

高齢者の医療の確保に関する法律（暫定版） Act on Assurance of Medical Care for Elderly People (Tentative translation)

(昭和五十七年八月十七日法律第八十号)

(Act No. 80 of August 17, 1982)

目次

Table of Contents

第一章 総則（第一条—第七条）

Chapter I General Provisions (Articles 1 through 7)

第二章 医療費適正化の推進

Chapter II Promotion of Appropriate Medical Expenses

第一節 医療費適正化計画等（第八条—第十七条の二）

Section 1 Plans for Regulating Medical Expenses (Articles 8 through 17-2)

第二節 特定健康診査等基本指針等（第十八条—第三十一条）

Section 2 Basic Guidelines on Special health examinations (Articles 18 to 31)

第三章 前期高齢者に係る保険者間の費用負担の調整（第三十二条—第四十六条）

Chapter III Coordination of Sharing of Expenses between Insurers Pertaining to Young-Old Persons (Articles 32 to 46)

第四章 後期高齢者医療制度

Chapter IV Late-Stage Elderly Medical Care System

第一節 総則（第四十七条—第四十九条）

Section 1 General Provisions (Articles 47 through 49)

第二節 被保険者（第五十条—第五十五条の二）

Section 2 Insured (Articles 50 through 55-2)

第三節 後期高齢者医療給付

Section 3 Old-Old Age medical care benefit

第一款 通則（第五十六条—第六十三条）

Subsection 1 General Rules (Articles 56 through 63)

第二款 療養の給付及び入院時食事療養費等の支給

Subsection 2 Benefits for Medical Treatment and Payment of Dietary Treatment Expenses for Inpatients

第一目 療養の給付並びに入院時食事療養費、入院時生活療養費、保険外併用療養費及び療養費の支給（第六十四条—第七十七条）

Division 1 Benefits for Medical Treatment, and Payment of Dietary Treatment Expenses for Inpatients, Living Support Expenses for Inpatients, Medical Expenses Combined with Treatment Outside Insurance Coverage, and Medical Expenses (Articles 64 through 77)

第二目 訪問看護療養費の支給（第七十八条—第八十一条）

Division 2 Payment of Medical Expenses for Home-Nursing (Articles 78 through 81)

第三目 特別療養費の支給（第八十二条）

Division 3 Payment of Special Medical Expenses (Article 82)

第四目 移送費の支給（第八十三条）

Division 4 Payment of Transport Expenses (Article 83)

第三款 高額療養費及び高額介護合算療養費の支給（第八十四条・第八十五条）

Subsection 3 Payment of High-Cost Medical Expenses and Sizable medical and nursing expenses (Articles 84 and 85)

第四款 その他の後期高齢者医療給付（第八十六条）

Subsection 4 Other Late-Stage medical care benefit for the Elderly (Article 86)

第五款 後期高齢者医療給付の制限（第八十七条—第九十二条）

Subsection 5 Restrictions on Late-Stage medical care benefit for the Elderly (Articles 87 through 92)

第四節 費用等

Section 4 Expenses

第一款 費用の負担（第九十三条—第一百十五条）

Subsection 1 Bearing of Expenses (Articles 93 through 115)

第二款 財政安定化基金（第一百十六条）

Subsection 2 Fiscal Stability Fund (Article 116)

第三款 特別高額医療費共同事業（第一百十七条）

Subsection 3 Special high medical care cost Joint Enterprise (Article 117)

第四款 保険者の後期高齢者支援金等（第一百十八条—第一百二十四条）

Subsection 4 Medical Care Assistance for the Elderly Aged 75 and over of Insurers (Articles 118 through 124)

第五款 後期高齢者医療広域連合の出産育児支援金等（第一百二十四条の二—第一百二十四条の八）

Subsection 5 Childbirth and Childcare Support Benefits of Association of Medical Care Systems for the Elderly Aged 75 and older (Articles 124-2 through 124-8)

第六款 雑則（第一百二十四条の九）

Subsection 6 Miscellaneous Provisions (Article 124-9)

第五節 高齢者保健事業（第一百二十五条—第一百二十五条の四）

Section 5 Healthcare Services for the Elderly (Articles 125 through 125-4)

第六節 後期高齢者医療診療報酬審査委員会（第一百二十六条・第一百二十七条）

Section 6 Examination Committee for Medical Fees for Old-Old Healthcare (Articles 126 and 127)

第七節 審査請求（第一百二十八条—第一百三十条）

Section 7 Request for Examination (Articles 128 through 130)

第八節 高齢者保健事業等に関する援助等（第一百三十一条・第一百三十二条）

Section 8 Assistance for Healthcare Services for the Elderly (Articles 131 and 132)

第九節 雑則（第百三十三条—第百三十八条）

Section 9 Miscellaneous Provisions (Articles 133 through 138)

第五章 社会保険診療報酬支払基金の高齢者医療制度関係業務（第百三十九条—第百五十四条）

Chapter V Services Related to the Medical Care System for the Elderly at the Health Insurance Claims Review & Reimbursement Services (Articles 139 through 154)

第六章 国民健康保険団体連合会の高齢者医療関係業務（第百五十五条—第百五十七条）

Chapter VI Medical Services for the Elderly of the National Health Insurance Federation (Articles 155 through 157)

第七章 雑則（第百五十七条の二—第百六十六条）

Chapter VII Miscellaneous Provisions (Articles 157-2 through 166)

第八章 罰則（第百六十七条—第百七十一条）

Chapter VIII Penal Provisions (Articles 167 through 171)

附 則

Supplementary Provisions

第一章 総則

Chapter I General Provisions

（目的）

(Purpose)

第一条 この法律は、国民の高齢期における適切な医療の確保を図るため、医療費の適正化を推進するための計画の作成及び保険者による健康診査等の実施に関する措置を講ずるとともに、高齢者の医療について、国民の共同連帯の理念等に基づき、前期高齢者に係る保険者間の費用負担の調整、後期高齢者に対する適切な医療の給付等を行うために必要な制度を設け、もって国民保健の向上及び高齢者の福祉の増進を図ることを目的とする。

Article 1 The purpose of this Act is to formulate a plan for promoting the optimization of medical expenses and to take measures for the implementation of health checkups, etc. by insurers in order to ensure appropriate medical care for the citizens in their old age, and with regard to medical care for the elderly, to establish a system necessary for adjusting the sharing of expenses between insurers pertaining to the young-old and for providing appropriate medical care benefits, etc. for the old-old, based on the principle of joint and several action by citizens, thereby improving the health of the citizens and promoting the welfare of the elderly.

(基本的理念)

(Basic Principles)

第二条 国民は、自助と連帯の精神に基づき、自ら加齢に伴って生ずる心身の変化を自覚して常に健康の保持増進に努めるとともに、高齢者の医療に要する費用を公平に負担するものとする。

Article 2 (1) Citizens, based on the spirit of self-help and solidarity, are to endeavor at all times to maintain and improve their health, being conscious of the mental and physical changes that occur as a result of aging, and to bear the expenses required for medical care for elderly persons in a fair manner.

2 国民は、年齢、心身の状況等に応じ、職域若しくは地域又は家庭において、高齢期における健康の保持を図るための適切な保健サービスを受ける機会を与えられるものとする。

(2) Citizens are to be given the opportunity to receive appropriate health services to help maintain their health in old age, in accordance with their age, mental and physical condition, etc., at work, in the community, or at home.

(国の責務)

(Responsibilities of the State)

第三条 国は、国民の高齢期における医療に要する費用の適正化を図るための取組が円滑に実施され、高齢者医療制度（第三章に規定する前期高齢者に係る保険者間の費用負担の調整及び第四章に規定する後期高齢者医療制度をいう。以下同じ。）の運営が健全に行われるよう必要な各般の措置を講ずるとともに、第一条に規定する目的の達成に資するため、医療、公衆衛生、社会福祉その他の関連施策を積極的に推進しなければならない。

Article 3 The national government must take all necessary measures to ensure the smooth implementation of efforts to ensure the appropriateness of the expenses required for medical care by citizens in old age and the sound operation of the medical insurance system for the elderly (meaning the adjustment of the sharing of expenses among insurers pertaining to the young-old provided for in Chapter III and the medical insurance system for the old-old provided for in Chapter IV; the same applies hereinafter), and actively promote medical care, public health, social welfare, and other related measures in order to contribute to the achievement of the purpose provided for in Article 1.

(地方公共団体の責務)

(Responsibilities of Local Governments)

第四条 地方公共団体は、この法律の趣旨を尊重し、住民の高齢期における医療に要する費用の適正化を図るための取組及び高齢者医療制度の運営が適切かつ円滑に行われるよう所要の施策を実施しなければならない。

Article 4 (1) A local government must respect the purport of this Act and

implement the necessary measures to ensure that efforts are made to ensure the appropriateness of the expenses required for medical care by residents in old age and the management of the medical care system for the elderly is carried out appropriately and smoothly.

- 2 前項に規定する住民の高齢期における医療に要する費用の適正化を図るための取組においては、都道府県は、当該都道府県における医療提供体制（医療法（昭和二十三年法律第二百五号）第三十条の三第一項に規定する医療提供体制をいう。）の確保並びに当該都道府県及び当該都道府県内の市町村（特別区を含む。以下同じ。）の国民健康保険事業の健全な運営を担う責務を有することに鑑み、保険者、第四十八条に規定する後期高齢者医療広域連合（第八条から第十六条まで及び第二十七条において「後期高齢者医療広域連合」という。）、医療関係者その他の関係者の協力を得つつ、中心的な役割を果たすものとする。

- (2) In efforts to ensure the optimization of expenses required for medical care by residents in old age as prescribed in the preceding paragraph, the prefecture is to play a central part in obtaining the cooperation of Insurers, the Association of Medical Care Systems for the Elderly Aged 75 and older prescribed in Article 48 (referred to as the "Association of Medical Care Systems for the Elderly Aged 75 and older" in Articles 8 through 16 and Article 27), medical personnel, and other relevant persons, in light of its responsibility to ensure the medical care delivery system (meaning the medical care delivery system prescribed in Article 30-3, paragraph (1) of the Medical Care Act (Act No. 205 of 1948)) in the prefecture and the sound operation of national health insurance services by the prefecture and municipalities (including special wards; the same applies hereinafter) within the prefecture.

（保険者の責務）

(Responsibilities of Insurers)

第五条 保険者は、加入者の高齢期における健康の保持のために必要な事業を積極的に推進するよう努めるとともに、高齢者医療制度の運営が健全かつ円滑に実施されるよう協力しなければならない。

Article 5 An insurer must endeavor to actively promote the services necessary for maintaining the health of its members in old age, and must cooperate so that the operation of the medical care system for the elderly is implemented in a sound and smooth manner.

（医療の担い手等の責務）

(Responsibilities of Medical Care Professionals)

第六条 医師、歯科医師、薬剤師、看護師その他の医療の担い手並びに医療法第一条の二第二項に規定する医療提供施設の開設者及び管理者は、前三条に規定する各般の措置、施策及び事業に協力しなければならない。

Article 6 Physicians, dentists, pharmacists, nurses, and other medical care

professionals, as well as the organizers and administrators of medical institutions prescribed in Article 1-2, paragraph (2) of the Medical Care Act, must cooperate with the various measures, policies, and undertakings prescribed in the preceding three Articles.

(定義)

(Definitions)

第七条 この法律において「医療保険各法」とは、次に掲げる法律をいう。

Article 7 (1) The term "Medical Insurance Acts" as used in this Act means the following acts:

一 健康保険法（大正十一年法律第七十号）

(i) the Health Insurance Act (Act No. 70 of 1922);

二 船員保険法（昭和十四年法律第七十三号）

(ii) the Mariners Insurance Act (Act No. 73 of 1939);

三 国民健康保険法（昭和三十三年法律第百九十二号）

(iii) the National Health Insurance Act (Act No. 192 of 1958);

四 国家公務員共済組合法（昭和三十三年法律第百二十八号）

(iv) national Public Officers' mutual aid association Act (Act No. 128 of 1958);

五 地方公務員等共済組合法（昭和三十七年法律第百五十二号）

(v) local public employee and Harbor mutual aid association Act (Act No. 152 of 1962);

六 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）

(vi) private School Teachers Mutual Aid Association Act (Act No. 245 of 1953).

2 この法律において「保険者」とは、医療保険各法の規定により医療に関する給付を行う全国健康保険協会、健康保険組合、都道府県及び市町村、国民健康保険組合、共済組合又は日本私立学校振興・共済事業団をいう。

(2) The term "Insurers" as used in this Act means Japan Health Insurance Association, health insurance societies, prefectures and municipalities, national health insurance societies, mutual aid association, or the Promotion and Mutual Aid Corporation for Private Schools of Japan, which provide medical care benefits pursuant to the provisions of the Medical Insurance Acts.

3 この法律において「被用者保険等保険者」とは、保険者（健康保険法第二百三十三条第一項の規定による保険者としての全国健康保険協会、都道府県及び市町村並びに国民健康保険組合を除く。）又は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国民健康保険組合であつて厚生労働大臣が定めるものをいう。

(3) The term "insurers of health insurance, etc." as used in this Act means insurers (excluding Japan Health Insurance Association, prefectural and municipal governments, and national health insurance societies as insurers under the provisions of Article 123, paragraph (1) of the employee insurance Act) or national health insurance societies whose members are persons who do

not become insured under the same Act with the approval under the provisions of Article 3, paragraph (1), item (viii) of the Health Insurance Act, as specified by the Minister of Health, Labour and Welfare.

4 この法律において「加入者」とは、次に掲げる者をいう。

(4) The term "participant" as used in this Act means the following persons:

一 健康保険法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) a insured pursuant to the provisions of the Health Insurance Act; provided, however, that this does not apply to a specially-permitted insured for day laborers pursuant to the provisions of Article 3, paragraph (2) of the same Act;

二 船員保険法の規定による被保険者

(ii) a insured under the provisions of the Mariners Insurance Act;

三 国民健康保険法の規定による被保険者

(iii) a insured pursuant to the provisions of the National Health Insurance Act;

四 国家公務員共済組合法又は地方公務員等共済組合法に基づく共済組合の組合員

(iv) a member of a mutual aid association based on the National Public Officers mutual aid association Act or the local public employee, etc. mutual aid association Act;

五 私立学校教職員共済法の規定による私立学校教職員共済制度の加入者

(v) a member of the Private School Teachers mutual aid system under the provisions of the Private School Teachers Mutual Aid Act;

六 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。ただし、健康保険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。

(vi) a dependent pursuant to the provisions of the Health Insurance Act, the Mariners Insurance Act, the National Public Officers mutual aid association Act (including as applied mutatis mutandis pursuant to other Acts), or the local public employee mutual aid association Act; provided, however, that this does not apply to a dependent pursuant to the provisions of the Health Insurance Act of a specially-insured day laborer insured pursuant to the provisions of Article 3, paragraph (2) of the same 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 who has received a specially-insured day laborer insured card pursuant to the provisions of Article 126 of the Health Insurance Act and has

not run out of blank space for stamps for proof of health insurance in the card, and a dependent of the person pursuant to the provisions of the same Act; provided, however, that this does not apply to a person who has received approval pursuant to the provisions of the proviso to Article 3, paragraph (2) of the same Act and is within a period during which the person is not eligible to be a specially-insured day laborer insured pursuant to the provisions of the same paragraph, a person who has returned the specially-insured day laborer Article 126, paragraph (3) card pursuant to the provisions of insured of the same Act, and a dependent of the person pursuant to the provisions of the same Act.

第二章 医療費適正化の推進

Chapter II Promotion of Appropriate Medical Expenses

第一節 医療費適正化計画等

Section 1 Plans to Optimize Medical Expenses

(医療費適正化基本方針及び全国医療費適正化計画)

(Basic Policy for Regulating Medical Expenses and National Plan for Regulating Medical Expenses)

第八条 厚生労働大臣は、国民の高齢期における適切な医療の確保を図る観点から、医療に要する費用の適正化（以下「医療費適正化」という。）を総合的かつ計画的に推進するため、医療費適正化に関する施策についての基本的な方針（以下「医療費適正化基本方針」という。）を定めるとともに、六年ごとに、六年を一期として、医療費適正化を推進するための計画（以下「全国医療費適正化計画」という。）を定めるものとする。

Article 8 (1) From the perspective of ensuring appropriate medical care for the people in old age, in order to promote the optimization of expenses required for medical care (hereinafter referred to as "optimization of medical expenses") in a comprehensive and systematic manner, the Minister of Health, Labour and Welfare is to establish basic policies concerning measures for the optimization of medical expenses (hereinafter referred to as the "basic policies for the optimization of medical expenses"), and establish a plan for promoting the optimization of medical expenses every six years (hereinafter referred to as the "national plan for the optimization of medical expenses") with six years as one period.

2 医療費適正化基本方針においては、次に掲げる事項を定めるものとする。

(2) The Basic Policy on Regulating Medical Expenses is to provide for the following matters:

一 次条第一項に規定する都道府県医療費適正化計画において定めるべき目標に係る参酌すべき標準その他の当該計画の作成に当たつて指針となるべき基本的な事項

(i) the standards to be taken into consideration pertaining to the targets to be

- specified in the Prefectural Plan for Regulating Medical Expenses as prescribed in paragraph (1) of the following Article and other basic matters to be guidelines in preparing the plan;
- 二 次条第一項に規定する都道府県医療費適正化計画の達成状況の評価に関する基本的な事項
- (ii) basic matters concerning the evaluation of the degree of achievement of the prefectural plan for regulating medical expenses prescribed in paragraph (1) of the following Article;
- 三 医療に要する費用の調査及び分析に関する基本的な事項
- (iii) basic particulars concerning investigation and analysis of the expenses required for medical services;
- 四 前三号に掲げるもののほか、医療費適正化の推進に関する重要事項
- (iv) beyond what is set forth in the preceding three items, important matters concerning the promotion of the optimization of medical expenses.
- 3 医療費適正化基本方針は、医療法第三十条の三第一項に規定する基本方針、介護保険法（平成九年法律第百二十三号）第百十六条第一項に規定する基本指針及び健康増進法（平成十四年法律第百三十三号）第七条第一項に規定する基本方針と調和が保たれたものでなければならない。
- (3) The basic policies for regulating medical expenses must be in harmony with the basic policies prescribed in Article 30-3, paragraph (1) of the Medical Care Act, the basic guidelines prescribed in the Article 116, paragraph (1) of the Long-Term Care Insurance Act (Act No. 123 of 1997), and the basic policies prescribed in Article 7, paragraph (1) of the Health Promotion Act (Act No. 103 of 2002).
- 4 全国医療費適正化計画においては、次に掲げる事項を定めるものとする。
- (4) The National Plan for Regulating Medical Expenses is to specify the following matters:
- 一 国民の健康の保持の推進に関し、医療費適正化の推進のために国が達成すべき目標に関する事項
- (i) the particulars of the goals that the national government must achieve to advance the optimization of medical expenses in connection with the furtherance of the people's commitment to maintaining their health;
- 二 医療の効率的な提供の推進に関し、医療費適正化の推進のために国が達成すべき目標に関する事項
- (ii) with regard to the promotion of the efficient provision of medical care, matters concerning the targets to be achieved by the national government for the promotion of the optimization of medical expenses;
- 三 前二号の目標を達成するために国が取り組むべき施策に関する事項
- (iii) matters concerning measures to be taken by the national government in order to achieve the goals set forth in the preceding two items;
- 四 第一号及び第二号の目標を達成するための保険者、後期高齢者医療広域連合、医

療機関その他の関係者の連携及び協力に関する事項

- (iv) particulars concerning coordination and cooperation among insurers, Association of Medical Care Systems for the Elderly Aged 75 and older, medical institutions, and other relevant persons in order to achieve the goals set forth in items (i) and (ii);

五 各都道府県の医療計画（医療法第三十条の四第一項に規定する医療計画をいう。以下同じ。）に基づく事業の実施を踏まえ、計画の期間において見込まれる病床の機能（同法第三十条の三第二項第六号に規定する病床の機能をいう。以下同じ。）の分化及び連携の推進の成果に関する事項

- (v) in light of the implementation of projects based on the medical care plan (meaning the medical care plan prescribed in Article 30-4, paragraph (1) of the Medical Care Act; the same applies hereinafter) of each prefecture, matters concerning the results of the promotion of the differentiation and coordination of the bed functions (meaning the bed functions prescribed in Article 30-3, paragraph (2), item (vi) of the same Act; the same applies hereinafter) expected during the period of the plan;

六 前号に掲げる事項、第一号及び第二号の目標を達成するための国民の健康の保持の推進及び医療の効率的な提供の推進により達成が見込まれる医療費適正化の効果その他厚生労働省令で定める事項を踏まえて、厚生労働省令で定めるところにより算定した計画の期間における医療に要する費用の見込み（第十一条第七項において「国の医療に要する費用の目標」という。）に関する事項

- (vi) matters concerning the prospective expenses required for medical care during the period of the plan calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare, based on the matters set forth in the preceding item, the expected effects of the optimization of medical expenses through the promotion of the maintenance of citizens' health and the promotion of the efficient provision of medical care to achieve the goals set forth in items (i) and (ii), and other matters specified by Order of the Ministry of Health, Labour and Welfare (referred to as the "national target of expenses required for medical care" in Article 11, paragraph (7));

七 計画の達成状況の評価に関する事項

- (vii) matters concerning the evaluation of the status of the achievement of the plan;

八 前各号に掲げるもののほか、医療費適正化の推進のために必要な事項

- (viii) beyond what is set forth in the preceding items, matters necessary for promoting the optimization of medical expenses.

5 厚生労働大臣は、前項第一号から第三号までに掲げる事項を定めるに当たっては、病床の機能の分化及び連携の推進並びに地域における医療及び介護の総合的な確保の促進に関する法律（平成元年法律第六十四号）第二条第一項に規定する地域包括ケアシステム（次条第四項において「地域包括ケアシステム」という。）の構築に向けた取組並びに国民の加齢に伴う身体的、精神的及び社会的な特性を踏まえた医療及び介

護の効果的かつ効率的な提供の重要性に留意するものとする。

(5) In specifying the particulars set forth in items (i) through (iii) of the preceding paragraph, the Minister of Health, Labour and Welfare is to pay attention to the significance of efforts towards the establishment of a community-based integrated care system prescribed in Article 2, paragraph (1) of the Act on the Promotion of Differentiation and Coordination of the Bed's Functions and the Comprehensive Securing of Medical Care and Nursing Care in Local Communities (Act No. 64 of 1989) (referred to as the "community-based integrated care system" in paragraph (4) of the following Article) and the effective and efficient provision of medical care and nursing care in light of the physical, mental and social characteristics of the citizens as they age.

6 厚生労働大臣は、医療費適正化基本方針及び全国医療費適正化計画を定め、又はこれを変更しようとするときは、あらかじめ、関係行政機関の長に協議するものとする。

(6) The Minister of Health, Labour and Welfare is to consult with the head of a relevant administrative organ in advance, when intending to establish or change the Basic Policies for Regulating Medical Expenses or the National Plan for Regulating Medical Expenses.

7 厚生労働大臣は、医療費適正化基本方針及び全国医療費適正化計画を定め、又はこれを変更したときは、遅滞なく、これを公表するものとする。

(7) When the Minister of Health, Labour and Welfare has established or revised the Basic Policies for Ensuring Appropriate Medical Expenses and the National Plan for Ensuring Appropriate Medical Expenses, the Minister is to publicize this without delay.

8 厚生労働大臣は、全国医療費適正化計画の作成及び全国医療費適正化計画に基づく施策の実施に関して必要があると認めるときは、保険者、後期高齢者医療広域連合、医療機関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。

(8) The Minister of Health, Labour and Welfare may request necessary cooperation from insurers, Association of Medical Care Systems for the Elderly Aged 75 and older, medical institutions, and other relevant persons, when the Minister finds it necessary for the preparation of the national plan for regulating medical expenses and the implementation of measures based on the national plan for regulating medical expenses.

(都道府県医療費適正化計画)

(Prefectural Plan for Regulating Medical Expenses)

第九条 都道府県は、医療費適正化基本方針に即して、六年ごとに、六年を一期として、当該都道府県における医療費適正化を推進するための計画（以下「都道府県医療費適正化計画」という。）を定めるものとする。

Article 9 (1) A prefecture is to establish a plan to promote the optimization of medical expenses in the prefecture (hereinafter referred to as the "prefectural plan for the optimization of medical expenses") every six years, with six years

as one period, in line with the basic policy for the optimization of medical expenses.

2 都道府県医療費適正化計画においては、次に掲げる事項を定めるものとする。

(2) The Prefectural Plan for Regulating Medical Expenses is to provide for the following matters:

一 住民の健康の保持の推進に関し、当該都道府県における医療費適正化の推進のために達成すべき目標に関する事項

(i) with regard to the promotion of the maintenance of residents' health, matters concerning targets to be achieved for the promotion of the optimization of medical expenses in the prefecture;

二 医療の効率的な提供の推進に関し、当該都道府県における医療費適正化の推進のために達成すべき目標に関する事項

(ii) with regard to the promotion of the efficient provision of medical care, matters concerning targets to be achieved for the promotion of the optimization of medical expenses in the relevant prefecture;

三 当該都道府県の医療計画に基づく事業の実施を踏まえ、計画の期間において見込まれる病床の機能の分化及び連携の推進の成果に関する事項

(iii) particulars concerning the results of the promotion of the differentiation and coordination of the bed functions expected during the period of the plan, based on the implementation of the project under the medical care plan of the relevant prefecture;

四 前号に掲げる事項並びに第一号及び第二号の目標を達成するための住民の健康の保持の推進及び医療の効率的な提供の推進により達成が見込まれる医療費適正化の効果を踏まえて、厚生労働省令で定めるところにより算定した計画の期間における医療に要する費用の見込み（第十一条第四項において「都道府県の医療に要する費用の目標」という。）に関する事項

(iv) matters concerning the prospective expenses required for medical care during the plan period calculated pursuant to the provisions of Prefectural Order of the Ministry of Health, Labour and Welfare, based on the matters set forth in the preceding item and the effects of the optimization of medical expenses that are expected to be achieved by promoting the maintenance of residents' health and promoting the efficient provision of medical care in order to achieve the goals set forth in item (i) and item (ii) (referred to as the "prefectural target for expenses required for medical care" in Article 11, paragraph (4)).

3 都道府県医療費適正化計画においては、前項に規定する事項のほか、おおむね都道府県における次に掲げる事項について定めるものとする。

(3) In addition to the matters prescribed in the preceding paragraph, a prefectural plan for regulating medical expenses is to, in general, provide for the following matters concerning the prefecture:

一 前項第一号及び第二号の目標を達成するために都道府県が取り組むべき施策に関

する事項

(i) matters concerning measures to be taken by the prefecture in order to achieve the goals set forth in items (i) and (ii) of the preceding paragraph;

二 前項第一号及び第二号の目標を達成するための保険者、後期高齢者医療広域連合、医療機関その他の関係者の連携及び協力に関する事項

(ii) particulars concerning coordination and cooperation among insurers, Association of Medical Care Systems for the Elderly Aged 75 and older, medical institutions, and other relevant persons in order to achieve the goals set forth in items (i) and (ii) of the preceding paragraph;

三 当該都道府県における医療に要する費用の調査及び分析に関する事項

(iii) particulars concerning the investigation and analysis of the expenses required for medical services in the prefecture;

四 計画の達成状況の評価に関する事項

(iv) matters concerning the evaluation of the status of the achievement of the plan.

4 都道府県は、第二項第一号及び第二号並びに前項第一号に掲げる事項を定めるに当たっては、地域における病床の機能の分化及び連携の推進並びに地域包括ケアシステムの構築に向けた取組並びに住民の加齢に伴う身体的、精神的及び社会的な特性を踏まえた医療及び介護の効果的かつ効率的な提供の重要性に留意するものとする。

(4) In specifying the particulars set forth in paragraph (2), items (i) and (ii) and item (i) of the preceding paragraph, the prefecture is to pay attention to the importance of promoting the differentiation and coordination of the bed functions in the region, efforts towards the construction of a community-based integrated care system, and the effective and efficient provision of medical care and nursing care in light of the physical, mental and social characteristics of residents as they age.

5 都道府県は、第三項第三号に掲げる事項を定めるに当たっては、当該都道府県以外の都道府県における医療に要する費用その他厚生労働省令で定める事項を踏まえるものとする。

(5) A prefecture, in providing for the particulars set forth in paragraph (3), item (iii), is to take into consideration the expenses required for medical services in a prefecture other than the relevant prefecture and other particulars specified by Order of the Order of the Ministry of Health, Labour and Welfare.

6 都道府県医療費適正化計画は、医療計画、介護保険法第百十八条第一項に規定する都道府県介護保険事業支援計画及び健康増進法第八条第一項に規定する都道府県健康増進計画と調和が保たれたものでなければならない。

(6) A prefectural plan for regulating medical expenses must be in harmony with the medical care plan, the prefectural insured long-term care services plan as prescribed in Article 118, paragraph (1), Long-Term Care Insurance Act, and the prefectural health promotion plan as prescribed in Article 8, paragraph (1) of the Health Promotion Act.

7 都道府県は、都道府県医療費適正化計画を定め、又はこれを変更しようとするときは、あらかじめ、関係市町村及び第百五十七条の二第一項の保険者協議会（第十項及び第十二条第一項において「保険者協議会」という。）に協議しなければならない。

(7) When a prefecture intends to formulate or revise a prefectural plan for regulating medical expenses, it must consult with the council of insurers of the relevant municipality and Article 157-2, paragraph (1) (referred to as the "council of insurers" in paragraph (10) and Article 12, paragraph (1)) in advance.

8 都道府県は、都道府県医療費適正化計画を定め、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とともに、厚生労働大臣に提出するものとする。

(8) When a prefecture has formulated or revised its prefectural plan for regulating medical expenses, it is to endeavor to publicize the plan and submit it to the Minister of Health, Labour and Welfare without delay.

9 都道府県は、都道府県医療費適正化計画の作成及び都道府県医療費適正化計画に基づく施策の実施に関して必要があると認めるときは、保険者、後期高齢者医療広域連合、医療機関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。

(9) A prefecture may request necessary cooperation from Insurers, Association of Medical Care Systems for the Elderly Aged 75 and older, medical institutions, and other relevant persons when it finds it necessary for the preparation of a Prefectural Plan for Regulating Medical Expenses and the implementation of measures based on the Prefectural Plan for Regulating Medical Expenses.

10 都道府県が、前項の規定により保険者又は後期高齢者医療広域連合に対して必要な協力を求める場合においては、保険者協議会を通じて協力を求めることができる。

(10) If a prefecture requests necessary cooperation from insurers or Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of the preceding paragraph, the prefecture may request the cooperation through the council of insurers.

（厚生労働大臣の助言）

(Advice of the Minister of Health, Labour and Welfare)

第十条 厚生労働大臣は、都道府県に対し、都道府県医療費適正化計画の作成の手法その他都道府県医療費適正化計画の作成上重要な技術的事項について必要な助言をすることができる。

Article 10 The Minister of Health, Labour and Welfare may provide a prefecture with necessary advice on methods for formulating a prefectural plan for optimization of medical expenses and other important technical matters for formulating a prefectural plan for optimization of medical expenses.

（計画の進捗状況の公表等）

(Publication of the Progress of Plans)

第十一条 都道府県は、厚生労働省令で定めるところにより、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。) (次項の規定による結果の公表及び次条第一項の評価を行った年度を除く。) ごとに、都道府県医療費適正化計画の進捗状況を公表するよう努めるものとする。

Article 11 (1) A prefecture is to endeavor to publicize the state of progress of the prefectural plan for regulating medical expenses in each fiscal year (meaning the period from April 1 of each year to March 31 of the following year; the same applies hereinafter) (excluding the fiscal year in which the results under the following paragraph were publicized and the evaluation set forth in paragraph (1) of the following Article was conducted) pursuant to the provisions of Prefectural Order of the Ministry of Health, Labour and Welfare.

2 都道府県は、次期の都道府県医療費適正化計画の作成に資するため、厚生労働省令で定めるところにより、都道府県医療費適正化計画の期間（以下この項及び第四項において「計画期間」という。）の終了の日の属する年度において、当該計画期間における当該都道府県医療費適正化計画の進捗状況に関する調査及び分析の結果を公表するよう努めるものとする。

(2) In order to contribute to the preparation of the Prefectural Plan for Regulating Medical Expenses in the next term, the prefecture is to endeavor to publicize the results of surveys and analyses on the state of progress of the Prefectural Plan for Regulating Medical Expenses during the plan period (hereinafter referred to as the "Plan Period" in this paragraph and paragraph (4)) in the fiscal year that includes the end date of the Prefectural Plan for Regulating Medical Expenses, pursuant to the provisions of Order of the Order of the Ministry of Health, Labour and Welfare.

3 都道府県は、医療費適正化基本方針の作成に資するため、前項の調査及び分析を行ったときは、厚生労働省令で定めるところにより、その結果を厚生労働大臣に報告するよう努めるものとする。

(3) In order to contribute to the preparation of the Basic Policies for Regulating Medical Expenses, when a prefecture has conducted the investigation and analysis set forth in the preceding paragraph, it is to endeavor to report the results to the Minister of Health, Labour and Welfare pursuant to the provisions of Order of the Order of the Ministry of Health, Labour and Welfare.

4 都道府県は、計画期間において、第九条第二項第一号及び第二号の目標を達成できないと認める場合又は当該都道府県における医療に要する費用が都道府県の医療に要する費用の目標を著しく上回ると認める場合には、その要因を分析するとともに、当該要因の解消に向けて、保険者、後期高齢者医療広域連合、医療機関その他の関係者と協力して必要な対策を講ずるよう努めるものとする。

(4) If a prefecture finds that the goals set forth in Article 9, paragraph (2), items (i) and (ii) cannot be achieved during the plan period, or that the expenses required for medical care in the prefecture significantly exceed the target expenses required for medical care by the prefecture, the prefecture is to analyze the causes of this, and endeavor to take necessary measures in

cooperation with insurers, Association of Medical Care Systems for the Elderly Aged 75 and older, medical institutions, and other relevant persons to eliminate the causes.

5 厚生労働大臣は、厚生労働省令で定めるところにより、年度（次項の規定による結果の公表及び次条第三項の評価を行つた年度を除く。）ごとに、全国医療費適正化計画の進捗状況を公表するものとする。

(5) The Minister of Health, Labour and Welfare is to publicize the status of progress of the national plan for regulating medical expenses in each fiscal year (excluding the fiscal year in which the results under the following paragraph were publicized and the evaluation referred to in paragraph (3) of the following Article was conducted) pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare.

6 厚生労働大臣は、次期の全国医療費適正化計画の作成に資するため、厚生労働省令で定めるところにより、全国医療費適正化計画の期間（以下この項及び次項において「計画期間」という。）の終了の日の属する年度において、当該計画期間における当該全国医療費適正化計画の進捗状況に関する調査及び分析の結果を公表するものとする。

(6) In order to contribute to the preparation of the national medical expense optimization plan for the next term, the Minister of Health, Labour and Welfare is to publicize the results of the investigation and analysis of the national medical expense optimization plan during the plan period (hereinafter referred to as the "plan period" in this paragraph and the following paragraph) in the fiscal year that includes the end date of the plan period, pursuant to the provisions of Order of Order of the Ministry of Health, Labour and Welfare.

7 厚生労働大臣は、計画期間において、第八条第四項第一号及び第二号の目標を達成できないと認める場合又は国における医療に要する費用が国の医療に要する費用の目標を著しく上回ると認める場合には、その要因を分析するとともに、当該要因の解消に向けて、保険者、後期高齢者医療広域連合、医療機関その他の関係者と協力して必要な対策を講ずるものとする。

(7) If the Minister of Health, Labour and Welfare finds that the goals set forth in Article 8, paragraph (4), items (i) and (ii) cannot be achieved during the plan period, or that the expenses required for medical care by the national government significantly exceed the target expenses required for medical care by the national government, the Minister is to analyze the causes of this, and take necessary measures to resolve the causes in cooperation with insurers, Association of Medical Care Systems for the Elderly Aged 75 and older, medical institutions, and other relevant parties.

（計画の実績に関する評価）

（Evaluation of Plan Performance）

第十二条 都道府県は、厚生労働省令で定めるところにより、都道府県医療費適正化計

画の期間の終了の日の属する年度の翌年度において、当該計画の目標の達成状況及び施策の実施状況の調査及び分析を行い、保険者協議会の意見を聴いて、当該計画の実績に関する評価を行うものとする。

Article 12 (1) A prefecture, pursuant to the provisions of Order of the Order of the Ministry of Health, Labour and Welfare, in the fiscal year following the fiscal year that includes the last day of the period of the Prefectural Plan for Regulating Medical Expenses, is to investigate and analyze the status of achievement of the objectives of the plan and the status of implementation of measures, hear the opinions of the Council of Insurers, and evaluate the performance of the plan.

2 都道府県は、前項の評価を行ったときは、厚生労働省令で定めるところにより、その結果を公表するよう努めるとともに、厚生労働大臣に報告するものとする。

(2) When the prefectural government has conducted the evaluation referred to in the preceding paragraph, the prefectural government is to endeavor to make the results public and report them to the Minister of Health, Labour and Welfare pursuant to the provisions of Order of the Order of the Ministry of Health, Labour and Welfare.

3 厚生労働大臣は、厚生労働省令で定めるところにより、全国医療費適正化計画の期間の終了の日の属する年度の翌年度において、当該計画の目標の達成状況及び施策の実施状況の調査及び分析を行い、当該計画の実績に関する評価を行うとともに、前項の報告を踏まえ、関係都道府県の意見を聴いて、各都道府県における都道府県医療費適正化計画の実績に関する評価を行うものとする。

(3) In the fiscal year following the fiscal year that includes the last day of the period of the National Plan for Regulating Medical Expenses, the Minister of Health, Labour and Welfare is to investigate and analyze the status of the achievement of the objectives of the plan and the status of the implementation of measures, and evaluate the results of the plan, as well as evaluate the results of the Prefectural Plan for Regulating Medical Expenses in each prefecture by hearing the opinions of the prefectures concerned based on the report set forth in the preceding paragraph, as specified by Order of the Ministry of Health, Labour and Welfare.

4 厚生労働大臣は、前項の評価を行ったときは、その結果を公表するものとする。

(4) When the Minister of Health, Labour and Welfare conducts the evaluation referred to in the preceding paragraph, the Minister is to publicize the results of the evaluation.

(診療報酬に係る意見の提出等)

(Submission of Opinions on Medical Fees)

第十三条 都道府県は、前条第一項の評価の結果、第九条第二項第二号の目標の達成のために必要があると認めるときは、厚生労働大臣に対し、健康保険法第七十六条第二項の規定による定め及び同法第八十八条第四項の規定による定め並びに第七十一条第

一項に規定する療養の給付に要する費用の額の算定に関する基準及び第七十八条第四項に規定する厚生労働大臣が定める基準（次項及び次条第一項において「診療報酬」という。）に関する意見を提出することができる。

Article 13 (1) If a prefecture finds it necessary for achieving the goals set forth in Article 9, paragraph (2), item (ii) as a result of the evaluation referred to in paragraph (1) of the preceding Article, the prefecture may submit to the Minister of Health, Labour and Welfare its opinions on the provisions under Article 76, paragraph (2) of the Health Insurance Act, the provisions under Article 88, paragraph (4) of the same Act, the standards for calculating the amount of expenses required for benefits for medical treatment provided in Article 71, paragraph (1), and the standards specified by the Minister of Health, Labour and Welfare provided in Article 78, paragraph (4) (referred to as "medical fees" in the following paragraph and paragraph (1) of the following Article).

2 厚生労働大臣は、前項の規定により都道府県から意見が提出されたときは、当該意見に配慮して、診療報酬を定めるように努めなければならない。

(2) When the prefectural government submits its opinions pursuant to the provisions of the preceding paragraph, the Minister of Health, Labour and Welfare must endeavor to determine the medical fees in consideration of the opinions.

（診療報酬の特例）

（Special Provisions for Medical Fees）

第十四条 厚生労働大臣は、第十二条第三項の評価の結果、第八条第四項第二号及び各都道府県における第九条第二項第二号の目標を達成し、医療費適正化を推進するために必要があると認めるときは、一の都道府県の区域内における診療報酬について、地域の実情を踏まえつつ、適切な医療を各都道府県間において公平に提供する観点から見て合理的であると認められる範囲内において、他の都道府県の区域内における診療報酬と異なる定めをすることができる。

Article 14 (1) If, as a result of the evaluation referred to in Article 12, paragraph (3), the Minister of Health, Labour and Welfare finds it necessary for achieving the goals set forth in Article 8, paragraph (4), item (ii) and in Article 9, paragraph (2), item (ii) in each prefecture and for promoting the optimization of medical expenses, the Minister may specify medical fees in the areas of one prefecture that are different from those in the areas of other prefectures, within a scope that is found to be reasonable from the viewpoint of providing appropriate medical care fairly among the prefectures, while taking into account the actual conditions of the area.

2 厚生労働大臣は、前項の定めをするに当たっては、あらかじめ、関係都道府県知事に協議するものとする。

(2) In establishing the provisions of the preceding paragraph, the Minister of

Health, Labour and Welfare is to consult with the relevant prefectural governors in advance.

(資料提出の協力及び助言等)

(Cooperation and Advice on the Submission of Materials)

第十五条 厚生労働大臣又は都道府県知事は、第十一条第一項若しくは第五項の進捗状況若しくは同条第二項若しくは第六項の結果を公表し、又は第十二条第一項若しくは第三項の評価を行うために必要があると認めるときは、保険者、後期高齢者医療広域連合、医療機関その他の関係者に対し、必要な資料の提出に関し、協力を求めることができる。

Article 15 (1) If the Minister of Health, Labour and Welfare or the prefectural governor finds it necessary to make public the status of progress referred to in Article 11, paragraph (1) or (5) or the results referred to in paragraph (2) or (6) of the same Article, or to make the evaluation referred to in Article 12, paragraph (1) or (3), the Minister or the governor may request cooperation from insurers, Association of Medical Care Systems for the Elderly Aged 75 and older, medical institutions, and other relevant persons for the submission of necessary materials.

2 厚生労働大臣及び都道府県知事は、第十一条第一項若しくは第五項の規定により公表した進捗状況、同条第二項若しくは第六項の結果又は第十二条第一項若しくは第三項の評価の結果を踏まえ、保険者、後期高齢者医療広域連合又は医療機関に対し、必要な助言又は援助をすることができる。

(2) The Minister of Health, Labour and Welfare and the prefectural governor may provide necessary advice or assistance to insurers, Association of Medical Care Systems for the Elderly Aged 75 and older, or medical institutions based on the progress made public pursuant to the provisions of Article 11, paragraph (1) or paragraph (5), the results referred to in paragraph (2) or paragraph (6) of the same Article, or the results of the evaluation referred to in Article 12, paragraph (1) or paragraph (3).

(医療費適正化計画の作成等のための調査及び分析等)

(Investigation and Analysis for the Preparation of Plans for Regulating Medical Expenses)

第十六条 厚生労働大臣は、全国医療費適正化計画及び都道府県医療費適正化計画の作成、実施及び評価に資するため、次に掲げる事項に関する情報（以下「医療保険等関連情報」という。）について調査及び分析を行い、その結果を公表するものとする。

Article 16 (1) The Minister of Health, Labour and Welfare is to investigate and analyze data concerning the following particulars (hereinafter referred to as "medical insurance-related data"), and publicize the results thereof, for the purpose of contributing to the preparation, implementation, and evaluation of the national plan for regulating medical expenses and the prefectural plan for

regulating medical expenses:

一 医療に要する費用に関する地域別、年齢別又は疾病別の状況その他の厚生労働省令で定める事項

(i) the status of expenses required for medical care by area, age group, or disease, and other particulars specified by Order of the Ministry of Health, Labour and Welfare;

二 医療の提供に関する地域別の病床数の推移の状況その他の厚生労働省令で定める事項

(ii) the status of changes in the number of beds concerning the provision of medical care by area and other particulars specified by the Order of the Ministry of Health, Labour and Welfare.

2 保険者及び後期高齢者医療広域連合は、厚生労働大臣に対し、医療保険等関連情報を、厚生労働省令で定める方法により提供しなければならない。

(2) Insurers and Association of Medical Care Systems for the Elderly Aged 75 and older must provide medical insurance-related information to the Minister of Health, Labour and Welfare by a method specified by Order of the Ministry of Health, Labour and Welfare, Japan.

3 厚生労働大臣は、必要があると認めるときは、都道府県、市町村その他厚生労働省令で定める者に対し、医療保険等関連情報を、厚生労働省令で定める方法により提供するように求めることができる。

(3) The Minister of Health, Labour and Welfare, when finding it necessary, may request a prefecture, municipality, or any other person specified by Order of the Ministry of Health, Labour and Welfare to provide medical insurance-related information by a method specified by Order of the Ministry of Health, Labour and Welfare.

(国民保健の向上のための匿名医療保険等関連情報の利用又は提供)

(Use or Provision of Anonymized Medical Data to Improve People's Health)

第十六条の二 厚生労働大臣は、国民保健の向上に資するため、匿名医療保険等関連情報（医療保険等関連情報に係る特定の被保険者その他の厚生労働省令で定める者（次条において「本人」という。）を識別すること及びその作成に用いる医療保険等関連情報を復元することができないようにするために厚生労働省令で定める基準に従い加工した医療保険等関連情報をいう。以下同じ。）を利用し、又は厚生労働省令で定めるところにより、次の各号に掲げる者であつて、匿名医療保険等関連情報の提供を受けて行うことについて相当の公益性を有すると認められる業務としてそれぞれ当該各号に定めるものを行うものに提供することができる。

Article 16-2 (1) In order to contribute to the improvement of the health of the people, the Minister of Health, Labour and Welfare may use anonymized medical data (meaning medical insurance-related information that has been processed in accordance with the standards specified by Prefectural or Municipal Order of the Ministry of Health, Labour and Welfare in order to

make it impossible to identify a specific insured or any other Order of the Ministry of Health, Labour and Welfare specified by Prefectural or Municipal Order of the Ministry of Health, Labour and Welfare pertaining to medical insurance-related information (hereinafter referred to as the "identifiable person" in the following Article) and to restore the medical insurance-related information used to create the identifiable person; the same applies hereinafter), or, pursuant to the provisions of Prefectural or Municipal Ordinance, provide the anonymized medical data to a person set forth in one of the following items who performs the services specified in the relevant item as services that are found to have a considerable public interest if they are provided with anonymized medical data:

一 国の他の行政機関及び地方公共団体 適正な保健医療サービスの提供に資する施策の企画及び立案に関する調査

(i) other national administrative organs and local governments: surveys concerning the planning and drafting of policies that contribute to the provision of appropriate health and medical services;

二 大学その他の研究機関 疾病の原因並びに疾病の予防、診断及び治療の方法に関する研究その他の公衆衛生の向上及び増進に関する研究

(ii) universities and other research institutes: research on the causes of diseases and methods of prevention, diagnosis, and treatment of diseases, and other research on the improvement and promotion of public health;

三 民間事業者その他の厚生労働省令で定める者 医療分野の研究開発に資する分析その他の厚生労働省令で定める業務（特定の商品又は役務の広告又は宣伝に利用するために行うものを除く。）

(iii) private business operators and other persons specified by Order of the Ministry of Health, Labour and Welfare: analyses that contribute to research and development in the medical field and other services specified by Order of the Ministry of Health, Labour and Welfare (excluding those carried out for the purpose of using them in the advertisement or promotion of specific goods or services).

2 厚生労働大臣は、前項の規定による利用又は提供を行う場合には、当該匿名医療保険等関連情報を健康保険法第百五十条の二第一項に規定する匿名診療等関連情報及び介護保険法第百十八条の三第一項に規定する匿名介護保険等関連情報その他の厚生労働省令で定めるものと連結して利用し、又は連結して利用することができる状態で提供することができる。

(2) An Minister of Health, Labour and Welfare, when using or providing information pursuant to the provisions of the preceding paragraph, may use the anonymized medical data, etc. in a way that links it to anonymized medical data, etc. provided for in Article 150-2, paragraph (1) of the Health Insurance Act, anonymized long-term care insurance data, etc. provided for in Article 118-3, paragraph (1), Long-Term Care Insurance Act, and other data specified

by Order of the Order of the Ministry of Health, Labour and Welfare, or provide the anonymized medical data, etc. in a way that allows it to be used in a way that links it to other data.

3 厚生労働大臣は、第一項の規定により匿名医療保険等関連情報を提供しようとする場合には、あらかじめ、社会保障審議会の意見を聴かなければならない。

(3) If the Minister of Health, Labour and Welfare intends to provide anonymized medical data pursuant to the provisions of paragraph (1), the Minister must hear the opinion of the Social Security Council in advance.

(照合等の禁止)

(Prohibition of Collation)

第十六条の三 前条第一項の規定により匿名医療保険等関連情報の提供を受け、これを利用する者（以下「匿名医療保険等関連情報利用者」という。）は、匿名医療保険等関連情報を取り扱うに当たっては、当該匿名医療保険等関連情報の作成に用いられた医療保険等関連情報に係る本人を識別するために、当該医療保険等関連情報から削除された記述等（文書、図画若しくは電磁的記録（電磁的方式（電子的方式、磁気的方式その他の知覚によつては認識することができない方式をいう。）で作られる記録をいう。）に記載され、若しくは記録され、又は音声、動作その他の方法を用いて表された一切の事項をいう。）若しくは匿名医療保険等関連情報の作成に用いられた加工の方法に関する情報を取得し、又は当該匿名医療保険等関連情報を他の情報と照合してはならない。

Article 16-3 A person who receives and uses anonymized medical data, etc. pursuant to the provisions of paragraph (1) of the preceding Article (hereinafter referred to as a "user of anonymized medical data, etc. related information"), in handling the anonymized medical data, etc. related information, in order to identify the principal pertaining to the medical insurance related information used to prepare the anonymized medical data, etc. related information, must not obtain information on descriptions, etc. (meaning any and all matters stated or recorded in a document, drawing, or electronic or magnetic record (meaning a record made in an electronic or magnetic form (meaning an electronic form, a magnetic form, or any other form that cannot be recognized by human perception)), or expressed by using sound, motion, or any other method) deleted from the medical insurance related information or information on the processing method used to prepare the anonymized medical data, etc. related information, or cross-check the anonymized medical data, etc. related information with other information.

(消去)

(Deletion)

第十六条の四 匿名医療保険等関連情報利用者は、提供を受けた匿名医療保険等関連情報を利用する必要がなくなつたときは、遅滞なく、当該匿名医療保険等関連情報を消

去しなければならない。

Article 16-4 When a user of anonymized medical data, etc. no longer needs to use the provided anonymized medical data, etc., the user must delete the anonymized medical data, etc. without delay.

(安全管理措置)

(Safety Management Measures)

第十六条の五 匿名医療保険等関連情報利用者は、匿名医療保険等関連情報の漏えい、滅失又は毀損の防止その他の当該匿名医療保険等関連情報の安全管理のために必要かつ適切なものとして厚生労働省令で定める措置を講じなければならない。

Article 16-5 Users of anonymized medical data must take measures specified by Order of the Order of the Ministry of Health, Labour and Welfare as necessary and appropriate for the security control of the anonymized medical data, such as the prevention of leakage, loss, or damage to the anonymized medical data.

(利用者の義務)

(Obligations of Users)

第十六条の六 匿名医療保険等関連情報利用者又は匿名医療保険等関連情報利用者であった者は、匿名医療保険等関連情報の利用に関して知り得た匿名医療保険等関連情報の内容をみだりに他人に知らせ、又は不当な目的に利用してはならない。

Article 16-6 A person who is or was a user of anonymized medical data related to medical insurance, etc. must not disclose the anonymized medical data related to medical insurance, etc. acquired in relation to the use of the anonymized medical data related to medical insurance, etc. to other persons without justifiable grounds or use the anonymized medical data related to medical insurance, etc. for an unjust purpose.

(立入検査等)

(On-Site Inspections)

第十六条の七 厚生労働大臣は、この節の規定の施行に必要な限度において、匿名医療保険等関連情報利用者（国の他の行政機関を除く。以下この項及び次条において同じ。）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、又は当該職員に関係者に対して質問させ、若しくは匿名医療保険等関連情報利用者の事務所その他の事業所に立ち入り、匿名医療保険等関連情報利用者の帳簿書類その他の物件を検査させることができる。

Article 16-7 (1) To the extent necessary for the enforcement of the provisions of this Section, the Minister of Health, Labour and Welfare may order users of anonymized medical data (excluding other administrative organs of the national government; hereinafter the same applies in this paragraph and the following Article) to make a report or submit or present books and documents, or have the relevant officials question the relevant persons or enter the offices

or other places of business of the users of anonymized medical data to inspect the books, documents, and any other articles of the users of anonymized medical data.

2 前項の規定による質問又は立入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) When carrying out questioning or on-site inspections under the provisions of the preceding paragraph, the relevant officials must carry an identification card and present it when requested by 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 the provisions of paragraph (1) must not be construed as being granted for the purpose of criminal investigation.

(是正命令)

(Rectification Order)

第十六条の八 厚生労働大臣は、匿名医療保険等関連情報利用者が第十六条の三から第十六条の六までの規定に違反していると認めるときは、その者に対し、当該違反を是正するため必要な措置をとるべきことを命ずることができる。

Article 16-8 When the Minister of Health, Labour and Welfare finds that a user of anonymized medical data is in violation of any of the provisions of Articles 16-3 through 16-6, the Minister of Health, Labour and Welfare may order the person to take necessary measures to rectify the violation.

(支払基金等への委託)

(Entrustment to the Payment Fund)

第十七条 厚生労働大臣は、第十六条第一項に規定する調査及び分析並びに第十六条の二第一項の規定による利用又は提供に係る事務の全部又は一部を社会保険診療報酬支払基金法（昭和二十三年法律第百二十九号）による社会保険診療報酬支払基金（以下「支払基金」という。）又は国民健康保険法第四十五条第五項に規定する国民健康保険団体連合会（以下「国保連合会」という。）その他厚生労働省令で定める者（次条において「支払基金等」という。）に委託することができる。

Article 17 The Minister of Health, Labour and Welfare may entrust the investigation and analysis prescribed in Article 16, paragraph (1) and the affairs pertaining to the use or provision under Article 16-2, paragraph (1), in whole or in part, to the Health Insurance Claims Review & Reimbursement Services under the Health Insurance Claims Review & Reimbursement Services Act (Act No. 129 of 1948) (hereinafter referred to as the "Reimbursement Services"), the National Health Insurance Federation prescribed in Article 45, paragraph (5) of the National Health Insurance Act (hereinafter referred to as the "NHI Federations"), or other persons specified

by Order of the Ministry of Health, Labour and Welfare (referred to as the "Reimbursement Services, etc." in the following Article).

(手数料)

(Fees)

第十七条の二 匿名医療保険等関連情報利用者は、実費を勘案して政令で定める額の手数料を国（前条の規定により厚生労働大臣からの委託を受けて、支払基金等が第十六条の二第一項の規定による匿名医療保険等関連情報の提供に係る事務の全部を行う場合にあっては、支払基金等）に納めなければならない。

Article 17-2 (1) Users of anonymized medical data must pay a fee in the amount specified by Cabinet Order in consideration of the actual costs to the national government (when the payment fund, etc. conducts all of the affairs related to the provision of anonymized medical data under Article 16-2, paragraph (1) upon entrustment from the Minister of Health, Labour and Welfare pursuant to the provisions of the preceding Article, the payment fund, etc.).

2 厚生労働大臣は、前項の手数料を納めようとする者が都道府県その他の国民保健の向上のために特に重要な役割を果たす者として政令で定める者であるときは、政令で定めるところにより、当該手数料を減額し、又は免除することができる。

(2) If a person who intends to pay the fee set forth in the preceding paragraph is a prefecture or any other person specified by Cabinet Order as a person who plays particularly important roles in improving the health of the people, the Minister of Health, Labour and Welfare may grant the person a reduction of or exemption from the fee pursuant to the provisions of Cabinet Order.

3 第一項の規定により支払基金等に納められた手数料は、支払基金等の収入とする。

(3) The fees paid to the payment fund, etc. pursuant to the provisions of paragraph (1) are the income of the payment fund, etc.

第二節 特定健康診査等基本指針等

Section 2 Basic Guidelines for Special health examinations

(特定健康診査等基本指針)

(Basic Guidelines for Special health examinations)

第十八条 厚生労働大臣は、特定健康診査（糖尿病その他の政令で定める生活習慣病に関する健康診査をいう。以下同じ。）及び特定保健指導（特定健康診査の結果により健康の保持に努める必要がある者として厚生労働省令で定めるものに対し、保健指導に関する専門的知識及び技術を有する者として厚生労働省令で定めるものが行う保健指導をいう。以下同じ。）の適切かつ有効な実施を図るための基本的な指針（以下「特定健康診査等基本指針」という。）を定めるものとする。

Article 18 (1) The Minister of Health, Labour and Welfare is to establish basic guidelines for the appropriate and effective implementation of Special health examinations (meaning health checkups for diabetes and other lifestyle

diseases specified by Cabinet Order; the same applies hereinafter) and specified health guidance (meaning health guidance given to a person specified by Order of the Ministry of Health, Labour and Welfare as one who needs to endeavor to maintain their health based on the results of a Special health examinations by a person specified by Order of the Ministry of Health, Labour and Welfare as one who has expert knowledge and skills concerning health guidance; the same applies hereinafter) (hereinafter referred to as the "basic guidelines for Special health examinations, etc.").

2 特定健康診査等基本指針においては、次に掲げる事項を定めるものとする。

(2) The Basic Guidelines on Special health examinations, etc. are to provide for the following matters:

一 特定健康診査及び特定保健指導（以下「特定健康診査等」という。）の実施方法に関する基本的な事項

(i) basic matters concerning the implementation method of Special health examinations and specified health guidance (hereinafter referred to as "Special health examinations, etc.");

二 特定健康診査等の実施及びその成果に係る目標に関する基本的な事項

(ii) basic matters concerning the goals pertaining to the implementation of a Special health examinations, etc. and the results thereof;

三 前二号に掲げるもののほか、次条第一項に規定する特定健康診査等実施計画の作成に関する重要事項

(iii) beyond what is set forth in the preceding two items, important matters concerning the preparation of a Special health examinations plan provided in paragraph (1) of the following Article.

3 特定健康診査等基本指針は、健康増進法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。

(3) The Basic Guidelines on Special health examinations, etc. must be harmonized with the Guidelines on Health Checkups, etc. provided for in Article 9, paragraph (1) of the Health Promotion Act.

4 厚生労働大臣は、特定健康診査等基本指針を定め、又はこれを変更しようとするときは、あらかじめ、関係行政機関の長に協議するものとする。

(4) When the Minister of Health, Labour and Welfare intends to establish or change the basic guidelines for Special health examinations, etc., the Minister is to consult with the head of the relevant administrative organ in advance.

5 厚生労働大臣は、特定健康診査等基本指針を定め、又はこれを変更したときは、遅滞なく、これを公表するものとする。

(5) When the Minister of Health, Labour and Welfare has established or changed the basic guidelines for Special health examinations, etc., the Minister is to publicize the established or changed guidelines without delay.

（特定健康診査等実施計画）

(Special health examinations Implementation Plan)

第十九条 保険者（国民健康保険法の定めるところにより都道府県が当該都道府県内の市町村とともに行う国民健康保険（以下「国民健康保険」という。）にあつては、市町村。以下この節並びに第二百五条の三第一項及び第四項において同じ。）は、特定健康診査等基本指針に即して、六年ごとに、六年を一期として、特定健康診査等の実施に関する計画（以下「特定健康診査等実施計画」という。）を定めるものとする。

Article 19 (1) In line with the Basic Guidelines for Special health examinations, etc., Insurers (or Municipalities, in the case of National Health Insurance provided by a prefecture together with the Municipalities within the relevant prefecture pursuant to the provisions of the National Health Insurance Act (hereinafter referred to as "National Health Insurance"); the same applies hereinafter in this Section and in Article 125-3, paragraphs (1) and (4)) are to establish a plan for the implementation of Special health examinations, etc. (hereinafter referred to as the "Implementation Plan for Special health examinations, etc.") every six years, with six years as one period.

2 特定健康診査等実施計画においては、次に掲げる事項を定めるものとする。

(2) The Special health examinations plan is to specify the following matters:

一 特定健康診査等の具体的な実施方法に関する事項

(i) matters concerning the specific implementation method of the Special health examinations, etc.;

二 特定健康診査等の実施及びその成果に関する具体的な目標

(ii) specific goals related to the implementation and outcomes of the Special health examinations, etc.;

三 前二号に掲げるもののほか、特定健康診査等の適切かつ有効な実施のために必要な事項

(iii) beyond what is set forth in the preceding two items, matters necessary for the appropriate and effective implementation of Special health examinations, etc.

3 保険者は、特定健康診査等実施計画を定め、又はこれを変更したときは、遅滞なく、これを公表しなければならない。

(3) When providing or changing the Special health examinations implementation plan, insurers must make it public without delay.

(特定健康診査)

(Special health examinations)

第二十条 保険者は、特定健康診査等実施計画に基づき、厚生労働省令で定めるところにより、四十歳以上の加入者に対し、特定健康診査を行うものとする。ただし、加入者が特定健康診査に相当する健康診査を受け、その結果を証明する書面の提出を受けたとき、又は第二十六条第二項の規定により特定健康診査に関する記録の送付を受けたときは、この限りでない。

Article 20 Insurers are to provide Special health examinations to subscribers

who are 40 years of age or older pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare based on the implementation plan for Special health examinations, etc.; provided, however, that this does not apply when a subscriber has undergone a health checkup equivalent to an Special health examinations and has received a document certifying the results or when a record concerning an Special health examinations has been sent pursuant to the provisions of Article 26, paragraph (2).

(他の法令に基づく健康診断との関係)

(Relationship with Medical Examinations Based on Other Laws and Regulations)

第二十一条 保険者は、加入者が、労働安全衛生法（昭和四十七年法律第五十七号）その他の法令に基づき行われる特定健康診査に相当する健康診断を受けた場合又は受けることができる場合は、厚生労働省令で定めるところにより、前条の特定健康診査の全部又は一部を行つたものとする。

Article 21 (1) If a member has undergone or is eligible to undergo a medical examination equivalent to a Special health examinations conducted pursuant to the Industrial Safety and Health Act (Act No. 57 of 1972) or other laws and orders, the insurer is to be the person who has undergone all or part of the Special health examinations referred to in the preceding Article pursuant to the provisions of Order of Order of the Ministry of Health, Labour and Welfare.

2 労働安全衛生法第二条第三号に規定する事業者その他の法令に基づき特定健康診査に相当する健康診断を実施する責務を有する者（以下「事業者等」という。）は、当該健康診断の実施を保険者に対し委託することができる。この場合において、委託をしようとする事業者等は、その健康診断の実施に必要な費用を保険者に支払わなければならない。

(2) An employer prescribed in Article 2, item (iii) of the Industrial Safety and Health Act or any other person responsible for conducting medical examinations equivalent to Special health examinations pursuant to laws and orders (hereinafter referred to as an "employer, etc.") may entrust the implementation of the medical examinations to insurers. In this case, the employer, etc. that intends to entrust the implementation of the medical examinations must pay the necessary expenses to the insurers.

(特定健康診査に関する記録の保存)

(Preservation of Records Concerning Special health examinations)

第二十二条 保険者は、第二十条の規定により特定健康診査を行つたときは、厚生労働省令で定めるところにより、当該特定健康診査に関する記録を保存しなければならない。同条ただし書の規定により特定健康診査の結果を証明する書面の提出若しくは特定健康診査に関する記録の送付を受けた場合又は第二十七条第四項の規定により特定

健康診査、第百二十五条第一項に規定する健康診査若しくは健康診断に関する記録の写しの提供を受けた場合においても、同様とする。

Article 22 When having conducted a Special health examinations pursuant to the provisions of Article 20, Insurers must maintain the records of the Special health examinations pursuant to the provisions of Prefectural or Municipal Order of the Ministry of Health, Labour and Welfare. The same applies when having received documents certifying the results of the Special health examinations or sent the records of the Special health examinations pursuant to the provisions of the proviso to the same Article, or when having received a copy of the records of the Special health examinations, the health checkup prescribed in the Article 125, paragraph (1), or the medical checkup pursuant to the provisions of Article 27, paragraph (4).

(特定健康診査の結果の通知)

(Notice of Special health examinations Results)

第二十三条 保険者は、厚生労働省令で定めるところにより、特定健康診査を受けた加入者に対し、当該特定健康診査の結果を通知しなければならない。第二十六条第二項の規定により、特定健康診査に関する記録の送付を受けた場合においても、同様とする。

Article 23 Insurers, pursuant to the provisions of Order of the Order of the Ministry of Health, Labour and Welfare, must notify a member who has undergone an Special health examinations of the results of the Special health examinations. The same applies where records concerning the Special health examinations have been sent pursuant to the provisions of Article 26, paragraph (2).

(特定保健指導)

(Specific Health Guidance)

第二十四条 保険者は、特定健康診査等実施計画に基づき、厚生労働省令で定めるところにより、特定保健指導を行うものとする。

Article 24 Insurers are to provide specified health guidance pursuant to the provisions of Order of the Order of the Ministry of Health, Labour and Welfare based on the implementation plan for Special health examinations, etc.

(特定保健指導に関する記録の保存)

(Preservation of Records Concerning Specific Health Guidance)

第二十五条 保険者は、前条の規定により特定保健指導を行つたときは、厚生労働省令で定めるところにより、当該特定保健指導に関する記録を保存しなければならない。次条第二項の規定により特定保健指導に関する記録の送付を受けた場合又は第二十七条第四項の規定により特定保健指導若しくは第百二十五条第一項に規定する保健指導に関する記録の写しの提供を受けた場合においても、同様とする。

Article 25 When providing specified health guidance pursuant to the provisions of the preceding Article, Insurers must maintain records concerning the specified health guidance pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare. The same applies when receiving records concerning specified health guidance pursuant to the provisions of paragraph (2) of the following Article or when receiving a copy of records concerning specified health guidance or health guidance provided by Article 125, paragraph (1) pursuant to the provisions of Article 27, paragraph (4).

(他の保険者の加入者への特定健康診査等)

(Special health examinations for Subscribers of Other Insurers)

第二十六条 保険者は、その加入者の特定健康診査等の実施に支障がない場合には、他の保険者の加入者に係る特定健康診査又は特定保健指導を行うことができる。この場合において、保険者は、当該特定健康診査又は特定保健指導を受けた者に対し、厚生労働省令で定めるところにより、当該特定健康診査又は特定保健指導に要する費用を請求することができる。

Article 26 (1) An Insurer may, if it does not hinder the implementation of Special health examinations, etc. for its Subscribers, provide Special health examinations or Specific Health Guidance pertaining to the Subscribers of other Insurers. In this case, the Insurer may, pursuant to the provisions of Order of Order of the Ministry of Health, Labour and Welfare, claim the expenses required for the Special health examinations or Specific Health Guidance from the person who received the Special health examinations or Specific Health Guidance.

2 保険者は、前項の規定により、他の保険者の加入者に対し特定健康診査又は特定保健指導を行つたときは、厚生労働省令で定めるところにより、当該特定健康診査又は特定保健指導に関する記録を、速やかに、その者が現に加入する当該他の保険者に送付しなければならない。

(2) If an Insurer provides Special health examinations or Specific Health Guidance to a member of another Insurer pursuant to the provisions of the preceding paragraph, it must promptly send the records concerning the Special health examinations or Specific Health Guidance to the other Insurer which the member is currently enrolled in, pursuant to the provisions of Order of the Order of the Ministry of Health, Labour and Welfare.

3 保険者は、その加入者が、第一項の規定により、他の保険者が実施する特定健康診査又は特定保健指導を受け、その費用を当該他の保険者に支払つた場合には、当該加入者に対して、厚生労働省令で定めるところにより、当該特定健康診査又は特定保健指導に要する費用として相当な額を支給する。

(3) If a member of an Insurer receives Special health examinations or Specific Health Guidance provided by another Insurer pursuant to the provisions of paragraph (1) and pays the expenses thereof to the other Insurer, the Insurer

pays a reasonable amount of money to the member as expenses required for the Special health examinations or Specific Health Guidance pursuant to the provisions of Order of Order of the Ministry of Health, Labour and Welfare.

- 4 第一項及び前項の規定にかかわらず、保険者は他の保険者と協議して、当該他の保険者の加入者に係る特定健康診査又は特定保健指導の費用の請求及び支給の取扱いに関し、別段の定めをすることができる。

(4) Notwithstanding the provisions of paragraph (1) and the preceding paragraph, an Insurer may, upon consultation with other Insurers, specify otherwise with regard to the treatment of claims and payments of expenses for Special health examinations or Specific Health Guidance pertaining to the Subscribers of the other Insurers.

(特定健康診査等に関する記録の提供)

(Provision of Records Concerning Special health examinations)

第二十七条 保険者は、特定健康診査等の適切かつ有効な実施を図るため、加入者の資格を取得した者（国民健康保険にあつては、同一の都道府県内の他の市町村の区域内から住所を変更した被保険者を含む。次項において同じ。）があるときは、当該加入者が加入していた他の保険者に対し、当該他の保険者が保存している当該加入者に係る特定健康診査又は特定保健指導に関する記録の写しを提供するよう求めることができる。

Article 27 (1) For the purpose of ensuring the appropriate and effective implementation of Special health examinations, etc., when there is a person who has acquired the status of a Participant (in the case of national health insurance, including a insured whose address has been changed from the area of another Municipality within the same prefecture; the same applies in the following paragraph), Insurers may request other Insurers to which the relevant Participant belonged to provide copies of records concerning Special health examinations or Specific Health Guidance pertaining to the relevant Participant which the relevant other Insurers have preserved.

- 2 保険者は、特定健康診査等の適切かつ有効な実施を図るため、加入者の資格を取得した者が後期高齢者医療広域連合の被保険者の資格を有していたことがあるときは、当該後期高齢者医療広域連合に対し、当該後期高齢者医療広域連合が保存している当該加入者に係る第百二十五条第一項に規定する健康診査又は保健指導に関する記録の写しを提供するよう求めることができる。

(2) For the purpose of ensuring the appropriate and effective implementation of Special health examinations, etc., when a person who has acquired the eligibility as a member was eligible to be a insured of a Association of Medical Care Systems for the Elderly Aged 75 and older in the past, insurers may request the Association of Medical Care Systems for the Elderly Aged 75 and older to provide a copy of the record kept by the Association of Medical Care Systems for the Elderly Aged 75 and older concerning the health checkups or

health guidance prescribed in the Article 125, paragraph (1) pertaining to the member.

- 3 保険者は、特定健康診査等の適切かつ有効な実施を図るため、加入者を使用している事業者等（厚生労働省令で定める者を含む。以下この項及び次項において同じ。）又は使用していた事業者等に対し、厚生労働省令で定めるところにより、労働安全衛生法その他の法令に基づき当該事業者等が保存している当該加入者に係る健康診断に関する記録の写しその他これに準ずるものとして厚生労働省令で定めるものを提供するように求めることができる。

(3) In order to ensure the appropriate and effective implementation of Special health examinations, etc., insurers may, pursuant to the provisions of Order of Order of the Ministry of Health, Labour and Welfare, request employers, etc. (including those specified by Order of Order of the Ministry of Health, Labour and Welfare; hereinafter the same applies in this paragraph and the following paragraph) that employ or used to employ subscribers to provide copies of records concerning medical examinations pertaining to the relevant subscribers that are kept by the relevant employers, etc. pursuant to the Industrial Safety and Health Act and other laws and orders, or other documents specified by Order of Order of the Ministry of Health, Labour and Welfare as being equivalent thereto.

- 4 前三項の規定により、特定健康診査若しくは特定保健指導に関する記録、第二百五条第一項に規定する健康診査若しくは保健指導に関する記録又は労働安全衛生法その他の法令に基づき保存している健康診断に関する記録の写しの提供を求められた他の保険者、後期高齢者医療広域連合又は事業者等は、厚生労働省令で定めるところにより、当該記録の写しを提供しなければならない。

(4) Other Insurers, Association of Medical Care Systems for the Elderly Aged 75 and older, or Employers, etc. that have been requested, pursuant to the provisions of the preceding three paragraphs, to provide copies of records concerning Special health examinations or Specific Health Guidance, records concerning Health Checkups or Health Guidance provided for in Article 125, paragraph (1), or records concerning medical examinations kept on file pursuant to the Industrial Safety and Health Act or other laws and orders must provide copies of the records as specified by Order of Order of the Ministry of Health, Labour and Welfare.

（実施の委託）

（Entrustment of Implementation）

第二十八条 保険者は、特定健康診査等について、健康保険法第六十三条第三項各号に掲げる病院又は診療所その他適当と認められるものに対し、その実施を委託することができる。この場合において、保険者は、受託者に対し、委託する特定健康診査等の実施に必要な範囲内において、厚生労働省令で定めるところにより、自らが保存する特定健康診査又は特定保健指導に関する記録の写しその他必要な情報を提供すること

ができる。

Article 28 Insurers may entrust the implementation of Special health examinations, etc., to hospitals or clinics listed in each item of Article 63, paragraph (3) of the Health Insurance Act or others that are found to be appropriate. In this case, Insurers may provide copies of records on Special health examinations or specific health guidance that they maintain and other necessary information to the trustee to the extent necessary for the implementation of Special health examinations, etc., to be entrusted, pursuant to the provisions of Order of the Order of the Ministry of Health, Labour and Welfare.

(関係者との連携)

(Coordination with Relevant Parties)

第二十九条 保険者は、第三十二条第一項に規定する前期高齢者である加入者に対して特定健康診査等を実施するに当たっては、前期高齢者である加入者の心身の特性を踏まえつつ、介護保険法第百十五条の四十五第一項及び第二項の規定により地域支援事業を行う市町村との適切な連携を図るよう留意するとともに、当該特定健康診査等が効率的に実施されるよう努めるものとする。

Article 29 (1) In providing Special health examinations, etc. to subscribers who are young-old as prescribed in Article 32, paragraph (1), insurers are to pay attention to appropriate coordination with municipalities that provide community support projects pursuant to the provisions of Article 115-45, paragraphs (1) and (2), Long-Term Care Insurance Act, while taking into account the mental and physical characteristics of subscribers who are young-old, and are to endeavor to ensure the efficient implementation of the Special health examinations, etc.

2 保険者は、前項に規定するもののほか、特定健康診査の効率的な実施のために、他の保険者、医療機関その他の関係者との連携に努めなければならない。

(2) Beyond what is provided for in the preceding paragraph, Insurers must endeavor to cooperate with other Insurers, medical institutions, and other relevant persons for the efficient implementation of Special health examinations.

(市町村の行う特定健康診査等の対象者の範囲)

(Scope of Persons Eligible for Special health examinations Administered by a Municipality)

第二十九条の二 国民健康保険法第三条第一項の市町村は、当該市町村の区域内に住所を有する被保険者について、この節の規定による事務を行うものとする。

Article 29-2 A municipality set forth in Article 3, paragraph (1) of the National Health Insurance Act is to perform the affairs under the provisions of this Section with regard to a insured that has an address within the area of the

municipality.

(秘密保持義務)

(duty of confidentiality)

第三十条 第二十八条の規定により保険者から特定健康診査等の実施の委託を受けた者（その者が法人である場合にあっては、その役員）若しくはその職員又はこれらの者であつた者は、その実施に関して知り得た個人の秘密を正当な理由がなく漏らしてはならない。

Article 30 A person who has been entrusted with the implementation of Special health examinations, etc., by Insurers pursuant to the provisions of Article 28 (if the person is a corporation, its officers) or its employees, or a person who used to be any of these persons must not, without justifiable grounds, divulge any personal secrets that have come to their knowledge in the course of the implementation.

(健康診査等指針との調和)

(Harmonization with the Health Checkup Guidelines)

第三十一条 第十八条第一項、第二十条、第二十一条第一項、第二十二条から第二十五条まで、第二十六条第二項、第二十七条第三項及び第四項並びに第二十八条に規定する厚生労働省令は、健康増進法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。

Article 31 A Order of the Ministry of Health, Labour and Welfare prescribed in Article 18, paragraph (1), Article 20, Article 21, paragraph (1), Articles 22 through 25, Article 26, paragraph (2), Article 27, paragraphs (3) and (4), and Article 28 must be in harmony with the health checkup guidelines prescribed in Article 9, paragraph (1) of the Health Promotion Act.

第三章 前期高齢者に係る保険者間の費用負担の調整

Chapter III Coordination of Sharing of Expenses between Insurers Pertaining to Young-Old Persons

(前期高齢者交付金)

(Young-Old Subsidies)

第三十二条 支払基金は、各保険者（国民健康保険にあっては、都道府県。以下この章において同じ。）に係る加入者の数に占める前期高齢者である加入者（六十五歳に達する日の属する月の翌月（その日が月の初日であるときは、その日の属する月）以後である加入者であつて、七十五歳に達する日の属する月以前であるものその他厚生労働省令で定めるものをいう。以下同じ。）の数の割合に係る負担の不均衡を調整するため、政令で定めるところにより、保険者に対して、前期高齢者交付金を交付する。

Article 32 (1) The Payment Fund, pursuant to the provisions of Cabinet Order, is to provide Insurers with Young-Old Grants in order to adjust the imbalances in

the burden related to the percentage of the number of Subscribers who are Young-Old Age (meaning Subscribers who reach 65 years of age in the month following the month in which they reach 65 years of age (if that day is the first day of the month, the month in which that day falls) and who reach 75 years of age before the month in which they reach 75 years of age, and other persons specified by Order of the Ministry of Health, Labour and Welfare; the same applies hereinafter) in the number of Subscribers of each of the Insurers (or prefectural governments in the case of national health insurance; hereinafter the same applies in this Chapter).

2 前項の前期高齢者交付金は、第三十六条第一項の規定により支払基金が徴収する前期高齢者納付金をもつて充てる。

(2) Young-Old Payments collected by the Payment Fund pursuant to the provisions of Article 36, paragraph (1) are allocated to the Young-Old Subsidy referred to in the preceding paragraph.

(前期高齢者交付金の額)

(Amount of the Young-Old Subsidy)

第三十三条 前条第一項の規定により各保険者に対して交付される前期高齢者交付金の額は、当該年度の概算前期高齢者交付金の額とする。ただし、前々年度の概算前期高齢者交付金の額が同年度の確定前期高齢者交付金の額を超えるときは、当該年度の概算前期高齢者交付金の額からその超える額とその超える額に係る前期高齢者交付調整金額との合計額を控除して得た額とするものとし、前々年度の概算前期高齢者交付金の額が同年度の確定前期高齢者交付金の額に満たないときは、当該年度の概算前期高齢者交付金の額にその満たない額とその満たない額に係る前期高齢者交付調整金額との合計額を加算して得た額とする。

Article 33 (1) The amount of the Young-Old Subsidy to be granted to each Insurer pursuant to the provisions of paragraph (1) of the preceding Article is the estimated amount of the Young-Old Subsidy for the relevant fiscal year; provided, however, that when the estimated amount of the Young-Old Subsidy for the fiscal year before the previous fiscal year exceeds the fixed amount of the Young-Old Subsidy for the same fiscal year, the amount of the Young-Old Subsidy is to be the amount obtained by subtracting the sum of the excess amount and the Young-Old Grant Adjustment Amount pertaining to the excess amount from the estimated amount of the Young-Old Subsidy for the relevant fiscal year, and when the estimated amount of the Young-Old Subsidy for the fiscal year before the previous fiscal year is less than the fixed amount of the Young-Old Subsidy for the same fiscal year, the amount of the Young-Old Subsidy is to be the amount obtained by adding the estimated amount of the Young.

2 前項に規定する前期高齢者交付調整金額は、前々年度におけるすべての保険者に係る概算前期高齢者交付金の額と確定前期高齢者交付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保険者ごとに算定される額とする。

(2) The Young-Old Subsidy Adjustment Amount prescribed in the preceding paragraph is the amount calculated for each of the Insurers pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare by taking into consideration the interest arising from the difference between the estimated amount of the Young-Old Subsidy and the fixed amount of the Young-Old Subsidy pertaining to all of the Insurers in the fiscal year before the previous fiscal year and other circumstances.

(概算前期高齢者交付金)

(Estimated Young-Old Subsidies)

第三十四条 前条第一項の概算前期高齢者交付金の額は、次の各号に掲げる保険者の区分に応じ、当該各号に定める額とする。

Article 34 (1) The estimated amount of the Young-Old Subsidy referred to in paragraph (1) of the preceding Article is the amount specified in the following items in accordance with the category of Insurer set forth in each of those items:

一 被用者保険等保険者 イ及びロに掲げる額の合計額

(i) insurers of employee insurance, etc.: the sum of the amounts listed in (a) and (b):

イ (1) 及び (2) に掲げる額の合計額から (3) に掲げる額を控除して得た額 (当該額が零を下回る場合には、零とする。) の三分の二に相当する額

(a) the amount equivalent to two-thirds of the amount obtained by subtracting the amount set forth in 3. from the sum of the amounts set forth in 1. and 2. (if the amount is less than zero, it is deemed to be zero):

(1) 当該年度における当該保険者に係る調整対象給付費見込額

1. the estimated amount of benefits expenses subject to adjustment pertaining to the insurer in the relevant fiscal year;

(2) 当該年度における当該保険者に係る第百十九条第一項の概算後期高齢者支援金の額を同年度における当該保険者に係る第百二十条第一項各号の概算後期高齢者支援金調整率で除して得た額に、同年度における当該保険者に係る加入者の見込数に対する前期高齢者である加入者の見込数の割合を基礎として保険者ごとに算定される率を乗じて得た額 (以下「前期高齢者に係る後期高齢者支援金の概算額」という。)

2. the amount obtained by multiplying the amount obtained by dividing the estimated amount of Medical Care Assistance for the Elderly Aged 75 and over of the Article 119, paragraph (1) pertaining to the relevant insurer in the relevant fiscal year by the estimated amount of Medical Care Assistance for the Elderly Aged 75 and over adjustment rate set forth in the items of Article 120, paragraph (1) pertaining to the

relevant insurer in the same fiscal year by the rate calculated for each of the insurers based on the ratio of the prospective number of subscribers who are young-old to the prospective number of subscribers pertaining to the relevant insurer in the same fiscal year (hereinafter referred to as the "estimated amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to young-old");

(3) 当該年度における概算調整対象基準額

3. the estimated base amount subject to adjustment in the relevant fiscal year;

ロ 当該年度における当該保険者に係る調整対象給付費見込額及び前期高齢者に係る後期高齢者支援金の概算額の合計額から同年度における概算報酬調整後調整対象基準額を控除して得た額（当該額が零を下回る場合には、零とする。）の三分の一に相当する額

(b) the amount equivalent to one third of the amount obtained by deducting the estimated base amount for adjustment after adjustment of remunerations in the relevant fiscal year from the sum of the estimated amount of benefit expenses subject to adjustment pertaining to the insurer and the estimated amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the young-old in the relevant fiscal year (if the amount is less than zero, it is deemed to be zero);

二 被用者保険等保険者以外の保険者 当該年度における当該保険者に係る調整対象給付費見込額及び前期高齢者に係る後期高齢者支援金の概算額の合計額から同年度における概算調整対象基準額を控除して得た額（当該額が零を下回る場合には、零とする。）

(ii) insurers other than insurers covered by employee insurance, etc.: the amount obtained by deducting the estimated base amount for adjustment in the relevant fiscal year from the sum of the estimated amount of benefit expenses subject to adjustment pertaining to the relevant insurers and the estimated amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the young-old in the relevant fiscal year (if the amount is less than zero, it is deemed to be zero).

2 前項各号の調整対象給付費見込額は、当該年度、当該年度の前年度及び当該年度の前々年度の各年度における当該保険者に係る一人平均調整対象給付費見込額（各年度における第一号に掲げる額から第二号に掲げる額を控除して得た額を、厚生労働省令で定めるところにより算定した各年度における当該保険者に係る前期高齢者である加入者の見込数で除して得た額をいう。）の平均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、厚生労働省令で定めるところにより算定した当該年度における当該保険者に係る前期高齢者である加入者の見込数を乗じて得た額とする。

(2) The estimated amount of benefits expenses subject to adjustment referred to in the items of the preceding paragraph is the amount obtained by multiplying the amount calculated pursuant to the provisions of Order of the Ministry of

Health, Labour and Welfare as the average of the estimated average per person amount of benefits expenses subject to adjustment (meaning the amount obtained by dividing the amount obtained by deducting the amount set forth in item (ii) from the amount set forth in item (i) in each fiscal year by the estimated number of subscribers who are young-old adults pertaining to the insurer in each fiscal year calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare) pertaining to the insurer in each fiscal year of the relevant fiscal year, the fiscal year preceding the relevant fiscal year, and the fiscal year before the fiscal year preceding the relevant fiscal year by the estimated number of subscribers who are young-old adults pertaining to the insurer in the relevant fiscal year calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare:

一 当該保険者の給付（国民健康保険にあつては、都道府県内の市町村の給付）であつて医療保険各法の規定による医療に関する給付（健康保険法第五十三条に規定するその他の給付及びこれに相当する給付を除く。）のうち厚生労働省令で定めるものに該当するものに要する費用（以下「保険者の給付に要する費用」という。）の見込額のうち前期高齢者である加入者に係るもの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（以下「前期高齢者給付費見込額」という。）

(i) the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare as the amount pertaining to subscribers who are young-old among the prospective amount of expenses required for benefits of the relevant insurers (in the case of national health insurance, benefits of municipalities within a prefecture) which fall under those specified by Order of the Ministry of Health, Labour and Welfare among benefits concerning medical care pursuant to the provisions of medical insurance acts (excluding other benefits prescribed in Article 53 of the Health Insurance Act and benefits equivalent thereto) (hereinafter referred to as "expenses required for benefits by insurers") (hereinafter referred to as "prospective amount of young-old benefit expenses");

二 当該保険者が概算基準超過保険者（イに掲げる額をロに掲げる額で除して得た率が、全ての保険者に係る前期高齢者である加入者一人当たりの前期高齢者給付費見込額の分布状況等を勘案して政令で定める率を超える保険者をいう。）である場合における当該保険者に係る前期高齢者給付費見込額のうち、ロに掲げる額に当該政令で定める率を乗じて得た額を超える部分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

(ii) the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare as the portion of the prospective Young-Old Benefit pertaining to the Insurers if the Insurers are Insurers in Excess of the Estimated Standard (meaning Insurers for which the rate obtained by dividing the amount set forth in (a) by the amount set forth in (b) exceeds the rate specified by Cabinet Order in consideration of the distribution, etc. of

the prospective Young-Old Benefit per participant who is a Young-Old Person pertaining to all Insurers), which exceeds the amount obtained by multiplying the amount set forth in (b) by the rate specified by Cabinet Order:

イ 一の保険者に係る前期高齢者である加入者一人当たりの前期高齢者給付費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

(a) the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare as the prospective amount of young-old benefit expenses per Participant who is a young-old pertaining to a single Insurer;

ロ 一人平均前期高齢者給付費見込額

(b) the estimated average per person of young-old benefit expenses.

- 3 第一項各号の概算調整対象基準額は、当該保険者に係る同項各号の調整対象給付費見込額及び前期高齢者に係る後期高齢者支援金の概算額（被用者保険等保険者にあつては、当該額に概算額補正率を乗じて得た額）の合計額に概算加入者調整率を乗じて得た額とする。

- (3) The estimated base amount subject to adjustment set forth in the items of paragraph (1) is the amount obtained by multiplying the sum of the estimated amount of benefit expenses subject to adjustment set forth in the items of the same paragraph pertaining to the relevant insurer and the estimated amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the young-old (in the case of an insurer of employee insurance, etc., the amount obtained by multiplying the relevant amount by the estimated amount adjustment rate) by the estimated participant adjustment rate.

- 4 第一項第一号ロの概算報酬調整後調整対象基準額は、当該保険者に係る同項各号の調整対象給付費見込額に当該年度における第一号に掲げる額を第二号に掲げる額で除して得た率（第六項第一号において「概算報酬調整率」という。）及び概算給付費補正率を乗じて得た額並びに前期高齢者に係る後期高齢者支援金の概算額に概算額補正率を乗じて得た額の合計額に概算加入者調整率を乗じて得た額とする。

- (4) The base amount for adjustment after adjustment of estimated compensation referred to in paragraph (1), item (i), (b) is the amount obtained by multiplying the estimated amount of payment expenses subject to adjustment set forth in the items of the same paragraph pertaining to the insurer by the rate obtained by dividing the amount set forth in item (i) in the relevant fiscal year by the amount set forth in item (ii) (referred to as the "estimated compensation adjustment rate" in paragraph (6), item (i)) and the estimated benefit expense adjustment rate, and by the estimated participant adjustment rate, the sum of the amounts obtained by multiplying the estimated amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the young-old by the estimated amount adjustment rate:

一 当該保険者に係る標準報酬総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（次号並びに第百二十条第一項第一号イ及びロにおいて「標準報酬総額の見込額」という。）を厚生労働省令で定めるところにより算定した当該保険者に係る加入者の見込数で除して得た額

- (i) the amount obtained by dividing the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare as the prospective amount of the total amount of standardized remunerations pertaining to the insurer (referred to as the "prospective amount of the total amount of standardized remunerations" in the following item and Article 120, paragraph (1), item (i), (a) and (b)) by the prospective number of subscribers pertaining to the insurer calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare;

二 全ての被用者保険等保険者に係る標準報酬総額の見込額の合計額を全ての被用者保険等保険者に係る加入者の見込総数で除して得た額として厚生労働省令で定めるところにより算定した額

- (ii) the amount calculated pursuant to the provisions of Order of Order of the Ministry of Health, Labour and Welfare as the amount obtained by dividing the sum of the prospective amounts of the total amount of standardized remunerations pertaining to all Insurers of employee insurance, etc. by the prospective total number of subscribers pertaining to all Insurers of employee insurance, etc.

5 前二項の概算額補正率は、各被用者保険等保険者に係る第一号に掲げる額から第二号に掲げる額を控除して得た額の合計額が第三号に掲げる額から第四号に掲げる額を控除して得た額の合計額に等しくなるよう厚生労働省令で定めるところにより算定した率とする。

- (5) The estimated amount correction rate referred to in the preceding two paragraphs is the rate calculated pursuant to the provisions of Order of Order of the Ministry of Health, Labour and Welfare so that the sum of the amounts obtained by subtracting the amount set forth in item (ii) from the amount set forth in item (i) pertaining to each of the Insurers of employee insurance, etc. is equal to the sum of the amounts obtained by subtracting the amount set forth in item (iv) from the amount set forth in item (iii):

一 前期高齢者に係る後期高齢者支援金の概算額に概算加入者調整率を乗じて得た額

- (i) the amount obtained by multiplying the estimated amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the Young-Old by the estimated participant adjustment rate;

二 前期高齢者に係る後期高齢者支援金の概算額

- (ii) the estimated amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the Young-Old;

三 被用者保険等保険者を被用者保険等保険者以外の保険者とみなした場合における前期高齢者に係る後期高齢者支援金の概算額に概算加入者調整率を乗じて得た額

- (iii) the amount obtained by multiplying the estimated amount of Medical Care

Assistance for the Elderly Aged 75 and over pertaining to the Young-Old, when an Insurer of employee insurance, etc. is deemed to be an Insurer other than an Insurer of employee insurance, etc., by the estimated participant adjustment rate;

四 被用者保険等保険者を被用者保険等保険者以外の保険者とみなした場合における前期高齢者に係る後期高齢者支援金の概算額

(iv) the estimated amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the Young-Old Act when Insurers of employee insurance, etc. are deemed to be insurers other than Insurers of employee insurance, etc.

6 第四項の概算給付費補正率は、各被用者保険等保険者に係る第一号に掲げる額の合計額が第二号に掲げる額の合計額に等しくなるよう厚生労働省令で定めるところにより算定した率とする。

(6) The estimated premium adjustment rate referred to in paragraph (4) is the rate calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare so that the total of the amounts set forth in item (i) pertaining to each of the Insurers of employee insurance, etc. is equal to the total of the amounts set forth in item (ii):

一 第一項各号の調整対象給付費見込額に概算報酬調整率及び概算加入者調整率を乗じて得た額

(i) the amount arrived at when the estimated amount of the covered benefit expenses referred to in the items of paragraph (1) is multiplied by the estimated remuneration adjustment rate and the estimated participant adjustment rate;

二 第一項各号の調整対象給付費見込額に概算加入者調整率を乗じて得た額

(ii) the amount arrived at when the estimated amount of the covered benefit expenses referred to in the items of paragraph (1) is multiplied by the estimated participant adjustment rate.

7 第三項、第四項、第五項第一号及び第三号並びに前項各号の概算加入者調整率は、厚生労働省令で定めるところにより、当該年度における全ての保険者に係る加入者の見込総数に対する前期高齢者である加入者の見込総数の割合を同年度における当該保険者に係る加入者の見込数に対する前期高齢者である加入者の見込数の割合（その割合が同年度における下限割合（同年度における全ての保険者に係る加入者の見込総数に対する前期高齢者である加入者の見込総数の割合の動向を勘案して政令で定める割合をいう。以下この項及び次条第七項において同じ。）に満たないときは、下限割合とする。）で除して得た率を基礎として保険者ごとに算定される率とする。

(7) The estimated participant adjustment rate referred to in paragraph (3), paragraph (4), paragraph (5), items (i) and (iii), and the items of the preceding paragraph is the rate calculated for each insurer based on the rate arrived at when the prospective total number of subscribers who are young-old adults accounts for the prospective total number of subscribers for all insurers in the

relevant fiscal year is divided by the prospective total number of subscribers who are young-old adults accounts for the prospective total number of subscribers for the relevant insurers in the same fiscal year (or, if that rate is less than the minimum rate in the same fiscal year (meaning the rate specified by Cabinet Order in consideration of trends in the rate of the prospective total number of subscribers who are young-old adults accounts for the prospective total number of subscribers for all insurers in the same fiscal year; hereinafter the same applies in this paragraph and paragraph (7) of the following Article), the minimum rate), pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare.

8 第四項第一号の標準報酬総額は、次の各号に掲げる保険者の区分に応じ、各年度の当該各号に定める額の合計額の総額を、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。

(8) The total standardized amount of remuneration referred to in paragraph (4), item (i) is the amount obtained by correcting, pursuant to the provisions of Cabinet Order, the total sum of the amounts specified in the following items for each fiscal year in accordance with the category of insurer set forth in each of those items:

一 全国健康保険協会及び健康保険組合 被保険者ごとの健康保険法又は船員保険法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。）

(i) a Japan Health Insurance Association or health insurance society: the standard remuneration (meaning the standard monthly remuneration amount and the Bonus Amount) prescribed in the Health Insurance Act or the Mariners Insurance Act for each insured;

二 共済組合 組合員ごとの国家公務員共済組合法又は地方公務員等共済組合法に規定する標準報酬の月額及び標準期末手当等の額

(ii) the monthly amount of standard compensation and the amount of standard end-of-term allowance, etc. prescribed in the National Public Officers mutual aid association Act or the mutual aid association Act on local public employee, etc. for each mutual aid association Partner;

三 日本私立学校振興・共済事業団 加入者ごとの私立学校教職員共済法に規定する標準報酬月額及び標準賞与額

(iii) the standard monthly remuneration amount and the Bonus Amount prescribed in the Private School Teachers Mutual Aid Act for each member of the Promotion and Mutual Aid Corporation for Private Schools of Japan;

四 国民健康保険組合（被用者保険等保険者であるものに限る。） 組合員ごとの前三号に定める額に相当するものとして厚生労働省令で定める額

(iv) national health insurance societies (limited to those who are insurers of employee insurance, etc.): the amount specified by Prefectural Order of the Ministry of Health, Labour and Welfare as equivalent to the amounts specified in the preceding three items for each member.

9 第二項第二号ロの一人平均前期高齢者給付費見込額は、全ての保険者に係る前期高齢者である加入者一人当たりの前期高齢者給付費見込額の平均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とする。

(9) The per capita average estimated amount of young-old benefit expenses referred to in paragraph (2), item (ii), (b) is the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare as the average of the estimated amount of young-old benefit expenses per Participant who is a young-old pertaining to all Insurers.

(確定前期高齢者交付金)

(Fixed Young-Old Subsidies)

第三十五条 第三十三条第一項の確定前期高齢者交付金の額は、次の各号に掲げる保険者の区分に応じ、当該各号に定める額とする。

Article 35 (1) The amount of the fixed Young-Old Subsidy referred to in Article 33, paragraph (1) is the amount specified in the following items in accordance with the category of Insurer set forth in each of those items.

一 被用者保険等保険者 イ及びロに掲げる額の合計額

(i) insurers of employee insurance, etc.: the sum of the amounts listed in (a) and (b):

イ (1) から (3) までに掲げる額の合計額から (4) に掲げる額を控除して得た額 (当該額が零を下回る場合には、零とする。) の三分の二に相当する額

(a) the amount equivalent to two-thirds of the amount obtained by subtracting the amount set forth in 4. from the sum of the amounts set forth in 1. through 3. (if the amount is less than zero, it is deemed to be zero):

(1) 前々年度における当該保険者に係る調整対象給付費額

1. the amount of benefit expenses subject to adjustment pertaining to the insurer in the fiscal year before the previous fiscal year;

(2) 前々年度における当該保険者に係る第百十九条第一項の確定後期高齢者支援金の額を同年度における当該保険者に係る第百二十一条第一項各号の確定後期高齢者支援金調整率で除して得た額に、同年度における当該保険者に係る加入者の数に対する前期高齢者である加入者の数の割合を基礎として保険者ごとに算定される率を乗じて得た額 (以下「前期高齢者に係る後期高齢者支援金の確定額」という。)

2. the amount obtained by first dividing the amount of the final Medical Care Assistance for the Elderly Aged 75 and over of the Article 119, paragraph (1) pertaining to the insurer in the fiscal year before the previous fiscal year by the final Medical Care Assistance for the Elderly Aged 75 and over adjustment rate set forth in the items of Article 121, paragraph (1) pertaining to the insurer in the same fiscal year, and then multiplying the result by the rate calculated for each of

the insurers based on the ratio of the number of subscribers who are young-old to the number of subscribers pertaining to the insurer in the same fiscal year (hereinafter referred to as the "final amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to young-old");

- (3) 前々年度における当該保険者に係る感染症の予防及び感染症の患者に対する医療に関する法律（平成十年法律第百十四号）の規定による流行初期医療確保拠出金（以下「流行初期医療確保拠出金」という。）の額のうち前期高齢者である加入者に係るもの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（以下「前期高齢者に係る流行初期医療確保拠出金の額」という。）

3. the amount calculated pursuant to the provisions of Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases as the amount pertaining to subscribers who are young-old persons out of the amount of contributions to ensure medical care in the early stage of an epidemic (hereinafter referred to as "contributions to ensure medical care in the early stage of an epidemic") pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare (Act No. 114 of 1998) pertaining to the insurers in the fiscal year before the previous fiscal year (hereinafter referred to as "amount of contributions to ensure medical care in the early stage of an epidemic pertaining to young-old persons");

- (4) 前々年度における確定調整対象基準額

4. the final base amount subject to adjustment in the fiscal year before the previous fiscal year;

- ロ 前々年度における当該保険者に係る調整対象給付費額、前期高齢者に係る後期高齢者支援金の確定額及び前期高齢者に係る流行初期医療確保拠出金の額の合計額から同年度における確定報酬調整後調整対象基準額を控除して得た額（当該額が零を下回る場合には、零とする。）の三分の一に相当する額

- (b) the amount equivalent to one third of the amount obtained by subtracting the base amount subject to adjustment after the adjustment of fixed remunerations in the fiscal year before the previous fiscal year from the sum of the amount of benefit expenses subject to adjustment pertaining to the insurer, the fixed amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the young-old, and the amount of contributions for securing medical care in the early stage of an epidemic pertaining to the young-old in the same fiscal year (if the amount is less than zero, it is deemed to be zero);

- 二 被用者保険等保険者以外の保険者 前々年度における当該保険者に係る調整対象給付費額、前期高齢者に係る後期高齢者支援金の確定額及び前期高齢者に係る流行初期医療確保拠出金の額の合計額から同年度における確定調整対象基準額を控除し

て得た額（当該額が零を下回る場合には、零とする。）

- (ii) insurers other than insurers of employee insurance, etc.: the amount obtained by subtracting the final base amount for adjustment in the fiscal year before the relevant fiscal year from the sum of the amount of benefit expenses subject to adjustment pertaining to the relevant insurers, the final amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the young-old, and the amount of contributions for securing medical care in the early stage of an epidemic pertaining to the young-old in the same fiscal year (if the amount is less than zero, it is deemed to be zero).

- 2 前項各号の調整対象給付費額は、前々年度、前々年度の初日の属する年の前年の四月一日の属する年度及び前々年度の初日の属する年の前々年の四月一日の属する年度の各年度における当該保険者に係る一人平均調整対象給付費額（各年度における第一号に掲げる額から第二号に掲げる額を控除して得た額を、厚生労働省令で定めるところにより算定した各年度における当該保険者に係る前期高齢者である加入者の数で除して得た額をいう。）の平均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、厚生労働省令で定めるところにより算定した前々年度における当該保険者に係る前期高齢者である加入者の数を乗じて得た額とする。

- (2) The amount of benefit expenses subject to adjustment referred to in the items of the preceding paragraph is the amount obtained by multiplying the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare as the average of the per capita average amount of benefit expenses subject to adjustment (meaning the amount obtained by dividing the amount obtained by deducting the amount set forth in item (ii) from the amount set forth in item (i) in each fiscal year by the number of subscribers who are young-old adults pertaining to the relevant insurer in each fiscal year calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare) pertaining to the relevant insurer in each fiscal year two years before the previous fiscal year, the fiscal year which includes April 1 of the year preceding the year which includes the first day of the fiscal year two years before the previous fiscal year, and the fiscal year which includes April 1 of the year two years before the year which includes the first day of the fiscal year two years before the previous fiscal year by the number of subscribers who are young-old adults pertaining to the relevant insurer in each fiscal year calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare:

- 一 当該保険者の給付に要する費用の額のうち前期高齢者である加入者に係るもの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（以下「前期高齢者給付費額」という。）

- (i) the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare as the amount of expenses required for benefits by the insurer which pertain to subscribers who are young-old

(hereinafter referred to as the "amount of young-old benefit expenses");

- 二 当該保険者が確定基準超過保険者（イに掲げる額をロに掲げる額で除して得た率が、前条第二項第二号の政令で定める率を超える保険者をいう。）である場合における当該保険者に係る前期高齢者給付費額のうち、ロに掲げる額に当該政令で定める率を乗じて得た額を超える部分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

- (ii) the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare as the portion of the amount of young-old benefit expenses pertaining to the insurers if the insurers are the insurers in excess of the fixed standards (meaning the insurers for which the rate obtained by dividing the amount listed in (a) by the amount listed in (b) exceeds the rate specified by Cabinet Order set forth in paragraph (2), item (ii) of the preceding Article), which exceeds the amount obtained by multiplying the amount listed in (b) by the rate specified by the Cabinet Order:

イ 一の保険者に係る前期高齢者である加入者一人当たりの前期高齢者給付費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

- (a) the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare as the amount of young-old benefit expenses per member who is a young-old pertaining to a single insurer;

ロ 一人平均前期高齢者給付費額

- (b) the average per person young-old benefit cost.

- 3 第一項各号の確定調整対象基準額は、当該保険者に係る同項各号の調整対象給付費額、前期高齢者に係る後期高齢者支援金の確定額（被用者保険等保険者にあつては、当該額に確定額補正率を乗じて得た額）及び前期高齢者に係る流行初期医療確保拠出金の額の合計額に確定加入者調整率を乗じて得た額とする。

- (3) The final base amount for adjustment set forth in the items of paragraph (1) is the amount obtained by multiplying the total of the amount of benefit expenses subject to adjustment set forth in the items of the same paragraph pertaining to the insurer, the final amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the young-old (in the case of Insurers of employee insurance, etc., the amount obtained by multiplying the amount by the final amount adjustment rate), and the amount of contributions to ensure medical care in the early stage of an epidemic pertaining to the young-old, by the final participant adjustment rate.

- 4 第一項第一号ロの確定報酬調整後調整対象基準額は、当該保険者に係る同項各号の調整対象給付費額及び前期高齢者に係る流行初期医療確保拠出金の額の合計額に前々年度における第一号に掲げる額を第二号に掲げる額で除して得た率（第六項第一号において「確定報酬調整率」という。）及び確定給付費等補正率を乗じて得た額並びに前期高齢者に係る後期高齢者支援金の確定額に確定額補正率を乗じて得た額の合計額に確定加入者調整率を乗じて得た額とする。

- (4) The base amount subject to adjustment after adjustment of fixed compensation referred to in paragraph (1), item (i), (b) is the amount obtained by multiplying the sum of the sum of the amount of payment expenses subject to adjustment set forth in the items of the same paragraph pertaining to the insurer and the amount of contributions to ensure medical care in the early stage of an epidemic pertaining to the young-old by the rate obtained by dividing the amount set forth in item (i) in the fiscal year before the previous fiscal year by the amount set forth in item (ii) (referred to as the "fixed compensation adjustment rate" in paragraph (6), item (i)) and the fixed compensation adjustment rate for payment expenses, etc., and the amount obtained by multiplying the fixed amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the young-old by the fixed amount adjustment rate, by the fixed participant adjustment rate:
- 一 当該保険者に係る標準報酬総額（前条第八項に規定する標準報酬総額をいう。次号並びに第百二十一条第一項第一号イ及びロにおいて同じ。）を厚生労働省令で定めるところにより算定した当該保険者に係る加入者の数で除して得た額
 - (i) the amount arrived at when the insurer's total standardized amount of compensation (meaning the total standardized amount of compensation as prescribed in paragraph (8) of the preceding Article; the same applies in the following item and in Article 121, paragraph (1), item (i), (a) and (b)) is divided by the number of participants associated with that insurer, as calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare;
 - 二 全ての被用者保険等保険者に係る標準報酬総額の合計額を全ての被用者保険等保険者に係る加入者の総数で除して得た額として厚生労働省令で定めるところにより算定した額
 - (ii) the amount calculated pursuant to the provisions of Order of Order of the Ministry of Health, Labour and Welfare as the amount obtained by dividing the sum of the total amount of standardized remunerations pertaining to all Insurers of employee insurance, etc. by the total number of subscribers pertaining to all Insurers of employee insurance, etc.
- 5 前二項の確定額補正率は、各被用者保険等保険者に係る第一号に掲げる額から第二号に掲げる額を控除して得た額の合計額が第三号に掲げる額から第四号に掲げる額を控除して得た額の合計額に等しくなるよう厚生労働省令で定めるところにより算定した率とする。
- (5) The fixed amount adjustment rate referred to in the preceding two paragraphs is the rate calculated pursuant to the provisions of Order of Order of the Ministry of Health, Labour and Welfare so that the sum of the amounts obtained by subtracting the amount set forth in item (ii) from the amount set forth in item (i) pertaining to each of the insurers of employee insurance, etc. is equal to the sum of the amounts obtained by subtracting the amount set forth

in item (iv) from the amount set forth in item (iii):

一 前期高齢者に係る後期高齢者支援金の確定額に確定加入者調整率を乗じて得た額

(i) the amount arrived at when the final amount of the Medical Care Assistance for the Elderly Aged 75 and over pertaining to the Young-Old is multiplied by the final participant adjustment rate;

二 前期高齢者に係る後期高齢者支援金の確定額

(ii) the fixed amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the Young-Old;

三 被用者保険等保険者を被用者保険等保険者以外の保険者とみなした場合における前期高齢者に係る後期高齢者支援金の確定額に確定加入者調整率を乗じて得た額

(iii) the amount obtained by multiplying the fixed amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the Young-Old by the Fixed Participant Adjustment Rate when an Insurer of employee insurance, etc. is deemed to be an Insurer other than an Insurer of employee insurance, etc.;

四 被用者保険等保険者を被用者保険等保険者以外の保険者とみなした場合における前期高齢者に係る後期高齢者支援金の確定額

(iv) the fixed amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the Young-Old when an Insurer of employee insurance, etc. is deemed to be an Insurer other than an Insurer of employee insurance, etc.

6 第四項の確定給付費等補正率は、各被用者保険等保険者に係る第一号に掲げる額の合計額が第二号に掲げる額の合計額に等しくなるよう厚生労働省令で定めるところにより算定した率とする。

(6) The adjustment rate for fixed benefit expenses, etc. set forth in paragraph (4) is the rate calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare so that the total of the amounts listed in item (i) pertaining to each of the Insurers of employee insurance, etc. is equal to the total of the amounts listed in item (ii):

一 第一項各号の調整対象給付費額及び前期高齢者に係る流行初期医療確保拠出金の額の合計額に確定報酬調整率及び確定加入者調整率を乗じて得た額

(i) the amount obtained by multiplying the sum of the amount of payment expenses subject to adjustment and the amount of contributions for ensuring medical care in the early stage of an epidemic pertaining to young-old persons set forth in the items of paragraph (1) by the fixed remuneration adjustment rate and the fixed participant adjustment rate;

二 第一項各号の調整対象給付費額及び前期高齢者に係る流行初期医療確保拠出金の額の合計額に確定加入者調整率を乗じて得た額

(ii) the amount obtained by multiplying the sum of the amount of payment expenses subject to adjustment set forth in the items of paragraph (1) and the amount of contributions to ensure medical care in the early stage of an epidemic pertaining to the young-old by the fixed participant adjustment

rate.

- 7 第三項、第四項、第五項第一号及び第三号並びに前項各号の確定加入者調整率は、厚生労働省令で定めるところにより、前々年度における全ての保険者に係る加入者の総数に対する前期高齢者である加入者の総数の割合を同年度における当該保険者に係る加入者の数に対する前期高齢者である加入者の数の割合（その割合が同年度における下限割合に満たないときは、下限割合とする。）で除して得た率を基礎として保険者ごとに算定される率とする。

(7) The fixed participant adjustment rate referred to in paragraph (3), paragraph (4), paragraph (5), items (i) and (iii), and the items of the preceding paragraph is the rate calculated for each of the insurers pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare, based on the rate arrived at when the percentage of the total number of participants who are young-old to the total number of participants for all insurers in the fiscal year before the previous fiscal year is divided by the percentage of the number of participants who are young-old to the number of participants for the relevant insurers in the same fiscal year (if that percentage is less than the minimum percentage in the same fiscal year, the minimum percentage).

- 8 第二項第二号ロの一人平均前期高齢者給付費額は、全ての保険者に係る前期高齢者である加入者一人当たりの前期高齢者給付費額の平均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とする。

(8) The per capita average amount of young-old benefit expenses referred to in paragraph (2), item (ii), (b) is the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare as the average amount of young-old benefit expenses per one member who is a young-old pertaining to all insurers.

（前期高齢者納付金等の徴収及び納付義務）

(Collection and Payment Obligation of Young-Old Payments)

第三十六条 支払基金は、第百三十九条第一項第一号に掲げ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、年度ごとに、保険者から、前期高齢者納付金及び前期高齢者関係事務費拠出金（以下「前期高齢者納付金等」という。）を徴収する。

Article 36 (1) The Payment Fund collects Young-Old Payments and contributions for administrative expenses related to the Young-Old (hereinafter referred to as "Young-Old Payments, etc.") from Insurers each fiscal year in order to cover the expenses required for the services listed in Article 139, paragraph (1), item (i) and the handling of affairs relating to the services.

- 2 保険者は、前期高齢者納付金等を納付する義務を負う。

(2) An insurer is liable to pay young-old payments.

（前期高齢者納付金の額）

(Amount of Young-Old Payments)

第三十七条 前条第一項の規定により各保険者から徴収する前期高齢者納付金の額は、当該年度の概算前期高齢者納付金の額とする。ただし、前々年度の概算前期高齢者納付金の額が同年度の確定前期高齢者納付金の額を超えるときは、当該年度の概算前期高齢者納付金の額からその超える額とその超える額に係る前期高齢者納付調整金額との合計額を控除して得た額とするものとし、前々年度の概算前期高齢者納付金の額が同年度の確定前期高齢者納付金の額に満たないときは、当該年度の概算前期高齢者納付金の額にその満たない額とその満たない額に係る前期高齢者納付調整金額との合計額を加算して得た額とする。

Article 37 (1) The amount of Young-Old Payments collected from each Insurer pursuant to the provisions of paragraph (1) of the preceding Article is the estimated amount of Young-Old Payments for the relevant fiscal year; provided, however, that when the estimated amount of Young-Old Payments for the fiscal year before the previous fiscal year exceeds the fixed amount of Young-Old Payments for the same fiscal year, the amount is to be the amount obtained by subtracting the sum of the excess amount and the Young-Old Payment Adjustment Amount pertaining to the excess amount from the estimated amount of Young-Old Payments for the relevant fiscal year, and when the estimated amount of Young-Old Payments for the fiscal year before the previous fiscal year is less than the fixed amount of Young-Old Payments for the same fiscal year, the amount is to be the amount obtained by adding the estimated amount of Young-Old Payments for the relevant fiscal year to the sum of the amount of the shortfall and the Young-Old Payment Adjustment Amount pertaining to the.

2 前項に規定する前期高齢者納付調整金額は、前々年度におけるすべての保険者に係る概算前期高齢者納付金の額と確定前期高齢者納付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保険者ごとに算定される額とする。

(2) The Young-Old Payment Adjustment Amount prescribed in the preceding paragraph is the amount calculated for each of the Insurers pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare by taking into consideration the interest arising from the excess or deficiency between the estimated Young-Old Payments and the fixed Young-Old Payments pertaining to all of the Insurers in the fiscal year before the previous fiscal year and other circumstances.

(概算前期高齢者納付金)

(Estimated Young-Old Payments)

第三十八条 前条第一項の概算前期高齢者納付金の額は、次の各号に掲げる保険者の区分に応じ、当該各号に定める額とする。

Article 38 (1) The estimated amount of Young-Old Payments referred to in

paragraph (1) of the preceding Article is the amount specified in each of the following items in accordance with the category of Insurer set forth in the relevant item:

一 概算負担調整基準超過保険者（当該年度における負担調整前概算前期高齢者納付金相当額が零を超える保険者のうち、イに掲げる合計額がロに掲げる額を超える者（次号の特別概算負担調整基準超過保険者を除く。）をいう。以下この条において同じ。） 負担調整前概算前期高齢者納付金相当額から負担調整対象見込額（イに掲げる合計額からロに掲げる額を控除して得た額（当該額が負担調整前概算前期高齢者納付金相当額を上回るときは、負担調整前概算前期高齢者納付金相当額とする。）をいう。第三項において同じ。）を控除して得た額と負担調整見込額との合計額

(i) an insurer in excess of the estimated amount of young-old payments before burden adjustment (meaning an insurer whose estimated amount equivalent to young-old payments before burden adjustment in the fiscal year exceeds zero and whose total amount set forth in (a) exceeds the amount set forth in (b) (excluding an insurer in excess of the special estimated amount of burden adjustment); hereinafter the same applies in this Article): the sum of the estimated amount of burden adjustment and the amount obtained by subtracting the estimated amount subject to burden adjustment (meaning the amount obtained by subtracting the amount set forth in (b) from the total amount set forth in (a) (when the amount exceeds the estimated amount equivalent to young-old payments before burden adjustment, the estimated amount equivalent to young-old payments before burden adjustment); the same applies in paragraph (3)) from the estimated amount equivalent to young-old payments before burden adjustment:

イ 次に掲げる額の合計額

(a) the sum total of the following amounts:

- (1) 当該年度における負担調整前概算前期高齢者納付金相当額
 1. the amount equivalent to estimated young-old payments before burden adjustment in the relevant fiscal year;
 - (2) 当該年度における当該保険者に係る第百十九条第一項の概算後期高齢者支援金の額を同年度における当該保険者に係る第百二十条第一項各号の概算後期高齢者支援金調整率で除して得た額
2. the amount obtained by dividing the estimated amount of Medical Care Assistance for the Elderly Aged 75 and over of the Article 119, paragraph (1) pertaining to the insurer in the relevant fiscal year by the estimated Medical Care Assistance for the Elderly Aged 75 and over adjustment rate set forth in the items of Article 120, paragraph (1) pertaining to the insurer in the same fiscal year;

ロ 次に掲げる額の合計額に当該年度の負担調整基準率を乗じて得た額

(b) the amount arrived at when the sum total of the following amounts is

multiplied by the base rate for burden adjustment for the relevant fiscal year:

(1) イに掲げる合計額

1. the total amount set forth in (a);

(2) 当該年度における当該保険者の給付に要する費用（健康保険法第一百七十三条第二項に規定する日雇拋出金の納付に要する費用を含む。次号ロ（2）、次条第一項第一号ロ（2）及び第二号ロ（2）において「保険者の給付に要する費用等」という。）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

2. the amount calculated as specified by Order of Article 173, paragraph (2) as the prospective amount of expenses required for benefits by the insurer in the relevant fiscal year (including expenses required for payment of day laborer contributions prescribed in Order of the Ministry of Health, Labour and Welfare of the Health Insurance Act; referred to as "expenses required for benefits by insurers, etc." in (b), 2. of the following item, paragraph (1), item (i), (b), 2. and item (ii), (b), 2. of the following Article);

二 特別概算負担調整基準超過保険者（当該年度における負担調整前概算前期高齢者納付金相当額が零を超える保険者のうち、イに掲げる合計額がロに掲げる額を超える者であつて、政令で定めるところにより算定した同年度における当該保険者の財政力の見込みが政令で定める基準に満たないものをいう。以下この条において同じ。） 負担調整前概算前期高齢者納付金相当額から特別負担調整対象見込額（イに掲げる合計額からロに掲げる額を控除して得た額（当該額が負担調整前概算前期高齢者納付金相当額を上回るときは、負担調整前概算前期高齢者納付金相当額とする。）をいう。第三項において同じ。）を控除して得た額と負担調整見込額との合計額

(ii) an Insurer whose Estimated Amount Equivalent to Young-Old Payments Prior to Burden Adjustment in the fiscal year exceeds the standard for special estimated burden adjustment (meaning an Insurer whose Estimated Amount Equivalent to Young-Old Payments Prior to Burden Adjustment in the fiscal year exceeds zero, whose total amount set forth in (a) exceeds the amount set forth in (b), and whose estimated financial strength for the same fiscal year as calculated pursuant to the provisions of Cabinet Order is less than the standard specified by Cabinet Order; hereinafter the same applies in this Article): the sum of the amount obtained by subtracting the estimated amount subject to special burden adjustment (meaning the amount obtained by subtracting the amount set forth in (b) from the total amount set forth in (a) (when the amount exceeds the estimated amount equivalent to Young-Old Payments Prior to Burden Adjustment, the estimated amount equivalent to Young-Old Payments Prior to Burden Adjustment); the same applies in paragraph (3)) from the estimated amount equivalent to Young;

イ 次に掲げる額の合計額

(a) the sum total of the following amounts:

- (1) 当該年度における負担調整前概算前期高齢者納付金相当額
 1. the amount equivalent to estimated young-old payments before burden adjustment in the relevant fiscal year;
- (2) 当該年度における当該保険者に係る第百十九条第一項の概算後期高齢者支援金の額を同年度における当該保険者に係る第百二十条第一項各号の概算後期高齢者支援金調整率で除して得た額
 2. the amount obtained by dividing the estimated amount of Medical Care Assistance for the Elderly Aged 75 and over of the Article 119, paragraph (1) pertaining to the insurer in the relevant fiscal year by the estimated Medical Care Assistance for the Elderly Aged 75 and over adjustment rate set forth in the items of Article 120, paragraph (1) pertaining to the insurer in the same fiscal year;

ロ 次に掲げる額の合計額に当該年度の特別負担調整基準率を乗じて得た額

(b) the amount arrived at when the sum total of the following amounts is multiplied by the base rate for special burden adjustment for the relevant fiscal year;

- (1) イに掲げる合計額
 1. the total amount set forth in (a);
 - (2) 当該年度における当該保険者の給付に要する費用等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
 2. the amount calculated as specified by Order of Order of the Ministry of Health, Labour and Welfare as the prospective amount of expenses, etc. necessary for benefits to be paid by the insurer in the relevant fiscal year;

三 概算負担調整基準超過保険者及び特別概算負担調整基準超過保険者以外の保険者負担調整前概算前期高齢者納付金相当額と負担調整見込額との合計額

(iii) an insurer other than an insurer in excess of the standard for estimated burden adjustment and an insurer in excess of the special standard for estimated burden adjustment: the sum of the amount equivalent to estimated young-old payments before burden adjustment and the estimated amount of burden adjustment.

2 前項各号の負担調整前概算前期高齢者納付金相当額は、次の各号に掲げる保険者の区分に応じ、当該各号に定める額とする。

(2) The estimated amount equivalent to Young-Old Payments before burden adjustment referred to in the items of the preceding paragraph is the amount specified in the following items according to the categories of Insurers set forth in the respective items.

一 被用者保険等保険者 イ及びロに掲げる額の合計額

(i) insurers of employee insurance, etc.: the sum of the amounts listed in (a)

and (b):

イ 第三十四条第一項各号の概算調整対象基準額から、当該保険者に係る同項各号の調整対象給付費見込額及び前期高齢者に係る後期高齢者支援金の概算額の合計額を控除して得た額（当該額が零を下回る場合には、零とする。）の三分の二に相当する額

(a) the amount equivalent to two-thirds of the amount obtained by subtracting the sum of the estimated amount of Medical Care Assistance for the Elderly Aged 75 and over expense subject to adjustment set forth in the items of Article 34, paragraph (1) pertaining to the insurer and the estimated amount of benefits pertaining to the young-old (if the amount is less than zero, it is deemed to be zero) from the estimated base amount of benefits subject to adjustment set forth in the items of the same paragraph;

ロ 第三十四条第一項第一号ロの概算報酬調整後調整対象基準額から、当該保険者に係る同項各号の調整対象給付費見込額及び前期高齢者に係る後期高齢者支援金の概算額の合計額を控除して得た額（当該額が零を下回る場合には、零とする。）の三分の一に相当する額

(b) the amount equivalent to one third of the amount obtained by deducting the sum of the estimated amount of Medical Care Assistance for the Elderly Aged 75 and over expense subject to adjustment set forth in the items of Article 34, paragraph (1) pertaining to the insurer and the estimated amount of benefits pertaining to the young-old (if the amount is less than zero, it is deemed to be zero) from the base amount of subject to adjustment after adjustment of estimated remunerations set forth in Article 34, paragraph (1), item (i), (b);

二 被用者保険等保険者以外の保険者 第三十四条第一項各号の概算調整対象基準額から、当該保険者に係る同項各号の調整対象給付費見込額及び前期高齢者に係る後期高齢者支援金の概算額の合計額を控除して得た額（当該額が零を下回る場合には、零とする。）

(ii) insurers other than insurers covered by employee insurance, etc.: the amount obtained by deducting the sum of the estimated amount of benefit expenses subject to adjustment set forth in the items of Article 34, paragraph (1) pertaining to the relevant insurers and the estimated amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the young-old (if the relevant amount is less than zero, it is deemed to be zero) from the estimated base amount subject to adjustment set forth in the items of the same paragraph.

3 第一項各号の負担調整見込額は、当該年度における次の各号に掲げる額の合計額を、厚生労働省令で定めるところにより算定した同年度における全ての保険者に係る加入者の見込総数で除して得た額に、厚生労働省令で定めるところにより算定した同年度における当該保険者に係る加入者の見込数を乗じて得た額に概算負担調整額調整率を

乗じて得た額とする。

- (3) The estimated amount of burden adjustment referred to in the items of paragraph (1) is the amount obtained by multiplying the amount obtained by first dividing the sum of the amounts set forth in the following items for the relevant fiscal year by the estimated total number of subscribers for all insurers in the relevant fiscal year calculated as specified by Order of the Order of the Ministry of Health, Labour and Welfare, then multiplying the product by the estimated number of subscribers for the relevant insurers in the relevant fiscal year calculated as specified by Order of the Order of the Ministry of Health, Labour and Welfare, then multiplying the product by the estimated adjustment rate for the burden adjustment:

一 全ての概算負担調整基準超過保険者に係る負担調整対象見込額の総額

- (i) the total estimated amount subject to burden adjustment pertaining to all insurers in excess of the standard for estimated burden adjustment;

二 全ての特別概算負担調整基準超過保険者に係る負担調整対象見込額の総額

- (ii) the total of the prospective amounts subject to burden adjustment pertaining to all insurers in excess of the special estimated burden adjustment standards;

三 全ての特別概算負担調整基準超過保険者に係る特別負担調整対象見込額から負担調整対象見込額を控除した額の総額（第九十三条第三項において「特別負担調整見込額の総額等」という。）の三分の一

- (iii) one third of the total amount calculated by deducting the prospective amount subject to burden adjustment from the prospective amount subject to special burden adjustment pertaining to all insurers exceeding the special estimated burden adjustment standards (referred to as the "total amount, etc. of the prospective amount of special burden adjustment" in Article 93, paragraph (3)).

- 4 第一項第一号ロの負担調整基準率は、全ての保険者に占める概算負担調整基準超過保険者の割合が著しく少ないものとして政令で定める割合となるよう、年度ごとに政令で定める率とする。

- (4) The base rate for burden adjustment referred to in paragraph (1), item (i), (b) is the rate specified by Cabinet Order for each fiscal year so that the ratio of insurers in excess of the estimated burden adjustment standard to all insurers is the ratio specified by Cabinet Order as being extremely small.

- 5 第一項第二号ロの特別負担調整基準率は、全ての保険者に占める特別概算負担調整基準超過保険者の割合が少ないものとして政令で定める割合となるよう、年度ごとに政令で定める率とする。

- (5) The standard rate for special burden adjustment referred to in paragraph (1), item (ii), (b) is a rate specified by Cabinet Order for each fiscal year so that the percentage of insurers exceeding the special estimated burden adjustment standard among all insurers is the percentage specified by Cabinet Order as

being small.

- 6 第三項の概算負担調整額調整率は、前期高齢者である加入者一人当たりの前期高齢者給付費見込額を勘案し、百分の九十から百分の百十の範囲内で政令で定めるところにより算定する。

(6) The estimated burden adjustment adjustment rate referred to in paragraph (3) is calculated pursuant to the provisions of Cabinet Order within the range of 90 percent to 110 percent, taking into consideration the estimated amount of young-old benefit expenses per participant who is a young-old.

(確定前期高齢者納付金)

(Fixed Young-Old Payments)

第三十九条 第三十七条第一項の確定前期高齢者納付金の額は、次の各号に掲げる保険者の区分に応じ、当該各号に定める額とする。

Article 39 (1) The amount of the final and binding young-old payments referred to in Article 37, paragraph (1) is the amount specified in the following items in accordance with the category of the insurer set forth in each of those items:

- 一 確定負担調整基準超過保険者（前々年度における負担調整前確定前期高齢者納付金相当額が零を超える保険者のうち、イに掲げる合計額がロに掲げる額を超える者（次号の特別確定負担調整基準超過保険者を除く。）をいう。以下この条において同じ。） 負担調整前確定前期高齢者納付金相当額から負担調整対象額（イに掲げる合計額からロに掲げる額を控除して得た額（当該額が負担調整前確定前期高齢者納付金相当額を上回るときは、負担調整前確定前期高齢者納付金相当額とする。）をいう。第三項において同じ。）を控除して得た額と負担調整額との合計額

(i) an Insurer in Excess of the Determined Threshold for Burden Adjustment (meaning an Insurer whose Amount Equivalent to Determined Young-Old Payments Prior to Burden Adjustment exceeds zero in the fiscal year before the previous fiscal year, and whose total amount set forth in (a) exceeds the amount set forth in (b) (excluding an Insurer in Excess of the Special Determined Threshold for Burden Adjustment set forth in the following item); hereinafter the same applies in this Article): the sum of the amount obtained by subtracting the amount subject to burden adjustment (meaning the amount obtained by subtracting the amount set forth in (b) from the total amount set forth in (a) (when the amount exceeds the Amount Equivalent to Determined Young-Old Payments Prior to Burden Adjustment, the amount equivalent to Determined Young-Old Payments Prior to Burden Adjustment); the same applies in paragraph (3)) from the:

イ 次に掲げる額の合計額

(a) the sum total of the following amounts:

(1) 前々年度における負担調整前確定前期高齢者納付金相当額

1. the amount equivalent to the confirmed young-old payments before burden adjustment in the fiscal year before the previous fiscal year;

- (2) 前々年度における当該保険者に係る第百十九条第一項の確定後期高齢者支援金の額を同年度における当該保険者に係る第百二十一条第一項各号の確定後期高齢者支援金調整率で除して得た額
2. the amount obtained by dividing the amount of final Medical Care Assistance for the Elderly Aged 75 and over of Article 119, paragraph (1) pertaining to the insurer in the fiscal year before the previous fiscal year by the final Medical Care Assistance for the Elderly Aged 75 and over adjustment rate set forth in the items of Article 121, paragraph (1) pertaining to the insurer in the same fiscal year;
- ロ 次に掲げる額の合計額に前々年度の前条第一項第一号ロの負担調整基準率を乗じて得た額
- (b) the amount arrived at when the sum total of the following amounts is multiplied by the base rate for burden adjustment referred to in paragraph (1), item (i), (b) of the preceding Article for the fiscal year before the previous fiscal year;
- (1) イに掲げる合計額
1. the total amount set forth in (a);
- (2) 前々年度における当該保険者の給付に要する費用等の額及び流行初期医療確保拠出金の額
2. the amount of expenses, etc. required for benefits by the insurer and the amount of contributions to ensure medical care in the early stage of an epidemic in the fiscal year before the previous fiscal year;
- 二 特別確定負担調整基準超過保険者（前々年度における負担調整前確定前期高齢者納付金相当額が零を超える保険者のうち、イに掲げる合計額がロに掲げる額を超える者であつて、政令で定めるところにより算定した同年度における当該保険者の財政力が政令で定める基準に満たないものをいう。以下この条において同じ。）負担調整前確定前期高齢者納付金相当額から特別負担調整対象額（イに掲げる合計額からロに掲げる額を控除して得た額（当該額が負担調整前確定前期高齢者納付金相当額を上回るときは、負担調整前確定前期高齢者納付金相当額とする。）をいう。第三項において同じ。）を控除して得た額と負担調整額との合計額
- (ii) an Insurer whose Amount Equivalent to Confirmed Young-Old Payments Prior to Burden Adjustment is greater than zero in the fiscal year before the previous fiscal year, whose total amount set forth in (a) exceeds the amount set forth in (b), and whose financial capacity for the same fiscal year, as calculated pursuant to the provisions of Cabinet Order, is less than the standard specified by Cabinet Order (hereinafter the same applies in this Article): the sum of the amount obtained by subtracting the Amount Subject to Special Burden Adjustment (meaning the amount obtained by subtracting the amount set forth in (b) from the total amount set forth in (a) (when the amount exceeds the Amount Equivalent to Confirmed Young-Old Payments Prior to Burden Adjustment, it is to be the Amount Equivalent to Confirmed

Young-Old Payments Prior to Burden Adjustment); the same applies in paragraph (3)) from the Amount Equivalent to Confirmed Young-Old Payments Prior to;

イ 次に掲げる額の合計額

(a) the sum total of the following amounts:

(1) 前々年度における負担調整前確定前期高齢者納付金相当額

1. the amount equivalent to the confirmed young-old payments before burden adjustment in the fiscal year before the previous fiscal year;

(2) 前々年度における当該保険者に係る第百十九条第一項の確定後期高齢者支援金の額を同年度における当該保険者に係る第百二十一条第一項各号の確定後期高齢者支援金調整率で除して得た額

2. the amount obtained by dividing the amount of final Medical Care Assistance for the Elderly Aged 75 and over of Article 119, paragraph (1) pertaining to the insurer in the fiscal year before the previous fiscal year by the final Medical Care Assistance for the Elderly Aged 75 and over adjustment rate set forth in the items of Article 121, paragraph (1) pertaining to the insurer in the same fiscal year;

ロ 次に掲げる額の合計額に前々年度の前条第一項第二号ロの特別負担調整基準率を乗じて得た額

(b) the amount arrived at when the sum total of the following amounts is multiplied by the base rate for special burden adjustment referred to in paragraph (1), item (ii), (b) of the preceding Article for the fiscal year before the previous fiscal year:

(1) イに掲げる合計額

1. the total amount set forth in (a);

(2) 前々年度における当該保険者の給付に要する費用等の額及び流行初期医療確保拠出金の額

2. the amount of expenses, etc. required for benefits by the insurer and the amount of contributions to ensure medical care in the early stage of an epidemic in the fiscal year before the previous fiscal year;

三 確定負担調整基準超過保険者及び特別確定負担調整基準超過保険者以外の保険者負担調整前確定前期高齢者納付金相当額と負担調整額との合計額

(iii) an insurer other than an insurer in excess of the fixed burden adjustment standard and a special insurer in excess of the fixed burden adjustment standard: the sum of the amount equivalent to the determined young-old payments before burden adjustment and the burden adjustment amount.

2 前項各号の負担調整前確定前期高齢者納付金相当額は、次の各号に掲げる保険者の区分に応じ、当該各号に定める額とする。

(2) The amount equivalent to the confirmed young-old payments before burden adjustment referred to in the items of the preceding paragraph is the amount specified in the following items in accordance with the category of insurer set

forth in each of those items.

一 被用者保険等保険者 イ及びロに掲げる額の合計額

(i) insurers of employee insurance, etc.: the sum of the amounts listed in (a) and (b):

イ 第三十五条第一項各号の確定調整対象基準額から、当該保険者に係る同項各号の調整対象給付費額、前期高齢者に係る後期高齢者支援金の確定額及び前期高齢者に係る流行初期医療確保拠出金の額の合計額を控除して得た額（当該額が零を下回る場合には、零とする。）の三分の二に相当する額

(a) the amount equivalent to two-thirds of the amount obtained by subtracting the sum of the amount of benefits expenses subject to adjustment set forth in the items of Article 35, paragraph (1) pertaining to the insurer, the fixed amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the young-old, and the amount of contributions to ensure medical care in the early stage of an epidemic pertaining to the young-old (if the amount is less than zero, it is deemed to be zero) from the fixed base amount subject to adjustment set forth in the items of the same paragraph;

ロ 第三十五条第一項第一号ロの確定報酬調整後調整対象基準額から、当該保険者に係る同項各号の調整対象給付費額、前期高齢者に係る後期高齢者支援金の確定額及び前期高齢者に係る流行初期医療確保拠出金の額の合計額を控除して得た額（当該額が零を下回る場合には、零とする。）の三分の一に相当する額

(b) the amount equivalent to one third of the amount obtained by deducting, from the base amount for adjustment after adjustment of fixed compensation set forth in Article 35, paragraph (1), item (i), (b), the sum of the amount of benefit expenses subject to adjustment set forth in the items of the same paragraph pertaining to the insurer, the fixed amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the young-old, and the amount of contributions to ensure medical care in the early stage of an epidemic pertaining to the young-old (if the amount is less than zero, it is deemed to be zero);

二 被用者保険等保険者以外の保険者 第三十五条第一項各号の確定調整対象基準額から、当該保険者に係る同項各号の調整対象給付費額、前期高齢者に係る後期高齢者支援金の確定額及び前期高齢者に係る流行初期医療確保拠出金の額の合計額を控除して得た額（当該額が零を下回る場合には、零とする。）

(ii) insurers other than insurers of employee insurance, etc.: the amount obtained by subtracting the sum of the amount of benefit expenses subject to adjustment set forth in the items of Article 35, paragraph (1) pertaining to the relevant insurers, the fixed amount of Medical Care Assistance for the Elderly Aged 75 and over pertaining to the young-old, and the amount of contributions to ensure medical care in the early stage of an epidemic pertaining to the young-old from the fixed base amount subject to adjustment

set forth in the items of the same paragraph (if the amount is less than zero, it is deemed to be zero).

- 3 第一項各号の負担調整額は、前々年度における次の各号に掲げる額の合計額を、厚生労働省令で定めるところにより算定した同年度における全ての保険者に係る加入者の総数で除して得た額に、厚生労働省令で定めるところにより算定した同年度における当該保険者に係る加入者の数を乗じて得た額に確定負担調整額調整率を乗じて得た額とする。

- (3) The burden adjustment amount set forth in the items of paragraph (1) is the amount obtained by multiplying the amount obtained by first dividing the sum of the amounts set forth in the following items for the fiscal year before the previous fiscal year by the total number of subscribers for all insurers in the same fiscal year calculated as specified by Order of Order of the Ministry of Health, Labour and Welfare, and then multiplying the product by the number of subscribers for the relevant insurers in the same fiscal year calculated as specified by Order of Order of the Ministry of Health, Labour and Welfare, and then multiplying the product by the fixed burden adjustment adjustment rate:
- 一 全ての確定負担調整基準超過保険者に係る負担調整対象額の総額
 - (i) the total amount subject to burden adjustment pertaining to all insurers in excess of the fixed burden adjustment standards;
 - 二 全ての特別確定負担調整基準超過保険者に係る負担調整対象額の総額
 - (ii) the total amount subject to burden adjustment pertaining to all insurers in excess of the special standards for burden adjustment;
 - 三 全ての特別確定負担調整基準超過保険者に係る特別負担調整対象額から負担調整対象額を控除した額の総額（第九十三条第三項において「特別負担調整額の総額等」という。）の三分の一
 - (iii) one third of the total amount (referred to as the "total amount of special burden adjustment, etc." in Article 93, paragraph (3)) arrived at when the amount subject to burden adjustment is deducted from the amount subject to special burden adjustment pertaining to all insurers in excess of the special established standard for burden adjustment.
- 4 前項の確定負担調整額調整率は、前期高齢者である加入者一人当たりの前期高齢者給付費額を勘案し、百分の九十から百分の百十の範囲内で政令で定めるところにより算定する。
- (4) The adjustment rate for the amount of settled burden adjustment referred to in the preceding paragraph is calculated pursuant to the provisions of Cabinet Order within the range of 90 percent to 110 percent, taking into consideration the amount of young-old benefit expenses per participant who is a young-old.

（前期高齢者関係事務費拠出金の額）

(Amount of Contributions for Office Expenses Related to the Young-Old)

第四十条 第三十六条第一項の規定により各保険者から徴収する前期高齢者関係事務費

拠出金の額は、厚生労働省令で定めるところにより、当該年度における第百三十九条第一項第一号に掲げ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を基礎として、各保険者に係る加入者の見込数に応じ、厚生労働省令で定めるところにより算定した額とする。

Article 40 The amount of contributions for the administrative expenses related to the Young-Old collected from each of the Insurers pursuant to the provisions of Article 36, paragraph (1) is the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare, based on the estimated amount of expenses required for the processing of affairs concerning the services of the Payment Fund set forth in Article 139, paragraph (1), item (i) in the relevant fiscal year, in accordance with the estimated number of subscribers pertaining to each of the Insurers, as specified by Order of the Ministry of Health, Labour and Welfare.

(保険者の合併等の場合における前期高齢者交付金等の額の特例)

(Special Provisions for the Amount of the Young-Old Subsidy in the Case of a Merger of Insurers)

第四十一条 合併又は分割により成立した保険者、合併又は分割後存続する保険者及び解散をした保険者の権利義務を承継した保険者に係る前期高齢者交付金及び前期高齢者納付金等の額の算定の特例については、政令で定める。

Article 41 Cabinet Order provides for special provisions for the calculation of the amount of Young-Old Subsidies and Young-Old Payments pertaining to an Insurer incorporated as a result of a merger or split, an Insurer surviving a merger or split, or an Insurer succeeding to the rights and obligations of a dissolved Insurer.

(前期高齢者交付金の額の決定、通知等)

(Determination and Notification of the Amount of the Young-Old Subsidy)

第四十二条 支払基金は、各年度につき、各保険者に対し交付すべき前期高齢者交付金の額を決定し、当該各保険者に対し、その者に対し交付すべき前期高齢者交付金の額、交付の方法その他必要な事項を通知しなければならない。

Article 42 (1) The Payment Fund must determine the amount of the Young-Old Subsidy to be granted to each Insurer for each fiscal year and notify each Insurer of the amount of the Young-Old Subsidy to be granted to the person, the method of grant, and other necessary matters.

2 前項の規定により前期高齢者交付金の額が定められた後、前期高齢者交付金の額を変更する必要があるときは、支払基金は、当該各保険者に対し交付すべき前期高齢者交付金の額を変更し、当該各保険者に対し、変更後の前期高齢者交付金の額を通知しなければならない。

(2) If it becomes necessary to change the amount of the Young-Old Subsidy after the amount of the Young-Old Subsidy has been determined pursuant to the

provisions of the preceding paragraph, the Payment Fund must change the amount of the Young-Old Subsidy to be granted to each of the relevant Insurers and notify each of the relevant Insurers of the changed amount of the Young-Old Subsidy.

- 3 支払基金は、保険者に対し交付した前期高齢者交付金の額が、前項の規定による変更後の前期高齢者交付金の額に満たない場合には、その不足する額について、同項の規定による通知とともに交付の方法その他必要な事項を通知し、同項の規定による変更後の前期高齢者交付金の額を超える場合には、その超える額について、未払の前期高齢者交付金があるときはこれに充当し、なお残余があれば返還させ、未払の交付金がないときはこれを返還させなければならない。

- (3) The Payment Fund, in the case where the amount of the Young-Old Subsidy granted to an insurer is less than the amount of the Young-Old Subsidy after the change pursuant to the provisions of the preceding paragraph, must notify the insurer of the method of grant and other necessary matters, along with the notice pursuant to the provisions of the same paragraph, with regard to the shortfall; and in the case where the amount of the Young-Old Subsidy exceeds the amount of the Young-Old Subsidy after the change pursuant to the provisions of the same paragraph, the Payment Fund must appropriate the excess amount to the unpaid Young-Old Subsidy, if any, and have the insurer return the balance, if any, or have the insurer return the unpaid subsidy, if none.

(前期高齢者納付金等の額の決定、通知等)

(Determination and Notification of the Amount of Young-Old Payments)

第四十三条 支払基金は、各年度につき、各保険者が納付すべき前期高齢者納付金等の額を決定し、当該各保険者に対し、その者が納付すべき前期高齢者納付金等の額、納付の方法及び納付すべき期限その他必要な事項を通知しなければならない。

Article 43 (1) The Payment Fund must determine the amount of Young-Old Payments, etc. to be paid by each Insurer for each fiscal year, and notify each Insurer of the amount of Young-Old Payments, etc. to be paid by the Insurer, the method of payment, the due date of payment, and other necessary matters.

- 2 前項の規定により前期高齢者納付金等の額が定められた後、前期高齢者納付金等の額を変更する必要があるときは、支払基金は、当該各保険者が納付すべき前期高齢者納付金等の額を変更し、当該各保険者に対し、変更後の前期高齢者納付金等の額を通知しなければならない。

- (2) If it becomes necessary to change the amount of Young-Old Payments, etc., after the amount of Young-Old Payments, etc., has been determined pursuant to the provisions of the preceding paragraph, the Payment Fund must change the amount of Young-Old Payments, etc., to be paid by each relevant Insurer and notify each relevant Insurer of the changed amount of Young-Old Payments, etc.

3 支払基金は、保険者が納付した前期高齢者納付金等の額が、前項の規定による変更後の前期高齢者納付金等の額に満たない場合には、その不足する額について、同項の規定による通知とともに納付の方法及び納付すべき期限その他必要な事項を通知し、同項の規定による変更後の前期高齢者納付金等の額を超える場合には、その超える額について、未納の前期高齢者納付金等その他この章の規定による支払基金の徴収金があるときはこれに充当し、なお残余があれば還付し、未納の徴収金がないときはこれを還付しなければならない。

(3) If the amount of Young-Old Payments, etc. paid by an Insurer is less than the amount of Young-Old Payments, etc. after the change pursuant to the provisions of the preceding paragraph, the Payment Fund must give notice pursuant to the provisions of the same paragraph and also give notice of the method of payment, due date for payment, and other necessary matters with regard to the shortfall; and if the amount of Young-Old Payments, etc. exceeds the amount of Young-Old Payments, etc. after the change pursuant to the provisions of the same paragraph, the Payment Fund must appropriate the excess amount to any unpaid Young-Old Payments, etc. or any other money to be collected from the Payment Fund pursuant to the provisions of this Chapter, and return the balance if any, or return the excess amount if there is no unpaid money to be collected.

(督促及び滞納処分)

(Demand and disposition to collect arrears)

第四十四条 支払基金は、保険者が、納付すべき期限までに前期高齢者納付金等を納付しないときは、期限を指定してこれを督促しなければならない。

Article 44 (1) If an Insurer fails to make a Young-Old Payment, etc. by the due date for payment, the Payment Fund must demand payment by the due date.

2 支払基金は、前項の規定により督促をするときは、当該保険者に対し、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、督促状を発する日から起算して十日以上経過した日でなければならない。

(2) The Payment Fund, when it makes a demand pursuant to the provisions of the preceding paragraph, must issue a written demand to the insurer. In this case, the due date to be designated in the written demand must be a day on which ten days or more have elapsed from the day on which the written demand is issued.

3 支払基金は、第一項の規定による督促を受けた保険者がその指定期限までにその督促状に係る前期高齢者納付金等及び次条の規定による延滞金を完納しないときは、政令で定めるところにより、その徴収を、厚生労働大臣又は都道府県知事に請求するものとする。

(3) The Payment Fund, when an Insurer who has received a written demand pursuant to the provisions of paragraph (1) fails to pay the Young-Old Payments pertaining to the written demand and the delinquent charge

pursuant to the provisions of the following Article in full by the designated due date, is to request the Minister of Health, Labour and Welfare or the prefectural governor to collect the payment pursuant to the provisions of a Cabinet Order.

- 4 前項の規定による徴収の請求を受けたときは、厚生労働大臣又は都道府県知事は、国税滞納処分の例により処分することができる。

(4) When a request for collection under the provisions of the preceding paragraph is received, the Minister of Health, Labour and Welfare or the prefectural governor may make a disposition in accordance with the rules for a national tax disposition to collect arrears.

(延滞金)

(Delinquent Charges)

第四十五条 前条第一項の規定により前期高齢者納付金等の納付を督促したときは、支払基金は、その督促に係る前期高齢者納付金等の額につき年十四・五パーセントの割合で、納付期日の翌日からその完納又は財産差押えの日の前日までの日数により計算した延滞金を徴収する。ただし、督促に係る前期高齢者納付金等の額が千円未満であるときは、この限りでない。

Article 45 (1) When a demand for payment of Young-Old Payments, etc. is made pursuant to the provisions of paragraph (1) of the preceding Article, the Payment Fund collects a delinquent charge calculated based on the number of days from the day after the due date for payment until the day before the day of full payment or attachment of property, at a rate of 14.5% per annum on the amount of Young-Old Payments, etc. pertaining to the demand; provided, however, that this does not apply when the amount of Young-Old Payments, etc. pertaining to the demand is less than one thousand yen.

- 2 前項の場合において、前期高齢者納付金等の額の一部につき納付があつたときは、その納付の日以降の期間に係る延滞金の額の計算の基礎となる前期高齢者納付金等の額は、その納付のあつた前期高齢者納付金等の額を控除した額とする。

(2) In the case referred to in the preceding paragraph, if a part of the amount of the Young-Old Payments, etc. is paid, the amount of the Young-Old Payments, etc. to be used as the basis for calculating the amount of delinquent charge pertaining to the period after the date of the payment is the amount obtained by deducting the amount of the Young-Old Payments, etc. that was paid.

- 3 延滞金の計算において、前二項の前期高齢者納付金等の額に千円未満の端数があるときは、その端数は、切り捨てる。

(3) In the calculation of delinquent charges, if the amount of the young-old payments, etc. set forth in the preceding two paragraphs includes a fraction of less than one thousand yen, the fraction is rounded down.

- 4 前三項の規定によつて計算した延滞金の額に百円未満の端数があるときは、その端数は、切り捨てる。

(4) If the amount of delinquency calculated pursuant to the provisions of the preceding three paragraphs includes a fraction of less than one hundred yen, the fraction is rounded down.

5 延滞金は、次の各号のいずれかに該当する場合には、徴収しない。ただし、第三号の場合には、その執行を停止し、又は猶予した期間に対応する部分の金額に限る。

(5) A delinquency charge is not collected if the case falls under any of the following items; provided, however, that in the case referred to in item (iii), the delinquency charge is limited to the amount corresponding to the period during which the execution of the delinquency charge was suspended or stayed:

一 督促状に指定した期限までに前期高齢者納付金等を完納したとき。

(i) if the young-old payments, etc. are paid in full by the due date designated in the written demand;

二 延滞金の額が百円未満であるとき。

(ii) if the amount of arrears is less than 100 yen;

三 前期高齢者納付金等について滞納処分の執行を停止し、又は猶予したとき。

(iii) when the execution of disposition to collect arrears for Young-Old

Payments, etc. is suspended or suspended;

四 前期高齢者納付金等を納付しないことについてやむを得ない理由があると認められるとき。

(iv) if it is found that there is a compelling reason for not paying Young-Old Payments.

(納付の猶予)

(Payment Grace Period)

第四十六条 支払基金は、やむを得ない事情により、保険者が前期高齢者納付金等を納付することが著しく困難であると認められるときは、厚生労働省令で定めるところにより、当該保険者の申請に基づき、厚生労働大臣の承認を受けて、その納付すべき期限から一年以内の期間を限り、その一部の納付を猶予することができる。

Article 46 (1) The Payment Fund, when it is found to be extremely difficult for Insurers to pay Young-Old Payments, etc. due to unavoidable circumstances, pursuant to the provisions of Order of the Order of the Ministry of Health, Labour and Welfare, based on an application by the relevant Insurers and with the approval of the Minister of Health, Labour and Welfare, may grant a grace period for a part of the payment for a period not exceeding one year from the due date for the payment.

2 支払基金は、前項の規定による猶予をしたときは、その旨、猶予に係る前期高齢者納付金等の額、猶予期間その他必要な事項を保険者に通知しなければならない。

(2) The Payment Fund, when having granted a grace period pursuant to the provisions of the preceding paragraph, must notify the Insurer of such fact, the amount of the Young-Old Payments, etc. pertaining to the grace period, the grace period, and other necessary matters.

3 支払基金は、第一項の規定による猶予をしたときは、その猶予期間内は、その猶予に係る前期高齢者納付金等につき新たに第四十四条第一項の規定による督促及び同条第三項の規定による徴収の請求をすることができない。

(3) If the Payment Fund has granted a grace period pursuant to the provisions of paragraph (1), the Payment Fund may not make a demand pursuant to the provisions of Article 44, paragraph (1) or request collection pursuant to the provisions of paragraph (3) of the same Article with respect to the Young-Old Payments, etc. pertaining to the grace period during the grace period.

第四章 後期高齢者医療制度

Chapter IV Late-Stage Elderly Medical Care System

第一節 総則

Section 1 General Provisions

(後期高齢者医療)

(Old-Old Healthcare)

第四十七条 後期高齢者医療は、高齢者の疾病、負傷又は死亡に関して必要な給付を行うものとする。

Article 47 Medical care for the elderly is to provide necessary benefits in relation to the illness, injury, or death of an elderly person.

(広域連合の設立)

(Establishment of a Cross-Regional Federation)

第四十八条 市町村は、後期高齢者医療の事務（保険料の徴収の事務及び被保険者の便益の増進に寄与するものとして政令で定める事務を除く。）を処理するため、都道府県の区域ごとに当該区域内のすべての市町村が加入する広域連合（以下「後期高齢者医療広域連合」という。）を設けるものとする。

Article 48 A Municipality, in order to administer affairs concerning Old-Old Healthcare (excluding affairs concerning the collection of insurance premiums and affairs specified by a Cabinet Order as contributing to the promotion of the benefits of the insured), is to establish, for each area of a prefecture, a cross-regional federation to which all Municipalities within the relevant area belong (hereinafter referred to as a "Association of Medical Care Systems for the Elderly Aged 75 and older").

(特別会計)

(Special Accounts)

第四十九条 後期高齢者医療広域連合及び市町村は、後期高齢者医療に関する収入及び支出について、政令で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 49 A Association of Medical Care Systems for the Elderly Aged 75 and older and a municipality, pursuant to the provisions of a Cabinet Order, must

establish a special account for revenue and expenses related to medical care for the elderly.

第二節 被保険者 Section 2 Insured

(被保険者)

(insured)

第五十条 次の各号のいずれかに該当する者は、後期高齢者医療広域連合が行う後期高齢者医療の被保険者とする。

Article 50 A person who falls under any of the following items is to be a insured for medical care for the elderly provided by the Association of Medical Care Systems for the Elderly Aged 75 and older:

一 後期高齢者医療広域連合の区域内に住所を有する七十五歳以上の者

(i) a person who is 75 years of age or older and has a domicile within the area of the Association of Medical Care Systems for the Elderly Aged 75 and older;

二 後期高齢者医療広域連合の区域内に住所を有する六十五歳以上七十五歳未満の者であつて、厚生労働省令で定めるところにより、政令で定める程度の障害の状態にある旨の当該後期高齢者医療広域連合の認定を受けたもの

(ii) a person who is domiciled within the district of a Association of Medical Care Systems for the Elderly Aged 75 and older and is 65 years of age or older but under 75 years of age, who has been certified by the Association of Medical Care Systems for the Elderly Aged 75 and older, pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare, as being disabled to the extent specified by Cabinet Order.

(適用除外)

(Exclusion from Application)

第五十一条 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、後期高齢者医療広域連合が行う後期高齢者医療の被保険者としなない。

Article 51 Notwithstanding the provisions of the preceding Article, a person who falls under any of the following items is not eligible to be a insured for medical care for the elderly provided by the Association of Medical Care Systems for the Elderly Aged 75 and older:

一 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

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

二 前号に掲げるもののほか、後期高齢者医療の適用除外とすべき特別の理由がある者で厚生労働省令で定めるもの

- (ii) beyond what is set forth in the preceding item, a person who has a special reason to be excluded from the application of Old-Old Healthcare and who is specified by Order of the Ministry of Health, Labour and Welfare.

(資格取得の時期)

(Time of Acquisition of Qualification)

第五十二条 後期高齢者医療広域連合が行う後期高齢者医療の被保険者は、次の各号のいずれかに該当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つた日から、その資格を取得する。

Article 52 A insured for medical care for the elderly provided by a Association of Medical Care Systems for the Elderly Aged 75 and older acquires eligibility from the day on which the person comes to fall under any of the following items or the day on which the person no longer falls under any of the items of the preceding Article:

一 当該後期高齢者医療広域連合の区域内に住所を有する者（第五十条第二号の認定を受けた者を除く。）が七十五歳に達したとき。

(i) when a person who is domiciled within the area of the relevant Association of Medical Care Systems for the Elderly Aged 75 and older (excluding a person who has received the certification set forth in Article 50, item (ii)) has reached 75 years of age;

二 七十五歳以上の者が当該後期高齢者医療広域連合の区域内に住所を有するに至つたとき。

(ii) when a person who is 75 years of age or older has come to have a domicile within the area of the relevant Association of Medical Care Systems for the Elderly Aged 75 and older;

三 当該後期高齢者医療広域連合の区域内に住所を有する六十五歳以上七十五歳未満の者が、第五十条第二号の認定を受けたとき。

(iii) when a person who is 65 years of age or older and under 75 years of age and who has a domicile within the area of the relevant Association of Medical Care Systems for the Elderly Aged 75 and older has received the certification set forth in Article 50, item (ii).

(資格喪失の時期)

(Time of Forfeiture of Status)

第五十三条 後期高齢者医療広域連合が行う後期高齢者医療の被保険者は、当該後期高齢者医療広域連合の区域内に住所を有しなくなつた日若しくは第五十条第二号の状態に該当しなくなつた日又は第五十一条第二号に掲げる者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、当該後期高齢者医療広域連合の区域内に住所を有しなくなつた日に他の後期高齢者医療広域連合の区域内に住所を有するに至つたときは、その日から、その資格を喪失する。

Article 53 (1) A insured for medical care for the elderly provided by a Association

of Medical Care Systems for the Elderly Aged 75 and older loses eligibility from the day following the day on which the person no longer has domicile in the area of the relevant Association of Medical Care Systems for the Elderly Aged 75 and older, no longer falls under the condition set forth in Article 50, item (ii), or comes to fall under the person set forth in Article 51, item (ii); provided, however, that if the person comes to have domicile in the area of another Association of Medical Care Systems for the Elderly Aged 75 and older on the day on which the person no longer has domicile in the area of the relevant Association of Medical Care Systems for the Elderly Aged 75 and older, the person loses eligibility from that day.

2 後期高齢者医療広域連合が行う後期高齢者医療の被保険者は、第五十一条第一号に規定する者に該当するに至った日から、その資格を喪失する。

(2) A insured for medical care for the elderly provided by a Association of Medical Care Systems for the Elderly Aged 75 and older loses eligibility as such from the day on which the person comes to fall under the category of a person provided for in Article 51, item (i).

(届出等)

(Notification)

第五十四条 被保険者は、厚生労働省令で定めるところにより、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後期高齢者医療広域連合に届け出なければならない。

Article 54 (1) A insured, pursuant to the provisions of Order of Order of the Ministry of Health, Labour and Welfare, must notify the Association of Medical Care Systems for the Elderly Aged 75 and older of particulars concerning the acquisition and forfeiture of status as a insured and other necessary particulars.

2 被保険者の属する世帯の世帯主は、その世帯に属する被保険者に代わつて、当該被保険者に係る前項の規定による届出をすることができる。

(2) The householder of a household to which a insured belongs may make a notification under the provisions of the preceding paragraph pertaining to the insured on behalf of the insured belonging to the household.

3 被保険者が第六十四条第三項に規定する電子資格確認を受けることができない状況にあるときは、当該被保険者は、厚生労働省令で定めるところにより、後期高齢者医療広域連合に対し、当該状況にある被保険者の資格に係る情報として厚生労働省令で定める事項を記載した書面の交付又は当該事項の電磁的方法（電子情報処理組織を使用する方法その他の情報通信の技術を利用する方法であつて厚生労働省令で定めるものをいう。以下この項から第五項までにおいて同じ。）による提供を求めることができる。この場合において、当該後期高齢者医療広域連合は、厚生労働省令で定めるところにより、速やかに、当該書面の交付の求めを行つた被保険者に対しては当該書面を交付するものとし、当該電磁的方法による提供の求めを行つた被保険者に対しては

当該事項を電磁的方法により提供するものとする。

(3) When a insured is in a situation where it is unable to receive the electronic certification confirmation prescribed in Article 64, paragraph (3), the insured may request the Association of Medical Care Systems for the Elderly Aged 75 and older to deliver a document stating the matters specified by Order of the Order of the Ministry of Health, Labour and Welfare as the information pertaining to the status of the insured in the relevant situation or to provide the matters by electronic or magnetic means (meaning a method using an electronic data processing system or any other method using information and communications technology, which is specified by Order of the Order of the Ministry of Health, Labour and Welfare; hereinafter the same applies in this paragraph through paragraph (5)), pursuant to the provisions of Order of the Order of the Ministry of Health, Labour and Welfare. In this case, the Association of Medical Care Systems for the Elderly Aged 75 and older is to promptly deliver the document to the insured that has requested the delivery of the document and provide the matters by electronic or magnetic means to the insured that has requested the provision by electronic or magnetic means, pursuant to the provisions of Order of the Ministry of Justice. Order of the Ministry of Health, Labour and Welfare.

4 前項の規定により同項の書面の交付を受け、又は電磁的方法により同項の厚生労働省令で定める事項の提供を受けた被保険者は、当該書面又は当該事項を厚生労働省令で定める方法により表示したものを提示することにより、第六十四条第三項本文（第七十四条第十項、第七十五条第七項、第七十六条第六項及び第八十二条第六項において準用する場合を含む。）又は第七十八条第三項（第八十二条第六項において準用する場合を含む。）の確認を受けることができる。

(4) A Order of the Ministry of Health, Labour and Welfare that has been issued a document as referred to in the preceding paragraph pursuant to the provisions of that paragraph or that has been provided with the information that Order of the insured prescribes which is referred to in that paragraph by electronic or magnetic means may obtain the confirmation referred to in the main clause of Article 64, paragraph (3) (including as applied mutatis mutandis pursuant to Article 74, paragraph (10), Article 75, paragraph (7), Article 76, paragraph (6), and Article 82, paragraph (6)) or Article 78, paragraph (3) (including as applied mutatis mutandis pursuant to Article 82, paragraph (6)) by presenting that document or something that indicates the information in a way that Order of the Order of the Ministry of Health, Labour and Welfare prescribes.

5 被保険者は、当該被保険者の資格に係る事実の確認のため、厚生労働省令で定めるところにより、後期高齢者医療広域連合に対し、当該事実を記載した書面の交付又は当該書面に記載すべき事項の電磁的方法による提供を求めることができる。この場合において、当該後期高齢者医療広域連合は、厚生労働省令で定めるところにより、当該書面の交付の求めを行つた被保険者に対しては当該書面を交付するものとし、当該

電磁的方法による提供の求めを行つた被保険者に対しては当該書面に記載すべき事項を電磁的方法により提供するものとする。

(5) In order to confirm the facts pertaining to the status of the insured, the insured may request the Association of Medical Care Systems for the Elderly Aged 75 and older to deliver a document stating the relevant facts or to provide the matters to be stated in the relevant document by electronic or magnetic means, pursuant to the provisions of Order of the Order of the Ministry of Health, Labour and Welfare. In this case, the Association of Medical Care Systems for the Elderly Aged 75 and older is to deliver the relevant document to the Order of the Ministry of Health, Labour and Welfare that has requested the delivery of the relevant document, and provide the matters to be stated in the relevant document by electronic or magnetic means to the insured that has requested the provision of the relevant matters by electronic or magnetic means, pursuant to the provisions of Order of the insured.

6 住民基本台帳法（昭和四十二年法律第八十一号）第二十二条から第二十四条まで、第二十五条、第三十条の四十六又は第三十条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条の二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の規定による届出があつたものとみなす。

(6) If a notification under Articles 22 through 24, Article 25, Article 30-46, or Article 30-47 of the Act for Basic Register of Residents (Act No. 81 of 1967) has been filed (but only if a supplementary note under Article 28-2 of that Act has been added to a document connected with that notification), the notification under paragraph (1) is deemed to have been filed based on the same grounds as the notification.

7 前各項に規定するもののほか、被保険者に関する届出及び被保険者の資格に関する確認に関して必要な事項は、厚生労働省令で定める。

(7) Beyond what is provided for in the preceding paragraphs, matters necessary for notification concerning insured and confirmation concerning the qualifications of insured are specified by Order of the Order of the Ministry of Health, Labour and Welfare.

（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 During Hospitalization, Admission or Occupancy in Hospitals)

第五十五条 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（次条第一項の規定により同項に規定する従前住所地後期高齢者医療広域連合が行う後期高齢者医療の被保険者とされる者を除く。）であつて、当該病院等に入院等をした際他の後期高齢者医療広域連合（当該病院等が所在する後期高齢者医療広域連合

以外の後期高齢者医療広域連合をいう。)の区域内に住所を有していたと認められるものは、第五十条の規定にかかわらず、当該他の後期高齢者医療広域連合が行う後期高齢者医療の被保険者とする。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 55 (1) Notwithstanding the provisions of Article 50, an insured that is found to have changed its address to a place where hospitals, clinics, or facilities provided in the following items (hereinafter referred to as "hospitals, etc." in this Article) are located due to hospitalization, admission, or occupancy set forth in the following items (hereinafter referred to as "hospitalization, etc." in this Article) (excluding a person who is deemed, pursuant to the provisions of paragraph (1) of the following Article, to be an insured for late-stage elderly medical care provided by a Association of Medical Care Systems for the Elderly Aged 75 and older of the previous domicile provided in the same paragraph), and is found to have been domiciled in the area of another Association of Medical Care Systems for the Elderly Aged 75 and older (meaning a Association of Medical Care Systems for the Elderly Aged 75 and older other than the Association of Medical Care Systems for the Elderly Aged 75 and older where the relevant hospitals, etc. are located) at the time of hospitalization, etc. in the relevant hospitals, etc., is an insured for late-stage elderly medical care provided by the relevant other Association of Medical Care Systems for the Elderly Aged 75 and older; provided, however, that this does not apply to an pharmacy that is continuously hospitalized, etc. in two or more hospitals, etc., which is found to have changed its address to a place where a hospital, etc. where the relevant person is currently hospitalized, etc. (hereinafter referred to as the "current hospitalization hospital, etc." in this Article) was immediately hospitalized, etc. immediately before the hospitalization, etc. (hereinafter referred to as the "immediately preceding hospitalization hospital, etc." in this paragraph) and to a place where the immediately preceding hospitalization hospital, etc. and the current hospitalization hospital, etc. are located sequentially due to the hospitalization, etc. in each of the immediately preceding hospitalization hospital, etc. and the current hospitalization hospital, etc. (referred to as a "specified continuous hospitalization pharmacy" in the following paragraph): insured insured:

一 病院又は診療所への入院

(i) admission to a hospital or clinic;

二 障害者の日常生活及び社会生活を総合的に支援するための法律（平成十七年法律

第百二十三号) 第五条第十一項に規定する障害者支援施設又は同条第一項の主務省令で定める施設への入所

(ii) admission to a Support Facility for Persons with Disabilities prescribed in Article 5, paragraph (11) of the Act on Providing Comprehensive Support for the Daily Life and Life in Society of Persons with Disabilities (Act No. 123 of 2005) or a facility specified by order of the competent ministry as referred to in paragraph (1) of that Article;

三 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

(iii) admission to a facility established by the Incorporated Administrative Agency National Center for Severe intellectually disabled person Nozominosono pursuant to the provisions of Article 11, item (i) of the Act on the Incorporated Administrative Agency National Center for Severe intellectually disabled person Nozominosono (Act No. 167 of 2002);

四 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採られた場合に限る。）

(iv) admission to a nursing home for the elderly or an intensive care home for the elderly as prescribed in Article 20-4 or 20-5 of the Act on Social Welfare for the Elderly (Act No. 133 of 1963) (limited to the case where admission measures pursuant to the provisions of Article 11, paragraph (1), item (i) or (ii) of the same Act have been taken);

五 介護保険法第八条第十一項に規定する特定施設への入居又は同条第二十五項に規定する介護保険施設への入所

(v) long-Term Care Insurance Act: moving into a specified facility as prescribed in Article 8, paragraph (11) or admission into a nursing care insurance facilities as prescribed in paragraph (25) of the same Article.

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、第五十条の規定にかかわらず、当該各号に定める後期高齢者医療広域連合が行う後期高齢者医療の被保険者とする。

(2) Notwithstanding the provisions of Article 50, an insured for specified continuous hospitalization, etc. that is set forth in each of the following items is an insured for late-stage elderly medical care provided by a Association of Medical Care Systems for the Elderly Aged 75 and older specified in each of the following items:

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ること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後期高齢者医療広域連合（現入院病院等が所在する後期高齢者医療広域連合以外の後期高齢者医療広域連合をいう。）の区域内に住所を有していたと認められるもの 当該他の後

期高齢者医療広域連合

- (i) an insured whose address is found to have been sequentially changed to the location of two or more hospitals, etc., due to the fact that the person was hospitalized, etc. in each of the hospitals, etc., continuously, and who is found to have been domiciled in the area of another Association of Medical Care Systems for the Elderly Aged 75 and older (meaning a Association of Medical Care Systems for the Elderly Aged 75 and older other than the Association of Medical Care Systems for the Elderly Aged 75 and older where the current hospital, etc. is located) at the time of the hospitalization, etc. in the first of the two or more hospitals, etc.: the relevant other Association of Medical Care Systems for the Elderly Aged 75 and older;

二 継続して入院等をしている二以上の病院等のうち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後期高齢者医療広域連合（現入院病院等が所在する後期高齢者医療広域連合以外の後期高齢者医療広域連合をいう。）の区域内に住所を有していたと認められるもの 当該他の後期高齢者医療広域連合

- (ii) an insured that is found to have changed its address from a place other than the location of one of the two or more hospitals, etc. in which the relevant person has been continuously hospitalized, etc. to a place where the relevant other hospital, etc. is located (hereinafter referred to as a "specified change of address" in this item) as a result of being continuously hospitalized, etc. from one of the hospitals, etc. to another (hereinafter referred to as "continuous hospitalization, etc." in this item), and that is found to have been domiciled in the area of another Association of Medical Care Systems for the Elderly Aged 75 and older (meaning a Association of Medical Care Systems for the Elderly Aged 75 and older other than the Association of Medical Care Systems for the Elderly Aged 75 and older where the current hospital, etc. is located) at the time of the last specified change of address pertaining to continuous hospitalization, etc.: the relevant other Association of Medical Care Systems for the Elderly Aged 75 and older.

- 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後期高齢者医療広域連合及び当該被保険者に対し後期高齢者医療を行う後期高齢者医療広域連合に、必要な協力をしなければならない。
- (3) Hospitals, etc. in which an insured to which the provisions of the preceding two paragraphs are applied is Hospitalized, etc. must provide necessary cooperation to the Association of Medical Care Systems for the Elderly Aged 75 and older where the Hospitals, etc. are located and the Association of Medical Care Systems for the Elderly Aged 75 and older which provides Old-Old

Healthcare to the insured.

(国民健康保険法第百十六条の二の規定の適用を受ける者の特例)

(Special Provisions for Persons Covered by the Provisions of Article 116-2 of the National Health Insurance Act)

第五十五条の二 国民健康保険法第百十六条の二第一項及び第二項の規定の適用を受ける国民健康保険の被保険者であつて、これらの規定により住所を有するものとみなされた市町村（以下この項において「従前住所地市町村」という。）の加入する後期高齢者医療広域連合以外の後期高齢者医療広域連合の区域内に住所を有する者（第二号の場合においては、六十五歳以上七十五歳未満の者に限る。）が、次の各号のいずれかに該当するに至つた場合は、第五十条の規定にかかわらず、従前住所地市町村の加入する後期高齢者医療広域連合（第二号及び次項において「従前住所地後期高齢者医療広域連合」という。）が行う後期高齢者医療の被保険者とする。この場合において、当該被保険者は、第五十二条の規定にかかわらず、当該各号のいずれかに該当するに至つた日から、その資格を取得する。

Article 55-2 (1) Notwithstanding the provisions of Article 50, if a person (limited to a person who is 65 years of age or older and under 75 years of age in the case referred to in item (ii)) who is a Article 116-2, paragraphs (1) and (2) covered by national health insurance to which the provisions of the insured of the National Health Insurance Act are applied and who is domiciled in the area of a Association of Medical Care Systems for the Elderly Aged 75 and older other than the Association of Medical Care Systems for the Elderly Aged 75 and older to which a municipality that is deemed to have domicile pursuant to these provisions (hereinafter referred to as the "municipality of the previous domicile" in this paragraph) belongs (limited to a person who is 65 years of age or older and under 75 years of age in the case referred to in item (ii)) has come to fall under any of the following items, the person is to be a insured for medical care for the elderly provided by the Association of Medical Care Systems for the Elderly Aged 75 and older to which the municipality of the previous domicile belongs (referred to as the "Association of Medical Care Systems for the Elderly Aged 75 and older of the previous domicile" in item (ii) and the following paragraph). In this case, the insured acquires the eligibility from the day on which the person comes to fall under any of the following items, notwithstanding the provisions of Article 52:

一 七十五歳に達したとき。

(i) when the person has reached 75 years of age;

二 厚生労働省令で定めるところにより、第五十条第二号の政令で定める程度の障害の状態にある旨の従前住所地後期高齢者医療広域連合の認定を受けたとき。

(ii) if the person has been certified by the Association of Medical Care Systems for the Elderly Aged 75 and older of the previous domicile as having a disability of a degree of severity specified by Cabinet Order as referred to in

Article 50, item (ii), pursuant to the provisions of Prefectural or Municipal Order of the Ministry of Health, Labour and Welfare.

2 前条の規定は、前項の規定により従前住所地後期高齢者医療広域連合が行う後期高齢者医療の被保険者とされる者について準用する。この場合において、必要な技術的読替えは、政令で定める。

(2) The provisions of the preceding Article apply mutatis mutandis to a person who is deemed to be a insured for Old-Old Healthcare provided by the Association of Medical Care Systems for the Elderly Aged 75 and older of the Previous Domicile pursuant to the provisions of the preceding paragraph. In this case, the necessary technical replacement of terms is specified by Cabinet Order.

第三節 後期高齢者医療給付

Section 3 Old-Old Age medical care benefit

第一款 通則

Subsection 1 General Rules

(後期高齢者医療給付の種類)

(Types of medical care benefit for Old-Old Persons)

第五十六条 被保険者に係るこの法律による給付（以下「後期高齢者医療給付」という。）は、次のとおりとする。

Article 56 The benefits under this Act pertaining to an insured (hereinafter referred to as an "old-old medical care benefit") are as follows:

一 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、特別療養費及び移送費の支給

(i) benefits for medical treatment, and payment of dietary treatment expenses 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, and transport expenses;

二 高額療養費及び高額介護合算療養費の支給

(ii) payment of high-cost medical expenses and Sizable medical and nursing expenses;

三 前二号に掲げるもののほか、後期高齢者医療広域連合の条例で定めるところにより行う給付

(iii) beyond what is set forth in the preceding two items, benefits provided pursuant to the provisions of Prefectural or Municipal Ordinance of the Association of Medical Care Systems for the Elderly Aged 75 and older.

(他の法令による医療に関する給付との調整)

(Coordination with Benefits Related to Medical Services Provided by Other

Laws and Regulations)

第五十七条 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、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、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、複数事業労働者療養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百九十一号。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百二十一号）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基づく医療に関する給付を受けることができる場合、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場合には、行わない。

Article 57 (1) 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, medical expenses for home-nursing, special medical expenses, or transport expenses are not paid if, with respect to the relevant illness or injury in insured, the relevant person is eligible for benefits for medical treatment pursuant to the provisions of the industrial accident compensation insurance Act (Act No. 50 of 1947), for medical treatment compensation pursuant to the provisions of the Multi-Business Worker medical compensation benefit or medical treatment benefit, pursuant to the provisions of the National Public Officers' Accident Compensation Act (Act No. 191 of 1951; including as applied mutatis mutandis pursuant to other Acts), for medical treatment compensation pursuant to the provisions of the local public employee Accident Compensation Act (Act No. 121 of 1967) or the provisions of Prefectural Ordinances based on the same Act, or benefits related to medical care pursuant to other Acts specified by Cabinet Order, or is eligible for benefits equivalent to the respective benefits pursuant to the provisions of Long-Term Care Insurance Act, or if benefits related to medical care have been medical treatment benefit.

2 後期高齢者医療広域連合は、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を超えるととき、又は同項に規定する法令（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) If benefits under a law or regulation as prescribed in the preceding paragraph are benefits in kind related to medical care, and co-payment or collection of

actual costs has been made for the benefits and the amount of co-payment or collection of actual costs exceeds the amount of co-payment under this Act if the benefits are considered to have been provided as benefits for medical treatment under this Act, or if benefits under a law or regulation as prescribed in the same paragraph (excluding a Long-Term Care Insurance Act) are payment of medical expenses and the amount paid is less than the amount of dietary treatment expenses 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, or transport expenses if dietary treatment expenses 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, or transport expenses are to be paid for the medical treatment under this Act, the Association of Medical Care Systems for the Elderly Aged 75 and older must pay the difference between those amounts to the insured.

- 3 前項の場合において、被保険者が保険医療機関等（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（以下「保険医療機関」という。）又は保険薬局をいう。以下同じ。）について当該療養を受けたときは、後期高齢者医療広域連合は、前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。

- (3) In the case referred to in the preceding paragraph, when a insured receives the medical treatment at a medical institution providing services covered by health insurance, etc. (meaning a medical institution providing services covered by health insurance prescribed in Article 63, paragraph (3), item (i) of the Health Insurance Act (hereinafter referred to as a "medical institution providing services covered by health insurance") or pharmacies providing services covered by health insurance; the same applies hereinafter), the Association of Medical Care Systems for the Elderly Aged 75 and older may, on behalf of the insured, pay to the medical institution providing services covered by health insurance, etc. the expenses required for the medical treatment payable by the insured to the medical institution providing services covered by health insurance, etc., within the limit of the amount payable to the insured pursuant to the provisions of the preceding paragraph.

- 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 expenses have been paid to a medical institution providing services covered by health insurance, etc. pursuant to the provisions of the preceding paragraph, the payment under paragraph (2) is deemed to have been made to insured to the extent of the payment.

(損害賠償請求権)

(Right to Demand Compensation for)

第五十八条 後期高齢者医療広域連合は、給付事由が第三者の行為によつて生じた場合において、後期高齢者医療給付（前条第二項の規定による差額の支給を含む。以下同じ。）を行つたときは、その後期高齢者医療給付の価額（当該後期高齢者医療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。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 58 (1) In the case where grounds for claim payment are caused by an act of a third person, when a Association of Medical Care Systems for the Elderly Aged 75 and older provides a medical care benefit for the old-old (including payment of the difference pursuant to the provisions of paragraph (2) of the preceding Article; the same applies hereinafter), the acquires the right to claim compensation for loss or damage held by the insured against the third person to the extent of the value of the medical care benefit for the old-old (when the medical care benefit for the old-old is a benefit for medical treatment, the amount obtained by deducting, from the amount of expenses required for the benefit for medical treatment, the amount equivalent to the amount of co-payment to be borne by the insured with regard to the benefit for medical treatment; the same applies in paragraph (1) of the following Article).

2 前項の場合において、後期高齢者医療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、後期高齢者医療広域連合は、その価額の限度において、後期高齢者医療給付を行う責めを免れる。

(2) In the case referred to in the preceding paragraph, if a person who is to receive an old-old medical care benefit has received compensation for loss or damage from a third party for the same reason, the Association of Medical Care Systems for the Elderly Aged 75 and older is exempt from the responsibility to provide the old-old medical care benefit to the extent of the amount of the compensation.

3 後期高齢者医療広域連合は、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国保連合会であつて厚生労働省令で定めるものに委託することができる。

(3) A Association of Medical Care Systems for the Elderly Aged 75 and older may entrust its affairs concerning the collection or receipt of compensation for damage pertaining to the right to claim acquired pursuant to the provisions of paragraph (1) to a federation of national health insurance associations specified by Order of the Ministry of Health, Labour and Welfare.

(不正利得の徴収等)

(Collection of Fraudulent Gains)

第五十九条 偽りその他不正の行為によつて後期高齢者医療給付を受けた者があるときは、後期高齢者医療広域連合は、その者からその後期高齢者医療給付の価額の全部又は一部を徴収することができる。

Article 59 (1) If a person receives an old-old medical care benefit by deception or other wrongful acts, the Association of Medical Care Systems for the Elderly Aged 75 and older may collect all or part of the value of the old-old medical care benefit from that 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第七十八条第一項に規定する主治の医師が、後期高齢者医療広域連合に提出されるべき診断書に虚偽の記載をしたため、その後期高齢者医療給付が行われたものであるときは、後期高齢者医療広域連合は、当該保険医又は主治の医師に対し、後期高齢者医療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 a physician providing health insurance treatment at a medical institution providing services covered by health insurance or an attending physician as prescribed in Article 78, paragraph (1) has made a false entry on a written diagnosis to be submitted to the Association of Medical Care Systems for the Elderly Aged 75 and older, and as a result, the late-stage elderly medical care benefit has been provided, the Association of Medical Care Systems for the Elderly Aged 75 and older may order the physician providing health insurance treatment or the attending physician to pay the money to be collected pursuant to the preceding paragraph jointly and severally with the person who has received the late-stage elderly medical care benefit.

3 後期高齢者医療広域連合は、保険医療機関等又は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。）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七十四条第五項（第七十五条第七項、第七十六条第六項及び第七十八条第八項において準用する場合を含む。）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 medical institution providing services covered by health insurance, etc. or a designated home-nursing provider (meaning the designated home-nursing provider prescribed in Article 88, paragraph (1) of the Health Insurance Act; the same applies hereinafter) has received, by deception or other wrongful acts, any payment of expenses relating to benefits for medical treatment or any payment pursuant to the provisions of Article 74, paragraph (5) (including as applied mutatis mutandis pursuant to Article 75, paragraph (7), Article 76, paragraph (6), and Article 78, paragraph (8)), the Association of Medical Care Systems for the Elderly Aged 75 and older may have the medical institution providing services covered by health insurance, etc. or the

designated home-nursing provider return the amount so paid and, in addition, pay the amount obtained by multiplying the amount to be returned by forty one hundredth (40 / 100).

(文書の提出等)

(Submission of Documents)

第六十条 後期高齢者医療広域連合は、後期高齢者医療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後期高齢者医療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 60 If a Association of Medical Care Systems for the Elderly Aged 75 and older finds it necessary in relation to an old-old medical care benefit, the family court may order the insured, the person who used to be the insured, or the person who receives an old-old medical care benefit to submit or present documents or other objects, or may have its personnel question or diagnose the person.

(診療録の提示等)

(Presentation of Medical Records)

第六十一条 厚生労働大臣又は都道府県知事は、後期高齢者医療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 61 (1) The Minister of Health, Labour and Welfare or the prefectural governor, when finding it necessary in relation to a medical care benefit for the old-old, may order physicians, dentists, pharmacists, or persons who provided medical care or those who employ them to make a report or present medical records, books and documents, and other objects, or may have their personnel question them, with regard to the medical care, provision of drugs, or medical treatment provided by them.

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、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、当該療養の給付若しく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、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) The Minister of Health, Labour and Welfare or the prefectural governor may, when finding it necessary, order a insured or a former insured that 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,

medical expenses for home-nursing, or special medical expenses to make a report or have their official ask questions about the content of medical care, prescription or designated home-nursing pertaining to the payment of the 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, medical expenses for home-nursing, or special medical expenses.

3 第十六条の七第二項の規定は前二項の規定による質問について、同条第三項の規定は前二項の規定による権限について、それぞれ準用する。

(3) The provisions of Article 16-7, paragraph (2) apply mutatis mutandis to questions pursuant to the provisions of the preceding two paragraphs, and the provisions of paragraph (3) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding two paragraphs.

(受給権の保護)

(Protection of the Right to Receive Benefits)

第六十二条 後期高齢者医療給付を受ける権利は、譲り渡し、担保に供し、又は差し押さえることができない。

Article 62 The right to receive an old-old medical care benefit 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 Charges)

第六十三条 租税その他の公課は、後期高齢者医療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 63 Taxes and other public charges may not be imposed on the basis of money and goods received as payment as a medical care benefit for Old-Old Age.

第二款 療養の給付及び入院時食事療養費等の支給

Subsection 2 Benefits for Medical Treatment and Payment of Dietary Treatment Expenses for Inpatients

第一目 療養の給付並びに入院時食事療養費、入院時生活療養費、保険外併用療養費及び療養費の支給

Division 1 Benefits for Medical Treatment, and Payment of Dietary Treatment Expenses for Inpatients, Living Support Expenses for Inpatients, Medical Expenses Combined with Treatment Outside Insurance Coverage, and Medical Expenses

(療養の給付)

(Benefits for Medical Treatment)

第六十四条 後期高齢者医療広域連合は、被保険者の疾病又は負傷に関しては、次に掲げる療養の給付を行う。ただし、当該被保険者が第八十二条第一項又は第二項本文の規定の適用を受けている間は、この限りでない。

Article 64 (1) A Association of Medical Care Systems for the Elderly Aged 75 and older provides the following benefits for medical treatment with respect to sickness and injury of a insured; provided, however, that this does not apply during any period to which the provisions of Article 82, paragraph (1) or the main clause of paragraph (2) of the same Article apply to the insured:

一 診察

(i) medical examination;

二 薬剤又は治療材料の支給

(ii) provision of medicines or treatment materials;

三 処置、手術その他の治療

(iii) treatment, surgery, or 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) management of in-home medical treatment and care and other nursing involved in the medical treatment;

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) admission to a hospital or clinic, and care and other nursing incidental to medical treatment 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 medical treatment are not to be included in the benefits referred to in the preceding paragraph:

一 食事の提供である療養であつて前項第五号に掲げる療養（医療法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（以下「長期入院療養」という。）を除く。）と併せて行うもの（以下「食事療養」という。）

(i) medical treatment consisting of the provision of meals, which is provided in combination with the medical treatment listed in item (v) of the preceding paragraph (excluding hospitalization in a sanatorium ward provided for in Article 7, paragraph (2), item (iv) of the Medical Care Act and care and other nursing incidental to the medical treatment (hereinafter referred to as "long-term hospitalization and medical treatment")) (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（長期入院療養に限る。）と併せて行うもの（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 long-term inpatient treatment) (hereinafter referred to as "living support"):

イ 食事の提供である療養

(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である療養
- (b) medical treatment consisting of the creation of an appropriate environment for medical treatment in terms of temperature, lighting and water supply;
- 三 厚生労働大臣が定める高度の医療技術を用いた療養その他の療養であつて、前項の給付の対象とすべきものであるか否かについて、適正な医療の効率的な提供を図る観点から評価を行うことが必要な療養（次号の患者申出療養を除く。）として厚生労働大臣が定めるもの（以下「評価療養」という。）
- (iii) medical treatment using advanced medical care techniques specified by the Minister of Health, Labour and Welfare and other medical treatment specified by the Minister of Health, Labour and Welfare as medical treatment for which it is necessary to evaluate whether or not it should be subject to the benefits referred to in the preceding paragraph from the viewpoint of efficiently providing appropriate medical care (excluding patient-requested treatment referred to in the following item) (hereinafter referred to as "evaluation treatment");
- 四 高度の医療技術を用いた療養であつて、当該療養を受けようとする者の申出に基づき、前項の給付の対象とすべきものであるか否かについて、適正な医療の効率的な提供を図る観点から評価を行うことが必要な療養として厚生労働大臣が定めるもの（以下「患者申出療養」という。）
- (iv) medical treatment using advanced medical technology, which is specified by the Minister of Health, Labour and Welfare as medical treatment for which it is necessary to evaluate, from the viewpoint of efficiently providing appropriate medical care, whether or not it should be subject to benefits as set forth in the preceding paragraph, based on a request from a person who intends to receive the medical treatment (hereinafter referred to as "patient-requested treatment");
- 五 被保険者の選定に係る特別の病室の提供その他の厚生労働大臣が定める療養（以下「選定療養」という。）
- (v) the provision of a special sickroom pertaining to the selection of a insured and other medical treatment specified by the Minister of Health, Labour and Welfare (hereinafter referred to as "selective treatment");
- 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等から、電子資格確認（保険医療機関等から療養を受けようとする者又は指定訪問看護事業者から第七十八条第一項に規定する指定訪問看護を受けようとする者が、後期高齢者医療広域連合に対し、個人番号カード（行政手続における特定の個人を識別するための番号の利用等に関する法律（平成二十五年法律第二十七号）第二条第七項に規定する個人番号カードをいう。）に記録された利用者証明用電子証明書（電子署名等に係る地方公共団体情報システム機構の認証業務に関する法律（平成十四年法律第百五十三号）第二十二条第一項に規定する利用者証明用電子証明書をいう。）を送信する方法その他の厚生労働省令で定める方法により、被保険者の資格に係る情報（保険

給付に係る費用の請求に必要な情報を含む。)の照会を行い、電子情報処理組織を使用する方法その他の情報通信の技術を利用する方法により、後期高齢者医療広域連合から回答を受けて当該情報を当該保険医療機関等又は指定訪問看護事業者に提供し、当該保険医療機関等又は指定訪問看護事業者から被保険者であることの確認を受けることをいう。以下同じ。)その他厚生労働省令で定める方法(以下「電子資格確認等」という。)により、被保険者であることの確認を受け、第一項の給付を受けるものとする。ただし、厚生労働省令で定める場合に該当するときは、当該確認を受けることを要しない。

- (3) When an insured intends to receive the benefits referred to in paragraph (1), it is to receive the benefits referred to in paragraph (1) after being confirmed as an Association of Medical Care Systems for the Elderly Aged 75 and older by a medical institution providing services covered by health insurance, etc. selected by it (meaning that a person who intends to receive medical treatment from a medical institution providing services covered by health insurance, etc. or a person who intends to receive designated home-nursing as prescribed in Article 78, paragraph (1) inquires about the data pertaining to the eligibility of the insured (including data necessary for claiming the expenses pertaining to the payment of insurance proceeds) by a method specified by Order of the Ministry of Health, Labour and Welfare, such as a method of transmitting an electronic certificate for certification of users (meaning an electronic certificate for certification of users as prescribed in Article 22, paragraph (1) of the Act on the Certification Business of Medical Institutions Pertaining to Electronic Signatures, etc. (Act No. 153 of 2002)) recorded on an individual number card (meaning an individual number card as prescribed in Article 2, paragraph (7) of the Act on the Use of Numbers to Identify a Specific Individual in Administrative Procedures (Act No. 27 of 2013)), and receives a response from the Association of Medical Care Systems for the Elderly Aged 75 and older by a method using an electronic data processing system or other information and communications technology, provides the data to the medical institution providing services covered by health insurance, etc. or designated home-nursing provider, and receives confirmation from the medical institution providing services covered by health insurance, etc. or designated home-nursing provider that the person is an insured; the same applies hereinafter) or other method specified by Order of the Ministry of Health, Labour and Welfare (hereinafter referred to as "electronic certification, etc."); provided, however, that the confirmation is not required when the case falls under a case specified by Order of the Ministry of Health, Labour and Welfare. insured Japan Agency for Local Authority Information Systems.

- 4 第二項第四号の申出は、厚生労働大臣が定めるところにより、厚生労働大臣に対し、当該申出に係る療養を行う医療法第四条の三に規定する臨床研究中核病院（保険医療機関であるものに限る。）の開設者の意見書その他必要な書類を添えて行うものとする

る。

- (4) The request referred to in paragraph (2), item (iv) is to be made to the Minister of Health, Labour and Welfare, pursuant to the provisions of the Minister of Health, Labour and Welfare, by attaching a written opinion of the organizer of the core hospital for clinical research prescribed in Article 4-3 of the Medical Care Act (limited to medical institutions providing services covered by health insurance) which provides the medical treatment pertaining to the request and other necessary documents.
- 5 厚生労働大臣は、第二項第四号の申出を受けた場合は、当該申出について速やかに検討を加え、当該申出に係る療養が同号の評価を行うことが必要な療養と認められる場合には、当該療養を患者申出療養として定めるものとする。
- (5) If the Minister of Health, Labour and Welfare receives a request referred to in paragraph (2), item (iv), the Minister is to promptly review the request, and if the medical treatment related to the request is found to be that which requires the evaluation referred to in the same item, the Minister is to specify the medical treatment as patient-requested treatment.
- 6 厚生労働大臣は、前項の規定により第二項第四号の申出に係る療養を患者申出療養として定めることとした場合には、その旨を当該申出を行つた者に速やかに通知するものとする。
- (6) If the Minister of Health, Labour and Welfare has determined that the medical treatment pertaining to the application prescribed in paragraph (2), item (iv) pursuant to the provisions of the preceding paragraph is patient-requested treatment, the Minister is to promptly notify the person who has made the application to that effect.
- 7 厚生労働大臣は、第五項の規定により第二項第四号の申出について検討を加え、当該申出に係る療養を患者申出療養として定めないこととした場合には、理由を付して、その旨を当該申出を行つた者に速やかに通知するものとする。
- (7) If the Minister of Health, Labour and Welfare has reviewed the request referred to in paragraph (2), item (iv) pursuant to the provisions of paragraph (5) and has determined that the medical treatment pertaining to the request is not to be specified as patient-requested treatment, the Minister is to promptly notify the person who has made the request to that effect by giving the reason.

(保険医療機関等の責務)

(Responsibilities of Medical Institutions Providing Services Covered by Health Insurance)

第六十五条 保険医療機関等又は保険医等（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。）は、第七十一条第一項の療養の給付の取扱い及び担当に関する基準に従い、後期高齢者医療の療養の給付を取り扱い、又は担当しなければならない。

Article 65 A medical institution providing services covered by health insurance,

etc. or a physician providing health insurance treatment, etc. (meaning a physician providing health insurance treatment or pharmacist filling health insurance prescriptions as prescribed in Article 64 of the Health Insurance Act; the same applies hereinafter) must handle or take charge of medical treatment benefits for medical care for elderly people in accordance with the standards for handling and taking charge of medical treatment benefits as set forth in Article 71, paragraph (1).

(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 Governors)

第六十六条 保険医療機関等は療養の給付に関し、保険医等は後期高齢者医療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 66 (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 regard to benefits for medical treatment, and by Health Insurance-Covered Physicians, etc. with regard to medical care or prescription of Old-Old Healthcare.

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) The Minister of Health, Labour and Welfare or the prefectural governor, when providing the guidance prescribed in the preceding paragraph and finding it necessary, is to have a person with relevant expertise related to medical care or prescription services attend in accordance with the designation by the relevant organization; provided, however, that this does not apply when the relevant organization makes no designation or when the designated person does not attend.

(一部負担金)

(Co-payment)

第六十七条 第六十四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、次の各号に掲げる場合の区分に応じ、当該給付につき第七十条第二項又は第七十一条第一項の療養の給付に要する費用の額の算定に関する基準により算定した額に当該各号に定め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 67 (1) A person who receives benefits for medical treatment at or from a medical institution providing services covered by health insurance pursuant to the provisions of Article 64, paragraph (3) must pay, in accordance with the categories of the cases listed in the following items, the amount obtained by

multiplying the amount calculated in accordance with the standards for calculation of the amount of expenses incurred in providing the benefits for medical treatment set forth in Article 70, paragraph (2) or Article 71, paragraph (1) by the ratio specified in the relevant item, as the person's co-payment to the medical institution providing services covered by health insurance:

一 次号及び第三号に掲げる場合以外の場合 百分の十

(i) in cases other than the cases set forth in the following item and item (iii): ten percent;

二 当該療養の給付を受ける者又はその属する世帯の他の世帯員である被保険者その他政令で定める者について政令で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場合（次号に掲げる場合を除く。） 百分の二十

(ii) if the amount of income calculated pursuant to Cabinet Order for a person receiving benefits for medical treatment or for a insured or other person specified by Cabinet Order who is another Household Member of the household to which the person belongs is not less than the amount specified by Cabinet Order (other than in the case set forth in the following item): 20 percent;

三 当該療養の給付を受ける者又はその属する世帯の他の世帯員である被保険者その他政令で定める者について政令で定めるところにより算定した所得の額が前号の政令で定める額を超える政令で定める額以上である場合 百分の三十

(iii) if the amount of income calculated pursuant to Cabinet Order for a person receiving the benefits for medical treatment or for a insured or any other person specified by Cabinet Order who is another Household Member of the household to which the person belongs exceeds the amount specified by Cabinet Order referred to in the preceding item: 0.30.

2 保険医療機関等は、前項の一部負担金（第六十九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、後期高齢者医療広域連合は、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) A medical institution providing services covered by health insurance, etc. is to receive the co-payment set forth in the preceding paragraph (when the measure set forth in Article 69, paragraph (1), item (i) has been taken, the co-payment after the reduction), and when a insured fails to pay all or part of the co-payment despite the efforts of the medical institution providing services covered by health insurance, etc. to receive the payment with the same care as a prudent manager, the Association of Medical Care Systems for the Elderly Aged 75 and older may, based on a request by the medical institution providing services covered by health insurance, etc., impose a disposition on the insurer

in accordance with the same rules as those for the money to be collected pursuant to the provisions of this Act.

第六十八条 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、当該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 68 In the case of making co-payment pursuant to the provisions of paragraph (1) of the preceding Article, if the amount of co-payment includes a fraction less than five yen, the fraction is to be rounded down, and if the amount includes a fraction not less than five yen but less than ten yen, the fraction is to be rounded up to the nearest ten yen.

第六十九条 後期高齢者医療広域連合は、災害その他の厚生労働省令で定める特別の事情がある被保険者であつて、保険医療機関等に第六十七条第一項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、次の措置を採ることができる。

Article 69 (1) A Association of Medical Care Systems for the Elderly Aged 75 and older may take the following measures with respect to an Order of the Ministry of Health, Labour and Welfare which is subject to disasters or other special circumstances specified by the insured and for which it is found difficult to make co-payment to a medical institution providing services covered by health insurance, etc. pursuant to the provisions of Article 67, paragraph (1):

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) exemption from 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 the insured person in lieu of co-payment to the medical institution providing services covered by health insurance, etc., and to suspend such collection.

2 前項の措置を受けた被保険者は、第六十七条第一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ことをもつて足り、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 Article 67, paragraph (1), in the case of an insured that has received the measures set forth in the preceding paragraph, it is sufficient for the insured to pay the reduced amount of co-payment to the medical institution providing services covered by health insurance, etc., and in the case of an insured that has received the measures set forth in item (ii) or item (iii) of the preceding paragraph, it is not required to pay the co-payment

to the medical institution providing services covered by health insurance, etc.

3 前条の規定は、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 the preceding Article apply mutatis mutandis to the payment of co-payment in the case referred to in the preceding paragraph.

(保険医療機関等の診療報酬)

(Medical Fees of Medical Institutions Providing Services Covered by Health Insurance)

第七十条 後期高齢者医療広域連合は、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後期高齢者医療広域連合に請求することができる費用の額は、次条第一項の療養の給付に要する費用の額の算定に関する基準により算定した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て当該保険医療機関等に支払われるべき一部負担金に相当する額を控除した額とする。

Article 70 (1) A Association of Medical Care Systems for the Elderly Aged 75 and older is to pay expenses related to benefits for medical treatment to medical institutions providing services covered by health insurance, etc., and the amount of expenses which a medical institution providing services covered by health insurance, etc. may claim from a Association of Medical Care Systems for the Elderly Aged 75 and older related to benefits for medical treatment is the amount calculated by deducting the amount of co-payment to be paid to the relevant medical institution providing services covered by health insurance, etc. with respect to the relevant benefits for medical treatment from the amount of expenses required for benefits for medical treatment calculated in accordance with the standards for calculation of the amount of expenses required for benefits for medical treatment set forth in paragraph (1) of the following Article.

2 後期高齢者医療広域連合は、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前項の療養の給付に要する費用につき、同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。

(2) A Association of Medical Care Systems for the Elderly Aged 75 and older may, with the authorization of the prefectural governor, specify otherwise in a contract with a medical institution providing services covered by health insurance, etc. with regard to the expenses required for the benefits for medical treatment set forth in the preceding paragraph pertaining to the benefits for medical treatment provided at the medical institution providing services covered by health insurance, etc., within the scope of the amount calculated pursuant to the provisions of the same paragraph.

3 後期高齢者医療広域連合は、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、次条第一項の療養の給付の取扱い及び担当に関する基準並びに療養の給付に要する費用の額の算定に関する基準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。

- (3) When a medical institution providing services covered by health insurance, etc. requests payment of expenses related to benefits for medical treatment, the Association of Medical Care Systems for the Elderly Aged 75 and older is to make payment after conducting an examination in light of the standards for treatment and responsibility for benefits for medical treatment as set forth in paragraph (1) of the following Article, the standards for calculation of the amount of expenses required for benefits for medical treatment, and the provisions of the preceding paragraph.
- 4 後期高齢者医療広域連合は、前項の規定による審査及び支払に関する事務を支払基金又は国保連合会に委託することができる。
- (4) The Association of Medical Care Systems for the Elderly Aged 75 and older may entrust affairs concerning the examination and payment under the provisions of the preceding paragraph to the Reimbursement Services or the NHI Federations.
- 5 前項の規定による委託を受けた国保連合会は、当該委託を受けた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、国民健康保険法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「指定法人」という。）に委託することができる。
- (5) A federation of national health insurance associations that is entrusted pursuant to the provisions of the preceding paragraph may entrust the affairs concerning the examination entrusted thereto, which pertain to the examination of medical bills specified by the Minister of Health, Labour and Welfare, to a corporation designated by the Minister of Health, Labour and Welfare as prescribed in Article 45, paragraph (6) of the National Health Insurance Act (hereinafter referred to as a "designated corporation").
- 6 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指定法人は、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。
- (6) A designated corporation that has been entrusted with the affairs concerning the review of medical bills specified by the Minister of Health, Labour and Welfare pursuant to the provisions of the preceding paragraph must have the review of the medical bills conducted by a person who satisfies the requirements specified by Order of the Order of the Ministry of Health, Labour and Welfare.
- 7 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。
- (7) Beyond what is provided for in each of the preceding paragraphs, necessary matters concerning claims for expenses incurred in providing medical treatment at medical institutions providing services covered by health insurance, etc. are specified by Order of the Order of the Ministry of Health,

Labour and Welfare.

(療養の給付に関する基準)

(Standards for Benefits for Medical Treatment)

第七十一条 療養の給付の取扱い及び担当に関する基準並びに療養の給付に要する費用の額の算定に関する基準については、厚生労働大臣が中央社会保険医療協議会の意見を聴いて定めるものとする。

Article 71 (1) The standards concerning the treatment and assignment of benefits for medical treatment and the standards concerning the calculation of the amount of expenses required for benefits for medical treatment are to be determined by the Minister of Health, Labour and Welfare after hearing the opinions of the Central Social Insurance Medical Council.

2 中央社会保険医療協議会は、社会保険医療協議会法（昭和二十五年法律第四十七号）第二条第一項の規定にかかわらず、前項の規定により意見を求められた事項について審議し、及び文書をもつて答申するほか、同項に規定する事項について、自ら厚生労働大臣に文書をもつて建議することができる。

(2) Notwithstanding the provisions of Article 2, paragraph (1) of the Social Insurance Medical Council Act (Act No. 47 of 1950), the Central Social Insurance Medical Council may deliberate on the particulars for which it has been asked for its opinion pursuant to the provisions of the preceding paragraph, and submit a report in writing, as well as make its own proposal in writing to the Minister of Health, Labour and Welfare with regard to the particulars prescribed in the same paragraph.

(保険医療機関等の報告等)

(Reports of Medical Institutions Providing Services Covered by Health Insurance)

第七十二条 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、保険医等その他の従業員であつた者（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、保険医等その他の従業者（開設者であつた者等を含む。）に対し出頭を求め、又は当該職員に関係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 72 (1) The Minister of Health, Labour and Welfare or the prefectural governor, when they find it necessary in relation to benefits for medical treatment, may order a medical institution providing services covered by health insurance, etc., an establisher or administrator of a medical institution providing services covered by health insurance, etc., a physician providing health insurance treatment, etc., or any other person who was an employee

(hereinafter referred to as a "former establisher, etc." in this paragraph) to make a report or submit or present medical records or other books and documents, request the appearance of an establisher or administrator of a medical institution providing services covered by health insurance, etc., a physician providing health insurance treatment, etc., or any other employee (including a former establisher, etc.), or have their official ask relevant persons questions or inspect facilities, medical records, books and documents, or any other articles of the medical institution providing services covered by health insurance, etc.

2 第十六条の七第二項及び第六十六条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、第十六条の七第三項の規定は前項の規定による権限について、それぞれ準用する。

(2) The provisions of Article 16-7, paragraph (2) and Article 66, paragraph (2) apply mutatis mutandis to questions and inspections pursuant to the provisions of the preceding paragraph, and the provisions of Article 16-7, paragraph (3) apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

3 都道府県知事は、保険医療機関等につきこの法律の規定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、又は保険医等につきこの法律の規定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。

(3) When a prefectural governor finds it necessary for a medical institution providing services covered by health insurance, etc. to render a disposition pursuant to the provisions of Article 80 of the Health Insurance Act with regard to benefits for medical treatment pursuant to the provisions of this Act, or when a prefectural governor finds it necessary for a physician providing health insurance treatment, etc. to render a disposition pursuant to the provisions of Article 81 of the Health Insurance Act with regard to medical care or prescription pursuant to the provisions of this Act, the prefectural governor must notify the Minister of Health, Labour and Welfare to that effect, with the reason attached thereto.

(健康保険法の準用)

(Mutatis Mutandis Application of the Health Insurance Act)

第七十三条 健康保険法第六十四条の規定は、この法律の規定による療養の給付について準用する。

Article 73 The provisions of Article 64 of the Health Insurance Act apply mutatis mutandis to benefits for medical treatment under the provisions of this Act.

(入院時食事療養費)

(Dietary Treatment Expenses for Inpatients)

第七十四条 後期高齢者医療広域連合は、被保険者（長期入院療養を受ける被保険者（次条第一項において「長期入院被保険者」という。）を除く。以下この条において同じ。）が、保険医療機関等（保険薬局を除く。以下この条及び次条において同じ。）のうち自己の選定するものについて第六十四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、当該被保険者に対し、入院時食事療養費を支給する。ただし、当該被保険者が第八十二条第一項又は第二項本文の規定の適用を受けている間は、この限りでない。

Article 74 (1) A Association of Medical Care Systems for the Elderly Aged 75 and older pays dietary treatment expenses for inpatients to a insured (excluding pharmacies receiving long-term in-patient treatment (referred to as a "long-term in-patient insured" in paragraph (1) of the following Article); hereinafter the same applies in this Article) for expenses required for dietary treatment received by the insured in combination with benefits for medical treatment listed in Article 64, paragraph (1), item (v) at or from a medical institution providing services covered by health insurance, etc. (excluding pharmacies providing services covered by health insurance; hereinafter the same applies in this Article and the following Article) selected by the insured; provided, however, that this does not apply during any period to which the provisions of Article 82, paragraph (1) or the main clause of paragraph (2) of the same Article apply to the insured.

2 入院時食事療養費の額は、当該食事療養につき食事療養に要する平均的な費用の額を勘案して厚生労働大臣が定める基準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）から、平均的な家計における食費の状況及び特定介護保険施設等（介護保険法第五十一条の三第一項に規定する特定介護保険施設等をいう。）における食事の提供に要する平均的な費用の額を勘案して厚生労働大臣が定める額（所得の状況その他の事情を斟酌して厚生労働省令で定める者については、別に定める額。以下「食事療養標準負担額」という。）を控除した額とする。

(2) The amount of dietary treatment expenses for inpatients is the amount calculated by deducting the amount specified by the Minister of Health, Labour and Welfare in consideration of the status of food expenses for an average household budget and the average amount of expenses required to provide meals at a specified nursing care insurance facilities, etc. (meaning a specified facility, etc. for insured long-term care prescribed in Article 51-3, paragraph (1) of Long-Term Care Insurance Act) (for a person specified by Order of the Ministry of Health, Labour and Welfare in consideration of income status and other circumstances, a separately determined amount; hereinafter referred to as the "standard co-payment for dietary treatment") from the amount of expenses calculated based on the standards specified by the Minister of Health, Labour and Welfare in consideration of the average amount of expenses

required for the dietary treatment (when the calculated amount exceeds the amount of expenses actually incurred in the dietary treatment, the amount of expenses actually incurred).

- 3 厚生労働大臣は、食事療養標準負担額を定めた後に勘案又はしん酌すべき事項に係る事情が著しく変動したときは、速やかにその額を改定しなければならない。

(3) If the circumstances pertaining to the matters to be taken into consideration have significantly changed after the Minister of Health, Labour and Welfare has determined the standard co-payment amount for dietary treatment, the Minister must promptly revise the amount.

- 4 保険医療機関等及び保険医等（保険薬剤師を除く。次条第四項において同じ。）は、厚生労働大臣が定める入院時食事療養費に係る療養の取扱い及び担当に関する基準に従い、入院時食事療養費に係る療養を取り扱い、又は担当しなければならない。

(4) Medical institutions providing services covered by health insurance and physicians, etc. filling health insurance prescriptions (excluding pharmacists filling health insurance prescriptions; the same applies in paragraph (4) of the following Article) must handle or take charge of medical treatment pertaining to dietary treatment expenses for inpatients in accordance with the standards for handling and taking charge of medical treatment pertaining to dietary treatment expenses for inpatients specified by the Minister of Health, Labour and Welfare.

- 5 被保険者が保険医療機関等について食事療養を受けたときは、後期高齢者医療広域連合は、その被保険者が当該保険医療機関等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被保険者に対し支給すべき額の限度において、被保険者に代わり、当該保険医療機関等に支払うことができる。

(5) When a insured has received dietary treatment at or from a medical institution providing services covered by health insurance, etc., the Association of Medical Care Systems for the Elderly Aged 75 and older may, on behalf of the insured, pay to the medical institution providing services covered by health insurance, etc. expenses incurred for the dietary treatment payable by the insured to the medical institution providing services covered by health insurance, etc., within the limit of the amount payable to the insured as expenses for dietary treatment for inpatients.

- 6 前項の規定による支払があつたときは、被保険者に対し入院時食事療養費の支給があつたものとみなす。

(6) If a payment under the provisions of the preceding paragraph is made, it is deemed that dietary treatment expenses for inpatients are paid to the insured.

- 7 保険医療機関等は、食事療養に要した費用につき、その支払を受ける際、当該支払をした被保険者に対し、厚生労働省令で定めるところにより、領収書を交付しなければならない。

(7) Upon accepting payment of expenses incurred for dietary treatment, a medical institution providing services covered by health insurance, etc. must,

pursuant to the provisions of Order of the insured, deliver receipts to the Order of the Ministry of Health, Labour and Welfare which has made the payment.

- 8 厚生労働大臣は、第二項の規定による基準及び第四項に規定する入院時食事療養費に係る療養の取扱い及び担当に関する基準を定めようとするときは、あらかじめ中央社会保険医療協議会の意見を聴かなければならない。

(8) The Minister of Health, Labour and Welfare must hear the opinions of the Central Social Insurance Medical Council in advance, when the Minister intends to establish standards under the provisions of paragraph (2) and standards concerning the treatment and taking charge of medical treatment pertaining to dietary treatment expenses for inpatients prescribed in paragraph (4).

- 9 第七十一条第二項の規定は、前項に規定する事項に関する中央社会保険医療協議会の権限について準用する。

(9) The provisions of Article 71, paragraph (2) apply *mutatis mutandis* to the authority of the Central Social Insurance Medical Council concerning the particulars prescribed in the preceding paragraph.

- 10 健康保険法第六十四条並びに本法第六十四条第三項、第六十六条、第七十条第二項から第七項まで及び第七十二条の規定は、保険医療機関等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。

(10) The provisions of Article 64 of the Health Insurance Act and Article 64, paragraph (3), Article 66, Article 70, paragraphs (2) through (7), and Article 72 of this Act apply *mutatis mutandis* to dietary treatment received at or from a medical institution providing services covered by health insurance and to the payment of dietary treatment expenses for inpatients associated with that treatment. In such a case, Cabinet Order provides for the necessary technical replacement of terms in connection with these provisions.

(入院時生活療養費)

(Living Support Expenses for Inpatients)

第七十五条 後期高齢者医療広域連合は、長期入院被保険者が、保険医療機関等のうち自己の選定するものについて第六十四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、当該長期入院被保険者に対し、入院時生活療養費を支給する。ただし、当該長期入院被保険者が第八十二条第一項又は第二項本文の規定の適用を受けている間は、この限りでない。

Article 75 (1) With respect to expenses required for living support received by a long-term inpatient insured in combination with benefits for medical treatment listed in Article 64, paragraph (1), item (v) at or from a medical institution providing services covered by health insurance, etc. selected by the long-term inpatient insured, the Association of Medical Care Systems for the Elderly Aged 75 and older pays living support expenses for inpatients to the long-term

inpatient insured; provided, however, that this does not apply during any period to which the provisions of Article 82, paragraph (1) or the main clause of paragraph (2) of the same Article apply to the long-term inpatient ward.

- 2 入院時生活療養費の額は、当該生活療養につき生活療養に要する平均的な費用の額を勘案して厚生労働大臣が定める基準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）から、平均的な家計における食費及び光熱水費の状況並びに病院及び診療所における生活療養に要する費用について介護保険法第五十一条の三第二項第一号に規定する食費の基準費用額及び同項第二号に規定する居住費の基準費用額に相当する費用の額を勘案して厚生労働大臣が定める額（所得の状況、病状の程度、治療の内容その他の事情をしん酌して厚生労働省令で定める者については、別に定める額。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 is the amount calculated by deducting the amount specified by the Minister of Health, Labour and Welfare in consideration of the amount equivalent to the base cost for food expenses prescribed in Article 51-3, paragraph (2), item (i) of the Long-Term Care Insurance Act and the base cost for residence expenses prescribed in item (ii) of the same paragraph with regard to the status of food expenses and light, heating and water utility costs for an average household budget and the expenses required for living support at hospitals and clinics (for a person specified by the Order of the Ministry of Health, Labour and Welfare in consideration of the status of income, the degree of pathological condition, the content of treatment and other circumstances, a separately specified amount; hereinafter referred to as the "standard co-payment for living support") from the amount calculated based on the standards specified by the Minister of Health, Labour and Welfare in consideration of the average expenses required for the living support (when the calculated amount exceeds the amount of expenses actually incurred in the living support, the amount of expenses actually incurred in the living support).

- 3 厚生労働大臣は、生活療養標準負担額を定めた後に勘案又はしん酌すべき事項に係る事情が著しく変動したときは、速やかにその額を改定しなければならない。

(3) When the circumstances pertaining to the matters to be taken into consideration have significantly changed after the Minister of Health, Labour and Welfare has determined the standard co-payment amount for living support, the Minister must promptly revise the amount.

- 4 保険医療機関等及び保険医等は、厚生労働大臣が定める入院時生活療養費に係る療養の取扱い及び担当に関する基準に従い、入院時生活療養費に係る療養を取り扱い、又は担当しなければならない。

(4) Medical institutions providing services covered by health insurance, etc. and physicians providing services covered by health insurance, etc. must handle or

take charge of medical treatment pertaining to living support expenses for inpatients in accordance with the standards for handling and taking charge of medical treatment pertaining to living support expenses for inpatients specified by the Minister of Health, Labour and Welfare.

5 厚生労働大臣は、第二項の規定による基準及び前項に規定する入院時生活療養費に係る療養の取扱い及び担当に関する基準を定めようとするときは、あらかじめ中央社会保険医療協議会の意見を聴かなければならない。

(5) The Minister of Health, Labour and Welfare must hear the opinions of the Central Social Insurance Medical Council in advance, when the Minister intends to establish standards under the provisions of paragraph (2) and standards concerning the treatment and assignment of medical treatment pertaining to living support expenses for inpatients prescribed in the preceding paragraph.

6 第七十一条第二項の規定は、前項に規定する事項に関する中央社会保険医療協議会の権限について準用する。

(6) The provisions of Article 71, paragraph (2) apply *mutatis mutandis* to the authority of the Central Social Insurance Medical Council concerning the particulars prescribed in the preceding paragraph.

7 健康保険法第六十四条並びに本法第六十四条第三項、第六十六条、第七十条第二項から第七項まで、第七十二条及び前条第五項から第七項までの規定は、保険医療機関等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。

(7) The provisions of Article 64 of the Health Insurance Act and Article 64, paragraph (3), Article 66, Article 70, paragraphs (2) through (7), Article 72, and paragraphs (5) through (7) of the preceding Article of this Act apply *mutatis mutandis* to living support received at or from a medical institution providing services covered by health insurance and to the payment of living support expenses for inpatients associated with the living support. In such a case, Cabinet Order provides for the necessary technical replacement of terms in connection with these provisions.

(保険外併用療養費)

(Medical Expenses Combined with Treatment Outside Insurance Coverage)

第七十六条 後期高齢者医療広域連合は、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、患者申出療養又は選定療養を受けたときは、当該被保険者に対し、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、当該被保険者が第八十二条第一項又は第二項本文の規定の適用を受けている間は、この限りでない。

Article 76 (1) When an insured receives evaluation treatment, patient-requested treatment, or selective treatment at or from a medical institution providing services covered by health insurance, etc. that it has selected, the Association

of Medical Care Systems for the Elderly Aged 75 and older pays medical expenses combined with treatment outside insurance coverage to the insured for the expenses required for the treatment; provided, however, that this does not apply during any period to which the provisions of Article 82, paragraph (1) or the main clause of paragraph (2) of the same Article apply to the insured.

- 2 保険外併用療養費の額は、第一号に掲げる額（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掲げる額の合計額、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掲げる額の合計額）とする。

- (2) The amount of medical expenses combined with treatment outside insurance coverage is the amount listed in item (i) (if the medical treatment includes dietary treatment, the sum of the amount and the amount listed in item (ii), and if the medical treatment includes living support, the sum of the amount and the amount listed in item (iii)):

一 当該療養（食事療養及び生活療養を除く。）につき第七十一条第一項に規定する療養の給付に要する費用の額の算定に関する基準を勘案して厚生労働大臣が定める基準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）から、その額に第六十七条第一項各号に掲げる場合の区分に応じ、同項各号に定める割合を乗じて得た額（療養の給付に係る同項の一部負担金について第六十九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）を控除した額

- (i) the amount calculated by deducting, from the amount of expenses calculated for the medical treatment (excluding dietary treatment and living support) in accordance with the standards specified by the Minister of Health, Labour and Welfare in consideration of the standards for calculation of the amount of expenses required for benefits for medical treatment prescribed in Article 71, paragraph (1) (when the amount exceeds the amount of expenses actually incurred in the medical treatment, the amount of expenses actually incurred in the medical treatment), the amount obtained by multiplying the amount of expenses by the applicable ratio specified in the items of Article 67, paragraph (1) in accordance with the categories of the cases listed in the items of the same paragraph (when the measures listed in the items of Article 69, paragraph (1) should be taken with respect to the co-payment set forth in the same paragraph for benefits for medical treatment, the amount calculated as if the measures were taken);

二 当該食事療養につき第七十四条第二項に規定する厚生労働大臣が定める基準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）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 of expenses calculated for the dietary treatment in accordance with the standards specified by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 74,

- paragraph (2) (when the calculated amount exceeds the amount of expenses actually incurred in the dietary treatment, the amount of expenses actually incurred);
- 三 当該生活療養につき前条第二項に規定する厚生労働大臣が定める基準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）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 of expenses calculated for the living support in accordance with the standards specified by the Minister of Health, Labour and Welfare pursuant to the provisions of paragraph (2) of the preceding Article (when the calculated amount exceeds the amount of expenses actually incurred in the living support, the amount of expenses actually incurred).
- 3 保険医療機関等及び保険医等は、厚生労働大臣が定める保険外併用療養費に係る療養の取扱い及び担当に関する基準に従い、保険外併用療養費に係る療養を取り扱い、又は担当しなければならない。
- (3) Medical institutions providing services covered by health insurance, etc. and physicians providing services covered by health insurance, etc. must handle or take charge of medical treatment covered by medical expenses combined with treatment outside insurance coverage in accordance with the standards for handling and taking charge of medical treatment covered by medical expenses combined with treatment outside insurance coverage specified by the Minister of Health, Labour and Welfare.
- 4 厚生労働大臣は、評価療養（第六十四条第二項第三号に規定する高度の医療技術に係るものを除く。）、選定療養、第二項第一号の規定による基準並びに前項に規定する保険外併用療養費に係る療養の取扱い及び担当に関する基準を定めようとするときは、あらかじめ中央社会保険医療協議会の意見を聴かなければならない。
- (4) The Minister of Health, Labour and Welfare must hear the opinions of the Central Social Insurance Medical Council in advance, when the Minister intends to establish standards for evaluation treatment (excluding those pertaining to advanced medical care techniques prescribed in Article 64, paragraph (2), item (iii)), selective treatment, standards pursuant to the provisions of paragraph (2), item (i), and standards concerning treatment and taking charge of medical treatment pertaining to medical expenses combined with treatment outside insurance coverage prescribed in the preceding paragraph.
- 5 第七十一条第二項の規定は、前項に規定する事項に関する中央社会保険医療協議会の権限について準用する。
- (5) The provisions of Article 71, paragraph (2) apply mutatis mutandis to the authority of the Central Social Insurance Medical Council concerning the particulars prescribed in the preceding paragraph.
- 6 健康保険法第六十四条並びに本法第六十四条第三項、第六十六条、第七十条第二項

から第七項まで、第七十二条及び第七十四条第五項から第七項までの規定は、保険医療機関等について受けた評価療養、患者申出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。

(6) The provisions of Article 64 of the Health Insurance Act and Article 64, paragraph (3), Article 66, Article 70, paragraphs (2) through (7), Article 72, and Article 74, paragraphs (5) through (7) of this Act apply *mutatis mutandis* to payment of evaluation treatment, patient-requested treatment, and selective treatment received at or from a medical institution providing services covered by health insurance, and medical expenses combined with treatment outside insurance coverage associated with the relevant treatment. In this case, the necessary technical replacement of terms in these provisions is specified by Cabinet Order.

7 第六十八条の規定は、前項の規定により準用する第七十四条第五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）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。

(7) The provisions of Article 68 apply *mutatis mutandis* to the payment of the amount calculated by deducting, from the amount of expenses calculated pursuant to the provisions of paragraph (2) for the medical treatment in the case set forth in Article 74, paragraph (5) as applied *mutatis mutandis* pursuant to the provisions of the preceding paragraph (when the amount exceeds the amount of expenses actually incurred in the medical treatment, the amount of expenses actually incurred), the amount payable as medical expenses combined with treatment outside insurance coverage with respect to the expenses incurred in the medical treatment.

(療養費)

(Medical Expenses)

第七十七条 後期高齢者医療広域連合は、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、後期高齢者医療広域連合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、当該被保険者が第八十二条第一項又は第二項本文の規定の適用を受けている間は、この限りでない。

Article 77 (1) When a Association of Medical Care Systems for the Elderly Aged 75 and older 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 "benefits for medical treatment, etc." in this paragraph and the following paragraph), or when a insured has received any medical care, medication or treatment at or from hospitals, clinics, pharmacies or any other persons other than medical institutions providing services covered by health insurance, etc. and the Association of Medical Care Systems for the Elderly Aged 75 and older finds it unavoidable, it may pay medical expenses in lieu of benefits for medical treatment, etc.; provided, however, that this does not apply during any period for which the provisions of Article 82, paragraph (1) or the main clause of paragraph (2) of the same Article are applied to the insured.

- 2 後期高齢者医療広域連合は、被保険者が電子資格確認等により被保険者であることの確認を受け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、当該確認を受けなかつたことが、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、当該被保険者が第八十二条第一項又は第二項本文の規定の適用を受けている間は、この限りでない。

- (2) In cases where a Association of Medical Care Systems for the Elderly Aged 75 and older has received medical care or medication at or from a medical institution providing services covered by health insurance, etc. without obtaining confirmation that the insured is an insured through electronic certification confirmation, etc. and when the medical institution finds that the failure to obtain the confirmation was due to emergencies or other unavoidable reasons, the medical institution is to pay medical expenses in lieu of benefits for medical treatment, etc.; provided, however, that this does not apply during any period for which the provisions of Article 82, paragraph (1) or the main clause of paragraph (2) of the same Article apply to the insured.

- 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、その額に第六十七条第一項各号に掲げる場合の区分に応じ、同項各号に定め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、後期高齢者医療広域連合が定める。

- (3) The amount of medical expenses is determined by the Association of Medical Care Systems for the Elderly Aged 75 and older based on: (a) the amount calculated by deducting, from the amount calculated for the medical treatment (excluding dietary treatment and living support), the amount obtained by multiplying that amount by the applicable ratio specified in the items of Article 67, paragraph (1) in accordance with the categories of cases listed in the items of the same paragraph; and (b) the amount calculated by deducting, from the amount calculated for the dietary treatment or living support, the amount of standard co-payment for dietary treatment or standard co-payment

for living support.

- 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七十一条第一項の規定を、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七十四条第二項の規定を、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七十五条第二項の規定を、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) With regard to the calculation of the amount of expenses referred to in the preceding paragraph, the provisions of Article 71, paragraph (1) apply mutatis mutandis if benefits for medical treatment are to be received, the provisions of Article 74, paragraph (2) apply mutatis mutandis if dietary treatment expenses for inpatients are to be received, the provisions of Article 75, paragraph (2) apply mutatis mutandis if living support expenses for inpatients are to be received, and the provisions of paragraph (2) of the preceding Article apply mutatis mutandis if medical expenses combined with treatment outside insurance coverage are to be received; provided, however, that the amount may not exceed the amount of expenses actually incurred in the medical treatment.

第二目 訪問看護療養費の支給

Division 2 Payment of Medical Expenses for Home-Nursing

(訪問看護療養費)

(Medical Expenses for Home-Nursing)

- 第七十八条 後期高齢者医療広域連合は、被保険者が指定訪問看護事業者から当該指定に係る訪問看護事業（健康保険法第八十八条第一項に規定する訪問看護事業をいう。）を行う事業所により行われる訪問看護（疾病又は負傷により、居宅において継続して療養を受ける状態にある被保険者（主治の医師がその治療の必要の程度につき厚生労働省令で定める基準に適合していると認めたものに限る。）に対し、その者の居宅において看護師その他厚生労働省令で定める者が行う療養上の世話又は必要な診療の補助をいう。以下「指定訪問看護」という。）を受けたときは、当該被保険者に対し、当該指定訪問看護に要した費用について、訪問看護療養費を支給する。ただし、当該被保険者が第八十二条第一項又は第二項本文の規定の適用を受けている間は、この限りでない。

- Article 78 (1) If an insured receives home-nursing (meaning medical care or assistance for necessary medical care provided by a nurse or other person specified by Order of the Association of Medical Care Systems for the Elderly Aged 75 and older to an insured (limited to an Order of the Ministry of Health, Labour and Welfare whose degree of need for medical treatment is found by an attending physician to conform to standards specified by Order of the Order of the Ministry of Health, Labour and Welfare) who is in a state of continuous in-home medical treatment due to sickness or injury; hereinafter referred to as

"designated home-nursing") from a designated home-nursing provider at a place of business that carries out home-nursing services (meaning home-nursing services as prescribed in Article 88, paragraph (1) of the Health Insurance Act) pertaining to the designation, the family hospital pays medical expenses for home-nursing to the insured for expenses required for the designated home-nursing; provided, however, that this does not apply during any period to which the provisions of Article 82, paragraph (1) or the main clause of paragraph (2) of the same Article apply to the insured.

2 前項の訪問看護療養費は、厚生労働省令で定めるところにより、後期高齢者医療広域連合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 referred to in the preceding paragraph are to be paid only if the Association of Medical Care Systems for the Elderly Aged 75 and older finds it necessary pursuant to the provisions of Order of the 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、厚生労働省令で定めるところにより、自己の選定する指定訪問看護事業者から、電子資格確認等により、被保険者であることの確認を受け、当該指定訪問看護を受けるものとする。

(3) When an insured intends to receive designated home-nursing, the Order of the Ministry of Health, Labour and Welfare is to receive that designated home-nursing after being confirmed as an insured by an electronic certification confirmation, etc. from a designated home-nursing provider that it has selected, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare.

4 訪問看護療養費の額は、当該指定訪問看護につき平均訪問看護費用額（指定訪問看護に要する平均的な費用の額をいう。）を勘案して厚生労働大臣が定める基準により算定した費用の額から、その額に第六十七条第一項各号に掲げる場合の区分に応じ、同項各号に定める割合を乗じて得た額（療養の給付について第六十九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）を控除した額とする。

(4) The amount of medical expenses for home-nursing is the amount calculated by deducting, from the amount calculated in accordance with the standards specified by the Minister of Health, Labour and Welfare in consideration of the average home-nursing expenses (meaning the average expenses required for designated home-nursing) for the relevant designated home-nursing, the amount obtained by multiplying the relevant amount by the applicable ratio specified in the items of Article 67, paragraph (1) in accordance with the categories of the cases listed in the items of the same paragraph (or, if any of the measures listed in the items of Article 69, paragraph (1) should be taken with respect to benefits for medical treatment, the amount calculated as if the relevant measures were taken).

5 厚生労働大臣は、前項の基準を定めようとするときは、あらかじめ中央社会保険医

療協議会の意見を聴かなければならない。

- (5) When the Minister of Health, Labour and Welfare intends to specify the standards set forth in the preceding paragraph, the Minister must hear the opinions of the Central Social Insurance Medical Council in advance.

6 第七十一条第二項の規定は、前項に規定する事項に関する中央社会保険医療協議会の権限について準用する。

- (6) The provisions of Article 71, paragraph (2) apply mutatis mutandis to the authority of the Central Social Insurance Medical Council concerning the particulars prescribed in the preceding paragraph.

7 後期高齢者医療広域連合は、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、第四項の厚生労働大臣が定める基準及び次条第一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。）に照らして審査した上、支払うものとする。

- (7) If a designated home-nursing provider requests payment of medical expenses for home-nursing, the Association of Medical Care Systems for the Elderly Aged 75 and older is to pay the expenses after conducting an examination in light of the standards specified by the Minister of Health, Labour and Welfare as set forth in paragraph (4) and the standards for business management of designated home-nursing as prescribed in paragraph (1) of the following Article (limited to the part regarding the treatment of designated home-nursing).

8 第七十条第四項から第七項まで及び第七十四条第五項から第七項までの規定は、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。

- (8) The provisions of Article 70, paragraphs (4) through (7) and Article 74, paragraphs (5) through (7) apply mutatis mutandis to designated home-nursing received at or from a designated home-nursing provider and to the payment of medical expenses for home-nursing associated with the relevant service. In such a case, Cabinet Order provides for the necessary technical replacement of terms in connection with these provisions.

9 第六十八条の規定は、前項において準用する第七十四条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。

- (9) The provisions of Article 68 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 referred to in Article 74, paragraph (5) as applied mutatis mutandis pursuant to the preceding paragraph, the amount payable as medical expenses for home-nursing with respect to expenses incurred in the relevant designated home-nursing.

10 指定訪問看護は、第六十四条第一項各号に掲げる療養に含まれないものとする。

- (10) Designated home-nursing is not to be included in any of the types of medical

treatment listed in the items of Article 64, paragraph (1).

- 1 1 前各項に規定するもののほか、第四項の厚生労働大臣が定める算定方法の適用及び指定訪問看護事業者の訪問看護療養費の請求に関して必要な事項は、政令で定める。

(11) Beyond what is provided for in the preceding paragraphs, necessary matters concerning the application of the calculation method specified by the Minister of Health, Labour and Welfare as set forth in paragraph (4) and a claim for medical expenses for home-nursing by a designated home-nursing provider are specified by Cabinet Order.

(指定訪問看護の事業の運営に関する基準)

(Standards for Operations of Designated Home-Nursing Services)

第七十九条 指定訪問看護の事業の運営に関する基準については、厚生労働大臣が定める。

Article 79 (1) Standards for operations of a designated home-nursing provider are provided by the Minister of Health, Labour and Welfare.

- 2 指定訪問看護事業者は、前項に規定する指定訪問看護の事業の運営に関する基準に従い、高齢者の心身の状況等に応じて適切な指定訪問看護を提供するとともに、自らその提供する指定訪問看護の質の評価を行うことその他の措置を講ずることにより常に指定訪問看護を受ける者の立場に立つてこれを提供するように努めなければならない。

(2) A designated home-nursing provider must, in accordance with the standards concerning the management of a business of designated home-nursing prescribed in the preceding paragraph, provide appropriate designated home-nursing according to the mental and physical condition, etc., of an elderly person, and always endeavor to provide designated home-nursing from the viewpoint of the person that receives the designated home-nursing by implementing self-evaluation of the quality of the designated home-nursing provided and other measures.

- 3 厚生労働大臣は、第一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。）を定めようとするときは、あらかじめ中央社会保険医療協議会の意見を聴かなければならない。

(3) The Minister of Health, Labour and Welfare must hear the opinions of the Central Social Insurance Medical Council in advance, when the Minister intends to specify standards concerning the management of a designated home-nursing prescribed in paragraph (1) (limited to the part concerning the treatment of designated home-nursing).

- 4 第七十一条第二項の規定は、前項に規定する事項に関する中央社会保険医療協議会の権限について準用する。

(4) The provisions of Article 71, paragraph (2) apply mutatis mutandis to the authority of the Central Social Insurance Medical Council concerning the particulars prescribed in the preceding paragraph.

(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 Governors)

第八十条 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 80 A designated home-nursing provider and nurses and other employees at the office to which the designation pertains must receive guidance from the Minister of Health, Labour and Welfare or the prefectural governor with regard to designated home-nursing.

(報告等)

(Reports)

第八十一条 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若しくは指定訪問看護事業者であつた者等に対し出頭を求め、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 81 (1) When the Minister of Health, Labour and Welfare or the prefectural governor finds it necessary in relation to the payment of medical expenses for home-nursing, the Minister or the governor may order a designated home-nursing provider, a person that was a designated home-nursing provider, or a person that was a nurse or other employee at the office relevant to the designation (hereinafter referred to as a "person that was a designated home-nursing provider, etc." in this paragraph) to make a report, submit or present books and documents, request the appearance of a designated home-nursing provider, a nurse or other employee at the office relevant to the designation, or a person that was a designated home-nursing provider, etc., or have their official question the persons concerned or inspect the books, documents, and other articles of the designated home-nursing provider at the office relevant to the designation.

2 第十六条の七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、それぞれ準用する。

(2) The provisions of Article 16-7, paragraph (2) apply mutatis mutandis to questions and inspections pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (3) of the same Article apply mutatis mutandis to the authority granted pursuant to 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の規定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) If a prefectural governor finds it necessary for a designated home-nursing provider to be subject to a disposition under the provisions of Article 95 of the Health Insurance Act with regard to designated home-nursing under the provisions of this Act, the governor must notify the Minister of Health, Labour and Welfare to that effect by giving the reason therefor.

第三目 特別療養費の支給

Division 3 Payment of Special Medical Expenses

第八十二条 後期高齢者医療広域連合は、保険料を滞納している被保険者（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（第四項において「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被保険者を除く。以下この条において「保険料滞納者」という。）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、市町村が当該保険料の納付の勧奨及び当該保険料の納付に係る相談の機会の確保その他厚生労働省令で定める保険料の納付に資する取組（次項並びに第九十二条第一項及び第二項において「保険料納付の勧奨等」という。）を行つてもなお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、当該保険料滞納者が保険医療機関等から療養を受けたとき、又は指定訪問看護事業者から指定訪問看護を受けたときは、当該保険料滞納者に対し、その療養又は指定訪問看護に要した費用について、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、療養費若しくは訪問看護療養費の支給（次項、第四項及び第五項において「療養の給付等」という。）に代えて、特別療養費を支給する。

Article 82 (1) If a insured that is delinquent in the payment of insurance premiums (excluding a insured that is eligible to receive payment of general medical expenses for illness under the Act on Assistance for Atomic Bomb Victims (Act No. 117 of 1994) and other medical care benefits specified by Order of the Ministry of Health, Labour and Welfare (referred to as "payment, etc. of general medical expenses for illness caused by atomic bombs" in paragraph (4)); hereinafter referred to as a "person delinquent in payment of insurance premiums" in this Article) does not pay the insurance premiums during the period from the due date for payment of the insurance premiums until the expiration of the period specified by Order of the Ministry of Health, Labour and Welfare, even though a municipality has made efforts to encourage payment of the insurance premiums, to secure opportunities for consultation pertaining to the payment of the insurance premiums, and to contribute to the payment of the insurance premiums specified by Order of the Ministry of

Health, Labour and Welfare (referred to as "encouragement, etc. of payment of insurance premiums" in the following paragraph and Article 92, paragraphs (1) and (2)), and when the person delinquent in payment of insurance premiums has received medical treatment from a medical institution providing services covered by health insurance, etc. or designated home-nursing from a designated home-nursing provider, the Association of Medical Care Systems for the Elderly Aged 75 and older pays to the person delinquent in payment of insurance premiums special medical expenses in lieu of benefits for medical treatment, or payment of dietary treatment expenses for inpatients, living support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, medical expenses, or medical expenses for home-nursing (referred to as "benefits for medical treatment, etc." in the following paragraph, paragraph (4), and paragraph (5)), with regard to expenses required for the medical treatment or designated home-nursing, except when it is found that there are special circumstances specified by Cabinet Order.

- 2 後期高齢者医療広域連合は、前項に規定する厚生労働省令で定める期間が経過する前においても、市町村が保険料納付の勧奨等を行つてもなお保険料滞納者が当該保険料を納付しない場合においては、当該保険料滞納者が保険医療機関等から療養を受けたとき、又は指定訪問看護事業者から指定訪問看護を受けたときは、当該保険料滞納者に対し、その療養又は指定訪問看護に要した費用について、療養の給付等に代えて、特別療養費を支給することができる。ただし、同項の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。

- (2) If a person delinquent in payment of insurance premiums fails to pay the insurance premiums even prior to the expiration of the period specified by Order of the Ministry of Health, Labour and Welfare as prescribed in the preceding paragraph, and the person delinquent in payment of insurance premiums receives medical treatment from a medical institution providing services covered by health insurance, etc. or designated home-nursing from a designated home-nursing provider, the Association of Medical Care Systems for the Elderly Aged 75 and older may pay special medical expenses to the person delinquent in payment of insurance premiums for the expenses required for the medical treatment or designated home-nursing, in lieu of benefits for medical treatment, etc.; provided, however, that this does not apply when it is found that there are special circumstances specified by Cabinet Order referred to in the same paragraph.

- 3 後期高齢者医療広域連合は、第一項又は前項本文の規定により特別療養費を支給するときは、あらかじめ、厚生労働省令で定めるところにより、保険料滞納者に対し、当該保険料滞納者が保険医療機関等から療養を受けたとき、又は指定訪問看護事業者から指定訪問看護を受けたときは、特別療養費を支給する旨を通知するものとする。

- (3) When paying special medical expenses pursuant to the provisions of paragraph (1) or the main clause of the preceding paragraph, the Association of

Medical Care Systems for the Elderly Aged 75 and older is to notify a person delinquent in insurance premiums to the effect that special medical expenses will be paid if the person delinquent in insurance premiums receives medical treatment at or from a medical institution providing services covered by health insurance, or receives designated home-nursing at or from a designated home-nursing provider, pursuant to the provisions of Order of the Order of the Ministry of Health, Labour and Welfare.

- 4 後期高齢者医療広域連合は、第一項又は第二項本文の規定の適用を受けている保険料滞納者が滞納している保険料を完納した場合若しく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られる場合又は当該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場合において、これらの場合に該当する被保険者が保険医療機関等から療養を受けたとき、又は指定訪問看護事業者から指定訪問看護を受けたときは、当該被保険者に対し、療養の給付等を行う。

- (4) If a person delinquent in payment of insurance premiums who is subject to the provisions of paragraph (1) or the main clause of paragraph (2) completes payment of the delinquent insurance premiums, or it is found that the amount of delinquent payment pertaining to the person has significantly decreased, or there are special circumstances specified by Cabinet Order, such as disasters, or if the relevant insured has become eligible for the payment, etc. of medical expenses for atomic bomb-related general diseases, and the insured that falls under these cases has received medical treatment from a medical institution providing services covered by health insurance, etc. or designated home-nursing from a designated home-nursing provider, the Association of Medical Care Systems for the Elderly Aged 75 and older provides benefits for medical treatment, etc. to the relevant insured.

- 5 後期高齢者医療広域連合は、前項の規定により療養の給付等を行うときは、あらかじめ、厚生労働省令で定めるところにより、同項に規定する場合に該当する被保険者に対し、当該被保険者が保険医療機関等から療養を受けたとき、又は指定訪問看護事業者から指定訪問看護を受けたときは、療養の給付等を行う旨を通知するものとする。

- (5) A Association of Medical Care Systems for the Elderly Aged 75 and older, when providing benefits for medical treatment, etc. pursuant to the provisions of the preceding paragraph, pursuant to the provisions of Order of the Ministry of Health, Labour, and Welfare, is to, in advance, notify a Order of the Ministry of Health, Labour and Welfare that falls under the case prescribed in the same paragraph to the effect that it will provide benefits for medical treatment, etc. if the insured has received medical treatment from a medical institution providing services covered by health insurance, etc. or designated home-nursing from a designated home-nursing provider in the case where the insured has received designated home-nursing.

- 6 健康保険法第六十四条並びに本法第六十四条第三項、第六十五条、第六十六条、第

七十条第二項、第七十二条、第七十四条第七項（第七十八条第八項において準用する場合を含む。）、第七十六条第二項、第七十八条第三項、第七十九条第二項、第八十条及び前条の規定は、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又は指定訪問看護及びこれら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、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 Article 64, paragraph (3), Article 65, Article 66, Article 70, paragraph (2), Article 72, Article 74, paragraph (7) (including as applied *mutatis mutandis* pursuant to Article 78, paragraph (8)), Article 76, paragraph (2), Article 78, paragraph (3), Article 79, paragraph (2), Article 80, and the preceding Article of this Act apply *mutatis mutandis* to medical treatment or designated home-nursing pertaining to special medical expenses received at or from a medical institution providing services covered by health insurance, etc. or a designated home-nursing provider, and to the payment of special medical expenses incidental thereto. In this case, any necessary technical replacement of terms is specified by Cabinet Order.

7 第一項又は第二項本文の規定の適用を受けている保険料滞納者がこれらの規定の適用を受けていないとすれば第七十七条第一項の規定が適用されることとなるときは、後期高齢者医療広域連合は、療養費を支給することができる。

(7) If a person delinquent in insurance premiums to whom the provisions of paragraph (1) or the main clause of paragraph (2) are applied would be subject to the provisions of Article 77, paragraph (1) if those provisions were not applied, the Association of Medical Care Systems for the Elderly Aged 75 and older may pay medical expenses to the person.

8 第一項又は第二項本文の規定の適用を受けている保険料滞納者が電子資格確認等により被保険者であることの確認を受け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、当該確認を受けなかったことが、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、後期高齢者医療広域連合は、療養費を支給するものとする。

(8) If a person delinquent in payment of insurance premiums to whom the provisions of paragraph (1) or the main clause of paragraph (2) are applied receives medical care or medication at or from a medical institution providing services covered by health insurance without receiving confirmation that the person is an insured through electronic certification, etc., and the Association of Medical Care Systems for the Elderly Aged 75 and older finds that the person's failure to receive the confirmation is due to emergencies or other unavoidable reasons, the insurer is to pay medical expenses to the person.

9 第七十七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「受けるべき場合」とあるのは、「受けることができる場合」と読み替えるものとする。

(9) The provisions of Article 77, paragraphs (3) and (4) apply *mutatis mutandis* to the medical expenses pursuant to the provisions of the preceding two

paragraphs. In this case, the term "if the person is to receive" in paragraph (4) of the same Article is deemed to be replaced with "if the person is eligible to receive".

第四目 移送費の支給

Division 4 Payment of Transport Expenses

第八十三条 後期高齢者医療広域連合は、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、当該被保険者に対し、移送費として、厚生労働省令で定めるところにより算定した額を支給する。

Article 83 (1) When an insured has been transferred to a hospital or clinic in order to receive medical treatment (including medical treatment covered by medical expenses combined with treatment outside insurance coverage and medical treatment covered by special medical expenses), the Association of Medical Care Systems for the Elderly Aged 75 and older pays, as transport expenses, an amount calculated pursuant to the provisions of Order of the Order of the Ministry of Health, Labour and Welfare to the insured.

2 前項の移送費は、厚生労働省令で定めるところにより、後期高齢者医療広域連合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 referred to in the preceding paragraph are to be paid only if the Association of Medical Care Systems for the Elderly Aged 75 and older finds it necessary pursuant to the provisions of Order of the Order of the Ministry of Health, Labour and Welfare.

第三款 高額療養費及び高額介護合算療養費の支給

Subsection 3 Payment of High-Cost Medical Expenses and Sizable medical and nursing expenses

（高額療養費）

（High-Cost Medical Expenses）

第八十四条 後期高齢者医療広域連合は、療養の給付につき支払われた第六十七条に規定する一部負担金の額又は療養（食事療養及び生活療養を除く。以下この条において同じ。）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五十七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、その療養の給付又はその保険外併用療養費、療養費、訪問看護療養費若しくは特別療養費の支給を受けた被保険者に対し、高額療養費を支給する。

Article 84 (1) When the amount of co-payment prescribed in Article 67 with respect to benefits for medical treatment or the amount calculated by

deducting, from the amount of expenses incurred in medical treatment (excluding dietary treatment and living support; hereinafter the same applies in this Article), 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 the expenses incurred in the medical treatment, or the amount equivalent to the difference paid pursuant to the provisions of Article 57, paragraph (2) (referred to as the "amount of co-payment, etc." in paragraph (1) of the following Article) is extremely large, the Association of Medical Care Systems for the Elderly Aged 75 and older pays high-cost medical expenses to the insured that received the benefits for medical treatment, or the payment of the medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, or special medical expenses.

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 are specified by Cabinet Order by taking into consideration the impact of the burden of expenses necessary for medical treatment on household finances and the amount of expenses required for medical treatment.

(高額介護合算療養費)

(Sizable medical and nursing expenses)

第八十五条 後期高齢者医療広域連合は、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、当該一部負担金等の額に係る療養の給付又は保険外併用療養費、療養費、訪問看護療養費若しくは特別療養費の支給を受けた被保険者に対し、高額介護合算療養費を支給する。

Article 85 (1) When the sum of the amount of co-payment, etc. (when high-cost medical expenses set forth in paragraph (1) of the preceding Article are paid, the amount obtained by deducting the amount so paid) and the amount to be borne by a user of long-term care service as prescribed in Article 51, paragraph (1) of the Long-Term Care Insurance Act (when allowance for high-cost long-term care service set forth in the same paragraph is paid, the amount obtained by deducting the amount so paid) and the amount to be borne by a user of preventive long-term care service as prescribed in Article 61, paragraph (1) of

the same Act (when High-Cost Long-Term Prevention Care Service Allowance set forth in the same paragraph is paid, the amount obtained by deducting the amount so paid) is extremely large, the Association of Medical Care Systems for the Elderly Aged 75 and older pays Sizable medical and nursing expenses to the insured that received benefits for medical treatment, or payment of medical expenses combined with treatment outside insurance coverage, medical expenses, medical expenses for home-nursing, or special medical expenses pertaining to the 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 apply mutatis mutandis to the payment of a Sizable medical and nursing expenses.

第四款 その他の後期高齢者医療給付

Subsection 4 Other Late-Stage medical care benefit for the Elderly

第八十六条 後期高齢者医療広域連合は、被保険者の死亡に関しては、条例の定めるところにより、葬祭費の支給又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 86 (1) A Association of Medical Care Systems for the Elderly Aged 75 and older is to, pursuant to the provisions of Prefectural or Municipal Ordinances, pay funeral expenses or provide funeral rites benefits with regard to the death of an insured; provided, however, that if there are special reasons, the payment or benefits may not be made in whole or in part.

2 後期高齢者医療広域連合は、前項の給付のほか、後期高齢者医療広域連合の条例の定めるところにより、傷病手当金の支給その他の後期高齢者医療給付を行うことができる。

(2) In addition to the benefits set forth in the preceding paragraph, the Association of Medical Care Systems for the Elderly Aged 75 and older may pay injury and sickness allowance and provide other medical care benefit for the old-old pursuant to the provisions of the ordinances of the Association of Medical Care Systems for the Elderly Aged 75 and older.

第五款 後期高齢者医療給付の制限

Subsection 5 Restrictions on Late-Stage medical care benefit for the Elderly

第八十七条 被保険者又は被保険者であつた者が、自己の故意の犯罪行為により、又は故意に疾病にかかり、若しくは負傷したときは、当該疾病又は負傷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、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（以下この款において「療養の給付等」という。）は、行わない。

Article 87 When an insured or a person who used to be an insured has suffered illness or injury intentionally or due to an intentional criminal act, benefits for medical treatment, or dietary treatment expenses 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, or transport expenses pertaining to the illness or injury (hereinafter referred to as "benefits for medical treatment, etc." in this Subsection) are not paid.

第八十八条 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 88 When a insured 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.

第八十九条 被保険者又は被保険者であつた者が、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場合には、その期間に係る療養の給付等は、行わない。

Article 89 If a person who is or was a insured is confined in a penal institution, workhouse, or any other facility equivalent thereto, no benefits for medical treatment, etc. are paid for the period during which the person is confined. insured.

第九十条 後期高齢者医療広域連合は、被保険者又は被保険者であつた者が、正当な理由がなく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 90 When a person who is or was a insured or insured fails to follow instructions concerning medical treatment without justifiable grounds, the Association of Medical Care Systems for the Elderly Aged 75 and older may refrain from providing part of the benefits, etc. for medical treatment.

第九十一条 後期高齢者医療広域連合は、被保険者若しくは被保険者であつた者又は後期高齢者医療給付を受ける者が、正当な理由がなく第六十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 91 When a person who is or was a insured or insured or a person who receives an old-old medical care benefit fails to comply with an order pursuant to the provisions of Article 60 or refuses to answer questions or undergo a medical examination without justifiable grounds, the Association of Medical Care Systems for the Elderly Aged 75 and older may refrain from providing benefits for medical treatment, etc., in whole or in part.

第九十二条 後期高齢者医療広域連合は、後期高齢者医療給付を受けることができる被保険者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、市町村が保険料納付の勧奨等を行つてもなお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、後期高齢者医療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 92 (1) If an medical care benefit that is eligible to receive an old-old insured is delinquent in payment of insurance premiums, and if the insurance premiums are not paid even after the recommendation of payment of insurance premiums, etc. by the municipality during the period from the due date for payment of the insurance premiums until the period specified by Order of the Ministry of Health, Labour and Welfare, the Association of Medical Care Systems for the Elderly Aged 75 and older, pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare, is to temporarily suspend the payment of the old-old medical care benefit in whole or in part, except in cases where it is found that there are special circumstances specified by Cabinet Order, such as a natural disaster, regarding the delinquency of the insurance premiums.

2 後期高齢者医療広域連合は、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、後期高齢者医療給付を受けることができる被保険者が、市町村が保険料納付の勧奨等を行つてもなお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、後期高齢者医療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) Even in the case where the period specified by Order of the Order of the Ministry of Health, Labour and Welfare as prescribed in the preceding paragraph has not elapsed, if a medical care benefit eligible to receive an old-old insured is still delinquent in payment of insurance premiums even after the recommendation, etc. of payment of insurance premiums by a municipality, the Association of Medical Care Systems for the Elderly Aged 75 and older, pursuant to the provisions of Order of the Order of the Ministry of Health, Labour and Welfare, may temporarily suspend payment of the old-old medical care benefit in whole or in part, except in the case where it is found that there are special circumstances specified by Cabinet Order, such as a natural disaster, regarding the delinquency of the insurance premiums.

3 後期高齢者医療広域連合は、第八十二条第一項又は第二項本文の規定の適用を受けている被保険者であつて、前二項の規定による後期高齢者医療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、当該被保険者に通知して、当該一時差止に係る後期高齢者医療給付の額から当該被保険者が滞納している保

険料額を控除することができる。

- (3) If an insured to which the provisions of Article 82, paragraph (1) or the main clause of paragraph (2) are applied and for which the payment of the old-old medical care benefit has been temporarily suspended in whole or in part pursuant to the provisions of the preceding two paragraphs still does not pay the delinquent insurance premiums, the Association of Medical Care Systems for the Elderly Aged 75 and older may, pursuant to the provisions of the Order of the Ministry of Health, Labour and Welfare, deduct the amount of the insurance premiums that the insured is delinquent from the amount of the old-old medical care benefit pertaining to the temporary suspension, by giving notice to the insured in advance.

第四節 費用等

Section 4 Expenses

第一款 費用の負担

Subsection 1 Bearing of Expenses

(国の負担)

(Expenses Borne by the State)

第九十三条 国は、政令で定めるところにより、後期高齢者医療広域連合に対し、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計額（以下「療養の給付等に要する費用の額」という。）から第六十七条第一項第三号に掲げる場合に該当する者に係る療養の給付等に要する費用の額（以下「特定費用の額」という。）を控除した額（次項第一号及び第百条第一項において「負担対象額」という。）並びに流行初期医療確保拠出金の額から当該流行初期医療確保拠出金の額に療養の給付等に要する費用の額に占める特定費用の額の割合を乗じて得た額（第百条第一項において「特定流行初期医療確保拠出金の額」という。）を控除した額（第百条第一項において「負担対象拠出金額」という。）の合計額（以下「負担対象総額」という。）の十二分の三に相当する額を負担する。

Article 93 (1) Pursuant to the provisions of Cabinet Order, the national government is to bear the Association of Medical Care Systems for the Elderly Aged 75 and older the amount equivalent to three twelfth of the sum of the amount calculated by deducting, from the amount of expenses incurred in providing benefits for medical treatment pertaining to insured, the amount equivalent to the co-payment pertaining to the relevant benefits, and the sum of the amount of expenses incurred in paying dietary treatment expenses 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 Sizable medical and nursing expenses (hereinafter referred to as the "amount of expenses incurred in providing benefits for medical treatment, etc."), the amount of expenses incurred in providing benefits for medical treatment, etc. pertaining to persons who fall under the cases set forth in Article 67, paragraph (1), item (iii) (hereinafter referred to as the "amount of specified expenses") (the amount thus calculated is referred to as the "amount subject to sharing" in item (i) and Article 100, paragraph (1) in the following paragraph), and the amount calculated by deducting, from the amount of contributions to ensure medical care in the early stage of an outbreak, the amount obtained by multiplying the amount of the relevant contributions to ensure medical care in the early stage of an outbreak by the ratio of the amount of specified expenses to the amount of expenses incurred in providing benefits for medical treatment, etc. (referred to as the "amount of contributions to ensure specified medical care in the early stage of an outbreak" in Article 100, paragraph (1)) (the amount thus calculated is referred to as the "amount Article 100, paragraph (1))

- 2 国は、前項に掲げるもののほか、政令で定めるところにより、後期高齢者医療広域連合に対し、後期高齢者医療の財政の安定化を図るため、被保険者に係る全ての医療に関する給付に要する費用の額に対する高額な医療に関する給付の割合等を勘案して、高額な医療に関する給付の発生による後期高齢者医療の財政に与える影響が著しいものとして政令で定めるところにより算定する額以上の高額な医療に関する給付に要する費用の合計額に次に掲げる率の合計を乗じて得た額（第九十六条第二項において「高額医療費負担対象額」という。）の四分の一に相当する額を負担する。

- (2) Beyond what is set forth in the preceding paragraph, the national government, pursuant to the provisions of Cabinet Order, in order to stabilize the finances of Old-Old Healthcare, is to bear an amount equivalent to one fourth of the amount obtained by multiplying the total amount of expenses required for benefits related to high-cost medical care, which is not less than the amount calculated pursuant to the provisions of Cabinet Order as having a significant influence on the finances of Old-Old Healthcare due to the occurrence of benefits related to high-cost medical care, by the sum of the following rates (referred to as the "Amount Subject to high medical care cost Burden" in Article 96, paragraph (2)), in consideration of the ratio of benefits related to high-cost medical care to the amount of expenses required for benefits related to all medical care pertaining to the insured (referred to as the "Amount Subject to National Health Insurance Burden" in Article 96 Association of Medical Care Systems for the Elderly Aged 75 and older:

- 一 負担対象額の十二分の一に相当する額を療養の給付等に要する費用の額で除して得た率

- (i) the rate obtained by dividing the amount equivalent to one twelfth of the Amount Subject to Sharing by the amount of expenses required for Benefits

for Medical Treatment, etc.;

二 第百条第一項の後期高齢者負担率

(ii) the co-payment rate for the old-old in Article 100, paragraph (1).

- 3 国は、前二項に定めるもののほか、政令で定めるところにより、年度ごとに、支払基金に対して当該年度の特別負担調整見込額の総額等の三分の二を交付する。ただし、前々年度の特別負担調整見込額の総額等が同年度の特別負担調整額の総額等を超えるときは、当該年度の特別負担調整見込額の総額等からその超える額を控除して得た額の三分の二を交付するものとし、前々年度の特別負担調整見込額の総額等が同年度の特別負担調整額の総額等に満たないときは、当該年度の特別負担調整見込額の総額等にその満たない額を加算して得た額の三分の二を交付するものとする。

- (3) Beyond what is provided for in the preceding two paragraphs, pursuant to the provisions of Cabinet Order, the national government is to grant two-thirds of the total estimated amount of special burden adjustment, etc. for the relevant fiscal year to the Payment Fund each fiscal year; provided, however, that if the total estimated amount of special burden adjustment, etc. for the fiscal year before the previous fiscal year exceeds the total amount of special burden adjustment, etc. for the same fiscal year, the national government is to grant two-thirds of the amount obtained by subtracting the excess amount from the total estimated amount of special burden adjustment, etc. for the relevant fiscal year, and if the total estimated amount of special burden adjustment, etc. for the fiscal year before the previous fiscal year is less than the total amount of special burden adjustment, etc. for the same fiscal year, the national government is to grant two-thirds of the amount obtained by adding the less amount to the total estimated amount of special burden adjustment, etc. for the relevant fiscal year.

(国庫負担金の減額)

(Reduction of Treasury Share)

第九十四条 後期高齢者医療広域連合が確保すべき収入を不当に確保しなかつた場合には、国は、政令で定めるところにより、前条の規定により当該後期高齢者医療広域連合に対して負担すべき額を減額することができる。

Article 94 (1) If a Association of Medical Care Systems for the Elderly Aged 75 and older unjustly fails to secure the revenue that it should have secured, the national government may reduce the amount to be borne by the Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of the preceding Article, pursuant to the provisions of Cabinet Order.

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超えることができない。

- (2) The amount to be reduced pursuant to the provisions of the preceding paragraph may not exceed the amount which was unjustly not secured.

(調整交付金)

(Adjustment Grants)

第九十五条 国は、後期高齢者医療の財政を調整するため、政令で定めるところにより、後期高齢者医療広域連合に対して調整交付金を交付する。

Article 95 (1) The national government provides adjustment grants to a Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of a Cabinet Order in order to adjust the finances of medical care for the elderly.

2 前項の規定による調整交付金の総額は、負担対象総額の見込額の総額の十二分の一に相当する額とする。

(2) The total amount of adjusting subsidies pursuant to the provisions of the preceding paragraph is an amount equivalent to one twelfth of the total estimated amount of the total amount subject to sharing.

(都道府県の負担)

(Expenses Borne by Prefectures)

第九十六条 都道府県は、政令で定めるところにより、後期高齢者医療広域連合に対し、負担対象総額の十二分の一に相当する額を負担する。

Article 96 (1) A prefecture, pursuant to the provisions of Cabinet Order, bears an amount equivalent to one twelfth of the total amount subject to sharing by a Association of Medical Care Systems for the Elderly Aged 75 and older.

2 都道府県は、前項に掲げるもののほか、政令で定めるところにより、後期高齢者医療広域連合に対し、高額医療費負担対象額の四分の一に相当する額を負担する。

(2) Beyond what is set forth in the preceding paragraph, a prefecture is to bear an amount equivalent to one fourth of the amount subject to high medical care cost contribution to the Association of Medical Care Systems for the Elderly Aged 75 and older, pursuant to the provisions of Cabinet Order.

(都道府県の負担金の減額)

(Reduction of Prefecture's Contribution)

第九十七条 後期高齢者医療広域連合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、国が第九十四条の規定により負担すべき額を減額したときは、都道府県は、政令で定めるところにより、前条の規定により当該後期高齢者医療広域連合に対して負担すべき額を減額することができる。

Article 97 (1) If a Association of Medical Care Systems for the Elderly Aged 75 and older unjustly fails to secure the revenue it should have secured and the national government reduces the amount to be borne pursuant to the provisions of Article 94, the prefecture may reduce the amount to be borne by the Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of the preceding Article, pursuant to the provisions of Cabinet Order.

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超えることができない。

- (2) The amount to be reduced pursuant to the provisions of the preceding paragraph may not exceed the amount which was unjustly not secured.

(市町村の一般会計における負担)

(Burden on the General Account of a Municipality)

第九十八条 市町村は、政令で定めるところにより、後期高齢者医療広域連合に対し、その一般会計において、負担対象総額の十二分の一に相当する額を負担する。

Article 98 A Municipality, pursuant to the provisions of a Cabinet Order, is to bear an amount equivalent to one twelfth of the Total Amount Subject to Sharing with a Association of Medical Care Systems for the Elderly Aged 75 and older in its general account.

(市町村の特別会計への繰入れ等)

(Transfer to the Special Account of a Municipality)

第九十九条 市町村は、政令で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後期高齢者医療広域連合の条例の定めるところにより行う保険料の減額賦課に基づき被保険者に係る保険料につき減額した額の総額を基礎とし、後期高齢者医療の財政の状況その他の事情を勘案して政令で定めるところにより算定した額を市町村の後期高齢者医療に関する特別会計に繰り入れなければならない。

Article 99 (1) A Municipality, pursuant to the provisions of a Cabinet Order, must transfer from the general account to the special account for medical care for the elderly of the Municipality the amount calculated, pursuant to the provisions of a Cabinet Order, based on the total amount of insurance premiums pertaining to the insured reduced based on the reduced assessment of insurance premiums for persons with small income pursuant to the provisions of the Ordinances of the Association of Medical Care Systems for the Elderly Aged 75 and older, by taking into consideration the financial status of medical care for the elderly and other circumstances.

- 2 市町村は、政令で定めるところにより、一般会計から、第五十二条各号のいずれかに該当するに至った日の前日において健康保険法、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であつた被保険者について、同条各号に掲げる場合のいずれかに該当するに至った日の属する月以後二年を経過する月までの間に限り、条例の定めるところにより行う保険料の減額賦課に基づき保険料を減額した場合における当該減額した額の総額を基礎とし、後期高齢者医療の財政の状況その他の事情を勘案して政令で定めるところにより算定した額を、市町村の後期高齢者医療に関する特別会計に繰り入れなければならない。

- (2) A Municipality, with regard to a mutual aid association who was a dependent pursuant to the provisions of the Health Insurance Act, the Mariners Insurance Act, the National Public Officers' local public employee Act (including as applied mutatis mutandis pursuant to other Acts), or the mutual

aid association, etc. Insurance Act as of the day preceding the day on which the insured came to fall under any of the items of Article 52, must transfer the amount calculated pursuant to the provisions of a Cabinet Order, based on the total amount of insurance premiums reduced based on the reduced assessment of insurance premiums carried out pursuant to the provisions of a Municipal Ordinance and in consideration of the financial status of Old-Old Healthcare and other circumstances, from the general account to the special account for Old-Old Healthcare of the Municipality, limited to the period until the month in which two years have elapsed from the month including the day on which the Insured Person came to fall under any of the items of the same Article.

3 都道府県は、政令で定めるところにより、前二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。

(3) A prefecture, pursuant to the provisions of Cabinet Order, bears an amount equivalent to three quarters of the amount to be transferred pursuant to the provisions of the preceding two paragraphs.

(後期高齢者交付金)

(Old-Old Subsidy)

第百条 後期高齢者医療広域連合の後期高齢者医療に関する特別会計において負担する費用のうち、負担対象額に一から後期高齢者負担率及び百分の五十を控除して得た率を乗じて得た額並びに特定費用の額に一から後期高齢者負担率を控除して得た率を乗じて得た額の合計額（以下この節において「保険納付対象額」という。）に負担対象拠出金額に一から後期高齢者負担率及び百分の五十を控除して得た率を乗じて得た額並びに特定流行初期医療確保拠出金の額に一から後期高齢者負担率を控除して得た率を乗じて得た額の合計額を加えて得た額（第二百十一条第一項において「保険納付対象総額」という。）については、政令で定めるところにより、支払基金が後期高齢者医療広域連合に対して交付する後期高齢者交付金をもつて充てる。

Article 100 (1) Among the expenses to be borne by the Association of Medical Care Systems for the Elderly Aged 75 and older under its special account for medical care for the elderly aged 75 or older, the amount obtained by adding the sum of the amount obtained by multiplying the amount subject to payment by the rate obtained by subtracting the contribution rate for the elderly aged 75 or older and 50 percent from one, and the amount obtained by multiplying the amount of specified expenses by the rate obtained by subtracting the contribution rate for the elderly aged 75 or older from one (hereinafter referred to as the "amount subject to insurance payment" in this Section), and the sum of the amount obtained by multiplying the amount of contributions subject to payment by the rate obtained by subtracting the contribution rate for the elderly aged 75 or older and 50 percent from one, and the amount obtained by multiplying the amount of contributions to ensure specific early fashion medical care by the rate obtained by subtracting the contribution rate for the

elderly aged 75 or older from one (referred to as the "total amount subject to insurance payment" in Article 121, paragraph (1)) is to be covered by the grant for the elderly aged 75 or older granted by the Payment Fund to the Association of Medical Care Systems for the Elderly Aged 75 and older, pursuant to the provisions of Cabinet Order.

2 前項の後期高齢者負担率は、第一号に掲げる数に第二号に掲げる率を乗じて得た数を第三号に掲げる数で除して得た率を基礎として、二年ごとに政令で定める。

(2) The contribution rate for the old-old set forth in the preceding paragraph is specified by Cabinet Order every two years based on the rate obtained by multiplying the number set forth in item (i) by the rate set forth in item (ii) and then dividing the product by the number set forth in item (iii):

一 二分の一に、当該年度における療養の給付等に要する費用の額に対する特定費用の額の割合の二分の一に相当する率を加えて得た数

(i) the number obtained by adding, to one half, a rate equivalent to one half of the ratio of the amount of specified expenses to the amount of expenses required for benefits for medical treatment, etc. in the relevant fiscal year.

二 百分の十一・七二に、当該年度における全ての後期高齢者医療広域連合に係る被保険者の見込総数を令和四年度における全ての後期高齢者医療広域連合に係る被保険者の総数で除して得た率を乗じて得た率

(ii) The rate obtained by multiplying 11.72 percent by the rate obtained by dividing the prospective total number of insured pertaining to all Association of Medical Care Systems for the Elderly Aged 75 and older in the relevant fiscal year by the total number of insured pertaining to all Association of Medical Care Systems for the Elderly Aged 75 and older in fiscal year 2022.
200

三 前号に掲げる率に、イに掲げる率にロに掲げる率を乗じて得た率を加えて得た数

(iii) the number arrived at when the rate set forth in the preceding item is added to the rate arrived at when the rate set forth in (a) is multiplied by the rate set forth in (b):

イ 令和四年度における保険納付対象額を同年度における療養の給付等に要する費用の額で除して得た率

(a) the rate obtained by dividing the amount subject to insurance payment in fiscal year 2022 by the amount of expenses required for benefits for medical treatment, etc. in the same fiscal year;

ロ 当該年度における全ての保険者に係る加入者の見込総数を令和四年度における全ての保険者に係る加入者の総数で除して得た率

(b) the rate arrived at when the prospective total number of participants for all insurers in the relevant fiscal year is divided by the total number of participants for all insurers in fiscal 2022.

3 第一項の後期高齢者交付金は、第百十八条第一項の規定により支払基金が徴収する後期高齢者支援金をもつて充てる。

(3) Medical Care Assistance for the Elderly Aged 75 and over collected by the Payment Fund pursuant to the provisions of Article 118, paragraph (1) is to be allocated to the Old-Old Subsidy referred to in paragraph (1).

(後期高齢者交付金の減額)

(Reduction of Old-Old Subsidy)

第百一条 厚生労働大臣は、後期高齢者医療広域連合が確保すべき収入を不当に確保しなかつた場合又は後期高齢者医療広域連合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、政令で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後期高齢者医療広域連合に対して交付する同項の後期高齢者交付金の額を減額することを命ずることができる。

Article 101 (1) If a Association of Medical Care Systems for the Elderly Aged 75 and older unjustly fails to secure the revenue that it should have secured or unjustly incurs expenses that it should not incur, the Minister of Health, Labour and Welfare may order the Payment Fund to reduce the amount of the grant for the old-old set forth in paragraph (1) of the preceding Article that is granted to the Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of the same paragraph, pursuant to the provisions of Cabinet Order. Association of Medical Care Systems for the Elderly Aged 75 and older.

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 to be reduced pursuant to the provisions of the preceding paragraph may not exceed the amount which has unjustly failed to be secured or the amount which has unjustly been expended.

(国の補助)

(Subsidies from the State)

第百二条 国は、第九十三条、第九十五条及び第百十六条第六項に規定するもののほか、予算の範囲内において、後期高齢者医療に要する費用の一部を補助することができる。

Article 102 In addition to what is provided for in Article 93, Articles 95 and 116, paragraph (6), the national government may subsidize part of the expenses required for medical care for elderly people within the scope of the budget.

(都道府県、市町村及び後期高齢者医療広域連合の補助及び貸付け)

(Subsidies and Loans from the Prefectural, Municipal and Association of Medical Care Systems for the Elderly Aged 75 and older)

第百三条 都道府県、市町村及び後期高齢者医療広域連合は、第九十六条、第九十八条、第九十九条及び第百十六条第五項に規定するもののほか、後期高齢者医療に要する費用に対し、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 103 Beyond what is provided for in Article 96, Article 98, Articles 99 and

116, paragraph (5), a prefecture, municipality, and Association of Medical Care Systems for the Elderly Aged 75 and older may provide subsidies or loans for expenses required for medical care for elderly persons.

(保険料)

(Insurance Premiums)

第百四条 市町村は、後期高齢者医療に要する費用（財政安定化基金拠出金、第百十七条第二項の規定による拠出金及び出産育児支援金並びに感染症の予防及び感染症の患者に対する医療に関する法律の規定による流行初期医療確保拠出金等（第三項及び第百十六条第二項において「流行初期医療確保拠出金等」という。）の納付に要する費用を含む。）に充てるため、保険料を徴収しなければならない。

Article 104 (1) A Municipality must collect insurance premiums to be allocated for expenses required for Old-Old Healthcare (including expenses required for payment of Fiscal Stability Fund contributions, contributions and childbirth and childcare support money under the provisions of Article 117, paragraph (2), and contributions, etc. to ensure medical care in the early stage of an outbreak under the provisions of Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases (referred to as "Contributions, etc. to ensure medical care in the early stage of an outbreak" in paragraph (3) and Article 116, paragraph (2))).

2 前項の保険料は、後期高齢者医療広域連合が被保険者に対し、後期高齢者医療広域連合の全区域にわたって均一の保険料率であることその他の政令で定める基準に従い後期高齢者医療広域連合の条例で定めるところにより算定された保険料率によつて算定された保険料額によつて課する。ただし、当該後期高齢者医療広域連合の区域のうち、離島その他の医療の確保が著しく困難である地域であつて厚生労働大臣が定める基準に該当するものに住所を有する被保険者の保険料については、政令で定める基準に従い別に後期高齢者医療広域連合の条例で定めるところにより算定された保険料率によつて算定された保険料額によつて課することができる。

(2) The insurance premiums set forth in the preceding paragraph are imposed by a Association of Medical Care Systems for the Elderly Aged 75 and older on a insured based on the amount of insurance premiums calculated based on the insurance premiums rate calculated pursuant to the provisions of Prefectural or Municipal Ordinance of the Association of Medical Care Systems for the Elderly Aged 75 and older in accordance with the requirement that the insurance premiums rate is the same for all areas of the Association of Medical Care Systems for the Elderly Aged 75 and older and other requirements specified by Cabinet Order; provided, however, that with regard to the insurance premiums of a insured which is domiciled in an isolated island or any other area within the area of the Association of Medical Care Systems for the Elderly Aged 75 and older where it is extremely difficult to ensure medical care and which falls under the requirements specified by the Minister of

Health, Labour and Welfare, the insurance premiums may be imposed based on the amount of insurance premiums calculated based on the insurance premiums rate separately calculated pursuant to the provisions of Prefectural or Municipal Ordinance of the Association of Medical Care Systems for the Elderly Aged 75 and older in accordance with the requirements specified by Cabinet Order.

- 3 前項の保険料率は、療養の給付等に要する費用の額の予想額、財政安定化基金拠出金、第百十七条第二項の規定による拠出金及び出産育児支援金並びに流行初期医療確保拠出金等の納付に要する費用の予想額、第百十六条第一項第二号の規定による都道府県からの借入金の償還に要する費用の予定額、第百二十五条第一項に規定する高齢者保健事業及び同条第五項に規定する事業に要する費用の予定額、被保険者の所得の分布状況及びその見通し、国庫負担並びに第百条第一項の後期高齢者交付金等の額等に照らし、おおむね二年を通じ財政の均衡を保つことができるものでなければならない。

- (3) The insurance premiums rate referred to in the preceding paragraph must be able to maintain a balanced budget in general throughout two years in light of the estimated amount of expenses required for benefits for medical treatment, etc., the estimated amount of expenses required for payment of the Fiscal Stability Fund contributions, contributions and childbirth and childcare support money pursuant to the provisions of Article 117, paragraph (2), and contributions for securing medical care in the early stage of an epidemic, etc., the estimated amount of expenses required for redemption of borrowings from the prefecture pursuant to the provisions of Article 116, paragraph (1), item (ii), the estimated amount of expenses required for health services for the elderly provided for in Article 125, paragraph (1) and for the services provided for in paragraph (5) of the same Article, the status of distribution of income in insured and its prospects, the national treasury burden, and the amount of grants, etc. for the old-old in Article 100, paragraph (1).

(保険料等の納付)

(Payment of Insurance Premiums)

第百五条 市町村は、後期高齢者医療広域連合が行う後期高齢者医療に要する費用に充てるため、後期高齢者医療広域連合に対し、後期高齢者医療広域連合の規約で定めるところにより、第九十九条第一項及び第二項の規定による繰入金並びに保険料その他この章の規定による徴収金（市町村が徴収するものに限る。）を納付するものとする。

Article 105 A Municipality is to pay to a Association of Medical Care Systems for the Elderly Aged 75 and older the amount to be transferred pursuant to the provisions of Article 99, paragraphs (1) and (2) and insurance premiums and any other money to be collected pursuant to the provisions of this Chapter (limited to those collected by the Municipality) pursuant to the provisions of the constitution of the Association of Medical Care Systems for the Elderly

Aged 75 and older, in order to cover the expenses required for the Old-Old Healthcare provided by the Association of Medical Care Systems for the Elderly Aged 75 and older.

(賦課期日)

(Assessment Date)

第百六条 保険料の賦課期日は、当該年度の初日とする。

Article 106 The assessment date for insurance premiums is the first day of the relevant fiscal year.

(保険料の徴収の方法)

(Method of Collecting Insurance Premiums)

第百七条 市町村による第百四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（政令で定める者を除く。）から老齢等年金給付の支払をする者（以下「年金保険者」という。）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、保険料を課せられた被保険者又は当該被保険者の属する世帯の世帯主若しくは当該被保険者の配偶者（婚姻の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。以下同じ。）に対し、地方自治法（昭和二十二年法律第六十七号）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 107 (1) The collection of insurance premiums of Article 104 by a Municipality must be made by the method of general collection (meaning that a Municipality collects insurance premiums by giving a notice of payment to the insured on which the insurance premiums are imposed, or to the head of the household to which the relevant insured belongs, or to the spouses of the relevant insured (including a person who has not submitted a notification of marriage but is in a de facto marital relationship with the person; the same applies hereinafter) pursuant to the provisions of Article 231 of the Local Autonomy Act (Act No. 67 of 1947); the same applies hereinafter); the same applies hereinafter), except in the case of special collection (meaning that a Municipality has a person who pays an Old Age, etc. pension benefit (hereinafter referred to as a "Pension pension benefit") collect insurance premiums from an Old Age, etc. Insurer (excluding a person specified by Cabinet Order) and pay the insurance premiums to be collected; the same applies hereinafter). insured.

2 前項の老齢等年金給付は、国民年金法（昭和三十四年法律第百四十一号）による老齢基礎年金その他の同法又は厚生年金保険法（昭和二十九年法律第百十五号）による老齢、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 set forth in the preceding paragraph means the Old Age Basic Pension under the National Pension Act (Act No. 141 of 1959) and other pension benefits under the same Act or the Employee's Pension Insurance Act (Act No. 115 of 1954) for which the grounds for payment are old age, disability, or death, which are specified by Cabinet Order, and pension benefits similar to these pension benefits for which the grounds for payment are old age, retirement, disability, or death, which are specified by Cabinet Order.

(普通徴収に係る保険料の納付義務)

(Obligation to Pay Insurance Premiums Pertaining to General Collection)

第百八条 被保険者は、市町村がその者の保険料を普通徴収の方法によつて徴収しようとする場合においては、当該保険料を納付しなければならない。

Article 108 (1) Insured must pay the insurance premiums when a Municipality intends to collect the person's insurance premiums by the method of general collection.

2 世帯主は、市町村が当該世帯に属する被保険者の保険料を普通徴収の方法によつて徴収しようとする場合において、当該保険料を連帯して納付する義務を負う。

(2) When a Municipality intends to collect insurance premiums of a insured belonging to a household by the method of general collection, the Householder is liable to jointly and severally pay the insurance premiums.

3 配偶者の一方は、市町村が被保険者たる他方の保険料を普通徴収の方法によつて徴収しようとする場合において、当該保険料を連帯して納付する義務を負う。

(3) If a Municipality intends to collect insurance premiums of the other party that is a insured by the method of general collection, one of the spouses is liable to pay the insurance premiums jointly and severally.

(普通徴収に係る保険料の納期)

(Due Date of Insurance Premiums Pertaining to General Collection)

第百九条 普通徴収の方法によつて徴収する保険料の納期は、市町村の条例で定める。

Article 109 The due date of payment of insurance premiums collected by the method of general collection is specified by Municipal Ordinance.

(介護保険法の準用)

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

第百十条 介護保険法第百三十四条から第百四十一条の二までの規定は、第七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 110 The provisions of Articles 134 through 141-2, Long-Term Care Insurance Act apply mutatis mutandis to the special collection of insurance premiums conducted pursuant to the provisions of Article 107. In this case, the

necessary technical replacement of terms is specified by Cabinet Order.

(保険料の減免等)

(Reduction and Exemption of Insurance Premiums)

第百十一条 後期高齢者医療広域連合は、条例で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 111 The Association of Medical Care Systems for the Elderly Aged 75 and older may, pursuant to the provisions of Prefectural Ordinances, reduce or exempt insurance premiums or suspend the collection thereof for persons with special reasons.

(地方税法の準用)

(Mutatis Mutandis Application of the Local Tax Act)

第百十二条 保険料その他この章の規定による徴収金（市町村及び後期高齢者医療広域連合が徴収するものに限る。）については、地方税法（昭和二十五年法律第二百二十六号）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 112 The provisions of Article 9, Article 13-2, Article 20, Article 20-2, and Article 20-4 of the Local Tax Act (Act No. 226 of 1950) apply mutatis mutandis to insurance premiums and any other money to be collected pursuant to the provisions of this Chapter (limited to those to be collected by municipalities and Association of Medical Care Systems for the Elderly Aged 75 and older).

(滞納処分)

(disposition to collect arrears)

第百十三条 市町村が徴収する保険料、後期高齢者医療広域連合が徴収する徴収猶予した一部負担金その他この章の規定による徴収金は、地方自治法第二百三十一条の第三項に規定する法律で定める歳入とする。

Article 113 Insurance premiums collected by a municipality, co-payment for which collection has been suspended and which is collected by a Association of Medical Care Systems for the Elderly Aged 75 and older, and any other money to be collected pursuant to the provisions of this Chapter are revenues specified by laws as prescribed in Article 231-3, paragraph (3) of the Local Autonomy Act.

(保険料の徴収の委託)

(Entrustment of Collection of Insurance Premiums)

第百十四条 市町村は、普通徴収の方法によつて徴収す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、地方自治法第二百四十三条の二第一項の規定により指定する者に委託することができる。

Article 114 A Municipality may entrust the affairs of the collection of insurance

premiums collected by the method of general collection to a person designated pursuant to the provisions of Article 243-2, paragraph (1) of the Local Autonomy Act, only when it is found that the entrustment will contribute to the assurance of revenue and the promotion of the benefits of the insured.

(条例等への委任)

(Delegation to Ordinance)

第百十五条 この款に規定するもののほか、保険料の賦課額その他保険料の賦課に関する事項は、政令で定める基準に従つて後期高齢者医療広域連合の条例で定める。

Article 115 (1) Beyond what is provided for in this Subsection, the amount of insurance premiums to be imposed and other particulars concerning the imposition of insurance premiums are prescribed by Ordinance of the Association of Medical Care Systems for the Elderly Aged 75 and older in accordance with the standards specified by Cabinet Order.

2 この款に規定するもののほか、保険料の額の通知その他保険料の徴収に関する事項（特別徴収に関するものを除く。）は政令で定める基準に従つて市町村の条例で、特別徴収に関して必要な事項は政令又は政令で定める基準に従つて市町村の条例で定める。

(2) Beyond what is provided for in this Subsection, the notification of the amount of insurance premiums and other matters concerning the collection of insurance premiums (excluding those concerning special collection) are specified by Municipal Ordinance in accordance with the standards specified by Cabinet Order, and necessary matters concerning special collection are specified by Cabinet Order or Municipal Ordinance in accordance with the standards specified by Cabinet Order.

第二款 財政安定化基金

Subsection 2 Fiscal Stability Funds

第百十六条 都道府県は、後期高齢者医療の財政の安定化に資するため財政安定化基金を設け、次に掲げる事業に必要な費用に充てるものとする。

Article 116 (1) A prefecture, in order to contribute to the financial stability of medical care for the elderly, is to establish a financial stability fund to cover the expenses necessary for the following projects:

一 実績保険料収納額が予定保険料収納額に不足すると見込まれ、かつ、基金事業対象収入額が基金事業対象費用額に不足すると見込まれる後期高齢者医療広域連合に対し、政令で定めるところにより、イに掲げる額（イに掲げる額がロに掲げる額を超えるときは、ロに掲げる額）の二分の一に相当する額を基礎として、当該後期高齢者医療広域連合を組織する市町村における保険料の収納状況等を勘案して政令で定めるところにより算定した額を交付する事業

(i) a project to provide a Association of Medical Care Systems for the Elderly

Aged 75 and older whose actual amount of insurance premiums received is expected to fall short of the estimated amount of insurance premiums received and whose amount of revenue subject to a fund project is expected to fall short of the amount of expenses subject to a fund project with an amount calculated pursuant to the provisions of Cabinet Order based on an amount equivalent to half of the amount listed in (a) below (if the amount listed in (a) below exceeds the amount listed in (b) below, the amount listed in (b) below) by taking into consideration the status of receipt of insurance premiums, etc. in the municipality that organizes the Association of Medical Care Systems for the Elderly Aged 75 and older, pursuant to the provisions of Cabinet Order:

イ 実績保険料収納額が予定保険料収納額に不足すると見込まれる額

(a) the amount of insurance premiums actually received that is expected to be less than the amount of insurance premiums scheduled to be received;

ロ 基金事業対象収入額が基金事業対象費用額に不足すると見込まれる額

(b) the amount by which the Amount of Revenue Covered by the Fund Project is expected to be short of the Amount of Cost Covered by the Fund Project;

二 基金事業対象収入額及び基金事業交付額の合計額が、基金事業対象費用額に不足すると見込まれる後期高齢者医療広域連合に対し、政令で定めるところにより、当該不足すると見込まれる額を基礎として、当該後期高齢者医療広域連合を組織する市町村における保険料の収納状況等を勘案して政令で定めるところにより算定した額の範囲内の額を貸し付ける事業

(ii) a project to provide a Association of Medical Care Systems for the Elderly Aged 75 and older whose total of the Revenue Subject to a Fund Project and the Amount Delivered by a Fund Project is expected to fall short of the Amount of Expenses Subject to a Fund Project with a loan, pursuant to the provisions of Cabinet Order, in an amount not exceeding the amount calculated pursuant to the provisions of Cabinet Order, based on the expected shortfall, by taking into consideration the status of collection of insurance premiums, etc. in the Municipality that organizes the Association of Medical Care Systems for the Elderly Aged 75 and older.

2 前項における用語のうち次の各号に掲げるものの意義は、当該各号に定めるところによる。

(2) Among the terms used in the preceding paragraph, the meanings of those set forth in the following items are as prescribed respectively in those items:

一 予定保険料収納額 後期高齢者医療広域連合において特定期間（平成二十年度を初年度とする同年度以降の二年度ごとの期間をいう。以下この項において同じ。）中に当該後期高齢者医療広域連合を組織する市町村において収納が見込まれた保険料の額の合計額のうち、療養の給付等に要する費用の額、財政安定化基金拠出金、次条第二項の規定による拠出金及び出産育児支援金並びに流行初期医療確保拠出金等の納付に要する費用の額並びに前項第二号の規定による都道府県からの借入金

(以下この項において「基金事業借入金」という。)の償還に要する費用の額に充てるものとして政令で定めるところにより算定した額

- (i) the estimated amount of insurance premiums received: the amount calculated pursuant to the provisions of Cabinet Order as the amount to be allocated to the amount of expenses required for benefits for medical treatment, etc., the amount of expenses required for payment of the Fiscal Stability Fund contributions, the contributions pursuant to the provisions of paragraph (2) of the following Article, childbirth and childcare support benefits, and contributions for securing medical care in the early stage of an epidemic, etc., and the amount of expenses required for reimbursement of borrowings from the prefecture pursuant to the provisions of item (ii) of the preceding paragraph (hereinafter referred to as "borrowings under fund projects" in this paragraph) out of the total amount of insurance premiums that are expected to be received by the Municipality which organizes the Association of Medical Care Systems for the Elderly Aged 75 and older during the Specified Period (meaning the period of every two fiscal years from the fiscal year 2008 as the first year; hereinafter the same applies in this paragraph) in the Municipality which organizes the Association of Medical Care Systems for the Elderly Aged 75 and older;

二 実績保険料収納額 後期高齢者医療広域連合を組織する市町村において特定期間中に収納した保険料の額の合計額のうち、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、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した費用の額の合計額（以下この項において「療養の給付等に要した費用の額」という。）、財政安定化基金拠出金、次条第二項の規定による拠出金及び出産育児支援金並びに流行初期医療確保拠出金等の納付に要した費用の額並びに基金事業借入金の償還に要した費用の額に充てるものとして政令で定めるところにより算定した額

- (ii) the actual amount of insurance premiums received: the sum of the total amount of insurance premiums received by the Municipality incorporating the Association of Medical Care Systems for the Elderly Aged 75 and older during the Specified Period, which is calculated by deducting, from the amount of expenses incurred in providing benefits for medical treatment, the amount of co-payment relating to the relevant benefits; and the sum of the amount of expenses incurred in paying dietary treatment expenses 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 Sizable medical and nursing expenses (hereinafter referred to as the "amount of expenses incurred in providing benefits for medical treatment, etc." in this paragraph); the

amount of expenses incurred in paying Fiscal Stability Fund contributions, contributions pursuant to the provisions of paragraph (2) of the following Article, childbirth and childcare support benefits, and contributions, etc. for securing medical care in the early stage of an epidemic; and the amount calculated pursuant to the provisions of a Cabinet Order as the amount to be allocated to the amount of expenses incurred in the redemption of Borrowings;

三 基金事業対象収入額 後期高齢者医療広域連合の後期高齢者医療に関する特別会計において特定期間中に収入した金額（第五号の基金事業交付額及び基金事業借入金を除く。）の合計額のうち、療養の給付等に要した費用の額、財政安定化基金拠出金、次条第二項の規定による拠出金及び出産育児支援金並びに流行初期医療確保拠出金等の納付に要した費用の額並びに基金事業借入金の償還に要した費用の額に充てるものとして政令で定めるところにより算定した額

(iii) the amount of revenue subject to a fund project: the amount calculated pursuant to the provisions of Cabinet Order as the amount to be allocated to the amount of expenses required for benefits for medical treatment, etc., the amount of expenses required for payment of the Fiscal Stability Fund contributions, contributions pursuant to the provisions of paragraph (2) of the following Article and childbirth and childcare support benefits, and contributions, etc. for ensuring medical care in the early stage of an epidemic, and the amount of expenses required for reimbursement of borrowings under a fund project, out of the sum of the amount received during a specified period in a special account for medical care for the elderly covered by a Association of Medical Care Systems for the Elderly Aged 75 and older (excluding the amount of grants under a fund project and the amount of borrowings under a fund project set forth in item (v));

四 基金事業対象費用額 後期高齢者医療広域連合において特定期間中に療養の給付等に要した費用の額、財政安定化基金拠出金、次条第二項の規定による拠出金及び出産育児支援金並びに流行初期医療確保拠出金等の納付に要した費用の額並びに基金事業借入金の償還に要した費用の額の合計額として政令で定めるところにより算定した額

(iv) the Amount of Expenses Subject to Fund Projects: the amount calculated pursuant to the provisions of Cabinet Order as the sum of the amount of expenses required for benefits for medical treatment, etc., the amount of expenses required for payment of Fiscal Stability Fund contributions, contributions pursuant to the provisions of paragraph (2) of the following Article and childbirth and childcare support benefits, and Contributions for Ensuring Medical Care in the Early Stage of Epidemics, etc., and the amount of expenses required for redemption of Fund Project Borrowings during the Specified Period at the Association of Medical Care Systems for the Elderly Aged 75 and older;

五 基金事業交付額 後期高齢者医療広域連合が特定期間中に前項第一号の規定により交付を受けた額

(v) the amount of grants for fund business: the amount that a Association of Medical Care Systems for the Elderly Aged 75 and older has received pursuant to the provisions of item (i) of the preceding paragraph during the specified period.

3 都道府県は、財政安定化基金に充てるため、政令で定めるところにより、後期高齢者医療広域連合から財政安定化基金拠出金を徴収するものとする。

(3) A prefecture, pursuant to the provisions of Cabinet Order, is to collect Fiscal Stability Fund contributions from the Association of Medical Care Systems for the Elderly Aged 75 and older in order to allocate them to the Fiscal Stability Fund.

4 後期高齢者医療広域連合は、前項の規定による財政安定化基金拠出金を納付する義務を負う。

(4) The Association of Medical Care Systems for the Elderly Aged 75 and older is obliged to pay the Fiscal Stability Fund contribution pursuant to the provisions of the preceding paragraph.

5 都道府県は、政令で定めるところにより、第三項の規定により後期高齢者医療広域連合から徴収した財政安定化基金拠出金の総額の三倍に相当する額を財政安定化基金に繰り入れなければならない。

(5) A prefecture, pursuant to the provisions of Cabinet Order, must transfer an amount equivalent to three times the total amount of Fiscal Stability Fund contributions collected from the Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of paragraph (3) to the Fiscal Stability Fund.

6 国は、政令で定めるところにより、前項の規定により都道府県が繰り入れた額の三分の一に相当する額を負担する。

(6) Pursuant to the provisions of Cabinet Order, the national government bears an amount equivalent to one third of the amount transferred by a prefecture pursuant to the provisions of the preceding paragraph.

7 財政安定化基金から生ずる収入は、全て財政安定化基金に充てなければならない。

(7) All revenues arising from the Fiscal Stability Fund must be appropriated to the Fiscal Stability Fund.

第三款 特別高額医療費共同事業

Subsection 3 Special high medical care cost Joint Enterprise

第百十七条 指定法人は、政令で定めるところにより、著しく高額な医療に関する給付の発生が後期高齢者医療の財政に与える影響を緩和するため、後期高齢者医療広域連合に対して被保険者に係る著しく高額な医療に関する給付に係る交付金を交付する事業（以下「特別高額医療費共同事業」という。）を行うものとする。

Article 117 (1) A designated corporation, pursuant to the provisions of Cabinet Order, in order to mitigate the impact of the occurrence of benefits related to extremely expensive medical care on the finances of medical care for the elderly, is to implement a project to provide Association of Medical Care Systems for the Elderly Aged 75 and older with grants related to benefits related to extremely expensive medical care pertaining to insured (hereinafter referred to as a "special joint high medical care cost project").

2 指定法人は、特別高額医療費共同事業に要する費用に充てるため、政令で定めるところにより、後期高齢者医療広域連合から拠出金を徴収する。

(2) Designated Corporations, pursuant to the provisions of Cabinet Order, collect contributions from the Association of Medical Care Systems for the Elderly Aged 75 and older to cover the expenses required for the Special high medical care cost Joint Enterprise.

3 後期高齢者医療広域連合は、前項の規定による拠出金を納付する義務を負う。

(3) A Association of Medical Care Systems for the Elderly Aged 75 and older is liable to pay contributions pursuant to the provisions of the preceding paragraph.

第四款 保険者の後期高齢者支援金等

Subsection 4 Medical Care Assistance for the Elderly Aged 75 and over by Insurers

(後期高齢者支援金等の徴収及び納付義務)

(Collection and Payment Obligations of Medical Care Assistance for the Elderly Aged 75 and over Monies)

第百十八条 支払基金は、第百三十九条第一項第二号に掲げる業務に要する費用に充てるため、年度ごとに、保険者（国民健康保険にあつては、都道府県。以下この節において同じ。）から、後期高齢者支援金及び後期高齢者関係事務費拠出金（以下「後期高齢者支援金等」という。）を徴収する。

Article 118 (1) The Payment Fund collects Medical Care Assistance for the Elderly Aged 75 and over and contributions for office expenses related to old-old age (hereinafter referred to as "Medical Care Assistance for the Elderly Aged 75 and over, etc.") from Insurers (or prefectures in the case of national health insurance; hereinafter the same applies in this Section) each fiscal year in order to cover the expenses required for the services listed in Article 139, paragraph (1), item (ii).

2 保険者は、後期高齢者支援金等を納付する義務を負う。

(2) Insurers are liable to pay Medical Care Assistance for the Elderly Aged 75 and over money, etc.

(後期高齢者支援金の額)

(Amount of Medical Care Assistance for the Elderly Aged 75 and over)

第百十九条 前条第一項の規定により各保険者から徴収する後期高齢者支援金の額は、当該年度の概算後期高齢者支援金の額とする。ただし、前々年度の概算後期高齢者支援金の額が同年度の確定後期高齢者支援金の額を超えるときは、当該年度の概算後期高齢者支援金の額からその超える額とその超える額に係る後期高齢者調整金額との合計額を控除して得た額とするものとし、前々年度の概算後期高齢者支援金の額が同年度の確定後期高齢者支援金の額に満たないときは、当該年度の概算後期高齢者支援金の額にその満たない額とその満たない額に係る後期高齢者調整金額との合計額を加算して得た額とする。

Article 119 (1) The amount of Medical Care Assistance for the Elderly Aged 75 and over collected from each of the Insurers pursuant to the provisions of paragraph (1) of the preceding Article is the amount of estimated Medical Care Assistance for the Elderly Aged 75 and over for the relevant fiscal year; provided, however, that if the amount of estimated Medical Care Assistance for the Elderly Aged 75 and over for the fiscal year before the previous fiscal year exceeds the amount of final Medical Care Assistance for the Elderly Aged 75 and over for the same fiscal year, the amount is to be the amount obtained by subtracting the sum of the excess amount and the Old-Old Adjustment Amount pertaining to the excess amount from the amount of estimated Medical Care Assistance for the Elderly Aged 75 and over for the relevant fiscal year, and if the amount of estimated Medical Care Assistance for the Elderly Aged 75 and over for the fiscal year before the previous fiscal year is less than the amount of final for the same fiscal year, the amount is to be the amount obtained by adding the sum of the amount of estimated for the relevant fiscal year, the amount of the shortfall amount, and the Old-Old Adjustment Amount pertaining to the shortfall amount. Medical Care Assistance for the Elderly Aged 75 and over Medical Care Assistance for the Elderly Aged 75 and over.

2 前項に規定する後期高齢者調整金額は、前々年度におけるすべての保険者に係る概算後期高齢者支援金の額と確定後期高齢者支援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保険者ごとに算定される額とする。

(2) The amount of adjustment for late-stage elderly as prescribed in the preceding paragraph is the amount calculated for each of the Insurers pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare by taking into consideration the interest arising from any excess or deficiency between the estimated amount of Medical Care Assistance for the Elderly Aged 75 and over and the amount of final Medical Care Assistance for the Elderly Aged 75 and over pertaining to all Insurers in the fiscal year before the previous fiscal year and any other circumstances.

(概算後期高齢者支援金)

(Estimated Medical Care Assistance for the Elderly Aged 75 and over)

第百二十条 前条第一項の概算後期高齢者支援金の額は、次の各号に掲げる保険者の区分に応じ、当該各号に定める額とする。

Article 120 (1) The estimated amount of Medical Care Assistance for the Elderly Aged 75 and over referred to in paragraph (1) of the preceding Article is the amount specified in the relevant of the following items for the category of insurers set forth in that item:

一 被用者保険等保険者 当該年度における全ての後期高齢者医療広域連合の保険納付対象額の見込額の総額を厚生労働省令で定めるところにより算定した同年度における全ての保険者に係る加入者の見込総数で除して得た額に、厚生労働省令で定めるところにより算定した同年度における全ての被用者保険等保険者に係る加入者数の見込数を乗じて得た額に、同年度におけるイに掲げる額をロに掲げる額で除して得た率及び概算後期高齢者支援金調整率を乗じて得た額

(i) insurers of employee insurance, etc.: the amount obtained by first dividing the total prospective amount of insurance proceeds payable by all Insurers in the relevant fiscal year by the total prospective number of subscribers for all Insurers in the same fiscal year calculated as specified by Order of the Ministry of Health, Labour and Welfare, then multiplying the product by the prospective number of subscribers for all Insurers of employee insurance, etc. in the same fiscal year calculated as specified by Order of the Ministry of Health, Labour and Welfare, then multiplying the product by the rate obtained by dividing the amount set forth in (a) by the amount set forth in (b) for the same fiscal year and the estimated Medical Care Assistance for the Elderly Aged 75 and over adjustment rate for the same fiscal year:
Association of Medical Care Systems for the Elderly Aged 75 and older:

イ 当該被用者保険等保険者に係る標準報酬総額の見込額

(a) the estimated amount of the Total Amount of Standard Fees pertaining to the Insurer of employee insurance, etc.;

ロ 全ての被用者保険等保険者に係る標準報酬総額の見込額の合計額

(b) the sum of the estimated amounts of the total amount of standardized remunerations pertaining to all Insurers of employee insurance, etc.;

二 被用者保険等保険者以外の保険者 当該年度における全ての後期高齢者医療広域連合の保険納付対象額の見込額の総額を厚生労働省令で定めるところにより算定した同年度における全ての保険者に係る加入者の見込総数で除して得た額に、厚生労働省令で定めるところにより算定した同年度における当該保険者に係る加入者の見込数を乗じて得た額に、概算後期高齢者支援金調整率を乗じて得た額

(ii) insurers other than insurers covered by employee insurance, etc.: the amount obtained by first dividing the total prospective amount of insurance proceeds payable by all insurers in the relevant fiscal year by the total prospective number of subscribers for all insurers in the relevant fiscal year calculated as prescribed by Order of the Ministry of Health, Labour and

Welfare, multiplying the result by the prospective number of subscribers for the relevant Association of Medical Care Systems for the Elderly Aged 75 and older in the relevant fiscal year calculated as prescribed by Order of the Ministry of Health, Labour and Welfare, and then multiplying the product by the estimated Medical Care Assistance for the Elderly Aged 75 and over adjustment rate.

- 2 前項各号の概算後期高齢者支援金調整率は、第十八条第二項第二号及び第十九条第二項第二号に掲げる事項についての達成状況、保険者に係る加入者の見込数等を勘案し、百分の九十から百分の百十の範囲内で政令で定めるところにより算定する。

(2) The estimated Medical Care Assistance for the Elderly Aged 75 and over adjustment rate referred to in the items of the preceding paragraph is calculated pursuant to the provisions of Cabinet Order within the range of 90 percent to 110 percent by taking into consideration the degree of achievement of the particulars set forth in Article 18, paragraph (2), item (ii) and Article 19, paragraph (2), item (ii), the expected number of subscribers pertaining to the insurers, and other factors.

(確定後期高齢者支援金)

(Final Medical Care Assistance for the Elderly Aged 75 and over)

第百二十一条 第百十九条第一項の確定後期高齢者支援金の額は、次の各号に掲げる保険者の区分に応じ、当該各号に定める額とする。

Article 121 (1) The amount of final Medical Care Assistance for the Elderly Aged 75 and over for Article 119, paragraph (1) is the amount specified in each of the following items in accordance with the category of insurers listed in the relevant item:

- 一 被用者保険等保険者 前々年度における全ての後期高齢者医療広域連合の保険納付対象総額の総額を厚生労働省令で定めるところにより算定した同年度における全ての保険者に係る加入者の総数で除して得た額に、厚生労働省令で定めるところにより算定した同年度における全ての被用者保険等保険者に係る加入者数を乗じて得た額に、同年度におけるイに掲げる額をロに掲げる額で除して得た率及び確定後期高齢者支援金調整率を乗じて得た額

(i) association of Medical Care Systems for the Elderly Aged 75 and older of employee insurance, etc.: the amount obtained by first dividing the total amount of all insurers' total amount subject to insurance payment in the fiscal year before the previous fiscal year by the total number of subscribers for all insurers in the same fiscal year, calculated as specified by Order of Order of the Ministry of Health, Labour and Welfare, then multiplying the product by the number of subscribers for all insurers of employee insurance, etc. in the same fiscal year, calculated as specified by Order of Order of the Ministry of Health, Labour and Welfare, then multiplying the product by the rate obtained by dividing the amount set forth in (a) by the amount set forth

in (b) for the same fiscal year, and then multiplying the product by the fixed Medical Care Assistance for the Elderly Aged 75 and over adjustment rate:

イ 当該被用者保険等保険者に係る標準報酬総額

(a) the total amount of standard compensation pertaining to the Insurer of employee insurance, etc.;

ロ 全ての被用者保険等保険者に係る標準報酬総額の合計額

(b) the sum of the Total Amount of Standard Fees pertaining to all Insurers of employee insurance, etc.;

二 被用者保険等保険者以外の保険者 前々年度における全ての後期高齢者医療広域連合の保険納付対象総額の総額を厚生労働省令で定めるところにより算定した同年度における全ての保険者に係る加入者の総数で除して得た額に、厚生労働省令で定めるところにより算定した同年度における当該保険者に係る加入者の数を乗じて得た額に、確定後期高齢者支援金調整率を乗じて得た額

(ii) insurers other than insurers covered by employee insurance, etc.: the amount arrived at when the total amount subject to insurance payment for all insurers in the fiscal year before the relevant fiscal year is divided by the total number of subscribers for all insurers in that fiscal year calculated as prescribed by Order of the Ministry of Health, Labour and Welfare, the amount arrived at when the product is multiplied by the number of subscribers for that Association of Medical Care Systems for the Elderly Aged 75 and older in that fiscal year calculated as prescribed by Order of the Ministry of Health, Labour and Welfare, and the product is multiplied by the fixed Medical Care Assistance for the Elderly Aged 75 and over adjustment rate.

2 前項各号の確定後期高齢者支援金調整率は、第十八条第二項第二号及び第十九条第二項第二号に掲げる事項についての達成状況、保険者に係る加入者の数等を勘案し、百分の九十から百分の百十の範囲内で政令で定めるところにより算定する。

(2) The fixed adjustment rate for the Medical Care Assistance for the Elderly Aged 75 and over referred to in the items of the preceding paragraph is calculated pursuant to the provisions of Cabinet Order within the range of 90 percent to 110 percent, in consideration of the degree of achievement of the particulars set forth in Article 18, paragraph (2), item (ii) and Article 19, paragraph (2), item (ii), the number of subscribers pertaining to insurers, and other factors.

(後期高齢者関係事務費拠出金の額)

(Amount of Contributions for Office Expenses Related to Old-Old Age)

第二百二十二条 第百十八条第一項の規定により各保険者から徴収する後期高齢者関係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、当該年度における第百三十九条第一項第二号に掲げ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を基礎として、各保険者に係る加入者の見込数に応じ、厚生労働省令で定めるところ

により算定した額とする。

Article 122 The amount of contributions for administrative expenses related to the old-old to be collected from each of the Insurers pursuant to the provisions of Article 118, paragraph (1) is the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare, based on the estimated amount of expenses required for the processing of affairs concerning the Payment Fund services listed in Article 139, paragraph (1), item (ii) in the relevant fiscal year, in accordance with the estimated number of subscribers pertaining to each of the Insurers, as specified by Order of the Ministry of Health, Labour and Welfare.

(通知)

(Notification)

第百二十三条 後期高齢者医療広域連合は、厚生労働省令で定めるところにより、支払基金に対し、各年度における保険納付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 123 (1) Pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare, the Association of Medical Care Systems for the Elderly Aged 75 and older must notify the Payment Fund of the amount subject to insurance payment in each fiscal year and other matters specified by Order of the Ministry of Health, Labour and Welfare.

2 後期高齢者医療広域連合は、前項の規定による通知の事務を国保連合会に委託することができる。

(2) The Association of Medical Care Systems for the Elderly Aged 75 and older may delegate the affairs concerning the notification under the preceding paragraph to the NHI Federations.

(準用)

(Application Mutatis Mutandis)

第百二十四条 第四十一条及び第四十三条から第四十六条までの規定は、後期高齢者支援金等について準用する。

Article 124 The provisions of Article 41 and Articles 43 through 46 apply mutatis mutandis to Medical Care Assistance for the Elderly Aged 75 and over money, etc.

第五款 後期高齢者医療広域連合の出産育児支援金等

**Subsection 5 Childbirth and Childcare Support Benefits of a
Association of Medical Care Systems for the Elderly Aged 75 and
older**

(出産育児支援金の徴収及び納付義務)

(Collection and Payment Obligation of Childbirth and Childcare Support Benefits)

第二百二十四条の二 支払基金は、第百三十九条第一項第三号に掲げる業務に要する費用に充てるため、年度ごとに、後期高齢者医療広域連合から、出産育児支援金を徴収する。

Article 124-2 (1) The Payment Fund collects childbirth and childcare support grants from the Association of Medical Care Systems for the Elderly Aged 75 and older each fiscal year to cover the expenses required for the services listed in Article 139, paragraph (1), item (iii).

2 後期高齢者医療広域連合は、出産育児支援金を納付する義務を負う。

(2) A Association of Medical Care Systems for the Elderly Aged 75 and older is liable to pay childbirth and childcare support benefits.

(出産育児支援金の額)

(Amount of Childbirth and Childcare Support Benefits)

第二百二十四条の三 前条第一項の規定により各後期高齢者医療広域連合から徴収する出産育児支援金の額は、医療保険各法の規定による出産育児一時金、家族出産育児一時金、出産費及び家族出産費の支給に要する費用（次条第一項及び第二百二十四条の七第一項において「出産育児一時金等の支給に要する費用」という。）の額の総額を基礎として厚生労働省令で定めるところにより算定した額に、出産育児支援金率及び全ての後期高齢者医療広域連合に係る被保険者の総数に対する当該後期高齢者医療広域連合に係る被保険者の数の割合を乗じて得た額とする。

Article 124-3 (1) The amount of childbirth and childcare support collected from each Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of paragraph (1) of the preceding Article is to be the amount obtained by multiplying the amount calculated pursuant to the provisions of paragraph (1) and Article 124-7, paragraph (1) based on the total amount of expenses required for payment of lump-sum allowance for childbirth and childcare, Family lump-sum payment of childbirth and childcare, Parturition Expenses, and family Parturition Expenses pursuant to the provisions of the Medical Insurance Acts (referred to as "expenses required for payment of lump-sum allowance for childbirth and childcare, etc." in Order of the Ministry of Health, Labour and Welfare of the following Article) by the childbirth and childcare support rate and the ratio of the number of insured pertaining to the relevant Association of Medical Care Systems for the Elderly Aged 75 and older to the total number of insured pertaining to all hospitals. Association of Medical Care Systems for the Elderly Aged 75 and older.

2 令和六年度及び令和七年度における前項の出産育児支援金率は、百分の七とする。

(2) The childbirth and childcare support rate referred to in the preceding paragraph for fiscal year 2024 and fiscal year 2025 is 7 / 100.

3 令和八年度以降の年度における第一項の出産育児支援金率は、第一号に掲げる率を

第二号に掲げる数で除して得た数を基礎として、二年ごとに政令で定める。

(3) The childbirth and childcare support rate referred to in paragraph (1) in fiscal year 2026 and subsequent fiscal years is specified by Cabinet Order every two years based on the number obtained by dividing the rate set forth in item (i) by the number set forth in item (ii):

一 百分の七に、当該年度における全ての後期高齢者医療広域連合に係る被保険者の見込総数を令和六年度における全ての後期高齢者医療広域連合に係る被保険者の総数で除して得た率を乗じて得た率

(i) the rate arrived at when 7 percent is multiplied by the rate arrived at when the prospective total number of insured pertaining to all of the Association of Medical Care Systems for the Elderly Aged 75 and older in the relevant fiscal year is divided by the total number of insured pertaining to all of the Association of Medical Care Systems for the Elderly Aged 75 and older in fiscal 2024;

二 前号に掲げる率に、百分の九十三に当該年度における全ての保険者に係る加入者の見込総数を令和六年度における全ての保険者に係る加入者の総数で除して得た率を乗じて得た率を加えて得た数

(ii) the number arrived at when the rate set forth in the preceding item is multiplied by the rate arrived at when 93 percent is multiplied by the rate arrived at when the prospective total number of participants for all insurers in the relevant fiscal year is divided by the total number of participants for all insurers in fiscal 2024.

(出産育児交付金)

(Childbirth and Childcare Grants)

第二百二十四条の四 支払基金は、出産育児一時金等の支給に要する費用の一部に充てるため、保険者に対して、出産育児交付金を交付する。

Article 124-4 (1) The Payment Fund provides childbirth and childcare grants to Insurers in order to cover part of the expenses required for the payment of lump-sum allowance for childbirth and childcare, etc.

2 前項の出産育児交付金は、第二百二十四条の二第一項の規定により支払基金が徴収する出産育児支援金をもつて充てる。

(2) The childbirth and childcare grants referred to in the preceding paragraph are covered by childbirth and childcare support money collected by the payment fund pursuant to the provisions of Article 124-2, paragraph (1).

3 第一項の規定により各保険者に対して交付される出産育児交付金の額は、医療保険各法の規定により算定される額とする。

(3) The amount of childbirth and childcare grant to be granted to each insurer pursuant to the provisions of paragraph (1) is the amount calculated pursuant to the provisions of the Medical Insurance Acts.

(出産育児関係事務費拠出金の徴収及び納付義務)

(Collection and Payment Obligation of Contributions for Administrative Expenses Related to Childbirth and Childcare)

第二百二十四条の五 支払基金は、第百三十九条第一項第三号に掲げる業務に関する事務の処理に要する費用に充てるため、年度ごとに、保険者から、出産育児関係事務費拠出金を徴収する。

Article 124-5 (1) The Payment Fund collects contributions for the administrative expenses related to childbirth and childcare from Insurers each fiscal year in order to cover the expenses required for the processing of affairs concerning the services listed in Article 139, paragraph (1), item (iii).

2 保険者は、出産育児関係事務費拠出金を納付する義務を負う。

(2) An insurer is liable to pay contributions for childbirth and childcare related office expenses.

(出産育児関係事務費拠出金の額)

(Amount of Contributions for Administrative Expenses Related to Childbirth and Childcare)

第二百二十四条の六 前条第一項の規定により各保険者から徴収する出産育児関係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、当該年度における第百三十九条第一項第三号に掲げ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を基礎として、各保険者に係る加入者の見込数に応じ、厚生労働省令で定めるところにより算定した額とする。

Article 124-6 The amount of contributions for childbirth and childcare related office expenses collected from each Insurer pursuant to the provisions of paragraph (1) of the preceding Article is the amount calculated pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare, based on the estimated amount of expenses required for the processing of affairs concerning the services of the Payment Fund set forth in Article 139, paragraph (1), item (iii) in the relevant fiscal year, in accordance with the estimated number of subscribers pertaining to each Insurer, as specified by Order of the Ministry of Health, Labour and Welfare.

(通知)

(Notification)

第二百二十四条の七 保険者は、厚生労働省令で定めるところにより、支払基金に対し、各年度における当該保険者に係る出産育児一時金等の支給に要する費用の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 124-7 (1) Insurers must, pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare, notify the Payment Fund of the amount of expenses required for the payment of lump-sum allowance for childbirth and childcare, etc. pertaining to the relevant insurers in each fiscal

year and other matters specified by Order of the Ministry of Health, Labour and Welfare.

- 2 後期高齢者医療広域連合は、厚生労働省令で定めるところにより、支払基金に対し、各年度における当該後期高齢者医療広域連合に係る被保険者の数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) A Association of Medical Care Systems for the Elderly Aged 75 and older must, pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare, notify the Payment Fund of the number of insured pertaining to the Association of Medical Care Systems for the Elderly Aged 75 and older in each fiscal year and other matters specified by Order of the Ministry of Health, Labour and Welfare.

(準用)

(Application Mutatis Mutandis)

第百二十四条の八 第四十一条及び第四十三条から第四十六条までの規定は、出産育児支援金及び出産育児関係事務費拠出金について準用する。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 124-8 The provisions of Article 41 and Articles 43 through 46 apply mutatis mutandis to childbirth and childcare support benefits and contributions for childbirth and childcare related office expenses. In this case, the necessary technical replacement of terms is specified by Cabinet Order.

第六款 雑則

Subsection 6 Miscellaneous Provisions

第百二十四条の九 第百条第一項の規定により支払基金が各後期高齢者医療広域連合に対して交付する後期高齢者交付金と第百二十四条の二第一項の規定により支払基金が各後期高齢者医療広域連合から徴収する出産育児支援金は、相殺するものとする。

Article 124-9 (1) The Old-Old Subsidy granted by the Payment Fund to each Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of Article 100, paragraph (1) and the childbirth and childcare support benefits collected by the Payment Fund from each Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of Article 124-2, paragraph (1) are to be offset.

- 2 第百十八条第一項及び第百二十四条の五第一項の規定により支払基金が各保険者から徴収する後期高齢者支援金等及び出産育児関係事務費拠出金と第百二十四条の四第一項の規定により支払基金が各保険者に対して交付する出産育児交付金は、相殺するものとする。

- (2) Medical Care Assistance for the Elderly Aged 75 and over, etc. and contributions for childbirth and childcare related office expenses collected by the Payment Fund from Insurers pursuant to the provisions of Article 118,

paragraph (1) and Article 124-5, paragraph (1) and childbirth and childcare grants granted by the Payment Fund to Insurers pursuant to the provisions of Article 124-4, paragraph (1) are to be offset.

第五節 高齢者保健事業

Section 5 Healthcare Services for the Elderly

(高齢者保健事業)

(Healthcare Services for the Elderly)

第百二十五条 後期高齢者医療広域連合は、高齢者の心身の特性に応じ、健康教育、健康相談、健康診査及び保健指導並びに健康管理及び疾病の予防に係る被保険者の自助努力についての支援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（以下「高齢者保健事業」という。）を行うように努めなければならない。

Article 125 (1) A Association of Medical Care Systems for the Elderly Aged 75 and older must endeavor to provide health education, health counseling, health checkups, and health guidance, as well as support for the insured's self-help efforts pertaining to health management and the prevention of diseases, and other services necessary for the maintenance and promotion of the health of the insured (hereinafter referred to as "health services for the elderly"), in accordance with the mental and physical characteristics of elderly persons.

2 後期高齢者医療広域連合は、高齢者保健事業を行うに当たっては、医療保険等関連情報を活用し、適切かつ有効に行うものとする。

(2) A Association of Medical Care Systems for the Elderly Aged 75 and older is to provide health services for the elderly in an appropriate and effective manner by making use of medical insurance-related information.

3 後期高齢者医療広域連合は、高齢者保健事業を行うに当たっては、市町村及び保険者との連携を図るとともに、高齢者の身体的、精神的及び社会的な特性を踏まえ、高齢者保健事業を効果的かつ効率的で被保険者の状況に応じたきめ細かなものとするため、市町村との連携の下に、市町村が実施する国民健康保険法第八十二条第五項に規定する高齢者の心身の特性に応じた事業（次条第一項において「国民健康保険保健事業」という。）及び介護保険法第百十五条の四十五第一項から第三項までに規定する地域支援事業（次条第一項において「地域支援事業」という。）と一体的に実施するものとする。

(3) In providing health services for the elderly, a Association of Medical Care Systems for the Elderly Aged 75 and older is to, in coordination with municipalities and insurers, and in light of the physical, mental and social characteristics of elderly persons, provide health services for the elderly in an integrated manner with the services provided by municipalities according to the mental and physical characteristics of elderly persons as prescribed in Article 82, paragraph (5) of the National Health Insurance Act (referred to as "national health insurance health services" in paragraph (1) of the following

Article) and the community support projects provided by the Long-Term Care Insurance Act Article 115-45, paragraphs (1) through (3) (referred to as "community support projects" in paragraph (1) of the following Article), in order to provide health services for the elderly in an effective, efficient and meticulous manner according to the circumstances of the insured, in coordination with municipalities.

- 4 後期高齢者医療広域連合は、高齢者保健事業を行うに当たっては、効果的かつ効率的で被保険者の状況に応じたきめ細かな高齢者保健事業の実施が推進されるよう、地方自治法第二百九十一条の七に規定する広域計画（次条第一項において「広域計画」という。）に、後期高齢者医療広域連合における市町村との連携に関する事項を定めるよう努めなければならない。

- (4) In providing health services for the elderly, a Association of Medical Care Systems for the Elderly Aged 75 and older must endeavor to specify the matters concerning the coordination between the Association of Medical Care Systems for the Elderly Aged 75 and older and the municipality in the regional plan provided for in Article 291-7 of the Local Autonomy Act (referred to as the "regional plan" in paragraph (1) of the following Article), so as to promote the provision of health services for the elderly in an effective, efficient, and detailed manner according to the circumstances of each insured.

- 5 後期高齢者医療広域連合は、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、後期高齢者医療給付のために必要な事業、被保険者の療養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。

- (5) A Association of Medical Care Systems for the Elderly Aged 75 and older may provide necessary services such as the lending of equipment necessary for medical treatment in the insured and other services necessary to improve the medical treatment environment in the insured, services necessary for the medical care benefit for the old-old, and the lending of funds pertaining to expenses for medical treatment in the insured.

- 6 厚生労働大臣は、第一項の規定により後期高齢者医療広域連合が行う高齢者保健事業に関して、その適切かつ有効な実施を図るため、指針の公表、情報の提供その他の必要な支援を行うものとする。

- (6) The Minister of Health, Labour and Welfare, with regard to health services for the elderly provided by a Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of paragraph (1), is to provide necessary support, such as the publication of guidelines and the provision of information, in order to ensure the appropriate and effective implementation thereof.

- 7 前項の指針においては、次に掲げる事項を定めるものとする。

- (7) The guidelines referred to in the preceding paragraph are to provide for the following particulars:

- 一 高齢者保健事業の効果的かつ効率的な実施に関する基本的事項
- (i) basic matters concerning the effective and efficient implementation of health services for the elderly;
- 二 高齢者保健事業の効果的かつ効率的な実施に向けた後期高齢者医療広域連合及び次条第一項前段の規定により委託を受けた市町村が行う取組に関する事項
- (ii) particulars concerning the efforts made by a Association of Medical Care Systems for the Elderly Aged 75 and older and a municipality entrusted pursuant to the provisions of the first sentence of paragraph (1) of the following Article for the effective and efficient implementation of health services for the elderly;
- 三 高齢者保健事業の効果的かつ効率的な実施に向けた後期高齢者医療広域連合及び次条第一項前段の規定により委託を受けた市町村に対する支援に関する事項
- (iii) particulars concerning support for a Association of Medical Care Systems for the Elderly Aged 75 and older and a municipality entrusted pursuant to the provisions of the first sentence of paragraph (1) of the following Article for the effective and efficient implementation of health services for the elderly;
- 四 高齢者保健事業の効果的かつ効率的な実施に向けた後期高齢者医療広域連合と市町村との連携に関する事項
- (iv) matters concerning cooperation between a Association of Medical Care Systems for the Elderly Aged 75 and older and a municipality for the effective and efficient implementation of health services for the elderly;
- 五 高齢者保健事業の効果的かつ効率的な実施に向けた後期高齢者医療広域連合と地域の関係機関及び関係団体との連携に関する事項
- (v) particulars concerning coordination between the Association of Medical Care Systems for the Elderly Aged 75 and older and the relevant organizations and groups in the community for the effective and efficient implementation of health services for the elderly;
- 六 その他高齢者保健事業の効果的かつ効率的な実施に向けて配慮すべき事項
- (vi) other matters to be taken into consideration for the effective and efficient implementation of health services for the elderly.
- 8 第六項の指針は、健康増進法第九条第一項に規定する健康診査等指針、国民健康保険法第八十二条第十一項に規定する指針及び介護保険法第百十六条第一項に規定する基本指針と調和が保たれたものでなければならない。
- (8) The guidelines referred to in paragraph (6) must be in harmony with the health checkup guidelines prescribed in Article 9, paragraph (1) of the Health Promotion Act, the guidelines prescribed in Article 82, paragraph (11) of the National Health Insurance Act, and the basic guidelines prescribed in Article 116, paragraph (1), Long-Term Care Insurance Act.

(高齢者保健事業の市町村への委託)

(Entrustment of Health Services for the Elderly to Municipalities)

第百二十五条の二 後期高齢者医療広域連合は、当該後期高齢者医療広域連合の広域計画に基づき、高齢者保健事業の一部について、当該後期高齢者医療広域連合に加入する市町村に対し、その実施を委託することができるものとし、当該委託を受けた市町村は、被保険者に対する高齢者保健事業の効果的かつ効率的な実施を図る観点から、その実施に関し、国民健康保険保健事業及び地域支援事業との一体的な実施の在り方を含む基本的な方針を定めるものとする。この場合において、後期高齢者医療広域連合は、当該委託を受けた市町村に対し、委託した高齢者保健事業の実施に必要な範囲内において、自らが保有する被保険者に係る療養に関する情報又は健康診査若しくは保健指導に関する記録の写しその他高齢者保健事業を効果的かつ効率的に実施するために必要な情報として厚生労働省令で定めるものを提供することができる。

Article 125-2 (1) A Association of Medical Care Systems for the Elderly Aged 75 and older may entrust a Municipality that is a member of the Association of Medical Care Systems for the Elderly Aged 75 and older with the implementation of part of its elderly health services based on the Regional Plan of the Association of Medical Care Systems for the Elderly Aged 75 and older, and the entrusted Municipality is to, from the viewpoint of ensuring the effective and efficient implementation of the elderly health services for the insured, establish basic policies concerning the implementation of the services, including the ideal way of implementing the services in an integrated manner with national health insurance health services and community support projects. In this case, the Association of Medical Care Systems for the Elderly Aged 75 and older may provide the entrusted Municipality with copies of its own records concerning medical treatment, health checkups, or health guidance pertaining to the insured, and other information specified by Order of the Order of the Ministry of Health, Labour and Welfare as necessary for the effective and efficient implementation of the elderly health services, to the extent necessary for the implementation of the entrusted elderly health services.

2 前項前段の規定により委託を受けた市町村の職員又は職員であつた者は、高齢者保健事業の実施に関して知り得た個人の秘密を正当な理由がなく漏らしてはならない。

(2) A person who is or was an official of a municipality entrusted pursuant to the provisions of the first sentence of the preceding paragraph must not, without justifiable grounds, divulge any individual secrets that have come to their knowledge in relation to the implementation of health services for the elderly.

(高齢者保健事業に関する情報の提供)

(Provision of Information on Health Services for the Elderly)

第百二十五条の三 後期高齢者医療広域連合及び前条第一項前段の規定により当該後期高齢者医療広域連合から委託を受けた市町村は、当該後期高齢者医療広域連合の被保険者の資格を取得した者（保険者に加入していたことがある者に限る。）があるとき

は、当該被保険者が加入していた保険者に対し、当該保険者が保存している当該被保険者に係る特定健康診査又は特定保健指導に関する記録の写しを提供するよう求めることができる。

Article 125-3 (1) An Association of Medical Care Systems for the Elderly Aged 75 and older and a Municipality which has been entrusted by the Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of the first sentence of paragraph (1) of the preceding Article may, when there is a person who has obtained eligibility as an insured of the Association of Medical Care Systems for the Elderly Aged 75 and older (limited to a person who had belonged to an Insurer), request the Insurer to which the insured belonged to provide a copy of records concerning Special health examinations or Specific Health Guidance pertaining to the insured preserved by the Insurer.

2 後期高齢者医療広域連合は、被保険者ごとの身体的、精神的及び社会的な状態の整理及び分析を行い、被保険者に対する高齢者保健事業の効果的かつ効率的な実施を図る観点から、必要があると認めるときは、市町村及び他の後期高齢者医療広域連合に対し、当該被保険者に係る医療及び介護に関する情報等（当該被保険者に係る療養に関する情報若しくは健康診査若しくは保健指導に関する記録の写し若しくは特定健康診査若しくは特定保健指導に関する記録の写し、国民健康保険法の規定による療養に関する情報又は介護保険法の規定による保健医療サービス若しくは福祉サービスに関する情報をいう。以下この条及び次条において同じ。）その他高齢者保健事業を効果的かつ効率的に実施するために必要な情報として厚生労働省令で定めるものの提供を求めることができる。

(2) If a Association of Medical Care Systems for the Elderly Aged 75 and older conducts an inventory and analysis of the physical, mental, and social conditions of each insured and finds it necessary for the effective and efficient implementation of health and welfare services for the elderly in each insured, it may request a Municipality and other Association of Medical Care Systems for the Elderly Aged 75 and older to provide information, etc. concerning medical care and long-term care pertaining to the insured (meaning information concerning medical treatment, a copy of records concerning health checkups or health guidance, or a copy of records concerning Special health examinations or specified health guidance pertaining to the insured, information concerning medical treatment under the provisions of the National Health Insurance Act, or information concerning health and medical services or welfare services under the provisions of the Long-Term Care Insurance Act; hereinafter the same applies in this Article and the following Article) and other information specified by Order of the Ministry of Health, Labour and Welfare as necessary for the effective and efficient implementation of health and welfare services for the elderly.

3 市町村は、前条第一項前段の規定により、後期高齢者医療広域連合が行う高齢者保

健事業の委託を受けた場合であつて、被保険者ごとの身体的、精神的及び社会的な状態の整理及び分析を行い、被保険者に対する高齢者保健事業の効果的かつ効率的な実施を図る観点から、必要があると認めるときは、他の市町村及び後期高齢者医療広域連合に対し、当該被保険者に係る医療及び介護に関する情報等その他高齢者保健事業を効果的かつ効率的に実施するために必要な情報として厚生労働省令で定めるものの提供を求めることができる。

- (3) If a municipality is entrusted with elderly health services provided by a Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of the first sentence of paragraph (1) of the preceding Article, and finds it necessary from the viewpoint of organizing and analyzing the physical, mental, and social conditions of each insured and implementing elderly health services for the insured in an effective and efficient manner, the municipality may request other municipalities and the Association of Medical Care Systems for the Elderly Aged 75 and older to provide information, etc. concerning medical care and nursing care pertaining to the insured and other information specified by Order of the Order of the Ministry of Health, Labour and Welfare as necessary for implementing elderly health services in an effective and efficient manner.
- 4 前三項の規定により、記録の写し又は情報の提供を求められた保険者並びに市町村及び後期高齢者医療広域連合は、厚生労働省令で定めるところにより、当該記録の写し又は情報を提供しなければならない。
- (4) Insurers, municipalities, and Association of Medical Care Systems for the Elderly Aged 75 and older that have been requested to provide a copy of records or data pursuant to the provisions of the preceding three paragraphs must provide a copy of the records or data pursuant to the provisions of Order of the Order of the Ministry of Health, Labour and Welfare.
- 5 前条第一項前段の規定により委託を受けた市町村は、効果的かつ効率的で被保険者の状況に応じたきめ細かな高齢者保健事業を実施するため、前項の規定により提供を受けた記録の写し又は情報に加え、自らが保有する当該被保険者に係る特定健康診査若しくは特定保健指導に関する記録、国民健康保険法の規定による療養に関する情報又は介護保険法の規定による保健医療サービス若しくは福祉サービスに関する情報を併せて活用することができる。
- (5) A Municipality which has been entrusted pursuant to the provisions of the first sentence of paragraph (1) of the preceding Article may, in order to provide Health Services for the Elderly in an effective and efficient manner and in a meticulous manner that corresponds to the circumstances of the insured, utilize, in addition to copies of records or information provided pursuant to the provisions of the preceding paragraph, records that it holds concerning Special health examinations or Specific Health Guidance pertaining to the insured, information concerning medical treatment under the provisions of the National Health Insurance Act, or information concerning health and medical services

or welfare services under the provisions of the Long-Term Care Insurance Act.

(高齢者保健事業の関係機関又は関係団体への委託)

(Entrustment of Health Services for the Elderly to Relevant Organizations or Groups)

第百二十五条の四 後期高齢者医療広域連合は、高齢者保健事業の一部について、高齢者保健事業を適切かつ確実に実施することができると認められる関係機関又は関係団体（都道府県及び市町村を除く。以下この条において同じ。）に対し、その実施を委託することができる。この場合において、後期高齢者医療広域連合は、当該委託を受けた関係機関又は関係団体に対し、委託した高齢者保健事業の実施に必要な範囲内において、自らが保有する、又は前条第四項の規定により提供を受けた被保険者に係る医療及び介護に関する情報等その他高齢者保健事業を効果的かつ効率的に実施するために必要な情報として厚生労働省令で定めるものを提供することができる。

Article 125-4 (1) A Association of Medical Care Systems for the Elderly Aged 75 and older may entrust part of its health services for the elderly to a relevant organization or relevant organization (excluding a prefecture or municipality; hereinafter the same applies in this Article) that is found to be capable of implementing health services for the elderly appropriately and reliably. In this case, the Association of Medical Care Systems for the Elderly Aged 75 and older may provide to the entrusted relevant organization or relevant organization, within the scope necessary for implementing the entrusted health services for the elderly, information, etc. concerning medical care and nursing care for the insured which it possesses or which it has received pursuant to the provisions of paragraph (4) of the preceding Article, and any other information specified by Order of the Order of the Ministry of Health, Labour and Welfare as necessary for implementing health services for the elderly effectively and efficiently.

2 第百二十五条の二第一項前段の規定により委託を受けた市町村は、当該委託を受けた高齢者保健事業の一部について、高齢者保健事業を適切かつ確実に実施することができると認められる関係機関又は関係団体に対し、その実施を委託することができる。この場合において、市町村は、当該委託を受けた関係機関又は関係団体に対し、委託した高齢者保健事業の実施に必要な範囲内において、自らが保有する、又は同項後段若しくは前条第四項の規定により提供を受けた被保険者に係る医療及び介護に関する情報等その他高齢者保健事業を効果的かつ効率的に実施するために必要な情報として厚生労働省令で定めるものを提供することができる。

(2) A Municipality that has been entrusted pursuant to the provisions of the first sentence of Article 125-2, paragraph (1) may entrust part of the entrusted health services for the elderly to a Relevant Organization or Relevant Organization that is found to be capable of implementing the health services for the elderly appropriately and reliably. In this case, the Municipality may provide the entrusted Relevant Organization or Relevant Organization, to the

extent necessary to implement the entrusted health services for the elderly, with the Information, etc. on medical care and nursing care for the insured which it possesses or which it has been provided pursuant to the provisions of the second sentence of the same paragraph or paragraph (4) of the preceding Article, and any other Information specified by Order of the Ministry of Health, Labour and Welfare as necessary for implementing the health services for the elderly effectively and efficiently.

3 第一項前段又は前項前段の規定により委託を受けた関係機関又は関係団体の役員若しくは職員又はこれらの職にあつた者は、高齢者保健事業の実施に関して知り得た個人の秘密を正当な理由がなく漏らしてはならない。

(3) It is prohibited for the current or former officer or employee of a relevant organization or organization entrusted pursuant to the first sentence of paragraph (1) or the first sentence of the preceding paragraph to divulge any individual confidential information learned in the course of implementing elderly health services, without a legitimate reason for doing so.

第六節 後期高齢者医療診療報酬審査委員会

Section 6 Examination Committee for Medical Fees for Old-Old Healthcare

(審査委員会)

(Review Committee)

第百二十六条 第七十条第四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、国保連合会に後期高齢者医療診療報酬審査委員会を置く。

Article 126 (1) A Medical Fee Review Committee for Old-Old Healthcare is established within the NHI Federations in order to review medical bills as entrusted pursuant to the provisions of Article 70, paragraph (4).

2 前項の規定にかかわらず、国民健康保険法第八十七条に規定する審査委員会を置く国保連合会は、当該審査委員会において後期高齢者医療に係る診療報酬請求書の審査を行うことができる。

(2) Notwithstanding the provisions of the preceding paragraph, a NHI federation with a review committee as prescribed in Article 87 of the National Health Insurance Act may have the review committee review medical bills pertaining to medical care for the elderly.

(国民健康保険法の準用)

(Mutatis Mutandis Application of the National Health Insurance Act)

第百二十七条 国民健康保険法第八十八条から第九十条までの規定は、後期高齢者医療診療報酬審査委員会について準用する。

Article 127 The provisions of Articles 88 through 90 of the National Health Insurance Act apply mutatis mutandis to the Examination Committee for Old-

Old Medical Treatment Fees.

第七節 審査請求

Section 7 Request for Examination

(審査請求)

(Request for Examination)

第百二十八条 後期高齢者医療給付に関する処分（第五十四条第三項及び第五項の規定による求めに対する処分を含む。）又は保険料その他この章の規定による徴収金（市町村及び後期高齢者医療広域連合が徴収するものに限る。）に関する処分に不服がある者は、後期高齢者医療審査会に審査請求をすることができる。

Article 128 (1) A person who is dissatisfied with a disposition concerning a medical care benefit for the old-old (including a disposition concerning a request pursuant to the provisions of Article 54, paragraphs (3) and (5)) or a disposition concerning insurance premiums or any other money to be collected pursuant to the provisions of this Chapter (limited to those collected by a Municipality and a Association of Medical Care Systems for the Elderly Aged 75 and older) may make a request for examination to the Certification Committee for Old-Old Healthcare.

2 前項の審査請求は、時効の完成猶予及び更新に関しては、裁判上の請求とみなす。

(2) With regard to postponement of expiry of prescription period and renewal of prescription period, the request for examination referred to in the preceding paragraph is deemed to be a demand by litigation.

(審査会の設置)

(Establishment of the Review Board)

第百二十九条 後期高齢者医療審査会は、各都道府県に置く。

Article 129 The Certification Committee for Old-Old Healthcare is established in each prefecture.

(国民健康保険法の準用)

(Mutatis Mutandis Application of the National Health Insurance Act)

第百三十条 国民健康保険法第九十三条から第百三条までの規定は、後期高齢者医療審査会について準用する。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 130 The provisions of Articles 93 through 103 of the National Health Insurance Act apply mutatis mutandis to the Certification Committee for Old-Old Healthcare. In this case, the necessary technical replacement of terms is specified by Cabinet Order.

第八節 高齢者保健事業等に関する援助等

Section 8 Assistance for Healthcare Services for the Elderly

(高齢者保健事業等に関する援助等)

(Assistance for Healthcare Services for the Elderly)

第百三十一条 国保連合会及び指定法人は、後期高齢者医療の運営の安定化を図るため、後期高齢者医療広域連合が行う高齢者保健事業及び第二百五条第五項に規定する事業、後期高齢者医療給付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「高齢者保健事業等」という。）に関する調査研究及び高齢者保健事業等の実施に係る後期高齢者医療広域連合間（国保連合会においては、後期高齢者医療広域連合と当該後期高齢者医療広域連合から第二百五条の二第一項前段の規定により委託を受けた市町村との間及び当該委託を受けた市町村間を含む。）の連絡調整を行うとともに、高齢者保健事業等に関し、専門的な技術又は知識を有する者の派遣、情報の提供、高齢者保健事業等の実施状況の分析及び評価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 131 In order to stabilize the administration of medical care for the elderly, the NHI Federations and designated corporations must endeavor to carry out liaison and coordination between the Association of Medical Care Systems for the Elderly Aged 75 and older (in the case of the NHI Federations, this includes between the Association of Medical Care Systems for the Elderly Aged 75 and older and municipalities that have been entrusted by the Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of the first sentence of Article 125, paragraph (5), and also includes between municipalities that have been entrusted by the Association of Medical Care Systems for the Elderly Aged 75 and older) in relation to research and studies on health services for the elderly and services prescribed in the medical care benefit, services for the optimization of expenses required for the old-old community, and other services (hereinafter referred to as "health services for the elderly, etc." in this Article) provided by the National Institute of Health and Welfare, and in relation to the implementation of health services for the elderly, etc., as well as to dispatch persons with specialized skills or knowledge, provide information, analyze and evaluate the status of implementation of health services for the elderly, etc., and provide other necessary assistance concerning health services for the elderly, etc. Article 125-2, paragraph (1).

(国及び地方公共団体の措置)

(Measures by the State and Local Governments)

第百三十二条 国及び地方公共団体は、前条の規定により国保連合会及び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 132 The national government and local governments must endeavor to give advice, provide information, and take other measures necessary to

promote the services provided by NHI federations and designated corporations pursuant to the provisions of the preceding Article.

第九節 雑則

Section 9 Miscellaneous Provisions

(都道府県の助言等)

(Advice of Prefectures)

第百三十三条 都道府県は、後期高齢者医療広域連合又は市町村に対し、後期高齢者医療制度の運営が健全かつ円滑に行われるように、必要な助言及び適切な援助をするものとする。

Article 133 (1) A prefecture is to provide a Association of Medical Care Systems for the Elderly Aged 75 and older or a municipality with necessary advice and appropriate assistance so that the operation of the medical insurance system for the elderly is carried out soundly and smoothly.

2 後期高齢者医療広域連合は、第五十六条第三号に掲げる給付を行おうとする場合その他の政令で定める場合においては、あらかじめ、都道府県知事に協議しなければならない。

(2) If a Association of Medical Care Systems for the Elderly Aged 75 and older intends to provide the benefits set forth in Article 56, item (iii) or in other cases specified by Cabinet Order, it must consult with the prefectural governor in advance.

(報告の徴収等)

(Collection of Reports)

第百三十四条 厚生労働大臣又は都道府県知事は、後期高齢者医療広域連合又は市町村について、この法律を施行するために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 134 (1) The Minister of Health, Labour and Welfare or the prefectural governor may, when they find it necessary for the enforcement of this Act with regard to a Association of Medical Care Systems for the Elderly Aged 75 and older or a municipality, collect reports on the status of its services and assets, or have the relevant officials inspect the status on site.

2 厚生労働大臣又は都道府県知事は、保険者（国民健康保険にあつては、都道府県）に対し、前期高齢者納付金等、後期高齢者支援金等及び出産育児関係事務費拠出金の額の算定に関して必要があると認めるときは、その業務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。

(2) If the Minister of Health, Labour and Welfare or the prefectural governor finds it necessary for the calculation of the amount of Young-Old Payments, etc., Medical Care Assistance for the Elderly Aged 75 and over, etc., and

contributions for childbirth and childcare related office expenses, the Minister of Health, Labour and Welfare or the prefectural governor may collect reports on the services from Insurers (or prefectures in the case of national health insurance programs) or have the relevant officials inspect the situation on site.

3 第十六条の七第二項の規定は前二項の規定による検査について、同条第三項の規定は前二項の規定による権限について、それぞれ準用する。

(3) The provisions of Article 16-7, paragraph (2) apply mutatis mutandis to the inspection pursuant to the provisions of the preceding two paragraphs, and the provisions of paragraph (3) of the same Article apply mutatis mutandis to the authority pursuant to the provisions of the preceding two paragraphs.

(事業状況の報告)

(Reporting on the Status of Operations)

第百三十五条 後期高齢者医療広域連合又は国保連合会は、厚生労働省令で定めるところにより、後期高齢者医療に係る事業の状況（後期高齢者医療広域連合にあつては、次項の規定により後期高齢者医療広域連合の長（地方自治法第二百九十一条の十三において準用する同法第二百八十七条の三第二項の規定により長に代えて理事会を置く後期高齢者医療広域連合にあつては、理事会。次項において同じ。）が市町村から報告を受ける事業の状況を含む。）を都道府県知事に報告しなければならない。

Article 135 (1) The Association of Medical Care Systems for the Elderly Aged 75 and older or the Federation of National Health Insurance Associations must, pursuant to the provisions of Order of the Ministry of Health, Labour and Welfare, report to the prefectural governor the status of activities pertaining to medical care for the elderly (in the case of a Association of Medical Care Systems for the Elderly Aged 75 and older, including the status of activities for which the head of the Association of Medical Care Systems for the Elderly Aged 75 and older (in the case of a Association of Medical Care Systems for the Elderly Aged 75 and older which has a board of directors in lieu of the head pursuant to the provisions of Article 291-13 of the Local Autonomy Act as applied mutatis mutandis pursuant to Article 287-3, paragraph (2) of the same Act, the board of directors; the same applies in the following paragraph) receives reports from the municipality pursuant to the provisions of the following paragraph).

2 市町村は、厚生労働省令で定めるところにより、後期高齢者医療に係る事業の状況を後期高齢者医療広域連合の長に報告しなければならない。

(2) A Municipality, pursuant to the provisions of a Order of the Ministry of Health, Labour and Welfare, must report the status of its services pertaining to Old-Old Healthcare to the head of a Association of Medical Care Systems for the Elderly Aged 75 and older.

(戸籍に関する無料証明)

(Free Certification Concerning Family Registers)

第百三十六条 市町村長（特別区の区長を含むものとし、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、区長又は総合区長とする。）は、後期高齢者医療広域連合又は後期高齢者医療給付を受ける者に対し、当該市町村の条例で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 136 The mayor of a municipality (including the mayor of a special ward, and in the case of a designated city in the Article 252-19, paragraph (1) of the Local Autonomy Act, the mayor of a ward or mayor of an administratively consolidated ward) may, pursuant to the provisions of Ordinances of the relevant municipality, issue a certificate concerning the family register of a person who is or was a insured or insured to a person who is eligible for a Association of Medical Care Systems for the Elderly Aged 75 and older or an medical care benefit for Old-Old Persons, free of charge.

(被保険者等に関する調査)

(Investigation of insured)

第百三十七条 後期高齢者医療広域連合は、被保険者の資格、後期高齢者医療給付及び保険料に関して必要があると認めるときは、被保険者、被保険者の配偶者若しくは被保険者の属する世帯の世帯主その他その世帯に属する者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 137 (1) If the Association of Medical Care Systems for the Elderly Aged 75 and older finds it necessary in relation to eligibility as an insured, an medical care benefit for the old-old, and insurance premiums, it may order the insured, the spouse of the insured, or the householder or any other member or former member of the household to which the insured belongs to submit or present a document or any other item, or may have its official ask them questions.

2 市町村は、保険料の徴収に関して必要があると認めるときは、被保険者、被保険者の配偶者若しくは被保険者の属する世帯の世帯主その他その世帯に属する者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。

(2) A Municipality, when it finds it necessary in relation to the collection of insurance premiums, may order the insured, the spouse of the insured, or the householder or any other member or former member of the household to which the insured belongs to submit or present a document or any other article, or may have its personnel question such person.

3 第十六条の七第二項の規定は前二項の規定による質問について、同条第三項の規定は前二項の規定による権限について、それぞれ準用する。

(3) The provisions of Article 16-7, paragraph (2) apply mutatis mutandis to

questions pursuant to the provisions of the preceding two paragraphs, and the provisions of paragraph (3) of the same Article apply mutatis mutandis to the authority granted pursuant to the provisions of the preceding two paragraphs.

(資料の提供等)

(Provision of Materials)

第百三十八条 後期高齢者医療広域連合は、被保険者の資格、後期高齢者医療給付及び保険料に関して必要があると認めるときは、被保険者の後期高齢者医療給付を受けた事由が第三者の行為によつて生じたものであることを確認するために必要な事項、被保険者、被保険者の配偶者若しくは被保険者の属する世帯の世帯主その他その世帯に属する者の資産若しくは収入の状況又は被保険者に対する第一百七条第二項に規定する老齢等年金給付の支給状況につき、市町村その他の官公署若しくは年金保険者に対し必要な文書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人に報告を求めることができる。

Article 138 (1) If the Association of Medical Care Systems for the Elderly Aged 75 and older finds it necessary in relation to eligibility as an insured, an medical care benefit for the Old-Old, and insurance premiums, it may request a municipality or any other public agency or pension insurer to provide access to necessary documents or to provide necessary materials, or may request a bank, trust company, or any other institution, or the employer of an insured, or any other relevant person to make a report, with regard to the particulars necessary for confirming that the grounds for receiving the medical care benefit for the Old-Old in the insured were caused by an act of a third party, the status of assets or income of the insured, the spouses of an insured, the householder of the household to which an belongs, or any other person belonging to the household, or the status of payment of the Old Age, etc., pension benefit provided for in the Article 107, paragraph (2) to an insured. insured.

2 後期高齢者医療広域連合は、被保険者の資格に関し必要があると認めるときは、他の後期高齢者医療広域連合及び保険者（国民健康保険にあつては、市町村）に対し、他の後期高齢者医療広域連合が行う後期高齢者医療の被保険者及び加入者（国民健康保険にあつては、当該市町村の区域内に住所を有する被保険者）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) If a Association of Medical Care Systems for the Elderly Aged 75 and older finds it necessary in relation to eligibility as an insured, it may request other Association of Medical Care Systems for the Elderly Aged 75 and older and insurers (or municipalities in the case of national health insurance programs) to provide necessary materials, including the names and addresses of the insured and subscribers of medical care for the elderly provided by other Association of Medical Care Systems for the Elderly Aged 75 and older (or the

insured domiciled within the area of the relevant municipality in the case of national health insurance programs), and the name and location of the applicable place of business as prescribed in Article 3, paragraph (3) of the Health Insurance Act.

- 3 市町村は、保険料の徴収に関して必要があると認めるときは、被保険者、被保険者の配偶者若しくは被保険者の属する世帯の世帯主その他その世帯に属する者の資産若しくは収入の状況又は被保険者に対する第百七条第二項に規定する老齢等年金給付の支給状況につき、官公署若しくは年金保険者に対し必要な文書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人に報告を求めることができる。

- (3) A Municipality, when it finds it necessary in relation to the collection of insurance premiums, may request public agencies or Pension Insurers to provide access to necessary documents or to provide necessary materials, or may request a report from banks, trust companies, other institutions, employers of the insured, or other relevant persons, with regard to the status of assets or income of the insured, the spouses of the insured, or the head of the household or other members of the household to which the insured belongs, or the status of payment of an Old Age, etc., pension benefit as prescribed by the Article 107, paragraph (2) to the insured.

第五章 社会保険診療報酬支払基金の高齢者医療制度関係業務

Chapter V Services Related to the Medical Care System for the Elderly of the Health Insurance Claims Review & Reimbursement Services

(支払基金の業務)

(Operations of the Payment Fund)

第百三十九条 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、第一条に規定する目的を達成するため、次に掲げる業務を行う。

Article 139 (1) In addition to the services prescribed in Article 15 of the Health Insurance Claims Review & Reimbursement Services Act, the Payment Fund performs the following services in order to achieve the purpose prescribed in Article 1:

一 保険者（国民健康保険にあつては、都道府県。次条を除き、以下この章において同じ。）から前期高齢者納付金等を徴収し、保険者に対し前期高齢者交付金を交付する業務及びこれに附帯する業務

(i) operations to collect Young-Old Payments, etc. from an Insurer (or a prefecture in the case of national health insurance; hereinafter the same applies in this Chapter, except in the following Article) and to provide Young-Old Grants to the Insurer, and operations incidental thereto;

二 保険者から後期高齢者支援金等を徴収し、後期高齢者医療広域連合に対し後期高齢者交付金を交付する業務及びこれに附帯する業務

(ii) services for collecting Medical Care Assistance for the Elderly Aged 75 and over, etc. from insurers and providing the Old-Old Subsidy to the Association of Medical Care Systems for the Elderly Aged 75 and older, and services incidental thereto;

三 後期高齢者医療広域連合から出産育児支援金を徴収し、保険者から出産育児関係事務費拠出金を徴収し、及び保険者に対し出産育児交付金を交付する業務並びにこれに附帯する業務

(iii) services for collecting childbirth and childcare support grants from insurers, collecting contributions for childbirth and childcare related office expenses from insurers, and providing childbirth and childcare subsidies to insurers, and services incidental to these services; and (iii) services for collecting childbirth and childcare support grants from insurers, collecting contributions for childbirth and childcare related office expenses from insurers, and providing childbirth and childcare subsidies to Association of Medical Care Systems for the Elderly Aged 75 and older, and services incidental to these services.

2 支払基金は、前項の業務に支障のない限りにおいて、厚生労働大臣の認可を受けて、第一条に規定する目的の達成に資する事業を行うことができる。

(2) The Payment Fund may carry out activities that contribute to achieving the purpose prescribed in Article 1 with the authorization of the Minister of Health, Labour and Welfare to the extent that the activities set forth in the preceding paragraph are not hindered.

3 前二項に規定する業務は、高齢者医療制度関係業務という。

(3) The operations prescribed in the preceding two paragraphs are referred to as the operations related to the medical care system for the elderly.

(業務の委託)

(Entrustment of Operations)

第四百四十条 支払基金は、厚生労働大臣の認可を受けて、高齢者医療制度関係業務の一部を保険者が加入している団体で厚生労働大臣が定めるものに委託することができる。

Article 140 The Payment Fund, with the authorization of the Minister of Health, Labour and Welfare, may entrust part of the functions related to the medical care system for the elderly to an organization which Insurers belong to and which is specified by the Minister of Health, Labour and Welfare.

(業務方法書)

(Operational Method Statement)

第四百四十一条 支払基金は、高齢者医療制度関係業務に関し、当該業務の開始前に、業務方法書を作成し、厚生労働大臣の認可を受けなければならない。これを変更するときも、同様とする。

Article 141 (1) The Payment Fund, with regard to the Services Related to

Medical Care Systems for the Elderly, must prepare a statement of operational procedures and obtain the authorization of the Minister of Health, Labour and Welfare prior to the commencement of the services. The same applies when the statement is changed.

2 前項の業務方法書に記載すべき事項は、厚生労働省令で定める。

(2) The particulars to be stated in the statement of operational procedures referred to in the preceding paragraph are specified by Order of the Order of the Ministry of Health, Labour and Welfare.

(報告等)

(Reports)

第百四十二条 支払基金は、保険者に対し、毎年度、加入者数、特定健康診査等の実施状況その他の厚生労働省令で定める事項に関する報告を求めるほか、第百三十九条第一項第一号に規定する保険者から前期高齢者納付金等を徴収する業務、同項第二号に規定する保険者から後期高齢者支援金等を徴収する業務及び同項第三号に規定する保険者から出産育児関係事務費拠出金を徴収する業務に関し必要があると認めるときは、文書その他の物件の提出を求めることができる。

Article 142 (1) The Payment Fund may request Insurers to submit documents and other items in each fiscal year, in addition to requesting reports on the number of subscribers, the implementation status of Special health examinations, etc., and other particulars specified by Order of the Ministry of Health, Labour and Welfare, when the Fund finds it necessary to do so in relation to the business of collecting Young-Old Payments from Insurers prescribed in Article 139, paragraph (1), item (i), the business of collecting Medical Care Assistance for the Elderly Aged 75 and over from Insurers prescribed in item (ii) of the same paragraph, and the business of collecting contributions for childbirth and childcare related office expenses from Insurers prescribed in item (iii) of the same paragraph.

2 支払基金は、後期高齢者医療広域連合に対し、第百三十九条第一項第三号に規定する後期高齢者医療広域連合から出産育児支援金を徴収する業務に関し必要があると認めるときは、文書その他の物件の提出を求めることができる。

(2) The Payment Fund, when it finds it necessary in relation to the business of collecting childbirth and childcare support benefits from a Association of Medical Care Systems for the Elderly Aged 75 and older prescribed in Article 139, paragraph (1), item (iii), may request the Association of Medical Care Systems for the Elderly Aged 75 and older to submit documents and other items.

(区分経理)

(Separate Accounting)

第百四十三条 支払基金は、高齢者医療制度関係業務に係る経理については、第百三十

九条第一項第一号に掲げる業務、同項第二号及び第三号に掲げる業務並びに同条第二項に規定する業務ごとに、その他の業務に係る経理と区分して、特別の会計を設けて行わなければならない。

Article 143 The Payment Fund must establish a special account for the accounting for Services Related to Medical Care Systems for the Elderly, separately from the accounting for other services, for each of the services set forth in Article 139, paragraph (1), item (i), the services set forth in items (ii) and (iii) of that paragraph, and the services prescribed in paragraph (2) of that Article.

(予算等の認可)

(Approval of Budgets)

第百四十四条 支払基金は、高齢者医療制度関係業務に関し、毎事業年度、予算、事業計画及び資金計画を作成し、当該事業年度の開始前に、厚生労働大臣の認可を受けなければならない。これを変更するときも、同様とする。

Article 144 The Payment Fund must prepare a budget, business plan, and funding plan for each business year with regard to the Functions Related to Medical Care Systems for the Elderly, and obtain the authorization of the Minister of Health, Labour and Welfare prior to the commencement of the relevant business year. The same applies when making any change to these.

(財務諸表等)

(Financial Statements)

第百四十五条 支払基金は、高齢者医療制度関係業務に関し、毎事業年度、財産目録、貸借対照表及び損益計算書（以下「財務諸表」という。）を作成し、当該事業年度の終了後三月以内に厚生労働大臣に提出し、その承認を受けなければならない。

Article 145 (1) The Payment Fund must prepare the inventory of assets, balance sheets, and profit and loss statement (hereinafter referred to as the "Financial Statement") for each business year with regard to the Functions Related to Medical Systems for the Elderly, and must submit them to the Minister of Health, Labour and Welfare within three months after the end of the relevant business year and obtain the approval of the Minister.

2 支払基金は、前項の規定により財務諸表を厚生労働大臣に提出するときは、厚生労働省令で定めるところにより、これに当該事業年度の事業報告書及び予算の区分に従い作成した決算報告書並びに財務諸表及び決算報告書に関する監事の意見書を添付しなければならない。

(2) The Payment Fund, when submitting the financial statement to the Minister of Health, Labour and Welfare pursuant to the provisions of the preceding paragraph, must attach thereto a business report and statement of accounts prepared according to the classification of budget for the relevant business year and the written opinion of the inspector on the financial statement and

statement of accounts pursuant to the provisions of Order of Order of the Ministry of Health, Labour and Welfare.

- 3 支払基金は、第一項の規定による厚生労働大臣の承認を受けたときは、遅滞なく、財務諸表又はその要旨を官報に公告し、かつ、財務諸表及び附属明細書並びに前項の事業報告書、決算報告書及び監事の意見書を、主たる事務所に備えて置き、厚生労働省令で定める期間、一般の閲覧に供しなければならない。

(3) The Payment Fund, when it has obtained the approval of the Minister of Health, Labour and Welfare pursuant to the provisions of paragraph (1), must give public notice of the Financial Statement or summary thereof in official gazettes without delay, and must keep the Financial Statement and annexed detailed statement as well as the business report, statement of accounts, and written opinions of the auditors set forth in the preceding paragraph at its principal office and make them available for public inspection for a period specified by Order of Order of the Ministry of Health, Labour and Welfare.

(利益及び損失の処理)

(Handling of Profits and Losses)

第百四十六条 支払基金は、高齢者医療制度関係業務（第百三十九条第二項に規定する業務を除く。次項及び次条第一項において同じ。）に関し、毎事業年度、損益計算において利益を生じたときは、前事業年度から繰り越した損失をうめ、なお残余があるときは、その残余の額は、積立金として整理しなければならない。

Article 146 (1) The Payment Fund, with regard to the medical services for the elderly (excluding the services prescribed in Article 139, paragraph (2); the same applies in the following paragraph and paragraph (1) of the following Article), in each business year, when profits have accrued based on the profit and loss calculation, must offset any losses carried over from the previous business year, and if there is any surplus even after offsetting the losses, the Payment Fund must keep this surplus amount as a reserve fund.

- 2 支払基金は、高齢者医療制度関係業務に関し、毎事業年度、損益計算において損失を生じたときは、前項の規定による積立金を減額して整理し、なお不足があるときは、その不足額は繰越欠損金として整理しなければならない。

(2) The Payment Fund, with regard to the Services Related to Medical Care System for the Elderly, in each business year when a loss is incurred based on the calculation of profits and losses, must account for the loss by reducing the amount of the reserve fund under the provisions of the preceding paragraph, and if there is still a shortfall, the amount of the shortfall must be accounted for as a loss carried forward.

- 3 支払基金は、予算をもつて定める金額に限り、第一項の規定による積立金を第百三十九条第一項第一号に規定する保険者に対し前期高齢者交付金を交付する業務、同項第二号に規定する後期高齢者医療広域連合に対し後期高齢者交付金を交付する業務及び同項第三号に規定する保険者に対し出産育児交付金を交付する業務又は同条第二項

の規定により認可を受けて行う業務に要する費用に充てることができる。

- (3) The Payment Fund, limited to the amount specified in the budget, may allocate the reserve funds pursuant to the provisions of paragraph (1) to the expenses required for the business of providing Young-Old Subsidies to Insurers prescribed in Article 139, paragraph (1), item (i), the business of providing Old-Old Subsidies to Association of Medical Care Systems for the Elderly Aged 75 and older prescribed in item (ii) of the same paragraph, the business of providing Childbirth and Childcare Subsidies to Insurers prescribed in item (iii) of the same paragraph, or the business to be carried out by obtaining approval pursuant to the provisions of paragraph (2) of the same Article.

(借入金及び債券)

(Borrowings and Bonds)

第百四十七条 支払基金は、高齢者医療制度関係業務に関し、厚生労働大臣の認可を受けて、長期借入金若しくは短期借入金をし、又は債券を発行することができる。

Article 147 (1) The Payment Fund, with regard to the Services Related to Medical Care Systems for the Elderly, may operate long-term borrowings or short-term borrowings, or issue bond certificates, with the authorization of the Minister of Health, Labour and Welfare.

2 前項の規定による長期借入金及び債券は、二年以内に償還しなければならない。

(2) The long-term borrowings and bond certificates under the preceding paragraph must be redeemed within two years.

3 第一項の規定による短期借入金は、当該事業年度内に償還しなければならない。ただし、資金の不足のため償還することができないときは、その償還することができない金額に限り、厚生労働大臣の認可を受けて、これを借り換えることができる。

(3) The short-term borrowings pursuant to the provisions of paragraph (1) must be repaid within the relevant project year; provided, however, that when the short-term borrowings cannot be repaid due to a lack of funds, only the amount that cannot be repaid may be refinanced with the approval of the Minister of Health, Labour and Welfare.

4 前項ただし書の規定により借り換えた短期借入金は、一年以内に償還しなければならない。

(4) Short-term borrowings that have been refinanced pursuant to the proviso to the preceding paragraph must be repaid within one year.

5 支払基金は、第一項の規定による債券を発行する場合においては、割引の方法によることができる。

(5) If the Payment Fund issues bonds pursuant to the provisions of paragraph (1), it may do so by means of a discount.

6 第一項の規定による債券の債権者は、支払基金の財産について他の債権者に先立つて自己の債権の弁済を受ける権利を有する。

- (6) The creditors of the bonds under the provisions of paragraph (1) have the right to have their claims satisfied out of the assets of the payment fund in preference over other creditors.
- 7 前項の先取特権の順位は、民法（明治二十九年法律第八十九号）の規定による一般の先取特権に次ぐものとする。
- (7) The order of the statutory lien set forth in the preceding paragraph is to be next to the general statutory lien under the provisions of the Civil Code (Act No. 89 of 1896).
- 8 支払基金は、厚生労働大臣の認可を受けて、第一項の規定による債券の発行に関する事務の全部又は一部を銀行又は信託会社に委託することができる。
- (8) The Payment Fund may, with the authorization of the Minister of Health, Labour and Welfare, entrust all or part of the affairs concerning the issuance of bond certificates under paragraph (1) to a bank or a trust company.
- 9 会社法（平成十七年法律第八十六号）第七百五条第一項及び第二項並びに第七百九条の規定は、前項の規定により委託を受けた銀行又は信託会社について準用する。
- (9) The provisions of Article 705, paragraphs (1) and (2), and Article 709 of the Companies Act (Act No. 86 of 2005) apply mutatis mutandis to a bank or trust company entrusted with business pursuant to the provisions of the preceding paragraph.
- 10 第一項、第二項及び第五項から前項までに定めるもののほか、第一項の債券に関し必要な事項は、政令で定める。
- (10) Beyond what is provided for in paragraph (1), paragraph (2), and paragraph (5) through the preceding paragraph, necessary matters concerning the bond certificates referred to in paragraph (1) are specified by Cabinet Order.

（政府保証）

（Government Guarantee）

第百四十八条 政府は、法人に対する政府の財政援助の制限に関する法律（昭和二十一年法律第二十四号）第三条の規定にかかわらず、国会の議決を経た金額の範囲内で、支払基金による前期高齢者交付金、後期高齢者交付金及び出産育児交付金の円滑な交付のために必要があると認めるときは、前条の規定による支払基金の長期借入金、短期借入金又は債券に係る債務について、必要と認められる期間の範囲において、保証することができる。

Article 148 Notwithstanding the provisions of Article 3 of the Act on Restrictions on Financial Assistance by the Government to Corporations (Act No. 24 of 1946), when the government finds it necessary for the smooth delivery of young-old subsidies, old-old subsidies, and childbirth and childcare subsidies by the Payment Fund within the amount approved by a National Diet resolution, the government may guarantee obligations pertaining to long-term borrowings, short-term borrowings, or bonds of the Payment Fund pursuant to the provisions of the preceding Article within the period found to be necessary.

(余裕金の運用)

(Investment of Surplus Funds)

第百四十九条 支払基金は、次の方法によるほか、高齢者医療制度関係業務に係る業務上の余裕金を運用してはならない。

Article 149 The Payment Fund must not invest any surplus funds that arise in the course of operations pertaining to the Functions Related to the Medical Care System for the Elderly, except in the following ways:

一 国債その他厚生労働大臣が指定する有価証券の保有

(i) holding of Japanese government bonds and other securities designated by the Minister of Health, Labour and Welfare;

二 銀行その他厚生労働大臣が指定する金融機関への預金

(ii) making deposits with banks and other financial institutions designated by the Minister of Health, Labour and Welfare;

三 信託業務を営む金融機関（金融機関の信託業務の兼営等に関する法律（昭和十八年法律第四十三号）第一条第一項の認可を受けた金融機関をいう。）への金銭信託

(iii) money trust into financial institutions engaged in trust business (meaning financial institutions that have obtained the authorization under Article 1, paragraph (1) of the Act on Engagement in Trust Business Activities by Financial Institutions (Act No. 43 of 1943)).

(協議)

(Consultation)

第百五十条 厚生労働大臣は、次の場合には、あらかじめ、財務大臣に協議しなければならない。

Article 150 The Minister of Health, Labour and Welfare must consult with the Minister of Finance in advance in any of the following cases:

一 第百四十七条第一項、第三項又は第八項の認可をしようとするとき。

(i) when intending to grant approval as a Article 147, paragraph (1), paragraph (3) or paragraph (8) Site;

二 前条第一号又は第二号の指定をしようとするとき。

(ii) when intending to make a designation referred to in item (i) or (ii) of the preceding Article.

(厚生労働省令への委任)

(Delegation to the Order of the Ministry of Health, Labour and Welfare)

第百五十一条 この章に定めるもののほか、高齢者医療制度関係業務に係る支払基金の財務及び会計に関し必要な事項は、厚生労働省令で定める。

Article 151 Beyond what is provided for in this Chapter, the necessary matters concerning the finance and accounting of the Payment Fund pertaining to the Services Related to Medical Care Systems for the Elderly are specified by

Order of the Ministry of Health, Labour and Welfare.

(報告の徴収等)

(Collection of Reports)

第百五十二条 厚生労働大臣又は都道府県知事は、支払基金又は第百四十条の規定による委託を受けた者（以下「受託者」という。）について、高齢者医療制度関係業務に関し必要があると認めるときは、その業務又は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。ただし、受託者に対しては、当該受託業務の範囲内に限る。

Article 152 (1) The Minister of Health, Labour and Welfare or the prefectural governor may, when finding it necessary in relation to the Services Related to Medical Systems for the Elderly with regard to a person entrusted pursuant to the provisions of the Reimbursement Services or Article 140 (hereinafter referred to as an "entrusted person"), collect reports on the status of the services or property of the entrusted person or have the relevant officials inspect the status on site; provided, however, that with regard to an entrusted person, this is limited to the scope of the entrusted services.

2 第十六条の七第二項の規定は前項の規定による検査について、同条第三項の規定は前項の規定による権限について、それぞれ準用する。

(2) The provisions of Article 16-7, paragraph (2) apply mutatis mutandis to the inspection under the provisions of the preceding paragraph, and the provisions of paragraph (3) of the same Article apply mutatis mutandis to the authority under the provisions of the preceding paragraph.

3 都道府県知事は、支払基金につき高齢者医療制度関係業務に関し社会保険診療報酬支払基金法第二十九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、又は支払基金の理事長、理事若しくは監事につき高齢者医療制度関係業務に関し同法第十一条第二項若しくは第三項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 to render a disposition under the provisions of Article 29 of the Health Insurance Claims Review & Reimbursement Services Act with regard to the Payment Fund's Services Related to the Medical Care System for the Elderly, or when a prefectural governor finds it necessary to render a disposition under the provisions of Article 11, paragraph (2) or paragraph (3) of the same Act with regard to the president, directors, or auditors of the Payment Fund with regard to the Services Related to the Medical Care System for the Elderly, the prefectural governor must notify the Minister of Health, Labour and Welfare to that effect with the reason attached thereto.

(社会保険診療報酬支払基金法の適用の特例)

(Special Provisions for Application of the Health Insurance Claims Review &

Reimbursement Services Act)

第百五十三条 第百一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、高齢者医療制度関係業務は、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 153 With regard to the application of the provisions of Article 11, paragraphs (2) and (3) of the Health Insurance Claims Review & Reimbursement Services Act, an order prescribed in Article 101, paragraph (1) is deemed to be an order prescribed in Article 29 of the same Act, and with regard to the application of the provisions of Article 32, paragraph (2) of the same Act, the services related to the medical care system for the elderly are deemed to be the services prescribed in Article 15 of the same Act.

(審査請求)

(Request for Examination)

第百五十四条 この法律に基づく支払基金の処分又はその不作為に不服のある者は、厚生労働大臣に対し、審査請求をすることができる。この場合において、厚生労働大臣は、行政不服審査法（平成二十六年法律第六十八号）第二十五条第二項及び第三項、第四十六条第一項及び第二項、第四十七条並びに第四十九条第三項の規定の適用については、支払基金の上級行政庁とみなす。

Article 154 Any person who is dissatisfied with the disposition or inaction of the Payment Fund pursuant to this Act may request the Minister of Health, Labour and Welfare for an examination. In this case, with regard to the application of the provisions of Article 25, paragraphs (2) and (3), Article 46, paragraphs (1) and (2), Article 47, and Article 49, paragraph (3) of the Administrative Appeal Act (Act No. 68 of 2014), the Minister of Health, Labour and Welfare is deemed to be the higher administrative authority of the Payment Fund.

第六章 国民健康保険団体連合会の高齢者医療関係業務

Chapter VI Medical Services for the Elderly by the National Health Insurance Federation

(国保連合会の業務)

(Operations of NHI Federations)

第百五十五条 国保連合会は、国民健康保険法の規定による業務のほか、第七十条第四項（第七十四条第十項、第七十五条第七項、第七十六条第六項及び第七十八条第八項において準用する場合を含む。）の規定により後期高齢者医療広域連合から委託を受けて行う療養の給付に要する費用並びに入院時食事療養費、入院時生活療養費、保険外併用療養費及び訪問看護療養費の請求に関する審査及び支払の業務を行う。

Article 155 (1) In addition to the operations under the provisions of the National

Health Insurance Act, a Federation of Health Insurance Associations performs the operations of examination and payment of claims for expenses required for benefits for medical treatment provided based on entrustment from a Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of Article 70, paragraph (4) (including as applied mutatis mutandis pursuant to Article 74, paragraph (10), Article 75, paragraph (7), Article 76, paragraph (6), and Article 78, paragraph (8)), as well as dietary treatment expenses for inpatients, living support expenses for inpatients, medical expenses combined with treatment outside insurance coverage, and medical expenses for home-nursing.

2 国保連合会は、前項に規定する業務のほか、後期高齢者医療の円滑な運営に資するため、次に掲げる業務を行うことができる。

(2) In addition to the operations prescribed in the preceding paragraph, a NHI federation may conduct the following operations in order to contribute to the smooth operation of medical care for elderly persons:

一 第五十八条第三項の規定により後期高齢者医療広域連合から委託を受けて行う第三者に対する損害賠償金の徴収又は収納の事務

(i) affairs concerning the collection or receipt of compensation for damages to be paid to third parties based on an entrustment from a Association of Medical Care Systems for the Elderly Aged 75 and older pursuant to the provisions of Article 58, paragraph (3);

二 前号に掲げるもののほか、後期高齢者医療の円滑な運営に資する事業

(ii) beyond what is set forth in the preceding item, a project that contributes to the smooth operation of Old-Old Healthcare.

(議決権の特例)

(Special Provisions for Voting Rights)

第百五十六条 国保連合会が前条の規定により行う業務（以下「高齢者医療関係業務」という。）については、国民健康保険法第八十六条において準用する同法第二十九条の規定にかかわらず、厚生労働省令で定めるところにより、規約をもつて議決権に関する特別の定めをすることができる。

Article 156 With regard to the business conducted by NHI federations pursuant to the provisions of the preceding Article (hereinafter referred to as "medical services for the elderly"), notwithstanding the provisions of Article 29 of the National Health Insurance Act as applied mutatis mutandis pursuant to Article 86 of the same Act, as specified by Order of the Ministry of Health, Labour and Welfare, special provisions concerning voting rights may be established by the constitution.

(区分経理)

(Separate Accounting)

第百五十七条 国保連合会は、高齢者医療関係業務に係る経理については、その他の経理と区分して整理しなければならない。

Article 157 A NHI federation must separate its accounting for medical services for the elderly from its other accounting.

第七章 雑則

Chapter VII Miscellaneous Provisions

(保険者協議会)

(Insurer Council)

第百五十七条の二 保険者及び後期高齢者医療広域連合は、共同して、加入者の高齢期における健康の保持及び医療費適正化のために必要な事業の推進並びに高齢者医療制度の円滑な運営及び当該運営への協力のため、都道府県ごとに、保険者協議会を組織する。

Article 157-2 (1) For each prefecture, Insurers and Association of Medical Care Systems for the Elderly Aged 75 and older are to jointly establish a Council of Insurers in order to promote necessary projects for the maintenance of the health of subscribers in old age and the optimization of medical expenses as well as to ensure the smooth operation of the medical care system for the elderly and cooperation in the operation.

2 前項の保険者協議会は、次に掲げる業務を行う。

(2) The insurer council referred to in the preceding paragraph performs the following services:

一 特定健康診査等の実施、高齢者医療制度の運営その他の事項に関する保険者その他の関係者間の連絡調整

(i) liaison and coordination among insurers and other relevant persons concerning the implementation of Special health examinations, etc., the operation of the medical care system for the elderly, and other matters;

二 保険者に対する必要な助言又は援助

(ii) necessary advice or assistance to the insurer;

三 医療に要する費用その他の厚生労働省令で定める事項に関する情報についての調査及び分析

(iii) investigating and analyzing information on the expenses required for medical services and other particulars specified by Order of the Order of the Ministry of Health, Labour and Welfare;

四 都道府県医療費適正化計画の実績の評価に関する調査及び分析

(iv) investigation and analysis concerning the evaluation of the performance of the prefectural plan for regulating medical expenses.

3 厚生労働大臣は、保険者協議会が前項各号に掲げる業務を円滑に行うため必要な支援を行うものとする。

(3) The Minister of Health, Labour and Welfare is to provide necessary support to

ensure that the Council of Insurers smoothly carries out the services set forth in the items of the preceding paragraph.

(研究開発の推進)

(Promotion of Research and Development)

第百五十八条 国は、高齢者保健事業及び第百二十五条第五項に規定する事業の健全かつ円滑な実施を確保するため、高齢者の心身の特性に応じた看護その他の医療、機能訓練等の研究開発並びに高齢者の日常生活上の便宜を図るための用具及び機能訓練のための用具のうち、疾病、負傷等により心身の機能が低下している者に使用させることを目的とするものの研究開発の推進に努めなければならない。

Article 158 In order to ensure the sound and smooth implementation of health services for the elderly and the services prescribed by the Article 125, paragraph (5), the national government must endeavor to promote research and development of nursing and other medical care, functional training, etc. according to the mental and physical characteristics of elderly persons, and research and development of equipment for facilitating elderly persons in their daily lives and equipment for functional training, which are intended for use by persons whose mental and physical functions have deteriorated due to illness or injury, etc.

(先取特権の順位)

(Order of Statutory Liens)

第百五十九条 保険料その他この法律の規定による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。

Article 159 The order of statutory liens on insurance premiums and other money to be collected pursuant to the provisions of this Act comes after national taxes and local taxes.

(時効)

(Prescription)

第百六十条 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後期高齢者医療給付を受ける権利は、これらを行使することができる時から二年を経過したときは、時効によつて消滅する。

Article 160 (1) The right to collect insurance premiums and any other money to be collected pursuant to the provisions of this Act or to receive a refund thereof, and the right to receive an old-old medical care benefit are extinguished by prescription when two years have elapsed from the time when these rights can be exercised.

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、時効の更新の効力を生ずる。

(2) A notice or demand for the collection of insurance premiums or any other

money to be collected pursuant to the provisions of this Act has the effect of renewing the prescription period.

(賦課決定の期間制限)

(Time Limits for Assessment Decisions)

第百六十条の二 保険料の賦課決定は、当該年度における最初の保険料の納期（この法律又はこれに基づく条例の規定により保険料を納付し、又は納入すべき期限をいい、当該納期後に保険料を課することができることとなつた場合にあっては、当該保険料を課することができることとなつた日とする。次項において同じ。）の翌日から起算して二年を経過した日以後においては、することができない。

Article 160-2 (1) An assessment and determination of insurance premiums may not be made on or after the day on which two years have elapsed from the day following the first due date for payment of insurance premiums in the relevant fiscal year (meaning the due date for payment of insurance premiums pursuant to the provisions of this Act or Prefectural Ordinance under this Act, and in cases where it becomes possible to impose insurance premiums after the due date, the day on which it becomes possible to impose the insurance premiums; the same applies in the following paragraph).

2 保険料の賦課決定をした後に、被保険者の責めに帰することのできない事由によつて被保険者に関する医療保険各法（国民健康保険法を除く。）との間における適用関係の調整を要することが判明した場合における保険料の額を減少させる賦課決定は、前項の規定にかかわらず、当該年度における最初の保険料の納期の翌日から起算して二年を経過した日以後であつても、当該年度における最初の保険料の納期の翌日から起算して調整に必要と認められる期間に相当する期間を経過する日まですることができ。

(2) Notwithstanding the provisions of the preceding paragraph, an assessment and decision to reduce the amount of insurance premiums in the case where it is found, after an assessment and decision of insurance premiums is made, that adjustment of the applicable relationship between the insured and medical insurance laws (excluding the National Health Insurance Act) is required due to grounds not attributable to insured, may be made on or after the day on which two years have elapsed from the day following the due date of the first insurance premiums in the relevant fiscal year, until the day on which a period equivalent to the period found necessary for the adjustment has elapsed from the day following the due date of the first insurance premiums in the relevant fiscal year.

(期間の計算)

(Calculation of Period)

第百六十一条 この法律又はこの法律に基づ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 161 The provisions of the Civil Code concerning periods of time apply mutatis mutandis to the computation of periods of time prescribed in this Act or in orders based on this Act.

(被保険者番号等の利用制限等)

(Restrictions on the Use of insured Numbers)

第百六十一条の二 厚生労働大臣、後期高齢者医療広域連合、保険医療機関等、指定訪問看護事業者その他の後期高齢者医療の事業又は当該事業に関連する事務の遂行のため被保険者番号等（保険者番号（厚生労働大臣が後期高齢者医療の事業において後期高齢者医療広域連合を識別するための番号として、後期高齢者医療広域連合ごとに定めるものをいう。）及び被保険者番号（後期高齢者医療広域連合が被保険者の資格を管理するための番号として、被保険者ごとに定めるものをいう。）をいう。以下この条において同じ。）を利用する者として厚生労働省令で定める者（以下この条において「厚生労働大臣等」という。）は、当該事業又は事務の遂行のため必要がある場合を除き、何人に対しても、その者又はその者以外の者に係る被保険者番号等を告知することを求めてはならない。

Article 161-2 (1) An Minister of Health, Labour and Welfare, a Association of Medical Care Systems for the Elderly Aged 75 and older, a medical institution providing services covered by health insurance, etc., a designated home-nursing provider or any other person specified by Order of the Order of the Ministry of Health, Labour and Welfare as a person who uses an insured number, etc. (meaning an insurer's number (meaning a number specified by the Minister of Health, Labour and Welfare for each Association of Medical Care Systems for the Elderly Aged 75 and older as a number for identifying an Association of Medical Care Systems for the Elderly Aged 75 and older in the medical services for the old-old) and an insured number (meaning a number specified by the Association of Medical Care Systems for the Elderly Aged 75 and older for each insured as a number for managing the qualifications of an insured; the same applies hereinafter in this Article); hereinafter the same applies in this Article) for the implementation of the services for medical services for the old-old or affairs related to the services (hereinafter referred to as an "Minister of Health, Labour and Welfare, etc." in this Article) must not request any person to notify the person or any other person of the insured number, etc. unless it is necessary for the implementation of the services or affairs.

2 厚生労働大臣等以外の者は、後期高齢者医療の事業又は当該事業に関連する事務の遂行のため被保険者番号等の利用が特に必要な場合として厚生労働省令で定める場合を除き、何人に対しても、その者又はその者以外の者に係る被保険者番号等を告知することを求めてはならない。

(2) A person other than an Minister of Health, Labour and Welfare, etc. must not request any person to notify the person or the insured number, etc. related to

the person other than the person, except for cases specified by Order of the Ministry of Health, Labour and Welfare where the use of the insured number, etc. is particularly necessary for the implementation of the services of medical care for the elderly or affairs related to the services.

- 3 何人も、次に掲げる場合を除き、その者が業として行う行為に関し、その者に対し売買、貸借、雇用その他の契約（以下この項において「契約」という。）の申込みをしようとする者若しくは申込みをする者又はその者と契約の締結をした者に対し、当該者又は当該者以外の者に係る被保険者番号等を告知することを求めてはならない。

(3) Except in the following cases, it is prohibited for any person to request a person seeking to offer or offering to offer, or a person that has concluded a contract with, a person selling, leasing, hiring, or other contract (hereinafter referred to as a "contract" in this paragraph) in connection with an action that the person carries out in the course of trade, to announce the insured number, etc. of that person or a person other than that person:

一 厚生労働大臣等が、第一項に規定する場合に、被保険者番号等を告知することを求めるとき。

(i) when the Minister of Health, Labour and Welfare, etc. requests notification of the insured number, etc. in the case prescribed in paragraph (1);

二 厚生労働大臣等以外の者が、前項に規定する厚生労働省令で定める場合に、被保険者番号等を告知することを求めるとき。

(ii) when a person other than the Minister of Health, Labour and Welfare, etc. requests notification of the Order of the Ministry of Health, Labour and Welfare number, etc. in the case specified by Order of the insured prescribed in the preceding paragraph.

- 4 何人も、次に掲げる場合を除き、業として、被保険者番号等の記録されたデータベース（その者以外の者に係る被保険者番号等を含む情報の集合物であつて、それらの情報を電子計算機を用いて検索することができるよう体系的に構成したものをいう。）であつて、当該データベースに記録された情報が他に提供されることが予定されているもの（以下この項において「提供データベース」という。）を構成してはならない。

(4) Except in the following cases, it is prohibited for any person to engage in the business of constructing a database in which insured numbers, etc. are recorded (meaning a collection of data that includes insured numbers, etc. for a person other than the person in question, which has been systematically organized so as to be searchable using a computer) and the data recorded in that database is intended to be provided to others (hereinafter referred to as a "provided database" in this paragraph):

一 厚生労働大臣等が、第一項に規定する場合に、提供データベースを構成するとき。

(i) if the Minister of Health, Labour and Welfare, etc. constitutes the provided database in the case prescribed in paragraph (1);

二 厚生労働大臣等以外の者が、第二項に規定する厚生労働省令で定める場合に、提

供データベースを構成するとき。

(ii) when a person other than the Minister of Health, Labour and Welfare, etc. constructs the provided database in cases specified by Order of the Order of the Ministry of Health, Labour and Welfare as prescribed in paragraph (2).

5 厚生労働大臣は、前二項の規定に違反する行為が行われた場合において、当該行為をした者が更に反復してこれらの規定に違反する行為をするおそれがあると認めるときは、当該行為をした者に対し、当該行為を中止することを勧告し、又は当該行為が中止されることを確保するために必要な措置を講ずることを勧告することができる。

(5) If an act in violation of the provisions of the preceding two paragraphs has been committed and the Minister of Health, Labour and Welfare finds that the person who committed that act is likely to commit an act in violation of those provisions again and again, the Prime Minister may recommend the person who committed that act to discontinue that act or take the necessary measures to ensure that that act will be discontinued.

6 厚生労働大臣は、前項の規定による勧告を受けた者がその勧告に従わないときは、その者に対し、期限を定めて、当該勧告に従うべきことを命ずることができる。

(6) If a person who has received recommendations under the provisions of the preceding paragraph does not follow the recommendations, the Minister of Health, Labour and Welfare may order the person to follow the recommendations by a set deadline.

(報告及び検査)

(Reports and Inspections)

第百六十一条の三 厚生労働大臣は、前条第五項及び第六項の規定による措置に関し必要があると認めるときは、その必要と認められる範囲内において、同条第三項若しくは第四項の規定に違反していると認めるに足りる相当の理由がある者に対し、必要な事項に関し報告を求め、又は当該職員に当該者の事務所若しくは事業所に立ち入って質問させ、若しくは帳簿書類その他の物件を検査させることができる。

Article 161-3 (1) On finding that it is necessary to do so in connection with a measure under the provisions of paragraph (5) or (6) of the preceding Article, the Minister of Health, Labour and Welfare, within the scope of what is found to be necessary, may ask a person that there are reasonable grounds to find to be in violation of the provisions of paragraph (3) or (4) of that Article to report on the necessary particulars, and may have the relevant officials enter the office or place of business of that person and ask questions or inspect its books, documents, and any other articles.

2 第十六条の七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、それぞれ準用する。

(2) The provisions of Article 16-7, paragraph (2) apply mutatis mutandis to questions and inspections pursuant to the provisions of the preceding paragraph, and the provisions of paragraph (3) of the same Article apply

mutatis mutandis to the authority granted pursuant to the provisions of the preceding paragraph.

(国保連合会に対する監督)

(Supervision of NHI Federations)

第百六十二条 国保連合会について国民健康保険法第百六条及び第百八条の規定を適用する場合において、これらの規定中「事業」とあるのは、「事業（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）第百五十六条に規定する高齢者医療関係業務を含む。）」とする。

Article 162 When the provisions of Articles 106 and 108 of the National Health Insurance Act are applied to NHI federations, the term "services" in these provisions is deemed to be replaced with "services (including medical services for the elderly as prescribed in Article 156 of the Act on Assurance of Medical Care for Elderly People (Act No. 80 of 1982))".

(権限の委任)

(Delegation of Authority)

第百六十三条 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 163 (1) The authority of the Minister of Health, Labour and Welfare provided for in this Act may be delegated to the Director-General of a Regional Bureau of Health and Welfare pursuant to the provisions of Order of the Order 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 a Regional Bureau of Health and Welfare pursuant to the provisions of the preceding paragraph may be delegated to the Director-General of a Regional Branch Bureau of Health and Welfare pursuant to the provisions of Order of the Order of the Ministry of Health, Labour and Welfare.

(厚生労働大臣と都道府県知事の連携)

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

第百六十四条 厚生労働大臣又は都道府県知事がこの法律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 164 When the Minister of Health, Labour and Welfare or prefectural governors perform the affairs prescribed in this Act, they are to do so in close coordination with each other.

(事務の区分)

(Classification of Administrative Processes)

第百六十五条 第四十四条第四項（第二百二十四条、第二百二十四条の八及び附則第十条において準用する場合を含む。）、第六十一条第一項及び第二項、第六十六条第一項（第七十四条第十項、第七十五条第七項、第七十六条第六項及び第八十二条第六項において準用する場合を含む。）及び第二項（第七十二条第二項、第七十四条第十項、第七十五条第七項、第七十六条第六項及び第八十二条第六項において準用する場合を含む。）、第七十条第二項並びに第七十二条第一項及び第三項（これらの規定を第七十四条第十項、第七十五条第七項、第七十六条第六項及び第八十二条第六項において準用する場合を含む。）、第八十条並びに第八十一条第一項及び第三項（これらの規定を第八十二条第六項において準用する場合を含む。）、第百三十三条第二項、第百三十四条第二項（附則第十条において準用する場合を含む。）、第百五十二条第一項及び第三項（これらの規定を附則第十一条第二項において準用する場合を含む。）並びに第二百二十七条の規定において準用する国民健康保険法第八十八条及び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 165 Affairs that are to be administered by a prefecture pursuant to the provisions of Article 44, paragraph (4) (including as applied mutatis mutandis pursuant to Article 124, Article 124-8 and Article 10 of the Supplementary Provisions), Article 61, paragraphs (1) and (2), Article 66, paragraph (1) (including as applied mutatis mutandis pursuant to Article 74, paragraph (10), Article 75, paragraph (7), Article 76, paragraph (6), and Article 82, paragraph (6)) and paragraph (2) (including as applied mutatis mutandis pursuant to Article 72, paragraph (2), Article 74, paragraph (10), Article 75, paragraph (7), Article 76, paragraph (6), and Article 82, paragraph (6)), Article 70, paragraph (2), and Article 72, paragraphs (1) and (3) (including as applied mutatis mutandis pursuant to Article 74, paragraph (10), Article 75, paragraph (7), Article 76, paragraph (6), and Article 82, paragraph (6)), Article 80, and Article 81, paragraphs (1) and (3) (including as applied mutatis mutandis pursuant to Article 82, paragraph (6)), Article 133, paragraph (2), Article 134, paragraph (2) (including as applied mutatis mutandis pursuant to Article 10 of the Supplementary Provisions), Article 152, paragraphs (1) and (3) (including as applied mutatis mutandis pursuant to Article 11, paragraph (2) of the Supplementary Provisions), and Article 88 and Article 89, paragraph (1) of the National Health Insurance Act as applied mutatis mutandis pursuant to Article 127 are deemed to be item (i) statutory entrusted function prescribed in Article 2, paragraph (9), item (i) of the Local Autonomy Act.

(支払基金等への事務の委託)

(Entrustment of Administrative Processes to the Reimbursement Services)

第百六十五条の二 後期高齢者医療広域連合は、第七十条第四項（第七十四条第十項、第七十五条第七項、第七十六条第六項及び第七十八条第八項において準用する場合を

含む。)に規定する事務のほか、次に掲げる事務を支払基金又は国保連合会に委託することができる。

Article 165-2 (1) In addition to the affairs prescribed in Article 70, paragraph (4) (including as applied *mutatis mutandis* pursuant to Article 74, paragraph (10), Article 75, paragraph (7), Article 76, paragraph (6), and Article 78, paragraph (8)), the Association of Medical Care Systems for the Elderly Aged 75 and older may entrust the following affairs to the Reimbursement Services or the NHI Federations:

一 第五十六条に規定する後期高齢者医療給付の実施、第百四条第一項の規定による保険料の徴収、第百二十五条第一項の規定による高齢者保健事業の実施その他の厚生労働省令で定める事務に係る情報の収集又は整理に関する事務

(i) affairs pertaining to the collection or organization of information pertaining to the implementation of an old-old medical care benefit provided for in Article 56, the collection of insurance premiums pursuant to the provisions of Article 104, paragraph (1), the implementation of health services for the elderly pursuant to the provisions of Article 125, paragraph (1), and other affairs specified by Order of the Ministry of Health, Labour and Welfare;

二 第五十六条に規定する後期高齢者医療給付の実施、第百四条第一項の規定による保険料の徴収、第百二十五条第一項の規定による高齢者保健事業の実施その他の厚生労働省令で定める事務に係る情報の利用又は提供に関する事務

(ii) affairs pertaining to the use or provision of information pertaining to the implementation of an old-old medical care benefit provided for in Article 56, the collection of insurance premiums pursuant to the provisions of Article 104, paragraph (1), the implementation of health services for the elderly pursuant to the provisions of Article 125, paragraph (1), and other affairs specified by Order of the Ministry of Health, Labour and Welfare.

2 後期高齢者医療広域連合は、前項の規定により同項各号に掲げる事務を委託する場合は、他の後期高齢者医療広域連合及び保険者並びに法令の規定により医療に関する給付その他の事務を行う者であつて厚生労働省令で定めるものと共同して委託するものとする。

(2) A Association of Medical Care Systems for the Elderly Aged 75 and older, when entrusting affairs listed in the items of the preceding paragraph pursuant to the provisions of the same paragraph, is to entrust the affairs jointly with other Association of Medical Care Systems for the Elderly Aged 75 and older and insurers, and a person specified by Order of the Order of the Ministry of Health, Labour and Welfare who provides benefits and other affairs concerning medical care pursuant to the provisions of a law or regulation.

(関係者の連携及び協力)

(Coordination and Cooperation among Relevant Persons)

第百六十五条の三 国、後期高齢者医療広域連合及び保険医療機関等その他の関係者は、

電子資格確認の仕組みの導入その他手続における情報通信の技術の利用の推進により、医療保険各法、この法律その他医療に関する給付を定める法令の規定により行われる事務が円滑に実施されるよう、相互に連携を図りながら協力するものとする。

Article 165-3 The national government, Association of Medical Care Systems for the Elderly Aged 75 and older, medical institutions providing services covered by health insurance, etc., and other relevant persons are to coordinate and cooperate with one another so that the processes implemented pursuant to the provisions of the Medical Insurance Acts, this Act, and other laws and regulations providing benefits related to medical care are implemented smoothly, by introducing a mechanism for confirming electronic qualifications and promoting the use of information and communications technology in other procedures.

(実施規定)

(Implementation Provisions)

第百六十六条 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 166 Unless otherwise specifically provided for in this Act, procedures for the implementation of this Act and other detailed regulations necessary for its

第八章 罰則

Chapter VIII Penal Provisions

第百六十七条 第三十条、第百二十五条の二第二項又は第百二十五条の四第三項の規定に違反して秘密を漏らした者は、一年以下の懲役又は百万円以下の罰金に処する。

Article 167 (1) A person who divulges any secret in violation of the provisions of Article 30, Article 125-2, paragraph (2) or Article 125-4, paragraph (3) is punished by imprisonment with work for not more than one year or a fine of not more than 1,000,000 yen.

2 次の各号のいずれかに掲げる者が、この法律の規定に基づく職務の執行に関して知り得た秘密を正当な理由がなく漏らしたときは、一年以下の懲役又は百万円以下の罰金に処する。

(2) If a person as set forth in one of the following items divulges confidential information learned in connection with the performance of duties based on the provisions of this Act without legitimate grounds for doing so, that person is subject to imprisonment for not more than one year or a fine of not more than 1,000,000 yen:

一 後期高齢者医療広域連合の職員又はその職にあつた者

(i) a current or former official of a Association of Medical Care Systems for the Elderly Aged 75 and older;

二 後期高齢者医療診療報酬審査委員会若しくは後期高齢者医療審査会の委員、国保

連合会の役員若しくは職員又はこれらの職にあつた者

(ii) a member of the Examination Committee for Old-Old Medical Treatment Fees or the Examination Board for Old-Old Medical Treatment, an officer or employee of the NHI Federations, or a person who was formerly in those positions;

三 第七十条第五項（第七十四条第十項、第七十五条第七項、第七十六条第六項及び第七十八条第八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指定法人の役員、職員又はこれらの職にあつた者

(iii) a person who is or was an officer or employee of a designated corporation that conducts a review of medical bills specified by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 70, paragraph (5) (including as applied mutatis mutandis pursuant to Article 74, paragraph (10), Article 75, paragraph (7), Article 76, paragraph (6), and Article 78, paragraph (8));

四 第七十条第六項（第七十四条第十項、第七十五条第七項、第七十六条第六項及び第七十八条第八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又はこれを行つていた者

(iv) a person who conducts or used to conduct a review of medical bills specified by the Minister of Health, Labour and Welfare pursuant to the provisions of Article 70, paragraph (6) (including as applied mutatis mutandis pursuant to Article 74, paragraph (10), Article 75, paragraph (7), Article 76, paragraph (6), and Article 78, paragraph (8)).

第百六十七条の二 次の各号のいずれかに該当する者は、一年以下の懲役若しくは五十万円以下の罰金に処し、又はこれを併科する。

Article 167-2 A person falling under one of the following items is subject to imprisonment with work for not more than one year, a fine of not more than 500000 yen, or both:

一 第十六条の六の規定に違反して、匿名医療保険等関連情報の利用に関して知り得た匿名医療保険等関連情報の内容をみだりに他人に知らせ、又は不当な目的に利用した者

(i) a person who, in violation of the provisions of Article 16-6, has disclosed the content of anonymized medical data related to medical insurance, etc. acquired in relation to the use of the anonymized medical data related to medical insurance, etc. to another person without justifiable grounds, or used the information for an unjust purpose;

二 第十六条の八の規定による命令に違反した者

(ii) a person who has violated an order issued under the provisions of Article 16-8.

第百六十七条の三 第百六十一条の二第六項の規定による命令に違反した者は、一年以

下の懲役又は五十万円以下の罰金に処する。

Article 167-3 A person who has violated an order issued under the provisions of Article 161-2, paragraph (6) is punished by imprisonment with work for not more than one year or a fine of not more than 500000 yen.

第百六十八条 全国健康保険協会、健康保険組合、国民健康保険組合、共済組合又は日本私立学校振興・共済事業団の役員、清算人又は職員が次の各号のいずれかに該当するときは、五十万円以下の罰金に処する。

Article 168 (1) Officers, liquidators, or employees of a Japan Health Insurance Association, health insurance society, national health insurance society, mutual aid association, or the Promotion and Mutual Aid Corporation for Private Schools of Japan are punished by a fine of not more than 500000 yen if they fall under any of the following items:

一 第百三十四条第二項の規定による報告をせず、若しくは虚偽の報告をし、又は同項の規定による検査を拒み、妨げ、若しくは忌避したとき。

(i) when the person has failed to make a report under the provisions of Article 134, paragraph (2) or has made a false report, or has refused, obstructed, or evaded an inspection under the provisions of the same paragraph;

二 第百四十二条第一項の規定による報告若しくは文書その他の物件の提出をせず、又は虚偽の報告をし、若しくは虚偽の記載をした文書を提出したとき。

(ii) if the person has failed to submit a report, document, or any other item pursuant to the provisions of Article 142, paragraph (1), or has submitted a false report or document including a false entry.

2 支払基金又は受託者の役員又は職員が、第百五十二条第一項の規定による報告をせず、若しくは虚偽の報告をし、又は同項の規定による検査を拒み、妨げ、若しくは忌避したときは、五十万円以下の罰金に処する。

(2) When an officer or employee of the Payment Fund or a trustee has failed to make a report under the provisions of Article 152, paragraph (1) or has made a false report, or has refused, obstructed, or avoided an inspection under the provisions of the same paragraph, the officer or employee is punished by a fine of not more than 500000 yen.

3 第十六条の七第一項の規定による報告若しくは帳簿書類の提出若しくは提示をせず、若しくは虚偽の報告若しくは虚偽の帳簿書類の提出若しくは提示をし、又は同項の規定による質問に対して答弁をせず、若しくは虚偽の答弁をし、若しくは同項の規定による立入検査を拒み、妨げ、若しくは忌避した者は、五十万円以下の罰金に処する。

(3) A person who fails to make a report or submit or present books and documents under the provisions of Article 16-7, paragraph (1), or makes a false report or submits or presents false books and documents, or fails to answer or gives a false answer to the questions under the provisions of the same paragraph, or refuses, interferes with, or recuses the on-site inspection under the provisions of the same paragraph is punished by a fine of not more than

500000 yen.

第百六十九条 次の各号のいずれかに該当する場合には、その違反行為をした者は、三十万円以下の罰金に処する。

Article 169 A person who has committed any of the following violations is punished by a fine of not more than 300000 yen:

一 審査請求人若しくは関係者又は医師若しくは歯科医師が、正当な理由がなく第百三十条の規定において準用する国民健康保険法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とき（後期高齢者医療審査会の行う審査の手続における請求人又は第百三十条の規定において準用する同法第百条の規定により通知を受けた後期高齢者医療広域連合その他の利害関係人に係る場合を除く。）。

(i) when the requestor for review or relevant persons, or a physician or dental practitioner has failed to appear, failed to make a statement, failed to make a report, or made a false statement or report, or failed to make a diagnosis or examination, in violation of the disposition under the provisions of Article 101, paragraph (1) of the National Health Insurance Act as applied mutatis mutandis pursuant to the provisions of Article 130, without justifiable grounds (excluding cases pertaining to the requestor in the procedure of review conducted by the Certification Committee for Old-Old Healthcare, or a Association of Medical Care Systems for the Elderly Aged 75 and older or other interested persons who has received a notification pursuant to the provisions of Article 100 of the same Act as applied mutatis mutandis pursuant to the provisions of Article 130);

二 被保険者又は被保険者であつた者が、第六十一条第二項の規定により報告を命ぜられ、正当な理由がなくこれに従わず、又は同項の規定による当該職員の質問に対して、正当な理由がなく答弁せず、若しくは虚偽の答弁をしたとき。

(ii) when an insured or a person who used to be an insured fails to comply with an order to make a report issued pursuant to the provisions of Article 61, paragraph (2) without justifiable grounds, or fails to answer a question asked by the relevant official pursuant to the provisions of the same paragraph without justifiable grounds or gives a false answer;

三 正当な理由がなく第百六十一条の三第一項の規定による報告をせず、若しくは虚偽の報告をし、又は同項の規定による当該職員の質問に対して、正当な理由がなく答弁せず、若しくは虚偽の答弁をし、若しくは正当な理由がなく同項の規定による検査を拒み、妨げ、若しくは忌避したとき。

(iii) when the person has failed to make a report under the provisions of Article 161-3, paragraph (1) or has made a false report without justifiable grounds, has failed to answer or given a false answer to the questions asked by the relevant official under the provisions of the same paragraph without

justifiable grounds, or has refused, obstructed, or avoided the inspection under the provisions of the same paragraph without justifiable grounds.

第百六十九条の二 第百六十七条の二の罪は、日本国外において同条の罪を犯した者にも適用する。

Article 169-2 The crimes of Article 167-2 also apply to persons who commit the crimes referred to in the same Article outside of Japan.

第百六十九条の三 法人（法人でない社団又は財団で代表者又は管理人の定めがあるもの（以下この条において「人格のない社団等」という。）を含む。以下この項において同じ。）の代表者（人格のない社団等の管理人を含む。）又は法人若しくは人の代理人、使用人その他の従業者が、その法人又は人の業務に関して、第百六十七条の二、第百六十七条の三、第百六十八条第三項又は第百六十九条第三号の違反行為をしたときは、行為者を罰するほか、その法人又は人に対しても、各本条の罰金刑を科する。

Article 169-3 (1) If the representatives of a corporation (including an association or foundation that is not a corporation but for which a representative or an administrator has been designated (hereinafter referred to as an "association or foundation without legal personality" in this Article); hereinafter the same applies in this paragraph) (including the administrator of an association or foundation without legal personality) or the agents, employees, or other workers of a corporation or individual commit a violation of Article 167-2, Article 167-3, Article 168, paragraph (3) or Article 169, item (iii) in connection with the business of the corporation or individual, in addition to the offender being subject to punishment, the corporation or individual is subject to the fine referred to in the relevant Article.

2 人格のない社団等について前項の規定の適用がある場合には、その代表者又は管理人がその訴訟行為につき当該人格のない社団等を代表するほか、法人を被告人又は被疑者とする場合の刑事訴訟に関する法律の規定を準用する。

(2) Where the provisions of the preceding paragraph apply to an association or foundation without juridical personality, its representatives or administrators represent the association or foundation without juridical personality with respect to its procedural act, and the provisions of laws concerning criminal procedure that are applicable in the case where a corporation is accused or suspected apply mutatis mutandis.

第百七十条 支払基金の役員が次の各号のいずれかに該当するときは、二十万円以下の過料に処する。

Article 170 (1) If an officer of the payment fund falls under any of the following items, the officer is punished by a civil fine of not more than 200000 yen:

一 この法律により厚生労働大臣の認可又は承認を受けなければならない場合において、その認可又は承認を受けなかったとき。

(i) failure to obtain the approval or recognition of the Minister of Health, Labour and Welfare when such approval or recognition is required pursuant to this Act;

二 第四百四十九条の規定に違反して業務上の余裕金を運用したとき。

(ii) when the surplus funds in the course of business have been invested in violation of the provisions of Article 149.

2 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、第六十一条第一項の規定による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、正当な理由がなくこれに従わず、又は同項の規定による当該職員の質問に対して、正当な理由がなく答弁せず、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。

(2) When a medical practitioner, dental practitioner, pharmacist, or person who has provided medical care or their employer fails to comply with an order to make a report or to present medical records, books and documents, or any other articles under the provisions of Article 61, paragraph (1) without justifiable grounds, or fails to answer a question asked by the relevant official under the provisions of the same paragraph without justifiable grounds, or gives a false answer, the person is punished by a civil fine of not more than 100,000 yen.

第七十一条 後期高齢者医療広域連合は、条例で、被保険者が第五十四条第一項の規定による届出をしないとき（同条第二項の規定により当該被保険者の属する世帯の世帯主から届出がなされたときを除く。）又は虚偽の届出をしたときは、十万円以下の過料を科する規定を設けることができる。

Article 171 (1) The Association of Medical Care Systems for the Elderly Aged 75 and older may, by Prefectural Ordinance, establish provisions to impose a civil fine of not more than 100,000 yen when a insured fails to make a notification under the provisions of Article 54, paragraph (1) (excluding cases where the notification has been made by the householder of the household to which the insured belongs pursuant to the provisions of paragraph (2) of the same Article) or makes a false notification.

2 後期高齢者医療広域連合は、条例で、被保険者、被保険者の配偶者若しくは被保険者の属する世帯の世帯主その他その世帯に属する者又はこれらであつた者が正当な理由がなく第百三十七条第一項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、又は同項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) If a person who is or was a insured, the spouse of a insured, the householder of a household to which a insured belongs, or any other member of the household fails to comply with an order to submit or present a document or any other article issued pursuant to the provisions of the Article 137, paragraph (1)

without justifiable grounds, or fails to answer or gives a false answer to a question asked by the relevant official under the provisions of the same paragraph, the Association of Medical Care Systems for the Elderly Aged 75 and older may establish provisions in its Prefectural Ordinances to impose a civil fine of not more than 100,000 yen.

- 3 市町村は、条例で、被保険者、被保険者の配偶者若しくは被保険者の属する世帯の世帯主その他その世帯に属する者又はこれらであつた者が正当な理由がなく第百三十七条第二項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、又は同項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。

- (3) If a person who is or was a insured, the spouse of a insured, the householder of a household to which a insured belongs, or any other member of the household fails to comply with an order to submit or present a document or any other article issued pursuant to the provisions of the Article 137, paragraph (2) without justifiable grounds, or fails to answer or gives a false answer to any question asked by the relevant official pursuant to the provisions of the same paragraph, a municipality may establish provisions to impose a civil fine of not more than 100,000 yen.

- 4 後期高齢者医療広域連合は、条例で、偽りその他不正の行為により徴収猶予した一部負担金に係る徴収金その他第四章の規定による徴収金（後期高齢者医療広域連合が徴収するものに限る。）の徴収を免れた者に対し、その徴収を免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。

- (4) A Association of Medical Care Systems for the Elderly Aged 75 and older may establish provisions in its Prefectural Ordinance to impose a civil fine on a person who has evaded the collection of money to be collected related to co-payment whose collection has been suspended and other money to be collected pursuant to the provisions of Chapter IV (limited to money to be collected by the Association of Medical Care Systems for the Elderly Aged 75 and older) by deception or other wrongful acts, in an amount not exceeding the amount equivalent to five times the amount evaded.

- 5 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第四章の規定による徴収金（市町村が徴収するものに限る。）の徴収を免れた者に対し、その徴収を免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。

- (5) A Municipality may, in its Municipal Ordinance, establish provisions to impose on a person who has evaded the collection of insurance premiums or any other money to be collected pursuant to the provisions of Chapter IV (limited to those collected by the Municipality) by deception or other wrongful acts, a civil fine of not more than the amount equivalent to five times the amount evaded.

- 6 地方自治法第二百五十五条の三の規定は、前各項の規定による過料の処分について準用する。

- (6) The provisions of Article 255-3 of the Local Autonomy Act apply mutatis mutandis to the disposition of a civil fine under the provisions of the preceding paragraphs.

附 則 〔附 則 〔昭和五十七年八月十七日〕〔抄〕〕〔抄〕

Supplementary Provisions [Act No. 80 of August 17,1982] [Extract]

(施行期日)

(Effective Date)

第一条 この法律は、公布の日から起算して一年六月を超えない範囲内において政令で定める日から施行する。ただし、第五章、第八十四条、第八十七条第二項、附則第三十一条及び附則第三十二条の規定（附則第三十一条の規定による社会保険診療報酬支払基金法第十三条第二項の改正規定を除く。）は公布の日から起算して一年三月を超えない範囲内において政令で定める日から、第二章、第三十条（中央社会保険医療協議会に関する部分に限る。）及び附則第三十八条から附則第四十条までの規定は公布の日から起算して三月を超えない範囲内において政令で定める日から施行する。

Article 1 This Act comes into effect as of the day specified by Cabinet Order within a period not exceeding one year and six months from the date of promulgation; provided, however, that the provisions of Chapter V, Article 84, Article 87, paragraph (2), Article 31, and Article 32 of the Supplementary Provisions (excluding the provisions to amend Article 13, paragraph (2) of the Health Insurance Claims Review & Reimbursement Services Act pursuant to the provisions of Article 31 of the Supplementary Provisions) come into effect as of the day specified by Cabinet Order within a period not exceeding one year and three months from the date of promulgation, and the provisions of Chapter II, Article 30 (limited to the part concerning the Central Social Insurance Medical Council), and Article 38 through Article 40 of the Supplementary Provisions come into effect as of the day specified by Cabinet Order within a period not exceeding three months from the date of promulgation.

(病床転換助成事業)

(Sickbed Conversion promotion services)

第二条 都道府県は、政令で定める日までの間、当該都道府県における医療費適正化を推進するため、当該都道府県の区域内にある保険医療機関（医療法人その他の厚生労働省令で定める者が開設するものに限る。）に対し、当該保険医療機関である病院又は診療所の開設者が行う病床の転換（医療法第七条第二項各号に掲げる病床の種別のうち厚生労働省令で定めるものの病床数を減少させるとともに、介護保険法第八条第二十九項に規定する介護医療院その他の厚生労働省令で定める施設について新設又は増設により、病床の減少数に相当する数の範囲内において入所定員を増加させることをいう。以下同じ。）に要する費用を助成する事業（以下「病床転換助成事業」という。）を行うものとする。

Article 2 Until the date specified by Cabinet Order, in order to promote the optimization of medical expenses in a prefecture, the prefecture is to provide medical institutions providing services covered by health insurance (limited to those established by medical corporations or other persons specified by the Order of the Ministry of Health, Labour and Welfare) within the area of the prefecture with services to subsidize the expenses required for the sickbed conversion (meaning to reduce the number of sickbeds of those specified by the Order of the Ministry of Health, Labour and Welfare among the classes of sickbeds set forth in the items of Article 7, paragraph (2) of the Medical Care Act, and to increase the maximum capacity of long-term care hospitals prescribed in Article 8, paragraph (29) of the Long-Term Care Insurance Act and other facilities specified by the Order of the Ministry of Health, Labour and Welfare within the scope of the number equivalent to the decrease in the number of sickbeds through new construction or expansion; the same applies hereinafter) carried out by the establisher of hospitals or clinics which are the medical institutions providing services covered by health insurance (hereinafter referred to as "sickbed conversion promotion services").

(病床転換助成事業の費用の額の決定)

(Determination of the Amount of Expenses for a Sickbed Conversion promotion services)

第三条 都道府県知事は、病床転換助成事業に要する費用の額を定めようとするときは、あらかじめ、厚生労働大臣に協議し、その同意を得なければならない。

Article 3 (1) When the prefectural governor intends to determine the amount of expenses required for a sickbed conversion promotion services, the governor must consult with and obtain the consent of the Minister of Health, Labour and Welfare in advance.

2 厚生労働大臣は、前項の規定による協議をするに際しては、各都道府県における病床転換助成事業に要する費用の額の総額が、当該年度におけるすべての後期高齢者医療広域連合の療養の給付等に要する費用の額の予想額の総額に、すべての都道府県における病床の転換の見込み及びそれに要する費用の予想額等を勘案して政令で定める率を乗じて得た額を超えないよう調整するものとする。

(2) The Minister of Health, Labour and Welfare, when holding a consultation pursuant to the provisions of the preceding paragraph, is to make an adjustment so that the total amount of expenses required for a sickbed conversion promotion services in each prefecture does not exceed the amount obtained by multiplying the total of the estimated amount of expenses required for benefits for medical treatment, etc. of all hospitals in the relevant fiscal year by the rate specified by Cabinet Order by taking into consideration the likelihood of the conversion of sickbeds in all prefectures and the estimated amount of expenses required therefor, etc. in each Association of Medical Care

Systems for the Elderly Aged 75 and older.

- 3 厚生労働大臣は、都道府県が病床転換助成事業に要する費用の額を定めたときは、支払基金に対し、その金額を通知しなければならない。

(3) When a prefecture has determined the amount of expenses required for a sickbed conversion promotion services, the Minister of Health, Labour and Welfare must notify the payment fund of the amount.

(費用の支弁)

(Payment of Expenses)

第四条 都道府県は、病床転換助成事業に要する費用及び当該事業に関する事務の執行に要する費用を支弁する。

Article 4 A prefecture is to pay the expenses required for a sickbed conversion promotion services and the expenses required for the execution of affairs concerning the services.

(国の交付金)

(Subsidies from the State)

第五条 国は、政令で定めるところにより、都道府県に対し、病床転換助成事業に要する費用の額の二十七分の十に相当する額を交付する。

Article 5 The national government, pursuant to the provisions of a Cabinet Order, grants an amount equivalent to 10 / 27 of the amount of expenses required for a sickbed conversion promotion services to a prefecture.

(病床転換助成交付金)

(Subsidies for Ward Transfer)

第六条 都道府県が附則第四条の規定により支弁する費用の二十七分の十二に相当する額については、政令で定めるところにより、支払基金が当該都道府県に対して交付する病床転換助成交付金をもつて充てる。

Article 6 (1) The amount equivalent to 12 / 27 of the expenses paid by a prefecture pursuant to the provisions of Article 4 of the Supplementary Provisions is covered by the subsidy for sickbed conversion granted by the Payment Fund to the prefecture, pursuant to the provisions of Cabinet Order.

- 2 前項の病床転換助成交付金は、次条第一項の規定により支払基金が徴収する病床転換支援金をもつて充てる。

(2) The sickbed conversion support grant referred to in the preceding paragraph is covered by the sickbed conversion support grant collected by the payment fund pursuant to the provisions of paragraph (1) of the following Article.

(病床転換支援金の徴収及び納付義務)

(Collection and Payment Obligation of Ward Transfer Support Grants)

第七条 支払基金は、附則第十一条第一項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、年度ごとに、保険者（国民健康保険にあつては、都道府県。附則第九条の二第四項を除き、以下同じ。）から病床転換支援金及び病床転換助成関係事務費拠出金（以下「病床転換支援金等」という。）を徴収する。

Article 7 (1) The Payment Fund, in order to cover the expenses required for the services prescribed in Article 11, paragraph (1) of the Supplementary Provisions and the handling of affairs concerning the relevant services, collects the sickbed conversion support grants and contributions for clerical expenses related to the sickbed conversion subsidies (hereinafter referred to as "sickbed conversion support grants, etc.") from Insurers (or prefectures in the case of national health insurance; the same applies hereinafter except in Article 9-2, paragraph (4) of the Supplementary Provisions) every fiscal year.

2 保険者は、病床転換支援金等を納付する義務を負う。

(2) An insurer has the obligation to pay a ward transfer support grant, etc.

（病床転換支援金の額）

(Amount of Ward Transfer Support Grants)

第八条 前条第一項の規定により各保険者から徴収する病床転換支援金の額は、当該年度における病床転換助成事業に要する費用の二十七分の十二に相当する額を、厚生労働省令で定めるところにより算定した当該年度におけるすべての保険者に係る加入者の見込総数で除して得た額に、厚生労働省令で定めるところにより算定した当該年度における当該保険者に係る加入者の見込数を乗じて得た額とする。

Article 8 The amount of a ward transfer support grant to be collected from each of the insurers pursuant to the provisions of paragraph (1) of the preceding Article is to be the amount obtained by multiplying the amount obtained by dividing the amount equivalent to 12 / 27 of the expenses required for a ward transfer promotion services in the relevant fiscal year by the prospective total number of subscribers pertaining to all of the insurers in the relevant fiscal year calculated as specified by the Order of the Ministry of Health, Labour and Welfare, by the prospective number of subscribers pertaining to the relevant insurers in the relevant fiscal year calculated as specified by the Order of the Ministry of Health, Labour and Welfare.

（病床転換助成関係事務費拠出金の額）

(Amount of Contributions for Office Expenses Related to Ward Transfer Subsidies)

第九条 附則第七条第一項の規定により各保険者から徴収する病床転換助成関係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十一条第一項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を基礎として、各保険者に係る加入者の見込数に応じ、厚生労働省令で定めるところにより算定した額とする。

Article 9 The amount of contributions for clerical expenses related to sickbed

conversion subsidies collected from each of the Insurers pursuant to the provisions of Article 7, paragraph (1) of the Supplementary Provisions is the amount calculated pursuant to the provisions of Order of Order of the Ministry of Health, Labour and Welfare based on the estimated amount of expenses required for the processing of affairs concerning the Payment Fund prescribed in Article 11, paragraph (1) of the Supplementary Provisions in the relevant fiscal year in accordance with the estimated number of subscribers pertaining to each of the Insurers, pursuant to the provisions of Order of Order of the Ministry of Health, Labour and Welfare.

(支払基金の納付等)

(Payment of the Payment Fund)

第九条の二 支払基金は、政令で定める年度（以下この条において「対象年度」という。）の翌年度の末日までの間において、厚生労働大臣が、支払基金が平成二十年度から対象年度までの間（以下この条において「対象期間」という。）において附則第七条第一項の規定により保険者から徴収した病床転換支援金等の額（以下この条において「病床転換支援金等徴収額」という。）から対象期間において附則第十一条第一項に規定する業務に要した費用の額を控除して得た額（第三項において「国庫納付等算定対象額」という。）の範囲内において、対象期間における健康保険法の規定による病床転換支援金の納付に要する費用についての補助金並びに国民健康保険法の規定による病床転換支援金の納付に要する費用についての国庫負担金、調整交付金及び補助金の額の病床転換支援金等徴収額に対する割合並びに病床転換支援金等徴収額に係る利子を勘案して支払基金が国庫に納付すべき額を定めたときは、政令で定めるところにより、当該額を国庫に納付しなければならない。

Article 9-2 (1) If, during the period until the last day of the fiscal year following the fiscal year specified by Cabinet Order (hereinafter referred to as the "applicable fiscal year" in this Article), the Minister of Health, Labour and Welfare has determined the amount that the Payment Fund is to pay to the Treasury within the scope of the amount obtained by subtracting the amount of expenses required for the services prescribed in Article 11, paragraph (1) of the Supplementary Provisions during the applicable period (referred to as the "amount subject to calculation of payment to the Treasury" in paragraph (3)) from the amount of the sickbed conversion support, etc. that the Payment Fund has collected from Insurers during the period from fiscal year 2008 to the applicable fiscal year (hereinafter referred to as the "applicable period" in this Article) pursuant to the provisions of Article 7, paragraph (1) of the Supplementary Provisions (hereinafter referred to as the "collected amount of the sickbed conversion support, etc." in this Article) by taking into consideration the ratio of the amount of subsidies for the expenses required for the payment of the sickbed conversion support, etc. pursuant to the provisions of the Health Insurance Act and the amount of the share of the Treasury,

adjustment grants, and subsidies for the expenses required for the payment of the sickbed conversion support, etc. pursuant to the provisions of the National Health Insurance Act to the collected amount of the sickbed conversion support, etc., and the interest pertaining to the.

- 2 厚生労働大臣は、前項の規定により支払基金が国庫に納付すべき額を定めようとするときは、あらかじめ、財務大臣に協議しなければならない。

(2) When the Minister of Health, Labour and Welfare intends to determine the amount to be paid by the Payment Fund to the Treasury pursuant to the provisions of the preceding paragraph, the Minister must consult with the Minister of Finance in advance.

- 3 支払基金は、対象年度の翌年度の末日までの間において、厚生労働大臣が、国庫納付等算定対象額の範囲内において、対象期間における国民健康保険法の規定による病床転換支援金の納付に要する費用についての都道府県調整交付金の額の病床転換支援金等徴収額に対する割合及び病床転換支援金等徴収額に係る利子を勘案して支払基金が都道府県に交付すべき額を定めたときは、政令で定めるところにより、当該額を都道府県に交付しなければならない。

(3) Until the last day of the fiscal year following the subject fiscal year, when the Minister of Health, Labour and Welfare has determined the amount to be granted by the Payment Fund to the prefecture within the scope of the amount subject to calculation of payment to the treasury, etc., by taking into consideration the ratio of the amount of prefectural adjusting subsidies with regard to the expenses required for the payment of sickbed conversion support grants pursuant to the provisions of the National Health Insurance Act during the subject period to the amount of collected sickbed conversion support grants, etc. and the interest pertaining to the amount of collected sickbed conversion support grants, etc., the Payment Fund must grant the amount to the prefecture pursuant to the provisions of a Cabinet Order.

- 4 支払基金は、対象年度の翌年度の末日までの間において、厚生労働大臣が、病床転換支援金等徴収額から対象期間において附則第十一条第一項に規定する業務及び当該業務に関する事務の処理に要した費用の額並びに第一項の規定により支払基金が国庫に納付する額及び前項の規定により支払基金が都道府県に交付する額を控除して得た額の範囲内において、対象期間における各保険者（国民健康保険にあつては、市町村。以下この項において同じ。）の負担の額の病床転換支援金等徴収額に対する割合として厚生労働省令で定めるところにより算定した割合及び病床転換支援金等徴収額に係る利子を勘案して支払基金が各保険者に対し交付すべき額を定めたときは、政令で定めるところにより、当該額を各保険者に交付しなければならない。

(4) When the Minister of Health, Labour and Welfare has determined the amount to be granted by the Payment Fund to each of the Insurers in consideration of the rate calculated pursuant to the provisions of Prefectural Order of the Ministry of Health, Labour and Welfare as the rate of the amount to be borne by each of the Insurers (in the case of national health insurance,

Municipalities; hereinafter the same applies in this paragraph) against the amount to be collected as a ward transfer support payment, etc. during the subject period and the interest pertaining to the amount to be collected as a ward transfer support payment, etc., within the scope of the amount obtained by deducting, from the amount to be collected as a ward transfer support payment, etc., the amount of expenses required for the services prescribed in Article 11, paragraph (1) of the Supplemental Provisions and the handling of affairs concerning the relevant services during the subject period, the amount to be paid by the Payment Fund to the treasury pursuant to the provisions of paragraph (1), and the amount to be granted by the Payment Fund to the prefecture pursuant to the provisions of the preceding paragraph, the Payment Fund must grant that amount to each of the Insurers pursuant to the provisions of Cabinet Order.

(準用)

(Application Mutatis Mutandis)

第十条 第四十一条、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、第百五十九条、第百六十条、第百六十一条並びに第百六十八条第一項（同項第二号を除く。）の規定は、病床転換支援金等について準用する。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 10 The provisions of the Article 41, Articles 43 through 46, Article 134, paragraphs (2) and (3), Article 159, Article 160, Article 161, and Article 168, paragraph (1) (excluding item (ii) of the same paragraph) apply mutatis mutandis to a ward transfer support grant, etc. In this case, the necessary technical replacement of terms is specified by Cabinet Order.

(病床転換助成事業に係る支払基金の業務)

(Services of the Payment Fund Pertaining to a Sickbed Conversion promotion services)

第十一条 支払基金は、第百三十九条第一項に掲げる業務のほか、保険者から病床転換支援金等を徴収し、都道府県に対し病床転換助成交付金を交付する業務及びこれに附帯する業務を行う。

Article 11 (1) The Payment Fund, in addition to the functions listed in Article 139, paragraph (1), performs the functions of collecting ward transfer support grants, etc. from Insurers and providing ward transfer aid grants to prefectures, and other functions incidental thereto.

2 第五章（第百三十九条第一項、第百四十条及び第百四十二条第二項を除く。）、第百六十八条第一項（同項第一号を除く。）及び第二項並びに第百七十条第一項の規定は、病床転換助成事業に係る支払基金の業務について準用する。この場合において、必要な技術的読替えは、政令で定める。

(2) The provisions of Chapter V (excluding Article 139, paragraph (1), Articles

140 and 142, paragraph (2)), Article 168, paragraph (1) (excluding item (i) of the same paragraph) and paragraph (2), and Article 170, paragraph (1) apply mutatis mutandis to the services of the payment fund pertaining to a sickbed conversion promotion services. In this case, the necessary technical replacement of terms is specified by a Cabinet Order.

(厚生労働省令への委任)

(Delegation to the Order of the Ministry of Health, Labour and Welfare)

第十二条 附則第二条から前条までに規定するもののほか、病床転換助成事業に関し必要な事項は、厚生労働省令で定める。

Article 12 Beyond what is provided for in Article 2 through the preceding Article of the Supplementary Provisions, necessary particulars concerning a sickbed conversion promotion services are prescribed by the Order of the Ministry of Health, Labour and Welfare.

(前期高齢者交付金及び前期高齢者納付金の額の算定の特例)

(Special Provisions for the Calculation of Young-Old Subsidies and Young-Old Payments)

第十三条 附則第二条に規定する政令で定める日までの間、第三十四条第一項、第三十五条第一項、第三十八条第一項又は第三十九条第一項の規定の適用については、第三十四条第一項第一号イ（２）、第三十五条第一項第一号イ（２）、第三十八条第一項第一号イ（２）及び第二号イ（２）並びに第三十九条第一項第一号イ（２）及び第二号イ（２）中「除して得た額」とあるのは、「除して得た額及び附則第八条の規定により算定される病床転換支援金の額の合計額」とする。

Article 13 Until the date specified by Cabinet Order as prescribed in Article 2 of the Supplementary Provisions, with regard to the application of the provisions of Article 34, paragraph (1), Article 35, paragraph (1), Article 38, paragraph (1), or Article 39, paragraph (1), the phrase "the amount obtained by dividing" in Article 34, paragraph (1), item (i), (a), 2., Article 35, paragraph (1), item (i), (a), 2., Article 38, paragraph (1), item (i), (a), 2. and item (ii), (a), 2., and Article 39, paragraph (1), item (i), (a), 2. and item (ii), (a), 2. is deemed to be replaced with "the sum of the amount obtained by dividing and the amount of the ward transfer support grant calculated pursuant to the provisions of Article 8 of the Supplementary Provisions".

(延滞金の割合の特例)

(Special Provisions on the Percentage of Delinquent Charges)

第十三条の二 第四十五条第一項（第二百二十四条、第二百二十四条の八及び附則第十条において準用する場合を含む。）に規定する延滞金の年十四・五パーセントの割合は、当分の間、同項の規定にかかわらず、各年の延滞税特例基準割合（租税特別措置法（昭和三十二年法律第二十六号）第九十四条第一項に規定する延滞税特例基準割合を

いう。以下この条において同じ。) が年七・二パーセントの割合に満たない場合には、その年中においては、当該延滞税特例基準割合に年七・三パーセントの割合を加算した割合とする。

Article 13-2 Until otherwise provided for by law, notwithstanding the provisions of Article 45, paragraph (1) (including as applied mutatis mutandis pursuant to Article 124, Article 124-8 and Article 10 of the Supplementary Provisions), if the delinquent tax Special Standard Rate (meaning the delinquent tax Special Taxation Measures prescribed in Article 94, paragraph (1) of the Special Standard Rate Act (Act No. 26 of 1957); hereinafter the same applies in this Article) in any year is less than 7.2 percent per annum, the annual rate of 14.5 percent of the delinquent charge prescribed in Article 45, paragraph (1) is the rate arrived at when 7.3 percent per annum is added to the delinquent tax Special Standard Rate for the year.

(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 a insured Admitted to a Designated Facility Covered by Public Aid Providing Long-Term Care to)

第十三条の三 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後期高齢者医療広域連合（当該指定介護老人福祉施設が所在する後期高齢者医療広域連合以外の後期高齢者医療広域連合をいう。）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二十二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、第五十条の規定にかかわらず、当該他の後期高齢者医療広域連合が行う後期高齢者医療の被保険者とする。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（第五十五条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 13-3 (1) An insured that is found to have changed its address 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 prescribed in Article 48, paragraph (1), item (i) of Long-Term Care Insurance Act; the same applies hereinafter in this paragraph) due to admission to the Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly, and that is found to have had an address within the area of another Association of Medical Care Systems for the Elderly Aged 75 and older (meaning a Association of Medical Care Systems for the Elderly Aged 75 and older other than the Association of Medical Care Systems for the Elderly Aged 75 and older where the Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly is located) at the time of admission to the Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly, even if the Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly becomes a community-based welfare facility for the elderly as prescribed in Article 8, paragraph (22) of the same Act (limited to a community-based welfare facility for the elderly that has obtained a designation as set forth in the main clause of Article 42-2, paragraph (1) of the same Act pertaining to a provider that performs the services of life assistance of community-based welfare facility for the elderly as prescribed in the same paragraph; hereinafter referred to as a "Hospital after Change" in this Article) due to a decrease in the maximum capacity of the facility, is to be an insured for Old-Old Healthcare provided by the other community-based welfare facility for the elderly, notwithstanding the provisions of Article 50, during the period in which the person is continuously admitted to the Hospital after Change; provided, however, that this does not apply to an insured (limited to a person that is continuously admitted to the Hospital after Change) that has continuously been hospitalized, admitted, or admitted to (hereinafter referred to as "Hospitalization, etc." in this Article) two or more Hospitals, etc. (meaning Hospitals, etc. as prescribed in Article 55, paragraph (1); hereinafter the same applies in this Article) including a Designated Facility Covered by Public Aid Providing Long-Term Care to the Elderly that has become a Hospital after Change (hereinafter referred to as a "Former Facility Covered by Public Aid Providing Long-Term insured Association of Medical Care Systems for the Elderly Aged 75 and older community-based welfare facility for the elderly community-based welfare facility for the elderly:

- 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、第五十条の規定にかかわらず、当該各号に定める後期高齢者医療広域連合が行う後期高齢者医療の被保険者とする。

- (2) Notwithstanding the provisions of Article 50, an insured for specified continuous hospitalization, etc. that is set forth in each of the following items is an insured for late-stage elderly medical care provided by a Association of

Medical Care Systems for the Elderly Aged 75 and older specified in each of the following items:

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ること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後期高齢者医療広域連合（変更前介護老人福祉施設が所在する後期高齢者医療広域連合以外の後期高齢者医療広域連合をいう。）の区域内に住所を有していたと認められるもの
当該他の後期高齢者医療広域連合

(i) an insured whose address is found to have been sequentially changed to the locations of two or more hospitals, etc. due to the fact that the person was hospitalized, etc. in each of the two or more hospitals, etc. in which the person was continuously hospitalized, etc., and who is found to have been domiciled in the area of another Association of Medical Care Systems for the Elderly Aged 75 and older (meaning a Association of Medical Care Systems for the Elderly Aged 75 and older other than the Association of Medical Care Systems for the Elderly Aged 75 and older where the pre-change facility covered by public aid providing long-term care to the elderly is located) when the person was hospitalized, etc. in the first of the two or more hospitals, etc.: the relevant other Association of Medical Care Systems for the Elderly Aged 75 and older;

二 継続して入院等をしていた二以上の病院等のうち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後期高齢者医療広域連合（変更前介護老人福祉施設が所在する後期高齢者医療広域連合以外の後期高齢者医療広域連合をいう。）の区域内に住所を有していたと認められるもの
当該他の後期高齢者医療広域連合

(ii) an insured that is found to have changed its address from a place other than the location of one of the two or more hospitals, etc. at which the relevant person was continuously hospitalized, etc. to a place where the relevant other hospital, etc. is located (hereinafter referred to as a "specified change of address" in this item) as a result of being continuously hospitalized, etc. from one of the two or more hospitals, etc. to another (hereinafter referred to as "continuous hospitalization, etc." in this item), and that is found to have been domiciled in the area of another Association of Medical Care Systems for the Elderly Aged 75 and older (meaning a Association of Medical Care Systems for the Elderly Aged 75 and older other than the Association of Medical Care Systems for the Elderly Aged 75 and older where the pre-change facility covered by public aid providing long-term care to the elderly is located) at the time of the last continuous hospitalization, etc. in

relation to the specified change of address: the relevant other Association of Medical Care Systems for the Elderly Aged 75 and older.

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、第五十五条の規定を適用する。

(3) With regard to an insured subject to the provisions of the preceding two paragraphs, the provisions of Article 55 apply by deeming the Converted community-based welfare facility for the elderly to be a Hospital, etc.

(市町村の特別会計への繰入れ等の特例)

(Special Provisions for Transfer to the Special Account of a Municipality)

第十三条の四 当分の間、第九十九条第二項の規定の適用については、同項中「同条各号に掲げる場合のいずれかに該当するに至った日の属する月以後二年を経過する月までの間に限り、条例の」とあるのは、「条例の」とする。

Article 13-4 Until otherwise provided for by law, with regard to the application of the provisions of Article 99, paragraph (2), the phrase "of the Prefectural or Municipal Ordinance, limited to the period until the month in which two years have elapsed from the month including the day on which the person came to fall under any of the cases set forth in the items of the same Article" in the same paragraph is deemed to be replaced with "of the Prefectural or Municipal Ordinance".

(財政安定化基金の特例)

(Special Provisions for Fiscal Stability Funds)

第十四条 都道府県は、当分の間、第一百十六条第一項の規定にかかわらず、政令で定めるところにより、後期高齢者医療広域連合に対して保険料率の増加の抑制を図るための交付金を交付する事業に必要な費用に、財政安定化基金を充てることができる。

Article 14 Until otherwise provided for by law, notwithstanding the provisions of Article 116, paragraph (1), a prefecture may, pursuant to the provisions of Cabinet Order, allocate a fiscal stability fund to the expenses necessary for a project to provide grants to an Association of Medical Care Systems for the Elderly Aged 75 and older for the purpose of preventing an increase in the insurance premiums rate.

(令和六年度及び令和七年度の出産育児支援金の額の算定の特例)

(Special Provisions for Calculation of the Amount of Childbirth and Childcare Support Benefits in Fiscal 2024 and Fiscal 2025)

第十五条 令和六年度及び令和七年度においては、第二百二十四条の三第一項中「額に」とあるのは、「額の二分の一に相当する額に」とする。

Article 15 In fiscal years 2024 and 2025, the term "in the amount" in Article 124-3, paragraph (1) is deemed to be replaced with "in the amount equivalent to one half of the amount".