Ministry of Social Affairs and Health, Finland
N.B. Unofficial translation. Legally binding only in Finnish and Swedish

No. 1326/2010

Health Care Act

Issued in Helsinki on 30 December 2010

(Amendments followed up to 1293/2013)

Chapter 1

General provisions

Section 1

Scope of application

The provisions of this Act shall apply to the implementation and substance of health care services for the provision of which local authorities are responsible under the Primary Health Care Act (66/1972) and the Act on Specialised Medical Care (1062/1989), unless otherwise provided in other laws. Health care services shall encompass health and welfare promotion, primary health care, and specialised medical care.

What has been provided in this Act regarding local authorities shall also apply to the cooperation area referred to in the Act on Restructuring Local Government and Services (169/2007).

This Act shall not be enforced on the Åland Islands with the exception of compensation for the provision of training payable to health care units as referred to in sections 60 and 63.

Section 2

Objective of the Act

The objective of this Act is to

1) promote and maintain the population's health and welfare, work ability and functional capacity, and social security;

2) reduce health inequalities between different population groups;

3) ensure universal access to the services required by the population and improve quality and patient safety;

4) promote client-orientation in the provision of health care services; and

5) improve the operating conditions of primary health care and strengthen cooperation between health care providers, between local authority departments, and with other parties in health and welfare promotion and the provision of social services and health care.

Section 3

Definitions

For the purposes of this Act,

1) *health promotion* means actions aimed at individuals, the population, communities, and living environments with a view to maintaining and improving health, work ability and functional capacity, influencing determinants of health, preventing illnesses, accident injuries, and other health problems, strengthening mental health, and reducing health inequalities between different population groups, as well as systematic targeting of resources in a manner that promotes better public health;

2) *primary health care* means public health services provided by local authorities, health promotion, and any related provision of health counselling and health checks, oral health care, medical rehabilitation, occupational health care, environmental health care, as well as emergency medical care, outpatient care, home nursing, at-home hospital care and inpatient care, mental health services, and substance abuse services where these are not covered by social services or specialised medical care; primary health care may also be referred to as public health services;

3) *specialised medical care* means specialised medical and dental health care

services pertaining to preventing, diagnosing, and treating illnesses, emergency medical service, emergency medical care, and medical rehabilitation;

4) *highly specialised medical care* means medical care that has been deemed as highly specialised by Government Decree due to the rarity of the illness, the special competence required for providing any required treatments, or the special requirements for arranging the associated medical care;

5) *social services* means the functions listed in section 13 (1) of the Social Welfare Act (710/1982) and measures to improve social security and welfare referred to in paragraph 2 of the same section; and

6) *catchment area for highly specialised medical care* means an area formed by two or more hospital districts for the provision of highly specialised medical care referred to in section 9 of the Act on Specialised Medical Care.

Section 4

Operating conditions of health care

Local authorities shall assign adequate resources for health and welfare promotion and for the provision of health care services on the basis of which central government transfers are paid towards the basic services of local authorities. All local authorities and joint municipal authorities for hospital districts shall have access to a sufficient number of health care professionals to carry out the tasks required for the provision of health care.

Health care units shall be managed by multidisciplinary experts to maintain a system of safe high-quality care, cooperation between different professions, and the development of better treatment and operating practices.

The structure and number of health care personnel in local authorities and joint municipal authorities for hospital districts shall reflect what is required for health and welfare promotion among the population in the area and for the provision of the health care services required.

All local authorities and joint municipal authorities for hospital districts shall have access to adequate facilities and equipment for the provision of health care.

Section 5

Obligation to undertake supplementary training

Local authorities and joint municipal authorities for hospital districts shall ensure that health care personnel, including personnel employed by any private service providers from which local authorities or joint municipal authorities source services, undertake adequate supplementary health care training. The supplementary training programme shall reflect the length of the basic training of the personnel, the demands of the job, and the tasks involved.

The issues to be covered in supplementary training and arrangements for supervision may be laid down by decree of the Ministry of Social Affairs and Health.

Section 6

Language used in the provision of health care services

Unilingual local authorities and joint municipal authorities for hospital districts shall make their health care services available in the language of the local authority or joint municipal authority in question. Bilingual local authorities and joint municipal authorities comprising bilingual or both Finnish-speaking and Swedish-speaking local authorities shall make their health care services available in Finnish and Swedish so that clients and patients have access to the services in the language of their choice. The right of patients and clients to use either Finnish or Swedish, to be heard, and to receive documents containing decisions concerning them in Finnish or Swedish as well as their right to interpretation when dealing with public authorities in these languages is governed by sections 10, 18, and 20 of the Language Act (423/2003).

Local authorities and joint municipal authorities for hospital districts shall also ensure that citizens of the Nordic countries may, if necessary, use their own language, Danish, Finnish, Icelandic, Norwegian, or Swedish when using health care services. In such circumstances, the local authority or joint municipal authority for the hospital district in question shall strive to ensure that citizens of the Nordic countries have access to any required interpretation and translation.

The right to use the Sámi language is governed by the Sámi Language Act (1086/2003).

Section 7

Harmonised principles of care

The Ministry of Social Affairs and Health coordinates the observance of national harmonised principles of medical and dental care. The Ministry shall draft the harmonised principles of care together with the National Institute for Health and Welfare. The National Institute for Health and Welfare shall supervise and assess the observance of the harmonised principles of care by local authorities and joint municipal authorities for hospital districts.

Local authorities and hospital districts shall work together to monitor the observance of the harmonised principles of care.

Section 7a (1202/2013)

Service choices in health care

The service choices in health care comprise medically and dentally justified disease prevention, examinations to detect an illness, and diagnosis, treatment and rehabilitation.

The service choices do not, however, include such health and medical care procedures, examinations, treatments and rehabilitation that involve an unreasonably high risk for the patient's life or health in view of the health benefits to be gained or whose effect is limited or whose costs are unreasonably high in view of the health benefits to be gained and the therapeutic value.

A patient can be examined and treated by a medical or dental examination and treatment method that is not included in the service choices if it is medically necessary due to an illness or injury that seriously threatens the life or health of the patient taking into consideration the patient's health state and the expected course of the illness.

Section 8

Quality and patient safety

The provision of health care shall be based on evidence and recognised treatment and operational practices. The health care provided shall be of high quality, safe, and appropriately organised.

The primary health care providers of local authorities shall ensure that all aspects of patient care are coordinated, unless otherwise agreed.

Each health care unit shall produce a plan for quality management and for ensuring patient safety. The plan shall include arrangements for improving patient safety in cooperation with social services.

The issues to be covered in the plan are laid down by decree of the Ministry of Social Affairs and Health.

Section 9

Patient information register and handling of patient data

The patient records kept by joint municipal authorities for hospital districts regarding primary local authority health care and specialised medical care in their area form a shared patient information register. The shared patient information register shall be administrated by each of the health care units that have joined the register with regard to the patient records created by the unit in question.

Any health care unit attending to the care of a patient shall have access to any records entered by another unit into the shared patient information register to the extent necessary for treating the patient in question. Sharing of patient records between the health care units that have joined the shared patient information register shall not require express consent from the patient. However, the patient has the right to prohibit the use of data entered by other health care units. The patient may impose and withdraw the prohibition at any time.

In order to enable patients to exercise their right to prohibit the use of data, patients shall be informed of the shared patient information database, of practices used in handling data, and of their right to prohibit the sharing of data between health care units. The aforementioned information shall be disclosed to patients before any patient data are shared between units. A note shall be made in the patient records of the patient having been informed of his or her rights and of whether the patient imposed any prohibitions on the sharing of data.

Whenever data entered by other health care units is accessed by means of information systems, the use of patient information shall be monitored according to section 5 of the Act on the Electronic Processing of Client Data in Social and Health Care Services (159/2007). Confirmation of the existence of a doctor-patient relationship between the patient and the person requesting the sharing of data shall be obtained by means of information technology.

The joint municipal authority for a hospital district is responsible for coordinating the shared patient information register and for ensuring that the provisions of paragraphs 2 and 3 are observed when data are shared by means of information systems. Each health care unit shall be responsible for ensuring that any patient records created in the context of its operations are handled in accordance with the Personal Data Act (523/1999).

Section 10

Availability of services and universal access

Local authorities and joint municipal authorities for hospital districts shall ensure that the substance and scope of the health care services provided correspond to what the welfare, patient safety, social security, and health of the residents of the local authority or joint municipal authority for the hospital district require and what the estimated demand for the same is medically or on the grounds of dental records or health science according to existing data on the underlying factors.

Local authorities and joint municipal authorities for hospital districts shall ensure that services are available and universally accessible in their area to the residents that they are responsible for providing services.

Local authorities and joint municipal authorities for hospital districts shall make their health care services available to the residents that they are responsible for providing services locally unless regional centralisation of services is justified in order to ensure the quality of services.

Chapter 2

Health and welfare promotion

Section 11

Consideration of effects on health and welfare

When planning and making decisions, local authorities and joint municipal authorities for hospital districts shall assess and take into consideration any effects that their decisions may have on the health and social welfare of residents.

Section 12

Health and welfare promotion by local authorities

Local authorities shall monitor the health and welfare of their residents and any underlying factors per population group as well as any measures taken with regard to local authority services that are aimed at meeting the welfare needs of residents. Reports on the health and welfare of residents as well as any measures taken shall be produced for the city or municipal council once a year, in addition to which a more comprehensive review on welfare shall be produced for the city or municipal council once during each term of office.

In their strategic plans, local authorities shall identify objectives for health and welfare promotion on the basis of local conditions and demand and measures for meeting these objectives by making use of local welfare and health indicators.

Local authorities shall assign coordinators for health and welfare promotion. The various local authority departments shall work together in health and welfare promotion. Moreover, local authorities shall cooperate with other public organisations based in the local authority as well as with private enterprises and non-profit organisations. In cases where social services and health care are provided jointly by several local authorities, the cooperation area shall act as an expert in any cooperation of the various sectors involved and contribute to assessing effects on social welfare and health in the participating local authorities.

Section 13

Health counselling and health checks

Local authorities shall provide a health counselling service to support health and welfare promotion among residents and to

prevent illnesses. The provision of health counselling shall be incorporated into all health care services.

Local authorities shall provide any health checks required for monitoring and promoting better health and welfare among residents. The health counselling service and health checks shall be aimed at maintaining functional capacity and work ability, at preventing illnesses, and at promoting better mental health and life skills. Health counselling and health checks shall also be made available to young people and individuals of working age who are not covered by student health care or occupational health care. Local authorities shall also provide their residents with family planning advice and other services that advocate better sexual and reproductive health.

Health counselling services and health checks shall be coordinated with other local authority services.

Section 14

Screening

Local authorities shall arrange within their area screening to comply with national screening programmes. Local authorities may also carry out screening and health checks to diagnose specific illnesses or precursors or to detect pathogens.

Section 15

Maternity and child health clinic services

Local authorities shall provide within their area maternity and child health clinic services for pregnant women and for families that are expecting a child as well as for children under school age and their families.

Maternity and child health clinic services include

1) regular checks to ensure the healthy growth, development, and wellbeing of foetuses and the health of pregnant women and new mothers according to individual needs;

2) checks to ensure the healthy growth, development, and wellbeing of children at intervals of approximately one month during the first year of life as well as annually and according to individual needs thereafter;

3) oral health checks for children at least every other year;

4) support for parenthood and other wellbeing of families;

5) promotion of the health of the homes and living environments of children and healthy lifestyles of families; and

6) early identification of any special needs and tests required by children and families as well as support for children and families and, if necessary, referral to tests or treatment.

As regards the provision of maternity and child health clinic services, the primary health care services of local authorities shall be coordinated with organisations responsible for preschool education, child welfare and other social services, and specialised medical care, as well as with other relevant actors.

Section 16

School-based health care

Local authorities shall provide school health services for pupils enrolled in educational institutions providing basic education in their area. School health services shall also cover health care during work experience placements.

School health services include

1) triennial checks on the health and safety of school environments and welfare promotion among learning communities;

2) annual checks on the growth and development of pupils and health and welfare promotion;

3) support for the parents and guardians of pupils;

4) oral health care for pupils, including oral health checks on at least three occasions and according to individual needs;

5) early identification and support for any special needs and tests required by pupils, cooperation with other pupil welfare organisations to help chronically ill children manage their conditions, and, if necessary, referral to further tests and treatment; and

6) any specialised tests required for diagnosing medical conditions in pupils.

As regards the provision of school health services, local authorities shall cooperate with parents and guardians as well as with other pupil welfare and teaching personnel and other relevant parties.

School health services constitute one of the pupil welfare services referred to in the Pupil

and Student Welfare Act (1287/2013). The department responsible for the provision of primary health care in each municipality shall contribute to the drafting of the curriculum referred to in section 15 of the Basic Education Act (628/1998) insofar as it concerns pupil welfare and cooperation between educational institutions and homes. (1293/2013)

Local authorities shall reimburse pupils and anyone accompanying them for any travel costs incurred, within reason, as a result of visiting a school health service provider if the visit cannot be combined with the normal journey to school.

If specialised tests have been carried out on a pupil who although covered by a school-based health care scheme is not a resident of the municipality responsible for running the health centre in question, the municipality in which the pupil resides shall reimburse the health centre that ordered the specialised tests to be carried out for the cost of the tests and for any travel costs incurred, within reason, by the pupil and by anyone accompanying the pupil.

Section 17

Student health care

The primary health care services provided by local authorities shall include the provision of student health care services to students enrolled in upper secondary schools, educational institutions providing vocational education, and universities and other institutes of higher education located in their area regardless of the students' place of residence. Subject to the consent of the local authority in question, student health care services for students enrolled in universities and other institutes of higher education may also be provided in another manner approved by the National Supervisory Authority for Welfare and Health. Student health care shall also cover health care during work experience placements and on-the-job training. (1293/2013)

Student health care services include

1) triennial checks on health and safety in educational institutions and welfare promotion among learning communities;

2) monitoring and promotion of students' health welfare and fitness to study, including two scheduled health checks for students enrolled in upper secondary schools and vocational education institutions and health checks for all students according to individual needs;

3) provision of health and medical care services for students, including mental health and substance abuse services, advice on sexual health, and oral health care; and

4) early identification of any special needs and tests required by students, support, and, if necessary, referral to further tests or treatment.

As regards student health care, local authority primary health care providers shall cooperate with the parents and guardians of underage students as well as with other student welfare and teaching personnel and other relevant parties.

Student health care constitutes one of the student welfare services referred to in the Pupil and Student Welfare Act and section 16a of the Vocational Adult Education and Training Act (631/1998).. The department responsible for the provision of primary health care in each municipality shall contribute to the drafting of the curriculum referred to in section 11 of the Upper Secondary Education Act (629/1998) and section 14 of the Vocational Education Act (639/1998) insofar as it concerns student welfare and cooperation between educational institutions and homes. (1293/2013)

Section 18

Occupational health care

Local authorities shall provide individuals employed in places of work based in their area with access to the occupational health care services referred to section 12 of the Occupational Health Care Act (1383/2001) and as provided in other laws.

Local authorities shall, where applicable, provide entrepreneurs and other self-employed individuals based in their area with access to the occupational health care services referred to in section 12 of the Occupational Health Care Act and in statutes issued by virtue of it.

Local authorities may enter into agreements with employers based in their area whereby a local authority health centre provides medical treatment and other health care services for individuals employed by said employers as referred to in section 14 of the Occupational Health Care Act. Similar agreements may also be entered into with

entrepreneurs and other self-employed individuals.

Section 19

Mariner health care

The local authorities of Hamina, Helsinki, Jakobstad/Pietarsaari, Kemi, Kotka, Oulu, Pori, Rauma, Savonlinna, Turku, and Vaasa shall

1) provide mariners with access to health care services, including oral health care, regardless of their place of residence; and

2) provide mariners with access to the occupational health care services that employers have an obligation to provide under section 12 of the Occupational Health Care Act and other laws regardless of the location of the registered office of the shipping company.

Section 20 (981/2013)

Section 20 has been repealed by Act No. 981/2012.

Section 21 (601/2013)

Environmental health care

Local authorities shall provide environmental health care services within their area according to the provisions of the Act on Cooperation Areas in Environmental Health Care (410/2009).

The provision of environmental health care is governed by the Health Protection Act (763/1994), the Food Act (23/2006), the Tobacco Act (693/1976), the Consumer Protection Act (920/2011) and the Veterinary Care Act (765/2009).

Section 22

Medical certificates

Local authorities shall ensure that residents or patients of health centres are able to obtain a medical certificate or a statement indicating their health in situations where a certificate or statement is required by law or where the same is crucial to the treatment of the resident or patient in question, to his or her ability to earn a living or to study, or due to another comparable reason.

Section 23

Power to issue decrees

Further provisions on issues that must be taken into consideration with regard to student health care, the preventive oral health care of children and young people, and the provision of health counselling and regular health checks associated with maternity and child health clinic services and school-based health care may, if necessary, be issued by Government Decree. Further provisions may also be issued on specialised tests included in school-based health care and on screening. Further provisions on the students enrolled in educational institutions who are entitled to student health care are also issued by Government Decree.

Chapter 3

Medical care

Section 24

Medical care

Local authorities shall provide their residents with access to medical care services. Medical care services include

1) tests, medical and dental diagnostic services, treatment, care equipment prescribed in treatment plans for managing chronic illnesses, and any medical rehabilitation required;

2) prevention and curing of illnesses and alleviation of suffering;

3) guidance to enhance patients' commitment to their treatment plans and self-care; and

4) early identification and treatment of any health problems in patients requiring special support, tests, and care, and referral to further treatment.

The provision of medical care shall be based on the medical or dental diagnosis of the patient and carried out in accordance with harmonised principles of care, where available. The provision of treatment shall be based on the most expedient methods and cooperation. Outpatient care shall be provided whenever this is deemed feasible taking into account patient safety.

Where necessary, plans shall be drawn up to provide treatment and rehabilitation in

accordance with section 4a of the Act on the Status and Rights of Patients (785/1992).

Section 25

Home nursing

Local authorities shall provide their residents with access to home nursing. Home nursing shall comprise multidisciplinary health and medical care provided according to a treatment and care plan or on a temporary basis in the patient's place of residence or home or in another comparable location. Any care equipment prescribed in treatment plans for managing chronic illnesses shall be included in the service.

At-home hospital care shall comprise a more intense form of home nursing provided on a temporary basis. At-home hospital care may comprise primary health care services, specialised medical care services, or both. Any medication administered in the course of at-home hospital care and care equipment prescribed in treatment plans shall be included in the service.

Section 26

Oral health care

Local authorities shall provide their residents with access to oral health care services. Provision of treatment at regular intervals shall be based on a dental diagnosis. Oral health care services include

1) improving and monitoring of the oral health of the population;

2) provision of health information and health checks;

3) tests, prevention, and treatment of oral diseases; and

4) early identification of any special needs and tests required by patients, treatment, and, if necessary, referral to further tests and treatment.

As regards oral health care, the providers of local authority primary health care services shall cooperate with specialised medical care, other health care and social service personnel.

Section 27

Mental health services

Local authorities shall provide the mental health services required for health and welfare promotion among residents, which shall be aimed at strengthening the factors that help to maintain the mental health of individuals and society and at reducing and eliminating factors that stand to compromise mental health.

In the context of this Act, mental health services include

1) guidance and advice on factors that help to maintain or stand to compromise mental health, provided in connection with health care, as well as psychosocial support for individuals and families, as necessary;

2) coordination of psychosocial support for individuals and society in unforeseen crisis situations; and

3) mental health services, including tests, treatment, and medical rehabilitation of mental health disorders.

Any mental health services provided in connection with health care shall be planned and implemented so as to coordinate efficiently with local authority social services and health care.

Provisions on mental health services are also laid down in the Mental Health Act (1116/1990).

Section 28

Substance abuse services

Local authorities shall provide the substance abuse services required for health and welfare promotion among residents, which are aimed at strengthening the factors that help to maintain abstinence from substance abuse among individuals and society and at reducing and eliminating factors associated with substance abuse that stand to compromise health and safety.

In the context of this Act, substance abuse services include

1) guidance and advice on factors that help to maintain or stand to compromise abstinence from substance abuse and on factors associated with substance abuse that stand to compromise health and safety, provided in connection with health care; and

2) tests, treatment, and rehabilitation of diseases attributable to substance abuse.

Any substance abuse services provided in connection with health care shall be planned and implemented so as to coordinate

efficiently with other local authority substance abuse and mental health services.

Provisions on substance abuse services are also laid down in the Act on Welfare for Substance Abusers (41/1986).

Section 29

Medical rehabilitation

Local authorities shall provide patients with access to any medical rehabilitation required in connection with medical care.

Medical rehabilitation includes

1) provision of advice and guidance for rehabilitation;

2) assessment of functional capacity and work ability as well as the rehabilitation needs of patients;

3) assessment of options and prognosis of rehabilitation;

4) therapy aimed at improving and maintaining functional capacity and other measures to support rehabilitation;

5) assistive device services;

6) adaptation training; and

7) inpatient or outpatient care to provide the services referred to in subparagraphs 1–6.

Local authorities shall ensure that the medical rehabilitation of patients is planned so as to coordinate rehabilitation with any other forms of care that may be required. The grounds for, the goals, and a programme of medical rehabilitation shall be laid down in written personalised rehabilitation plans. Local authorities shall also oversee and monitor the provision of rehabilitation services and assign personal rehabilitation coordinators to patients, where necessary.

Local authorities do not have an obligation to provide the rehabilitation services referred to in paragraph 1 in situations where the provision of medical rehabilitation falls within the duties of the Social Insurance Institution as referred to in section 9 of the Act on the Rehabilitation Benefits and Rehabilitation Allowance Benefits of the Social Insurance Institution of Finland (566/2005). Local authorities shall nevertheless be responsible for providing any medical rehabilitation prescribed in rehabilitation plans if the responsibility for providing and financing the rehabilitation cannot be clearly determined. Where the responsibility for providing and financing the rehabilitation is subsequently found to fall within the duties of the Social Insurance Institution, the latter shall reimburse the local authority in question for any costs incurred as a result of providing the rehabilitation.

What is laid down in paragraph 1 concerning medical rehabilitation shall not apply to the cost of procuring, instructing on the use of, servicing, and replacing assistive devices if the use of the device is due to an accident injury or an occupational disease referred to in the Employment Accidents Act (608/1948), the Act on Farmers' Occupational Accident Insurance (1026/1981), the Military Injuries Act (404/1948), the Motor Vehicle Insurance Act (279/1959), or other earlier laws comparable to the same.

Further provisions on the grounds on which assistive devices are supplied may be issued by decree of the Ministry of Social Affairs and Health.

Section 30

Cooperation and referral to other forms of rehabilitation

Should an individual require rehabilitation services that local authorities are not, by law, obligated to provide or that cannot be expediently provided in connection with primary health care, the local authority in question shall ensure that the individual is advised of other forms of rehabilitation services. Depending on the circumstances, the individual in question shall be referred to the hospital district, social services, employment services, educational authorities, the Social Insurance Institution, or another suitable service provider after consulting with the organisations providing these services.

Coordination between local authority services and the services of other rehabilitation providers shall be recorded in the personal rehabilitation plan of the individual in question. The grounds for cooperation between different administrative sectors, the principles governing the status of clients, and the procedures to be followed in the course of cooperation are laid down in the Act on Cooperation on Client Services within Rehabilitation (497/2003).

Section 31

Executive assistance

The departments responsible for local authority primary health care shall give executive assistance to the police and the Finnish Border Guard in carrying out clinical examinations of live subjects and the police in carrying out external physical examinations of deceased subjects.

Local authorities also shall give executive assistance to prison authorities in carrying out clinical examinations of live subjects under Chapter 16, section 6, of the Prison Sentences Act (767/2005) and Chapter 11, section 6, of the Detention Act (768/2005). Moreover, local authorities have a duty to appoint a primary health care physician to carry out clinical examinations of conscripts of the Defence Forces in cases where the conscription authorities have issued a request to that effect to an organisation referred to in section 6 (1) of the Primary Health Care Act.

Chapter 4

Health care cooperation and regional services

Section 32 (914/2012)

Cooperation between social services and health care

In addition to what is provided elsewhere in this Act, local authorities and joint municipal authorities for hospital districts shall, in health and welfare promotion and the provision of the health care services referred to in this Act, cooperate with social services and child day care services insofar as this is required for duties to be carried out expediently and for patients' needs to be met in terms of treatment, social services, and health care.

Section 33

Coordination between primary health care and specialised medical care

Joint municipal authorities for hospital districts are responsible for coordinating specialised medical care services with the needs of the population and the requirements of primary health care. Joint municipal authorities for hospital districts shall, in cooperation with each of the local authorities responsible for primary health care, plan and develop specialised medical care so as to form a coherent system of primary health care and specialised medical care. Coordination shall ensure that specialised medical care services are provided expediently in connection with primary health care as well as by specialised medical care units.

Joint municipal authorities for hospital districts shall provide health centres in their area with access to specialised medical care services that cannot be expediently provided through primary health care and oversee the development and control the quality of laboratory and imaging services, medical rehabilitation, and other comparable specialised services provided in connection with local authority health care.

Joint municipal authorities for hospital districts are also responsible for coordinating research, development, and education in their area and for ensuring the compatibility of information systems used in local authority health care. Joint municipal authorities for hospital districts shall ensure that specialised medical care services are provided on consistent medical and dental grounds in their area.

Section 34

Health care provision plans

The local authorities forming the joint municipal authority for a hospital district shall together produce a health care provision plan on the basis of health statistics and the needs of the population. The joint municipal authority for the hospital district shall be consulted in the course of producing the plan.

The plan shall lay down procedures for cooperation between the participating local authorities, goals for health and welfare promotion and responsible parties, arrangements for the provision of health care services, emergency medical care, imaging services, and medical rehabilitation, and grounds for cooperation between primary health care, specialised medical care, social services, child day care services, pharmaceutical services, and other parties. (914/2012)

A new plan shall be produced for each term of office of city or municipal councils and ratification sought from the hospital district. A plan can only be ratified if at least two thirds of the participating local authorities,

representing at least half of the combined population of all of the participating local authorities, are in favour. The local authorities and the joint municipal authority shall together monitor progress relative to the plan on a yearly basis and revise the plan as required.

Further provisions on issues that must be covered in the health care provision plan may be issued by Government decree.

Section 35

Primary health care units

Joint municipal authorities for a hospital district shall have a primary health care unit that employs health care professionals with multidisciplinary competence and supports the planning of health care provision referred to in section 34.

The primary health care unit shall act as an expert consultant and coordinate research and development, treatment and rehabilitation programmes, and supplementary training in primary health care in the area, ensure that the unit has adequate human resources at all times, and oversee cooperation between specialised medical care, primary health care, and, where applicable, social services.

Section 36

Regional promotion of health, functional capacity, and social security

Joint municipal authorities for hospital districts shall provide expert consultancy and support for local authorities by organising training, by compiling health and welfare statistics, and by introducing local authorities to evidence-based operating models and best practices for preventing illnesses and problems.

Regional health and welfare promotion strategies and plans shall be produced in cooperation with local authorities, taking into consideration the responsibilities of the various local authority departments.

Section 37

Health centre development, training, and research

Health centres shall be responsible for the provision of expedient multidisciplinary research, training, and development services. Local authorities shall assign adequate resources for this. Health centres shall cooperate with the primary health care units of joint municipal authorities for hospital districts as well as with other health centres. Health centres shall contribute to the development of the national primary health care system together with primary health care units.

Teachers employed at university departments of medicine, dentistry, or health science as well as health science teachers of universities of applied sciences may hold part-time posts in health centres.

Local authorities may agree with institutes of higher education or other educational authorities or organisations to use health centres for training health care personnel.

The public health official of the local authority responsible for running the health centre shall participate in the provision of the training referred to in paragraph 3 as stipulated in the contract between the health centre and the training provider.

Section 38

Regional contingency planning in health care and the role of the State in contingency planning

Joint municipal authorities for hospital districts shall produce a regional contingency plan for dealing with major accidents and exceptional medical emergencies together with the local authorities of their area. Joint municipal authorities for hospital districts shall also produce a regional health care contingency plan with the local authorities of their area.

The State may contribute to maintaining preparedness for emergency health care and major accidents by providing State funding towards contingency activities where special reasons deem this expedient. The Ministry of Social Affairs and Health may appoint and authorise national actors to coordinate contingency activities.

Section 39

Emergency medical services

Joint municipal authorities for hospital districts shall provide prehospital emergency medical services in their area. Emergency medical services shall be planned and implemented in cooperation with units providing emergency medical care so as to form a regionally coherent system.

Joint municipal authorities for hospital districts may provide emergency medical services in their areas or in parts thereof through in-house personnel, in cooperation with the region's rescue services or joint municipal authorities for other hospital districts, or by outsourcing the services to other service providers.

Joint municipal authorities for hospital districts shall determine the standard of service required of emergency medical services. The service standard decision shall lay down the procedures to be followed in the provision of emergency medical services, the scope of the services, the qualifications required of personnel participating in emergency medical care, response time targets, and other issues pertinent to the provision of emergency medical services in the area. The service standard decision shall include a description of the scope of emergency medical services, ensuring that the services can be provided efficiently and expediently and taking into consideration situations where demand for emergency medical services exceeds normal supply.

Section 40

Scope of emergency medical services

Emergency medical services include

1) urgent treatment of patients who have suffered an injury or a sudden onset of an illness primarily outside of health care treatment facilities, with the exception of services referred to in the Maritime Rescue Act (1145/2001), and transport of patients to the treatment unit with the most appropriate medical services;

2) preparedness for the provision of emergency medical services;

3) referral of patients, relatives of patients, and other individuals involved in incidents to psychosocial support services, where necessary;

4) drafting of regional contingency plans for dealing with major accidents and exceptional medical emergencies together with other public authorities and organisations; and

5) giving executive assistance to the police, rescue services, border control authorities, and maritime rescue authorities in their duties.

Joint municipal authorities for hospital districts may decide to incorporate first response services into emergency medical services in their service standard decisions. First response services comprise the dispatch of units other than ambulances to respond to emergency calls in order to shorten the response time to patients who have suffered an injury or a sudden onset of an illness and the provision of life-saving first aid by first responders as laid down in the decision on emergency medical service standard.

Section 41

Power to issue decrees

Further provisions on the duties of emergency medical service, the grounds for determining the standard of service and structure of emergency medical service, the grounds for determining the responsibilities and qualifications required of emergency medical service personnel, definition of the basic standard of emergency medical service and of treatment, and first response services are issued by decree of the Ministry of Social Affairs and Health.

Chapter 5

Catchment areas for highly specialised medical care

Section 42

Role of catchment areas for highly specialised medical care

Hospital districts within a catchment area for highly specialised medical care shall provide the specialised medical care required in their areas together. Hospital districts that include a university hospital shall provide all highly specialised medical care services required within their catchment areas as referred to in section 9 of the Act on Specialised Medical Care.

Hospital districts within a catchment area for highly specialised medical care shall together ensure that all local authorities and

hospital districts included in the catchment area have access to guidance and advice on the provision of specialised medical care, supplementary training for health care personnel, and scientific research and development services.

Hospital districts within a catchment area for highly specialised medical care shall plan and coordinate the provision of specialised medical care, information systems, medical rehabilitation services, and procurement in their areas together. Moreover, hospital districts within a catchment area for highly specialised medical care shall coordinate the provision of basic, advanced, and supplementary health care training with educational authorities and labour administration and the demand for labour and the supply of training with regional councils.

Section 43

Agreement on the provision of specialised medical care

Joint municipal authorities for hospital districts within a catchment area for highly specialised medical care shall produce a specialised medical care agreement for coordinating the provision of specialised medical care. A new agreement shall be produced for each term of office of city of municipal councils. The participating local authorities and hospital districts shall together monitor progress relative to the agreement in their area on a yearly basis and revise the agreement as required.

The specialised medical care agreement shall lay down the division of responsibilities and coordination between the hospital districts included in the catchment area as well as the principles for adopting new practices. The division of responsibilities shall be aimed at promoting the quality of health care, patient safety, effectiveness, productivity, and expediency. The division of responsibilities shall also ensure that all treatment units providing services according to the specialised medical care agreement have adequate financial and human resources and competence.

The joint municipal authorities for hospital districts shall seek ratification for the specialised medical care agreement from an organisation referred to in section 81 (1) of the Local Government Act (365/1995).

Further provisions on issues that must be covered in the specialised medical care agreement may be issued by Government decree. Should the joint municipal authorities fail to agree on the provision of specialised medical care or should the specialised medical care agreement not comply with the requirements referred to in paragraph 2, the Government may prescribe the contents of the agreement.

Section 44

Cooperation between joint municipal authorities for hospital districts belonging to different catchment areas

Joint municipal authorities for hospital districts belonging to different catchment areas for highly specialised medical care may enter into cooperation agreements if this is deemed necessary for protecting the rights of Finnish-speaking, Swedish-speaking, or Sámi-speaking patients or for achieving an expedient division of responsibilities in the provision of health care services.

Section 45

Centralisation of specialised medical care

The provision of some operations and treatments that are deemed to constitute highly specialised medical care may be centralised on a national level in specific catchment areas. Further provisions on what tests, operations, and treatments are deemed to constitute highly specialised medical care are issued by Government decree. Further provisions on the catchment areas where the provision of highly specialised medical care is centralised on a national or regional level as well as on the local authority health care units responsible for overseeing the centralised provision of highly specialised medical care shall also be issued by Government decree. In situations where procuring the provision of nationally centralised highly specialised medical care from a private service provider or from abroad is deemed the most expedient option, the quality standards that the service provider must meet and other requirements aimed at ensuring the appropriateness of the treatment provided may be laid down by Government decree.

Section 46

Medical emergency department

Joint municipal authorities for hospital districts within a catchment area for highly specialised medical care shall lay down the procedures to be followed in the provision of emergency medical care in the specialised medical care agreement. The duties of medical emergency departments shall include

1) maintaining continuous access to emergency medical services provided by qualified physicians in their areas;

2) planning and coordinating the provision of air ambulance services within the catchment area;

3) coordinating scheduled patient transfers between treatment units in their areas;

4) overseeing the primary regional functions of Finland's Authority Radio Network used by social and health care services and, where applicable, the maintenance of the field information system; and

5) coordinating any instructions issued to the Emergency Centre Administration as regards emergency response relating to health care.

Further provisions on the duties of medical emergency departments may be issued by decree of the Ministry of Social Affairs and Health, if necessary.

Chapter 6

Access to treatment

Section 47

Choice of treatment facility in non-urgent cases

Individuals have the right to choose which one of the health centre units operating in their municipality they go to for the health care services referred to in Chapters 2 and 3. Should an individual wish to transfer from one health centre unit to another, both units shall be notified in writing. Responsibility to care for the patient in question shall be transferred between the units no later than three weeks from the receipt of the written notification. Each individual may only be registered with one health centre unit at a time. Patients shall not be able to transfer again until at least one year has elapsed from the previous transfer.

Individuals who live or stay outside of their municipality of residence on a regular basis or for extended periods of time in order to work, to study, to spend holidays, to visit close relatives or friends, or for another comparable reason may also seek the treatment prescribed in their treatment plans from health centres in charge of primary health care located outside of their municipality of residence without changing the health centre with which they are registered. Such individuals shall notify the units in question of their choice as provided in paragraph 1.

In situations where a physician or dentist considers that a patient is in need of specialised medical care, the individual in question may choose to use any of the local authority specialised medical care units found within the catchment area in which his or her municipality of residence is located. Patients may also choose another catchment area if this is deemed necessary for protecting the rights of Finnish-speaking, Swedish-speaking, or Sámi-speaking patients. Patients shall discuss their choice of treatment unit with the referring physician or dentist.

In the situations referred to in paragraph 2, individuals may also seek the specialised medical care prescribed in their treatment plans from a local authority specialised medical care unit located in another catchment area without changing the unit with which they are registered. Patients shall discuss their choice of treatment unit with the referring physician or dentist.

Students enrolled in institutes of higher education and other educational institutions located within one catchment area shall, during their stay in another catchment area for the purposes of study, be treated in the hospitals or other units of the hospital districts belonging to the catchment area in question. The same shall apply to individuals who work outside of their municipality of residence and in situations where specialised medical care must, due to other reasons, be provided in a hospital district belonging to another catchment area.

Section 48

Extended choice of treatment facility in non-urgent cases

Individuals have the right to choose the health centre and the health centre unit that will be responsible for their primary health care referred to in Chapters 2 and 3. Both the health centre of the local authority responsible for providing treatment and that of the chosen local authority shall be notified of the choice in writing. Responsibility to care for the patient in question shall be transferred to a health centre located in the chosen municipality no later than three weeks from the receipt of the written notification. Each individual may only be registered with one health centre and health centre unit at a time. Patients shall not be able to transfer again until at least one year has elapsed from the previous transfer. This power to choose shall not apply in the cases of school-based health care as referred to in section 16, student health care as referred to in section 17, and long-term institutional care. Local authorities are not obligated to provide home nursing as referred to in section 25 outside of their area.

In situations where a physician or dentist considers that a patient is in need of specialised medical care, the individual in question may choose to use any local authority specialised medical care unit. Patients shall discuss their choice of treatment unit with the referring physician or dentist.

Section 49

Other choices

Patients have the right to choose their attending licensed health care professional in the health care unit with which they are registered subject to restrictions arising from the expediency of service provision. As regards further treatment, patients shall be referred to the same physician or dentist who previously attended to them insofar as this is possible for the treatment to be provided expediently.

Section 50

Urgent cases

Urgent medical care, including urgent oral health care, mental health care, substance abuse care, and psychosocial support shall be provided for patients regardless of their place of residence. Urgent cases include cases involving an injury, a sudden onset of an illness, an exacerbation of a long-term illness, or a deterioration of functional ability where immediate intervention is required and where treatment cannot be postponed without risking the worsening of the condition or further injury.

Local authorities and joint municipal authorities for hospital districts shall provide a 24-hour emergency clinic service for dealing with urgent cases. The units responsible for the provision of emergency clinic services shall have adequate resources and expertise to ensure a high quality of service and patient safety. The division of responsibilities between emergency clinics shall be laid down in health care provision plans and, as regards specialised medical care, in specialised medical care agreements. A decision on which units include an emergency clinic shall be made taking into consideration the emergency medical services available in the area, distances between the various emergency clinics, and the needs of the population.

Patients who have been admitted as urgent cases may be transferred to other treatment units on the basis of their municipality of residence after consulting with the treatment unit in question in order to ensure patient safety and the availability of appropriate treatment.

Further provisions on the grounds on which patients are admitted as urgent cases and on the requirements set on emergency clinics according to medical specialty may be laid down by decree of the Ministry of Social Affairs and Health, if necessary.

Section 51

Access to primary health care services

Local authorities shall ensure that patients are able to reach a health centre or other health care unit without delay during weekday office hours. In situations where an assessment of the need for treatment cannot be carried out immediately when a patient contacts a health centre, a health care professional shall assess the need for treatment no later than on the third working day from when the patient first contacted the health centre. As regards specialised medical care provided in connection with primary health care, an assessment of the need for treatment shall be commenced within three

weeks of the unit receiving notification that a patient has been referred.

Any treatment deemed necessary on medical or dental grounds in connection with the assessment of the need for treatment shall be provided within a reasonable period of time, taking into consideration the health of the patient and the projected development of the condition, and in any case within three months of the assessment. This maximum period of three months may be extended by a maximum of a further three months in cases involving oral health care or specialised medical care provided in connection with primary health care if treatment can be postponed on medical, therapeutic or other comparable justified grounds without jeopardising the health of the patient.

Section 52

Access to specialised medical care services

Joint municipal authorities for hospital districts shall ensure that all assessments of the need for treatment and all treatment are provided according to harmonised principles of medical and dental care as regards both urgent cases and referrals. Patients shall only be admitted to hospitals for non-urgent medical care on the basis of referrals based on medical or dental examinations.

An assessment of the need for treatment shall be commenced within three weeks of the hospital or other specialised medical care unit run by the joint municipal authority receiving notification that a patient has been referred. In situations where the assessment of the need for treatment requires consultation with a specialist or special imaging or laboratory tests, the assessment and any required tests shall be carried out within three months of the hospital or other specialised medical care unit in the hospital district receiving notification that the patient has been referred.

Any treatment and provision of advice deemed necessary on medical or dental grounds or on the basis of health science in connection with the assessment of the need for treatment shall be provided and begin within a reasonable period of time, taking into consideration the urgency of the case, and in any case within six months of the need for treatment having been ascertained.

As regards diagnosed illnesses or symptoms that are best treated in a health centre, patients shall be referred to the appropriate health centre and the health centre issued with any necessary instructions for providing the treatment required.

Section 53

Access to treatment in cases involving mental health services for children and young people

As regards mental health services for children and young people, an assessment of the need for treatment shall be commenced within three weeks of the hospital or other specialised medical care unit run the joint municipal authority for a hospital district or a specialised medical care unit in connection with primary health care receiving a referral. In situations where the assessment of the need for treatment requires consultation with a specialist or special imaging or laboratory tests, the assessment and any required tests shall be carried out within six weeks of the hospital or other specialised medical care unit in the hospital district receiving a referral.

Any treatment of an individual of less than 23 years of age deemed necessary on the basis of the assessment of the need for treatment shall begin within three months of the need for treatment having been ascertained, taking into consideration the urgency of the case, unless otherwise required on medical, therapeutic, or other comparable grounds.

Section 54

Duty of local authorities and joint municipal authorities for hospital districts to outsource services

In the event that a local authority or the joint municipal authority for a hospital district is unable to provide the treatment referred to in sections 51–53 within the maximum periods of time specified, the provision of the treatment shall be outsourced to another service provider.

Section 55

Publicity of waiting times and power to issue decrees

Local authorities and joint municipal authorities for hospital districts shall publish information about waiting times for the services referred to in sections 51–53 online at four-monthly intervals. Local authorities and hospital districts with several health care units shall publish information on each unit. In addition to the Internet, information may also be published in another manner agreed within the local authority or joint municipal authority.

If deemed necessary for ensuring universal access to services, further provisions on access to examinations and treatment as well as on the publicity of waiting times may be issued by Government decree.

Section 56 (1202/2013)

Section 56 has been repealed by Act No. 1202/2013.

Section 57

Responsibility for the health and medical care provided in a unit

Each health care unit shall have a physician-in-charge. The physician-in-charge shall oversee all provision of health and medical care in the unit.

All decisions relating to starting or discontinuing treatment as well as all referrals to other units shall be made by the physician-in-charge or another health care professional authorised according to instructions of the physician-in-charge.

Local authorities and joint municipal authorities for hospital districts shall maintain adequate human resources for any duties of the unit involving the exercise of official authority. All individuals tasked with such duties shall be employed by the local authority or the joint municipal authority in question.

Section 58

Liability of the patient's municipality of residence for the cost of treatment

Subject to the provisions of other applicable statutes the cost of treatment incurred by a health care unit as a result of treating a patient who is not a resident of the municipality running the unit or of a member municipality of the joint municipal authority for the hospital district shall be reimbursed by the local authority or joint municipal authority responsible for the health care of the patient in question.

The amount of compensation shall be based on the product development or price of product that the unit in question uses in monitoring its finances or that the joint municipal authority charges from the local authorities subscribing to its services. Any fees paid by the patient and other profit generated by the service provider shall be deducted from the amount. The fees payable by patients shall be determined by the local authority providing the service according to the provisions of the Act on Client Fees in Social Welfare and Health Care (734/1992). Further provisions on the grounds on which fees may be charged and on invoicing procedures may be laid down by decree of the Ministry of Social Affairs and Health.

Chapter 7

Provision of training and research

Section 59

Specified government transfer for the provision of training in university hospitals

Joint municipal authorities for hospital districts that include a university hospital shall be reimbursed for costs incurred by the provision of basic and specialist training for medical and dental practitioners. The amount of compensation for the provision of basic training is based on the average of the number of students enrolled in courses in medicine and dentistry and the number of qualifications awarded. The amount of compensation for the provision of specialist training is based on the number and type of qualifications awarded.

Reimbursement on the basis of the number of qualifications awarded shall not be available for the specialist degrees in health care and dentistry, and specialist degrees in sports medicine, occupational health care, and general practice. In the event that training associated with these qualifications is provided in a university hospital, the joint municipal authority in whose area the university hospital is based shall receive reimbursement out of State funds for costs incurred by the provision of the training on

the basis of the actual number of months spent in training.

Each university providing training for medical or dental practitioners shall report the numbers of medical and dental qualifications awarded each calendar year to the Ministry of Social Affairs and Health.

Section 60

Specified government transfer for the provision of training in other health care units

In the event that basic training for medical or dental practitioners is provided in another health care unit than the university hospital, the joint municipal authority for the hospital district in which the university hospital is based shall reimburse the public service provider in question or another service provider authorised by decree of the Ministry of Social Affairs and Health for the costs incurred as agreed between the parties involved.

In the event that a university uses another health care unit than the university hospital to provide specialist training for medical or dental practitioners, the local authority, joint municipal authority, State mental hospital, or other service provider authorised by decree of the Ministry of Social Affairs and Health shall receive compensation to reimburse costs incurred as a result of any specialist training provided in accordance with the university's official curriculum on a computational basis. The amount of compensation shall be based on the actual number of months spent in training. Any costs incurred as a result of the nine-month practical health centre training period included in specialist courses in medicine and dentistry shall only be reimbursed from State funds if the training includes studies in public health and cooperation between primary health care, specialised medical care, and social services. Each student undertaking practical health centre training shall also be assigned a personal tutor who shall be employed by the local authority or joint municipal authority and ensure that the training provided is of high quality and that it is developed as necessary. All practical health centre training provided shall comply with the plan for quality management and for ensuring patient safety referred to in section 8 (3). (313/2011)

All local authorities and joint municipal authorities responsible for running a hospital district or a health centre as well as the health and medical care authorities of the Åland Islands shall receive compensation to reimburse costs incurred as a result of any provision of residencies referred to in section 14 of the Health Care Professionals Decree (564/1994), residencies referred to in section 4 of the Decree on Specific Training in General Medical Practice (1435/1993) and other comparable training, as well as dental residencies referred to in section 6 of the Health Care Professionals Decree and other comparable training on a computational basis. The amount of compensation shall be based on the number of students and the number of months spent in training. Reimbursement shall not be available for costs incurred as a result of the residencies referred to in section 14 of the Health Care Professionals Decree beyond six months unless a longer residency has been required by the National Supervisory Authority for Welfare and Health. (313/2011)

The Decree on Specific Training in General Medical Practice (1435/1993) has been repealed by Decree of the President of the Republic 378/2010.

Section 61

Funding for university-level health research

The priorities and objectives of university-level health research shall be laid down by the Ministry of Social Affairs and Health together with the research committees of each catchment area for highly specialised medical care for a term of four years at a time.

State funding for university-level health research shall be paid to the research committees of each catchment area, which shall in turn grant funding towards individual research projects. Funding shall be granted to the research committees on the basis of decisions made by the Ministry of Social Affairs and Health for each four-year term. The decisions of the Ministry shall be based on progress relative to the priorities and objectives set on research as well as on the quality, volume, and results of research carried out during the previous four-year term. If the regional division of the catchment areas changes during the four-year

term, the changed division will be taken into account in the decisions of the Ministry of Social Affairs and Health. (802/2013)

Joint municipal authorities for hospital districts within a catchment area shall establish a multidisciplinary research committee consisting of representatives of the health care units of the catchment area to coordinate university-level health research. The research committee shall grant funding towards individual research projects in its area on the basis of the grant applications received. All local authorities and joint municipal authorities responsible for running a health care unit, State mental hospitals, and other service providers authorised by decree of the Ministry of Social Affairs and Health may apply for research funding.

Section 62

National health research assessment team

The Ministry of Social Affairs and Health shall set up a national health research assessment team consisting of experts. The assessment team shall assess the quality, volume, and results of health research as well as progress relative to the priorities and objectives set for each four-year term and make proposals to the Ministry of Social Affairs and Health as regards the amount of funding to be granted to each catchment area for university-level health research during the following four-year term.

Section 63

Payment of compensation for the provision of training and research funding

Any compensation for the provision of training granted by the State shall be distributed by the Regional State Administrative Agencies and the State Department of Åland. Training compensation payable on the basis of the number of qualifications and the number of students enrolled in training courses shall be paid automatically to the joint municipal authorities for hospital districts that have a university hospital.

Compensation payable on the basis of the number of months spent in training shall be paid at six-monthly intervals on the basis of the applications received. Applications for compensation pertaining to the first half of the year shall be submitted by 30 September of the same year and applications for compensation pertaining to the second half of the year by 31 March of the following year. The Regional State Administrative Agencies and the State Department of Åland shall review applications submitted within the deadline by the end of the calendar year during which each application is submitted. Research funding shall be paid by the Regional State Administrative Agencies to the research committees of each catchment area once a month and the latter shall in turn pay the funding to the parties implementing the projects.

Other aspects of reimbursement and other procedures as well as the appeals process shall, where applicable, be governed by section 20 (1), section 21, sections 24–26, section 28, section 29 (2), and sections 30 and 34 of the Act on Discretionary Government Transfers (688/2001).

Section 64

Duty to produce reports

The joint municipal authorities for hospital districts that have a university hospital shall produce annual reports on the use of training compensation and submit the same to the Ministry of Social Affairs and Health by the end of June the following year.

All research committees of catchment areas for highly specialised medical care shall produce annual reports on sponsored projects and priorities and submit the same to the Ministry of Social Affairs and Health by the end of June the following year.

Section 65

Use of facilities of joint municipal authorities for hospital districts, and of local authorities and joint municipal authorities responsible for running a health centre for training and research purposes (313/2011)

Universities have the right to use the university hospitals referred to in section 24 of the Act on Specialised Medical Care for training and research as required by their departments of medicine.

Universities responsible for the provision of training for health care personnel and for health research as well as other providers of social welfare and health education also have

the right to use the hospitals and other units of joint municipal authorities for hospital districts for other health care training and research purposes than those referred to in paragraph 1 as agreed between the joint municipal authority for the hospital district and the training and research provider in question.

Universities have the right to use the facilities of primary health care units for the provision of the nine-month practical health centre training period included in specialist training in medicine and dentistry as agreed between the local authority or joint municipal authority and the university in question. (313/2011)

Joint municipal authorities for hospital districts shall ensure that universities and other providers of social welfare and health education have access to any facilities and equipment required for the provision of training and for research as well as facilities for training and research personnel and students where these facilities have to be provided in any of the units of the joint municipal authority for the hospital district.

All health care professionals employed by joint municipal authorities for hospital districts have a duty to take part in health care training and research as agreed between the joint municipal authority and the university or other training provider in question.

Section 66

Power to issue decrees

Further provisions on the amount of compensation payable for the provision of training for medical and dental practitioners as well as on other grounds for payment of compensation and other procedures are laid down by decree of the Ministry of Social Affairs and Health.

Further provisions on the priorities and objectives of university-level health research as well as on other grounds for granting research funding and on other procedures and on the appointment, composition and duties of the university-level health research assessment team are laid down by decree of the Ministry of Social Affairs and Health.

Further provisions on the service providers entitled to receive compensation for costs incurred as a result of the provision of training for medical and dental practitioners and funding for university-level health research are laid down by decree of the Ministry of Social Affairs and Health.

Chapter 8

Miscellaneous provisions

Section 67

Definition of inpatient care

Inpatient care means treatment and rehabilitation provided for patients admitted to a hospital, health centre, or other health care unit or under other comparable conditions.

The Social Insurance Institution and local authorities shall determine together whether treatment or rehabilitation constitutes inpatient care under this section or outpatient care on a case-by-case basis, if necessary. Further provisions on determining whether treatment or rehabilitation constitutes inpatient care or outpatient care as well as on the determinative procedure between the Social Insurance Institution of Finland and local authorities may be laid down by decree of the Ministry of Social Affairs and Health.

Section 68

Medicinal treatment

Liability for any medication administered to patients during inpatient care shall rest with the treatment unit. Liability for any medication administered to outpatients at health centres, hospitals, or other health care units shall rest with the unit, if the person administering the medication is a physician or dentist or another health care professional acting under the supervision of a physician or dentist.

Further provisions on administering medication under the supervision of physicians or dentists may be issued by Government decree.

Section 69

Duties under the Child Welfare Act

In situations where a child or a young person has been placed in substitute care outside of his or her municipality of residence under the Child Welfare Act

(417/2007), the municipality in which the child is placed as referred to in section 16b of the Act or the hospital district in which said municipality is located shall be responsible for providing the health care services required by the child or young person in question. The services shall be provided in cooperation with the local authority (placing municipality) referred to in section 16 or 17 of the Child Welfare Act.

When providing health care services for families registered as clients of child welfare services, access to treatment shall be provided according to the provisions of sections 51–53 taking into consideration any provisions concerning the right of these families to receive services under the Child Welfare Act.

If the municipality where the child is placed or the joint municipal authority for the hospital district in question has provided services referred to in paragraph 1, the placing municipality or the hospital district in which the placing municipality is located shall reimburse the costs incurred by the care provider as a result of the provision of the services referred to in paragraph 1. The amount of compensation shall not exceed the cost of providing the services. Any fees paid for the services and other profit generated by the service provider shall be deducted from the amount.

Section 70

Consideration of a child in services provided for adults

Health care authorities shall provide any services that are necessary for the protection of pregnant women and their unborn babies. The services shall be provided in cooperation with social welfare authorities.

The need for care and support for a child shall be assessed and adequate care and support provided for the child in situations where the parent, guardian, or other person responsible for caring for and bringing up the child is receiving substance abuse or mental health services or other social services or health care services that are likely to temporarily compromise his or her ability to care for and rear the child.

Section 71

Health care of military personnel

Local authorities and joint municipal authorities for hospital districts may agree with the Defence Forces to provide health and medical care services for individuals for the health care of whom the Defence Forces are responsible under section 3 (1) of the Act on the Provision of Health Care in the Defence Forces (322/1987). With the exception of urgent outpatient care and medical care, clinical examinations and treatment may be provided for these individuals on different grounds and at shorter waiting times than those that according to this Act apply to the residents of a municipality and member municipalities of joint municipal authorities for hospital districts. Any such agreements made and the provision of services under such agreements shall not jeopardise the execution of the statutory duties of local authorities and joint municipal authorities for hospital districts.

Section 72

Reimbursement by the Defence Forces

The Defence Forces shall reimburse local authorities for any costs incurred as a result of the provision of clinical examinations, tests, and treatment for conscripts of the Defence Forces in connection with primary health care as well as for the services of physicians. The amount of compensation shall be 50 percent of the costs agreed between the Defence Forces and the local authority in question. If no agreement on costs exists, the amount of compensation shall be 50 percent of the cost of providing the services.

The amount of compensation payable for the services referred to in section 71 shall be based on the agreement between the Defence Forces and the local authority or joint municipal authority for the hospital district in question. If no agreement on compensation exists, the Defence Forces shall reimburse the local authority or joint municipal authority for the hospital district in question for the actual costs incurred as a result of providing the services. Moreover, the Defence Forces shall reimburse the local authority for any costs incurred as a result of the provision of urgent outpatient care or the joint municipal authority for the hospital district for the provision of urgent medical care even where no agreement on the provision of these services exists.

Section 73

Patient transfers

In situations where a patient who is a resident of another municipality has been admitted to a local authority health centre and the time of treatment is expected to exceed the average time of treatment or if the patient so requests, the health centre shall take measures to transfer the patient to a health centre or other health care institution run by his or her municipality of residence, provided that the transfer can be carried out without jeopardising the health of the patient.

Whenever this is deemed necessary due to the condition of a patient, local authorities and joint municipal authorities for hospital districts shall arrange for patients admitted to any of their units to be transferred to another unit or health centre for the provision of the care or treatment required.

Section 74

Contagious diseases

Provisions on the prevention of contagious diseases are laid down in the Communicable Diseases Act (583/1986).

Section 75

Facilities required for the purposes of forensic pathology and reimbursement and fees payable for forensic examinations

Joint municipal authorities for hospital districts shall ensure that the National Institute for Health and Welfare has access to any facilities and equipment required for the purposes of forensic pathology, including any necessary storage facilities and facilities for personnel. The National Institute for Health and Welfare shall reimburse, within reason, any costs incurred as a result of the use of the facilities.

Further provisions on the reimbursement and fees payable by the State for any forensic examinations carried out in health centres or units run by joint municipal authorities for hospital districts are laid down by Government decree.

Section 76

Equalisation system

Joint municipal authorities for hospital districts shall establish an equalisation system for reimbursing individual local authorities for any unusually high costs incurred as a result of the provision of specialised medical care for individual clients or patients. The equalisation system of the joint municipal authority shall cover all examinations, procedures, and treatments.

Section 77

Fees payable by patients

Provisions on the fees payable by patients for the services referred to in this Act are laid down in the Act on Client Fees in Social Welfare and Health Care.

Section 78

Late payment interest

Should any fees payable under this Act remain outstanding after the due date, an annual late payment interest not exceeding that referred to in section 4 (1) of the Interest Act (633/1982) may be imposed effective from the due date.

The due date on the grounds of which late payment interest may be imposed shall be no sooner than two weeks from the date on which the treatment for which the fee is imposed is administered.

Section 78a (1202/2013)

National Council for Choices in Health Care

The Council for Choices in Health Care in conjunction with the Ministry of Social Affairs and Health shall monitor and evaluate the service choices in health care and issue recommendations regarding what health and medical care procedures, examinations and treatment and rehabilitation methods should be included in or excluded from the service options. When issuing recommendations the Council shall take into account research findings and other evidence from different sectors as well as ethical considerations related to health care and considerations related to the organisation of health care.

The Council shall have a permanent secretariat and a network of experts. The Government appoints the Council upon submission by the Ministry of Social Affairs and Health for three years at one time.

The Council shall have a chair and a maximum of 15 members, each with a personal substitute. The Council shall be appointed so that the Ministry of Social Affairs and Health, the National Institute for Health and Welfare, the National Supervisory Authority for Welfare and Health, the Social Insurance Institution and the Association of Finnish Local and Regional Authorities are represented in it. In addition, the Council shall include expertise in medicine, odontology, nursing care, science of law, health economics and the Finnish health care and social security system.

The Government covers the costs of the activities of the Council from an appropriation yearly included in the state budget.

Further provisions on the duties of the Council and its composition and activities are laid down by Government Decree.

Chapter 9

Entry into force

Section 79

Transitional provisions and entry into force

This Act enters into force on 1 May 2011 with the exception that the provision of emergency medical service shall comply with section 39 as of 1 January 2013 at the latest.

Section 48 shall apply as of 1 January 2014.

Section 61 and paragraph 2 of section 63 shall apply as of 1 January 2012 as regards research funding. The Ministry of Social Affairs and Health will issue a decision on allocating research funding to each catchment area for highly specialised medical care for the term of 2012–2015 according to percentages calculated on the basis of points awarded for publications during the three most recent years for which data exist. If the regional division of the catchment areas will change before the end of 2015, the changed division will be taken into account in the decisions of the Ministry of Social Affairs and Health. (802/2013)

The shared patient information database referred to in section 9 shall also incorporate patient records produced prior to the entry into force of this Act. Confirmation of the existence of a doctor-patient relationship as referred to in section 9 (4) may be obtained by means other than information technology until 31 December 2013. Only reliable means of confirmation shall be used.

Measures necessary for the implementation of this Act may be undertaken before its entry into force.

Entry into force and application of amended Acts:

313/2011
This Act enters into force on 1 May 2011.

914/2012
This Act enters into force on 1 January 2013.

981/2012
This Act enters into force on 1 July 2013.
Measures necessary for the implementation of this Act may be undertaken before its entry into force.

601/2013
This Act enters into force on 1 September 2013.

802/2013
This Act enters into force on 1 January 2014.

1202/2013
This Act enters into force on 1 January 2014.

1293/2013
This Act enters into force on 1 August 2014.

Helsinki, 30 December 2010

President of the Republic of Finland

TARJA HALONEN

Paula Risikko, Minister of Health and Social Services