

The Norwegian Public Health Act

DATE:	ACT-2011-06-24-29
MINISTRY:	Ministry of Health and Care Services (MHCS)
PUBLISHED:	In 2011, book 6
ENTRY INTO FORCE:	2012-01-01
AMENDS:	ACT 2009-06-19-65 , ACT 1973-03-09-14 , ACT 1994-08-05-55 , ACT 2000-06-23-56
SYS CODE:	BG09b
INDUSTRY CODE:	911, 933
ANNOUNCED:	24/06/2011 at 2:50 p.m.
SHORT TITLE:	Public Health Act

ACT 2011-06-24 no. 29 - Public Health Act

Act entered into force on 1 January 2012, cf. Section 34.

Chapter 1. Introductory provisions

§ 1 *Purpose*

The purpose of this Act is to contribute to societal development that promotes public health and reduces social inequalities in health. Public health work shall promote the population's health, well-being and good social and environmental conditions, and contribute to the prevention of mental and somatic illnesses, disorders or injuries.

This Act shall ensure that municipalities, county authorities and central government health authorities implement measures and coordinate their activities in the area of public health in a proper and sufficient manner. The Act shall facilitate long-term, systematic public health work.

Entry into force 1 January 2012, cf. Section 34.

§ 2 *Scope*

This Act applies to municipalities, county authorities and central government authorities. What has been stipulated for county authorities in this Act also applies to the City of Oslo.

Chapter 3 of this Act also applies to public and private entities and property when there are aspects that directly or indirectly influence health.

The King may issue regulations on the application of this Act on Svalbard and Jan Mayen and stipulate special rules in consideration of local conditions. The King may determine whether and to what extent the provisions stipulated in this Act should apply to Norwegian ships in foreign trade, Norwegian civil aircraft in international traffic and installations and vessels employed on the Norwegian continental shelf.

This Act applies to health personnel, public servants and private actors if so stipulated pursuant to Sections 28 and 29.

Entry into force 1 January 2012, cf. Section 34.

§ 3 *Definitions*

The following definitions apply in this Act:

- a) *public health*: the state and distribution of health in a population
- b) *public health work*: society's efforts to influence factors that directly or indirectly promote the health and well-being of the population; prevent mental and somatic illnesses, disorders or injuries; or that protect against health threats; as well as efforts seeking a more equal distribution of factors that directly or indirectly affect health.

Entry into force 1 January 2012, cf. Section 34.

Chapter 2 Municipality's responsibility

§ 4 *Municipality's responsibility for public health*

The municipality shall promote the population's health and well-being, and good social and environmental conditions; contribute to the prevention of mental and somatic illnesses, disorders or injuries; contribute to reducing social inequalities in health and contribute to the protection of the population against factors that may have a negative impact on health.

The municipality shall promote health within the duties and means that are assigned to the municipality, including local development and planning, administration and the provision of services.

The municipality shall contribute to ensuring that health considerations are safeguarded by other authorities and entities. This contribution shall be made, for example, through advice, statements, cooperation and participation in planning. The municipality shall facilitate cooperation with the voluntary sector.

Entry into force 1 January 2012, cf. Section 34.

§ 5 *Overview of public health and health determinants in the municipality*

The municipality shall have sufficient overview of the population's health and the positive and negative factors that may influence this. This overview shall be based i.a. on:

- a) information that the central government health authorities and county authorities make available in accordance with Sections 20 and 25,
- b) knowledge from the municipal health and care services, cf. Health and Care Services Act Section 3-3 and
- c) knowledge of factors and development trends in the environment and local community that may influence the health of the population.

This overview shall be in writing and identify the public health challenges in the municipality, including an assessment of the impact and the causal factors. The municipality shall in particular pay attention to development trends that may create or maintain social or health-related problems, or social inequalities in health.

The Ministry may prescribe, by regulations, detailed provisions relating to the requirements for the municipality's overview.

Entry into force 1 January 2012, cf. Section 34.

§ 6 *Goals and planning*

The overview in accordance with Section 5, second paragraph shall be included as a basis for work on the municipality's planning strategy. A discussion of the municipality's public health challenges should be included in the strategy, cf. Section 10-1 of the Planning and Building Act.

In its work on the municipal master plan pursuant to Chapter 11 of the Planning and Building Act, the municipality shall define the overall goals and strategies for public health that are appropriate for meeting the challenges facing the municipality based on the overview in accordance with Section 5, second paragraph.

Entry into force 1 January 2012, cf. Section 34.

§ 7 *Public health measures*

The municipality shall implement the measures that are necessary for meeting the municipality's public health challenges, cf. Section 5. This may, for example, encompass measures relating to childhood environments and living condition factors, such as housing, education, employment and income, physical and social environments, physical activity, nutrition, injuries and accidents, tobacco use, alcohol use and use of other psychoactive substances.

The municipality provides information, advice and guidance on what individuals themselves and the population can do to promote health and prevent illness.

Entry into force 1 January 2012, cf. Section 34.

Chapter 3 Environmental health

§ 8 *Scope and regulations*

Environmental health encompasses the factors in the environment that directly or indirectly influence health at any given time. This encompasses, for example, biological, chemical, physical and social environmental factors.

Within the purposes stated in Section 1, the Ministry may prescribe, by regulations, provisions relating to environmental health, including provisions for indoor climate, air quality, water and the supply of water, noise, environmental hygiene, prevention of accidents and injuries, etc. Regulations may also be prescribed relating to the establishment of internal control systems and maintaining internal control to ensure that requirements prescribed in or pursuant to this chapter are observed.

Entry into force 1 January 2012, cf. Section 34.

§ 9 *Municipality's duties and delegation of authority*

The municipality shall supervise the factors and conditions in the environment that can directly or indirectly influence health at any given time, cf. Section 8. Responsibilities and duties within environmental health that are assigned to the municipality in this Act may also be delegated in accordance with the provisions of the Local Government Act to an intermunicipal entity.

The municipality's authority can be exercised by the municipal medical officer when necessary in an emergency situation in order to ensure that it will be possible to fulfil the municipality's duties in accordance with this chapter.

Entry into force 1 January 2012, cf. Section 34.

§ 10 *Notification duty and approval*

Within environmental health, the Ministry may prescribe detailed provisions relating to the notification duty to, or duty to obtain approval from, the municipality before or at the initiation of activities that may have an impact on health. The same applies to changes to such activities. When granting approval the municipality may stipulate conditions to safeguard public health, cf. Sections 1 and 8. Detailed provisions relating to approval, including administrative rules to complement the Services Act, may be prescribed by regulations. Exceptions to Section 11, second paragraph of the Services Act may only be made when they are justified by compelling public interests.

For entities that are subject to a notification duty or approval requirement it may be required in regulations pursuant to the first paragraph that an assessment by an accredited inspection body be presented. Obtaining such an assessment may be required at specific

time intervals. The entity must defray the cost of the assessment by an accredited inspection body.

If approval is not granted, the municipality may demand suspension of the entity. Suspension may only be demanded if the inconvenience caused by suspension is in a reasonable proportion to the health risk that is avoided. If necessary, the suspension may be carried out with assistance from the police.

It may be prescribed by regulations that the county governor shall have approval authority if the activities affect more than one municipality. If the entity affects more than one county, it may be prescribed that the Ministry shall have the approval authority. For water and the supply of water, it may be prescribed by regulations that a public authority other than the county governor shall have the approval authority. Special provisions may also be prescribed for the appeals scheme in cases where the county governor, Ministry or other public authority has granted approval.

Entry into force 1 January 2012, cf. Section 34.

§ 11 *Health impact assessment*

The municipality may order whoever is planning or engaging in activities, or whoever is responsible for the situation at a property, to assess the possible health impact of the measure or situation at his own expense. Such an assessment may only be demanded if the inconvenience caused by the assessment is in a reasonable proportion to the possible health impact indicating that the situation should be studied.

The appellate authority has a corresponding right to demand a health impact assessment when hearing appeals.

Entry into force 1 January 2012, cf. Section 34.

§ 12 *Duty of disclosure*

The municipality may impose a duty on whoever is planning or engaging in activities that may have a possible health impact, notwithstanding the duty of confidentiality, to disclose the information that is required to the municipality so that it can perform its duties in accordance with this chapter. When there are special grounds, the municipality may demand that information be disclosed by anyone who performs work for the party who is subject to the duty of disclosure in accordance with the first sentence. The information mentioned in the first sentence may also be demanded from other public authorities, notwithstanding the duty of confidentiality.

Whoever is responsible for the property or activities mentioned in the first paragraph shall disclose information to the municipality on their own initiative concerning the situation at the property or activities that can clearly have a negative health impact.

In addition, the municipality can impose a duty on whoever is responsible for the property or activities, as mentioned in the first paragraph, to disclose information on the situation at the property or activities that may have an impact on health, to the general public, customers or others.

Entry into force 1 January 2012, cf. Section 34.

§ 13 *Investigation*

In order to fulfil its duties in accordance with this chapter, the municipality may determine that an investigation of the property or activities shall be conducted. The investigation may be conducted by whoever has been delegated such authority in accordance with Section 9 or by the municipal medical officer in emergency situations. If necessary, the investigation may be carried out with assistance from the police.

Whoever conducts the investigation shall have unimpeded access to inspect the property and activities and to take the necessary tests without compensation. The submission of documents and materials may be required, as well as inspections that may be of significance to the municipality's duties in accordance with this chapter. The cost of expenses associated with the investigation shall be defrayed by whoever is responsible for the property or activities.

The county governor has a corresponding right to conduct an investigation in connection with appeals.

When activities or property are investigated, whoever conducts an investigation shall contact representatives for the management of the entity first.

Entry into force 1 January 2012, cf. Section 34.

§ 14 *Rectification*

The municipality may order that aspects of a property or activities in the municipality be rectified if the situation has a direct or indirect negative impact on health or is in violation of the provisions prescribed pursuant to this chapter. Rectification may only be demanded if the inconvenience caused by rectification is in a reasonable proportion to the health considerations indicating that the situation should be rectified.

The order shall be made in writing and contain a deadline for its fulfilment. It shall be addressed to whoever is responsible for the situation or the entity as such. The costs of fulfilling the order shall be defrayed by whoever is responsible for the situation, or the entity as such.

Entry into force 1 January 2012, cf. Section 34.

§ 15 *Coercive fines*

If the deadline for fulfilment of an order to rectify a situation is not met, then the municipality may impose coercive fines on the addressee of the order in the form of a one-time or daily fine. The coercive fines must be stipulated at the same time as the order or in connection with the stipulation of a new deadline for fulfilment of the order. The size of the coercive fine will be determined based on how important it is that the order be fulfilled and what costs it is assumed to entail. The coercive fines fall to the public purse.

Coercive fines may be recovered by execution proceedings.

The Ministry may prescribe, by regulations, detailed provisions relating to the stipulation and calculation of coercive fines.

Entry into force 1 January 2012, cf. Section 34.

§ 16 *Suspension*

If a situation arises with respect to activities or a property that entail an imminent health hazard, the municipality shall suspend all or portions of the entity or activities until the situation has been rectified or there is no longer a hazard. If necessary, the suspension may be carried out with assistance from the police.

Entry into force 1 January 2012, cf. Section 34.

§ 17 *Violation fines*

The Ministry may prescribe, by regulations, that the municipality may impose violation fines on anyone who wilfully or through negligence has violated provisions in Sections 10 to 14 and Section 16. The same applies to the violation of regulations pursuant to Sections 8 and 10 when it has been stipulated in the regulations that violation will entail such a sanction.

In regulations pursuant to the first paragraph, the Ministry may prescribe detailed provisions concerning what violations mentioned in the first paragraph may entail violation fines. In addition, the regulations shall prescribe detailed provisions concerning the determination and payment of the fines, and rules may be prescribed concerning interest and supplemental fines if the violation fine is not paid when due. The fines fall to the public purse.

Final violation fine decisions may be recovered by execution proceedings.

Violation fines can be imposed on enterprises in accordance with the first and third paragraphs when the violation has been committed by an individual that has acted on behalf of the enterprise. This applies even if the violation fines cannot be imposed on any individual.

Entry into force 1 January 2012, cf. Section 34.

§ 18 *Punishment*

Anyone who wilfully or through negligence violates instructions or regulations prescribed pursuant to this chapter shall be punished by fines or imprisonment not exceeding 3 months, or both. Aiding and abetting is punished correspondingly.

If the violation has not entailed any health injury, or just an insignificant risk of health injury, the violation will not be publicly prosecuted without a petition from the local council itself.

Entry into force 1 January 2012, cf. Section 34.

§ 19 *Appeals*

The county governor decides on appeals against decisions made by the municipality or municipal medical officer in accordance with this chapter.

Entry into force 1 January 2012, cf. Section 34.

Chapter 4 County authority's responsibility

§ 20 *County authority's responsibility for public health*

The county authority shall promote public health within the duties and means that are assigned to the county authority. This shall take place through regional development and planning, administration and the provision of services, and measures that can meet the county's public health challenges, cf. Section 21, second paragraph.

The county authority shall support public health work in the municipalities, through, for example, making information available in accordance with Section 21, cf. Section 5, first paragraph, letter a. The county authority shall promote and coordinate public health work in the county through, for example, partnerships for health promotion.

Entry into force 1 January 2012, cf. Section 34.

§ 21 *Overview of public health and health determinants in the county*

The county authority shall have sufficient overview of the population's health in the county and the positive and negative factors that may influence this. This overview shall be based i.a. on:

- a) information that the central government health authorities make available in accordance with Section 25,
- b) relevant knowledge from the municipalities, dental services and other portions of the county authority's activities that are of significance to public health.

This overview shall be in writing and identify the public health challenges in the county, including an assessment of the impact and the causal factors. The county authority shall in particular pay attention to development trends that may create or maintain social or health-related problems or social inequalities in health.

The overview of the county authority's public health challenges in accordance with the second paragraph shall be included as a basis for work on the regional planning strategy. A discussion of these challenges should be included in the strategy, cf. Section 7-1 of the Planning and Building Act.

The Ministry may prescribe, by regulations, detailed provisions relating to the requirements for the county authority's overview, including the duty to conduct population surveys, as well as the content of and conducting such surveys in the county.

Entry into force 1 January 2012, cf. Section 34.

Chapter 5 Central government authorities' responsibility

§ 22 *Central government authorities' responsibility*

Central government authorities shall assess the impact on the population's health as part of their activities whenever relevant.

Entry into force 1 January 2012, cf. Section 34.

§ 23 *County governor's responsibility*

The county governor shall contribute to implementing national policy in the public health area and promote knowledge-based public health at the local and regional levels, through, for example, providing advice and guidance to municipalities and county authorities.

Entry into force 1 January 2012, cf. Section 34.

§ 24 *Directorate of Health's responsibility*

The Directorate of Health shall monitor factors that have an impact on public health, contribute to the implementation of national policy in the public health area and promote knowledge-based public health, through, for example, the development of national standards and norms for good public health practice.

The Directorate of Health shall provide information, advice and guidance on strategies and measures in public health to the municipalities, county authorities, county governors and other public institutions, health personnel and the population. The Directorate shall also cooperate with the Norwegian Institute of Public Health on making information available on the public health and health determinants in accordance with Section 25.

Entry into force 1 January 2012, cf. Section 34.

§ 25 *Norwegian Institute of Public Health's responsibility*

The Norwegian Institute of Public Health shall monitor the development of public health, prepare an overview of the population's level of health and health determinants, in addition to engaging in research in the public health area.

The Norwegian Institute of Public Health shall make information available as a basis for the municipalities' and county authorities' overviews in accordance with Sections 5 and 21. The information shall be based on statistics from central health registers, as well as other relevant statistics. The Norwegian Institute of Public Health shall provide assistance, advice, guidance and information in this connection,

The Ministry may prescribe, by regulations, detailed provisions relating to the information that is to be made available to the municipality and county authorities.

In connection with exposure to hazardous environmental factors, the Norwegian Institute of Public Health shall assist municipalities, county authorities, county governors and other public institutions, health personnel and the population to ensure protection of the population's health.

Entry into force 1 January 2012, cf. Section 34.

Chapter 6 Cooperation, emergency preparedness, internal control, supervision, etc.

§ 26 *Cooperation between municipalities*

The Ministry may instruct municipalities to cooperate when it is considered necessary in order to establish an adequate solution for public health work in the municipalities, including the prescription of provisions relating to what duties they should cooperate on and the distribution of expenses.

If the conditions so indicate, the municipality shall provide assistance to other municipalities in the event of an accident or other acute situation. A request for assistance is made by the municipality requiring assistance. The municipality that receives assistance shall compensate the municipality providing assistance for any expenses that are incurred, unless otherwise agreed on or determined pursuant to the first paragraph.

Entry into force 1 January 2012, cf. Section 34.

§ 27 *Community medicine expertise*

The municipality shall have the necessary community medicine expertise in order to fulfil its duties pursuant to this Act. One or more municipal medical officers shall be

employed as the municipality's medical advisor in order to provide and safeguard, for example:

- a) community medicine advice for the municipality's public health work, cf. Sections 4 to 7, including epidemiological analyses, cf. Section 5, second paragraph,
- b) urgent expertise on behalf of the municipality in matters concerning environmental health, infectious disease control and emergency health preparedness, and
- c) other duties delegated by the local council.

Municipalities may cooperate with other municipalities with regard to the employment of municipal medical officers.

Entry into force 1 January 2012, cf. Section 34.

§ 28 *Emergency preparedness*

The municipality, county authority, county governor, Directorate of Health and Norwegian Institute of Public Health are responsible for the necessary emergency preparedness preparations and measures in emergency situations, cf. Section 2-1 of the Health Preparedness Act.

The municipality is required to prepare an emergency preparedness plan for its duties pursuant to Chapter 3 of this Act, in accordance with the Health Preparedness Act. The health preparedness plan shall be coordinated with the municipality's other emergency preparedness plans.

The Ministry may prescribe, by regulations, detailed provisions relating to the municipality's emergency preparedness in the area of environmental health, and a notification duty for municipalities, health trusts and health personnel to the Norwegian Institute of Public Health concerning environmental incidents or suspicion of the outbreak of a disease related to exposure to hazardous environmental factors. Detailed provisions may also be prescribed, by regulations, relating to the duties of and division of responsibility between the municipalities, county authorities and central government health authorities in order to ensure protection of the population's health.

Entry into force 1 January 2012, cf. Section 34.

§ 29 *Implementation of agreements with foreign states and international organisations*

The King in Council may prescribe, by regulations, provisions relating to the implementation of agreements in the public health area with foreign states and international organisations.

Regulations pursuant to the first paragraph may prescribe provisions concerning the implementation of the World Health Organisation's International Health Regulations (IHR), including the establishment of IHR registers. IHR registers may include health

information in an anonymised or person-identifiable form, without the consent of the registered individuals. Provisions may be prescribed relating to a duty for health personnel, public servants and private individuals to report health information to or notify the IHR registers. The subsequent processing of information in the IHR registers shall be in compliance with the provisions of the Health Register Act.

Regulations pursuant to the first paragraph may prescribe provisions concerning the implementation of temporary and standing measures from the World Health Organisation.

Entry into force 1 January 2012, cf. Section 34.

§ 30 *Internal control*

The municipality and county authority shall establish an internal control system to ensure that the requirements stipulated in or pursuant to this Act are observed.

The municipalities' supervision of activities and property in accordance with Section 9 shall be documented in particular, including equal treatment and the independence of the supervision.

Entry into force 1 January 2012, cf. Section 34.

§ 31 *Supervisory authority for the Public Health Act*

The county governor shall supervise the legality of the municipality's and county authority's fulfilment of the duties imposed in or pursuant to Sections 4 to 9, 20, 21, and 27 to 30 of this Act.

The rules in Chapter 10 A of the Local Government Act apply to the supervisory activities in accordance with the first paragraph.

Entry into force 1 January 2012, cf. Section 34.

§ 32 *General supervision*

The Norwegian Board of Health Supervision is responsible for the general supervision of this Act in accordance with Section 31 and shall exercise authority in accordance with what has been stipulated in laws and regulations.

Entry into force 1 January 2012, cf. Section 34.

§ 33 *Maintenance of regulations*

Regulations issued or maintained pursuant to Chapter 4a and Sections 7-9 of Act no. 66 of 19 November 1982 on municipal health services also apply after this Act has entered into force.

Entry into force 1 January 2012, cf. Section 34.

§ 34 *Entry into force*

This Act enters into force on a date determined by the King.¹ The King may enforce the individual provisions at different points in time.

¹ As of 1 January 2012 according to resolution 637 of 24 June 2011.

§ 35 *Amendments to other Acts*

The following amendments to other Acts become effective as of the entry into force of this Act:

(...)