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NORWAY

## HOSPITALS ACT OF 19 JUNE 1969 *no. 57*

### *Chapter I Purpose and organization*

1. This Act applies to hospitals, cottage hospitals, maternity homes, nursing homes and patients' hostels.

It also covers convalescent homes, radiography institutes, physical therapy institutes and other health institutions, as may be decided by the King, including sanatoriums, day establishments and private nursing institutions.

Chapter III of the Act, on finance, applies to the health institutions designated in the first paragraph and which are included in the plan designated in Article 2, or are recognized by the King as fulfilling special tasks, cf. Article 4, or to State health institutions, health institutions and private nursing institutions specified in the second paragraph where they are attached to a recognized hospital in accordance with the provisions of Article 5.

With the exception of the provisions in Articles 8, 16, 17 and 18, the Act does not apply to institutions coming under the Disablement Act of 5 December 1958 or the Mental Health Protection Act of 28 April 1961.

2. Each County Council shall be responsible for the planning, construction and running of institutions as designated in Article 1, first paragraph, so as to meet the demand for examination, treatment and stay in such institutions from the population within its area.

Two or more County Councils can collaborate in fulfilling the tasks designated in the first paragraph. The King may order such collaboration if it is found to be required in order to ensure the proper functioning of the health service in certain areas.

The County Councils concerned will draw up a plan for dealing with the tasks in accordance with the first paragraph, and the second paragraph if required. The plan shall be approved by the King who may also modify it. When deemed necessary, the King may decide that the plan shall be revised.

Where there is temporary absence of agreement, the King's decision is binding on matters of disagreement between two or

more County Councils, on the allocation of costs where collaboration such as referred to in the second paragraph takes place. The King may decide that such disagreement shall be settled by arbitration and issue detailed regulations in that connexion.

3. Institutions coming under Article I shall be approved by the King.

In order that the population may at all times be satisfactorily medically examined and treated within the framework of the country's health service as a whole, the planning and extension of health institutions and their medical activities shall be subject to the supervision of the Director General of Health Services in accordance with the detailed directives of the King.

The King can issue directives on the planning, construction, alteration, installation and running of health institutions and on their supervision. These directives can also include decisions on the approval of the responsible heads of institutions, on appointments to senior posts, on the staff establishment of health institutions and on requirements as regards qualifications for individual posts, on the approval of accounting and auditing arrangements and on private care.

4. Private health institutions which fulfil appropriate functions can be included in the plan designated in Article 2. With the King's approval, private health institutions which are not included in this scheme can be given special tasks.

In the case of private health institutions which were set up before this legislation came into force, the King can, on request from the appropriate institution, decide that it, under specific conditions, can be included in the scheme designated under Article 2.

5. With the King's approval, one or more hospitals can establish links with health institutions which undertake tests, perform examinations, give treatment or care, or carry out other examinations which promote the hospital's medical activity and efficiency.

Should it be necessary in order to ensure the sound and effective work of hospitals, the King can decide on a combination as designated in the first paragraph.

Where there is disagreement between the owner of a health institution over the sharing of costs in work designated in the first and second paragraphs, the rules in Article 2, last paragraph, apply correspondingly.

## *Chapter II Special tasks for individual health institutions*

6. It is the duty of hospitals and maternity homes in every instance to accept a patient when, according to the information available, it is clear that the care that the institution can give is urgently necessary.

This duty does not apply where the institution is satisfied that the necessary care can be provided by another institution or doctor who, under the circumstances, is better able to provide it.

The Director General of Health Services can relieve an institution of such a duty.

A person who is professionally responsible for the treatment of patients at an appropriate health institution or an appropriate department of a health institution may be punished for neglect of duty under this paragraph by a fine or by imprisonment up to 3 months.

7. Examination and treatment undertaken without the patient being admitted to hospital shall be regarded as a part of the hospital's activities as a whole.

8. Hospitals or other health institutions shall, if the King so decides, take part in the education and practical instruction of medical and other personnel at the health institution.

The Director General of Health Services decides in cases of doubt what is to be understood by medical personnel under paragraph one.

9. When special examinations and treatment require methods involving special equipment and experience in its regular use, the Director General of Health Services can decide that this shall only be carried out at institutions which he approves for the purpose.

Appeals against the Director General's decisions under the first paragraph can be made to the Ministry in accordance with the rules of the Administrations Act, Chapter VI. In the communication on the decision, information shall be given on the right of appeal, the period of time for the appeal and the precise mode of procedure for appeal. The appeal has the effect of delaying action on which the complaint was based unless the Ministry decides otherwise.

## *Chapter III Finance*

10. It is the responsibility of the owner of a health institution to meet the expenses of planning, construction, expansion, alteration and installation of the institution.

Where building work is carried out since the law came into force and which comes under rules in Article 2 or Article 4, the health institution may, in accordance with regulations laid down by the King, charge the working budget with the depreciation costs and interest for three-quarters of the approved expenditure.

The King can decide how these rules shall be applied where the matter concerns university clinics.

11. Charges for stay in health institutions designated in Article 1, first paragraph, are approved by the King where the service is a local government or a private one.

The King can issue rules for placing institutions in the above category and lay down rates for stay in private nursing institutions.

The Ministry can require the budget accounts and other information about the running of the institution to be placed before it.

Before a decision is taken in accordance with the first or second paragraphs, an opinion shall be obtained from an Advisory Committee of up to seven members who, with their alternates, shall be designated by the King. The King shall lay down the precise rules for the organization of the Committee and its period of competence and activities.

The King shall lay down precise rules regarding the basic running costs when approved under the first and second paragraphs and can also fix a ceiling for the basic expenditure on National Health Insurance benefits.

12.<sup>1)</sup> The National Health Insurance covers 85 % of the charges and rates approved under Article 11. Other expenditure on running health institutions is covered by the proprietors of the institution. In private nursing institutions the remaining expenditure is covered as provided in the sixth paragraph.

At university clinics, the proprietors of the institution cover that part of the expenditure which exceeds the amount of National Health Insurance, see first paragraph. The State gives a subsidy to the proprietors on the basis of the additional expenditure involved in teaching medical students.

For private health institutions which are run in accordance with the rules in Article 4, approved running costs beyond those met by reimbursement from National Health Insurance are covered by the or those counties with which the health institu-

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<sup>1)</sup> Amended by law dated 19 December, 1969.

tions co-operate under the rules in Article 2, or by the State where the institution, in accordance with the King's ruling, has special tasks to perform.

Where patients are resident in another county, the Ministry — where there are special grounds for it — may approve a reimbursement of 15 % of the approved charges from the County Council in question. In calculating the reimbursement demand from university clinics, a deduction shall be made of that share of the expenses which is met by State subsidy under the second paragraph.

Where a County Council has not extended or participated in extending the special wards provided for in the plan designated in Article 2, and patients are resident in the county concerned and therefore have to be treated in a State institution or an institution for which the State covers the running costs, the Ministry can also decide that the State can demand reimbursement for its expenditure for treatment from the county in which the patient is resident.

Where patients are under mental or epileptic care, 15 % of the charges and rates and other expenditure approved by the Ministry are covered by the county where the patient is resident. Where no place of residence can be proved, the expenditure is met by the county in which the patient was staying when the question of his admission was raised. For persons who are not Norwegian citizens, the expenditure is met by the State. The Ministry can decide that a patient either wholly or partially shall pay his own costs when this is found to be reasonable in the light of his economic circumstances.

It may, under conditions similar to those mentioned under the preceding sentence be decided that a patient at other hospitals shall defray any authorized expenditures connected with the stay, not covered by the National Health Insurance. The decision does in such cases rest with the County Councillor of the county in which lies the municipality where the patient is domiciled. Where no place of residence can be proved, the matter shall be decided by the County Councillor of the county in which the hospital concerned is situated. Where such a decision affects a patient at a hospital covered under paragraph three, the County Council's duty to meet the costs is correspondingly reduced.

The Ministry decides, in cases of doubt, where the patient is resident or where he was staying. On the decision being taken, the regulations of the Social Welfare Act, Article 6, will apply.

The King lays down the amount of reimbursement to be

made by the National Health Insurance for other medical activities undertaken by health institutions.

#### *Chapter IV Administration*

13. Each County Council shall have a Hospital Committee responsible for seeing that all health institutions in the county, regardless of their ownership, are built and made use of in accordance with the plan laid down in Article 2 and along the lines stipulated in Article 3.

The Committee members, with personal alternates, shall be elected for the election period of the Council by the County Assembly which decides who shall be the Chairman of the Committee and who the Vice-Chairman.

Any person who has the right to vote in the county election is obliged to accept election as a member of the Hospital Committee in the appropriate county, but can request to be relieved of such service for the same period of time as that which he has served. Persons who have reached the age of 65 can demand to be relieved of service entirely.

The County Public Health Officer takes part in the Committee's proceedings and has the right to speak and make proposals, but can not vote unless he is elected as a member.

The County Assembly lays down detailed regulations on the activities of the Committee.

14. Every health institution referred to in Article 1, first paragraph, shall have a governing body. Two or more health institutions can have the same governing body where this is found to be advisable. Where the health institution does not belong to a County Council, but comes under the plan designated in Article 2, the County Council has the right to nominate a representative to the governing board.

The provisions in Article 13, second paragraph, as appropriate, apply to the nomination of the governing board in the case of health institutions belonging to a County Council.

In the case of State health institutions, the Ministry nominates the governing board.

The Ministry can make exceptions from the provisions in this Article.

#### *Chapter V Miscellaneous provisions*

15. Under this Act:

(a) a hospital is a medical institution which examines or

treats patients and admits patients to stay for such short or long periods as the examination or treatment may require;

(b) a cottage hospital is a medical institution which admits patients in order to investigate whether they should be admitted to hospital, or for simple treatment which cannot appropriately take place at the patient's home, but does not warrant admission to a hospital;

(c) a maternity home is a medical institution which admits and gives care in connexion with confinement;

(d) a nursing home is a medical institution that admits patients and gives them medical care for which admission to the institutions under (a) or (b) is not necessary;

(e) a patient's hostel is an institution which provides accommodation for patients who come for ambulant medical examination or treatment.

The King decides, in cases of disagreements, whether an institution comes under the above designations or whether, for the rest, it comes under Article 1, first paragraph.

Moreover, the King decides in how far a hospital is to be regarded as a university clinic in respect of the provisions of this Act.

16. Members of the governing board and all personnel of health institutions coming under this Act are bound by the restrictions established in or in connexion with this Act to observe the confidential nature of what is entrusted to them in the exercise of their duties at the institution or on what they may learn of in the course of it in connexion with people's bodily condition or health or other personal conditions.

The observance of confidentiality must not hinder an institution or persons who, in accordance with the instructions of the institution's governing board or responsible directors, undertake to carry out special tasks from obtaining the necessary information for performing their tasks. Any person who, in connexion with such a task, comes into the possession of information such as described above in the first paragraph, has the same duty as the staff to treat it in confidence.

The responsible director of the institution shall ensure that all who are bound to observe confidentiality in connexion with this paragraph are made aware of this.

Infringement of confidentiality shall be punished in accordance with the legislative provisions in force for civil servants.

17. The governing board of a health institution, the individual members of it and the responsible director and any doctor in the institution shall on request give the Director General of Health Services such information on their work and on individual patients as may be considered necessary to enable the Director General of Health Services to exercise supervision over the institution in accordance with the rules in Article 3. Under the same, they shall also place records and other written information at his disposal.

Even if no such requirement is made, information such as described in the first paragraph can be given to the Director General of Health Services notwithstanding the conditions of confidentiality laid down by this Act.

Information given to the Director General of Health Services in connection with this Article can be placed before medically qualified specialists for their opinion.

18. If a health institution is run in a manner that is assumed to have damaging consequences for patients or for their environment, or in any other irresponsible manner, the Director General of Health Services can issue orders for the shortcomings to be set right or, if this be necessary, to close the institution. In case of the first type of order, the rules in Chapter VI of the Administration Act will apply, even if the institution belongs to a local government authority. When such a measure is announced, information shall be given regarding right of appeal, time limit for the appeal and details of appeal procedure. An appeal has immediate effect unless the Ministry decides otherwise.

19. The provisions of this Act which apply to County Councils are similarly applicable to the City Councils of Oslo and Bergen.

20. The King will lay down more detailed regulations in regard to the implementation of this Act.

#### *Chapter VI Transitional provisions during the entry into force of the Act*

21. That part of the approved hospital charges and rates covered by the National Health Insurance under Article 12, first paragraph, instead of 85 % shall be 75 % in the three first years after the law comes into force and 80 % in the next two years.

In the same period, the percentages laid down in Article 12, fourth and sixth paragraphs, shall be 25 % and 20 %, respectively.



In the case of institutions covered by Article 12, sixth paragraph, and which, before this Act comes into force, have received approval that interest and repayments on building loans shall be covered under their budget for running costs, the arrangement in force for loans already incurred shall be maintained without regard to the provision in Article 10, second paragraph. The same shall apply to loans which institutions referred to above, with the Ministry's approval, incur within a period of five years after the law comes into force.

Private hospitals and nursing homes may, with the approval of the Ministry, obtain a similar arrangement to that specified in the above paragraph for loans already incurred.

For building work that is approved in connexion with the Health Act, Article 4, fourth paragraph, and which is carried out after 5 April 1968, the owner may, where there are special reasons for it, on request obtain the Ministry's approval to charge their current expenditure account with repayments and interest for approved building costs in the same way as provided in Article 10, second paragraph.

22. This Act comes into force from such time as the King shall decide. It can be decided that part of the law shall come into force from an earlier date.<sup>1)</sup>

I. From such time as the King shall decide, the Act of 16 May 1860, Article 4, fourth and fifth paragraphs, the Act of 28 July 1949 on homes admitting the mentally sick for care, custody and training, and the Act of 28 July 1949 on institutions and homes for epileptics, are repealed.

The directives given with reference to the Act of 16 May 1860, Article 4, fourth paragraph, and in the legislation referred to in the previous paragraph continue to apply insofar as they are not in conflict with the provisions of this Act until they are repealed or annulled by decision taken under the present Act.

Approvals given with reference to these Acts and regulations apply until further notice insofar as they are not in conflict with the new Act and regulations under it. The Ministry can decide whether approval may be renewed under the new Act and that a request for approval should be sent in within a period laid down by the Ministry.

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<sup>1)</sup> By Royal Command of 6/19/1969, it was decided that the law should come into force on 1/1/70, but that Articles 2, 3, 4, 5 and 11 should come into force on 7/1/1969.

II. Health institutions that have posts covered under the National Pension Fund and coming under Chapter III of this Act, and under the Mental Health Protection Act of 28 April 1961 and the Disablement Act of 5 December 1958 shall, from the date the present law comes into force, meet their pensions expenditure for staff who are members of the National Pension Fund insofar as such expenditure is not covered by contributions from the staff.