurance card pursuant to the provisions of the preceding paragraph, the Municipality shall issue said Householder with a health insurance certificate for all insured persons belonging to said Householder 's household (excluding any person who is entitled to the Payment, etc. of General Medical Expenses for Atomic Bomb-related Illness and any person who has not yet reached the first March 31 after said person's 18th birthday (or, if any of the insured persons belonging to said household is a person who is entitled to the Payment etc. of General Medical Expenses for Atomic Bomb-related Illness or who has not yet reached the first March 31 after said person's 18th birthday, said health insurance certificate plus a health insurance card for such person) (in the case of a person who has not yet reached the first March 31 after said person's 18th birthday (excluding any person who is entitled to the Payment, etc. of General Medical Expenses for Atomic Bomb-related Illness), a health insurance card valid for 6 months; hereinafter the same shall apply in this paragraph) or, if all insured persons belonging to said household are persons who are entitled to the Payment, etc. of General Medical Expenses for Atomic Bomb-related Illness or who have not yet reached the first March 31 after their respective 18th birthdays, a health insurance card for all of these persons).

7 市町村は、被保険者資格証明書の交付を受けている世帯主が滞納している保険料を完納したとき又はその者に係る滞納額の著しい減少、災害その他の政令で定める特別の事情があると認めるときは、当該世帯主に対し、その世帯に属するすべての被保険者に係る被保険者証を交付する。

(7) When the Householder to whom a health insurance certificate has been issued makes full payment of delinquent insurance premiums, or when it is found that the delinquent payment amount pertaining to the relevant person has decreased significantly or that a disaster or any other special circumstances specified by Cabinet Order exists, the Municipality shall issue the Householder with a health insurance card for all insured persons belonging to said Householder 's household.

8 世帯主が被保険者資格証明書の交付を受けている場合において、その世帯に属する被保険者が原爆一般疾病医療費の支給等を受けることができる者となつたときは、市町村は、当該世帯主に対し、当該被保険者に係る被保険者証を交付する。

(8) In cases where a health insurance certificate has been issued to a Householder and when any of the insured persons belonging to said person's household becomes entitled to the Payment, etc. of General Medical Expenses for Atomic Bomb-related Illness, then the relevant Municipality shall issue said Householder with an health insurance card for the relevant insured person.

9 世帯主は、その世帯に属する被保険者がその資格を喪失したときは、厚生労働省令

の定めるところにより、速やかに、市町村にその旨を届け出るとともに、当該被保険者に係る被保険者証又は被保険者資格証明書を返還しなければならない。

(9) When any of the insured persons belonging to a household loses eligibility as such, the Householder must, pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare, promptly notify the Municipality thereof as well as returning to the Municipality the health insurance card or the health insurance certificate, as the case may be, for the relevant insured person.

10 市町村は、被保険者証及び被保険者資格証明書の有効期間を定めることができる。この場合において、この法律の規定による保険料（地方税法の規定による国民健康保険税を含む。）を滞納している世帯主（第三項の規定により市町村が被保険者証の返還を求めるものとされる者を除く。）及びその世帯に属する被保険者、国民年金法（昭和三十四年法律第百四十一号）の規定による保険料を滞納している世帯主（同法第八十八条第二項の規定により保険料を納付する義務を負う者を含み、厚生労働大臣が厚生労働省令で定める要件に該当するものと認め、その旨を市町村に通知した者に限る。）及びその世帯に属する被保険者その他厚生労働省令で定める者の被保険者証については、特別の有効期間を定めることができる。ただし、十八歳に達する日以後の最初の三月三十一日までの間にある者が属する世帯の世帯主又はその世帯に属する被保険者の被保険者証について六月未満の特別の有効期間を定める場合においては、当該者に係る被保険者証の特別の有効期間は、六月以上としなければならない。

(10) A Municipality may set the period of validity for a health insurance card and a health insurance certificate. In this case, a special period of validity may be set for the health insurance card for any Householder who has become delinquent in the payment of insurance premiums payable pursuant to the provisions of this Act (including any national health insurance tax payable pursuant to the provisions of the Local Tax Act) (excluding any person from whom the Municipality requests the return of said person's health insurance card pursuant to the provisions of paragraph (3)) and all insured persons belonging to said person's household and for any Householder who has become delinquent in the payment of insurance premiums payable pursuant to the provisions of the National Pension Act (Act No. 141 of 1959) (including any person who has the obligation to pay insurance premiums pursuant to the provisions of Article 88, paragraph (2) of said Act and limited to a person who has been found by the Minister of Health, Labour and Welfare to satisfy the applicable requirements specified by Ordinance of the Ministry of Health, Labour and Welfare and has been notified by said Minister as such to the relevant Municipality) and all insured persons belonging to said person's household and for other persons specified by Ordinance of the Ministry of Health, Labour and Welfare; provided, however, that in cases where a Municipality intends to set a special period of validity of less than 6 months for the health insurance card for the Householder of a household to which any

person who has not yet reached the first March 31 after said person's 18th birthday belongs or for any insured person belonging to said household, the special period of validity for the health insurance card for said person must be not less than 6 months.

1 1 市町村は、前項の規定により被保険者証又は被保険者資格証明書の有効期間を定める場合（被保険者証につき特別の有効期間を定める場合を含む。）には、同一の世帯に属するすべての被保険者（同項ただし書に規定する場合における当該世帯に属する十八歳に達する日以後の最初の三月三十一日までの間にある者その他厚生労働省令で定める者を除く。）について同一の有効期間を定めなければならない。

(11) In cases where a Municipality intends to set the period of validity for a health insurance card or a health insurance certificate pursuant to the provisions of the preceding paragraph (including cases where a special period of validity is set for an health insurance card), the same period of validity must be set for all insured persons belonging to the same household (excluding any person who belongs to said household and has not yet reached the first March 31 after said person's 18th birthday in the cases set forth in the proviso of said paragraph and other persons specified by Ordinance of the Ministry of Health, Labour and Welfare).

1 2 第十項の規定による厚生労働大臣の通知の権限に係る事務は、日本年金機構に行わせるものとする。

(12) All affairs pertaining to the Minister of Health, Labour and Welfare's authority of notification pursuant to the provisions of paragraph (10) shall be conducted by the Japan Pension Organization.

1 3 国民年金法第百九条の四第三項、第四項、第六項及び第七項の規定は、前項の通知の権限について準用する。この場合において、必要な技術的読替えは、政令で定める。

(13) The provisions of paragraphs (3), (4), (6) and (7) of Article 109 of the National Pension Act shall apply mutatis mutandis to the authority of notification set forth in the preceding paragraph. In this case, any necessary technical replacement of terms shall be specified by Cabinet Order.

1 4 住民基本台帳法（昭和四十二年法律第八十一号）第二十二條から第二十四條まで、第二十五條、第三十條の四十六又は第三十條の四十七の規定による届出があつたとき（当該届出に係る書面に同法第二十八條の規定による付記がされたときに限る。）は、その届出と同一の事由に基づく第一項又は第九項の規定による届出があつたものとみなす。

(14) When a notification is received pursuant to the provisions of Articles 22 through 24 or Article 25, 30-46 or 30-47 of the Residential Basic Book Act (Act No. 81 of 1967) (limited to cases when a supplementary note is appended to the document pertaining to said notification pursuant to the provisions of Article 28 of the same Act), a notification pursuant to the provisions of paragraph (1) or (9) shall be considered to have been received for the same reason as that for

the above notification.

15 前各項に規定するもののほか、被保険者に関する届出並びに被保険者証及び被保険者資格証明書に関して必要な事項は、厚生労働省令で定める。

(15) In addition to what is provided for in each of the preceding paragraphs, necessary particulars concerning notification pertaining to insured persons and pertaining to health insurance cards and health insurance certificates shall be prescribed by Ordinance of the Ministry of Health, Labour and Welfare.

(特別会計)

(Special Accounts)

第十条 市町村は、国民健康保険に関する収入及び支出について、政令の定めるところにより、特別会計を設けなければならない。

Article 10 Each Municipality must establish a special account for income and expenses related to its national health insurance program pursuant to Cabinet Order provisions.

(国民健康保険運営協議会)

(Council for the Administration of National Health Insurance)

第十一条 国民健康保険事業の運営に関する重要事項を審議するため、市町村に国民健康保険運営協議会を置く。

Article 11 (1) Each Municipality shall have a council for the administration of national health insurance in order to deliberate on important matters concerning the administration of national health insurance services.

2 前項に規定するもののほか、国民健康保険運営協議会に関して必要な事項は、政令で定める。

(2) In addition to what is provided for in the preceding paragraph, important particulars concerning a council for the administration of national health insurance shall be prescribed by Cabinet Order.

第十二条 削除

Article 12 Deleted.

第三章 国民健康保険組合

Chapter III National Health Insurance Societies

第一節 通則

Section 1 General Rules

(組織)

(Organization)

第十三条 国民健康保険組合（以下「組合」という。）は、同種の事業又は業務に従事する者で当該組合の地区内に住所を有するものを組合員として組織する。

Article 13 (1) National health insurance societies (hereinafter referred to as a "Society") shall be organized by incorporating those who are engaged in the same kind of business or work and are domiciled in the same district of a Society as its members.

2 前項の組合の地区は、一又は二以上の市町村の区域によるものとする。ただし、特別の理由があるときは、この区域によらないことができる。

(2) The district of a Society set forth in the preceding paragraph shall consist of the area covered by one, or two or more Municipalities; provided, however, that this shall not apply if any special reason exists for not basing said district on such areas.

3 第一項の規定にかかわらず、第六条各号（第八号及び第十号を除く。）のいずれかに該当する者及び他の組合が行う国民健康保険の被保険者である者は、組合員となることできない。ただし、その者の世帯に同条各号（第十号を除く。）のいずれにも該当せず、かつ、他の組合が行う国民健康保険の被保険者でない者があるときは、この限りでない。

(3) Notwithstanding the provisions of paragraph (1), a person shall not be eligible as a Society member if said person falls under any of the items (excluding items (viii) and (x)) of Article 6 or is an insured person under any national health insurance program provided by another Society; provided, however, that this shall not apply if said person's household includes any person who does not fall under any of the items (excluding item (x)) of the same Article and who is not an insured person under any national health insurance program provided by another Society.

4 第一項の規定にかかわらず、組合に使用される者で、第六条各号（第八号及び第十号を除く。）のいずれにも該当せず、かつ、他の組合が行う国民健康保険の被保険者でないものは、当該組合の組合員となることができる。

(4) Notwithstanding the provisions of paragraph (1), a person shall be eligible as a Society member if said person is employed by said Society, does not fall under any of the items (excluding items (viii) and (x)) of Article 6, and is not an insured person under any national health insurance program provided by another Society.

(人格)

(Personality)

第十四条 組合は、法人とする。

Article 14 A Society shall be a corporation.

(名称)

(Name)

第十五条 組合は、その名称中に「国民健康保険組合」という文字を用いなければならない。

Article 15 (1) A Society shall use the characters "国民健康保険組合" (pronounced "kokumin kenko hoken kumiai" (literally meaning "national health insurance society")) in its name.

2 組合以外の者は、「国民健康保険組合」という名称又はこれに類する名称を用いてはならない。

(2) No person other than a Society may use the name "kokumin kenko hoken kumiai" or any name similar thereto.

(住所)

(Domicile)

第十六条 組合の住所は、その主たる事務所の所在地にあるものとする。

Article 16 The domicile of a Society shall be at the location of its principal office.

(設立)

(Establishment)

第十七条 組合を設立しようとするときは、主たる事務所の所在地の都道府県知事の認可を受けなければならない。

Article 17 (1) The establishment of a Society must be subject to the authorization of the prefectural governor governing the area which is the location of its principal office.

2 前項の認可の申請は、十五人以上の発起人が規約を作成し、組合員となるべき者三百人以上の同意を得て行うものとする。

(2) An application for the authorization set forth in the preceding paragraph shall be filed by preparing the Society's constitution, which shall be prepared by at least fifteen founders, and by obtaining consent thereto from at least three hundred persons who will become members of said Society.

3 都道府県知事は、第一項の認可の申請があつた場合においては、当該組合の地区をその区域に含む市町村の長の意見をきき、当該組合の設立によりこれらの市町村の国民健康保険事業の運営に支障を及ぼさないと認めるときでなければ、同項の認可をしてはならない。

(3) In cases where an application for the authorization set forth in paragraph (1) is filed, the prefectural governor shall hear the opinions of the heads of the Municipalities whose area includes any part of the intended district of the relevant Society, and shall not give the authorization set forth in the same paragraph unless said prefectural governor finds that the establishment of said Society will not hinder the operation of the national health insurance services provided by these Municipalities.

4 組合は、設立の認可を受けた時に成立する。

(4) A Society shall be incorporated at the time of authorization of its establishment.

(規約の記載事項)

(Particulars to be Included in the Constitution)

第十八条 組合の規約には、次の各号に掲げる事項を記載しなければならない。

Article 18 The constitution of a Society must contain the particulars listed in the following items:

一 名称

(i) name;

二 事務所の所在地

(ii) location of the office;

三 組合の地区及び組合員の範囲

(iii) district of the Society and the scope of its membership;

四 組合員の加入及び脱退に関する事項

(iv) particulars pertaining to the joining and withdrawal of Society members;

五 被保険者の資格の取得及び喪失に関する事項

(v) particulars pertaining to the acquisition and loss of eligibility as an insured person;

六 役員に関する事項

(vi) particulars pertaining to officers;

七 組合会に関する事項

(vii) particulars pertaining to Society meetings;

八 保険料に関する事項

(viii) particulars pertaining to insurance premiums;

九 準備金その他の財産の管理に関する事項

(ix) particulars pertaining to reserves and other particulars related to property management;

十 公告の方法

(x) method for giving public notice;

十一 前各号に掲げる事項のほか厚生労働省令で定める事項

(xi) in addition to the particulars listed in the preceding items, particulars specified by Ordinance of the Ministry of Health, Labour and Welfare.

(被保険者)

(Insured Persons)

第十九条 組合員及び組合員の世帯に属する者は、当該組合が行う国民健康保険の被保険者とする。ただし、第六条各号（第十号を除く。）のいずれかに該当する者及び他の組合が行う国民健康保険の被保険者は、この限りでない。

Article 19 (1) A Society member and all persons belonging to said member's household shall be insured persons under the national health insurance program provided by said Society; provided, however, that this shall not apply to any person who falls under any of the items (excluding item (x)) of Article 6 or is an insured person under any national health insurance program provided

by another Society.

2 前項の規定にかかわらず、組合は、規約の定めるところにより、組合員の世帯に属する者を包括して被保険者としないことができる。

(2) Notwithstanding the provisions of the preceding paragraph, a Society may, pursuant to the provisions of its constitution, choose not to grant status as an insured person collectively to all persons belonging to the household of a member of such Society.

(資格取得の時期)

(Time of Acquisition of Eligibility)

第二十条 組合が行う国民健康保険の被保険者は、当該組合の組合員若しくは組合員の世帯に属する者となつた日又は第六条各号（第十号を除く。）のいずれにも該当しなくなつた日若しくは他の組合が行う国民健康保険の被保険者でなくなつた日から、その資格を取得する。

Article 20 An insured person under the national health insurance program provided by a Society shall become eligible as such on the day on which said person becomes a member of said Society or on the first day on which said person belongs to such member's household or on which said person no longer falls under any of the items (excluding item (x)) of Article 6 or on the day on which said person ceases to be an insured person under the National Health Insurance provided by another Society.

(資格喪失の時期)

(Time of Loss of Eligibility)

第二十一条 組合が行う国民健康保険の被保険者は、組合員若しくは組合員の世帯に属する者でなくなつた日の翌日又は第六条各号（第九号及び第十号を除く。）のいずれかに該当するに至つた日の翌日から、その資格を喪失する。ただし、組合員又は組合員の世帯に属する者でなくなつたことにより、市町村又は他の組合が行う国民健康保険の被保険者となつたときは、その日から、その資格を喪失する。

Article 21 (1) An insured person under the national health insurance program provided by a Society shall lose eligibility as such from the day immediately following the day on which said person ceases to be a member of said Society or ceases to belong to such member's household or from the day immediately following the first day on which said person falls under any of the items (excluding items (ix) and (x)) of Article 6; provided, however, that if said insured person becomes an insured person under any national health insurance program provided by a Municipality or another Society as a result of the fact that said person ceases to be a member of said Society or ceases to belong to such member's household, said person shall lose eligibility as such from the day on which said person ceases to be a member of such Society or ceases to belong to such member's household.

2 組合が行う国民健康保険の被保険者は、第六条第九号に該当するに至った日から、その資格を喪失する。

(2) An insured person under the national health insurance program provided by a Society shall lose eligibility as such from the first day on which said person falls under item (ix) of Article 6.

(準用規定)

(Provisions Applied Mutatis Mutandis)

第二十二條 第九條（第十二項から第十四項までを除く。）の規定は、組合が行う国民健康保険の被保険者に関する届出並びに被保険者証及び被保険者資格証明書について準用する。この場合において、同条第一項から第九項までの規定中「被保険者の属する世帯の世帯主」又は「世帯主」とあるのは「組合員」と、「市町村」とあるのは「組合」と、同条第十項中「市町村は」とあるのは「組合は」と、「世帯主（第三項の規定により市町村が被保険者証の返還を求めるものとされる者を除く。）及びその世帯に属する被保険者、国民年金法（昭和三十四年法律第百四十一号）の規定による保険料を滞納している世帯主（同法第八十八条第二項の規定により保険料を納付する義務を負う者を含み、厚生労働大臣が厚生労働省令で定める要件に該当するものと認め、その旨を市町村に通知した者に限る。）」とあるのは「組合員（第三項の規定により組合が被保険者証の返還を求めるものとされる者を除く。）」と、「世帯の世帯主」とあるのは「世帯の組合員」と、同条第十一項中「市町村」とあるのは「組合」と読み替えるものとする。

Article 22 The provisions of Article 9 (excluding paragraphs (12) through (14)) shall apply mutatis mutandis to any notification concerning an insured person covered by, and to health insurance cards and certificates of the insured status for, the national health insurance program provided by a Society. In this case, the phrase "The Householder of a household to which one or more insured persons belong" and the term "Householder" in the provisions of paragraphs (1) through (9) of the same Article shall be deemed to be replaced with "A Society member" and "Society member," respectively; the term "Municipality" in the same paragraphs shall be deemed to be replaced with "Society"; the term "Municipality" in paragraph (10) of the same Article shall be deemed to be replaced with "Society," the phrase "any Householder who has become delinquent in the payment of insurance premiums payable pursuant to the provisions of this Act (including any national health insurance tax payable pursuant to the provisions of the Local Tax Act) (excluding any person from whom the Municipality shall request return of said person's health insurance card pursuant to the provisions of paragraph (3)) and all insured persons belonging to said person's household and for any Householder who has become delinquent in the payment of insurance premiums payable pursuant to the provisions of the National Pension Act (Act No. 141 of 1959) (including any person who has the obligation to pay insurance premiums pursuant to the

provisions of Article 88, paragraph (2) of said Act and limited to a person who has been found by the Minister of Health, Labour and Welfare to satisfy the applicable requirements specified by Ordinance of the Ministry of Health, Labour and Welfare and has been notified by said Minister as such to the relevant Municipality)" in the same paragraph shall be deemed to be replaced with "any Society member who has become delinquent in the payment of insurance premiums payable pursuant to the provisions of this Act (including any national health insurance tax payable pursuant to the provisions of the Local Tax Act) (excluding a person from whom the Society shall request return of said person's health insurance card pursuant to the provisions of paragraph (3))"; the phrase " Householder of a household" in the same paragraph shall be deemed to be replaced with "Society member of a household"; and the term "Municipality" in paragraph (11) of the same Article shall be deemed to be replaced with "Society."

第二節 管理

Section 2 Management

(役員)

(Officers)

第二十三条 組合に、役員として、理事及び監事を置く。

Article 23 (1) Each Society shall have directors and auditors as its officers.

2 理事の定数は五人以上、監事の定数は二人以上とし、それぞれ規約で定める。

(2) The fixed number of directors shall be five or more and the fixed number of auditors shall be two or more, and each of these fixed numbers shall be specified by the Society's constitution.

3 理事及び監事は、規約の定めるところにより、組合員のうちから組合会で選任する。ただし、特別の事情があるときは、組合員以外の者のうちから組合会で選任することを妨げない。

(3) All directors and auditors shall be appointed at a Society meeting from among Society members pursuant to the provisions of the Society's constitution; provided, however, that this shall not preclude directors and auditors from being appointed at a Society meeting from among persons other than Society members if any special circumstances exist.

4 理事及び監事の任期は、三年をこえない範囲内において、規約で定める。

(4) The respective terms of office of directors and auditors shall be specified by the Society's constitution within a period not exceeding three years.

(役員の仕事)

(Duties of Officers)

第二十四条 理事は、規約の定めるところにより、組合の業務を執行し、及び組合を代

表する。

Article 24 (1) A director shall execute the operations of the Society and shall represent the Society pursuant to the provisions of its constitution.

2 組合の業務は、規約に別段の定がある場合を除くほか、理事の過半数で決する。

(2) Unless otherwise specified by the constitution, a Society's operations shall be determined by the majority of all directors.

3 監事は、組合の業務の執行及び財産の状況を監査する。

(3) An auditor shall audit the performance of business and the status of the property of the Society.

(理事の代表権の制限)

(Restrictions on Directors' Authority of Representation)

第二十四条の二 理事の代表権に加えた制限は、善意の第三者に対抗することができない。

Article 24-2 Restrictions on directors' authority of representation may not be asserted against a third party without knowledge of such restrictions.

(理事の代理行為の委任)

(Delegation of Directors' Authority)

第二十四条の三 理事は、規約又は組合会の決議によつて禁止されていないときに限り、特定の行為の代理を他人に委任することができる。

Article 24-3 A director may delegate their authority on a specific action to another person unless such delegation is prohibited by the Society's constitution or a resolution of a Society meeting.

(仮理事)

(Provisional Director)

第二十四条の四 理事が欠けた場合において、事務が遅滞することにより損害を生ずるおそれがあるときは、都道府県知事は、利害関係人の請求により又は職権で、仮理事を選任しなければならない。

Article 24-4 In cases where there is any vacancy in the position of director and when damage is likely to occur due to a delay in business, the prefectural governor must appoint a provisional director at the request of any interested person or by said person's authority.

(利益相反行為)

(Acts in Conflict of Interest)

第二十四条の五 組合と理事との利益が相反する事項については、理事は、代表権を有しない。この場合においては、都道府県知事は、利害関係人の請求により又は職権で、特別代理人を選任しなければならない。

Article 24-5 A director shall have no authority of representation as to any

matter involving a conflict of interest between the Society and such director. In the event of such a conflict of interest, the prefectural governor must appoint a special agent at the request of any interested person or by said person's authority.

(理事の専決処分)

(Matters to be Left Solely to a Directors' Disposal)

第二十五条 組合会が成立しないとき、又はその議決すべき事項を議決しないときは、理事は、都道府県知事の指揮を受け、その議決すべき事項を処分することができる。

Article 25 (1) When a valid Society meeting fails to take place or when a Society meeting fails to make a resolution on any matter on which a resolution needs to be made, the directors may, under the direction of the prefectural governor, handle such matter on which a resolution needs to be made.

2 組合会において議決すべき事項に関し臨時急施を要する場合において、組合会が成立しないとき、又は組合会を招集する暇がないときは、理事は、その議決すべき事項を処分することができる。

(2) In cases where a matter on which a resolution needs to be made at a Society meeting must be implemented temporarily and urgently, when a valid Society meeting fails to take place or when there is no time to convene a Society meeting, then the directors may handle such matter on which a resolution needs to be made.

3 前二項の規定による処分については、理事は、その後最初に招集される組合会に報告しなければならない。

(3) Any disposition made pursuant to the provisions of the two preceding paragraphs must be reported by the directors at the first Society meeting convened thereafter.

(組合会)

(Society Meetings)

第二十六条 組合に組合会を置く。

Article 26 (1) A Society shall have Society meetings.

2 組合会は、組合会議員をもつて組織するものとし、組合会議員の定数は、組合員の総数の二十分の一を下らない範囲内において、規約で定める。ただし、組合員の総数が六百人をこえる組合にあつては、三十人以上であることをもつて足りる。

(2) A Society meeting shall be composed of Society council members, whose fixed number shall be specified by its constitution within a range not less than one-twentieth of the total number of Society members; provided, however, that in cases where a Society has more than six hundred members in total, having at least thirty Society council members will suffice.

3 組合会議員は、規約の定めるところにより、組合員が、組合員のうちから選挙する。

(3) Society council members shall be elected by Society members from among

themselves pursuant to the provisions of the Society's constitution.

4 組合会議員の任期は、三年をこえない範囲内において、規約で定める。

(4) The term of office of Society council members shall be specified by the Society's constitution within a period not exceeding three years.

(組合会の議決事項)

(Matters to be Decided on by a Society Meeting)

第二十七条 次の各号に掲げる事項は、組合会の議決を経なければならない。

Article 27 (1) The matters listed in the following items must be determined through a Society meeting:

一 規約の変更

(i) changes to the Society's constitution;

二 借入金の借入及びその方法並びに借入金の利率及び償還方法

(ii) obtaining a loan and the method thereof as well as the interest rate and the method of reimbursement of said loan;

三 収入支出の予算

(iii) budget for income and expenditure;

四 決算

(iv) settlement of accounts;

五 予算をもつて定めるものを除くほか、組合の負担となるべき契約

(v) contracts which will place a burden on the Society other than those prescribed by a budget;

六 準備金その他重要な財産の処分

(vi) dispositions of a reserve or any other important property;

七 訴訟の提起及び和解

(vii) filing and settling lawsuits;

八 前各号に掲げる事項のほか、規約で組合会の議決を経なければならないものと定めた事項

(viii) in addition to the matters listed in the preceding items, matters specified by the Society's constitution as those which require resolution by a Society meeting.

2 前項第一号、第二号及び第六号に掲げる事項（同項第一号及び第二号に掲げる事項のうち、合併により消滅する組合の地区を合併後存続する組合の地区の一部とする地区の拡張に係る規約の変更その他の厚生労働省令で定めるものを除く。）の議決は、都道府県知事の認可を受けなければ、その効力を生じない。

(2) A resolution on any of the matters listed in items (i), (ii) and (vi) of the preceding paragraph (in the case of the matters listed in items (i) and (ii) of the same paragraph, excluding changes to the Society's constitution pertaining to an expansion of the district of said Society which will continue to exist after a merger in order to include as part of its district that of another Society which will be dissolved as a result of the merger, and other matters specified by

Ordinance of the Ministry of Health, Labour and Welfare) shall not become effective without the authorization of the prefectural governor.

3 第十七条第三項の規定は、組合の地区の拡張に係る規約の変更に関する前項の認可について準用する。

(3) The provisions of Article 17, paragraph (3) shall apply mutatis mutandis to the authorization set forth in the preceding paragraph with respect to changes to the Society's constitution pertaining to an expansion of the district of said Society.

4 組合は、第一項第三号に掲げる事項及び第二項に規定する厚生労働省令で定める事項の議決をしたときは、遅滞なく、その旨を都道府県知事に届け出なければならない。

(4) When a Society decides on the matter listed in paragraph (1), item (iii) or any of the matters specified by Ordinance of the Ministry of Health, Labour and Welfare as set forth in paragraph (2), it must promptly notify the prefectural governor thereof.

(組合会の招集)

(Convocation of Society Meetings)

第二十八条 理事は、規約の定めるところにより、毎年度一回通常組合会を招集しなければならない。

Article 28 (1) Directors must, pursuant to the provisions of a Society's constitution, convene an ordinary Society meeting once annually.

2 組合会議員が、その定数の三分の一以上の同意を得て、会議の目的である事項及び招集の理由を記載した書面を組合に提出して組合会の招集を請求したときは、理事は、その請求があつた日から起算して二十日以内に、臨時組合会を招集しなければならない。

(2) When a Society meeting member requests, upon the consent of no less than one-third of the fixed number of Society council members, the convocation of a Society meeting by submitting a document stating the subject matter of such meeting and the reasons for such convocation to said Society, the directors must convene an extraordinary Society meeting within twenty days from the day of such request.

(選挙権及び議決権)

(Right to Elect and Voting Rights)

第二十九条 組合員は、各自一箇の選挙権を有し、組合会議員は、各自一箇の議決権を有する。

Article 29 Each Society member shall have the right to make a single vote in elections and on resolutions.

(議決権のない場合)

(No Voting Rights)

第二十九条の二 組合と特定の組合会議員との関係について議決をする場合には、その組合会議員は、議決権を有しない。

Article 29-2 When voting on the relationship between a Society and a specific Society meeting member, said Society meeting member shall have no voting right.

(組合会の権限)

(Authority of Society Meetings)

第三十条 組合会は、組合の事務に関する書類を検査し、理事若しくは監事の報告を請求し、又は事務の管理、議決の執行若しくは出納を検査することができる。

Article 30 (1) A Society meeting may inspect documents concerning the Society's affairs, may request reports from directors or auditors, or may inspect the management of affairs, the execution of decisions, or revenue and expenditure of the Society.

2 組合会は、組合会議員のうちから選任した者に、前項の組合会の権限に属する事項を行わせることができる。

(2) A Society meeting may have a person appointed from among the Society council members carry out any of the matters under authority of the Society meeting as set forth in the preceding paragraph.

(一般社団法人及び一般財団法人に関する法律の準用)

(Application Mutatis Mutandis of the Act Concerning General Corporations and General Foundations)

第三十一条 一般社団法人及び一般財団法人に関する法律（平成十八年法律第四十八号）第七十八条の規定は、組合について準用する。

Article 31 The provisions of Article 78 of the Act Concerning General Corporations and General Foundations (Act No. 48 of 2006) shall apply mutatis mutandis to a Society.

第三節 解散及び合併

Section 3 Dissolution and Mergers

(解散)

(Dissolution)

第三十二条 組合は、次の各号に掲げる理由により解散する。

Article 32 (1) A Society shall be dissolved for any of the reasons listed in the following items:

一 組合会の議決

(i) a decision by the Society meeting;

二 規約で定めた解散理由の発生

(ii) the occurrence of a reason for dissolution set forth in the Society's

constitution;

三 第一百八条第四項の規定による解散命令

(iii) a dissolution order issued pursuant to the provisions of Article 108, paragraph (4);

四 合併

(iv) a merger.

2 組合は、前項第一号又は第二号に掲げる理由により解散しようとするときは、厚生労働省令の定めるところにより、都道府県知事の認可を受けなければならない。

(2) Dissolution of a Society for the reason listed in item (i) or (ii) of the preceding paragraph must obtain authorization of the prefectural governor pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare.

(残余財産の帰属)

(Vesting of Residual Assets)

第三十二条の二 解散した組合の財産は、規約で指定した者に帰属する。

Article 32-2 (1) The residual assets of a dissolved Society shall be vested in the person, if any, designated by its constitution.

2 規約で権利の帰属すべき者を指定せず、又はその者を指定する方法を定めなかつたときは、理事は、都道府県知事の許可を得て、その組合の目的に類似する目的のために、その財産を処分することができる。ただし、組合会の決議を経なければならない。

(2) When the Society's constitution fails to designate any person with whom rights should be vested, or fails to provide the means by which to designate such person, the directors may, with the permission of the prefectural governor, dispose of the assets of the Society for any purpose which is similar to that of said Society; provided, however, that this must require a resolution made at a Society meeting.

3 前二項の規定により処分されない財産は、国庫に帰属する。

(3) Any asset which is not disposed of pursuant to the provisions of the two preceding paragraphs shall be vested in the national treasury.

(清算中の組合の能力)

(Capacity of a Society under Liquidation)

第三十二条の三 解散した組合は、清算の目的の範囲内において、その清算の終了に至るまではなお存続するものとみなす。

Article 32-3 A dissolved Society shall be deemed to continue to exist to the extent of the purpose of its liquidation, until the conclusion of its liquidation procedure.

(清算人)

(Liquidators)

第三十二条の四 組合が解散したときは、破産手続開始の決定による解散の場合を除き、

理事がその清算人となる。ただし、規約に別段の定めがあるとき、又は組合会において理事以外の者を選任したときは、この限りでない。

Article 32-4 When a Society has been dissolved, the directors shall become liquidators, except in the cases of a dissolution effected pursuant to a decision for the commencement of bankruptcy proceedings; provided, however, that this shall not apply if it is otherwise specified in the Society's constitution or if persons other than the directors have been appointed as liquidators at a Society meeting.

(裁判所による清算人の選任)

(Appointment of Liquidators by Court)

第三十二条の五 前条の規定により清算人となる者がいないとき、又は清算人が欠けたため損害を生ずるおそれがあるときは、裁判所は、利害関係人若しくは検察官の請求により又は職権で、清算人を選任することができる。

Article 32-5 When there are no persons who qualify as liquidators pursuant to the provisions of the preceding Article or when any damage is likely to occur due to a vacancy in the position of liquidators, the court may appoint a liquidator(s) at the request of an interested person or a public prosecutor, or by the court's own authority.

(清算人の解任)

(Dismissal of Liquidators)

第三十二条の六 重要な事由があるときは、裁判所は、利害関係人若しくは検察官の請求により又は職権で、清算人を解任することができる。

Article 32-6 When any material grounds exist, the court may dismiss a liquidator at the request of any interested person or a public prosecutor, or by the court's own authority.

(清算人及び解散の届出)

(Notification of Liquidators and Dissolution)

第三十二条の七 清算人は、破産手続開始の決定及び第百八条第四項の規定による解散命令の場合を除き、その氏名及び住所並びに解散の原因及び年月日を都道府県知事に届け出なければならない。

Article 32-7 (1) Except in the case of a decision for the commencement of bankruptcy proceedings or in the case of a dissolution order issued pursuant to the provisions of Article 108, paragraph (4), a liquidator must provide notification of their name and domicile and the cause and date of said dissolution to the prefectural governor.

2 清算中に就職した清算人は、その氏名及び住所を都道府県知事に届け出なければならない。

(2) A liquidator who assumes office in the course of liquidation must provide

notification of their name and domicile to the prefectural governor.

3 前項の規定は、第百八条第四項の規定による解散命令の際に就職した清算人について準用する。

(3) The provisions of the preceding paragraph shall apply mutatis mutandis to any liquidator who assumes office as a result of a dissolution order issued pursuant to the provisions of Article 108, paragraph (4).

(清算人の職務及び権限)

(Duties and Authority of Liquidators)

第三十二条の八 清算人の職務は、次のとおりとする。

Article 32-8 (1) The duties of a liquidator shall be as follows:

一 現務の結了

(i) the conclusion of current business;

二 債権の取立て及び債務の弁済

(ii) the collection of debts and the performance of obligations;

三 残余財産の引渡し

(iii) the delivery of residual assets.

2 清算人は、前項各号に掲げる職務を行うために必要な一切の行為をすることができる。

(2) A liquidator may perform any and all acts in order to perform the duties listed in the items of the preceding paragraph.

(債権の申出の催告等)

(Demand for Filing of Claims)

第三十二条の九 清算人は、その就職の日から二箇月以内に、少なくとも三回の公告をもつて、債権者に対し、一定の期間内にその債権の申出をすべき旨の催告をしなければならない。この場合において、その期間は、二箇月を下ることができない。

Article 32-9 (1) A liquidator must, within two months from the day of assuming office and by giving public notice on at least three occasions, demand that the relevant creditors file their claims within a stated period. In this case, such notice period may not be less than two months.

2 前項の公告には、債権者がその期間内に申出をしないときは清算から除斥されるべき旨を付記しなければならない。ただし、清算人は、知れている債権者を除斥することができない。

(2) The public notice set forth in the preceding paragraph must include a statement to the effect that any claim of a creditor shall be excluded from the liquidation procedure unless said creditor files such claim within the stated period; provided, however, that the liquidator may not exclude any known creditor.

3 清算人は、知れている債権者には、各別にその申出の催告をしなければならない。

(3) The liquidator must make a demand to each known creditor to file said

creditor's claim.

4 第一項の公告は、官報に掲載してする。

(4) The public notice set forth in paragraph (1) shall be effected by publication in the Official Gazette.

(期間経過後の債権の申出)

(Filing Claims after Passing of the Stated Period)

第三十二条の十 前条第一項の期間の経過後に申出をした債権者は、組合の債務が完済された後まだ権利の帰属すべき者に引き渡されていない財産に対してのみ、請求をすることができる。

Article 32-10 Any creditor who files a claim after the passing of the period set forth in paragraph (1) of the preceding Article shall be entitled to file a claim only with regard to the assets which, after all debts of the Society have been paid off, have not yet been delivered to the persons with vested rights.

(裁判所による監督)

(Supervision by the Court)

第三十二条の十一 組合の解散及び清算は、裁判所の監督に属する。

Article 32-11 (1) The dissolution and liquidation of a Society shall be subject to supervision of the court.

2 裁判所は、職権で、いつでも前項の監督に必要な検査をすることができる。

(2) The court may, by its own authority, conduct any inspection necessary for the supervision set forth in the preceding paragraph.

3 組合の解散及び清算を監督する裁判所は、組合の業務を監督する官庁に対し、意見を求め、又は調査を囑託することができる。

(3) A court supervising the dissolution and liquidation of a Society may seek the opinion of, or commission an investigation from a government agency supervising the operations of such Society.

4 前項に規定する官庁は、同項に規定する裁判所に対し、意見を述べることができる。

(4) The government agency set forth in the preceding paragraph may state its opinion to the court set forth in the same paragraph.

(清算終了の届出)

(Notification of the Conclusion of a Liquidation Procedure)

第三十二条の十二 清算が終了したときは、清算人は、その旨を都道府県知事に届け出なければならない。

Article 32-12 Upon conclusion of a liquidation procedure, the liquidator must notify the prefectural governor thereof.

(解散及び清算の監督等に関する事件の管轄)

(Jurisdiction over Cases Concerning Supervision of Dissolution and

Liquidation, etc.)

第三十二条の十三 組合の解散及び清算の監督並びに清算人に関する事件は、その主たる事務所の所在地を管轄する地方裁判所の管轄に属する。

Article 32-13 Cases concerning the supervision of the liquidation of a Society, and its liquidators, shall be under the exclusive jurisdiction of the district court which has jurisdiction over the location of the principal office of such Society.

(不服申立ての制限)

(Restrictions on Appeals)

第三十二条の十四 清算人の選任の裁判に対しては、不服を申し立てることができない。

Article 32-14 No appeal may be entered against a judicial decision on the appointment of a liquidator.

(裁判所の選任する清算人の報酬)

(Remuneration for a Liquidator Appointed by the Court)

第三十二条の十五 裁判所は、第三十二条の五の規定により清算人を選任した場合には、組合が当該清算人に対して支払う報酬の額を定めることができる。この場合においては、裁判所は、当該清算人及び監事の陳述を聴かなければならない。

Article 32-15 In cases where the court has appointed a liquidator(s) pursuant to the provisions of Article 32-5, the court may specify the amount of remuneration to be paid by the Society to such liquidator(s). In this case, the court must hear statements from such liquidator(s) and the auditors.

(即時抗告)

(Immediate Appeal against a Ruling)

第三十二条の十六 清算人の解任についての裁判及び前条の規定による裁判に対しては、即時抗告をすることができる。

Article 32-16 An immediate appeal against a ruling may be entered against a judicial decision on the dismissal of a liquidator and against a judicial decision made pursuant to the preceding Article.

(検査役の選任)

(Appointment of Inspectors)

第三十二条の十七 裁判所は、組合の解散及び清算の監督に必要な調査をさせるため、検査役を選任することができる。

Article 32-17 (1) The court may appoint an inspector(s) to conduct necessary investigations for the supervision of the dissolution and liquidation of a Society.
2 前三条の規定は、前項の規定により裁判所が検査役を選任した場合について準用する。この場合において、第三十二条の十五中「清算人及び監事」とあるのは、「組合及び検査役」と読み替えるものとする。

(2) The provisions of the preceding three Articles shall apply mutatis mutandis to cases where the court has appointed an inspector(s) pursuant to the provisions of the preceding paragraph. In this case, the phrase "such liquidator(s) and the auditors" in Article 32-15 shall be deemed to be replaced with "the Society and its inspector(s)"

(合併)

(Mergers)

第三十三条 組合は、合併しようとする場合においては、組合会においてその旨を議決しなければならない。

Article 33 (1) Any merger of a Society must be subject to a resolution to such effect at a Society meeting.

2 組合が合併した場合においては、合併により新たに設立された組合又は合併後存続する組合は、合併により消滅した組合の権利義務（その組合が、国民健康保険事業に関し、行政庁の許可、認可その他の処分に基づいて有する権利義務を含む。）を承継する。

(2) In cases where Societies have merged together, the Society newly incorporated through the merger or the Society surviving the merger shall succeed to the rights and obligations of the Society or Societies extinguished through said merger (including the rights and obligations which said Society or Societies have in relation to their respective national health insurance services based on the permission, license, approval or any other disposition by an administrative agency).

第三十四条 削除

Article 34 Deleted.

第四節 雑則

Section 4 Miscellaneous Provisions

(政令への委任)

(Delegation to Cabinet Order)

第三十五条 この章に規定するもののほか、組合の管理、財産の保管その他組合に関して必要な事項は、政令で定める。

Article 35 In addition to what is provided for in this Chapter, necessary matters concerning the management of a Society, retention of its assets and other aspects of a Society shall be prescribed by Cabinet Order.

第四章 保険給付

Chapter IV Insurance Benefits

第一節 療養の給付等

Section 1 Benefits for Medical Treatment, etc.

(療養の給付)

(Benefits for Medical Treatment)

第三十六条 市町村及び組合（以下「保険者」という。）は、被保険者の疾病及び負傷に関しては、次の各号に掲げる療養の給付を行う。ただし、当該被保険者の属する世帯の世帯主又は組合員が当該被保険者に係る被保険者資格証明書の交付を受けている間は、この限りでない。

Article 36 (1) Municipalities and Societies (hereinafter referred to as "Insurers") shall pay benefits for the types of medical treatment listed in the following items with respect to an insured person's illness and injury; provided, however, that this shall not apply during any period for which a health insurance certificate has been issued to the Householder or Society member of the household to which such insured person belongs:

一 診察

(i) medical examinations;

二 薬剤又は治療材料の支給

(ii) provision of medication or materials for medical treatment;

三 処置、手術その他の治療

(iii) treatment, operations or any other medical treatment;

四 居宅における療養上の管理及びその療養に伴う世話その他の看護

(iv) in-home medical care management as well as caretaking and any other nursing involved in in-home medical care;

五 病院又は診療所への入院及びその療養に伴う世話その他の看護

(v) hospitalization or visiting a clinic, and caretaking and other nursing incidental to medical treatment provided there.

2 次に掲げる療養に係る給付は、前項の給付に含まれないものとする。

(2) Benefits for the following types of medical treatment shall not be included in the benefits set forth in the preceding paragraph:

一 食事の提供たる療養であつて前項第五号に掲げる療養と併せて行うもの（医療法（昭和二十三年法律第二百五号）第七条第二項第四号に規定する療養病床への入院及びその療養に伴う世話その他の看護であつて、当該療養を受ける際、六十五歳に達する日の属する月の翌月以後である被保険者（以下「特定長期入院被保険者」という。）に係るものを除く。以下「食事療養」という。）

(i) medical treatment which consists of the provision of meals and is given in combination with the type of medical treatment listed in item (v) of the preceding paragraph (excluding hospitalization in a sanatorium ward as set forth in Article 7, paragraph (2), item (iv) of the Medical Treatment Act (Act No. 205 of 1948) and care and other nursing incidental to the medical treatment there which is provided to an insured person whose 65th birthday is on any month before the month in which said person receives the relevant

medical treatment (hereinafter referred to as a "Person Specified as Hospitalized Long-term and Insured") (hereinafter referred to as "Dietary Treatment");

二 次に掲げる療養であつて前項第五号に掲げる療養と併せて行うもの（特定長期入院被保険者に係るものに限る。以下「生活療養」という。）

(ii) the following types of medical treatment given in combination with the type of medical treatment listed in item (v) of the preceding paragraph (limited to medical treatment provided to a Person Specified as Hospitalized Long-term and Insured; hereinafter referred to as "Living Support"):

イ 食事の提供たる療養

(a) medical treatment consisting of the provision of meals;

ロ 温度、照明及び給水に関する適切な療養環境の形成たる療養

(b) medical treatment consisting of the creation of an appropriate environment for medical treatment in terms of temperature, lighting and water supply;

三 評価療養（健康保険法第六十三条第二項第三号に規定する評価療養をいう。以下同じ。）

(iii) evaluation treatment (meaning the evaluation treatment as set forth in Article 63, paragraph (2), item (iii) of the Health Insurance Act; hereinafter the same shall apply);

四 選定療養（健康保険法第六十三条第二項第四号に規定する選定療養をいう。以下同じ。）

(iv) selective treatment (meaning the selective treatment as set forth in Article 63, paragraph (2), item (iv) of the Health Insurance Act; hereinafter the same shall apply).

3 被保険者が第一項の給付を受けようとするときは、自己の選定する保険医療機関又は保険薬局（健康保険法第六十三条第三項第一号に規定する保険医療機関又は保険薬局をいう。以下同じ。）に被保険者証を提出して、そのものについて受けるものとする。ただし、厚生労働省令で定める場合に該当するときは、被保険者証を提出することを要しない。

(3) When an insured person intends to receive benefit for any of the types of medical treatment set forth in paragraph (1), said person shall submit their health insurance card to the Health Insurance-Covered Medical Institution or health insurance-covered pharmacy (meaning the Health Insurance-Covered Medical Institution or health insurance-covered pharmacy as set forth in Article 63, paragraph (3), item (i) of the Health Insurance Act; hereinafter the same shall apply) of said person's choice and shall receive the relevant medical treatment at or from such Health Insurance-Covered Medical Institution or health insurance-covered pharmacy; provided, however, that when such insured person falls under any of the cases specified by Ordinance of the Ministry of Health, Labour and Welfare, said person shall not be required to

submit their health insurance card.

第三十七条 削除

Article 37 Deleted.

第三十八条 削除

Article 38 Deleted.

第三十九条 削除

Article 39 Deleted.

(保険医療機関等の責務)

(Responsibilities of Health Insurance-Covered Medical Institutions, etc.)

第四十条 保険医療機関若しくは保険薬局（以下「保険医療機関等」という。）又は保険医若しくは保険薬剤師（健康保険法第六十四条に規定する保険医又は保険薬剤師をいう。以下同じ。）が、国民健康保険の療養の給付を担当し、又は国民健康保険の診療若しくは調剤に当たる場合の準則については、同法第七十条第一項及び第七十二条第一項の規定による厚生労働省令の例による。

Article 40 (1) The rules applicable in cases where a Health Insurance-Covered Medical Institution or health insurance-covered pharmacy (hereinafter referred to as a "Health Insurance-Covered Medical Institution, etc.") or a health insurance-covered physician or health insurance-covered pharmacist (meaning the health insurance-covered physician or health insurance-covered pharmacist as set forth in Article 64 of the Health Insurance Act; hereinafter the same shall apply) shall be in charge of benefits for medical treatment under a national health insurance program or shall provide medical care or prescription service under a national health insurance program, shall be governed by the same rules as Ordinance of Ministry of Health, Labour and Welfare set forth in Article 70, paragraph (1) and Article 72, paragraph (1) of the same Act.

2 前項の場合において、同項に規定する厚生労働省令の例により難いとき又はよることが適当と認められないときの準則については、厚生労働省令で定める。

(2) In the case referred to in the preceding paragraph, when it is difficult or is not found appropriate for Ordinance of Ministry of Health, Labour and Welfare set forth in the same paragraph to govern such rules, said rules shall be prescribed by another Ordinance of the Ministry of Health, Labour and Welfare.

(厚生労働大臣又は都道府県知事の指導)

(Guidance by the Minister of Health, Labour and Welfare or Prefectural Governor)

第四十一条 保険医療機関等は療養の給付に関し、保険医及び保険薬剤師は国民健康保

険の診療又は調剤に関し、厚生労働大臣又は都道府県知事の指導を受けなければならない。

Article 41 (1) Guidance by the Minister of Health, Labour and Welfare or the prefectural governor must be received by Health Insurance-Covered Medical Institutions, etc. with respect to benefits for medical treatment and by health insurance-covered physicians and health insurance-covered pharmacists with respect to medical care or prescription service provided under a national health insurance program.

2 厚生労働大臣又は都道府県知事は、前項の指導をする場合において、必要があると認めるときは、診療又は調剤に関する学識経験者をその関係団体の指定により指導に立ち会わせるものとする。ただし、関係団体が指定を行わない場合又は指定された者が立ち会わない場合は、この限りでない。

(2) In cases where the guidance set forth in the preceding paragraph is provided, the Minister of Health, Labour and Welfare or the prefectural governor shall, when finding it necessary, have a person(s) with knowledge and experience of medical care or prescription service attend such guidance in accordance with the designation by concerned organizations; provided, however, that this shall not apply where such concerned organizations make no such designation or where the person(s) so designated fail to attend.

(療養の給付を受ける場合の一部負担金)

(Co-payment in Cases Where Benefits for Medical Treatment Are Received)

第四十二条 第三十六条第三項の規定により保険医療機関等について療養の給付を受ける者は、その給付を受ける際、次の各号の区分に従い、当該給付につき第四十五条第二項又は第三項の規定により算定した額に当該各号に掲げる割合を乗じて得た額を、一部負担金として、当該保険医療機関等に支払わなければならない。

Article 42 (1) A person who receives benefit for medical treatment in relation to an Health Insurance-Covered Medical Institution, etc. pursuant to the provisions of Article 36, paragraph (3) shall pay, in accordance with the categories listed in the following items, an amount obtained by multiplying the amount calculated pursuant to the provisions of Article 45, paragraph (2) or (3) with respect to such benefit by the ratio listed in the relevant item below, as said person's co-payment to such Health Insurance-Covered Medical Institution, etc. when receiving such benefit:

一 六歳に達する日以後の最初の三月三十一日の翌日以後であつて七十歳に達する日の属する月以前である場合 十分の三

(i) in cases where the first March 31 after said person's 6th birthday has passed and the month in which said person's 70th birthday is has not yet started: 0.3;

二 六歳に達する日以後の最初の三月三十一日以前である場合 十分の二

(ii) in cases where the first March 31 after said person's 6th birthday has not

yet passed: 0.2;

三 七十歳に達する日の属する月の翌月以後である場合（次号に掲げる場合を除く。） 十分の二

(iii) in cases where the month in which said person's 70th birthday is has elapsed (excluding the case listed in the following item): 0.2;

四 七十歳に達する日の属する月の翌月以後である場合であつて、当該療養の給付を受ける者の属する世帯に属する被保険者（七十歳に達する日の属する月の翌月以後である場合に該当する者その他政令で定める者に限る。）について政令の定めるところにより算定した所得の額が政令で定める額以上であるとき 十分の三

(iv) in cases where the month in which said person's 70th birthday is has elapsed and where the amount of income calculated pursuant to Cabinet Order provisions with respect to the insured persons (limited to persons whose 70th birthday is in any month before the current month and other persons specified by Cabinet Order) who belong to the household to which the person who receives such benefit for medical treatment belongs is not less than the amount specified by Cabinet Order: 0.3.

2 保険医療機関等は、前項の一部負担金（第四十三条前項の規定により一部負担金の割合が減ぜられたときは、同条第二項に規定する保険医療機関等にあつては、当該減ぜられた割合による一部負担金とし、第四十四条第一項第一号の措置が採られたときは、当該減額された一部負担金とする。）の支払を受けるべきものとし、保険医療機関等が善良な管理者と同一の注意をもつてその支払を受けることに努めたにもかかわらず、なお被保険者が当該一部負担金の全部又は一部を支払わないときは、保険者は、当該保険医療機関等の請求に基づき、この法律の規定による徴収金の例によりこれを処分することができる。

(2) Each Health Insurance-Covered Medical Institution, etc. shall receive the co-payment set forth in the preceding paragraph (or, when the ratio for such co-payment is reduced pursuant to the provisions of Article 43, paragraph (1), the co-payment calculated in accordance with the ratio after such reduction in the case of a Health Insurance-Covered Medical Institution, etc. set forth in paragraph (2) of the same Article or, when the measure set forth in Article 44, paragraph (1), item (i) is taken, the co-payment after the relevant reduction) and, when an insured person fails to make all or part of such co-payment despite efforts of the Health Insurance-Covered Medical Institution, etc. to receive such payment with the same care as due care of a prudent manager, the Insurer may impose a disposition on such insured person pursuant to the same rules as those for the monies to be collected pursuant to the provisions of this Act, at the request of such Health Insurance-Covered Medical Institution, etc.

第四十二条の二 前条第一項の規定により一部負担金を支払う場合においては、同項の一部負担金の額に五円未満の端数があるときは、これを切り捨て、五円以上十円未満

の端数があるときは、これを十円に切り上げるものとする。

Article 42-2 In cases where co-payment shall be made pursuant to the provisions of paragraph (1) of the preceding Article, any fraction of less than five yen in the amount of co-payment set forth in the same paragraph shall be rounded down to the nearest ten yen, whereas any fraction of more than five yen and less than ten yen shall be rounded up to the nearest ten yen.

第四十三条 保険者は、政令の定めるところにより、条例又は規約で、第四十二条第一項に規定する一部負担金の割合を減ずることができる。

Article 43 (1) An Insurer may, pursuant to Cabinet Order provisions, reduce any of the ratios for co-payment set forth in Article 42, paragraph (1) by Municipal Ordinance or by its constitution.

2 前項の規定により一部負担金の割合が減ぜられたときは、保険者が開設者の同意を得て定める保険医療機関等について療養の給付を受ける被保険者は、第四十二条第一項の規定にかかわらず、その減ぜられた割合による一部負担金を当該保険医療機関等に支払うをもつて足りる。

(2) When the applicable ratio for co-payment is reduced pursuant to the provisions of the preceding paragraph, it shall be sufficient for an insured person who receives benefit for medical treatment in relation to one of the Health Insurance-Covered Medical Institutions, etc. designated by the Insurer with the consent of their respective establishers, to pay co-payment calculated in accordance with the applicable ratio after such reduction to such Health Insurance-Covered Medical Institution, etc., notwithstanding the provisions of Article 42, paragraph (1).

3 第一項の規定により一部負担金の割合が減ぜられた場合において、被保険者が前項に規定する保険医療機関等以外の保険医療機関等について療養の給付を受けたときは、保険者は、当該被保険者が第四十二条第一項の規定により当該保険医療機関等に支払った一部負担金と第一項の規定により減ぜられた割合による一部負担金との差額を当該被保険者に支給しなければならない。

(3) In cases where the applicable ratio for co-payment has been reduced pursuant to the provisions of paragraph (1) and when an insured person has received benefit for medical treatment at or from a Health Insurance-Covered Medical Institution, etc. which is not one of those set forth in the preceding paragraph, the Insurer shall pay to such insured person the difference between the amount of co-payment paid by such insured person to the Health Insurance-Covered Medical Institution, etc. pursuant to the provisions of Article 42, paragraph (1) and the amount of co-payment calculated pursuant to the applicable ratio after the reduction made pursuant to the provisions of paragraph (1).

4 前条の規定は、第二項の場合における一部負担金の支払について準用する。

(4) The provisions of the preceding Article shall apply mutatis mutandis to the

making of co-payment in the case set forth in paragraph (2).

第四十四条 保険者は、特別の理由がある被保険者で、保険医療機関等に第四十二条又は前条の規定による一部負担金を支払うことが困難であると認められるものに対し、次の各号の措置を採ることができる。

Article 44 (1) An Insurer may take any of the measures listed in the following items with respect to any insured person who is under special circumstances and for whom it is found difficult to make co-payment to a Health Insurance-Covered Medical Institution, etc. pursuant to the provisions of Article 42 or the preceding Article:

一 一部負担金を減額すること。

(i) to reduce the amount of co-payment;

二 一部負担金の支払を免除すること。

(ii) to exempt such insured person from making co-payment;

三 保険医療機関等に対する支払に代えて、一部負担金を直接に徴収することとし、その徴収を猶予すること。

(iii) to decide to collect co-payment directly from such insured person in lieu of co-payment to the Health Insurance-Covered Medical Institution, etc., and to suspend such collection.

2 前項の措置を受けた被保険者は、第四十二条第一項及び前条第二項の規定にかかわらず、前項第一号の措置を受けた被保険者にあつては、その減額された一部負担金を保険医療機関等に支払うをもつて足り、同項第二号又は第三号の措置を受けた被保険者にあつては、一部負担金を保険医療機関等に支払うことを要しない。

(2) Notwithstanding the provisions of paragraph (1) of Article 42 and paragraph (2) of the preceding Article, where the measure set forth in item (i) of the preceding paragraph has been taken with respect to an insured person, it shall be sufficient for said person to pay the amount of co-payment so reduced to the relevant Health Insurance-Covered Medical Institution, etc., and where the measure set forth in item (ii) or (iii) has been taken with respect to an insured person, said person shall not be required to make co-payment to the relevant Health Insurance-Covered Medical Institution, etc.

3 第四十二条の二の規定は、前項の場合における一部負担金の支払について準用する。

(3) The provisions of Article 42-2 shall apply mutatis mutandis to the making of co-payment in the case set forth in the preceding paragraph.

(保険医療機関等の診療報酬)

(Medical Fees Payable to Health Insurance-Covered Medical Institutions, etc.)

第四十五条 保険者は、療養の給付に関する費用を保険医療機関等に支払うものとし、保険医療機関等が療養の給付に関し保険者に請求することができる費用の額は、療養の給付に要する費用の額から、当該療養の給付に関し被保険者（第五十七条に規定する場合にあつては、世帯主又は組合員）が当該保険医療機関等に対して支払わなければ

ばならない一部負担金に相当する額を控除した額とする。

- Article 45 (1) Insurers must pay to Health Insurance-Covered Medical Institutions, etc. expenses relating to benefits for medical treatment. The amount of expenses which may be claimed by a Health Insurance-Covered Medical Institutions, etc. from an Insurer in relation to benefits for medical treatment shall be calculated by deducting the amount of any co-payment payable to such Health Insurance-Covered Medical Institution, etc. by the insured person (or the Householder or Society member in the case set forth in Article 57) in relation to the benefits for medical treatment from the amount of expenses incurred in providing said benefits for medical treatment.
- 2 前項の療養の給付に要する費用の額の算定については、健康保険法第七十六条第二項の規定による厚生労働大臣の定めによる。
- (2) Calculation of the amount of expenses incurred in providing the benefits for medical treatment set forth in the preceding paragraph shall be governed by the same rules as those prescribed by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 76, paragraph (2) of the Health Insurance Act.
- 3 保険者は、都道府県知事の認可を受け、保険医療機関等との契約により、当該保険医療機関等において行われる療養の給付に関する第一項の療養の給付に要する費用の額につき、前項の規定により算定される額の範囲内において、別段の定めをすることができる。
- (3) An Insurer may, with the authorization of the prefectural governor, specify otherwise in a contract with a Health Insurance-Covered Medical Institution, etc. with respect to the amount of expenses incurred in providing the benefits for medical treatment set forth in paragraph (1) for the medical treatment to be provided at such Health Insurance-Covered Medical Institution, etc., within the range of the amount calculated pursuant to the provisions of the preceding paragraph.
- 4 保険者は、保険医療機関等から療養の給付に関する費用の請求があつたときは、第四十条に規定する準則並びに第二項に規定する額の算定方法及び前項の定めを照らして審査した上、支払うものとする。
- (4) Upon receipt of a claim by a Health Insurance-Covered Medical Institution, etc. for expenses incurred in providing benefits for medical treatment, the Insurer shall make payment after conducting an examination according to the rules set forth in Article 40, and according to the method for calculating the amount set forth in paragraph (2), and the provisions of the preceding paragraph.
- 5 保険者は、前項の規定による審査及び支払に関する事務を都道府県の区域を区域とする国民健康保険団体連合会（加入している保険者の数がその区域内の保険者の総数の三分の二に達しないものを除く。）又は社会保険診療報酬支払基金法（昭和二十三年法律第二百二十九号）による社会保険診療報酬支払基金に委託することができる。

(5) An Insurer may entrust affairs concerning the examination and payment pursuant to the provisions of the preceding paragraph to a Federation of National Health Insurance Associations whose jurisdiction covers the area of the relevant prefecture (excluding any such federation the number of whose member Insurers is less than two-thirds of the total number of Insurers located within its jurisdiction) or the Health Insurance Claims Review and Reimbursement Services established under the Health Insurance Claims Review and Reimbursement Services Act (Act No. 129 of 1948).

6 国民健康保険団体連合会は、前項の規定及び健康保険法第七十六条第五項の規定による委託を受けて行う診療報酬請求書の審査に関する事務のうち厚生労働大臣の定める診療報酬請求書の審査に係るものを、一般社団法人又は一般財団法人であつて、審査に関する組織その他の事項につき厚生労働省令で定める要件に該当し、当該事務を適正かつ確実に実施することができるものと認められるものとして厚生労働大臣が指定するものに委託することができる。

(6) Of the affairs concerning the review of medical bills conducted by a Federation of National Health Insurance Associations as entrusted pursuant to the provisions of the preceding paragraph or those of Article 76, paragraph (5) of the Health Insurance Act, those concerned with the review of such medical bills as specified by the Minister of Health, Labour and Welfare may be entrusted by such Federation of National Health Insurance Associations to any of those general incorporated associations or general foundations designated by the Minister of Health, Labour and Welfare as those meeting the requirements specified by Ordinance of the Ministry of Health, Labour and Welfare in terms of the organization involved in such review and other matters, and as capable of conducting such affairs in a proper and reliable manner.

7 前項の規定により厚生労働大臣の定める診療報酬請求書の審査に係る事務の委託を受けた者は、当該診療報酬請求書の審査を厚生労働省令で定める要件に該当する者に行わせなければならない。

(7) An entity to which affairs concerning the review of medical bills as specified by the Minister of Health, Labour and Welfare pursuant to the provisions of the preceding paragraph have been entrusted must have the review of such medical bills conducted by a person who meets the requirements specified by Ordinance of the Ministry of Health, Labour and Welfare.

8 前各項に規定するもののほか、保険医療機関等の療養の給付に関する費用の請求に関して必要な事項は、厚生労働省令で定める。

(8) In addition to what is provided for in each of the preceding paragraphs, necessary particulars concerning claims for expenses incurred in providing benefits for medical treatment by Health Insurance-Covered Medical Institutions, etc. shall be prescribed by Ordinance of the Ministry of Health, Labour and Welfare.

(保険医療機関等の報告等)

(Reports, etc. from Health Insurance-Covered Medical Institutions, etc.)

第四十五条の二 厚生労働大臣又は都道府県知事は、療養の給付に関して必要があると認めるときは、保険医療機関等若しくは保険医療機関等の開設者若しくは管理者、保険医、保険薬剤師その他の従業者であつた者（以下この項において「開設者であつた者等」という。）に対し報告若しくは診療録その他の帳簿書類の提出若しくは提示を命じ、保険医療機関等の開設者若しくは管理者、保険医、保険薬剤師その他の従業者（開設者であつた者等を含む。）に対し出頭を求め、又は当該職員に係る者に対して質問させ、若しくは保険医療機関等について設備若しくは診療録、帳簿書類その他の物件を検査させることができる。

Article 45-2 (1) When the Minister of Health, Labour and Welfare or a prefectural governor finds it necessary in relation to benefits for medical treatment, said minister or governor may order a Health Insurance-Covered Medical Institution, etc. or any of the persons who were establishers or managers, health insurance-covered physicians, health insurance-covered pharmacists or other employees of a Health Insurance-Covered Medical Institution, etc. (hereinafter referred to as "Former Establishers, etc." in this paragraph) to make a report or submit or present medical records or other books and other documents, may request any of the establishers, managers, health insurance-covered physicians, health insurance-covered pharmacists or other employees of a Health Insurance-Covered Medical Institution, etc. (including Former Establishers, etc.) to appear, or may have personnel question persons involved or inspect any equipment or medical records, the books and other documents or other articles of such Health Insurance-Covered Medical Institution, etc.

2 前項の規定による質問又は検査を行う場合においては、当該職員は、その身分を示す証明書を携帯し、かつ、関係人の請求があるときは、これを提示しなければならない。

(2) In cases where questions are asked or inspections are conducted pursuant to the provisions of the preceding paragraph, the relevant personnel must carry an identification card and present it at the request of any person concerned.

3 第一項の規定による権限は、犯罪捜査のために認められたものと解釈してはならない。

(3) The authority under paragraph (1) must not be construed as being granted for criminal investigation.

4 第四十一条第二項の規定は、第一項の規定による質問又は検査について準用する。

(4) The provisions of Article 41, paragraph (2) shall apply mutatis mutandis to questions asked or inspections conducted pursuant to the provisions of paragraph (1).

5 都道府県知事は、保険医療機関等につきこの法律による療養の給付に関し健康保険法第八十条の規定による処分が行われる必要があると認めるとき、又は保険医若しく

は保険薬剤師につきこの法律による診療若しくは調剤に関し健康保険法第八十一条の規定による処分が行われる必要があると認めるときは、理由を付して、その旨を厚生労働大臣に通知しなければならない。

- (5) When a prefectural governor finds it necessary that a disposition be made pursuant to the provisions of Article 80 of the Health Insurance Act with respect to a Health Insurance-Covered Medical Institution, etc. in relation to benefits for medical treatment provided under this Act or that a disposition be made pursuant to the provisions of Article 81 of the Health Insurance Act with respect to a health insurance-covered physician or health insurance-covered pharmacist in relation to medical care or prescription service provided under this Act, said governor must notify the Minister of Health, Labour and Welfare thereof, together with the reason therefor.

(健康保険法の準用)

(Application Mutatis Mutandis of the Health Insurance Act)

第四十六条 健康保険法第六十四条及び第八十二条第一項の規定は、本法による療養の給付について準用する。この場合において、これらの規定に関し必要な技術的読替えは、政令で定める。

Article 46 The provisions of Article 64 and Article 82, paragraph (1) of the Health Insurance Act shall apply mutatis mutandis to benefits for medical treatment provided under this Act. In this case, any technical replacement of terms necessary for these provisions shall be specified by Cabinet Order.

第四十七条 削除

Article 47 Deleted.

第四十八条 削除

Article 48 Deleted.

第四十九条 削除

Article 49 Deleted.

第五十条 削除

Article 50 Deleted.

第五十一条 削除

Article 51 Deleted.

(入院時食事療養費)

(Dietary Treatment Expenses for Inpatients)

第五十二条 保険者は、被保険者（特定長期入院被保険者を除く。）が、自己の選定す

る保険医療機関について第三十六条第一項第五号に掲げる療養の給付と併せて受けた食事療養に要した費用について、世帯主又は組合員に対し、入院時食事療養費を支給する。ただし、当該被保険者の属する世帯の世帯主又は組合員が当該被保険者に係る被保険者資格証明書の交付を受けている間は、この限りでない。

Article 52 (1) With respect to expenses incurred in Dietary Treatment received by an insured person (excluding a Person Specified as Hospitalized Long-term and Insured) in combination with the medical treatment listed in Article 36, paragraph (1), item (v) at or from the Health Insurance-Covered Medical Institution, etc. of said person's choice, the Insurer shall pay expenses for Dietary Treatment for inpatients to the relevant Householder or Society member; provided, however, that this shall not apply during any period for which a health insurance certificate has been issued in respect of such insured person to the Householder or Society member of the household to which such insured person belongs.

2 入院時食事療養費の額は、当該食事療養につき健康保険法第八十五条第二項の規定による厚生労働大臣の定める基準の例により算定した費用の額（その額が現に当該食事療養に要した費用の額を超えるときは、当該現に食事療養に要した費用の額とする。）から、同項に規定する食事療養標準負担額（以下単に「食事療養標準負担額」という。）を控除した額とする。

(2) The expenses for Dietary Treatment for inpatients shall be calculated by deducting the amount of standard co-payment for Dietary Treatment set forth in Article 85, paragraph (2) of the Health Insurance Act (hereinafter simply referred to as "Standard Co-payment for Dietary Treatment") from the amount of expenses calculated for said Dietary Treatment in accordance with the standards set by the Minister of Health, Labour and Welfare pursuant to the provisions of the same paragraph (or, when said amount exceeds the amount of expenses actually incurred for said Dietary Treatment, the amount of expenses actually incurred for said Dietary Treatment).

3 被保険者が保険医療機関について食事療養を受けたときは、保険者は、その世帯主又は組合員が当該保険医療機関に支払うべき食事療養に要した費用について、入院時食事療養費として世帯主又は組合員に対し支給すべき額の限度において、世帯主又は組合員に代わり、当該保険医療機関に支払うことができる。

(3) When an insured person has received Dietary Treatment at or from a Health Insurance-Covered Medical Institution, the Insurer may, on behalf of the relevant Householder or Society member, pay to said Health Insurance-Covered Medical Institution expenses incurred for said Dietary Treatment payable by such Householder or Society member to said Health Insurance-Covered Medical Institution within the limit of the amount payable to such Householder or Society member as expenses for Dietary Treatment for inpatients.

4 前項の規定による支払があつたときは、世帯主又は組合員に対し入院時食事療養費

の支給があつたものとみなす。

(4) When a payment has been made pursuant to the provisions of the preceding paragraph, the Householder or Society member shall be deemed to have received expenses for Dietary Treatment for inpatients.

5 保険医療機関は、食事療養に要した費用につき、その支払を受ける際、当該支払をした世帯主又は組合員に対し、厚生労働省令の定めるところにより、領収証を交付しなければならない。

(5) Upon acceptance of a payment of expenses incurred for Dietary Treatment, the Health Insurance-Covered Medical Institution must, pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare, issue a receipt therefor to the Householder or Society member who makes such payment.

6 健康保険法第六十四条並びに本法第三十六条第三項、第四十条、第四十一条、第四十五条第三項から第八項まで及び第四十五条の二の規定は、保険医療機関について受けた食事療養及びこれに伴う入院時食事療養費の支給について準用する。この場合において、これらの規定に関し必要な技術的読替えは、政令で定める。

(6) The provisions of Article 64 of the Health Insurance Act and paragraph (3) of Article 36, Articles 40 and 41, paragraphs (3) through (8) of Article 45 and Article 45-2 of this Act shall apply mutatis mutandis to Dietary Treatment received at or from an Health Insurance-Covered Medical Institution and to the payment of expenses for Dietary Treatment for inpatients associated with such treatment. In this case, any technical replacement of terms necessary for these provisions shall be specified by Cabinet Order.

(入院時生活療養費)

(Living Expenses for Inpatients)

第五十二条の二 保険者は、特定長期入院被保険者が、自己の選定する保険医療機関について第三十六条第一項第五号に掲げる療養の給付と併せて受けた生活療養に要した費用について、世帯主又は組合員に対し、入院時生活療養費を支給する。ただし、当該特定長期入院被保険者の属する世帯の世帯主又は組合員が当該特定長期入院被保険者に係る被保険者資格証明書の交付を受けている間は、この限りでない。

Article 52-2 (1) With respect to Living Support expenses received by a Person Specified as Hospitalized Long-term and Insured in combination with the medical treatment listed in Article 36, paragraph (1), item (v) at or from the Health Insurance-Covered Medical Institution, etc. of said person's choice, the Insurer shall pay Living Support expenses for inpatients to the Householder or Society member of the household to which such Person Specified as Hospitalized Long-term and Insured belongs; provided, however, that this shall not apply during any period for which a health insurance certificate has been issued in respect of such Person Specified as Hospitalized Long-term and Insured to the Householder or Society member of the household to which such

Person Specified as Hospitalized Long-term and Insured belongs.

2 入院時生活療養費の額は、当該生活療養につき健康保険法第八十五条の二第二項の規定による厚生労働大臣の定める基準の例により算定した費用の額（その額が現に当該生活療養に要した費用の額を超えるときは、当該現に生活療養に要した費用の額とする。）から、同項に規定する生活療養標準負担額（以下「生活療養標準負担額」という。）を控除した額とする。

(2) The amount of Living Support expenses for inpatients shall be calculated by deducting the amount of Standard Co-payment for Dietary Treatment set forth in Article 85-2, paragraph (2) of the Health Insurance Act (hereinafter referred to as "Standard Living Expense Co-payment") from the Living Support expenses calculated in accordance with the standards set by the Minister of Health, Labour and Welfare pursuant to the provisions of the same paragraph (or, when said amount exceeds the actual amount of Living Support expenses, such actual amount of Living Support expenses).

3 健康保険法第六十四条並びに本法第三十六条第三項、第四十条、第四十一条、第四十五条第三項から第八項まで、第四十五条の二及び前条第三項から第五項までの規定は、保険医療機関について受けた生活療養及びこれに伴う入院時生活療養費の支給について準用する。この場合において、これらの規定に関し必要な技術的読替えは、政令で定める。

(3) The provisions of Article 64 of the Health Insurance Act and paragraph (3) of Article 36, Articles 40 and 41, paragraphs (3) through (8) of Article 45, Article 45-2 and paragraphs (3) through (5) of the preceding Article of this Act shall apply mutatis mutandis to Living Support received at or from a Health Insurance-Covered Medical Institution and to the payment of Living Support expenses for inpatients associated with such treatment. In this case, any technical replacement of terms necessary for these provisions shall be specified by Cabinet Order.

（保険外併用療養費）

(Medical Expenses Combined with Treatment Outside Insurance Coverage)

第五十三条 保険者は、被保険者が自己の選定する保険医療機関等について評価療養又は選定療養を受けたときは、世帯主又は組合員に対し、その療養に要した費用について、保険外併用療養費を支給する。ただし、当該被保険者の属する世帯の世帯主又は組合員が当該被保険者に係る被保険者資格証明書の交付を受けている間は、この限りでない。

Article 53 (1) When an insured person has received evaluation treatment or selective treatment at or from a Health Insurance-Covered Medical Institution, etc. of said person's choice, the Insurer shall pay medical expenses combined with treatment outside insurance coverage to the relevant Householder or Society member; provided, however, that this shall not apply during any period for which a health insurance certificate has been issued in respect of such

insured person to the Householder or Society member of the household to which such insured person belongs.

- 2 保険外併用療養費の額は、第一号に規定する額（当該療養に食事療養が含まれるときは、当該額及び第二号に規定する額の合算額、当該療養に生活療養が含まれるときは、当該額及び第三号に規定する額の合算額）とする。

(2) The amount of medical expenses combined with treatment outside insurance coverage shall be the amount specified in item (i) (or the aggregate of such amount and the amount specified in item (ii) or (iii) when such medical treatment includes Dietary Treatment and Living Support, respectively):

- 一 当該療養（食事療養及び生活療養を除く。）につき健康保険法第八十六条第二項第一号の規定による厚生労働大臣の定め例により算定した費用の額（その額が現に当該療養に要した費用の額を超えるときは、当該現に療養に要した費用の額とする。）から、その額に第四十二条第一項各号の区分に応じ、同項各号に掲げる割合（第四十三条第一項の規定により一部負担金の割合が減ぜられたときは、当該減ぜられた割合とする。）を乗じて得た額（療養の給付に係る第四十二条第一項の一部負担金について第四十四条第一項各号の措置が採られるべきときは、当該措置が採られたものとした場合の額とする。）を控除した額

(i) the amount calculated by deducting, from the amount of expenses calculated for such medical treatment (excluding Dietary Treatment and Living Support) in accordance with the rules prescribed by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 86, paragraph (2), item (i) of the Health Insurance Act (or, when said amount exceeds the amount of expenses actually incurred in such medical treatment, such amount of expenses actually incurred in such medical treatment), the amount obtained by multiplying such amount by the applicable ratio listed in the items of paragraph (1) of Article 42, in accordance with the categories listed in the items of the same paragraph (or, where the ratio for co-payment has been reduced pursuant to the provisions of Article 43, paragraph (1), the ratio after such reduction) (or, if any of the measures listed in the items of paragraph (1) of Article 44 needs to be taken with respect to the co-payment set forth in Article 42, paragraph (1) for benefits for medical treatment, the amount calculated as if the relevant measures were taken);

- 二 当該食事療養につき健康保険法第八十五条第二項の規定による厚生労働大臣の定める基準の例により算定した費用の額（その額が現に当該食事療養に要した費用の額を超えるときは、当該現に食事療養に要した費用の額とする。）から、食事療養標準負担額を控除した額

(ii) the amount calculated by deducting the amount of Standard Co-payment for Dietary Treatment from the amount calculated for such Dietary Treatment in accordance with the standards set by the Minister of Health, Labour and Welfare pursuant to the provisions of the Article 85, paragraph (2) of the Health Insurance Act (or, when said amount exceeds the amount of

expenses actually incurred for such Dietary Treatment, such amount of expenses actually incurred for such Dietary Treatment);

三 当該生活療養につき健康保険法第八十五条の二第二項の規定による厚生労働大臣の定める基準の例により算定した費用の額（その額が現に当該生活療養に要した費用の額を超えるときは、当該現に生活療養に要した費用の額とする。）から、生活療養標準負担額を控除した額

(iii) the amount calculated by deducting the amount of Standard Co-payment for Living Support from the amount calculated for such Living Support in accordance with the standards set by the Minister of Health, Labour and Welfare pursuant to the provisions of the Article 85-2, paragraph (2) of the Health Insurance Act (or, when said amount exceeds the amount of expenses actually incurred in such Living Support, such amount of expenses actually incurred in such Living Support).

3 健康保険法第六十四条並びに本法第三十六条第三項、第四十条、第四十一条、第四十五条第三項から第八項まで、第四十五条の二及び第五十二条第三項から第五項までの規定は、保険医療機関等について受けた評価療養及び選定療養並びにこれらに伴う保険外併用療養費の支給について準用する。この場合において、これらの規定に関し必要な技術的読替えは、政令で定める。

(3) The provisions of Article 64 of the Health Insurance Act and paragraph (3) of Article 36, Articles 40 and 41, paragraphs (3) through (8) of Article 45, Article 45-2 and paragraphs (3) through (5) of Article 52 of this Act shall apply mutatis mutandis to evaluation treatment and selective treatment received at or from a Health Insurance-Covered Medical Institution, etc. and to the payment of medical expenses combined with treatment outside insurance coverage associated with such treatment. In this case, any technical replacement of terms necessary for these provisions shall be specified by Cabinet Order.

4 第四十二条の二の規定は、前項において準用する第五十二条第三項の場合において当該療養につき第二項の規定により算定した費用の額（その額が現に療養に要した費用の額を超えるときは、当該現に療養に要した費用の額とする。）から当該療養に要した費用について保険外併用療養費として支給される額に相当する額を控除した額の支払について準用する。

(4) The provisions of Article 42-2 shall apply mutatis mutandis to the payment of the amount calculated by deducting the amount payable as medical expenses combined with treatment outside insurance coverage with respect to expenses incurred in the relevant medical treatment from the amount of expenses calculated for such medical treatment pursuant to the provisions of paragraph (2) in the case set forth in Article 52, paragraph (3) as applied mutatis mutandis pursuant to the preceding paragraph (or, when said amount exceeds the amount of expenses actually incurred in such medical treatment, said amount of expenses actually incurred in such medical treatment).

(療養費)

(Medical Expenses)

第五十四条 保険者は、療養の給付若しくは入院時食事療養費、入院時生活療養費若しくは保険外併用療養費の支給（以下この項及び次項において「療養の給付等」という。）を行うことが困難であると認めるとき、又は被保険者が保険医療機関等以外の病院、診療所若しくは薬局その他の者について診療、薬剤の支給若しくは手当を受けた場合において、保険者がやむを得ないものと認めるときは、療養の給付等に代えて、療養費を支給することができる。ただし、当該被保険者の属する世帯の世帯主又は組合員が当該被保険者に係る被保険者資格証明書の交付を受けている間は、この限りでない。

Article 54 (1) When an Insurer finds it difficult to pay benefits for medical treatment or expenses for Dietary Treatment for inpatients, Living Support expenses for inpatients or medical expenses combined with treatment outside insurance coverage (hereinafter referred to as a "Benefits for Medical Treatment, etc." in this paragraph and the following paragraph) or finds it unavoidable in cases where an insured person has received any medical care, medication or treatment at or from a hospital, clinic, pharmacy or any other person other than a Health Insurance-Covered Medical Institution, etc., it may pay medical expenses in lieu of Benefits for Medical Treatment, etc.; provided, however, that this shall not apply during any period for which a health insurance certificate has been issued in respect of such insured person to the Householder or Society member of the household to which such insured person belongs.

2 保険者は、被保険者が被保険者証を提出しないで保険医療機関等について診療又は薬剤の支給を受けた場合において、被保険者証を提出しなかつたことが、緊急その他やむを得ない理由によるものと認めるときは、療養の給付等に代えて、療養費を支給するものとする。ただし、当該被保険者の属する世帯の世帯主又は組合員が当該被保険者に係る被保険者資格証明書の交付を受けている間は、この限りでない。

(2) Where an insured person has received any medical care or medication at or from a Health Insurance-Covered Medical Institution, etc. without submitting their health insurance card and when the Insurer finds that such insured person's failure to submit said health insurance card was due to an emergency or any other unavoidable reason, the Insurer shall pay medical expenses in lieu of Benefits for Medical Treatment, etc.; provided, however, that this shall not apply during any period for which a health insurance certificate has been issued in respect of such insured person to the Householder or Society member of the household to which such insured person belongs.

3 療養費の額は、当該療養（食事療養及び生活療養を除く。）について算定した費用の額から、その額に第四十二条第一項各号の区分に応じ、同項各号に掲げる割合を乗じて得た額を控除した額及び当該食事療養又は生活療養について算定した費用の額か

ら食事療養標準負担額又は生活療養標準負担額を控除した額を基準として、保険者が定める。

- (3) The amount of medical expenses shall be determined by the Insurer based on:
- (a) the amount calculated by deducting, from the amount calculated for such medical treatment (excluding Dietary Treatment and Living Support), the amount calculated by multiplying such amount by the applicable ratio listed in the items of paragraph (1) of Article 42, in accordance with the categories listed in the items of the same paragraph; and
 - (b) the amount calculated by deducting, from the amount of expenses calculated for such Dietary Treatment or Living Support, the amount of Standard Co-payment for Dietary Treatment or Standard Co-payment for Living Support, respectively.

4 前項の費用の額の算定については、療養の給付を受けるべき場合においては第四十五条第二項の規定を、入院時食事療養費の支給を受けるべき場合においては第五十二条第二項の規定を、入院時生活療養費の支給を受けるべき場合においては第五十二条の二第二項の規定を、保険外併用療養費の支給を受けるべき場合においては前条第二項の規定を準用する。ただし、その額は、現に療養に要した費用の額を超えることができない。

- (4) In calculating the amount of expenses set forth in the preceding paragraph, the provisions of Article 45, paragraph (2) shall apply mutatis mutandis to cases where benefit for medical treatment shall be received, those of Article 52, paragraph (2) shall apply mutatis mutandis to cases where expenses for Dietary Treatment for inpatients shall be received, those of Article 52-2, paragraph (2) shall apply mutatis mutandis to cases where expenses for Living Support for inpatients shall be received, and those of paragraph (2) of the preceding Article shall apply mutatis mutandis to cases where medical expenses combined with treatment outside insurance coverage shall be received; provided, however, that such amount shall not exceed the amount of expenses actually incurred in the relevant medical treatment.

(訪問看護療養費)

(Medical Expenses for Home-Nursing)

第五十四条の二 保険者は、被保険者が指定訪問看護事業者（健康保険法第八十八条第一項に規定する指定訪問看護事業者をいう。以下同じ。）について指定訪問看護（同項に規定する指定訪問看護をいう。以下同じ。）を受けたときは、世帯主又は組合員に対し、その指定訪問看護に要した費用について、訪問看護療養費を支給する。ただし、当該被保険者の属する世帯の世帯主又は組合員が当該被保険者に係る被保険者資格証明書の交付を受けている間は、この限りでない。

Article 54-2 (1) When an insured person has received any designated home-nursing (meaning the designated home-nursing as set forth in Article 86, paragraph (1) of the Health Insurance Act; hereinafter the same shall apply) at or from a designated home-nursing provider (meaning the designated home-

nursing provider as set forth in the same paragraph; hereinafter the same shall apply), the Insurer shall pay a medical expenses for home-nursing with respect to expenses incurred in such designated home-nursing to the relevant Householder or Society member; provided, however, that this shall not apply during any period for which a health insurance certificate has been issued in respect of such insured person to the Householder or Society member of the household to which such insured person belongs.

2 前項の訪問看護療養費は、厚生労働省令の定めるところにより保険者が必要と認める場合に限り、支給するものとする。

(2) The medical expenses for home-nursing set forth in the preceding paragraph shall be paid only if the Insurer finds it necessary pursuant to the provisions of Ordinance of Ministry of Health, Labour and Welfare.

3 被保険者が指定訪問看護を受けようとするときは、自己の選定する指定訪問看護事業者に被保険者証を提出して、そのものについて受けるものとする。

(3) When an insured person intends to receive designated home-nursing, said person shall submit their health insurance card to the designated home-nursing provider of their choice and shall receive such service at or from such designated home-nursing provider.

4 訪問看護療養費の額は、当該指定訪問看護につき健康保険法第八十八条第四項の規定による厚生労働大臣の定め例により算定した費用の額から、その額に第四十二条第一項各号の区分に応じ、同項各号に掲げる割合（第四十三条第一項の規定により一部負担金の割合が減ぜられたときは、当該減ぜられた割合とする。）を乗じて得た額（療養の給付について第四十四条第一項各号の措置が採られるべきときは、当該措置が採られたものとした場合の額とする。）を控除した額とする。

(4) The amount of medical expenses for home-nursing shall be calculated by deducting, from the amount calculated for such designated home-nursing in accordance with the rules prescribed by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 88, paragraph (4) of the Health Insurance Act, the amount calculated by multiplying such amount by the applicable ratio listed in the items of paragraph (1) of Article 42, in accordance with the categories listed in the items of the same paragraph (or, when the ratio for co-payment has been reduced pursuant to the provisions of Article 43, paragraph (1), the ratio after such reduction) (or, when any of the measures listed in the items of paragraph (1) of Article 44 needs be taken with respect to the co-payment set forth in Article 42, paragraph (1) for benefits for the medical treatment, the amount calculated as if the relevant measures were taken).

5 被保険者が指定訪問看護事業者について指定訪問看護を受けたときは、保険者は、その世帯主又は組合員が当該指定訪問看護事業者に支払うべき当該指定訪問看護に要した費用について、訪問看護療養費として世帯主又は組合員に対し支給すべき額の限度において、世帯主又は組合員に代わり、当該指定訪問看護事業者に支払うことがで

きる。

(5) When an insured person has received designated home-nursing at or from a designated home-nursing provider, the Insurer may, on behalf of the relevant Householder or Society member, pay to such designated home-nursing provider expenses incurred in such designated home-nursing payable by such Householder or Society member to said designated home-nursing provider, within the limit of the amount payable to such Householder or Society member as medical expenses for home-nursing.

6 前項の規定による支払があつたときは、世帯主又は組合員に対し訪問看護療養費の支給があつたものとみなす。

(6) When a payment is made pursuant to the provisions of the preceding paragraph, the Householder or Society member shall be deemed to have received medical expenses for home-nursing.

7 第四十二条の二の規定は、第五項の場合において第四項の規定により算定した費用の額から当該指定訪問看護に要した費用について訪問看護療養費として支給される額に相当する額を控除した額の支払について準用する。

(7) The provisions of Article 42-2 shall apply mutatis mutandis to the payment of the amount calculated by deducting, from the amount of expenses calculated pursuant to the provisions of paragraph (4) in the case set forth in paragraph (5), the amount payable as medical expenses for home-nursing with respect to expenses incurred in the relevant designated home-nursing.

8 指定訪問看護事業者は、指定訪問看護に要した費用につき、その支払を受ける際、当該支払をした世帯主又は組合員に対し、厚生労働省令の定めるところにより、領収証を交付しなければならない。

(8) Upon acceptance of the payment of expenses incurred in designated home-nursing, the designated home-nursing provider must, pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare, issue a receipt therefor to the Householder or Society member who makes such payment.

9 保険者は、指定訪問看護事業者から訪問看護療養費の請求があつたときは、第四項に規定する額の算定方法及び次項に規定する準則に照らして審査した上、支払うものとする。

(9) Upon receipt of a claim by a designated home-nursing provider for a medical expenses for home-nursing, the Insurer shall make payment after conducting an examination according to the method for calculating the amount set forth in paragraph (4) and the rules set forth in the following paragraph.

10 指定訪問看護事業者が、国民健康保険の指定訪問看護を提供する場合の準則については、健康保険法第九十二条第二項に規定する指定訪問看護の事業の運営に関する基準（指定訪問看護の取扱いに関する部分に限る。）の例によるものとし、これにより難しいとき又はよることが適当と認められないときの準則については、厚生労働省令で定める。

(10) The rules for cases where a designated home-nursing provider provides designated home-nursing under a national health insurance program shall be governed by the standards for the operation of a designated home-nursing provider prescribed in Article 92, paragraph (2) of the Health Insurance Act (limited to the provisions concerning the handling of designated home-nursing) and, when it is difficult or is not found appropriate for said standards to govern such rules, said rules shall be prescribed by Ordinance of the Ministry of Health, Labour and Welfare.

1 1 指定訪問看護は、第三十六条第一項各号に掲げる療養に含まれないものとする。

(11) No designated home-nursing shall be included in any of the types of medical treatment listed in the items of paragraph (1) of Article 36.

1 2 健康保険法第九十二条第三項及び本法第四十五条第五項から第八項までの規定は、指定訪問看護事業者について受けた指定訪問看護及びこれに伴う訪問看護療養費の支給について準用する。この場合において、これらの規定に関し必要な技術的読替えは、政令で定める。

(12) The provisions of paragraph (3) of Article 92 of the Health Insurance Act and paragraphs (5) through (8) of Article 45 of this Act shall apply mutatis mutandis to designated home-nursing received at or from a designated home-nursing provider and the payment of medical expenses for home-nursing associated with such service. In this case, any technical replacement of terms necessary for these provisions shall be specified by Cabinet Order.

(厚生労働大臣又は都道府県知事の指導)

(Guidance by the Minister of Health, Labour and Welfare and Prefectural Governors)

第五十四条の二の二 指定訪問看護事業者及び当該指定に係る事業所の看護師その他の従業者は、指定訪問看護に関し、厚生労働大臣又は都道府県知事の指導を受けなければならない。

Article 54-2-2 Guidance by the Minister of Health, Labour and Welfare or prefectural governors must be received by each designated home-nursing provider and nurses and other employees at the office relevant to its designation with respect to designated home-nursing.

(報告等)

(Reports, etc.)

第五十四条の二の三 厚生労働大臣又は都道府県知事は、訪問看護療養費の支給に関して必要があると認めるときは、指定訪問看護事業者又は指定訪問看護事業者であつた者若しくは当該指定に係る事業所の看護師その他の従業者であつた者（以下この項において「指定訪問看護事業者であつた者等」という。）に対し報告若しくは帳簿書類の提出若しくは提示を命じ、指定訪問看護事業者若しくは当該指定に係る事業所の看護師その他の従業者（指定訪問看護事業者であつた者等を含む。）に対し出頭を求め、

又は当該職員に関係者に対して質問させ、若しくは当該指定訪問看護事業者の当該指定に係る事業所について帳簿書類その他の物件を検査させることができる。

Article 54-2-3 (1) When the Minister of Health, Labour and Welfare or a prefectural governor finds it necessary in relation to the payment of medical expenses for home-nursing, said minister or governor may order a designated home-nursing provider or an entity which was a designated home-nursing provider or any of the persons who were nurses or other employees at the office relevant to such designation (hereinafter referred to as a "Former Designated Home-nursing Business, etc." in this paragraph) to make a report or submit or present the books and other documents, may request a designated home-nursing provider or nurses or other employees at the office relevant to its designation (including Former Designated Home-nursing Businesses, etc.) to appear, or may have personnel question persons involved or inspect the books and other documents or other articles of such designated home-nursing provider at the office relevant to its designation.

2 第四十五条の二第二項の規定は、前項の規定による質問又は検査について、同条第三項の規定は、前項の規定による権限について準用する。

(2) The provisions of Article 45-2, paragraph (2) shall apply mutatis mutandis to questions asked or inspections conducted pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (3) of the same Article shall apply mutatis mutandis to the authority under the provisions of the preceding paragraph.

3 都道府県知事は、指定訪問看護事業者につきこの法律による指定訪問看護に関し健康保険法第九十五条の規定による処分が行われる必要があると認めるときは、理由を付して、その旨を厚生労働大臣に通知しなければならない。

(3) When a prefectural governor finds it necessary that a disposition be made pursuant to the provisions of Article 95 of the Health Insurance Act with respect to a designated home-nursing provider in relation to designated home-nursing provided under this Act, said governor must notify the Minister of Health, Labour and Welfare thereof, together with the reason therefor.

(特別療養費)

(Special Medical Expenses)

第五十四条の三 保険者は、世帯主又は組合員がその世帯に属する被保険者に係る被保険者資格証明書の交付を受けている場合において、当該被保険者が保険医療機関等又は指定訪問看護事業者について療養を受けたときは、世帯主又は組合員に対し、その療養に要した費用について、特別療養費を支給する。

Article 54-3 (1) In cases where a health insurance certificate for an insured person has been issued to the Householder or Society member of the household to which such insured person belongs and where said insured person has received medical treatment at or from a Health Insurance-Covered Medical

Institution, etc. or a designated home-nursing provider, the Insurer shall pay to the Householder or Society Member special medical expenses with respect to expenses incurred for such medical treatment.

2 健康保険法第六十四条並びに本法第三十六条第三項、第四十条、第四十一条、第四十五条第三項、第四十五条の二、第五十二条第五項、第五十三条第二項、第五十四条の二第三項、第八項及び第十項、第五十四条の二の二並びに前条の規定は、保険医療機関等又は指定訪問看護事業者について受けた特別療養費に係る療養及びこれに伴う特別療養費の支給について準用する。この場合において、第五十三条第二項中「保険外併用療養費の額」とあるのは「特別療養費の額」と、「健康保険法第八十六条第二項第一号」とあるのは「、被保険者証が交付されているならば療養の給付を受けることができる場合は健康保険法第七十六条第二項の規定による厚生労働大臣の定めの場合により、被保険者証が交付されているならば保険外併用療養費の支給を受けることができる場合は同法第八十六条第二項第一号の規定による厚生労働大臣の定めの場合により、被保険者証が交付されているならば訪問看護療養費の支給を受けることができる場合は同法第八十八条第四項」と読み替えるほか、その他の規定に関し必要な技術的読替えは、政令で定める。

(2) The provisions of Article 64 of the Health Insurance Act and paragraph (3) of Article 36, Articles 40 and 41, paragraph (3) of Article 45, Article 45-2, paragraph (5) of Article 52, paragraph (2) of Article 53, paragraphs (3), (8) and (10) of Article 54-2, Article 54-2-2 and the preceding Article of this Act shall apply mutatis mutandis to medical treatment covered by special medical expenses received at or from a Health Insurance-Covered Medical Institution, etc. or a designated home-nursing provider and to the payment of special medical expenses associated with such medical treatment. In this case, the phrase "The amount of medical expenses combined with treatment outside insurance coverage" in Article 53, paragraph (2) shall be deemed to be replaced with "The amount of special medical expenses" and the phrase "Article 86, paragraph (2), item (i) of the Health Insurance Act" in the same paragraph shall be deemed to be replaced with "Article 76, paragraph (2) of the Health Insurance Act if the insured person were eligible for benefits for medical treatment had a health insurance card for said insured person been issued, or those prescribed by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 86, paragraph (2), item (i) of the same Act if the insured person were eligible for payment of medical expenses combined with treatment outside insurance coverage had a health insurance card for said person been issued, or those prescribed by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 88, paragraph (4) of the same Act if the insured person were eligible for payment of medical expenses for home-nursing had a health insurance card for said person been issued," and any technical replacement of terms necessary for the other provisions shall be specified by Cabinet Order.

3 第一項に規定する場合において、当該世帯主又は組合員に対し当該被保険者に係る被保険者証が交付されているとすれば第五十四条第一項の規定が適用されることとなるときは、保険者は、療養費を支給することができる。

(3) In the case set forth in paragraph (1), the Insurer may pay medical expenses if the provisions of Article 54, paragraph (1) were applicable, had a health insurance card for such insured person been issued to such Householder or Society member.

4 第一項に規定する場合において、被保険者が被保険者資格証明書を提出しないで保険医療機関等について診療又は薬剤の支給を受け、被保険者資格証明書を提出しなかったことが、緊急その他やむを得ない理由によるものと認めるときは、保険者は、療養費を支給するものとする。

(4) In the case set forth in paragraph (1), when the insured person has received any medical care or medication at or from a Health Insurance-Covered Medical Institution, etc. without submitting their health insurance certificate and when the Insurer finds that such insured person's failure to submit their health insurance certificate was due to an emergency situation or any other unavoidable reason, the Insurer shall pay medical expenses.

5 第五十四条第三項及び第四項の規定は、前二項の規定による療養費について準用する。この場合において、同条第四項中「療養の給付を受けるべき場合」とあるのは「被保険者証が交付されているならば療養の給付を受けることができる場合」と、「入院時食事療養費の支給を受けるべき場合」とあるのは「被保険者証が交付されているならば入院時食事療養費の支給を受けることができる場合」と、「入院時生活療養費の支給を受けるべき場合」とあるのは「被保険者証が交付されているならば入院時生活療養費の支給を受けることができる場合」と、「保険外併用療養費の支給を受けるべき場合」とあるのは「被保険者証が交付されているならば保険外併用療養費の支給を受けることができる場合」と読み替えるものとする。

(5) The provisions of paragraphs (3) and (4) of Article 54 shall apply mutatis mutandis to any medical expenses payable pursuant to the provisions of the two preceding paragraphs. In this case, the phrase "cases where benefit for medical treatment shall be received" in paragraph (4) of the same Article shall be deemed to be replaced with "cases where the insured person is eligible for benefit for medical treatment, had a health insurance card for said insured person been issued," the phrase "cases where Dietary Treatment expenses for inpatients shall be received" in the same paragraph shall be deemed to be replaced with "cases where the insured person is eligible for Dietary Treatment expenses for inpatients, had an health insurance card for said person been issued," the phrase "cases where Living Support expenses for inpatients shall be received" in the same paragraph shall be deemed to be replaced with "cases where the insured person is eligible for Living Support expenses for inpatients, had a health insurance card for said person been issued," the phrase "cases where a medical expenses combined with treatment outside insurance coverage

shall be received" in the same paragraph shall be deemed to be replaced with "cases where the insured person is eligible for medical expenses combined with treatment outside insurance coverage, had a health insurance card for said person been issued".

(移送費)

(Transport Expenses)

第五十四条の四 保険者は、被保険者が療養の給付（保険外併用療養費に係る療養及び特別療養費に係る療養を含む。）を受けるため病院又は診療所に移送されたときは、世帯主又は組合員に対し、移送費として、厚生労働省令の定めるところにより算定した額を支給する。

Article 54-4 (1) When an insured person has been transported to a hospital or clinic in order to receive medical treatment (including medical treatment covered by a medical expenses combined with treatment outside insurance coverage or by special medical expenses), the Insurer shall pay, as transport expenses, an amount calculated pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare to the relevant Householder or Society member.

2 前項の移送費は、厚生労働省令の定めるところにより保険者が必要であると認める場合に限り、支給するものとする。

(2) The transport expenses as referred to in the preceding paragraph shall be paid only if the Insurer finds it necessary pursuant to the provisions of Ordinance of Ministry of Health, Labour and Welfare.

(被保険者が日雇労働者又はその被扶養者となつた場合)

(Cases Where an Insured Person Has Become a Day Worker or a Dependent Thereof)

第五十五条 被保険者が第六条第七号に該当するに至つたためその資格を喪失した場合において、その資格を喪失した際現に療養の給付、入院時食事療養費に係る療養、入院時生活療養費に係る療養、保険外併用療養費に係る療養、訪問看護療養費に係る療養若しくは特別療養費に係る療養又は介護保険法（平成九年法律第百二十三号）の規定による居宅介護サービス費に係る指定居宅サービス（同法第四十一条第一項に規定する指定居宅サービスをいう。）（療養に相当するものに限る。）、特例居宅介護サービス費に係る居宅サービス（同法第八条第一項に規定する居宅サービスをいう。）若しくはこれに相当するサービス（これらのサービスのうち療養に相当するものに限る。）、地域密着型介護サービス費に係る指定地域密着型サービス（同法第四十二条の二第一項に規定する指定地域密着型サービスをいう。）（療養に相当するものに限る。）、特例地域密着型介護サービス費に係る地域密着型サービス（同法第八条第十四項に規定する地域密着型サービスをいう。）若しくはこれに相当するサービス（これらのサービスのうち療養に相当するものに限る。）、施設介護サービス費に係る指定施設サービス等（同法第四十八条第一項に規定する指定施設サービス等をいう。）

(療養に相当するものに限る。)、特例施設介護サービス費に係る施設サービス(同法第八条第二十五項に規定する施設サービスをいう。)(療養に相当するものに限る。)、介護予防サービス費に係る指定介護予防サービス(同法第五十三条第一項に規定する指定介護予防サービスをいう。)(療養に相当するものに限る。)若しくは特例介護予防サービス費に係る介護予防サービス(同法第八条の二第一項に規定する介護予防サービスをいう。)若しくはこれに相当するサービス(これらのサービスのうち療養に相当するものに限る。)を受けていたときは、その者は、当該疾病又は負傷及びこれによつて発した疾病について当該保険者から療養の給付、入院時食事療養費の支給、入院時生活療養費の支給、保険外併用療養費の支給、訪問看護療養費の支給、特別療養費の支給又は移送費の支給を受けることができる。

Article 55 (1) In cases where an insured person has lost eligibility as such as a result of falling under Article 6, item (vii) and where, at the time of loss of such eligibility, said person actually receives benefit for medical treatment, any medical treatment covered by expenses for Dietary Treatment for inpatients, any medical treatment covered by expenses for Living Support for inpatients, any medical treatment covered by expenses for medical treatment combined with treatment outside insurance coverage, any medical treatment covered by medical expenses for home-nursing or any medical treatment covered by a special medical expenses, or any Designated In-Home Service covered by expenses for In-Home Long-Term Care Service pursuant to the provisions of the Long-Term Care Insurance Act (Act No. 123 of 1997) (meaning the Designated In-Home Service as set forth in Article 41, paragraph (1) of the same Act) (limited to any such service equivalent to medical treatment), any In-Home Service covered by an Exceptional Allowance for In-Home Long-Term Care Service (meaning the In-Home Service as set forth in Article 8, paragraph (1) of the same Act) or any service equivalent thereto (of these services, limited to those equivalent to medical treatment), any Designated Community-Based Service covered by expenses for Community-Based Long-Term Care Service (meaning the Designated Community-Based Service as set forth in Article 42-2, paragraph (1) of the same Act) (limited to any such service equivalent to medical service), any Community-Based Service covered by an Exceptional Allowance for Community-Based Long-Term Care Service (meaning the Community-Based Service as set forth in Article 8, paragraph (14) of the same Act) or any service equivalent thereto (of these services, limited to those equivalent to medical treatment), any Designated Facility Service, etc. covered by expenses for Long-Term Care Facility Service (meaning the Designated Facility Service, etc. as set forth in Article 48, paragraph (1) of the same Act) (limited to any such service equivalent to medical service), any Facility Service covered by an Exceptional Allowance for Long-Term Care Facility Service (meaning the Facility Service as set forth in Article 8, paragraph (25) of the same Act) (limited to any such service equivalent to medical treatment), any

Designated Preventive Service of Long-Term Care covered by expenses for Preventive Service of Long-Term Care (meaning the Designated Preventive Service of Long-Term Care as set forth in Article 53, paragraph (1) of the same Act) (limited to any such service equivalent to medical treatment), or any Preventive Long-Term Care Service covered by an Exceptional Allowance for Preventive Service of Long-Term Care (meaning the Preventive Long-Term Care Service as set forth in Article 8-2, paragraph (1) of the same Act) or any service equivalent thereto (of these services, limited to those equivalent to medical treatment), then such person may receive from the relevant Insurer benefits for medical treatment, expenses for Dietary Treatment for inpatients, expenses for Living Support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses for home-nursing, special medical expenses or transportation expenses with respect to the relevant illness or injury and any illness arising therefrom.

2 前項の規定による療養の給付、入院時食事療養費の支給、入院時生活療養費の支給、保険外併用療養費の支給、訪問看護療養費の支給、特別療養費の支給又は移送費の支給は、次の各号のいずれかに該当するに至ったときは、行わない。

(2) Payment of benefits for medical treatment, expenses for Dietary Treatment for inpatients, expenses for Living Support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses for home-nursing, special medical expenses or transportation expenses under the provisions of the preceding paragraph shall not be made when any of the events listed in the following items has occurred:

一 当該疾病又は負傷につき、健康保険法第五章の規定による療養の給付、入院時食事療養費の支給、入院時生活療養費の支給、保険外併用療養費の支給、訪問看護療養費の支給、移送費の支給、家族療養費の支給、家族訪問看護療養費の支給又は家族移送費の支給を受けることができるに至ったとき。

(i) when the relevant person has become eligible for payment of benefits for medical treatment, expenses for Dietary Treatment for inpatients, expenses for Living Support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses for home-nursing, transport expenses, dependent medical expenses, dependent medical expenses for home-nursing or dependent transport expenses pursuant to the provisions of Chapter V of the Health Insurance Act with respect to the relevant illness or injury;

二 その者が、第六条第一号から第六号まで、第八号、第九号又は第十一号のいずれかに該当するに至ったとき。

(ii) when the relevant person has fallen under any of items (i) through (vi) or items (viii), (ix) or (xi) of Article 6;

三 その者が、他の保険者の被保険者となつたとき。

(iii) when the relevant person has become an insured person covered by

another Insurer;

四 被保険者の資格を喪失した日から起算して六箇月を経過したとき。

(iv) when six months have elapsed since the day on which the relevant person lost eligibility as an insured person.

3 第一項の規定による療養の給付、入院時食事療養費の支給、入院時生活療養費の支給、保険外併用療養費の支給、訪問看護療養費の支給、特別療養費の支給又は移送費の支給は、当該疾病又は負傷につき、健康保険法第五章の規定による特別療養費の支給又は移送費の支給若しくは家族移送費の支給を受けることができる間は、行わない。

(3) Payment of benefits for medical treatment, expenses for Dietary Treatment for inpatients, expenses for Living Support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses for home-nursing, special medical expenses or transportation expenses under the provisions of paragraph (1) shall not be made during any period in which the relevant person is eligible for payment of a special medical expenses or transport expenses or dependent transport expenses pursuant to the provisions of Chapter V of the Health Insurance Act with respect to the relevant illness or injury.

4 第一項の規定による療養の給付、入院時食事療養費の支給、入院時生活療養費の支給、保険外併用療養費の支給、訪問看護療養費の支給又は特別療養費の支給は、当該疾病又は負傷につき、介護保険法の規定によりそれぞれの給付に相当する給付を受けることができる場合には、行わない。

(4) Payment of benefits for medical treatment, expenses for Dietary Treatment for inpatients, expenses for Living Support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses for home-nursing or a special medical expenses under the provisions of paragraph (1) shall not be made in cases where the relevant person is eligible for any benefit corresponding to each of the above benefits pursuant to the provisions of the Long-Term Care Insurance Act with respect to the relevant illness or injury.

(他の法令による医療に関する給付との調整)

(Coordination with Benefits Relating to Medical Services Provided by Other Laws and Regulations)

第五十六条 療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、訪問看護療養費、特別療養費若しくは移送費の支給は、被保険者の当該疾病又は負傷につき、健康保険法、船員保険法、国家公務員共済組合法（他の法律において準用し、又は例による場合を含む。）、地方公務員等共済組合法若しくは高齢者の医療の確保に関する法律の規定によつて、医療に関する給付を受けることができる場合又は介護保険法の規定によつて、それぞれの給付に相当する給付を受けることができる場合には、行わない。労働基準法（昭和二十二年法律第四十九号）の規定による療養補償、労働者災害補償保険法（昭和二十二年法律第五十号）の規定による療養補償給付若し

くは療養給付、国家公務員災害補償法（昭和二十六年法律第九十一号。他の法律において準用する場合を含む。）の規定による療養補償、地方公務員災害補償法（昭和四十二年法律第二百一十一号）若しくは同法に基づく条例の規定による療養補償その他政令で定める法令による医療に関する給付を受けることができるとき、又はこれらの法令以外の法令により国若しくは地方公共団体の負担において医療に関する給付が行われたときも、同様とする。

Article 56 (1) Payment of benefits for medical treatment or expenses for Dietary Treatment for inpatients, expenses for Living Support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses for home-nursing, special medical expenses or transportation expenses shall not be made in cases where the insured person is eligible for any benefit relating to medical services pursuant to the provisions of the Health Insurance Act, the Seaman's Insurance Act, the National Public Servants Mutual Aid Association Act (including cases where applied mutatis mutandis pursuant to other Acts or where the same rule governs), the Local Public Care Service Mutual Aid Association Act or the Act on Assurance of Medical Care for Elderly People or where said person is eligible for any benefit corresponding to each of the above benefits pursuant to the provisions of the Long-Term Care Insurance Act, in each case with respect to said person's relevant illness or injury. The same shall apply when such person is eligible for any medical compensation pursuant to the provisions of the Labor Standards Act (Act No. 49 of 1947), any medical compensation benefits or medical treatment benefits under the provisions of the Industrial Accident Compensation Insurance Act (Act No. 50 of 1947), any medical compensation under the provisions of the National Public Servants Accident Compensation Act (Act No. 191 of 1951; including cases where applied mutatis mutandis pursuant to any other Act), any medical compensation under the provisions of the Local Public Officers Accident Compensation Act (Act No. 121 of 1967) or a Prefectural or Municipal Ordinance under the same Act or any other benefit relating to medical services under any law or regulation as prescribed by Cabinet Order, or when any benefit relating to medical care is provided at the expense of the national or local government pursuant to any law or regulation other than these laws and regulations.

2 保険者は、前項に規定する法令による給付が医療に関する現物給付である場合において、その給付に関し一部負担金の支払若しくは実費徴収が行われ、かつ、その一部負担金若しくは実費徴収の額が、その給付がこの法律による療養の給付として行われたものとした場合におけるこの法律による一部負担金の額（第四十三条第一項の規定により第四十二条第一項の一部負担金の割合が減ぜられているときは、その減ぜられた割合による一部負担金の額）を超えるとき、又は前項に規定する法令（介護保険法を除く。）による給付が医療費の支給である場合において、その支給額が、当該療養につきこの法律による入院時食事療養費、入院時生活療養費、保険外併用療養費、療

養費、訪問看護療養費、特別療養費又は移送費の支給をすべきものとした場合における入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、特別療養費又は移送費の額に満たないときは、それぞれその差額を当該被保険者に支給しなければならない。

(2) In cases where expenses under any law or regulation set forth in the preceding paragraph shall be provided by way of performance in kind relating to medical services and when any co-payment is made or actual costs are collected in relation to such benefit and when the amount of such co-payment or actual costs collected exceeds the amount of co-payment which would have been required under this Act had such benefit been provided as benefits for medical treatment pursuant to this Act (or, when the applicable ratio for co-payment set forth in Article 42, paragraph (1) has been reduced pursuant to the provisions of Article 43, paragraph (1), the amount of co-payment calculated in accordance with the ratio after such reduction), or in cases where expenses under any law or regulation set forth in the preceding paragraph (excluding the Long-Term Care Insurance Act) shall be provided by way of payment of medical expenses and when the amount of such payment is less than the amount of expenses for Dietary Treatment for inpatients, expenses for Living Support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, special medical expenses or transport allowance which would have been payable had expenses for Dietary Treatment for inpatients, expenses for Living Support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, special medical expenses or transport expenses been required pursuant to this Act with respect to the relevant medical treatment, then the Insurer shall pay to the insured person the difference between the relevant amounts in each case.

3 前項の場合において、被保険者が保険医療機関等について当該療養を受けたときは、保険者は、同項の規定により被保険者に支給すべき額の限度において、当該被保険者が保険医療機関等に支払うべき当該療養に要した費用を、当該被保険者に代わつて保険医療機関等に支払うことができる。ただし、当該保険者が第四十三条第一項の規定により一部負担金の割合を減じているときは、被保険者が同条第二項に規定する保険医療機関等について当該療養を受けた場合に限る。

(3) In the case referred to in the preceding paragraph, when the insured person has received the relevant medical treatment at or from a Health Insurance-Covered Medical Institution, etc., the Insurer may, on behalf of such insured person, pay to such Health Insurance-Covered Medical Institution, etc. expenses incurred in such medical treatment payable by said insured person to said Health Insurance-Covered Medical Institution, etc. within the limits of the amount payable to said insured person pursuant to the provisions of the same

paragraph; provided, however, that when the Insurer has reduced the ratio for co-payment pursuant to the provisions of Article 43, paragraph (1), the foregoing shall apply only where such insured person has received such medical treatment at or from one of the Health Insurance-Covered Medical Institutions, etc. set forth in paragraph (2) of the same Article.

4 前項の規定により保険医療機関等に対して費用が支払われたときは、その限度において、被保険者に対し第二項の規定による支給が行われたものとみなす。

(4) When a payment of expenses is made to the relevant Health Insurance-Covered Medical Institution, etc. pursuant to the provisions of the preceding paragraph, the insured person shall, to the extent of such payment, be deemed to have received a payment pursuant to the provisions of paragraph (2).

(世帯主又は組合員でない被保険者に係る一部負担金等)

(Co-payment Relating to an Insured Person Who is Not the Householder or Society Member)

第五十七条 一部負担金の支払又は納付、第四十三条第三項又は前条第二項の規定による差額の支給及び療養費の支給に関しては、当該疾病又は負傷が世帯主又は組合員でない被保険者に係るものであるときは、これらの事項に関する各本条の規定にかかわらず、当該被保険者の属する世帯の世帯主又は組合員が一部負担金を支払い、又は納付すべき義務を負い、及び当該世帯主又は組合員に対して第四十三条第三項若しくは前条第二項の規定による差額又は療養費を支給するものとする。

Article 57 In making any co-payment or in paying any difference or medical expenses pursuant to the provisions of paragraph (3) of Article 43 or paragraph (2) of the preceding Article, when the relevant illness or injury is of an insured person who is not the Householder or Society member, the Householder or Society member of the household to which such insured person belongs shall make, or be obligated to make, co-payment and shall receive payment of the difference or medical expenses pursuant to paragraph (3) of Article 43 or paragraph (2) of the preceding Article, notwithstanding the provisions of the respective Articles pertaining to these matters.

(高額療養費)

(High-Cost Medical Expenses)

第五十七条の二 保険者は、療養の給付について支払われた一部負担金の額又は療養（食事療養及び生活療養を除く。次項において同じ。）に要した費用の額からその療養に要した費用につき保険外併用療養費、療養費、訪問看護療養費若しくは特別療養費として支給される額若しくは第五十六条第二項の規定により支給される差額に相当する額を控除した額（次条第一項において「一部負担金等の額」という。）が著しく高額であるときは、世帯主又は組合員に対し、高額療養費を支給する。ただし、当該療養について療養の給付、保険外併用療養費の支給、療養費の支給、訪問看護療養費の支給若しくは特別療養費の支給又は第五十六条第二項の規定による差額の支給を受

けなかつたときは、この限りでない。

Article 57-2 (1) When the amount of co-payment made in relation to the payment of expenses or the amount calculated by deducting, from the amount of expenses incurred in medical treatment (excluding Dietary Treatment and Living Support; hereinafter the same shall apply in the following paragraph), the amount paid as medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing or special medical expenses with respect to expenses incurred in the relevant medical treatment or the amount of difference paid pursuant to the provisions of Article 56, paragraph (2) (in paragraph (1) of the following paragraph referred to as the "Amount of Co-payment, etc.") is extremely large, the Insurer shall pay high-cost medical expenses to the relevant Householder or Society member; provided, however, that this shall not apply if no benefit for medical treatment, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing care or special medical expenses were paid and no difference was paid pursuant to the provisions of Article 56, paragraph (2) with respect to the relevant medical treatment.

2 高額療養費の支給要件、支給額その他高額療養費の支給に関して必要な事項は、療養に必要な費用の負担の家計に与える影響及び療養に要した費用の額を考慮して、政令で定める。

(2) The requirements for payment and the amount of high-cost medical expenses and other necessary matters concerning the payment of high-cost medical expenses shall be prescribed by Cabinet Order by taking into consideration the impact of the burden of the expenses incurred in the relevant medical treatment on household finances.

(高額介護合算療養費)

(High-Cost Benefits for Medical Treatment Combined with Long-Term Care)

第五十七条の三 保険者は、一部負担金等の額（前条第一項の高額療養費が支給される場合にあつては、当該支給額に相当する額を控除して得た額）並びに介護保険法第五十一条第一項に規定する介護サービス利用者負担額（同項の高額介護サービス費が支給される場合にあつては、当該支給額を控除して得た額）及び同法第六十一条第一項に規定する介護予防サービス利用者負担額（同項の高額介護予防サービス費が支給される場合にあつては、当該支給額を控除して得た額）の合計額が著しく高額であるときは、世帯主又は組合員に対し、高額介護合算療養費を支給する。ただし、当該一部負担金等の額に係る療養の給付、保険外併用療養費の支給、療養費の支給、訪問看護療養費の支給若しくは特別療養費の支給又は第五十六条第二項の規定による差額の支給を受けなかつたときは、この限りでない。

Article 57-3 (1) When the total sum of the Amount of Co-payment, etc. (or, where high-cost medical expenses set forth in paragraph (1) of the preceding Article

shall be paid, the amount obtained by deducting the amount so paid from such Amount of Co-payment, etc.) and the amount to be borne by a user of Long-Term Care Service pursuant to the provisions of Article 51, paragraph (1) of the Long-Term Care Insurance Act (or, where expenses for High-Cost Long-Term Care Service set forth in the same paragraph shall be paid, the amount obtained by deducting the amount so paid from such amount to be borne by a user of Long-Term Care Service) and the amount to be borne by a user of Preventive Long-Term Care Service pursuant to the provisions of Article 61, paragraph (1) of the same Act (or, where expenses for High-Cost Preventive Long-Term Care Service set forth in the same paragraph shall be paid, the amount obtained by deducting the amount so paid from such amount to be borne by a user of Preventive Long-Term Care Service) is extremely large, the Insurer shall pay expenses for high-cost medical treatment combined with long-term care to the relevant Householder or Society member; provided, however, that this shall not apply if no benefit for medical treatment, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing care or special medical expenses were paid and no difference was paid pursuant to the provisions of Article 56, paragraph (2) with respect to the medical treatment relevant to such Amount of Co-payment, etc.

2 前条第二項の規定は、高額介護合算療養費の支給について準用する。

(2) The provisions of paragraph (2) of the preceding Article shall apply mutatis mutandis to the payment of medical expenses combined with high-cost long-term care.

第二節 その他の給付

Section 2 Other Benefits

第五十八条 保険者は、被保険者の出産及び死亡に関しては、条例又は規約の定めるところにより、出産育児一時金の支給又は葬祭費の支給若しくは葬祭の給付を行うものとする。ただし、特別の理由があるときは、その全部又は一部を行わないことができる。

Article 58 (1) With respect to an insured person's childbirth or death, the Insurer shall make a childbirth and childcare lump sum payment or pay funeral expenses or grant benefits for funeral services pursuant to the provisions of the applicable Prefectural or Municipal Ordinance or its constitution; provided, however, that all or part of these measures may not be taken when any special reason exists for not doing so.

2 保険者は、前項の保険給付のほか、条例又は規約の定めるところにより、傷病手当金の支給その他の保険給付を行うことができる。

(2) In addition to the insurance benefits set forth in the preceding paragraph, the

Insurer may pay injury and illness benefits or provide any other insurance benefit pursuant to the provisions of the applicable Prefectural or Municipal Ordinance or its constitution.

3 保険者は、第一項の保険給付及び前項の傷病手当金の支払に関する事務を国民健康保険団体連合会に委託することができる。

(3) The Insurer may entrust its affairs concerning the payment of the insurance benefits set forth in paragraph (1) and the injury and illness benefits set forth in the preceding paragraph to a Federation of National Health Insurance Associations.

第三節 保険給付の制限

Section 3 Limitation on Insurance Benefits

第五十九条 被保険者又は被保険者であつた者が、次の各号のいずれかに該当する場合には、その期間に係る療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、訪問看護療養費、特別療養費若しくは移送費の支給（以下この節において「療養の給付等」という。）は、行わない。

Article 59 Where a current or former insured person falls under any of the following items, no benefit for medical expenses for Dietary Treatment for inpatients, Living Support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses for home-nursing, special medical expenses or transport expenses (hereinafter referred to as "Benefits for Medical Treatment, etc." in this Section) shall be provided for the relevant period:

一 少年院その他これに準ずる施設に収容されたとき。

(1) when such insured person is committed to a juvenile training school or any other institution similar thereto;

二 刑事施設、労役場その他これらに準ずる施設に拘禁されたとき。

(2) when such insured person is confined to a work facility or any other facility similar thereto.

第六十条 被保険者が、自己の故意の犯罪行為により、又は故意に疾病にかかり、又は負傷したときは、当該疾病又は負傷に係る療養の給付等は、行わない。

Article 60 When an insured person suffers illness or injury intentionally, or due to said person committing a criminal act intentionally, no Benefits for Medical Treatment, etc. shall be paid for such illness or injury.

第六十一条 被保険者が闘争、泥酔又は著しい不行跡によつて疾病にかかり、又は負傷したときは、当該疾病又は負傷に係る療養の給付等は、その全部又は一部を行わないことができる。

Article 61 When an insured person suffers illness or injury due to a conflict,

state of drunkenness or extreme misconduct, Benefits for Medical Treatment, etc. for such illness or injury may not be paid in whole or in part.

第六十二条 保険者は、被保険者又は被保険者であつた者が、正当な理由なしに療養に関する指示に従わないときは、療養の給付等の一部を行わないことができる。

Article 62 When a current or former insured person fails to follow instructions concerning medical treatment without a justifiable reason for not doing so, the Insurer may refrain from providing part of the applicable Benefits for Medical Treatment, etc.

第六十三条 保険者は、被保険者若しくは被保険者であつた者又は保険給付を受ける者が、正当な理由なしに、第六十六条の規定による命令に従わず、又は答弁若しくは受診を拒んだときは、療養の給付等の全部又は一部を行わないことができる。

Article 63 When a current or former insured person or a person who is to receive insurance benefits fails to comply with an order issued pursuant to the provisions of Article 66 or refuses to answer questions or to undergo a medical examination without a justifiable reason for not doing so, the Insurer may refrain from providing all or part of the applicable Benefits for Medical Treatment, etc.

第六十三条の二 保険者は、保険給付（第四十三条第三項又は第五十六条第二項の規定による差額の支給を含む。以下同じ。）を受けることができる世帯主又は組合員が保険料を滞納しており、かつ、当該保険料の納期限から厚生労働省令で定める期間が経過するまでの間に当該保険料を納付しない場合においては、当該保険料の滞納につき災害その他の政令で定める特別の事情があると認められる場合を除き、厚生労働省令で定めるところにより、保険給付の全部又は一部の支払を一時差し止めるものとする。

Article 63-2 (1) In cases where a Householder or Society member who is eligible for insurance benefits (including the payment of a difference pursuant to the provisions of Article 43, paragraph (3) or Article 56, paragraph (2); hereinafter the same shall apply) has become delinquent in the payment of insurance premiums and where said person fails to pay said insurance premiums after the payment due date for said insurance premiums before the elapse of the period specified by Ordinance of the Ministry of Health, Labour and Welfare, the Insurer shall temporarily suspend the payment of insurance benefits in whole or in part pursuant to the provisions of Ordinance of the Ministry of Health Labour and Welfare, unless a disaster or any other special circumstances specified by Cabinet Order are deemed to exist under which such insurance premiums failed to be paid.

2 保険者は、前項に規定する厚生労働省令で定める期間が経過しない場合においても、保険給付を受けることができる世帯主又は組合員が保険料を滞納している場合においては、当該保険料の滞納につき災害その他の政令で定める特別の事情があると認めら

れる場合を除き、厚生労働省令で定めるところにより、保険給付の全部又は一部の支払を一時差し止めることができる。

- (2) In cases where a Householder or Society member who is eligible for insurance benefits has become delinquent in the payment of insurance premiums, the Insurer may, without waiting for the elapse of the period specified by Ordinance of the Ministry of Health, Labour and Welfare as prescribed in the preceding paragraph, temporarily suspend the payment of insurance benefits in whole or in part, unless a disaster or any other special circumstances specified by Cabinet Order are deemed to exist under which such insurance premiums failed to be paid.
- 3 保険者は、第九条第六項（第二十二条において準用する場合を含む。）の規定により被保険者資格証明書の交付を受けている世帯主又は組合員であつて、前二項の規定による保険給付の全部又は一部の支払の一時差止がなされているものが、なお滞納している保険料を納付しない場合においては、厚生労働省令で定めるところにより、あらかじめ、当該世帯主又は組合員に通知して、当該一時差止に係る保険給付の額から当該世帯主又は組合員が滞納している保険料額を控除することができる。
- (3) In cases where a Householder or Society member to whom a health insurance certificate has been issued pursuant to the provisions of Article 9, paragraph (6) (including cases where applied mutatis mutandis pursuant to Article 22) and for whom the payment of insurance benefits has been temporarily suspended in whole or in part pursuant to the provisions of the two preceding paragraphs still fails to pay delinquent insurance premiums, the Insurer may, upon prior notice to such Householder or Society member, deduct the amount of such Householder 's or Society member's delinquent insurance premiums from the amount of insurance premiums whose payment has been so suspended temporarily, pursuant to the provisions of Ordinance of the Ministry of Health Labour and Welfare.

第四節 雑則

Section 4 Miscellaneous Provisions

(損害賠償請求権)

(Claims for Damages)

第六十四条 保険者は、給付事由が第三者の行為によつて生じた場合において、保険給付を行つたときは、その給付の価額（当該保険給付が療養の給付であるときは、当該療養の給付に要する費用の額から当該療養の給付に関し被保険者が負担しなければならない一部負担金に相当する額を控除した額とする。次条第一項において同じ。）の限度において、被保険者が第三者に対して有する損害賠償の請求権を取得する。

Article 64 (1) When the basis for an expense claim is caused by an act of a third party and an Insurer provides insurance benefits, the Insurer shall obtain, to the extent of the amount of said benefits (or, when such insurance benefits are

benefits for medical treatment, the amount calculated by deducting, from the amount of expenses incurred in such benefits for medical treatment, the amount of co-payment to be borne by the insured person with respect to such benefits for medical treatment; hereinafter the same shall apply in paragraph (1) of the following Article), the right to claim compensation for damages held by an insured person against the third party.

2 前項の場合において、保険給付を受けるべき者が第三者から同一の事由について損害賠償を受けたときは、保険者は、その価額の限度において、保険給付を行う責を免かれる。

(2) In the case referred to in the preceding paragraph, when a person to be granted insurance benefit receives compensation for damages for the same reason from a third party, the Insurer shall be exempted from the responsibility to pay said insurance benefit to the extent of the amount of such compensation.

3 保険者は、第一項の規定により取得した請求権に係る損害賠償金の徴収又は収納の事務を第四十五条第五項に規定する国民健康保険団体連合会であつて厚生労働省令の定めるものに委託することができる。

(3) An Insurer may entrust its affairs concerning the collection or receipt of compensation for damages relating to the right of claim obtained pursuant to the provisions of paragraph (1) to the Federation of National Health Insurance Associations set forth in Article 45, paragraph (5) and prescribed by Ordinance of the Ministry of Health, Labour and Welfare.

(不正利得の徴収等)

(Collection, etc. of Fraudulent Gains)

第六十五条 偽りその他不正の行為によつて保険給付を受けた者があるときは、保険者は、その者からその給付の価額の全部又は一部を徴収することができる。

Article 65 (1) When a person receives any insurance benefit by means of deception or other wrongful conduct, the Insurer may collect all or part of the amount of such benefit from said person.

2 前項の場合において、保険医療機関において診療に従事する保険医又は健康保険法第八十八条第一項に規定する主治の医師が、保険者に提出されるべき診断書に虚偽の記載をしたため、その保険給付が行われたものであるときは、保険者は、当該保険医又は主治の医師に対し、保険給付を受けた者に連帯して前項の徴収金を納付すべきことを命ずることができる。

(2) In the case referred to in the preceding paragraph, when the insurance benefit is granted because a health insurance-covered physician who is engaged in medical care at a Health Insurance-Covered Medical Institution or an attending physician as set forth in Article 88, paragraph (1) of the Health Insurance Act has made a false entry on the medical certificate which is to be submitted to the Insurer, the Insurer may order said health insurance-covered

physicians or attending physicians to pay the money to be collected pursuant to the preceding paragraph jointly and severally with the person who received said insurance benefit.

- 3 保険者は、保険医療機関等又は指定訪問看護事業者が偽りその他不正の行為によつて療養の給付に関する費用の支払又は第五十二条第三項（第五十二条の二第三項及び第五十三条第三項において準用する場合を含む。）若しくは第五十四条の二第五項の規定による支払を受けたときは、当該保険医療機関等又は指定訪問看護事業者に対し、その支払った額につき返還させるほか、その返還させる額に百分の四十を乗じて得た額を支払わせることができる。

(3) When a Health Insurance-Covered Medical Institution or a designated home-nursing provider receives, by means of deception or other wrongful conduct, any payment of expenses relating to benefits for medical treatment or any payment pursuant to the provisions of Article 52, paragraph (3) (including cases where applied mutatis mutandis pursuant to Article 52-2, paragraph (3) and Article 53, paragraph (3)) or Article 54-2, paragraph (5), the Insurer may cause said Health Insurance-Covered Medical Institution, etc. or designated home-nursing provider to refund the amount so paid and to pay, in addition, the amount obtained by multiplying the amount to be refunded by forty hundredths.

(強制診断等)

(Compulsory Diagnosis, etc.)

第六十六条 保険者は、保険給付に関して必要があると認めるときは、当該被保険者若しくは被保険者であつた者又は保険給付を受ける者に対し、文書その他の物件の提出若しくは提示を命じ、又は当該職員に質問若しくは診断をさせることができる。

Article 66 When an Insurer finds it necessary in relation to an insurance benefit, it may order the relevant current or former insured person or the relevant person who is to receive said insurance benefit to submit or present a document or any other article or may have its personnel question or diagnose any of the above persons.

(受給権の保護)

(Protection of Rights for Benefits)

第六十七条 保険給付を受ける権利は、譲り渡し、担保に供し、又は差し押えることができない。

Article 67 The right to receive insurance benefits may not be transferred, pledged as collateral, or levied.

(租税その他の公課の禁止)

(Prohibition of Taxation and Other Public Dues)

第六十八条 租税その他の公課は、保険給付として支給を受けた金品を標準として、課

することができない。

Article 68 Taxes and other public dues may not be imposed on the basis of money and goods received as payment of insurance benefits.

第四章の二 広域化等支援方針

Chapter IV-2 Geographic Expansion Support Policy, etc.

(広域化等支援方針)

(Geographic Expansion Support Policy)

第六十八条の二 都道府県は、国民健康保険事業の運営の広域化又は国民健康保険の財政の安定化を推進するための当該都道府県内の市町村に対する支援の方針（以下「広域化等支援方針」という。）を定めることができる。

Article 68-2 (1) A prefecture may establish a policy for supporting the Municipalities within its area in order to promote the expansion of geographic coverage of national health insurance services or to promote the financial stability of national health insurance programs (hereinafter referred to as a "Geographic Expansion Support Policy").

2 広域化等支援方針においては、おおむね次に掲げる事項について定めるものとする。

(2) Geographic Expansion Support Policies shall generally provide for the following matters:

一 国民健康保険事業の運営の広域化又は国民健康保険の財政の安定化の推進に関する基本的な事項

(i) basic matters concerning the promotion of the expansion of geographic coverage of national health insurance services or the promotion of the financial stability of national health insurance programs;

二 国民健康保険の現況及び将来の見通し

(ii) the current situation and forecast of national health insurance programs;

三 前号の現況及び将来の見通しを勘案して、国民健康保険事業の運営の広域化又は国民健康保険の財政の安定化の推進において都道府県が果たすべき役割

(iii) roles to be played by the prefecture in promoting the expansion of geographic coverage of national health insurance services or the financial stability of national health insurance programs, when the current situation and forecast as set forth in the preceding item are taken into account;

四 国民健康保険事業に係る事務の共同実施、医療に要する費用の適正化、保険料の納付状況の改善その他の国民健康保険事業の運営の広域化又は国民健康保険の財政の安定化を図るための具体的な施策

(iv) joint conducting of affairs concerning national health insurance services, appropriate expenses incurred in medical services, improvement of the status of payment of insurance premiums, and other specific measures for promoting the expansion of geographic coverage of national health insurance services or the financial stability of national health insurance programs;

五 前号に掲げる施策の実施のために必要な関係市町村相互間の連絡調整

(v) liaison and coordination between relevant Municipalities necessary for implementing the measures set forth in the preceding item;

六 前各号に掲げるもののほか、国民健康保険事業の運営の広域化又は国民健康保険の財政の安定化を推進するため都道府県が必要と認める事項

(vi) in addition to what is set forth in the preceding items, matters that the prefecture finds necessary in order to promote the expansion of geographic coverage of national health insurance services or the financial stability of national health insurance programs.

3 都道府県は、当該都道府県内の市町村のうち、その医療に要する費用の額について厚生労働省令で定めるところにより被保険者の数及び年齢階層別の分布状況その他の事情を勘案してもなお著しく多額であると認められるものがある場合には、その定める広域化等支援方針において前項第四号に掲げる事項として医療に要する費用の適正化その他の必要な措置を定めるよう努めるものとする。

(3) In cases where there is any Municipality, within the area of the prefecture, whose amount of expenses incurred in medical services is found to be extremely large even after taking into consideration the number and distribution by age group of insured persons and other circumstances pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare, the prefecture shall endeavor to ensure appropriate expenses incurred in medical services and to provide other necessary measures in its Geographic Expansion Support Policy as matters listed in item (iv) of the preceding paragraph.

4 都道府県は、広域化等支援方針を定め、又はこれを変更しようとするときは、あらかじめ、市町村の意見を聴かなければならない。

(4) When intending to establish or change its Geographic Expansion Support Policy, the prefecture must hear the opinions of its Municipalities in advance.

5 都道府県は、広域化等支援方針を定め、又はこれを変更したときは、遅滞なく、これを公表するよう努めるものとする。

(5) When a prefecture has established or changed its Geographic Expansion Support Policy, it shall endeavor to announce the same without delay.

6 市町村は、国民健康保険事業の運営に当たっては、広域化等支援方針を尊重するよう努めるものとする。

(6) Municipalities shall endeavor to respect the applicable Geographic Expansion Support Policy in providing national health insurance services.

7 都道府県は、広域化等支援方針の作成及び広域化等支援方針に定める施策の実施に関して必要があると認めるときは、国民健康保険団体連合会その他の関係者に対して必要な協力を求めることができる。

(7) When a prefecture finds it necessary in relation to the creation of its Geographic Expansion Support Policy or the implementation of the measures provided therein, it may request necessary cooperation from relevant

Federations of National Health Insurance Associations and other persons involved.

(広域化等支援基金)

(Geographical Expansion Support Fund)

第六十八条の三 都道府県は、広域化等支援方針の作成、広域化等支援方針に定める施策の実施その他国民健康保険事業の運営の広域化又は国民健康保険の財政の安定化に資する事業に必要な費用に充てるため、地方自治法（昭和二十二年法律第六十七号）第二百四十一条の基金として、広域化等支援基金を設けることができる。

Article 68-3 A prefecture may establish a geographical expansion support fund as a fund under Article 241 of the Local Autonomy Act (Act No. 67 of 1947) to be appropriated to expenses incurred in the creation of its Geographic Expansion Support Policy, the implementation of the measures provided therein and other projects contributing to the expansion of geographic coverage of the operation of national health insurance services and to the financial stability of national health insurance programs.

第五章 費用の負担

Chapter V Sharing of Costs

(国の負担)

(Costs Imposed upon the National Government)

第六十九条 国は、政令の定めるところにより、組合に対して国民健康保険の事務（高齢者の医療の確保に関する法律の規定による前期高齢者納付金等（以下「前期高齢者納付金等」という。）及び同法の規定による後期高齢者支援金等（以下「後期高齢者支援金等」という。）並びに介護保険法の規定による納付金（以下「介護納付金」という。）の納付に関する事務を含む。）の執行に要する費用を負担する。

Article 69 Pursuant to Cabinet Order provisions, the national government shall bear the costs incurred by Societies in executing their affairs for national health insurance programs (including affairs concerning the payment of the young-old payment, etc. under the provisions of the Act on Assurance of Medical Care for Elderly People (hereinafter referred to as "Young-Old Payments, etc.") and the old-old aid, etc. under the provisions of the same Act (hereinafter referred to as "Old-Old Aid, etc.") and the payment under the provisions of the Long-Term Care Insurance Act (hereinafter referred to as "Long-Term Care Payments")).

第七十条 国は、政令の定めるところにより、市町村に対し、療養の給付並びに入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、特別療養費、移送費、高額療養費及び高額介護合算療養費の支給に要する費用（第七十三条第一項及び第百四条において「療養の給付等に要する費用」という。）並びに高齢

者の医療の確保に関する法律の規定による前期高齢者納付金（以下「前期高齢者納付金」という。）及び同法の規定による後期高齢者支援金（以下「後期高齢者支援金」という。）並びに介護納付金の納付に要する費用について、次の各号に掲げる額の合算額の百分の三十二を負担する。

Article 70 (1) Pursuant to Cabinet Order provisions, the national government shall bear thirty-two hundredths of the total sum of the amounts listed in the following items, with respect to Municipalities' costs incurred in paying their benefits for medical treatment and their expenses for Dietary Treatment for inpatients, expenses for Living Support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, special medical expenses, transport expenses, high-cost medical expenses and expenses for high-cost medical treatment combined with long-term care (in Article 73, paragraph (1) and Article 104 referred to as "Cost Incurred in Providing Benefits for Medical Treatment, etc.") and the costs incurred in paying the young-old payment under the provisions of the Act on Assurance of Medical Care for Elderly People (hereinafter referred to as "Young-Old Payments") and the old-old aid under the provisions of the same Act (hereinafter referred to as "Old-Old Aid") and the Long-Term Care Payments:

一 被保険者に係る療養の給付に要する費用の額から当該給付に係る一部負担金に相当する額を控除した額並びに入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、特別療養費、移送費、高額療養費及び高額介護合算療養費の支給に要する費用の額の合算額から第七十二条の三第一項の規定による繰入金の二分の一に相当する額を控除した額

(i) the amount calculated by deducting the amount equal to one half of the amount to be transferred pursuant to the provisions of Article 72-3, paragraph (1) from the total sum of: (a) the amount calculated by deducting, from the amount of expenses incurred in providing benefits for medical treatment for insured persons, the amount of co-payment relating to such benefits; and (b) the amount of expenses incurred in paying expenses for Dietary Treatment for inpatients, expenses for Living Support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, special medical expenses, transport expenses, high-cost medical expenses and expenses for high-cost medical treatment combined with long-term care;

二 前期高齢者納付金及び後期高齢者支援金並びに介護納付金の納付に要する費用の額（高齢者の医療の確保に関する法律の規定による前期高齢者交付金（以下「前期高齢者交付金」という。）がある場合には、これを控除した額）

(ii) the amount of expenses incurred in paying Young-Old Payments and Old-Old Aid and Long-Term Care Payments (or, where any young-old subsidy is payable pursuant to the provisions of the Act on Assurance of Medical Care

for Elderly People (hereinafter referred to as a "Young-Old Subsidy"), the amount calculated by deducting such Young-Old Subsidy from such amount of expenses).

2 第四十三条第一項の規定により一部負担金の割合を減じている市町村及び都道府県又は市町村が被保険者の全部又は一部について、その一部負担金に相当する額の全部又は一部を負担することとしている市町村に対する前項の規定の適用については、同項第一号に掲げる額は、当該一部負担金の割合の軽減又は一部負担金に相当する額の全部若しくは一部の負担の措置が講ぜられないものとして、政令の定めるところにより算定した同号に掲げる額に相当する額とする。

(2) With regard to the application of the provisions of the preceding paragraph to a Municipality which has reduced the ratios for co-payment pursuant to the provisions of Article 43, paragraph (1) or to a Municipality for which the prefecture or the Municipality itself has chosen to bear all or part of the amount of the co-payment to be made by all or part of the insured persons, the amount listed in item (1) of the preceding paragraph shall be the amount listed in the same item calculated pursuant to Cabinet Order provisions as if the relevant measures to reduce the ratios for co-payment or to bear all or part of the amount of co-payment were not taken.

(国庫負担金の減額)

(Reduction of the Share of the National Treasury)

第七十一条 市町村が確保すべき収入を不当に確保しなかつた場合においては、国は、政令の定めるところにより、前条の規定により当該市町村に対して負担すべき額を減額することができる。

Article 71 (1) In cases where a Municipality unjustly fails to secure its income that it should have secured, the national government may, pursuant to Cabinet Order provisions, reduce the amount of the share of the national treasury payable to such Municipality pursuant to the provisions of the preceding Article.

2 前項の規定により減額する額は、不当に確保しなかつた額をこえることができない。

(2) The amount of reduction permitted pursuant to the preceding paragraph may not exceed the amount of income which unjustly failed to be secured.

(調整交付金等)

(Adjusting Subsidies, etc.)

第七十二条 国は、国民健康保険の財政を調整するため、政令の定めるところにより、市町村に対して調整交付金を交付する。

Article 72 (1) The national government shall provide adjusting subsidies to Municipalities pursuant to Cabinet Order provisions in order to adjust the finances of national health insurance programs.

2 前項の規定による調整交付金の総額は、次の各号に掲げる額の合算額とする。

(2) The total amount of adjusting subsidies to be provided pursuant to the provisions of the preceding paragraph shall be the total sum of the amounts listed in the following items:

一 第七十条第一項第一号に掲げる額（同条第二項の規定の適用がある場合にあつては、同項の規定を適用して算定した額）及び同条第一項第二号に掲げる額の合算額の見込額の総額（次条において「算定対象額」という。）の百分の九に相当する額

(1) the amount equal to nine hundredths of the total estimated sum of the amount listed in Article 70, paragraph (1), item (i) (or, where the provisions of paragraph (2) of the same Article apply, the amount calculated by applying the provisions of the same paragraph) and the amount listed in item (ii) of paragraph (1) of the same Article (in the following Article referred to as the "Amount for Calculation");

二 第七十二条の三第一項の規定による繰入金の総額の四分の一に相当する額

(2) the amount equal to one-fourth of the total amount to be transferred pursuant to the provisions of Article 72-3, paragraph (1).

第七十二条の二 都道府県は、当該都道府県内の市町村が行う国民健康保険の財政を調整するため、政令の定めるところにより、条例で、市町村に対して都道府県調整交付金を交付する。

Article 72-2 (1) Each prefectural government shall, by Prefectural Ordinance, provide prefectural adjusting subsidies to the Municipalities within the area of the prefecture pursuant to Cabinet Order provisions, in order to adjust the finances of national health insurance programs provided by such Municipalities.

2 前項の規定による都道府県調整交付金の総額は、算定対象額の百分の九に相当する額とする。

(2) The total amount of the prefectural adjusting subsidies to be provided pursuant to the provisions of the preceding paragraph shall be equal to nine hundredth of the Amount for Calculation.

3 都道府県調整交付金の交付は、広域化等支援方針（都道府県が広域化等支援方針に定める施策を実施するため地方自治法第二百四十五条の四第一項の規定による勧告をした場合にあつては、広域化等支援方針及び当該勧告の内容）との整合性を確保するように努めるものとする。

(3) In providing prefectural adjusting subsidies, each prefecture shall endeavor to ensure the consistency with its Geographic Expansion Support Policy (or, where such prefecture has issued a recommendation pursuant to the provisions of Article 245-4, paragraph (1) of the Local Autonomy Act in order to implement the measures provided in its Geographic Expansion Support Policy, said Geographic Expansion Support Policy and the content of such recommendation).

(国民健康保険に関する特別会計への繰入れ等)

(Transfer, etc. to Special Account for National Health Insurance)

第七十二条の三 市町村は、政令の定めるところにより、一般会計から、所得の少ない者について条例の定めるところにより行う保険料の減額賦課又は地方税法第七百三条の五に規定する国民健康保険税の減額に基づき被保険者に係る保険料又は同法の規定による国民健康保険税につき減額した額の総額を基礎とし、国民健康保険の財政の状況その他の事情を勘案して政令の定めるところにより算定した額を国民健康保険に関する特別会計に繰り入れなければならない。

Article 72-3 (1) Each Municipality shall, pursuant to Cabinet Order provisions, transfer from its general fund to a special account for its national health insurance program, an amount calculated, pursuant to Cabinet Order provisions, based on the total amount of insurance premiums relating to insured persons or the national health insurance tax under the provisions of the Local Tax Act, in each case after reductions have been made through reduced assessments of insurance premiums with respect to persons with small income pursuant to the provisions of a Municipal Ordinance or through any reduction of national health insurance tax as set forth in Article 703-5 of the same Act and by taking into consideration the financial condition of the national health insurance program and other circumstances.

2 都道府県は、政令の定めるところにより、前項の規定による繰入金の四分の三に相当する額を負担する。

(2) Each prefecture shall, pursuant to Cabinet Order provisions, bear an amount equal to three-fourths of the amount to be transferred pursuant to the provisions of the preceding paragraph.

第七十二条の四 国及び都道府県は、政令の定めるところにより、市町村に対し、高齢者の医療の確保に関する法律第二十条の規定による特定健康診査及び同法第二十四条の規定による特定保健指導（第八十二条第一項及び第八十六条において「特定健康診査等」という。）に要する費用のうち政令で定めるものの三分の一に相当する額をそれぞれ負担する。

Article 72-4 The national government and each prefecture shall, pursuant to Cabinet Order provisions, bear an amount equal to one-third of the expenses required by each Municipality for the specified health checkups provided pursuant to the provisions of Article 20 of the Act on Assurance of Medical Care for Elderly People and the specified health guidance provided pursuant to the provisions of Article 24 of the same Act (in Article 82, paragraph (1) and Article 86 referred to as "Specified Health Checkups, etc."), to the extent that such expenses are specified by Cabinet Order.

(組合に対する補助)

(Assistance to Societies)

第七十三条 国は、政令の定めるところにより、組合に対し、療養の給付等に要する費用並びに前期高齢者納付金及び後期高齢者支援金並びに介護納付金の納付に要する費用について、次の各号に掲げる額の合算額を補助することができる。

Article 73 (1) The national government may, pursuant to Cabinet Order provisions, provide assistance to each Society in the total sum of the amounts listed in the following items with respect to the Cost Incurred in Providing Benefits for Medical Treatment, etc. and the expenses incurred in paying Young-Old Payments and Old-Old Aid and Long-Term Care Payments:

一 次に掲げる額の合算額の百分の三十二に相当する額

(i) the amount equal to thirty-two hundredths of the total sum of the following amounts:

イ 療養の給付に要する費用の額から当該給付に係る一部負担金に相当する額を控除した額並びに入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、特別療養費、移送費、高額療養費及び高額介護合算療養費の支給に要する費用の額の合算額から、当該合算額のうち組合特定被保険者（健康保険法第三条第一項第八号又は同条第二項ただし書の規定による承認を受けて同法の被保険者とならないことにより当該組合の被保険者である者及びその世帯に属する当該組合の被保険者をいう。ロにおいて同じ。）に係る額として政令の定めるところにより算定した額（以下この条において「特定給付額」という。）を控除した額

(a) the amount obtained by deducting, from (1) the total sum of: (i) the amount calculated by deducting, from the expenses incurred in providing benefits for medical treatment, the amount of co-payment relating to such benefits; and (ii) the amount of expenses incurred in paying the expenses for Dietary Treatment for inpatients, Living Support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, special medical expenses, transport expenses, high-cost medical expenses and expenses for high-cost medical treatment combined with long-term care, (2) an amount calculated pursuant to Cabinet Order provisions as the amount of such portion of said total sum as relating to the Society's Specified Insured Persons (meaning persons who are insured persons covered by such Society as a result of not being eligible as insured persons under the Health Insurance Act upon the approval under the provisions of item (viii) of paragraph (1) of Article 3 or the proviso of paragraph (2) of the same Article of the same Act as well as insured persons covered by such Society who belong to the above insured persons' respective families; the same shall apply in (b)) (hereinafter referred to as the "Specified Benefit Amount" in this Article);

ロ 前期高齢者納付金及び後期高齢者支援金並びに介護納付金の納付に要する費用の額（前期高齢者交付金がある場合には、これを控除した額）から、当該費用の

額のうち組合特定被保険者に係る費用の額として政令の定めるところにより算定した額（以下この条において「特定納付費用額」という。）を控除した額

(b) the amount calculated by deducting, from the amount of expenses incurred in paying Young-Old Payments and Old-Old Aid and Long-Term Care Payments (or, where any Young-Old Subsidy is payable, the amount calculated by deducting such Young-Old Subsidy from such amount of expenses), the amount calculated pursuant to Cabinet Order provisions as the amount of such portion of said amount of expenses as relating to the Society's Specified Insured Persons (hereinafter referred to as the "Specified Amount of Payment Cost" in this Article);

二 特定給付額及び特定納付費用額のそれぞれに特定割合を乗じて得た額の合算額
(ii) the total sum of the amount obtained by multiplying the Specified Benefit Amount by a specified ratio and the amount obtained by multiplying the Specified Amount of Payment Cost by a specified ratio.

2 前項第二号の特定割合は、百分の三十二を下回る割合であつて、健康保険法による健康保険事業に要する費用（前期高齢者納付金及び後期高齢者支援金並びに介護納付金の納付に要する費用を含む。）に対する国の補助の割合を勘案して、特定給付額及び特定納付費用額のそれぞれについて、政令で定めるものとする。

(2) The specified ratio as referred to in item (ii) of the preceding paragraph shall be less than thirty-two hundredths and shall be prescribed by Cabinet Order separately for the Specified Benefit Amount and the Specified Amount of Payment Cost by taking into consideration the proportion of assistance provided by the national government pursuant to the Health Insurance Act with respect to expenses incurred in health insurance services (including expenses incurred in paying Young-Old Payments and Old-Old Aid and Long-Term Care Payments).

3 第四十三条第一項の規定により一部負担金の割合を減じている組合及び組合員の全部又は一部について、その一部負担金に相当する額の全部又は一部を負担することとしている組合に対する第一項の規定の適用については、同項第一号イに掲げる額及び特定給付額は、当該一部負担金の割合の軽減又は一部負担金に相当する額の全部若しくは一部の負担の措置が講ぜられないものとして、政令の定めるところにより算定した同号イに掲げる額及び特定給付額に相当する額とする。

(3) With regard to the application of the provisions of paragraph (1) to a Society which has reduced the ratios for co-payment pursuant to the provisions of Article 43, paragraph (1) or to a Society which has chosen to bear all or part of the amount of the co-payment to be made by all or some of its insured persons, the amount listed in (a) of item (1) of the same paragraph and the Specified Benefit Amount shall be the amount listed in (a) of the same item and the Specified Benefit Amount, respectively, calculated pursuant to Cabinet Order provisions as if the relevant measures to reduce the ratios for co-payment or to bear all or part of the amount of co-payment were not taken.

4 国は、第一項の補助をする場合において、政令の定めるところにより、組合の財政力等を勘案して、同項の補助の額を増額することができる。

(4) In cases where providing assistance as set forth in paragraph (1), the national government may, pursuant to Cabinet Order provisions, increase the amount of assistance set forth in the same paragraph by taking into account the financial capability, etc. of the relevant Society.

5 前項の規定により増額することができる補助の額の総額は、第一項第一号イに掲げる額及び特定給付額（これらの額について第三項の規定の適用がある場合にあっては、同項の規定を適用して算定した額）並びに同号ロに掲げる額及び特定納付費用額の合算額の見込額の総額の百分の十五に相当する額の範囲内の額とする。

(5) The total amount by which the amount of assistance may be increased pursuant to the preceding paragraph shall be within the amount equal to fifteen hundredths of the total estimated amount of: the amount listed in (a) of item (i) of paragraph (1) and the Specified Benefit Amount (or, where the provisions of paragraph (3) applies to these amounts, the amount calculated by applying the provisions of the same paragraph); and the total sum of the amount listed in (b) of the same item and the Specified Amount of Payment Cost.

（国の補助）

(Assistance by the National Government)

第七十四条 国は、第六十九条、第七十条、第七十二条、第七十二条の四及び前条に規定するもののほか、予算の範囲内において、保健師に要する費用についてはその三分の一を、国民健康保険事業に要するその他の費用についてはその一部を補助することができる。

Article 74 In addition to what is provided for in Articles 69, 70, 72 and 72-4 and the preceding Article, the national government may, within the limits of its budget, assist with one-third of the expenses for public health nurses and with part of the other expenses for national health insurance services.

（都道府県及び市町村の補助及び貸付）

(Assistance and Lending by Prefectural and Municipal Governments)

第七十五条 都道府県及び市町村は、第七十二条の二、第七十二条の三第二項及び第七十二条の四に規定するもののほか、国民健康保険事業に要する費用（前期高齢者納付金等及び後期高齢者支援金等並びに介護納付金の納付に要する費用を含む。）に対し、補助金を交付し、又は貸付金を貸し付けることができる。

Article 75 In addition to what is provided for in Article 72-2, Article 72-3, paragraph (2) and Article 72-4, a prefectural or municipal government may provide subsidies or loans with respect to expenses incurred in national health insurance services (including expenses incurred in paying Young-Old Payments and Old-Old Aid and Long-Term Care Payments).

(保険料)

(Insurance Premiums)

第七十六条 保険者は、国民健康保険事業に要する費用（前期高齢者納付金等及び後期高齢者支援金等並びに介護納付金の納付に要する費用を含み、健康保険法第一百七十九条に規定する組合にあつては、同法の規定による日雇拋出金の納付に要する費用を含む。）に充てるため、世帯主又は組合員から保険料を徴収しなければならない。ただし、地方税法の規定により国民健康保険税を課するときは、この限りでない。

Article 76 (1) Each Insurer shall collect from the Householder s or Society members insurance premiums to be allocated to expenses for its national health insurance services (including expenses incurred in paying Young-Old Payments and Old-Old Aid and Long-Term Care Payments and, in the case of a Society set forth in Article 179 of the Health Insurance Act, including expenses incurred in paying day worker contributions collected pursuant to the provisions of the same Act); provided, however, that this shall not apply if any national health insurance tax is imposed pursuant to the provisions of the Local Tax Act.

2 前項の規定による保険料のうち、介護納付金の納付に要する費用に充てるための保険料は、介護保険法第九条第二号に規定する被保険者である被保険者について賦課するものとする。

(2) Of the insurance premiums collected pursuant to the provisions of the preceding paragraph, those to be allocated to expenses incurred in paying Long-Term Care Payments shall be imposed with respect to insured persons who fall under the category of insured person as set forth in Article 9, item (ii) of the Long-Term Care Insurance Act.

(賦課期日)

(Date for Assessment)

第七十六条の二 市町村による前条の保険料の賦課期日は、当該年度の初日とする。

Article 76-2 The date for assessment of insurance premiums collected by Municipalities as set forth in the preceding Article shall be the first day of the relevant fiscal year.

(保険料の徴収の方法)

(Method of Collection of Insurance Premiums)

第七十六条の三 市町村による第七十六条の保険料の徴収については、特別徴収（市町村が老齢等年金給付を受ける被保険者である世帯主（政令で定めるものを除く。）から老齢等年金給付の支払をする者に保険料を徴収させ、かつ、その徴収すべき保険料を納入させることをいう。以下同じ。）の方法による場合を除くほか、普通徴収（市町村が世帯主に対し、地方自治法第二百三十一条の規定により納入の通知をすることによつて保険料を徴収することをいう。以下同じ。）の方法によらなければならない。

Article 76-3 (1) Collection of the insurance premiums set forth in Article 76 by a Municipality must be by means of ordinary collection (meaning that the Municipality collects the insurance premiums by giving payment advice to Householders pursuant to the provisions of Article 231 of the Local Autonomy Act; hereinafter the same shall apply), except in cases where a means of special collection (meaning that the Municipality has a person who shall pay the Old Age, etc. Pension Benefit: collect the insurance premiums from Heads of Households who are insured persons who receive said Old Age, etc. Pension Benefit (excluding those who are prescribed by Cabinet Order); and pay to the Municipality the insurance premiums to be collected by said Municipality; hereinafter the same shall apply) shall be used.

2 前項の老齢等年金給付は、国民年金法による老齢基礎年金その他の同法、厚生年金保険法（昭和二十九年法律第百十五号）、国家公務員共済組合法、地方公務員等共済組合法又は私立学校教職員共済法に基づく老齢若しくは退職、障害又は死亡を支給事由とする年金たる給付であつて政令で定めるもの及びこれらの年金たる給付に類する老齢若しくは退職、障害又は死亡を支給事由とする年金たる給付であつて政令で定めるものをいう。

(2) The Old Age, etc. Pension Benefit as referred to in the preceding paragraph means the Old Age Basic Pension under the National Pension Act and other benefits which are provided in the form of a pension due to old age, retirement, disability or death under the same Act, the Welfare Pension Insurance Act (Act No. 115 of 1954), the National Public Servants Mutual Aid Association Act, the Local Public Care Service Mutual Aid Association Act or the Private School Personnel Mutual Aid Association Act and which are prescribed by Cabinet Order as well as benefits which are similar to these benefits provided in the form of a pension and are provided in the form of a pension due to old age, retirement, disability or death and which are prescribed by Cabinet Order.

(介護保険法の準用)

(Application Mutatis Mutandis of the Long-Term Care Insurance Act)

第七十六条の四 介護保険法第三十四条から第四十一条の二までの規定は、前条の規定により行う保険料の特別徴収について準用する。この場合において、必要な技術的読替えは、政令で定める。

Article 76-4 The provisions of Articles 134 through 141-2 of the Long-Term Care Insurance Act shall apply mutatis mutandis to any special collection of insurance premiums implemented pursuant to the provisions of the preceding Article. In such a case, any necessary technical replacement of terms shall be specified by Cabinet Order.

(保険料の減免等)

(Reduction of and Exemption from Insurance Premiums)

第七十七条 保険者は、条例又は規約の定めるところにより、特別の理由がある者に対し、保険料を減免し、又はその徴収を猶予することができる。

Article 77 An Insurer may, pursuant to the provisions of a Prefectural or Municipal Ordinance or its constitution, reduce insurance premiums or excuse payment or suspend collection thereof with respect to a person subject to special circumstances.

(地方税法の準用)

(Application Mutatis Mutandis of the Local Tax Act)

第七十八条 保険料その他この法律の規定による徴収金（附則第十条第一項に規定する拠出金を除く。第九十一条第一項において同じ。）については、地方税法第九条、第十三条の二、第二十条、第二十条の二及び第二十条の四の規定を準用する。

Article 78 The provisions of Articles 9, 13-2, 20, 20-2 and 20-4 of the Local Tax Act shall apply mutatis mutandis to all insurance premiums and other monies to be collected pursuant to the provisions of this Act (excluding the contributions set forth in Article 10, paragraph (1) of the Supplementary Provisions; the same shall apply in Article 91, paragraph (1)).

(督促及び延滞金の徴収)

(Demand for Payment and Collection of Delinquent Charges)

第七十九条 保険料その他この法律の規定による徴収金を滞納した者に対しては、組合は、期限を指定して、これを督促しなければならない。ただし、前条において準用する地方税法第十三条の二第一項の規定により繰上徴収をするときは、この限りでない。

Article 79 (1) With respect to any person who has become delinquent in the payment of insurance premiums or any other money to be collected pursuant to the provisions of this Act, the Society shall demand payment thereof by designating a due date; provided, however, that this shall not apply if any advanced collection is made pursuant to the provisions of Article 13-2, paragraph (1) of the Local Tax Act as applied mutatis mutandis pursuant to the preceding Article.

2 前項の規定によつて督促をしようとするときは、組合は、納付義務者に対して督促状を発する。この場合において、督促状により指定すべき期限は、地方税法第十三条の二第一項各号のいずれかに該当する場合を除き、督促状を発する日から起算して十日以上を経過した日でなければならない。

(2) When intending to make a demand pursuant to the provisions of the preceding paragraph, the Society must issue a written demand to the person liable for the payment. In this case, the payment due date to be designated in the written demand must be a date at least ten days after the day on which such written demand is issued, except in cases falling under any of the items of paragraph (1) of Article 13-2 of the Local Tax Act.

3 前項の規定によつて督促をしたときは、組合は、規約の定めるところにより、延滞

金を徴収することができる。

- (3) When demand for payment is made pursuant to the provisions of the preceding paragraph, the Society may collect a delinquent charge pursuant to the provisions of its constitution.

(滞納処分)

(Delinquency Disposition)

第七十九条の二 市町村が徴収する保険料その他この法律の規定による徴収金は、地方自治法第二百三十一条の三第三項に規定する法律で定める歳入とする。

Article 79-2 Insurance premiums collected by Municipalities and other monies collected pursuant to the provisions of this Act shall constitute revenue specified by law as set forth in Article 231-3, paragraph (3) of the Local Autonomy Act.

第八十条 第七十九条の規定による督促又は地方税法第十三条の二第一項各号のいずれかに該当したことによる繰上徴収の告知を受けた納付義務者が、その指定の期限までに当該徴収金を完納しないときは、組合は、都道府県知事の認可を受けてこれを処分し、又は納付義務者の住所地又はその財産の所在地の市町村に対しこれの処分を請求することができる。

Article 80 (1) When a person who is liable for payment and has received a demand pursuant to the provisions of Article 79 or notice of advanced collection as a result of falling under any of the items of paragraph (1) of Article 13-2 of the Local Tax Act fails to make, by the designated due date, full payment of the money to be collected, the Society may take action against such person upon the authorization of the prefectural governor or may request the Municipality in which the person liable for payment is domiciled or in which said person's assets are located to take such action.

2 前項の規定により組合が処分を行う場合においては、地方自治法第二百三十一条の三第三項前段及び第十項の規定を準用する。

(2) In cases where the Society takes action pursuant to the provisions of the preceding paragraph, the provisions of the first sentence of paragraph (3) of Article 231 and paragraph (10) of the same Article of the Local Autonomy Act shall apply mutatis mutandis.

3 第一項の規定により組合が市町村に対し処分の請求を行つた場合においては、市町村は、市町村が徴収する保険料の例によつて、これを処分する。この場合においては、組合は、徴収金額の百分の四に相当する金額を当該市町村に交付しなければならない。

(3) In cases where the Society requests the Municipality to take action against the relevant person pursuant to the provisions of paragraph (1), said Municipality shall take action against such person pursuant to the same rules as those for insurance premiums collected by such Municipality. In this case, the Society must provide an amount equal to four hundredths of the amount of

money so collected to such Municipality.

4 保険料その他この法律の規定による組合の徴収金の先取特権の順位は、国税及び地方税に次ぐものとする。

(4) Statutory lien assigned to insurance premiums and any other money collected by a Society pursuant to the provisions of this Act shall come after national tax and local tax.

(保険料の徴収の委託)

(Entrustment of the Collection of Insurance Premiums)

第八十条の二 市町村は、普通徴収の方法による保険料の徴収の事務については、収入の確保及び被保険者の便益の増進に寄与すると認める場合に限り、政令の定めるところにより、私人に委託することができる。

Article 80-2 A Municipality may, pursuant to Cabinet Order provisions, entrust its affairs for the collection of insurance premiums by means of ordinary collection to a private person where and only where it is found that such entrustment will contribute to the assurance of income and to the promotion of the convenience of insured persons.

(条例又は規約への委任)

(Delegation to Prefectural or Municipal Ordinance or Society's Constitution)

第八十一条 この章に規定するもののほか、賦課額、料率、納期、減額賦課その他保険料の賦課及び徴収等に関する事項は、政令で定める基準に従つて条例又は規約で定める。

Article 81 In addition to what is provided for in this Chapter, the amount of assessment, rates, due dates, reduced assessment and other matters concerning the assessment, collection, etc. of insurance premiums shall be prescribed by Prefectural or Municipal Ordinance or the Society's constitution in accordance with the standards specified by Cabinet Order.

第六章 保健事業

Chapter VI Healthcare Services

第八十二条 保険者は、特定健康診査等を行うものとするほか、これらの事業以外の事業であつて、健康教育、健康相談、健康診査その他の被保険者の健康の保持増進のために必要な事業を行うように努めなければならない。

Article 82 (1) An Insurer shall provide Specified Health Checkups, etc. and must also endeavor to provide other services consisting of health education, health counseling, health checkups and other services necessary to maintain and promote the health of insured persons.

2 保険者は、被保険者の療養のために必要な用具の貸付けその他の被保険者の療養環境の向上のために必要な事業、保険給付のために必要な事業、被保険者の療養又は出

産のための費用に係る資金の貸付けその他の必要な事業を行うことができる。

(2) An Insurer may provide on loan tools necessary for the medical treatment of an insured person and other services necessary to improve the medical treatment environment for an insured person, services necessary to provide insurance benefits, and financing for expenses and other necessary services for the medical treatment or childbirth of an insured person.

3 組合は、前二項の事業に支障がない場合に限り、被保険者でない者に当該事業を利用させることができる。

(3) A Society may allow persons who are not insured persons to use these services where and only where this does not hinder the services referred to in the two preceding paragraphs.

4 厚生労働大臣は、第一項の規定により保険者が行う健康の保持増進のために必要な事業に関して、その適切かつ有効な実施を図るため必要な指針を公表するものとする。

(4) With respect to the services necessary for the maintenance and promotion of health to be provided by Insurers pursuant to the provisions of paragraph (1), the Minister of Health, Labour and Welfare shall publish guidelines necessary for the proper and effective performance of such services.

5 前項の指針は、健康増進法（平成十四年法律第百三号）第九条第一項に規定する健康診査等指針と調和が保たれたものでなければならない。

(5) The guidelines referred to in the preceding paragraph shall be harmonized with the Health Checkup Guidelines, etc. set forth in Article 9, paragraph (1) of the Health Promotion Act (Act No. 103 of 2002).

第七章 国民健康保険団体連合会

Chapter VII Federation of National Health Insurance Associations

（設立、人格及び名称）

(Establishment, Personality and Name)

第八十三条 保険者は、共同してその目的を達成するため、国民健康保険団体連合会（以下「連合会」という。）を設立することができる。

Article 83 (1) Insurers may establish a Federation of National Health Insurance Associations (hereinafter referred to as a "Federation") in order to jointly achieve their purposes.

2 連合会は、法人とする。

(2) A Federation shall be a corporation.

3 連合会は、その名称中に「国民健康保険団体連合会」という文字を用いなければならない。

(3) A Federation shall use the characters "国民健康保険団体連合会" (pronounced "kokumin kenko hoken dantai rengo kai" (literally meaning "federation of national health insurance associations")) in its name.

4 連合会でない者は、「国民健康保険団体連合会」という名称又はこれに類する名称

を用いてはならない。

(4) No person other than a Federation may use the name "kokumin kenko hoken dantai rengo kai" or any name similar thereto.

(設立の認可等)

(Authorization for Establishment, etc.)

第八十四条 連合会を設立しようとするときは、当該連合会の区域をその区域に含む都道府県を統轄する都道府県知事の認可を受けなければならない。

Article 84 (1) Establishment of a Federation is subject to the authorization of the prefectural governor governing the prefecture whose area includes the district of such Federation.

2 連合会は、設立の認可を受けた時に成立する。

(2) A Federation shall be incorporated at the time of authorization of its establishment.

3 都道府県の区域を区域とする連合会に、その区域内の三分の二以上の保険者が加入したときは、当該区域内のその他の保険者は、すべて当該連合会の会員となる。

(3) When the membership of a Federation whose district covers the area of a prefecture has reached two-thirds or more of all insured persons within such district, all other insured persons within such district shall automatically become members of such Federation.

(規約の記載事項)

(Particulars to be Stated in the Constitution)

第八十五条 連合会の規約には、次の各号に掲げる事項を記載しなければならない。

Article 85 The constitution of a Federation must state the particulars listed in the following items:

一 事業

(i) services;

二 名称

(ii) name;

三 事務所の所在地

(iii) location of the office;

四 連合会の区域

(iv) district of the Federation;

五 会員の加入及び脱退に関する事項

(v) particulars pertaining to the joining and withdrawal of members;

六 経費の分担に関する事項

(vi) particulars pertaining to the sharing of expenses;

七 業務の執行及び会計に関する事項

(vii) particulars pertaining to carrying out business and accounting;

八 役員に関する事項

- (viii) particulars pertaining to officers;
九 総会又は代議員会に関する事項
- (ix) particulars pertaining to general meetings or the board of representatives;
十 準備金その他の財産に関する事項
- (x) particulars pertaining to reserves and other assets;
十一 公告の方法
- (xi) means for giving public notice;
十二 前各号に掲げる事項のほか厚生労働省令で定める事項
- (xii) in addition to the particulars listed in the preceding items, particulars specified by Ordinance of the Ministry of Health, Labour and Welfare.

(準用規定)

(Provisions Applied Mutatis Mutandis)

第八十六条 第十六条、第二十三条から第二十五条まで、第二十六条第一項、第二十七条から第三十五条まで及び第八十二条（特定健康診査等に係るものを除く。）の規定は、連合会について準用する。この場合において、これらの規定中「組合員」とあるのは「会員たる保険者を代表する者」と、「組合会」とあるのは「総会又は代議員会」と、「組合会議員」とあるのは「総会又は代議員会の議員」と読み替えるものとする。

Article 86 The provisions of Article 16, Articles 23 through 25, Article 26, paragraph (1), Articles 27 through 35 and Article 82 (excluding those relating to Specified Health Checkups, etc.) shall apply mutatis mutandis to a Federation. In this case, the terms "Society member" and "Society members" in these provisions shall be deemed to be replaced with "person representing insured persons who are members" and "persons representing insured persons who are members," respectively; the term "Society meeting" in the same provisions shall be deemed to be replaced with "general meeting or the board of representatives"; and the terms "Society council member" and "Society council members" in these provisions shall be deemed to be replaced with "member of a general meeting or board of representatives" and "members of a general meeting or board of representatives," respectively.

第八章 診療報酬審査委員会

Chapter VIII Medical Fees Review Committee

(審査委員会)

(Review Committee)

第八十七条 第四十五条第五項の規定による委託を受けて診療報酬請求書の審査を行うため、都道府県の区域を区域とする連合会（加入している保険者の数その区域内の保険者の総数の三分の二に達しないものを除く。）に、国民健康保険診療報酬審査委員会（以下「審査委員会」という。）を置く。

Article 87 (1) In order to review medical bills as entrusted pursuant to the provisions of Article 45, paragraph (5), a Federation whose district covers the area of a prefecture (excluding any such Federation the number of whose member Insurers is less than two-thirds of the total number of Insurers located within its district) shall have a National Health Insurance Medical Fees Review Committee (hereinafter referred to as the "Review Committee").

2 連合会は、前項の規定による事務の遂行に支障のない範囲内で、健康保険法第七十六條第五項の規定による委託を受けて行う診療報酬請求書の審査を審査委員会に行わせることができる。

(2) A Federation may, as far as not hindering the carrying out of the affairs set forth in the preceding paragraph, have the Review Committee conduct the review of medical bills to be conducted as entrusted pursuant to the provisions of Article 76, paragraph (5) of the Health Insurance Act.

(審査委員会の組織)

(Organization of the Review Committee)

第八十八條 審査委員会は、都道府県知事が定めるそれぞれ同数の保険医及び保険薬剤師を代表する委員、保険者を代表する委員並びに公益を代表する委員をもつて組織する。

Article 88 (1) The Review Committee shall be composed of committee members representing health insurance-covered physicians and health insurance-covered pharmacists, committee members representing Insurers, and committee members representing the public interest, each category having the same number of committee members as specified by the prefectural governor.

2 委員は、都道府県知事が委嘱する。

(2) Committee members shall be commissioned by the prefectural governor.

3 前項の委嘱は、保険医及び保険薬剤師を代表する委員並びに保険者を代表する委員については、それぞれ関係団体の推薦によつて行わなければならない。

(3) Committee members representing health insurance-covered physicians and health insurance-covered pharmacists and committee members representing Insurers must be commissioned pursuant to the preceding paragraph based on recommendations made by concerned organizations in each category.

(審査委員会の権限)

(Authority of the Review Committee)

第八十九條 審査委員会は、診療報酬請求書の審査を行うため必要があると認めるときは、都道府県知事の承認を得て、当該保険医療機関等若しくは指定訪問看護の事業を行う事業所に対して、報告若しくは診療録その他の帳簿書類の提出若しくは提示を求め、又は当該保険医療機関等の開設者若しくは管理者、指定訪問看護事業者若しくは当該保険医療機関等において療養を担当する保険医若しくは保険薬剤師に対して、出頭若しくは説明を求めることができる。

Article 89 (1) When the Review Committee finds it necessary in order to review medical bills, it may, upon the approval of the prefectural governor, request the relevant Health Insurance-Covered Medical Institution, etc. or the relevant office providing designated home-nursing to make a report or submit or present medical records or other the books and other documents, or may request any of the establishers or managers of such Health Insurance-Covered Medical Institution, etc., the designated home-nursing provider, or any of the health insurance-covered physicians or health insurance-covered pharmacists who are in charge of medical treatment at such Health Insurance-Covered Medical Institution, etc. to appear or provide an explanation.

2 連合会は、前項の規定により審査委員会に出頭した者に対し、旅費、日当及び宿泊料を支給しなければならない。ただし、当該保険医療機関等又は指定訪問看護の事業を行う事業所が提出した診療報酬請求書又は診療録その他の帳簿書類の記載が不備又は不当であつたため出頭を求められて出頭した者に対しては、この限りでない。

(2) Federation must pay travel expenses, daily expenses and accommodation expenses to any person who appeared at the Review Committee pursuant to the provisions of the preceding paragraph; provided, however, that this shall not apply to any person who appeared in response to a request for appearance issued due to defective or misleading entries in medical bills or medical records or other the books and other documents submitted by the relevant Health Insurance-Covered Medical Institution, etc. or the relevant office providing designated home-nursing.

(省令への委任)

(Delegation to Ministerial Ordinance)

第九十条 この章に規定するもののほか、審査委員会に関して必要な事項は、厚生労働省令で定める。

Article 90 In addition to what is provided for in this Chapter, necessary particulars concerning the Review Committee shall be prescribed by Ordinance of the Ministry of Health, Labour and Welfare.

第九章 審査請求

Chapter IX Application for Examination

(審査請求)

(Application for Examination)

第九十一条 保険給付に関する処分（被保険者証の交付の請求又は返還に関する処分を含む。）又は保険料その他この法律の規定による徴収金に関する処分に不服がある者は、国民健康保険審査会に審査請求をすることができる。

Article 91 (1) A person who is dissatisfied with any action with respect to an insurance benefit (including action with respect to an application for issuance

or return of a health insurance card) or any action with respect to insurance premiums or any other money collected pursuant to the provisions of this Act may file an application for examination with the National Health Insurance Examination Board.

2 前項の審査請求は、時効の中断に関しては、裁判上の請求とみなす。

(2) An application for examination as referred to in the preceding paragraph shall be deemed to be a judicial claim in terms of interruption of prescription.

(審査会の設置)

(Establishment of an Examination Board)

第九十二条 国民健康保険審査会（以下「審査会」という。）は、各都道府県に置く。

Article 92 Each prefecture shall have a National Health Insurance Examination Board (hereinafter referred to as an "Examination Board").

(組織)

(Organization)

第九十三条 審査会は、被保険者を代表する委員、保険者を代表する委員及び公益を代表する委員各三人をもつて組織する。

Article 93 (1) Examination Boards shall be composed of three committee members representing insured persons, three committee members representing Insurers, and three committee members representing the public interest.

2 委員は、非常勤とする。

(2) Committee members shall serve on a part-time basis.

(委員の任期)

(Term of Office of Committee Members)

第九十四条 委員の任期は、三年とする。ただし、補欠の委員の任期は、前任者の残任期間とする。

Article 94 (1) The term of office of committee members shall be three years; provided, however, that the term of office of a substitute committee member shall be the remaining term of said member's predecessor.

2 委員は、再任されることができる。

(2) Committee members may be reappointed.

(会長)

(Chairperson)

第九十五条 審査会に、公益を代表する委員のうちから委員が選挙する会長一人を置く。

Article 95 (1) The Examination Board shall have one chairperson to be elected by the committee members from among the committee members representing the public interest.

2 会長に事故があるときは、前項の規定に準じて選挙された者が、その職務を代行す

る。

(2) When the chairperson is unable to perform their duties, a person elected in accordance with the provisions of the preceding paragraph shall perform the duties of the chairperson on their behalf.

(定足数)

(Quorum)

第九十六条 審査会は、被保険者を代表する委員、保険者を代表する委員及び公益を代表する委員各一人以上を含む過半数の委員の出席がなければ、議事を開き、議決をすることができない。

Article 96 The Examination Board may not commence proceedings or make any resolution without the attendance of a majority of committee members including one or more committee members representing insured persons, one or more committee members representing Insurers and one or more committee members representing the public interest.

(表決)

(Voting)

第九十七条 審査会の議事は、出席した委員の過半数をもつて決し、可否同数のときは、会長の決するところによる。

Article 97 Examination Board decisions shall be made by a majority of the committee members present and, in the case of a tie, the chairman shall reach a verdict on said tie.

(管轄審査会)

(Examination Board of Competent Jurisdiction)

第九十八条 審査請求は、当該処分をした保険者（第八十条第三項の規定による処分については、当該処分をした市町村とする。）の所在地の都道府県の審査会に対してしなければならない。

Article 98 (1) An application for examination must be filed with the Examination Board of the prefecture governing the location of the Insurer which took the relevant action (or, in the case of action taken pursuant to the provisions of Article 80, paragraph (3), the Municipality which took such action).

2 審査請求が管轄違であるときは、審査会は、すみやかに、事件を所轄の審査会に移送し、かつ、その旨を審査請求人に通知しなければならない。

(2) When an Examination Board lacks jurisdiction over the matters for which an application for examination has been filed with said Examination Board, it must promptly transfer the case to the Examination Board of the competent jurisdiction and must also notify the person who filed the application for examination of such transfer.

3 事件が移送されたときは、はじめから、移送を受けた審査会に審査請求があつたも

のとみなす。

(3) When a case is transferred, the application for examination shall be deemed to have been filed originally with the Examination Board to which such case is transferred.

(審査請求の期間及び方式)

(Term and Means of Application for Examination)

第九十九条 審査請求は、処分があつたことを知つた日の翌日から起算して六十日以内に、文書又は口頭でしなければならない。ただし、正当な理由により、この期間内に審査請求をすることができなかつたことを疎明したときは、この限りでない。

Article 99 An application for examination must be filed in writing or orally within a period of sixty days from the day following the date that the relevant action was taken, to the applicant's knowledge; provided, however, that this shall not apply if the applicant makes a prima facie showing that an application could not have been filed within such period for a justifiable reason.

(保険者に対する通知)

(Notice to Insurer)

第一百条 審査会は、審査請求を受理したときは、原処分をした保険者及びその他の利害関係人に通知しなければならない。

Article 100 Upon receipt of an application for examination, the Examination Board must give notice to the Insurer who took the original action and other interested persons.

(審理のための処分)

(Disposition for Proceedings)

第一百一条 審査会は、審理を行うため必要があると認めるときは、審査請求人若しくは関係人に対して報告若しくは意見を求め、その出頭を命じて審問し、又は医師若しくは歯科医師に診断若しくは検案をさせることができる。

Article 101 (1) When the Examination Board finds it necessary to conduct proceedings, it may request a report or an opinion from the person who filed the application for examination or any person concerned, may order any of these persons to appear for inquiry, or may direct a physician or dentist to perform a diagnosis or examination.

2 都道府県は、前項の規定により審査会に出頭した関係人又は診断若しくは検案をした医師若しくは歯科医師に対し、政令の定めるところにより、旅費、日当及び宿泊料又は報酬を支給しなければならない。

(2) To any person concerned who appeared at the Examination Board or any physician or dentist who performed diagnosis or examination pursuant to the provisions of the preceding paragraph, the prefecture must pay said person's travel expenses, daily expenses and accommodation expenses or remuneration

pursuant to Cabinet Order provisions.

(政令への委任)

(Delegation to Cabinet Order)

第百二条 この章及び行政不服審査法（昭和三十七年法律第百六十号）に規定するもののほか、審査会及び審査請求の手續に関して必要な事項は、政令で定める。

Article 102 In addition to what is provided for in this Chapter and the Administrative Appeal Act (Act No. 160 of 1962), necessary particulars concerning the Examination Board and the procedures for filing an application for examination shall be prescribed by Cabinet Order.

(審査請求と訴訟との関係)

(Relationship between Application for Examination and Litigation)

第百三条 第九十一条第一項に規定する処分取消しの訴えは、当該処分についての審査請求に対する裁決を経た後でなければ、提起することができない。

Article 103 No action for revocation of the action set forth in Article 91, paragraph (1) may be filed until a determination has been made on an application for examination of such action.

第九章の二 保健事業等に関する援助等

Chapter IX-2 Assistance, etc. for Healthcare Services, etc.

(保健事業等に関する援助等)

(Assistance, etc. for Healthcare Services, etc.)

第百四条 連合会及び第四十五条第六項に規定する厚生労働大臣が指定する法人（以下単に「指定法人」という。）は、国民健康保険事業の運営の安定化を図るため、市町村が行う第八十二条第一項及び第二項に規定する事業、療養の給付等に要する費用の適正化のための事業その他の事業（以下この条において「保健事業等」という。）に関する調査研究及び保健事業等の実施に係る市町村相互間の連絡調整を行うとともに、保健事業等に関し、専門的な技術又は知識を有する者の派遣、情報の提供その他の必要な援助を行うよう努めなければならない。

Article 104 Each Federation and each association and foundation designated by the Minister of Health, Labour and Welfare as set forth in Article 45, paragraph (6) (hereinafter simply referred to as a "Designated Association") must, in order to promote the stable operation of national health insurance services, endeavor to conduct research and study regarding the services set forth in paragraphs (1) and (2) of Article 82, services to make expenses incurred in providing benefits for medical treatment, etc. reasonable and other services provided by Municipalities (hereinafter referred to as "Healthcare Services, etc." in this Article) and to carry out liaison and coordination among Municipalities involved in the implementation of Healthcare Services, etc., as

well as to dispatch persons with specialized skills and knowledge and to provide information and other necessary assistance for Healthcare Services, etc.

(国及び地方公共団体の措置)

(Measures by National and Local Governments)

第百五条 国及び地方公共団体は、前条の規定により連合会又は指定法人が行う事業を促進するために必要な助言、情報の提供その他の措置を講ずるよう努めなければならない。

Article 105 The national and local governments must strive to give advice, provide information and take other measures necessary to promote the services provided by a Federation or Designated Association pursuant to the provisions of the preceding Article.

第十章 監督

Chapter X Supervision

(報告の徴収等)

(Collection of Reports, etc.)

第百六条 厚生労働大臣又は都道府県知事は、保険者又は連合会について、必要があると認めるときは、その事業及び財産の状況に関する報告を徴し、又は当該職員に実地にその状況を検査させることができる。

Article 106 (1) The Minister of Health, Labour and Welfare or the prefectural governor may, when finding it necessary with respect to an Insurer or a Federation, collect a report on the status of services and assets thereof or may have personnel inspect such status on-site.

2 前項の規定による検査を行う場合においては、当該職員は、その身分を示す証明書を携帯し、かつ、関係人の請求があるときは、これを提示しなければならない。

(2) In cases where an inspection is conducted pursuant to the preceding paragraph, the relevant personnel shall carry an identification card and must present it at the request of any person concerned.

3 第一項の規定による権限は、犯罪捜査のために認められたものと解釈してはならない。

(3) The authority under paragraph (1) must not be construed as granted for criminal investigation.

(事業状況の報告)

(Reports on the Status of Services)

第百七条 保険者及び連合会は、厚生労働省令の定めるところにより、事業状況を都道府県知事に報告しなければならない。

Article 107 Each Insurer and Federation must, pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare, report the status of

its services to the prefectural governor.

(組合等に対する監督)

(Supervision of Societies, etc.)

第百八条 厚生労働大臣又は都道府県知事は、第百六条の規定により報告を徴し、又は検査した場合において、組合若しくは連合会の事業若しくは財産の管理若しくは執行が法令、規約若しくは厚生労働大臣若しくは都道府県知事の処分に違反していると認めるとき、確保すべき収入を不当に確保せず、不当に経費を支出し、若しくは不当に財産を処分する等著しく事業の適正な執行を欠くと認めるとき、又は組合若しくは連合会の役員がその事業若しくは財産の管理若しくは執行を明らかに怠っていると認めるときは、期間を定めて、組合若しくは連合会又はその役員に対し、その事業若しくは財産の管理若しくは執行について違反の是正又は改善のため必要な措置をとるべき旨を命ずることができる。

Article 108 (1) In cases where a report is collected or an inspection is conducted pursuant to the provisions of Article 106, when the Minister of Health, Labour and Welfare or the prefectural governor finds that the Society's or Federation's management or performance of its services or assets violates any law or regulation, its constitution, or any action of the Minister of Health, Labour and Welfare or the prefectural governor, or that the Society or Federation has unjustly failed to secure the income that it should have secured, has unjustly incurred expenses, has unjustly disposed of its assets or has otherwise significantly failed to perform its services properly, or that the officers of the Society or Federation have evidently failed to manage or perform its services or assets, then the Minister of Health, Labour and Welfare or the prefectural governor may order the Society or Federation or its officers to take measures necessary to correct the violation regarding, or improve, the management or performance of its services or assets within a specified period.

2 組合若しくは連合会又はその役員が前項の命令に違反したときは、厚生労働大臣又は都道府県知事は、当該組合又は連合会に対し、期間を定めて、その役員の全部又は一部の改任を命ずることができる。

(2) If the Society or Federation or its officers violate the order set forth in the preceding paragraph, the Minister of Health, Labour and Welfare or the prefectural governor may order such Society or Federation to replace all or some of its officers within a specified period.

3 組合又は連合会が前項の命令に違反したときは、厚生労働大臣又は都道府県知事は、同項の命令に係る役員を改任することができる。

(3) When the Society or Federation violates the order set forth in the preceding paragraph, the Minister of Health, Labour and Welfare or the prefectural governor may replace the officer(s) relevant to the order set forth in the same paragraph.

4 組合又は連合会が第一項の規定による命令に違反したとき、又はその事業若しくは

財産の状況によりその事業の継続が困難であると認めるときは、厚生労働大臣又は都道府県知事は、当該組合又は連合会の解散を命ずることができる。

- (4) When the Society or Federation violates the order set forth in paragraph (1) or finds it difficult to continue its services due to the status of its services or assets, the Minister of Health, Labour and Welfare or the prefectural governor may order such Society or Federation to be dissolved.

第百九条 削除

Article 109 Deleted.

第十一章 雑則

Chapter XI Miscellaneous Provisions

(時効)

(Prescription)

第百十条 保険料その他この法律の規定による徴収金を徴収し、又はその還付を受ける権利及び保険給付を受ける権利は、二年を経過したときは、時効によつて消滅する。

Article 110 (1) The right to collect insurance premiums and other monies to be collected pursuant to the provisions of this Act or to receive refunds of such monies and the right to receive insurance benefits shall be extinguished by prescription after a lapse of two years.

2 保険料その他この法律の規定による徴収金の徴収の告知又は督促は、民法（明治二十九年法律第八十九号）第百五十三条の規定にかかわらず、時効中断の効力を生ずる。

(2) Notwithstanding the provisions of Article 153 of the Civil Code (Act No. 89 of 1896), any notice of collection of, or any demand for, insurance premiums or any other money to be collected pursuant to the provisions of this Act shall have the effect of interruption of prescription.

(期間の計算)

(Calculation of a Term)

第百十一条 この法律又はこの法律に基く命令に規定する期間の計算については、民法の期間に関する規定を準用する。

Article 111 The provisions of the Civil Code concerning the calculation of a term shall apply mutatis mutandis to the calculation of a term prescribed in this Act or in any order issued under this Act.

(戸籍に関する無料証明)

(Free Certification Relating to Family Registers)

第百十二条 市町村長（特別区及び地方自治法第二百五十二条の十九第一項の指定都市にあつては、区長とする。）は、保険者又は保険給付を受ける者に対し、当該市町村の条例の定めるところにより、被保険者又は被保険者であつた者の戸籍に関し、無料

で証明を行うことができる。

Article 112 The head of a Municipality (or, in the case of a special ward or in the case of a designated city as set forth in Article 252-19, paragraph (1) of the Local Autonomy Act, the head of a ward) may issue, free of charge, a certificate concerning the family register of a current or former insured person to the Insurer or the person who receives insurance benefits, pursuant to the provisions of Ordinance of such Municipality.

(文書の提出等)

(Submission, etc. of Documents)

第百十三条 保険者は、被保険者の資格、保険給付及び保険料に関して必要があると認めるときは、世帯主若しくは組合員又はこれらであつた者に対し、文書その他の物件の提出若しくは提示を命じ、又は当該職員に質問させることができる。

Article 113 When an Insurer finds it necessary in relation to an insured person's eligibility, insurance benefit or insurance premiums, it may order the current or former Householder or Society member to submit or present a document or any other article or may have its personnel question such Householder or Society member.

(資料の提供等)

(Provision, etc. of Materials)

第百十三条の二 市町村は、被保険者の資格、保険給付及び保険料に関し必要があると認めるときは、被保険者若しくは被保険者の属する世帯の世帯主の資産若しくは収入の状況又は国民年金の被保険者の種別の変更若しくは国民年金法の規定による保険料の納付状況につき、官公署に対し、必要な書類の閲覧若しくは資料の提供を求め、又は銀行、信託会社その他の機関若しくは被保険者の雇用主その他の関係者に報告を求めることができる。

Article 113-2 (1) When a Municipality finds it necessary in relation to an insured person's eligibility, insurance benefit or insurance premiums, it may request a public agency to provide access to necessary documents or to provide necessary materials or may request a report from a bank, trust company or any other institution or the insured person's employer or any other person involved, concerning the status of assets or income of such insured person or of the Householder of the household to which such insured person belongs or concerning any change in the type of insured person under the National Pension or concerning the status of payment of insurance premiums pursuant to the provisions of the National Pension Act.

2 市町村は、被保険者の資格に関し必要があると認めるときは、他の市町村、組合、第六条第一号から第三号までに掲げる法律の規定による保険者若しくは共済組合又は私立学校教職員共済法の規定により私立学校教職員共済制度を管掌することとされた日本私立学校振興・共済事業団に対し、他の市町村若しくは組合が行う国民健康保険

の被保険者、健康保険若しくは船員保険の被保険者若しくは被扶養者、共済組合の組合員若しくは被扶養者又は私立学校教職員共済制度の加入者若しくは被扶養者の氏名及び住所、健康保険法第三条第三項に規定する適用事業所の名称及び所在地その他の必要な資料の提供を求めることができる。

(2) When a Municipality finds it necessary in relation to an insured person's eligibility, it may request another Municipality or any Society or any Insurer or mutual aid association under the provisions of any of the Acts listed in items (i) through (iii) of Article 6, or the Promotion and Mutual Aid Corporation for Private Schools of Japan, which shall administer the Private School Personnel Mutual Aid System pursuant to the provisions of the Private School Personnel Mutual Aid Association Act, to provide the name and address of an insured person covered by the National Health Insurance provided by such another Municipality or Society, or an insured person covered by health insurance or seaman's insurance or said person's dependent, or a member of a mutual aid association or said member's dependent, or a subscriber to the Private School Personnel Mutual Aid System or said subscriber's dependent, the name and location of the applicable office as set forth in Article 3, paragraph (3) of the Health Insurance Act, or any other necessary materials.

(診療録の提示等)

(Presentation, etc. of Medical Records)

第百十四条 厚生労働大臣又は都道府県知事は、保険給付に関して必要があると認めるときは、医師、歯科医師、薬剤師若しくは手当を行つた者又はこれを使用する者に対し、その行つた診療、薬剤の支給又は手当に関し、報告若しくは診療録、帳簿書類その他の物件の提示を命じ、又は当該職員に質問させることができる。

Article 114 (1) When the Minister of Health, Labour and Welfare finds it necessary in relation to an insurance benefit, said minister may order any physician, dentist or pharmacist or any person who gave treatment or any person who employs any of the above to make a report or present medical records, the books and other documents or any other article, or may have personnel question any of the above persons, regarding the medical care or medication or treatment provided by the relevant person.

2 厚生労働大臣又は都道府県知事は、必要があると認めるときは、療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、訪問看護療養費若しくは特別療養費の支給を受けた被保険者又は被保険者であつた者に対し、当該療養の給付又は入院時食事療養費、入院時生活療養費、保険外併用療養費、訪問看護療養費若しくは特別療養費の支給に係る診療、調剤又は指定訪問看護の内容に関し、報告を命じ、又は当該職員に質問させることができる。

(2) When the Minister of Health, Labour and Welfare or the prefectural governor finds it necessary, said minister or governor may order a current or former insured person who received payment of benefits for medical treatment or

expenses for Dietary Treatment for inpatients, expenses for Living Support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses for home-nursing or special medical expenses to make a report or may have personnel question such insured person, regarding the content of the medical care, preparation of drugs or designated home-nursing relevant to the payment of said benefit for medical treatment or said expenses for Dietary Treatment for inpatients, expenses for Living Support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses for home-nursing or special medical expenses.

(準用規定)

(Provisions Applied Mutatis Mutandis)

第百十五条 第百六条第二項の規定は、前二条の規定による質問について、第百六条第三項の規定は、前二条の規定による権限について準用する。

Article 115 The provisions of Article 106, paragraph (2) and those of Article 106, paragraph (3) shall apply mutatis mutandis to questions asked and the authority granted, respectively, pursuant to the provisions of the two preceding Articles.

(修学中の被保険者の特例)

(Special Provisions for Insured Persons Attending School)

第百十六条 修学のため一の市町村の区域内に住所を有する被保険者であつて、修学していないとすれば他の市町村の区域内に住所を有する他人と同一の世帯に属するものと認められるものは、第五条の規定にかかわらず、当該他の市町村の行なう国民健康保険の被保険者とし、かつ、この法律の適用については、当該世帯に属するものとみなす。

Article 116 An insured person who is domiciled in the area of a Municipality in order to attend school and who would, if said person did not so attend school, be found to belong to the same household as another person who is domiciled in the area of another Municipality shall, notwithstanding the provisions of Article 5, be an insured person covered by the national health insurance program provided by said other Municipality and shall be deemed to belong to said household for the purpose of the application of this Act.

(病院等に入院、入所又は入居中の被保険者の特例)

(Special Provisions for Insured Persons Hospitalized or Admitted to Hospital or During a Hospital Stay, etc.)

第百十六条の二 次の各号に掲げる入院、入所又は入居（以下この条において「入院等」という。）をしたことにより、当該各号に規定する病院、診療所又は施設（以下この条において「病院等」という。）の所在する場所に住所を変更したと認められる被保険者であつて、当該病院等に入院等をした際他の市町村（当該病院等が所在する

市町村以外の市町村をいう。)の区域内に住所を有していたと認められるものは、第五条の規定にかかわらず、当該他の市町村が行う国民健康保険の被保険者とする。ただし、二以上の病院等に継続して入院等をしている被保険者であつて、現に入院等をしている病院等(以下この条において「現入院病院等」という。)に入院等をする直前に入院等をしていた病院等(以下この項において「直前入院病院等」という。)及び現入院病院等のそれぞれに入院等をしたことにより直前入院病院等及び現入院病院等のそれぞれの所在する場所に順次住所を変更したと認められるもの(次項において「特定継続入院等被保険者」という。)については、この限りでない。

Article 116-2 (1) An insured person whose domicile is found to have been changed to the location of a hospital, clinic or institution listed in the following items (hereinafter referred to as "Hospital, etc." in this Article) due to the fact that said person was hospitalized or admitted to or moved to said place as listed in such items (hereinafter referred to as "Hospitalized, etc." in this Article) and who is found to have been domiciled in the area of another Municipality (meaning any Municipality other than that in which such Hospital, etc. is located) at the time when said person was Hospitalized in such Hospital, etc. shall be an insured person covered by the national health insurance program provided by said other Municipality, notwithstanding the provisions of Article 5; provided, however, that this shall not apply to an insured person who has been Hospitalized, etc. in two or more Hospitals, etc. successively and whose domicile is, due to the fact that said person was Hospitalized, etc. in a different Hospital, etc. immediately before being Hospitalized, etc. in the current Hospital, etc. (hereinafter referred to as the "Current Hospital, etc." in this Article) (hereinafter referred to as the "Last Hospital, etc." in this paragraph) and whose domicile is found to have been sequentially changed to the location Last Hospital, etc. and then to that of the Current Hospital, etc. (in the following paragraph referred to as a "Specified Continuously Hospitalized Insured Person").

一 病院又は診療所への入院

(i) hospitalization or admission to a clinic;

二 児童福祉法(昭和二十二年法律第百六十四号)第七条第一項に規定する児童福祉施設への入所(同法第二十七条第一項第三号又は同法第二十七条の二の規定による入所措置がとられた場合に限る。)

(ii) admission to a child welfare institution as set forth in Article 7, paragraph (1) of the Child Welfare Act (Act No. 164 of 1947) (limited to cases where admission measures are taken pursuant to the provisions of Article 27, paragraph (1), item (iii) or Article 27-2 of the same Act);

三 障害者自立支援法(平成十七年法律第百二十三号)第五条第十二項に規定する障害者支援施設又は同条第一項の厚生労働省令で定める施設への入所

(iii) admission to support facilities for persons with disabilities as set forth in Article 5, paragraph (12) of the Services and Supports for Persons with

Disabilities Act (Act No. 123 of 2005) or the facilities prescribed by Ordinance of the Ministry of Health, Labour and Welfare as set forth in paragraph (1) of the same Article;

四 独立行政法人国立重度知的障害者総合施設のぞみの園法（平成十四年法律第百六十七号）第十一条第一号の規定により独立行政法人国立重度知的障害者総合施設のぞみの園の設置する施設への入所

(iv) admission to the facilities established by the Nozominosono National Center for Persons with Severe Intellectual Disabilities Incorporated Administrative Agency, pursuant to the provisions of Article 11, item (i) of the Act for the Nozominosono National Center for Persons with Severe Intellectual Disabilities Incorporated Administrative Agency (Act No. 167 of 2002);

五 老人福祉法（昭和三十八年法律第百三十三号）第二十条の四又は第二十条の五に規定する養護老人ホーム又は特別養護老人ホームへの入所（同法第十一条第一項第一号又は第二号の規定による入所措置がとられた場合に限る。）

(v) admission to a nursing home for the elderly or an intensive care home for the elderly as set forth in Article 20-4 or Article 20-5, respectively, of the Public Aid for the Aged Act (Act No. 133 of 1963) (limited to cases where admission measures are taken pursuant to the provisions of Article 11, paragraph (1), item (i) or (ii) of the same Act);

六 介護保険法第八条第十一項に規定する特定施設（老人福祉法第二十九条第一項に規定する有料老人ホームであつて、高齢者の居住の安定確保に関する法律（平成十三年法律第二十六号）第五条第一項の登録を受けた高齢者向けの賃貸住宅であるもの（介護保険法第八条第十一項に規定する特定施設入居者生活介護の事業を行う事業所に係る同法第四十一条第一項本文の指定を受けていないものに限る。）を除く。）への入居又は同法第八条第二十四項に規定する介護保険施設への入所

(vi) moving into a Specified Facility as set forth in Article 8, paragraph (11) of the Long-Term Care Insurance Act (excluding a Fee-Based Home for the Elderly as set forth in Article 29, paragraph (1) of the Public Aid for the Aged Act which is rental housing intended for the elderly that has been registered under Article 5, paragraph (1) of the Act on Stable Supply of Residences for the Elderly (Act No. 26 of 2001) (limited to a Fee-Based Home for the Elderly which has not been designated under the main clause of paragraph (1) of Article 41 of the Long-Term Care Insurance Act as a provider engaged in the business of providing Daily Life Long-Term Care Admitted to a Specified Facility as set forth in Article 8, paragraph (11) of the Long-Term Care Insurance Act)) or admission to a Facility Covered by Long-Term Care Insurance as set forth in Article 8, paragraph (24) of the same act.

2 特定継続入院等被保険者のうち、次の各号に掲げるものは、第五条の規定にかかわらず、当該各号に定める市町村が行う国民健康保険の被保険者とする。

(2) Notwithstanding the provisions of Article 5, a Specified Continuously

Hospitalized Insured Person who falls under any of the following items shall be an insured person covered by the national health insurance program provided by the Municipality set forth in the relevant item:

一 継続して入院等をしている二以上の病院等のそれぞれに入院等をするによりそれぞれの病院等の所在する場所に順次住所を変更したと認められる被保険者であつて、当該二以上の病院等のうち最初の病院等に入院等をした際他の市町村（現入院病院等が所在する市町村以外の市町村をいう。）の区域内に住所を有していたと認められるもの当該他の市町村

(i) an insured person whose domicile is, due to the fact that said person was Hospitalized, etc. in two or more Hospitals, etc. continuously, found to have been sequentially changed to the locations of the respective Hospitals, etc. and who is found to have been domiciled in the area of another Municipality (meaning any Municipality other than that in which the Current Hospital, etc. is located) at the time when said person was Hospitalized, etc. in the first of such two or more Hospitals, etc.: said other Municipality;

二 継続して入院等をしている二以上の病院等のうち一の病院等から継続して他の病院等に入院等をする事（以下この号において「継続入院等」という。）により当該一の病院等の所在する場所以外の場所から当該他の病院等の所在する場所への住所の変更（以下この号において「特定住所変更」という。）を行つたと認められる被保険者であつて、最後に行つた特定住所変更に係る継続入院等の際他の市町村（現入院病院等が所在する市町村以外の市町村をいう。）の区域内に住所を有していたと認められるもの当該他の市町村

(ii) an insured person whose domicile is, in association with the fact that said person was Hospitalized, etc. in one of the two or more Hospitals, etc. in which said person has been continuously hospitalized into another Hospital, etc. with no break (hereinafter referred to as "Continuous Hospitalization, etc." in this item), found to have been changed from a place other than the location of said Hospital, etc. to the location of said other Hospital, etc. (hereinafter referred to as "Specified Change of Domicile" in this item) and who is found to have domiciled in the area of another Municipality (meaning any Municipality other than that in which the Current Hospital, etc. is located) at the time of the most recent Specified Change of Domicile: said another Municipality.

3 前二項の規定の適用を受ける被保険者が入院等をしている病院等は、当該病院等の所在する市町村及び当該被保険者に対し国民健康保険を行う市町村に、必要な協力をしなければならない。

(3) A Hospital, etc. in which an insured person to which the provisions of the two preceding paragraphs apply is Hospitalized, etc. must provide the necessary cooperation to the Municipality in which such Hospital, etc. is located and the Municipality which provides a national health insurance program to such insured person.

(読替規定)

(Provisions on Replacement of Terms)

第百十七条 この法律中「都道府県知事」とあるのは、その区域が二以上の都道府県の区域にまたがる連合会については、「厚生労働大臣」と読み替えるものとする。

Article 117 In this Act, the term "a prefectural governor" or "the prefectural governor" shall be deemed to be replaced with "the Minister of Health, Labour and Welfare" in the case of a Federation whose district extends over the area of two or more prefectures.

(権限の委任)

(Delegation of Authority)

第百十八条 この法律に規定する厚生労働大臣の権限は、厚生労働省令で定めるところにより、地方厚生局長に委任することができる。

Article 118 (1) The authority of the Minister of Health, Labour and Welfare provided for in this Act may be delegated to the Director-General of the relevant Regional Bureau of Health and Welfare pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare.

2 前項の規定により地方厚生局長に委任された権限は、厚生労働省令で定めるところにより、地方厚生支局長に委任することができる。

(2) The authority delegated to the Director-General of such Regional Bureau of Health and Welfare pursuant to the provisions of the preceding paragraph may be delegated to the Director-General of the relevant Regional Branch Bureau of Health and Welfare pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare.

(厚生労働大臣と都道府県知事との連携)

(Coordination between the Minister of Health, Labour and Welfare and Prefectural Governors)

第百十九条 第四十一条第一項（第五十二条第六項、第五十二条の二第三項、第五十三条第三項及び第五十四条の三第二項において準用する場合を含む。）及び第二項（第四十五条の二第四項、第五十二条第六項、第五十二条の二第三項、第五十三条第三項及び第五十四条の三第二項において準用する場合を含む。）、第四十五条の二第一項（第五十二条第六項、第五十二条の二第三項、第五十三条第三項及び第五十四条の三第二項において準用する場合を含む。）、第五十四条の二の二（第五十四条の三第二項において準用する場合を含む。）、第五十四条の二の三第一項（第五十四条の三第二項において準用する場合を含む。）並びに第百十四条第二項の規定により、厚生労働大臣又は都道府県知事がこれらの規定に規定する事務を行うときは、相互に密接な連携の下に行うものとする。

Article 119 When the Minister of Health, Labour and Welfare or a prefectural governor conducts any of the affairs specified in Article 41, paragraph (1)

(including cases where applied mutatis mutandis pursuant to Article 52, paragraph (6), Article 52-2, paragraph (3), Article 53, paragraph (3) and Article 54-3, paragraph (2)) and paragraph (2) (including cases where applied mutatis mutandis pursuant to Article 45-2, paragraph (4), Article 52, paragraph (6), Article 52-2, paragraph (3), Article 53, paragraph (3) and Article 54-3, paragraph (2)), Article 45-2, paragraph (1) (including cases where applied mutatis mutandis pursuant to Article 52, paragraph (6), Article 52-2, paragraph (3), Article 53, paragraph (3) and Article 54-3, paragraph (2)), Article 54-2-2 (including cases where applied mutatis mutandis pursuant to Article 54-3, paragraph (2)), Article 54-2-3, paragraph (1) (including cases where applied mutatis mutandis pursuant to Article 54-3, paragraph (2)) and Article 114, paragraph (2) pursuant to these provisions, the relevant affairs shall be conducted under mutually close coordination.

(事務の区分)

(Classification of Affairs)

第百十九条の二 第十七条第一項及び第三項（第二十七条第三項において準用する場合を含む。）、第二十四条の四、第二十四条の五、第二十五条第一項、第二十七条第二項及び第四項、第三十二条第二項、第三十二条の二第二項、第三十二条の七第一項及び第二項（同条第三項において準用する場合を含む。）、第三十二条の十二、第四十一条第一項（第五十二条第六項、第五十二条の二第三項、第五十三条第三項及び第五十四条の三第二項において準用する場合を含む。）及び第二項（第四十五条の二第四項、第五十二条第六項、第五十二条の二第三項、第五十三条第三項及び第五十四条の三第二項において準用する場合を含む。）、第四十五条第三項並びに第四十五条の二第一項及び第五項（これらの規定を第五十二条第六項、第五十二条の二第三項、第五十三条第三項及び第五十四条の三第二項において準用する場合を含む。）、第五十四条の二の二並びに第五十四条の二の三第一項及び第三項（これらの規定を第五十四条の三第二項において準用する場合を含む。）、第八十条第一項、第八十八条並びに第八十九条第一項の規定により都道府県が処理することとされている事務、第百六条第一項、第百七条及び第百八条の規定により都道府県が処理することとされている事務のうち組合に係るもの並びに第百十四条、附則第十六条において準用する高齢者の医療の確保に関する法律第四十四条第四項及び第百三十四条第二項並びに附則第十九条において準用する同法第百五十二条第一項及び第三項の規定により都道府県が処理することとされている事務は、地方自治法第二条第九項第一号に規定する第一号法定受託事務とする。

Article 119-2 The affairs which shall be handled by a prefecture pursuant to the provisions of Article 17, paragraph (1) and paragraph (3) (including cases where applied mutatis mutandis pursuant to Article 27, paragraph (3)), Articles 24-4 and 24-5, Article 25, paragraph (1), Article 27, paragraphs (2) and (4), Article 32, paragraph (2), Article 32-2, paragraph (2), Article 32-7, paragraph (1) and paragraph (2) (including cases where applied mutatis

mutandis pursuant to paragraph (3) of the same Article), Article 32-12, Article 41, paragraph (1) (including cases where applied mutatis mutandis pursuant to Article 52, paragraph (6), Article 52-2, paragraph (3), Article 53, paragraph (3) and Article 54-3, paragraph (2)) and paragraph (2) (including cases where applied mutatis mutandis pursuant to Article 45-2, paragraph (4), Article 52, paragraph (6), Article 52-2, paragraph (3), Article 53, paragraph (3) and Article 54-3, paragraph (2)), Article 45, paragraph (3) and Article 45-2, paragraphs (1) and (5) (including cases where these provisions shall apply mutatis mutandis pursuant to Article 52, paragraph (6), Article 52-2, paragraph (3), Article 53, paragraph (3) and Article 54-3, paragraph (2)), Article 54-2-2 and Article 54-2-3, paragraphs (1) and (3) (including cases where these provisions shall apply mutatis mutandis pursuant to Article 54-3, paragraph (2)), Article 80, paragraph (1), Article 88 and Article 89, paragraph (1), the affairs which shall be handled by a prefecture pursuant to the provisions of Article 106, paragraph (1) and Articles 107 and 108 and which are relevant to a Society, and the affairs which shall be handled by a prefecture pursuant to the provisions of Article 114 of this Act, Article 44, paragraph (4) and Article 134, paragraph (2) of the Act on Assurance of Medical Care for Elderly People, as applied mutatis mutandis pursuant to Article 16 of the Supplementary Provisions, and Article 152, paragraphs (1) and (3) of the same Act, as applied mutatis mutandis pursuant to Article 19 of the Supplementary Provisions, shall be Type 1 statutory entrusted functions as prescribed in Article 2, paragraph (9), item (i) of the Local Autonomy Act.

(実施規定)

(Enforcement Provisions)

第百二十条 この法律に特別の規定があるものを除くほか、この法律の実施のための手続その他その執行について必要な細則は、厚生労働省令で定める。

Article 120 Unless otherwise specially provided for in this Act, procedures for the enforcement of this Act and other detailed regulations necessary for the execution thereof shall be prescribed by Ordinance of the Ministry of Health, Labour and Welfare.

第十二章 罰則

Chapter XII Penal Provisions

第百二十条の二 保険者の役員若しくは職員又はこれらの職にあつた者が、正当な理由なしに、国民健康保険事業に関して職務上知得した秘密を漏らしたときは、一年以下の懲役又は百万円以下の罰金に処する。

Article 120-2 When a current or former officer or employee of an Insurer divulges, without a justifiable reason, any confidential information obtained in

the course of duties in relation to national health insurance services, said person shall be punished by imprisonment with required labor for not more than 1 year or a fine of not more than 1,000,000 yen.

第二百十一条 審査委員会若しくは審査会の委員若しくは連合会の役員若しくは職員又はこれらの職にあつた者が、正当な理由なしに、職務上知得した秘密を漏らしたときは、一年以下の懲役又は百万円以下の罰金に処する。

Article 121 (1) When a current or former committee member of a Review Committee or an Examination Board or a current or former officer or employee of a Federation divulges, without a justifiable reason, any confidential information obtained in the course of duties, said person shall be punished by imprisonment with required labor for not more than 1 year or a fine of not more than 1,000,000 yen.

2 第四十五条第七項（第五十二条第六項、第五十二条の二第三項、第五十三条第三項及び第五十四条の二第十二項において準用する場合を含む。）の規定により厚生労働大臣の定める診療報酬請求書の審査を行う者若しくはこれを行っていた者又は指定法人の役員、職員若しくはこれらの職にあつた者が、正当な理由なしに、職務上知得した秘密を漏らしたときも、前項と同様とする。

(2) The provisions of the preceding paragraph shall also apply when a person who conducts or used to conduct the review of medical bills as specified by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 45, paragraph (7) (including cases where applied mutatis mutandis pursuant to Article 52, paragraph (6), Article 52-2, paragraph (3), Article 53, paragraph (3) and Article 54-2, paragraph (12)) or a current or former officer or employee of a Designated Association divulges, without a justifiable reason, any confidential information obtained in the course of said person's duties.

第二百十二条 正当な理由なしに、第百一条第一項の規定による処分に違反して、出頭せず、陳述をせず、報告をせず、若しくは虚偽の陳述若しくは報告をし、又は診断若しくは検案をしなかつた者は、三十万円以下の罰金に処する。ただし、審査会の行う審査の手續における請求人又は第百条第一項の規定により通知を受けた保険者その他の利害関係人は、この限りでない。

Article 122 A person who, without a justifiable reason and in violation of any action taken pursuant to the provisions of Article 101, paragraph (1), fails to appear or to make a statement or report, or makes any false statement or report or fails to perform diagnosis or examination shall be punished by a fine of not more than 300,000 yen; provided, however, that this shall not apply to an Insurer or other interested persons who have received notice pursuant to the provisions of Article 100, paragraph (1).

第二百十三条 被保険者又は被保険者であつた者が、第百十四条第二項の規定により報

告を命ぜられ、正当な理由なしにこれに従わず、又は同条同項の規定による当該職員の質問に対して、正当な理由なしに答弁せず、若しくは虚偽の答弁をしたときは、三十万円以下の罰金に処する。

Article 123 When a current or former insurer fails, without a justifiable reason, to comply with an order to make a report issued pursuant to the provisions of Article 114, paragraph (2) or, without a justifiable reason, fails to reply, or makes a false reply, to any question asked by the relevant personnel pursuant to the provisions of the same paragraph of the same Article, said current or former insurer shall be punished by a fine of not more than 300,000 yen.

第二百二十四条 医師、歯科医師、薬剤師若しくは手当を行つた者又はこれを使用する者が、第百十四条第一項の規定により報告若しくは診療録、帳簿書類その他の物件の提示を命ぜられ、正当な理由なしにこれに従わず、又は同条同項の規定による当該職員の質問に対して、正当な理由なしに答弁せず、若しくは虚偽の答弁をしたときは、十万円以下の過料に処する。

Article 124 When a physician, dentist or pharmacist or any person who gave treatment or any person who employs any of the above fails, without a justifiable reason, to comply with an order to make a report or present medical records, the books and other documents or any other article issued pursuant to the provisions of Article 114, paragraph (1) or, without a justifiable reason, fails to reply, or makes a false reply, to any question asked by the relevant personnel pursuant to the provisions of the same paragraph of the same Article, said person shall be punished by a non-criminal fine of not more than 100,000 yen.

第二百五条 組合又は連合会が、第二十七条第四項（第八十六条において準用する場合を含む。）の規定による届出をせず、若しくは虚偽の届出をし、第百六条第一項の規定による報告を命ぜられ、正当な理由なしにこれに應ぜず、若しくは虚偽の報告をし、又は第百八条第一項の規定による命令に違反したときは、その役員又は清算人を二十万円以下の過料に処する。

Article 125 When a Society or Federation fails make a notification pursuant to, or makes a false notification under, the provisions of Article 27, paragraph (4) (including the cases where applied mutatis mutandis pursuant to Article 86) or, without a justifiable reason, fails to comply with, or makes a false report in response to, an order issued pursuant to the provisions of Article 106, paragraph (1), or violates an order issued pursuant to the provisions of Article 108, paragraph (1), the officers or liquidators of such Society or Federation shall be punished by a non-criminal fine of not more than 200,000 yen.

第二百二十六条 第十五条第二項又は第八十三条第四項の規定に違反した者は、十万円以下の過料に処する。

Article 126 A person who violates the provisions of Article 15, paragraph (2) or Article 83, paragraph (4) shall be punished by a non-criminal fine of not more than 100,000 yen.

第二百二十七条 市町村は、条例で、第九条第一項若しくは第九項の規定による届出をせず、若しくは虚偽の届出をした者又は同条第三項若しくは第四項の規定により被保険者証の返還を求められてこれに応じない者に対し十万円以下の過料を科する規定を設けることができる。

Article 127 (1) A Municipality may, in its Municipal Ordinance, establish provisions to impose a non-criminal fine of not more than 100,000 yen on a person who fails to make a notification pursuant to, or makes a false notification under, the provisions of Article 9, paragraph (1) or (9) or who fails to comply with a request to return said person's health insurance card made pursuant to the provisions of paragraph (3) or (4) of the same Article.

2 市町村は、条例で、世帯主又は世帯主であつた者が正当な理由なしに、第百十三条の規定により文書その他の物件の提出若しくは提示を命ぜられてこれに従わず、又は同条の規定による当該職員の質問に対して答弁せず、若しくは虚偽の答弁をしたときは、十万円以下の過料を科する規定を設けることができる。

(2) A Municipality may, in its Municipal Ordinance, establish provisions to impose a non-criminal fine of not more than 100,000 yen when a current or former Householder, without a justifiable reason, fails to comply with an order to submit or present a document or any other article issued pursuant to the provisions of Article 113 or fails to reply, or makes a false reply, to any question asked by the relevant personnel pursuant to the provisions of the same Article.

3 市町村は、条例で、偽りその他不正の行為により保険料その他この法律の規定による徴収金の徴収を免かれた者に対し、その徴収を免かれた金額の五倍に相当する金額以下の過料を科する規定を設けることができる。

(3) A Municipality may, in its Municipal Ordinance, establish provisions to impose on a person who, by means of deception or other wrongful conduct, evades insurance premiums or any other money to be collected pursuant to the provisions of this Act, a non-criminal fine of not more than the amount equal to five times the amount evaded.

4 地方自治法第二百五十五条の三の規定は、前三項の規定による過料の処分について準用する。

(4) The provisions of Article 255-3 of the Local Autonomy Act shall apply mutatis mutandis to any action of non-criminal fine imposed pursuant to the provisions of the three preceding paragraphs.

第二百二十八条 前条第一項から第三項までの規定は、組合について準用する。この場合において、これらの規定中「条例」とあるのは「規約」と、「過料」とあるのは「過

怠金」と読み替えるものとする。

Article 128 (1) The provisions of paragraphs (1) through (3) of the preceding Article shall apply mutatis mutandis to a Society. In this case, the terms "Municipal Ordinance" and "non-criminal fine" in these provisions shall be deemed to be replaced with "constitution" and "penalty," respectively.

2 組合又は連合会は、規約の定めるところにより、その施設の使用に関し十万円以下の過怠金を徴収することができる。

(2) A Society or Federation may, pursuant to the provisions of its constitution, collect a penalty of not more than 100,000 yen with respect to the use of its facilities.

附 則

Supplementary Provisions

(施行期日等)

(Effective Date, etc.)

第一条 この法律は、昭和三十四年一月一日から施行する。

Article 1 This Act shall come into effect as of January 1, 1959.

第二条 この法律の施行の際現に国民健康保険を行っていない市町村は、第三条第一項の規定にかかわらず、昭和三十六年四月一日までに国民健康保険事業を開始するをもつて足りる。

Article 2 For any Municipality which doesn't actually provide any national health insurance program at the time when this Act comes into effect, it shall be sufficient to commence national health insurance services no later than April 1, 1961, notwithstanding the provisions of Article 3, paragraph (1).

第三条 前条の市町村で、特別の事情があるものは、第三条第一項及び前条の規定にかかわらず、昭和三十六年四月一日以後も当分の間、厚生大臣の承認を受けて、国民健康保険を行わないことができる。

Article 3 Any Municipality as referred to in the preceding Article may, if in special circumstances and upon the approval of the Minister of Health and Welfare, choose to remain with no national health insurance program after April 1, 1961 until otherwise provided for in law, notwithstanding the provisions of Article 3, paragraph (1) and the preceding Article.

第四条 第十一条の規定は、前二条の規定により国民健康保険を行わない市町村には、適用しない。

Article 4 The provisions of Article 11 shall not apply to any Municipality which provides no national health insurance program pursuant to the provisions of the two preceding Articles.

第五条 前三条に規定するもののほか、この法律の施行に関して必要な事項は、別に法律で定める。

Article 5 In addition to what is provided for in the three preceding Articles, necessary particulars concerning the enforcement of this Act shall be prescribed by law.

(指定介護老人福祉施設に入所中の被保険者の特例)

(Special Provisions for Insured Persons Staying at Designated Facility Covered by Long-Term Care Insurance)

第五条の二 指定介護老人福祉施設（介護保険法第四十八条第一項第一号に規定する指定介護老人福祉施設をいう。以下この項において同じ。）に入所をすることにより当該指定介護老人福祉施設の所在する場所に住所を変更したと認められる被保険者であつて、当該指定介護老人福祉施設に入所をした際他の市町村（当該指定介護老人福祉施設が所在する市町村以外の市町村をいう。）の区域内に住所を有していたと認められるものは、当該指定介護老人福祉施設が入所定員の減少により同法第八条第二十一項に規定する地域密着型介護老人福祉施設（同項に規定する地域密着型介護老人福祉施設入所者生活介護の事業を行う事業所に係る同法第四十二条の二第一項本文の指定を受けているものに限る。以下この条において「変更後地域密着型介護老人福祉施設」という。）となつた場合においても、当該変更後地域密着型介護老人福祉施設に継続して入所をしている間は、第五条の規定にかかわらず、当該他の市町村が行う国民健康保険の被保険者とする。ただし、変更後地域密着型介護老人福祉施設となつた指定介護老人福祉施設（以下この条において「変更前介護老人福祉施設」という。）を含む二以上の病院等（第百十六条の二第一項に規定する病院等をいう。以下この条において同じ。）に継続して入院、入所又は入居（以下この条において「入院等」という。）をしていた被保険者（当該変更後地域密着型介護老人福祉施設に継続して入所をしている者に限る。）であつて、当該変更前介護老人福祉施設に入所をする直前に入院等をしてきた病院等（以下この項において「直前入院病院等」という。）及び変更前介護老人福祉施設のそれぞれに入院等をするにより直前入院病院等及び変更前介護老人福祉施設のそれぞれの所在する場所に順次住所を変更したと認められるもの（次項において「特定継続入院等被保険者」という。）については、この限りでない。

Article 5-2 (1) An insured person whose domicile is found to have been changed to the location of a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly (meaning a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly as set forth in Article 48, paragraph (1), item (i) of the Long-Term Care Insurance Act; hereinafter the same shall apply in this paragraph), due to the fact that said person was admitted thereto, and who is found to have been domiciled in the area of another Municipality (meaning any Municipality other than that in which such Designated Facility Covered by Public Aid Providing Long-Term Care to the

Elderly is located) at the time of admission to such Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly shall, even if said Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly becomes a Community-Based Facility for the Elderly Covered by Public Aid Requiring Long-Term Care as set forth in Article 8, paragraph (21) of the same Act (limited to a facility designated under the main clause of paragraph (1) of Article 42-2 of the same Act as a provider engaged in the business of providing Admission to a Community-Based Facility for Preventive Daily Long-Term Care of the Elderly Covered by Public Aid as set forth in Article 8, paragraph (21) of the same Act; hereinafter referred to as the "Converted Community-Based Facility for the Elderly Covered by Public Aid Requiring Long-Term Care" in this Article) due to a decrease in its capacity, be an insured person covered by the national health insurance program provided by such other Municipality notwithstanding the provisions of Article 5, as long as said person continuously stays at such Converted Community-Based Facility for the Elderly Covered by Public Aid Requiring Long-Term Care; provided, however, that this shall not apply to an insured person who has continuously been hospitalized in or stayed or resided at (hereinafter referred to as "Hospitalized, etc." in this Article) two or more Hospitals, etc. (meaning Hospitals, etc. as set forth in Article 116-2, paragraph (1); hereinafter the same shall apply in this Article) which include a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly which became a Converted Community-Based Facility for the Elderly Covered by Public Aid Requiring Long-Term Care (hereinafter referred to as the "Former Facility Covered by Public Aid Providing Long-Term Care to the Elderly" in this Article) (limited to an insured person who has continuously stayed at such Converted Community-Based Facility for the Elderly Covered by Public Aid Requiring Long-Term Care and whose domicile is, due to the fact that said person was Hospitalized, etc. in the Hospital immediately before being Hospitalized, etc. in said Former Facility Covered by Public Aid Providing Long-Term Care to the Elderly (hereinafter referred to as the "Last Hospital, etc." in this paragraph) and then in the Former Facility Covered by Public Aid Providing Long-Term Care to the Elderly, found to have sequentially been changed to the location of the Last Hospital, etc. and then to that of the Former Facility Covered by Public Aid Providing Long-Term Care to the Elderly (in the following paragraph referred to as a "Specified Continuously Hospitalized Insured Person").

2 特定継続入院等被保険者のうち、次の各号に掲げるものは、第五条の規定にかかわらず、当該各号に定める市町村が行う国民健康保険の被保険者とする。

(2) Notwithstanding the provisions of Article 5, a Specified Continuously Hospitalized Insured Person who falls under any of the following items shall be an insured person covered by the national health insurance program provided

by the Municipality set forth in the relevant item:

一 継続して入院等をしていた二以上の病院等のそれぞれに入院等をするによりそれぞれの病院等の所在する場所に順次住所を変更したと認められる被保険者であつて、当該二以上の病院等のうち最初の病院等に入院等をした際他の市町村（変更前介護老人福祉施設が所在する市町村以外の市町村をいう。）の区域内に住所を有していたと認められるもの 当該他の市町村

(i) an insured person whose domicile is, due to the fact that said person was Hospitalized, etc. in two or more Hospitals, etc. continuously, found to have been sequentially changed to the locations of the respective Hospitals, etc. and who is found to have been domiciled in the area of another Municipality (meaning any Municipality other than that in which the Former Facility Covered by Public Aid Providing Long-Term Care to the Elderly is located) at the time when said person was Hospitalized, etc. in the first of said two or more Hospitals, etc.: said other Municipality;

二 継続して入院等をしていた二以上の病院等のうち一の病院等から継続して他の病院等に入院等をする事（以下この号において「継続入院等」という。）により当該一の病院等の所在する場所以外の場所から当該他の病院等の所在する場所への住所の変更（以下この号において「特定住所変更」という。）を行つたと認められる被保険者であつて、最後に行つた特定住所変更に係る継続入院等の際他の市町村（変更前介護老人福祉施設が所在する市町村以外の市町村をいう。）の区域内に住所を有していたと認められるもの 当該他の市町村

(ii) an insured person whose domicile is, in association with the fact that said person moved from one of the two or more Hospitals, etc. in which said person has been continuously hospitalized into another Hospital, etc. with no break (hereinafter referred to as "Continuous Hospitalization, etc." in this item), found to have been changed from a place other than the location of said Hospital, etc. to the location of said other Hospital, etc. (hereinafter referred to as "Specified Change of Domicile" in this item) and who is found to have been domiciled in the area of another Municipality (meaning any Municipality other than that in which the Former Facility Covered by Public Aid Providing Long-Term Care to the Elderly is located) at the time of the most recent Specified Change of Domicile: said other Municipality.

3 前二項の規定の適用を受ける被保険者については、変更後地域密着型介護老人福祉施設を病院等とみなして、第百十六条の二の規定を適用する。

(3) The provisions of Article 116-2 shall apply to an insured person to whom the provisions of the two preceding paragraphs shall apply, as if the Converted Community-Based Facility for the Elderly Covered by Public Aid Requiring Long-Term Care were a Hospital, etc.

(退職被保険者等の経過措置)

(Transitional Measures for Retired Insured Persons, etc.)

第六条 平成二十六年までの間において、市町村が行う国民健康保険の被保険者（六十五歳に達する日の属する月の翌月以後であるものを除く。）のうち、次に掲げる法令に基づく老齢又は退職を支給事由とする年金たる給付を受けることができる者であつて、これらの法令の規定による被保険者、組合員若しくは加入者であつた期間（当該期間に相当するものとして政令で定める期間を含む。）又はこれらの期間を合算した期間（以下この項及び附則第二十条において「年金保険の被保険者等であつた期間」という。）が二十年（その受給資格期間たる年金保険の被保険者等であつた期間が二十年未満である当該年金たる給付を受けることができる者にあつては、当該年金たる給付の区分に応じ政令で定める期間）以上であるか、又は四十歳に達した月以後の年金保険の被保険者等であつた期間が十年以上であるものに該当する者は、退職被保険者とする。ただし、当該年金たる給付の支給がその者の年齢を事由としてその全額につき停止されている者については、この限りでない。

Article 6 (1) During the period up to fiscal 2014, an insured person covered by the national health insurance program provided by a Municipality (excluding a person whose 65th birthday falls on any month before the present month) who is eligible for any benefit in the form of a pension provided due to old age or retirement under any of the laws and regulations listed below and: (i) who was an insured person, association member or subscriber pursuant to the provisions of the relevant law or regulation for a period (including any period prescribed by Cabinet Order as equivalent to such period) or total period (hereinafter referred to as "Period During Which the Person was an Insured Person, etc. of Pension Insurance" in this paragraph and Article 20 of the Supplementary Provisions) of twenty years (or, in the case of a person who is eligible for such benefit in the form of a pension and who was an insured person, etc. of pension insurance and was eligible for benefits thereunder for less than twenty years, a period prescribed by Cabinet Order according to the type of such benefit in the form of a pension) or more; or (ii) whose Period During Which the Person was an Insured Person, etc. of Pension Insurance in and after the month in which such person reached forty years of age is ten years or more, shall be a retired insured person; provided, however, that this shall not apply to any person to whom the payment of such benefit in the form of a pension has been suspended in whole due to said person's age.

一 厚生年金保険法

(i) the Welfare Pension Insurance Act;

二 恩給法（大正十二年法律第四十八号。他の法律において準用する場合を含む。）

(ii) the Pension Act (Act No. 48 of 1923; including the cases where applied mutatis mutandis pursuant to other Acts);

三 国家公務員共済組合法

(iii) the National Public Servants Mutual Aid Association Act;

四 国家公務員共済組合法の長期給付に関する施行法（昭和三十三年法律第二百二十九号）

- (iv) the Act for Enforcement of the National Public Servants Mutual Aid Association Act Concerning Long-Term Benefits (Act No. 129 of 1958);
五 地方公務員等共済組合法
 - (v) the Local Public Care Service Mutual Aid Association Act;
六 地方公務員等共済組合法の長期給付等に関する施行法（昭和三十七年法律第一百五十三号）
 - (vi) the Act for Enforcement of the Local Public Care Service Mutual Aid Association Act Concerning Long-Term Benefits, etc. (Act No. 153 of 1962);
七 私立学校教職員共済法
 - (vii) the Private School Personnel Mutual Aid Association Act;
八 地方公務員の退職年金に関する条例
 - (viii) Prefectural or Municipal Ordinance concerning retirement pension for local government employees;
九 旧令による共済組合等からの年金受給者のための特別措置法（昭和二十五年法律第二百五十六号）
 - (ix) the Act on Special Measures for Recipients of Pension from Mutual Aid Associations, etc. under the Former Order (Act No. 256 of 1950).
- 2 市町村が行う国民健康保険の被保険者（六十五歳に達する日の属する月の翌月以後であるものを除く。）であつて、次の各号のいずれかに該当するものは、退職被保険者の被扶養者とする。
- (2) An insured person covered by the national health insurance program provided by a Municipality (excluding any person whose 65th birthday falls on any month before the present month) who falls under any of the following items shall be a dependent of the retired insured person:
- 一 退職被保険者の直系尊属、配偶者（届出をしていないが事実上婚姻関係と同様の事情にある者を含む。以下この項において同じ。）その他三親等内の親族であつて、その退職被保険者と同一の世帯に属し、主としてその者により生計を維持するもの
 - (i) the retired insured person's lineal ascendant, spouse (including a person who has not made a notification of marriage but is in a de facto marital relationship with such retired insured person; hereinafter the same shall apply in this paragraph) or any other relative within the third degree of kinship who belongs to the same household as such retired insured person and who is financially supported mainly by said retired insured person;
 - 二 退職被保険者の配偶者で届出をしていないが事実上婚姻関係と同様の事情にあるものの父母及び子であつて、その退職被保険者と同一の世帯に属し、主としてその者により生計を維持するもの
 - (ii) in cases where the retired insured person's spouse has not made a notification of marriage but is in a de facto marital relationship with such retired insured person, such spouse's father or mother or child who belongs to the same household as said retired insured person and who is financially supported mainly by said retired insured person;

三 前号の配偶者の死亡後における父母及び子であつて、引き続きその退職被保険者と同一の世帯に属し、主としてその者により生計を維持するもの

(iii) in cases where the spouse as referred to in the preceding paragraph has died, such spouse's father or mother or child who continues to belong to the same household as the retired insured person and who is financially supported mainly by said retired insured person.

(療養給付費等交付金)

(Grants for Medical Treatment Benefit Expenses, etc.)

第七条 退職被保険者及びその被扶養者（以下「退職被保険者等」という。）の住所の存する市町村（第百十六条又は第百十六条の二の規定により他の市町村の行う国民健康保険の被保険者である場合については、当該他の市町村とする。以下「退職被保険者等所属市町村」という。）が負担する費用のうち、第一号及び第二号に掲げる額の合算額から第三号に掲げる額を控除した額（以下「被用者保険等拠出対象額」という。）については、政令で定めるところにより、社会保険診療報酬支払基金（以下「支払基金」という。）が退職被保険者等所属市町村に対して交付する療養給付費等交付金をもつて充てる。

Article 7 (1) Of the expenses borne by a Municipality in which retired insured persons or their dependents (hereinafter referred to as a "Retired Insured Persons, etc.") are domiciled (or, in cases where such persons are insured persons covered by the national health insurance program provided by another Municipality pursuant to the provisions of Article 116 or 116-2, said other Municipality; hereinafter referred to as the "Municipality to Which the Retired Insured Persons, etc. Belong"), the amount calculated by deducting the amount listed in item (iii) from the total sum of the amounts listed in items (i) and (ii) (hereinafter referred to as the "Amount for Which Contributions Shall be Made from Employees' Insurance, etc.") shall be, pursuant to Cabinet Order provisions, covered by grants for medical treatment benefit expenses, etc. to be provided by the Health Insurance Claims Review and Reimbursement Services (hereinafter referred to as the "Reimbursement Services") to the Municipality to Which Retired Insured Persons, etc. Belong:

一 退職被保険者等に係る療養の給付に要する費用の額から当該給付に係る一部負担金に相当する額を控除した額並びに入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、特別療養費、移送費、高額療養費及び高額介護合算療養費の支給に要する費用の額の合算額

(i) the total sum of: (a) the amount calculated by deducting, from the amount of expenses incurred in providing benefits for medical treatment relating to Retired Insured Persons, etc., the amount of co-payment relating to said benefits; and (b) the amount of expenses incurred in paying expenses for Dietary Treatment for inpatients, expenses for Living Support for inpatients, medical expenses combined with treatment outside insurance coverage,

medical expenses, medical expenses for home-nursing, special medical expenses, transport expenses, high-cost medical expenses and expenses for high-cost medical treatment combined with long-term care;

二 調整対象基準額及び後期高齢者支援金の額の合算額に当該退職被保険者等所属市町村に係る被保険者の総数に対する退職被保険者等の総数の割合として厚生労働省令の定めるところにより算定した割合（以下「退職被保険者等所属割合」という。）を乗じて得た額

(ii) the amount obtained by multiplying the total sum of the Base Amount for Adjustment and the amount of Old-Old Aid by the ratio calculated pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare as the ratio of the total number of Retired Insured Persons, etc. to the total number of insured persons of the Municipality to Which Retired Insured Persons, etc. Belong (hereinafter referred to as the "Ratio of Retired Insured Persons, etc.");

三 退職被保険者等に係る保険料に相当する額の合算額から当該保険料に係る介護納付金の納付に要する費用に相当する額の合算額を控除した額

(iii) the amount obtained by deducting, from the total sum of the amounts of insurance premiums relating to Retired Insured Persons, etc., the total sum of the amounts of expenses incurred in paying Long-Term Care Payments relating to said insurance premiums.

2 前項の療養給付費等交付金（以下「療養給付費等交付金」という。）は、附則第十条の規定により支払基金が徴収する療養給付費等拠出金をもつて充てる。

(2) The grants for medical treatment benefit expenses, etc. as referred to in the preceding paragraph (hereinafter referred to as "Grants for Medical Treatment Benefit Expenses, etc.") shall be covered by contributions for medical treatment benefit expenses, etc. collected by the Reimbursement Services pursuant to the provisions of Article 10 of the Supplementary Provisions.

3 第一項第二号に規定する調整対象基準額は、療養給付費等交付金の交付を受ける年度の概算調整対象基準額（高齢者の医療の確保に関する法律第三十四条第三項に規定する概算調整対象基準額をいう。以下この項において同じ。）とする。ただし、当該年度の前々年度の概算調整対象基準額が当該年度の前々年度の確定調整対象基準額

（同法第三十五条第三項に規定する確定調整対象基準額をいう。以下この項において同じ。）を超えるときは、当該年度の概算調整対象基準額からその超える額とその超える額に係る調整対象基準調整金額（当該年度の前々年度におけるすべての退職被保険者等所属市町村に係る概算調整対象基準額と確定調整対象基準額との過不足額につき生ずる利子その他の事情を勘案して厚生労働省令で定めるところにより各退職被保険者等所属市町村ごとに算定される額をいう。以下この項において同じ。）との合計額を控除して得た額とするものとし、当該年度の前々年度の概算調整対象基準額が当該年度の前々年度の確定調整対象基準額に満たないときは、当該年度の概算調整対象基準額にその満たない額とその満たない額に係る調整対象基準調整金額との合計額を加算して得た額とする。

(3) The Base Amount for Adjustment as set forth in paragraph (1), item (ii) shall be the estimated base amount for adjustment (meaning the estimated base amount for adjustment as set forth in Article 34, paragraph (3) of the Act on Assurance of Medical Care for Elderly People; hereinafter the same shall apply in this paragraph) for the fiscal year for which the Grants for Medical Treatment Benefit Expenses, etc. are provided; provided, however, that when the estimated base amount for adjustment for the fiscal year before the fiscal year immediately preceding the fiscal year for which the Grants for Medical Treatment Benefit Expenses, etc. are provided exceeds the fixed base amount for adjustment (meaning the fixed base amount for adjustment as set forth in Article 35, paragraph (3) of the same Act; hereinafter the same shall apply in this paragraph) for the fiscal year before the fiscal year immediately preceding the fiscal year for which the Grants for Medical Treatment Benefit Expenses, etc. are provided, said Base Amount for Adjustment shall be the amount obtained by deducting, from the estimated base amount for adjustment for the fiscal year for which the Grants for Medical Treatment Benefit Expenses, etc. are provided, the total sum of the amount of such excess and the base adjustment amount for adjustment (meaning the amount to be calculated for each Municipality to Which Retired Insured Persons, etc. Belong pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare, by taking into consideration interest accruing with respect to the amount of difference between the estimated base amount for adjustment and the fixed base amount for adjustment, both for all Municipalities to Which Retired Insured Persons, etc. Belong and for the fiscal year before the fiscal year immediately preceding the fiscal year for which the Grants for Medical Treatment Benefit Expenses, etc. are provided, as well as other circumstances; hereinafter the same shall apply in this paragraph) relating to said amount of such excess, whereas when the estimated base amount for adjustment for the fiscal year before the fiscal year immediately preceding the fiscal year for which the Grants for Medical Treatment Benefit Expenses, etc. are provided falls short of the fixed base amount for adjustment for the fiscal year before the fiscal year immediately preceding the fiscal year for which the Grants for Medical Treatment Benefit Expenses, etc. are provided, said Base Amount for Adjustment shall be the amount obtained by adding, to the estimated base amount for adjustment for the fiscal year for which the Grants for Medical Treatment Benefit Expenses, etc. are provided, the total sum of the amount of such shortfall and the base adjustment amount for adjustment relating to said amount of such shortfall.

(療養給付費等交付金の減額)

(Reduction of Grants for Medical Treatment Benefit Expenses, etc.)

第八条 厚生労働大臣は、退職被保険者等所属市町村の退職被保険者等に係る国民健康保険事業の運営に関し、退職被保険者等所属市町村が確保すべき収入を不当に確保しなかつた場合又は退職被保険者等所属市町村が支出すべきでない経費を不当に支出した場合においては、政令の定めるところにより、支払基金に対し、前条第一項の規定により当該退職被保険者等所属市町村に対して交付する同項の療養給付費等交付金の額を減額することを命ずることができる。

Article 8 (1) When a Municipality to Which Retired Insured Persons, etc. Belong has unjustly failed to secure the income that it should have secured or has unjustly incurred expenses that it should not have incurred, in each case in relation to the carrying out of national health insurance services for Retired Insured Person, etc. of said Municipality to Which Retired Insured Persons, etc. Belong, the Minister of Health, Labour and Welfare may, pursuant to Cabinet Order provisions, order the Reimbursement Services to reduce the amount of Grants for Medical Treatment Benefit Expenses, etc. to be provided to said Municipality to Which Retired Insured Persons, etc. Belong pursuant to the provisions of paragraph (1) of the preceding Article.

2 前項の規定により減額する額は、不当に確保しなかつた額又は不当に支出した額を超えることができない。

(2) The amount of reduction permitted pursuant to the preceding paragraph may not exceed the amount of income which unjustly failed to be secured or the amount of expenses which were unjustly incurred.

(国の負担等の経過措置に関する読替え)

(Replacement of Terms Concerning Transitional Measures for Costs Imposed upon the National Government, etc.)

第九条 退職被保険者等所属市町村については、第七十条第一項第一号中「被保険者」とあるのは「一般被保険者（附則第六条の規定による退職被保険者又は退職被保険者の被扶養者以外の被保険者をいう。第七十二条の三第一項において同じ。）」と、同項第二号中「後期高齢者支援金」とあるのは「後期高齢者支援金の納付に要する費用の額から、附則第七条第一項第二号に規定する調整対象基準額及び後期高齢者支援金の額の合算額に同号に規定する退職被保険者等所属割合を乗じて得た額を控除した額」と、第七十二条の三第一項中「被保険者」とあるのは「一般被保険者」とする。

Article 9 (1) In a Municipality to Which Retired Insured Persons, etc. Belong, the term "insured persons" in Article 70, paragraph (1), item (i) shall be deemed to be replaced with "General Insured Persons (meaning all insured persons other than retired insured persons or their dependents as set forth in Article 6 of the Supplementary Provisions; the same shall apply in Article 72-3, paragraph (1))," the term "Old-Old Aid" in item (ii) of the same paragraph shall be deemed to be replaced with "the amount calculated by deducting, from the amount of expenses incurred in paying Old-Old Aid, the amount obtained by multiplying the total sum of the Base Amount for Adjustment and the amount

of Old-Old Aid as set forth in Article 7, paragraph (1), item (ii) of the Supplementary Provisions by the Ratio of Retired Insured Persons, etc. as set forth in the same item," and the term "insured persons" in Article 72-3, paragraph (1) shall be deemed to be replaced with "General Insured Persons."

2 次条第三項の規定により厚生労働大臣が定める組合にあつては、第七十六条第一項中「保険者」とあるのは「附則第十条第三項の規定により厚生労働大臣が定める組合」と、「並びに介護納付金の納付に要する費用を含み、健康保険法第一百七十九条に規定する組合にあつては、同法」とあるのは「介護納付金、同条第一項の規定による拠出金並びに健康保険法」とする。

(2) In the case of a Society specified by the Minister of Health, Labour and Welfare pursuant to the provisions of paragraph (3) of the following Article, the term "Insurer" in Article 76, paragraph (1) shall be deemed to be replaced with "Society specified by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 10, paragraph (3) of the Supplementary Provisions," and the phrase "and Long-Term Care Payments and, in the case of a Society set forth in Article 179 of the Health Insurance Act, including expenses incurred in paying day worker contributions collected pursuant to the provisions of the same Act" in the same paragraph shall be deemed to be replaced with ", Long-Term Care Payments, the Contributions collected pursuant to the provisions of paragraph (1) of the same Article, and day worker contributions collected pursuant to the provisions of the Health Insurance Act."

(拠出金の徴収及び納付義務)

(Collection of and Obligation to Pay Contributions)

第十条 支払基金は、附則第十七条に規定する業務及び当該業務に関する事務の処理に要する費用に充てるため、年度（毎年四月一日から翌年三月三十一日までをいう。以下同じ。）ごとに、被用者保険等保険者から、療養給付費等拠出金及び事務費拠出金（以下この条、附則第十六条及び第十七条において「拠出金」という。）を徴収する。

Article 10 (1) Reimbursement Services shall, in order cover the expenses incurred in handling the functions set forth in Article 17 of the Supplementary Provisions and of affairs relating to such functions, collect contributions for medical treatment benefit expenses, etc. and affairs expense contributions (hereinafter referred to as "Contributions" in this Article and Articles 16 and 17 of the Supplementary Provisions) from Insurers of Employees' Insurance, etc. for each fiscal year (meaning the period from April 1 of each year to March 31 of the following year; hereinafter the same shall apply).

2 被用者保険等保険者は、拠出金を納付する義務を負う。

(2) Each Insurer of Employees' Insurance, etc. shall have the obligation to pay Contributions.

3 第一項の被用者保険等保険者は、健康保険法の規定による保険者、船員保険法の規定による保険者、第六条第三号に規定する共済組合、日本私立学校振興・共済事業団

及び健康保険法第三条第一項第八号の規定による承認を受けて同法の被保険者とならない者を組合員とする組合であつて厚生労働大臣が定めるものとする。

- (3) The Insurers of Employees' Insurance, etc. as referred to in paragraph (1) shall be the Insurers under the provisions of the Health Insurance Act, the Insurers under the provisions of the Seaman's Insurance Act, the mutual aid associations set forth in Article 6, item (iii), the Promotion and Mutual Aid Corporation for Private Schools of Japan, and such Societies as specified by the Minister of Health, Labour and Welfare whose members consist of persons who are not eligible as insured persons under the Health Insurance Act upon the approval under the provisions of Article 3, paragraph (1), item (viii) of the same Act.

(療養給付費等拠出金の額)

(Amount of Contributions for Medical Treatment Benefit Expenses, etc.)

第十一条 前条第一項の規定により被用者保険等保険者から徴収する療養給付費等拠出金の額は、当該年度の概算療養給付費等拠出金の額とする。ただし、前々年度の概算療養給付費等拠出金の額が前々年度の確定療養給付費等拠出金の額を超えるときは、当該年度の概算療養給付費等拠出金の額からその超える額とその超える額に係る拠出金調整金額との合計額を控除して得た額とするものとし、前々年度の概算療養給付費等拠出金の額が前々年度の確定療養給付費等拠出金の額に満たないときは、当該年度の概算療養給付費等拠出金の額にその満たない額とその満たない額に係る拠出金調整金額との合計額を加算して得た額とする。

Article 11 (1) The amount of contributions for medical treatment benefit expenses, etc. to be collected from Insurers of Employees' Insurance, etc. pursuant to the provisions of paragraph (1) of the preceding Article shall be the amount of estimated contributions for medical treatment benefit expenses, etc. for the relevant fiscal year; provided, however, that when the amount of estimated contributions for medical treatment benefit expenses, etc. for the fiscal year before the last exceeds the actual amount of fixed contributions for medical treatment benefit expenses, etc. for the fiscal year before the last, the amount of contributions for medical treatment benefit expenses, etc. to be so collected shall be the amount obtained by deducting, from the amount of estimated contributions for medical treatment benefit expenses, etc. for the relevant fiscal year, the total sum of the amount of such excess and the Contribution Adjustment Amount relating to said amount of such excess, whereas when the amount of estimated contributions for medical treatment benefit expenses, etc. for the fiscal year before the last falls short of the amount of fixed contributions for medical treatment benefit expenses, etc. for the fiscal year before the last, the amount of contributions for medical treatment benefit expenses, etc. to be so collected shall be the amount obtained by adding, to the amount of estimated contributions for medical treatment

benefit expenses, etc. for the relevant year, the total sum of the amount of such shortfall and the Contribution Adjustment Amount relating to said amount of such shortfall.

- 2 前項に規定する拠出金調整金額は、前々年度におけるすべての被用者保険等保険者に係る概算療養給付費等拠出金の額と確定療養給付費等拠出金の額との過不足額につき生ずる利子その他の事情を勘案して厚生労働省令で定めるところにより各被用者保険等保険者ごとに算定される額とする。

(2) The Contribution Adjustment Amount as referred to in the preceding paragraph shall be the amount to be calculated for each Insurer of Employees' Insurance, etc. pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare, by taking into consideration interest accruing with respect to the amount of difference between the estimated contributions for medical treatment benefit expenses, etc. and the amount of fixed contributions for medical treatment benefit expenses, etc., both for all Insurers of Employees' Insurance, etc. and for the fiscal year before the last, as well as other circumstances.

(概算療養給付費等拠出金)

(Estimated Contributions for Medical Treatment Benefit Expenses, etc.)

第十二条 前条第一項の概算療養給付費等拠出金の額は、被用者保険等保険者ごとの当該年度の標準報酬総額（健康保険法の規定による保険者又は船員保険法の規定による保険者にあつては、被保険者ごとのこれらの法律に規定する標準報酬（標準報酬月額及び標準賞与額をいう。）の当該年度の合計額の総額とし、第六条第三号に規定する共済組合にあつては、組合員ごとの同号に規定する法律に規定する標準報酬の月額及び標準期末手当等の額又は給料の月額及び期末手当等の額の当該年度の合計額の総額を、日本私立学校振興・共済事業団にあつては、加入者ごとの私立学校教職員共済法に規定する標準給与の月額及び標準賞与の額の当該年度の合計額の総額を、組合にあつては、組合員ごとのこれらの報酬に相当するものとして厚生労働省令で定めるものの当該年度の合計額の総額を、それぞれ政令で定めるところにより補正して得た額とする。以下同じ。）の見込額として厚生労働省令で定めるところにより算定される額に概算拠出率を乗じて得た額とする。

Article 12 (1) The amount of estimated contributions for medical treatment benefit expenses, etc. as referred to in paragraph (1) of the preceding Article shall be the amount obtained by multiplying the amount calculated pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare as the estimated Total Amount of Standard Remuneration of each Insurer of Employees' Insurance, etc. for the relevant fiscal year (or, in the case of an Insurer under the provisions of the Health Insurance Act or the Seaman's Insurance Act, the estimated total sum, for the relevant fiscal year, of the respective total amounts of the Standard Remuneration as set forth in said Acts (meaning the amount of standard monthly remuneration and the amount

of standard bonus) for all insured persons or, in the case of a mutual aid association set forth in Article 6, item (iii), the amount obtained by adjusting, pursuant to Cabinet Order provisions, the estimated total sum, for the relevant year, of respective total amounts of monthly Standard Remuneration and standard end-of-term expenses, etc. or monthly salary and end-of-term expenses, etc. as set forth in the Acts listed in the same item for all Society members or, in the case of the Promotion and Mutual Aid Corporation for Private Schools of Japan, the amount obtained by adjusting, pursuant to Cabinet Order provisions, the estimated total sum, for the relevant year, of respective total amounts of monthly standard salary and of standard bonuses as set forth in the Private School Personnel Mutual Aid Association Act for all subscribers or, in the case of a Society, the amount obtained by adjusting, pursuant to Cabinet Order provisions, the estimated total sum, for the relevant year, of respective total amounts of items specified by Ordinance of the Ministry of Health, Labour and Welfare as corresponding to the above types of remuneration for all Society members; hereinafter the same shall apply) by the Estimated Contribution Rate.

2 前項の概算拠出率は、厚生労働省令で定めるところにより、当該年度の各退職被保険者等所属市町村における被用者保険等拠出対象額の見込額の合計額を当該年度の被用者保険等保険者の標準報酬総額の見込額の合計額で除して得た率とする。

(2) The Estimated Contribution Rate as referred to in the preceding paragraph shall be the rate obtained, pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare, by dividing the total sum of the respective estimated Amounts for Which Contributions Shall be Made from Employees' Insurance, etc. for all Municipalities to Which Retired Insured Persons, etc. Belong for the relevant fiscal year, by the total sum of the estimated Total Amounts of Standard Remuneration for all Insurers of Employees' Insurance for the relevant fiscal year.

(確定療養給付費等拠出金)

(Fixed Contributions for Medical Treatment Benefit Expenses, etc.)

第十三条 附則第十一条第一項の確定療養給付費等拠出金の額は、各被用者保険等保険者の前々年度の標準報酬総額に確定拠出率を乗じて得た額とする。

Article 13 (1) The amount of fixed contributions for medical treatment benefit expenses, etc. as referred to in Article 11, paragraph (1) of the Supplementary Provisions shall be the amount obtained by multiplying the Total Amount of Standard Remuneration for the fiscal year before the last for each Insurer of Employees' Insurance by the Fixed Contribution Rate.

2 前項の確定拠出率は、厚生労働省令で定めるところにより、前々年度の各退職被保険者等所属市町村における被用者保険等拠出対象額の合計額を前々年度の被用者保険等保険者の標準報酬総額の合計額で除して得た率とする。

(2) The Fixed Contribution Rate as referred to in the preceding paragraph shall be the rate obtained, pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare, by dividing the total sum of the respective Amounts for Which Contributions Shall be Made from Employees' Insurance, etc. for all Municipalities to Which Retired Insured Persons, etc. Belong for the fiscal year before the last, by the total sum of the Total Amounts of Standard Remuneration for all Insurers of Employees' Insurance for the fiscal year before the last.

(事務費拠出金の額)

(Amount of Affairs Expense Contributions)

第十四条 附則第十条第一項の規定により各被用者保険等保険者から徴収する事務費拠出金の額は、厚生労働省令で定めるところにより、当該年度における附則第十七条に規定する支払基金の業務に関する事務の処理に要する費用の見込額に前々年度の各被用者保険等保険者の標準報酬総額を前々年度の被用者保険等保険者の標準報酬総額の合計額で除して得た率を乗じて得た額とする。

Article 14 The amount of affairs expense contributions to be collected from each Insurer of Employees' Insurance, etc. pursuant to the provisions of Article 10, paragraph (1) of the Supplementary Provisions shall be, pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare, the amount obtained by multiplying the estimated amount of expenses incurred in handling affairs concerning the Reimbursement Services' functions performed during the relevant fiscal year pursuant to the provisions of Article 17 of the Supplementary Provisions by the ratio obtained by dividing the Total Amount of Standard Remuneration of each Insurer of Employees' Insurance, etc. for the fiscal year before the last by the total sum of the Total Amounts of Standard Remuneration of all Insurers of Employees' Insurance, etc. for the fiscal year before the last.

(通知等)

(Notification, etc.)

第十五条 退職被保険者等所属市町村は、厚生労働省令で定めるところにより、支払基金に対し、各年度における被用者保険等拠出対象額その他厚生労働省令で定める事項を通知しなければならない。

Article 15 (1) Each Municipality to Which Retired Insured Persons, etc. Belong must, pursuant to the provisions of Ordinance of Ministry of Health, Labour and Welfare, notify the Reimbursement Services of its Amount for Which Contributions Shall be Made from Employees' Insurance, etc. for each fiscal year and all other matters prescribed by Ordinance of Ministry of Health, Labour and Welfare.

2 退職被保険者等所属市町村は、前項の規定による通知の事務を第四十五条第五項に

規定する者に委託することができる。

(2) A Municipality to which Retired Insured Persons, etc. Belong may entrust its affairs concerning the notification to be made pursuant to the preceding paragraph to any of the persons set forth in Article 45, paragraph (5).

(拠出金に関する高齢者の医療の確保に関する法律の準用)

(Application Mutatis Mutandis of the Act on Assurance of Medical Care for Elderly People with Respect to Contributions)

第十六条 高齢者の医療の確保に関する法律第四十一条及び第四十三条から第四十六条まで、第百三十四条第二項及び第三項並びに第百五十九条の規定は、拠出金に関して準用する。この場合において、これらの規定中「保険者」とあるのは、「被用者保険等保険者」と読み替えるものとする。

Article 16 The provisions of Article 41, Articles 43 through 46, paragraphs (2) and (3) of Article 134 and Article 159 of the Act on Assurance of Medical Care for Elderly People shall apply mutatis mutandis to Contributions. In this case, the terms "Insurer" and "Insurers" in these provisions shall be deemed to be replaced with "Insurer of Employees' Insurance, etc." and "Insurers of Employees' Insurance, etc.," respectively.

(支払基金の業務)

(Functions of the Reimbursement Services)

第十七条 支払基金は、社会保険診療報酬支払基金法第十五条に規定する業務のほか、この法律の目的を達成するため、次の業務（以下「退職者医療関係業務」という。）を行う。

Article 17 In addition to the functions as set forth in Article 15 of the Health Insurance Claims Review and Reimbursement Services Act, the Reimbursement Services shall perform the following functions in order to achieve the purpose of this Act (hereinafter referred to as the "Functions Relating to Medical Services for Retired Persons"):

一 被用者保険等保険者から拠出金を徴収すること。

(i) to collect Contributions from Insurers of Employees' Insurance, etc.;

二 退職被保険者等所属市町村に対し附則第七条第一項の療養給付費等交付金を交付すること。

(ii) to provide Municipalities to Which Retired Insured Persons, etc. Belong with Grants for Medical Treatment Benefit Expenses, etc. as set forth in Article 7, paragraph (1) of the Supplementary Provisions;

三 前二号に掲げる業務に附帯する業務を行うこと。

(iii) to perform functions incidental to the functions listed in the preceding two items.

(社会保険診療報酬支払基金法の適用の特例)

(Special Provisions for the Application of the Health Insurance Claims Review and Reimbursement Services Act)

第十八条 附則第八条第一項に規定する命令は、社会保険診療報酬支払基金法第十一条第二項及び第三項の規定の適用については、同法第二十九条に規定する命令とみなし、退職者医療関係業務は、同法第三十二条第二項の規定の適用については、同法第十五条に規定する業務とみなす。

Article 18 An order issued as set forth in Article 8, paragraph (1) of the Supplementary Provisions shall be deemed to constitute an order as set forth in Article 29 of the Health Insurance Claims Review and Reimbursement Services Act for the purpose of the application of Article 11, paragraphs (2) and (3) of the same Act, and the Functions Relating to Medical Services for Retired Persons shall be deemed to constitute the functions set forth in Article 15 of the same Act for the purpose of the application of Article 32, paragraph (2) of the same Act.

(支払基金の退職者医療関係業務に関する高齢者の医療の確保に関する法律の準用)
(Application Mutatis Mutandis of the Act on Assurance of Medical Care for Elderly People with Respect to the Reimbursement Services' Functions Relating to Medical Services for Retired Persons)

第十九条 高齢者の医療の確保に関する法律第四百十条から第五百十二条まで、第五百十四条、第百六十八条及び第一百七十条第一項の規定は、支払基金の退職者医療関係業務に関して準用する。この場合において、必要な技術的読替えは、政令で定める。

Article 19 The provisions of Articles 140 through 152, Articles 154 and 168 and Article 170, paragraph (1) of the Act on Assurance of Medical Care for Elderly People shall apply mutatis mutandis to the Reimbursement Services' Functions Relating to Medical Services for Retired Persons. In this case, any necessary technical replacement of terms shall be specified by Cabinet Order.

(資料の提供等)

(Provision, etc. of Materials)

第二十条 退職被保険者等所属市町村は、退職被保険者の資格に関し必要があると認めるときは、退職被保険者の年金保険の被保険者等であつた期間又は退職被保険者に対する附則第六条第一項各号に掲げる法令に基づく老齢又は退職を支給事由とする年金たる給付の支給状況につき、当該年金たる給付の支払をする者に対し、必要な書類の閲覧又は資料の提供を求めることができる。

Article 20 When a Municipality to Which Retired Insured Persons, etc. Belong finds it necessary in relation to a retired insured person's eligibility, it may request access to necessary documents or to provide necessary materials concerning said retired insured person's Period During Which the Person was an Insured Person, etc. of Pension Insurance or concerning the status of payment of any benefit in the form of a pension paid to such retired insured

person by reason of old age or retirement under any of the laws and regulations listed in the items of paragraph (1), Article 6 of the Supplementary Provisions, from the person who makes payment of said benefit in the form of a pension.

(特例退職被保険者等の経過措置)

(Transitional Measures for Special Retired Insured Persons, etc.)

第二十一条 健康保険法附則第三条第一項に規定する健康保険の被保険者（平成二十六年までの間において、附則第六条第一項の規定による退職被保険者となることができる者に限る。以下「特例退職被保険者」という。）及びその被扶養者（六十五歳に達する日の属する月の翌月以後であるもの又は同一の世帯に属さない者を除く。以下同じ。）は、附則第十二条の規定による当該年度の被用者保険等保険者の標準報酬総額の見込額及び被用者保険等拠出対象額の見込額、附則第十三条の規定による前々年度の被用者保険等保険者の標準報酬総額及び被用者保険等拠出対象額並びに附則第十四条の規定による前々年度の被用者保険等保険者の標準報酬総額の算定に当たっては、退職被保険者等とみなす。

Article 21 (1) All insured persons covered by health insurance as set forth in Article 3, paragraph (1) of the Supplementary Provisions of the Health Insurance Act (limited to those who are eligible to become a retired insured person pursuant to the provisions of Article 6, paragraph (1) of the Supplementary Provisions during the period up to fiscal 2014; hereinafter referred to as "Special Retired Insured Persons") and their dependents (excluding those whose 65th birthday falls on any month before the current month or persons who do not belong to the same household as the relevant insured person; hereinafter the same shall apply) shall be deemed to be Retired Insured Persons, etc. for the purpose of calculating: the estimated Total Amount(s) of Standard Remuneration of the Insurer of Employees' Insurance and the estimated Amounts for Which Contributions Shall be Made from Employees' Insurance, etc. for the relevant fiscal year pursuant to the provisions of Article 12 of the Supplementary Provisions; the Total Amount(s) of Standard Remuneration and the Amounts for Which Contributions Shall be Made from Employees' Insurance, etc. for the fiscal year before the last pursuant to the provisions of Article 13 of the Supplementary Provisions; and the Total Amount(s) of Standard Remuneration of the Insurer of Employees' Insurance, etc. for the fiscal year before the last pursuant to the provisions of Article 14 of the Supplementary Provisions.

2 健康保険法附則第三条第一項に規定する健康保険組合（以下「特定健康保険組合」という。）は、厚生労働省令で定めるところにより、支払基金に対し、各年度における特例退職被保険者及びその被扶養者に係る療養の給付その他医療に関する給付に要した費用その他厚生労働省令で定める事項を通知しなければならない。

(2) Each health insurance society set forth in Article 3, paragraph (1) of the Health Insurance Act (hereinafter referred to as a "Specified Health Insurance

Society") shall, pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare, notify the Reimbursement Services of the expenses incurred in providing the benefits for medical treatment and other benefits for medical services relating to Special Retired Insured Persons and their dependents for each fiscal year and all other matters prescribed by Ordinance of Ministry of Health, Labour and Welfare.

- 3 特定健康保険組合が納付する概算療養給付費等拠出金の額は、附則第十二条第一項の規定により算定した額から、第一号及び第二号に掲げる額の合算額から第三号に掲げる額を控除した額を控除した額とする。

(3) The amount of estimated contributions for medical treatment benefit expenses, etc. to be paid by a Specified Health Insurance Society shall be the amount calculated by deducting, from the amount calculated pursuant to the provisions of Article 12, paragraph (1) of the Supplementary Provisions, the amount calculated by deducting the amount listed in item (iii) from the total sum of the amounts listed in items (i) and (ii):

一 当該特定健康保険組合が負担する特例退職被保険者及びその被扶養者に係る療養の給付に要する費用の額の見込額から当該給付に係る一部負担金に相当する額の見込額を控除した額並びに入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、移送費、家族療養費、家族訪問看護療養費、家族移送費、高額療養費及び高額介護合算療養費の支給に要する費用の額の見込額の合算額

(i) the total sum of: (a) the amount calculated by deducting, from the estimated amount of expenses incurred in providing benefits for medical treatment relating to Special Retired Insured Persons and their dependents to be borne by such Specified Health Insurance Society, the estimated amount of co-payment relating to said benefits; and (b) the estimated amount of expenses incurred in paying expenses for Dietary Treatment for inpatients, expenses for Living Support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, transport expenses, dependent medical expenses, dependent medical expenses for home-nursing, dependent transport expenses, high-cost medical expenses and expenses for high-cost medical treatment combined with long-term care;

二 当該特定健康保険組合に係る調整対象基準額及び当該特定健康保険組合が負担する後期高齢者支援金の合算額に当該特定健康保険組合に係る被保険者及びその被扶養者の総数に対する特例退職被保険者及びその被扶養者の総数の割合として政令の定めるところにより算定した割合（以下「特例退職被保険者等所属割合」という。）を乗じて得た額

(ii) the amount obtained by multiplying the total sum of the Base Amount for Adjustment for such Specified Health Insurance Society and the amount of Old-Old Aid borne by said Specified Health Insurance Society by the ratio calculated pursuant to Cabinet Order provisions as the ratio of the total

number of Special Retired Insured Persons and their dependents to the total number of insured persons and their dependents covered by said Specified Health Insurance Society (hereinafter referred to as the "Ratio of Special Retired Insured Persons, etc.");

三 特例退職被保険者及びその被扶養者が退職被保険者等であり、かつ、これらの者を管掌する国民健康保険の退職被保険者等に係る平均の保険料の額から当該平均の保険料の額に係る介護納付金の納付に要する平均の費用に相当する額を控除した額をこれらの者から徴収した場合における当該控除した額の特例退職被保険者及びその被扶養者に係る合算額の見込額として厚生労働省令で定めるところにより算定される額

(iii) in cases where Special Retired Insured Persons and their dependents are Retired Insured Persons, etc. and where the amount calculated by deducting, from the amount of average insurance premiums payable by Retired Insured Persons, etc. covered by the national health insurance program covering said Special Retired Insured Persons and their dependents who are Retired Insured Persons, etc., the amount of average expenses incurred in paying Long-Term Care Payments relating to said amount of average insurance premiums, is collected from said Special Retired Insured Persons and their dependents who are Retired Insured Persons, etc., the amount calculated pursuant to Ordinance of the Ministry of Health, Labour and Welfare as the estimated total sum of the amounts so deducted for all Special Retired Insured Persons and their dependents.

4 特定健康保険組合が納付する確定療養給付費等拠出金の額は、附則第十三条第一項の規定により算定した額から、第一号及び第二号に掲げる額の合算額から第三号に掲げる額を控除した額を控除した額とする。

(4) The amount of fixed contributions for medical treatment benefit expenses, etc. to be paid by a Specified Health Insurance Society shall be calculated by deducting, from the amount calculated pursuant to the provisions of Article 13, paragraph (1) of the Supplementary Provisions, the amount calculated by deducting the amount listed in item (iii) from the total sum of the amounts listed in items (i) and (ii):

一 当該特定健康保険組合が負担した特例退職被保険者及びその被扶養者に係る療養の給付に要した費用の額から当該給付に係る一部負担金に相当する額を控除した額並びに入院時食事療養費、入院時生活療養費、保険外併用療養費、療養費、訪問看護療養費、移送費、家族療養費、家族訪問看護療養費、家族移送費、高額療養費及び高額介護合算療養費の支給に要した費用の額の合算額

(i) the total sum of: (a) the amount calculated by deducting, from the amount of expenses incurred in providing benefits for medical treatment relating to Special Retired Insured Persons and their dependents borne by such Specified Health Insurance Society, the amount of co-payment relating to said benefits; and (b) the amount of expenses incurred in paying expenses for

Dietary Treatment for inpatients, expenses for Living Support for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, transport expenses, dependent medical expenses, dependent medical expenses for home-nursing, dependent transport expenses, high-cost medical expenses and expenses for high-cost medical treatment combined with long-term care;

二 当該特定健康保険組合に係る調整対象基準額及び当該特定健康保険組合が負担した後期高齢者支援金の合算額に特例退職被保険者等所属割合を乗じて得た額

(ii) the amount obtained by multiplying the total sum of the Base Amount for Adjustment for such Specified Health Insurance Society and the amount of Old-Old Aid borne by said Specified Health Insurance Society, by the Ratio of Special Retired Insured Persons, etc.;

三 特例退職被保険者及びその被扶養者が退職被保険者等であり、かつ、これらの者を管掌する国民健康保険の退職被保険者等に係る平均の保険料の額から当該平均の保険料の額に係る介護納付金の納付に要する平均の費用に相当する額を控除した額をこれらの者から徴収した場合における当該控除した額の当該特例退職被保険者及びその被扶養者に係る合算額として厚生労働省令で定めるところにより算定される額

(iii) in cases where Special Retired Insured Persons and their dependents are Retired Insured Persons, etc. and where the amount calculated by deducting, from the amount of average insurance premiums payable by Retired Insured Persons, etc. covered by the national health insurance program covering said Special Retired Insured Persons and their dependents who are Retired Insured Persons, etc., the amount of average expenses incurred in paying Long-Term Care Payments relating to said amount of average insurance premiums, is collected from said Special Retired Insured Persons and their dependents who are Retired Insured Persons, etc., the amount calculated pursuant to Ordinance of the Ministry of Health, Labour and Welfare as the total sum of the amounts so deducted for said Special Retired Insured Persons and their dependents.

5 第三項第二号及び前項第二号に規定する調整対象基準額は、当該年度の概算調整対象基準額（高齢者の医療の確保に関する法律第三十四条第三項に規定する概算調整対象基準額をいう。以下この項において同じ。）とする。ただし、当該年度の前々年度の概算調整対象基準額が当該年度の前々年度の確定調整対象基準額（同法第三十五条第三項に規定する確定調整対象基準額をいう。以下この項において同じ。）を超えるときは、当該年度の概算調整対象基準額からその超える額とその超える額に係る調整対象基準調整金額（当該年度の前々年度におけるすべての特定健康保険組合に係る概算調整対象基準額と確定調整対象基準額との過不足額につき生ずる利子その他の事情を勘案して厚生労働省令で定めるところにより各特定健康保険組合ごとに算定される額をいう。以下この項において同じ。）との合計額を控除して得た額とするものとし、当該年度の前々年度の概算調整対象基準額が当該年度の前々年度の確定調整対象基準

額に満たないときは、当該年度の概算調整対象基準額にその満たない額とその満たない額に係る調整対象基準調整金額との合計額を加算して得た額とする。

(5) The Base Amount for Adjustment set forth in item (ii) of paragraph (3) and item (ii) of the preceding paragraph shall be the estimated base amount for adjustment (meaning the estimated base amount for adjustment as set forth in Article 34, paragraph (3) of the Act on Assurance of Medical Care for Elderly People; hereinafter the same shall apply in this paragraph) for the relevant fiscal year; provided, however, that when the estimated base amount for adjustment for the fiscal year before the fiscal year immediately preceding the relevant fiscal year exceeds the fixed base amount for adjustment (meaning the fixed base amount for adjustment as set forth in Article 35, paragraph (3) of the same Act; hereinafter the same shall apply in this paragraph) for the fiscal year before the fiscal year immediately preceding the relevant fiscal year, said Base Amount for Adjustment shall be the amount obtained by deducting, from the estimated base amount for adjustment for the relevant fiscal year, the total sum of the amount of such excess and the base adjustment amount for adjustment (meaning the amount to be calculated for each Specified Health Insurance Society pursuant to the provisions of Ordinance of the Ministry of Health, Labour and Welfare, by taking into consideration interest accruing with respect to the amount of difference between the estimated base amount for adjustment and the fixed base amount for adjustment, both for all Specified Health Insurance Societies and for the fiscal year before the fiscal year immediately preceding the relevant fiscal year, as well as other circumstances; hereinafter the same shall apply in this paragraph) relating to said amount of such excess, whereas when the estimated base amount for adjustment for the fiscal year before the fiscal year immediately preceding the relevant fiscal year falls short of the fixed base amount for adjustment for the fiscal year before the fiscal year immediately preceding the relevant fiscal year, said Base Amount for Adjustment shall be the amount obtained by adding, to the estimated base amount for adjustment for the relevant fiscal year, the total sum of the amount of such shortfall and the base adjustment amount for adjustment relating to said amount of such shortfall.

6 第一項から前項までの規定は、国家公務員共済組合法附則第十二条及び地方公務員等共済組合法附則第十八条に規定する特定共済組合並びに特例退職組合員及びその被扶養者並びに私立学校教職員共済法第二十五条において読み替えて準用する国家公務員共済組合法附則第十二条に規定する事業団並びに特例退職加入者及びその被扶養者について準用する。

(6) The provisions of paragraph (1) through the preceding paragraph shall apply mutatis mutandis to: the Specified Mutual Aid Associations and Special Retired Association Members and their dependents set forth in Article 12 of the Supplementary Provisions of the National Public Servants Mutual Aid

Association Act and Article 18 of the Supplementary Provisions of the Local Public Care Service Mutual Aid Association Act; and the Corporation and Special Retired Insured Person and their dependents set forth in Article 12 of the Supplementary Provisions of the National Public Servants Mutual Aid Association Act as applied mutatis mutandis by replacing certain terms pursuant to Article 25 of the Private School Personnel Mutual Aid Association Act.

第二十一条の二 平成二十二年度から平成二十四年度までの各年度の概算療養給付費等拠出金の額及び確定療養給付費等拠出金の額についての前条第三項及び第四項の規定の適用については、同条第三項第二号中「が負担する後期高齢者支援金」とあるのは「に係る後期高齢者支援金（当該特定健康保険組合に高齢者の医療の確保に関する法律附則第十四条の三及び第十四条の四の規定の適用がないものとして同法第百十九条の規定を適用するとしたならば同条第一項の規定により算定されることとなるものをいう。次項第二号において同じ。）」と、同条第四項第二号中「が負担した」とあるのは「に係る」とする。

Article 21-2 (1) For the purpose of applying the provisions of paragraphs (3) and (4) of the preceding Article to the amount of estimated contributions for medical treatment benefit expenses, etc. and the amount of fixed contributions for medical treatment benefit expenses, etc. for each of the fiscal years from fiscal 2010 to 2012, the phrase "Old-Old Aid to be borne by said Specified Health Insurance Society" in item (ii) of paragraph (3) of the same Article shall be deemed to be replaced with "Old-Old Aid relating to said Specified Health Insurance Society (meaning the amount which would be calculated pursuant to the provisions of Article 119, paragraph (1) of the Act on Assurance of Medical Care for Elderly People if the provisions of the same Article were to apply as if the provisions of Articles 14-3 and 14-4 of the Supplementary Provisions of the same Act did not apply to said Specified Health Insurance Society; hereinafter the same shall apply in item (ii) of the following paragraph)" and the phrase "borne by" in item (ii) of paragraph (4) of the preceding Article shall be deemed to be replaced with "relating to."

2 平成二十二年度及び平成二十三年度の各年度における前条第五項の規定の適用については、同項中「第三十四条第三項に規定する概算調整対象基準額をいう。以下この項において同じ」とあるのは「附則第十三条の二第三号及び第四号に掲げる額の合計額をいう」と、「前々年度の概算調整対象基準額」とあるのは「前々年度の概算調整対象基準額（同法第三十四条第三項に規定する概算調整対象基準額をいう。））」と、「ときは、当該年度の概算調整対象基準額」とあるのは「ときは、当該年度の概算調整対象基準額（同法附則第十三条の二第三号及び第四号に掲げる額の合計額をいう。））」と、「概算調整対象基準額」とあるのは「概算調整対象基準額（同法第三十四条第三項に規定する概算調整対象基準額をいう。））」とする。

(2) For the purpose of applying the provisions of paragraph (5) of the preceding

Article to each of the fiscal years 2010 and 2011, the phrase "meaning the estimated base amount for adjustment as set forth in Article 34, paragraph (3) of the Act on Assurance of Medical Care for Elderly People; hereinafter the same shall apply in this paragraph" in the same paragraph shall be deemed to be replaced with "meaning the total sum of the amounts listed in Article 13-2, items (iii) and (iv) of the Supplementary Provisions of the Act on Assurance of Medical Care for Elderly People," the phrase "estimated base amount for adjustment for the fiscal year before the fiscal year immediately preceding the relevant fiscal year" in the same paragraph shall be deemed to be replaced with "estimated base amount for adjustment for the fiscal year before the fiscal year immediately preceding the relevant fiscal year (meaning the estimated base amount for adjustment set forth in Article 34, paragraph (3) of the same Act)," the phrase "from the estimated base amount for adjustment" in the same paragraph shall be deemed to be replaced with "from the estimated base amount for adjustment (meaning the total sum of the amounts listed in Article 13-2, items (iii) and (iv) of the Supplementary Provisions of the same Act)," and the phrase "between the estimated base amount for adjustment" in the same paragraph shall be deemed to be replaced with "between the estimated base amount for adjustment (meaning the estimated base amount for adjustment set forth in Article 34, paragraph (3) of the same Act)."

- 3 平成二十四年度における前条第五項の規定の適用については、同項中「第三十四条第三項に規定する概算調整対象基準額」とあるのは「附則第十三条の二第三号及び第四号に掲げる額の合計額」と、「第三十五条第三項に規定する確定調整対象基準額」とあるのは「附則第十三条の三第三号及び第四号に掲げる額の合計額」とする。

- (3) For the purpose of applying the provisions of paragraph (5) of the preceding Article to fiscal 2012, the phrase "estimated base amount for adjustment as set forth in Article 34, paragraph (3)" in the same paragraph shall be deemed to be replaced with "total sum of the amounts listed in Article 13-2, items (iii) and (iv) of the Supplementary Provisions" and the phrase "fixed base amount for adjustment as set forth in Article 35, paragraph (3)" in the same paragraph shall be deemed to be replaced with "total sum of the amounts listed in Article 13-3, items (iii) and (iv) of the Supplementary Provisions."

(病床転換支援金の経過措置)

(Transitional Measures for Ward Transfer Aid)

第二十二条 高齢者の医療の確保に関する法律附則第二条に規定する政令で定める日までの間、第六十九条中「及び同法の規定による後期高齢者支援金等（以下「後期高齢者支援金等」という。）」とあるのは、「同法の規定による後期高齢者支援金等（以下「後期高齢者支援金等」という。）及び同法の規定による病床転換支援金等（以下「病床転換支援金等」という。）」と、第七十条第一項（附則第九条第一項の規定により読み替えて適用する場合を含む。）中「及び同法の規定による後期高齢者支援金

(以下「後期高齢者支援金」という。)」とあるのは「、同法の規定による後期高齢者支援金(以下「後期高齢者支援金」という。))及び同法の規定による病床転換支援金(以下「病床転換支援金」という。))」と、同項第二号(附則第九条第一項の規定により読み替えて適用する場合を含む。))中「及び後期高齢者支援金」とあるのは「、後期高齢者支援金及び病床転換支援金」と、第七十三条第一項及び第二項中「及び後期高齢者支援金」とあるのは「、後期高齢者支援金及び病床転換支援金」と、第七十五条及び第七十六条第一項(附則第九条第二項の規定により読み替えて適用する場合を含む。))中「及び後期高齢者支援金等」とあるのは「、後期高齢者支援金等及び病床転換支援金等」と、附則第七条第一項第二号中「及び後期高齢者支援金」とあるのは「、後期高齢者支援金及び病床転換支援金」と、附則第二十一条第三項第二号及び第四項第二号中「調整対象基準額及び」とあるのは「調整対象基準額並びに」と、「後期高齢者支援金」とあるのは「後期高齢者支援金及び病床転換支援金」とする。

Article 22 During the period up to the day specified by Cabinet Order set forth in Article 2 of the Supplementary Provisions of the Act on Assurance of Medical Care for Elderly People, the phrase "and the old-old aid, etc. under the provisions of the same Act (hereinafter referred to as "Old-Old Aid, etc.*)" in Article 69 shall be deemed to be replaced with ", the old-old aid, etc. under the provisions of the same Act (hereinafter referred to as "Old-Old Aid, etc.") and the ward transfer aid, etc. under the provisions of the same Act (hereinafter referred to as "Ward Transfer Aid, etc.)," the phrase "and the old-old aid under the provisions of the same Act (hereinafter referred to as "Old-Old Aid")" in Article 70, paragraph (1) (including the cases where applied mutatis mutandis pursuant to the provisions of Article 9, paragraph (1) of the Supplementary Provisions) shall be deemed to be replaced with ", the old-old aid under the provisions of the same Act (hereinafter referred to as "Old-Old Aid") and the ward transfer aid under the provisions of the same Act (hereinafter referred to as "Ward Transfer Aid")," the phrase "and Old-Old Aid" in item (ii) of the same paragraph (including the cases where applied mutatis mutandis pursuant to the provisions of Article 9, paragraph (1) of the Supplementary Provisions) shall be deemed to be replaced with ", Old-Old Aid and Ward Transfer Aid," the phrase "and Old-Old Aid" in paragraphs (1) and (2) of Article 73 shall be deemed to be replaced with ", Old-Old Aid and Ward Transfer Aid," the phrase "and Old-Old Aid, etc." in Article 75 and Article 76, paragraph (1) (including the cases where applied mutatis mutandis pursuant to the provisions of Article 9, paragraph (2) of the Supplementary Provisions) shall be deemed to be replaced with ", Old-Old Aid, etc. and Ward Transfer Aid, etc.," the phrase "and Old-Old Aid" in Article 7, paragraph (1), item (ii) of the Supplementary Provisions shall be deemed to be replaced with ", Old-Old Aid and Ward Transfer Aid," and the phrase "amount of Old-Old Aid" in item (ii) of paragraph (3) and item (ii) of paragraph (4) of Article 21 of the Supplementary Provisions shall be deemed to be replaced with "amounts of Old-Old Aid and Ward

Transfer Aid."

(組合に対する補助の特例)

(Special Provisions for Assistance to Societies)

第二十二條の二 平成二十二年度から平成二十四年度までの各年度における第七十三條第二項の規定の適用については、同項中「補助の割合」とあるのは、「補助の割合及び組合の財政力」とする。

Article 22-2 For the purpose of applying the provisions of Article 73, paragraph (2) to each of the fiscal years from fiscal 2010 to 2012, the phrase "proportion of assistance provided by the national government pursuant to the Health Insurance Act with respect to expenses incurred in health insurance services (including expenses incurred in paying Young-Old Payments and Old-Old Aid and Long-Term Care Payment)" in the same paragraph shall be deemed to be replaced with "proportion of assistance provided by the national government pursuant to the Health Insurance Act with respect to expenses incurred in health insurance services (including expenses incurred in paying Young-Old Payments and Old-Old Aid and Long-Term Care Payments) as well as the relevant Society's financial capability."

(合併市町村における保険料の賦課に関する特例)

(Special Provisions for the Assessment of Insurance Premiums in Merged Municipalities)

第二十三條 市町村の合併の特例に関する法律（平成十六年法律第五十九号）第二條第二項に規定する合併市町村は、同條第三項に規定する合併関係市町村の相互の間に保険料の賦課に関し著しい不均衡があるため、その全区域にわたって均一の保険料の賦課をすることが著しく衡平を欠くと認められる場合においては、市町村の合併（平成三十二年三月三十一日までの間に行われたものに限る。）が行われた日の属する年度及びこれに続く五箇年度に限り、その衡平を欠く程度を限度として不均一の保険料の賦課をすることができる。

Article 23 In cases where a Merged Municipality set forth in Article 2, paragraph (2) of the Act on Special Provisions on Mergers of Municipalities (Act No. 59 of 2004) finds it extremely unfair to assess uniform insurance premiums across its entire area in the face of an extreme imbalance existing between the Municipalities Involved in a Merger as set forth in paragraph (3) of the same Article in terms of the assessment of insurance premiums, it may, only for the fiscal year to which the date of municipal merger (limited to a municipal merger taking place during the period up to March 31, 2020) belongs and the following five fiscal years, assess non-uniform insurance premiums to and only to the extent of the level of such imbalance.

(国民健康保険に関する特別会計への繰入れ等の特例)

(Special Provisions for Transfer, etc. to Special Account for National Health Insurance)

第二十四条 市町村は、平成二十二年度から平成二十六年までの各年度において、第七十二条の三第一項の規定に基づき繰り入れる額のほか、政令の定めるところにより、一般会計から、所得の少ない者の数に応じて国民健康保険の財政の状況その他の事情を勘案して政令の定めるところにより算定した額を国民健康保険に関する特別会計に繰り入れなければならない。

Article 24 (1) For each of the fiscal years from fiscal 2010 to 2014, each Municipality must, pursuant to Cabinet Order provisions, transfer from its general fund to a special account for its national health insurance program, an amount calculated, pursuant to Cabinet Order provisions, according to the number of persons with small income by taking into consideration the financial status of the national health insurance program and other circumstances, in addition to the amount to be transferred pursuant to the provisions of Article 72-3, paragraph (1).

2 国は、平成二十二年度から平成二十六年までの各年度において、政令の定めるところにより、前項の規定による繰入金の二分の一に相当する額を負担する。

(2) For each of the fiscal years from fiscal 2010 to 2014, the national government shall, pursuant to Cabinet Order provisions, bear an amount equal to one half of the amount to be transferred pursuant to the provisions of the preceding paragraph.

3 都道府県は、平成二十二年度から平成二十六年までの各年度において、政令の定めるところにより、第一項の規定による繰入金の四分の一に相当する額を負担する。

(3) For each of the fiscal years from fiscal 2010 to 2014, each prefectural government shall, pursuant to Cabinet Order provisions, an amount equal to one-fourth of the amount to be transferred pursuant to the provisions of paragraph (1).

(国の負担の特例)

(Special Provisions on Costs Imposed upon the National Government)

第二十五条 平成二十二年度から平成二十六年までの各年度における第七十条第一項第一号の規定の適用については、同号中「繰入金」とあるのは、「繰入金及び附則第二十四条第一項の規定による繰入金の合算額」とし、当該年度における第七十二条第二項第一号の規定の適用については、同号中「第七十条第一項第一号」とあるのは、「附則第二十五条により読み替えられた第七十条第一項第一号」とし、当該年度における同項第二号の規定の適用については、同号中「繰入金」とあるのは、「繰入金及び附則第二十四条第一項の規定による繰入金の合算額」とする。

Article 25 For the purpose of applying the provisions of Article 70, paragraph (1), item (i) to each of the fiscal years from fiscal 2010 to 2014, the phrase "amount to be transferred pursuant to the provisions of Article 72-3, paragraph (1)" in the same item shall be deemed to be replaced with "total sum of the amount to

be transferred pursuant to the provisions of Article 72-3, paragraph (1) and the amount to be transferred pursuant to the provisions of Article 24, paragraph (1) of the Supplementary Provisions." For the purpose of applying the provisions of Article 72, paragraph (2), item (i) to each of said fiscal years, the phrase "Article 70, paragraph (1), item (i)" in the same item shall be deemed to be replaced with "Article 70, paragraph (1), item (i) after the replacement of certain terms pursuant to Article 25 of the Supplementary Provisions." For the purpose of applying the provisions of item (ii) of the same paragraph to each of said fiscal years, the phrase "total amount to be transferred pursuant to the provisions of Article 72-3, paragraph (1)" in the same item shall be deemed to be replaced with "aggregate total of the amount to be transferred pursuant to the provisions of Article 72-3, paragraph (1) and the amount to be transferred pursuant to the provisions of Article 24, paragraph (1) of the Supplementary Provisions."

(高額な医療に係る交付金事業等)

(Subsidy Programs, etc. for High-Cost Medical Services)

第二十六条 連合会は、政令の定めるところにより、国民健康保険の財政の安定化を図るため、平成二十二年度から平成二十六年までの間、その会員である市町村に対して次に掲げる交付金を交付する事業を行うものとする。

Article 26 (1) In order to promote the financial stability of national health insurance programs, each Federation shall, pursuant to Cabinet Order provisions, conduct programs for providing the following subsidies to its member Municipalities during the period from fiscal 2010 to 2014:

一 政令で定める額（第三項の規定により都道府県が特別の額を定めた場合には、その額）以上の医療に要する費用を市町村（連合会の会員である市町村をいう。以下同じ。）が共同で負担することに伴う交付金

(i) subsidies for the joint sharing by the Municipalities (meaning the Municipalities which are members of the Federation; hereinafter the same shall apply) of the expenses incurred in medical services costing no less than an amount specified by Cabinet Order (or, where a special amount is specified by the prefectural government pursuant to the provisions of paragraph (3), such amount);

二 政令で定める額以上の高額な医療に要する費用を国、都道府県及び市町村が共同で負担することに伴う交付金

(ii) subsidies for the joint sharing by the national government, the prefectural government and the Municipalities of the expenses incurred in medical services costing no less than an amount specified by Cabinet Order.

2 連合会は、前項の事業に要する費用に充てるため、同項各号に掲げる交付金を交付する事業ごとに、政令で定める方法（同項第一号に掲げる交付金を交付する事業について、次項の規定により都道府県が特別の方法を定めた場合には、その方法）により、

市町村から拠出金を徴収する。

(2) In order to cover the expenses incurred in the programs set forth in the preceding paragraph, the Federation shall collect contributions from the Municipalities for each of the programs for providing the subsidies listed in the items of the same paragraph, pursuant to the means specified by Cabinet Order (or, where a special means is specified by the prefectural government pursuant to the provisions of the following paragraph for the program for providing the subsidy listed in item (i) of paragraph (1), said means).

3 都道府県は、必要があると認めるときは、第一項第一号に掲げる交付金を交付する事業について、政令で定める基準に従い、広域化等支援方針において、第六十八条の二第二項第四号に掲げる国民健康保険の財政の安定化を図るための具体的な施策として、第一項第一号の政令で定める額又は前項の政令で定める方法に代えて、特別の額又は特別の方法を定めることができる。

(3) When a prefectural government deems it necessary, it may specify, in accordance with the standards set by Cabinet Order, a special amount or special method for its programs for providing the subsidies listed in item (i) of paragraph (1) in its Geographic Expansion Support Policy, to replace the amount specified by Cabinet Order pursuant to item (i) of paragraph (1) or the method specified by Cabinet Order pursuant to the preceding paragraph, respectively, as part of its specific measures for promoting the financial stability of national health insurance programs as listed in Article 68-2, paragraph (2), item (iv).

4 市町村は、第二項の規定による拠出金を納付する義務を負う。

(4) Each Municipality shall have the obligation to pay the contributions set forth in paragraph (2).

5 国及び都道府県は、政令の定めるところにより、第一項第二号に掲げる交付金を交付する事業に係る第二項の規定による拠出金（当該事業に関する事務の処理に要する費用に係るものを除く。）の四分の一に相当する額をそれぞれ負担する。

(5) The national government and the prefectural government shall, pursuant to Cabinet Order provisions, each bear an amount equal to one-fourth of the amount of the contributions collected pursuant to paragraph (2) for the programs for providing the subsidies listed in item (ii) of paragraph (1) (excluding contributions for the expenses incurred in handling affairs concerning said project).

6 指定法人は、連合会からの拠出金その他の当該事業に必要な経費に充てるために支出された金銭を財源として、連合会に対して第一項第二号に掲げる交付金を交付する事業のうち著しく高額な医療に関する給付に係るものについて交付金を交付する事業を行うことができる。

(6) A Designated Association may conduct programs for providing Federations with subsidies for programs which provide the subsidies listed in item (ii), paragraph (1) and which are related to benefits for high-cost medical services,

using, as financial resources, contributions from Federations and other monies disbursed in order to cover expenses necessary for the relevant programs.

(調整交付金の特例)

(Special Provisions on Adjusted Subsidies)

第二十七条 平成二十二年度から平成二十六年までの間の各年度の第七十二条第二項に規定する調整交付金の総額は、同項の規定にかかわらず、同項の規定により算定された額から、前条第五項の規定により国が負担する費用の額から当該費用の額の三分の一以内の額を控除した額を控除した額として予算で定める額とする。

Article 27 The total amount of adjusted subsidies to be provided pursuant to the provisions of Article 72, paragraph (2) for each of the fiscal years from fiscal 2010 to 2014 shall be, notwithstanding the provisions of the same paragraph, the amount specified in the budget as the amount calculated by taking the amount calculated by deducting, from the amount of expenses to be borne by the national government pursuant to the provisions of paragraph (5) of the preceding Article, an amount not more than one-third of such amount of expenses, and deducting said amount from the amount calculated pursuant to the provisions of the same paragraph.