

Act no. 66 of 19 November 1982 relating to Municipal Health Services

*12.3.84
N:o
19
15.66*

Chapter 1. General provisions

§ 1-1 (The municipality's responsibility for the health service).

All municipalities shall provide necessary health services for all persons resident or temporarily resident in the municipality.

Municipal health services comprise publicly organized health services which do not belong under the government or the county municipality, and private health services run in accordance with agreements with municipalities as mentioned in § 4-1.

§ 1-2 (Purpose of the health service)

Through its health service, the municipality shall promote public health and well-being and good social and environmental conditions, and seek to prevent and to treat illness, injuries, and physical defects. It shall spread information concerning and increase interest in what individuals themselves and the general public can do to promote their own well-being and health and public health.

§ 1-3 (Duties of the health service)

The duties of the municipal health service shall comprise the following:

1. The promotion of health and the prevention of illness, injuries, and physical defects.

For this purpose, measures are organized as

- a. board of health services
- b. ~~health centre~~ services
- c. school health services
- d. informative activities.

H family health

1.12

2. Diagnosis and treatment of illness, injuries or physical defects.
3. Medical rehabilitation.
4. Nursing and care outside health institutions.

To perform these duties, municipalities shall provide the following services:

1. General medical practices, including a duty roster.
2. Physiotherapy
3. Nursing, including health visitor and home nursing services.

Municipalities may organize these services by appointing people to municipal posts or by entering into agreements with personnel for private health services as mentioned in § 4-1.

Under suitable conditions and when appropriate, municipalities may also organize work therapy, a midwife service, and industrial ~~medical services~~.

The Ministry may issue more detailed regulations governing the activities which form part of the municipal health services.

§ 1-4 (Planning and coordination)

Municipalities shall plan their health services, including industrial health services and health services connected to primary industries in the municipalities, in accordance with the Act relating to Planning and Trial Projects in Municipal Social and Health Services.

Municipalities may cooperate with private organizations and the like in the interests of the health services.

Municipalities shall cooperate with county municipalities and the government so that the national health services as far as possible can function as a unit.

The King may issue more detailed regulations relating to industrial health services, cf. the fourth paragraph of § 1-3.

§ 1-5 (Cooperation between municipalities)

Two or more municipalities may in accordance with their plans enter into cooperative health service agreements. For this purpose they may establish a joint steering committee. The cooperation may apply to the health service as a whole, ^{to} certain sectors or duties within it. It may also consist of payments by one municipality towards the cost of health services in another municipality from which the first municipality derives considerable benefit.

Cooperative agreements shall be made in writing.

Hand
occupational
health
services

100

The agreement must determine the mutual rights and obligations of the municipalities and contain provisions concerning its duration.

The Ministry may order cooperation when it is found necessary for satisfactory fulfilment of health service objectives, and if necessary issue rules for such cooperation, including the sharing of expenditure.

Chapter 2. Right to health services

§ 2-1 (Right to health services)

Everyone has the right to necessary medical aid, in his municipality of residence or in the municipality where he is staying.

The health service shall give persons seeking or in need of medical aid the information they need to secure their rights, and ensure that unnecessary expense, loss, wasted time or inconvenience are not incurred.

The provisions of the ~~Act relating to Public Administration~~ do not apply to decisions taken pursuant to this section.

§ 2-2 (Payment for health services)

Persons who receive help from the municipal health services, including private practitioners and institutions and organizations serving by agreement with municipality as mentioned in § 4-1, shall pay for the service when statutes or regulations so require.

The King may issue more detailed regulations concerning payments.

§ 2-3 (Appeals)

A person seeking medical aid may appeal against decisions taken pursuant to § 2-1 to the municipal council or to a special health service steering committee if he believes a mistake has been made, cf. § 3-2.

If the committee rejects the appeal or decides against the appellant, a further appeal may be lodged with the County Health Officer/~~the Commissioner of Health in Oslo~~, ~~Health Officer~~ *Medical*

The time limit for appeals is in each case four weeks from the occasion for complaint. An appeal received after the

H The Public Administration Act

aa

Medical

time limit has expired may nevertheless be dealt with if it is found reasonable that it should be heard.

Chapter 3. Organization, management, administration

§ 3-1 (Organization and management)

The municipal council decides on the form of organization and the management of the health service in accordance with statutory provisions and the health plan.

§ 3-2 (Steering committee, committee, board)

The municipal council may appoint committees, steering committees, or boards to deal with particular fields and/or local questions relating to the health service.

The provisions relating to committees in the Act relating to the government of urban and rural municipalities apply correspondingly.

§ 3-3 (Personnel)

The municipalities shall appoint personnel with the necessary qualifications to work in and to administrate the health services.

Where medical personnel are concerned, the Ministry may issue more detailed regulations concerning the qualifications required, the announcement of vacancies, appointment procedures, and the terms and conditions of appointment.

§ 3-4 (Medical responsibility)

A physician in a municipal post shall be medically responsible for the health services.

If a municipality has appointed more than one physician to its health services, two or more physicians may share the medical responsibility.

Chapter 4. Private services as part of municipal health services

§ 4-1 (Private health services)

For expenses for medical help to be met in whole or in part by the municipality, persons wishing to practice as general practitioners, physiotherapists, or midwives must enter into an

*11.1.5.1
Lokkare*

agreement with the municipality in which they wish to set up their office or main practice.

Organizations, institutions, companies or the like which intend to run private health services in areas to which § 1-3 of this Act applies, must enter into agreements to that effect with the municipality for expenses to be met by the municipality, cf. the first paragraph.

Agreements as mentioned in this section may not be transferred.

§ 4-2 (Entering into agreements concerning private practice, etc.)

1/2 If a municipality wants a new general practitioner, physiotherapist or midwife in private practice, it shall advertise for applicants. The agreement shall be entered into with the applicant with the best professional qualifications.

The Ministry may issue more detailed regulations relating to private services within municipal health services, the advertising of vacant practices, selection procedures, and the terms and conditions of agreements.

Chapter 5. On costs

§ 5-1 (Municipal responsibility for expenses)

Municipalities shall cover the costs of health services for which they are responsible. Cf. the first and second paragraphs of § 1-3.

Expenses in connection with private practices carried on by agreement with a municipality shall be partly met by the municipality according to a specific agreement between the private practitioner and the municipality. Municipalities do not meet the cost of company or primary industry health services. This also applies when the municipality organizes such health services.

1 (N) § 5-2 (National insurance grants)

The National Insurance scheme gives annual lump-sum grants to cover part of the municipalities' expenditure on health services.

The grants are distributed to the municipalities according to rules issued by the King.

The Ministry may set more specific conditions for paying

the grant to particular municipalities.

The King may issue regulations determining that persons in private practice within the municipal health services may apply to the insurance office to have expenses met according to the rules and rates which apply pursuant to the National Insurance Act.

The King decides how settlements between municipalities and the National Insurance Scheme are to be effected.

Chapter 6. Miscellaneous provisions

§ 6-1 (Education and practical training)

Every municipality is duty-bound to participate in the education and practical training of health personnel, including further education and refresher courses. The Ministry may issue more specific regulations relating to municipal participation in education and practical training.

§ 6-2 (Further education and refresher courses)

Municipalities shall provide health personnel in their employment with the necessary further education and refresher courses.

Municipalities shall help to provide health personnel in private services within their health services access to necessary further education and refresher courses.

Health personnel employed in municipal health services are obliged to take part in the further education and refresher courses prescribed and necessary to maintain their qualifications.

The Ministry may issue more specific regulations relating to further education and refresher courses for health personnel.

§ 6-3 (Supervision and guidance by the Directorate of Public Health)

The Directorate of Public Health is medically and professionally responsible for supervising the proper and appropriate realization by the municipalities of the objectives of the health services, and for seeing that the laws and regulations applicable to the health services are known and observed.

Regardless of professional secrecy, the Directorate of Public Health may demand such information concerning the municipal health service and its patients as is required in order to survey,

control and supervise the service. It may also inspect and examine records, notes, etc. The Directorate of Public Health may submit such information as it obtains to the Medical Council or other experts for comment.

If work done by a municipal health service is such that the consequences may be harmful to patients or others, or is in other ways ill-judged or indefensible, the Directorate of Public Health may order that the matter be put right.

§ 6-4 (Arbitration)

If municipalities which are cooperating in all or in part of their health services or have been directed to do so fail to reach agreement on their respective rights and duties, each of them may demand that the dispute be settled by arbitration.

Unless the parties agree on a different arrangement, each municipality appoints one member of the arbitration tribunal, and the Ministry appoints its chairman.

If three or more municipalities are interested parties in the case and they fail to agree on the appointment of two or more members of the arbitration tribunal, the Ministry appoints all members of the tribunal.

Otherwise the rules in Chapter 32 of the Civil Disputes Act apply as appropriate.

§ 6-5 (Mediation)

If municipalities which are cooperating in their health services fail to agree on practical aspects or questions relating to their cooperation, each of them may demand mediation in the matter. The Ministry may direct municipalities which are to cooperate to submit to mediation when they fail to agree.

Unless the parties agree on another arrangement, a mediating committee shall be chosen in the same way as an arbitration tribunal, cf. § 6-4.

If the mediation does not result in agreement, each municipality or the Ministry may demand that the mediating committee propose an arrangement.

The Ministry may decide that the proposal shall in whole or in part be made the basis for cooperation, cf. § 1-5.

§ 6-6 (Professional secrecy)

Persons attached to a municipal health service as members

of a board, committee, or administration, or as health personnel or assistants, are obliged to observe professional secrecy and prevent others from obtaining information confided to them, or which they get to know, about people's physical condition or health or other personal circumstances.

The same applies to persons without such attachment in whom confidential information is confided, or who have been given access to information concerning which the health services are obliged to observe professional secrecy.

The municipality and persons in positions of responsibility in the health service shall ensure that all those obliged to observe professional secrecy are acquainted with the obligation.

To the extent that it is countermanded by statutory provisions, the obligation to observe professional secrecy does not apply.

§ 6-7 (Implementation and supplementing)

The Ministry may issue more specific regulations relating to the implementation and supplementing of the present Act.

Chapter 7. Transitional provisions

§ 7-1 (Private practice)

A physician in general practice, physiotherapist or midwife whose main source of income in the period prior to the entry into force of this Act was private practice has the right to enter into an agreement with the municipality as mentioned in § 4-1.

Those wishing to avail themselves of the right to enter into an agreement in accordance with the first paragraph must so notify the municipality within a year after the entry into force of the Act.

§ 7-2 (Chief medical officer)

A person in a permanent full-time appointment as *(local)* or ~~chief~~ *Medical Officer* when this Act enters into force has the right to be appointed as municipal medical officer at his place of work.

A person in a permanent combined appointment as *(local)* or ~~chief~~ medical officer with the duty of rendering medical

*↳ District
of City*

11

assistance to the population when this Act enters into force has the right to be appointed to a corresponding municipal post at his place of work.

A physician in an appointment as mentioned in the first and second paragraph and who has been chairman of the board of health has the right and duty to remain chairman. He shall also be permitted to maintain his practice as a physician by agreement with the municipality as mentioned in § 4-1.

A person wishing to be appointed municipal health officer pursuant to the first or second paragraph must without undue delay so notify the municipality.

Local or Chief Medical Officers in full-time or combined posts who wish to engage in private practice in the municipality have the right to an agreement as mentioned in § 4-1.

Municipalities are obliged to acquaint *Local or Chief* Medical Officers with their rights pursuant to this section.

§ 7-3 (Health personnel in county municipal posts)

Midwives, nurses, and other health personnel or assistant personnel who on the entry into force of this Act hold permanent appointments in full-time jobs in county municipal activities which are taken over by municipal health services have the right to appointment to corresponding posts in the municipality where they work. The person concerned must without undue delay notify the municipality that such an appointment is wanted.

§ 7-4 (Appeals)

A person who considers that he has the right pursuant to § 7-1 or the third and fifth paragraphs of § 7-2 to an agreement with the municipality and does not obtain such an agreement, or finds the conditions governing the agreement unreasonable, may appeal to the Ministry. After the municipality has been given the opportunity to state its case, the Ministry decides, with binding effect on the municipality, whether or not an agreement shall be entered into, and may determine the conditions governing the agreement.

A person who considers that he has the right pursuant to the first or second paragraph of § 7-2 or § 7-3 to be appointed to the municipal health service, but is refused such an appointment or finds the terms and conditions of appointment unreasonable, may

appeal to the Ministry. After the municipality has been given the opportunity to state its case, the Ministry decides, with binding effect on the municipality, whether or not the plaintiff is entitled to an appointment, and may determine the terms and conditions of appointment.

§ 7-5 (Earlier regulations, rules, etc.)

Regulations, rules, directives and the like issued with authority in earlier Acts which are repealed or amended when the present Act enters into force shall continue to apply insofar as they do not conflict with the present Act or with regulations, rules, directives, etc. issued in pursuance of this Act.

Chapter 8. Entry into force

§ 8-1 (Anticipated entry into force)

When this Act has been passed, but before its entry into force, the Ministry may issue regulations, directives or orders which shall enter into force at the same time as the Act.

The Ministry may also decide that municipalities shall appoint health service steering committees, committees or boards, appoint health personnel, and organize the administration so that the health service is ready to function when the present Act enters into force.

§ 8-2 (Entry into force)

1. The present Act shall enter into force as from 1 January 1984. The King may decide that certain provisions shall enter into force at a later date than the remainder of the Act.

2. With effect from the same date, the following Acts are repealed:

- a. Act no. 2 of 19 December 1898 relating to Midwives.
- b. Act no. 1 of 26 July 1912 relating to the Execution of Public Medical Business.
- c. Act no. 6 of 28 June 1957 relating to Health Services in Schools and Other Educational Institutions.
- d. Act no. 7 of 28 June 1957 relating to Nursing Services.
- e. Act no. 64 of 16 June 1972 relating to Health Centres and Health Services for Children, etc.

W Performance
to Offices
1/83

f. Act no. 86 of 10 June 1977 relating to Health Services at Enterprises.

3. With effect from the same date, the following Acts are amended:

a. Act of 16 May 1860 relating to Health Commissions and Measures in the Event of Epidemic and Infectious Diseases.

§ 1 shall read:

Every municipality shall have a Health Commission (Board of Health) consisting of at least 5 members with deputies, elected by the Municipal Council for 4 years. A municipal medical officer shall be chairman. At least two of the other members shall be women.

§ 7-1 shall read:

Appeals against decisions by the Board of Health shall be decided by the County Governor, after the County Health Officer has issued a statement.

§§ 2, 8, 9, 10, 11, 12 and 13 are repealed.

b. Act no. 12 of 17 June 1966, the National Insurance Act.

§ 2-1 Subsection 1 shall read:

1. In the case of sickness, physical defect, pregnancy and birth an insured person is entitled to benefit pursuant to the provisions of this Chapter. Benefit is granted in accordance with special rules

a. In the case of sickness due to occupational injury which is covered by Chapter II, cf. § 2-7,

b. Seamen in foreign trade and civil servants etc. abroad, cf. § 2-8,

c. In the case of sickness and birth outside the realm, cf. § 2-9.

§ 2-2 shall read:

If proper treatment cannot be given in the home, medical treatment and care at an approved health institution as set forth in Act no. 57 of 10 June 1969 relating to Hospitals etc., § 1, third paragraph and Act no. 2 of 28 April 1961 relating to Mental

Health, § 2 as read in conjunction with § 1 shall be paid for. Payment shall be made according to the provisions in the Acts mentioned.

1 H
M
are

Care and treatment in approved health institutions pursuant to the Act relating to hospitals etc. which is not covered by the provisions of the first paragraph, is covered in accordance with rules and rates laid down by the Ministry. Expenses covered for all weekdays from and including the day of admission.

Treatment in the outpatients' department of an approved health institution shall be paid for in accordance with the regulations issued pursuant to § 2-5 unless the expenses are met in accordance with the provisions in the first paragraph.

§ 2-3 shall read:

Fees paid to the municipal health service shall be covered according to the Act relating to Municipal Health Services and regulations issued pursuant thereto.

Payment for medical treatment by others than those employed in the municipal health service shall be made according to regulations issued pursuant to § 2-5.

§ 2-4 shall read:

An insured person is entitled to full coverage of necessary expenses for the aid of a midwife and doctor in connection with delivery and sickness occurring in connection with delivery. In addition, a maternity grant is given amounting to six percent of the basic amount.

§ 2-5 shall read:

1. Expenses for medical assistance are covered pursuant to regulations issued by the King.

In connection with the provisions of regulations as set forth in the first paragraph, the King may issue provisions in respect of grants for joint purpose for doctors, such as funds for medical aid, pension schemes and funds for advanced training and post-training. Such schemes shall have statutes approved by the Ministry.

2. Expenses for other medical treatment than that mentioned in subsection 1 are covered in accordance with regulations laid down by the Ministry. This applies to expenses for
 - a. physiotherapeutic treatment. The provision in the

second paragraph of subsection 1 applies correspondingly to physiotherapists and Mensendieck therapists.

- b. dental treatment in respect of sickness, including extractions. The provision in the second paragraph of subsection 1 applies correspondingly.
 - c. logopedic treatment of language and speech defects.
 - d. treatment by a psychologist.
 - e. treatment by a chiropractor.
 - f. treatment at an approved family guidance clinic.
3. According to regulations laid down by the Ministry, expenses are covered for
- a. important medicines.
 - b. hearing aids.
 - c. sera and vaccines.
 - d. necessary and appropriate support bandages and prostheses, except dental plates.

§ 2-6 shall read:

1. Necessary transportation costs in connection with travelling for examination and treatment will be covered in accordance with regulations laid down by the Ministry.

Free transport by a carrier with whom a contract has been concluded may be provided as an alternative to benefit as set forth in the first paragraph.

2. Living costs during necessary absence from home in connection with examination or treatment as mentioned in subsection 1 shall be covered in accordance with regulations laid down by ^A Ministry.
3. If the insured person is prevented by his condition ^{of health} ~~of health~~ from attending at the place of treatment, the person who carries out examination or treatment as set forth in subsection 1 is entitled to have his transport costs covered in accordance with regulations laid down by the Ministry.

§ 2-7 shall read:

During sickness due to occupational injury covered by

Chapter 11, expenses are met according to the provisions in §§ 2-2, 2-3 and 2-5, but the costs of medical aid, physiotherapeutic treatment, dressings and medicines, and other suitable aids which can counteract the effects of the injury, are covered in full. Conscripted privates and corporals are not entitled to benefits for treatment which can be given by military health personnel, or for medicaments and dressings which can be issued by their military units.

An insured person is entitled to full coverage of expenses incurred in transportation home because of the injury.

Other expected expenses which are a direct consequence of occupational injury may be covered in full or in part if special reasons so dictate according to rules laid down by the Ministry.

§ 2-12 shall read:

If a municipality, institution, foundation or the like gives medical treatment or other assistance to insured persons or groups of insured persons in the municipality without statutory obligation to do so, remuneration may be given in relation to the amount which would have been paid by the Insurance Scheme for corresponding services rendered by private practitioners.

c. Act no. 24 of 13 June 1969 concerning the Basic School.

The first paragraph of § 11 shall read:

The regulations in Act no. 66 of 19 November 1982 relating to Municipal Health Services apply to health care.

d. Act no. 57 of 19 June 1969, the Hospitals Act.

The second paragraph of § 1 shall read:

The Act also applies to convalescent homes, radiotherapy institutes and such other health institutions as the King may decide, including spas, day centres and private health and diet centres.

H (Ch. 11)
e. Act no. 55 of 21 June 1974 ~~relating to~~ the Upper Secondary School.

The first paragraph of § 14 shall read:

The regulations in Act no. 66 of 19 November 1982

relating to Municipal Health Services apply to health care.

f. Act no. 42 of 13 June 1980 relating to Medical Practitioners.

§ 4 (Border license) shall read:

A medical practitioner holding a public appointment as district medical officer in a Finnish or Sædian district bordering on Norway may carry on medical practice in the adjoining Norwegian municipality without authorisation or license from the Ministry.

§ 7 (Relinquishing of authorisation and license) shall read:

By submitting a written declaration to the municipal medical officer, the county medical officer, or the Ministry, a medical practitioner may relinquish his authorization or license. He must at the same time or at the earliest opportunity return the authorizing or licensing document.

The municipal medical officer shall notify the county medical officer who shall notify the Ministry.

§ 23 (Prescription of drugs by another medical practitioner) shall read:

When a medical practitioner does not himself have the right to prescribe drugs, prescriptions necessary in his practice must be issued by the municipal medical officer concerned. The municipal medical officer may also in writing approve the issuing of such prescriptions by another specified medical practitioner.

§ 38 (Notification at the beginning or termination of a medical practice) shall read:

When a medical practitioner opens, takes over, or enters into a medical practice, he just notify the municipal medical officer. If the practice extends also to other municipalities, the medical officers of these municipalities must also be notified.

Similarly, notification must be given of removal from the municipality, and if the doctor terminates, transfers, or withdraws from a medical practice.

The municipal medical officer must inform the county medical officer and the Ministry of such notifications.

The second paragraph of § 40 (Notifications of births and deaths) shall read:

A medical practitioner who has issued a death certificate, or who has treated a person before his death, must give the municipal medical officer whatever information he requires concerning the cause of death for the purpose of mortality statistics.

g. Act no. 43 of 13 June 1980 relating to Dentists

The second paragraph of § 6 (Relinquishing of authorisation and license) shall read:

The county dental officer shall notify the Ministry and the municipal medical officer concerned.

§ 38 (Notification at the beginning or termination of a dentistry practice) shall read:

When a dentist opens, takes over, or enters into a dentistry practice, he shall notify the county dental officer and the municipal medical officer concerned. If the practice regularly extends to other municipalities, he shall notify the medical officers of those municipalities.

Similarly, notification must be given of removal from the municipality, and if he terminates, transfers, or withdraws from dental practice.

The county dental officer shall report such notifications to the Ministry.