ACT 24/06/2011 no. 30: Act relating to municipal health and care services, etc. (Health and Care Services Act)

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Important regulations

CONTENTS

Act relating to municipal health and care services, etc. (Health and Care Services Act)

Chapter 1. Purpose and scope

Section 1-1. *Objectives of the Act*

The objectives of the Act are in particular to:

1. prevent, treat and facilitate to cope with disease, injury, suffering and disabilities.
2. promote social security, better living conditions for the disadvantaged, contribute to equal worth and gender equality and prevent social problems.
3. ensure that each individual has the opportunity to live and dwell independently and to have an active, meaningful existence in fellowship with others.
4. ensure the quality and equality of the services offered,
5. Ensure coordination and that the services offered are available to patients and health care users and ensure that the services offered are adapted to the individual's needs.

6. ensure that the services offered are organised with respect to the individual's integrity and dignity, and
7. contribute to the best possible use of resources.

Section 1-2. *The scope of the Act*

The Act applies to health and care services that are offered or provided in the realm by the municipality or private enterprise that has an agreement with the municipality when otherwise is not stipulated in this Act.

The Ministry may prescribe, by regulations, more detailed provisions relating to what the health and care services are pursuant to this Act.

The King may issue regulations relating to 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.

Chapter 2. Relationship to other Acts

Section 2-1. *Relationship to the Health Personnel Act*

The Health Personnel Act applies correspondingly for personnel who provide health and care services pursuant to this Act. The Ministry may prescribe, by regulations, more detailed provisions to supplement and implement these provisions, including that certain provisions in the Health Personnel Act shall not apply for personnel who provide specific services pursuant to this Act.

Section 2-2. *Relationship to the Public Administration Act*

The Public Administration Act applies for the municipalities' activities with the special provisions stipulated in this Act and the Patients’ Rights Act

Chapter 3. The responsibilities of the municipalities for health and care services

Section 3-1. *The municipality's overall responsibility for health and care services*

The municipality must ensure that people who reside in the municipality are offered the necessary health and care services.

The municipality's responsibility includes all patient and health care user groups, including people with somatic or psychological illnesses, injuries or disorders, substance abuse problems, social problems or disabilities.

The municipality's responsibility pursuant to paragraph one includes the duty to plan, implement, evaluate and adjust the operations such that the scope and content of the services are in accordance with requirements specified in laws or regulations. The Ministry may, by regulations, issue more detailed provisions concerning the content of the duties.

The municipality's health and care service includes publicly organised health and care services that do not come under the control of the state or county administration.

Services referred to in paragraph one may be provided by the municipality itself or by the municipality entering into agreements with other public or private service providers. The agreements may not be transferred.

Section 3-2. *The municipality's responsibility for health and care services*

In order to comply with the responsibility pursuant to Section 3-1, the municipality must, among other things, offer the following:

1. Health-promoting and preventive services, including:
    a. health services in schools, and
    b. child health clinics
2. Pregnancy and post-natal care services
3. Assistance in the event of accident and other acute situations, including:
    a. Accident and emergency units,
    b. 24-hour emergency medical response, and
    c. emergency medical services
4. Assessment, diagnosis and treatment, including the regular GP scheme,
5. Social , psychosocial and medical habilitation and rehabilitation
6. Other health and care services, including:
    a. health services at home,
    b. personal assistance, including practical assistance and training and support contacts
    c. place in institutions, including nursing homes, and
    d. respite measures

The King in Council may, by regulations, issue more detailed provisions relating to content requirements for the services pursuant to this provision, including provisions concerning expertise requirements for different types of services.

The Ministry may prescribe, by regulations, more detailed provisions relating to the regular GP scheme, including quality and functional requirements and relating to the right to suspend the regular GP scheme.

The Ministry may prescribe, by regulations, more detailed provisions relating to private health and care businesses in the municipality, including for quality and functional requirements. This also applies to private service providers that do not have agreements with the municipality.

Section 3-3: *Health-promoting and preventative efforts*

When providing health and care services the municipality must promote health and seek to prevent disease, injury and social problems. This should be done through, among other things, information, advice and guidance.

The health and care services must contribute to the municipality's public health work, including the overview of the level of health and the factors influencing health pursuant to Section 5 of the Public Health Act.

The health and care service shall work towards the implementation of welfare and activity initiatives for children, the elderly, the disabled and others who are in need of such services.

Section 3-4. *The municipality's duty to coordinate and cooperate*

The municipality's responsibility pursuant to Section 3-1, paragraph one entails the duty to facilitate coordination between different component services in the municipality and with other service providers when this is necessary to offer services that come under this Act.

The municipality shall cooperate with the county administration, regional health authorities and the State in order to enable the health and care service in the country to function as best as possible as one unit.

Section 3-5. *The municipality's responsibility to provide immediate assistance*

The municipality must immediately offer or provide health and care services to individuals when it must be assumed that the assistance the municipality may provide is urgently needed. The municipality's responsibility to provide immediate assistance pursuant to paragraph one applies to examinations, treatment or other assistance that is reasonable that the municipality provides.

The duty to provide immediate assistance pursuant to paragraph one does not apply if the municipality is aware that the necessary assistance will be provided by others who, under the circumstances, are better able to provide this in time.

[The municipality must ensure that it offers 24-hour accommodation for health and care services to patients and health care users who require immediate assistance. The duty only applies to the patients and health care users who the municipality is able to assess, treat or provide care to.][1]

The King in Council may prescribe, by regulations, more detailed provisions relating to the content of the duty pursuant to paragraph one to paragraph three, including the patient and health care user groups that shall be covered by the services offered.

1 Paragraph three has not entered into force, see Section 13-1.

Section 3-6: *Cash benefits for care*

The municipality must offer cash benefits for care to people who have particularly burdensome care work.

Section 3-7: *Housing for the disadvantaged*

The municipality shall contribute to ensuring that housing is obtained for people who cannot safeguard their own interests in the housing market, including housing with special adaptations and with assistance and protective measures for those who require such due to age, disability or other reasons.

Section 3-8: *User-controlled personal assistance*

The municipality must offer personal assistance pursuant to Section 3-2, paragraph one, sub-section 6 (b), in the form of practical assistance and training, organised as user-controlled personal assistance.

Section 3-9. *Health and care services for prison inmates in the correctional services*

In municipalities that contain prisons in the correctional services, the municipality must offer health and care services for the inmates.

Section 3-10. *Patients and health care users' influence on and cooperation with voluntary organisations*

The municipality must ensure that representatives of patients and health care users are heard when framing the municipality's health and care service.

The municipality shall ensure that activities that provide health and care services covered by this Act, establish systems for gathering information about the experiences and opinions of patients and health care users.

The health and care service must promote cooperation with the user groups' organisations and with voluntary organisations that work with the same tasks as the health and care service.

Municipalities within the administrative area for the Sami language, cf. Section 3-1 sub-section 1 of the Sami Act must, in addition to what is stated in paragraph one and paragraph two, ensure that the requirements of Sami patients or health care users for adapted services are emphasised when framing the services. This also applies to the extended right of individual's to

use the Sami language in the health and health care service pursuant to Section 3-5 of the Sami Act.

Chapter 4. Requirements for professional conduct, patient safety and quality

Section 4-1: *Professional conduct*

Health and care services that are offered or provided pursuant to this Act must be conducted responsibly. The municipality shall organise the services such that:

a. each patient or health care user is offered comprehensive and coordinated health and care services,
b. each patient or health care user is offered worthy services
c. the health and care service and personnel who provide the services are able to comply with their statutory duties, and
d. adequate expertise for the services is ensured.

The King in Council may prescribe, by regulations, more detailed provisions relating to the municipality's duties pursuant to paragraph one (d).

Section 4-2: *Quality improvement and patient and health care user safety*

Anyone who provides health and care services pursuant to this Act must ensure that the activities work systematically towards quality improvements and patient and health care user safety.

The Ministry may prescribe, by regulations, more detailed provisions relating to the duty pursuant to paragraph one, including requirements for political consultation about the quality requirements in the municipal council or other body elected by the people.

Chapter 5. Special duties and tasks

Section 5-1: *Transport of treatment personnel*

In order to comply with the responsibility pursuant to Section 3-1, paragraph one, the municipality must ensure the transport of treatment personnel to patients who, due to their health condition, are unable to make their way to the treatment centre.

Section 5-2: *Preparedness work*

The municipality is required to prepare an emergency preparedness plan for its health and care services in accordance with the Health Preparedness Act. The plan shall be coordinated with the municipality's other preparedness plans.

Section 5-3: *Duty to provide assistance in the event of accidents and other acute situations*

In the event of accidents and other acute situations that result in an extraordinary influx of patients, the municipality may instruct personnel who perform duties in the municipality pursuant to this Act, to perform more specifically assigned work.

If the conditions so dictate, the municipality shall provide assistance to other municipalities in the event of accidents or other acute situations. A request for assistance is made by the municipality requiring assistance.

The municipality that receives assistance pursuant to paragraph two shall provide compensation to the municipality that contributes assistance for expenses incurred unless otherwise is agreed.

Section 5-4: *Police certificate*

The municipality or other employer that provides services pursuant to this Act must, when offering a position or assignment, request a police certificate from personnel who shall provide health and care services to children or people with mental disabilities. This duty does not apply to personnel who only provide such services sporadically and who will not generally be alone with children or people with mental disabilities.

The police certificate must show whether the person in question has been charged, indicted, fined or convicted for breach of Section 192 to 197, 199, 200, paragraph two, 201 (c), 203 or 204 (a) of the Criminal Code. The certificate must be complete and not older than three months.

Any person who has been fined or convicted for violations as referred to in paragraph two is prevented from performing the work or duties referred to in paragraph one.

The Ministry may, by regulations, issue more detailed provisions relating to the implementation of the requirement for a police certificate.

Section 5-5. *Public Health Officer - medical advice*

The municipality must have one or more public health officers who can perform the duties a public health officer is assigned by law or instructions. The municipality may cooperate with other municipalities with regard to the employment of a public health officer. When so requested by the Ministry, the public health officer has a duty to be part of the local Joint Rescue Coordination Centre

The public health officer shall be the medical adviser for the municipality.

Section 5-6: *Drug-injection rooms*

The drug-injection room scheme established in accordance with the Drug Injection Rooms Act is to be considered a municipal health and care service. The municipality shall decide whether it will establish a drug-injection room scheme. The municipality may not enter into agreements with private companies for the operation of the drug-injection room scheme.

Section 5-7: *Registration of notices*

The municipality shall receive and register notices about health personnel in the municipality

The Ministry may prescribe, by regulations, more detailed provisions relating to the data that shall be provided, when this shall be provided and how this shall be registered and further distributed to a central register.

Section 5-8: *Duty to report cases to the municipal administration*

The municipality may order personnel who provide services pursuant to this Act to provide data for use in the planning, management and development of the municipal health and care service. The distribution of confidential data pursuant to the first sentence may only occur after consent is granted by the party the data concerns unless otherwise is specified in or pursuant to law.

There must be reasonable grounds for orders pursuant to this provision and this must not include more data than is necessary for the purpose.

Section 5-9: *Duty of disclosure to the Norwegian Board of Health Supervision and County Governor*

Any person who performs services or work that comes under this Act must, when requested, provide the Norwegian Board of Health Supervision or the County Governor with data that the supervisory body considers necessary for being able to carry out its duties pursuant to law, regulations or instructions. The party that must provide data pursuant to the first sentence must also grant the Norwegian Board of Health Supervision and County Governor access to the entity.

The party that must provide data pursuant to the first sentence, or that wishes to provide data to the Norwegian Board of Health Supervision or the County Governor on its own initiative, can do this without being hindered by the duty of confidentiality if this is considered necessary for promoting the duties of the supervisory body pursuant to law, regulations or instructions.

Data that is provided to the Norwegian Board of Health Supervision or the County Governor pursuant to this provision can, without hindrance from the duty of confidentiality, be presented to an expert to provide a statement or to the Ministry for its information.

Section 5-10: *Medical records and information systems*

The municipality and activities that have agreements with the municipality to provide health and care services must ensure that the medical records and information systems for the activities are adequate. They must take into consideration the need for effective electronic coordination in the procurement and further development of their medical records and information systems.

Chapter 6. Cooperation between municipalities and regional health authorities, etc.

Section 6-1: *Duty to enter into cooperative agreements*

The municipal council itself shall enter into cooperative agreements with the regional health authority in the health region or with health enterprises decided by the regional health authority. The municipality may enter into agreements alone or together with other municipalities.

The objective of the cooperation shall be to contribute to patients and health care users receiving the offer of comprehensive health and care services.

The experiences of patient and health care users shall be included in the basis of assessment when preparing the agreement. Patient and health care user organisations shall contribute in connection with the preparation of the agreements,

Section 6-2: *Requirements for the content of agreements*

At a minimum, the agreement must include:

1. consensus about the health and care duties the administrative levels are ordered to have responsibility for and a joint view of the measures the parties will carry out at all times.
2. guidelines for cooperation in connection with admission, discharge, habilitation, rehabilitation and learning and coping skills services to ensure comprehensive and coherent health and care services to patients who require coordinated services.
3. guidelines for admission to hospital
4. description of the municipality's offer of 24-hour accommodation for immediate assistance pursuant to Section 3-5, paragraph three.
5. guidelines for cooperation in relation to patients ready to be discharged who are considered to have the need for municipal services after being discharged from institutions,
6. guidelines for mutual transfer of knowledge and exchange of information and for professional networks and observation,
7. cooperation on research, training, practice and internships
8. cooperation on midwife services
9. cooperation on local ICT solutions
10. cooperation on prevention, and
11. uniform emergency preparedness plans and plans for the emergency medical chain.

When collaborative measures are agreed to, the agreement must clarify the distribution of responsibilities, including clarification of employer liability. Furthermore, it must be agreed as to how the collaborative measures are to be organised and financed.

Amended by Act no. 46 of 22 June 2012.

Section 6-3. *Deadlines for entering into agreements*

The Ministry can stipulate a deadline for when agreements as referred to in Section 6-1 must be entered into. Different deadlines can be set for the different requirements pursuant to Section 6-2.

Section 6-4: *Submission of agreements to the Directorate of Health*

The regional health authorities must send agreements as referred to in Section 6-1 to the Directorate of Health within one month after these were entered into and no later than one month after the end of the deadline specified pursuant to Section 6-3.

Section 6-5: *Amendments to and termination of agreements*

The contractual parties must review the agreement annually with the aim of making the necessary updates or extensions.

The agreement may be terminated with one year's notice. When one of the parties terminates the agreement, the regional health authority must give notice to the Directorate of Health.

Section 6-6: *Cooperation among municipalities*

The Ministry may instruct municipalities to cooperate when this is considered necessary in order to establish an adequate solution to duties that come under the municipalities' health and care services, including the prescription of provisions relating to the duties they should cooperate on and the distribution of expenses.

Chapter 7. Individual plans, coordinator and coordinating units

Section 7-1: *Individual plan*

The municipality must prepare an individual plan for patients and health care users who require long-term and coordinated services pursuant to this Act. The municipality shall cooperate with other service providers on the plan in order to contribute to comprehensive services for each individual.

If a patient or health care user requires services both pursuant to this Act and the Specialized Health Services Act or the Mental Health Care Act, the municipality must ensure that an individual plan is prepared and that the work on the plan is coordinated.

The Ministry may prescribe, by regulations, more detailed provisions relating to which patient and user groups the duty applies to and set requirements for the content of the plan.

Section 7-2: *Coordinator*

For patients and health care users who require long-term and coordinated services pursuant to this Act, the municipality shall offer a coordinator. The coordinator shall be responsible for the necessary monitoring of each patient or health care user and ensure the coordination of the services offered and the progress of work on individual plans.

The King in Council may prescribe, by regulations, more detailed provisions relating to the expertise and duties that the coordinator shall have

Section 7-3: *Coordinating unit*

The municipality shall have a coordinating unit for habilitation and rehabilitation activities. This unit shall have overall responsibility for the work on individual plans and for the appointment, training and guidance of coordinators pursuant to Section 7.1 and Section 7-2.

The Ministry may issue, by regulations, more detailed provisions relating to the responsibilities the coordinating unit shall have.

Chapter 8. Teaching, practical training , education and research

Section 8-1. *Teaching and practical training*

Every municipality is obligated to contribute to the teaching and practical training of health personnel, including further and continuing education.

The Ministry may issue, by regulations, more detailed provisions relating to the municipality's contribution to teaching and practical training.

Section 8-2: *Further and continuing education*

The municipality must ensure that its own employees who perform services or work pursuant to this Act receive the required further and continuing education.

The municipality shall contribute to personnel who perform the services or work pursuant to this Act in private entities that have agreements with the municipality receiving access to the necessary further and continuing education.

Personnel who perform services or work pursuant to this Act have a duty to take the further and continuing education that is necessary for maintaining their professional qualifications.

The Ministry may, by regulations, issue more detailed provisions relating to further and continuing education.

Section 8-3. *Research*

The municipality shall contribute to and facilitate research for the municipal health and care services.

Chapter 9. Due process protection when using compulsion and power against individuals with mental disabilities

Section 9-1. *Objectives*

The objective of the rules in this chapter is to prevent people with mental disabilities from exposing themselves or others to serious harm and to prevent and limit the use of compulsion and power.

The services offered must be organised with respect to the individual's physical and psychological integrity and, insofar as this is possible, in accordance with the health care user or patient's right of self-determination.

No person shall be treated in a degrading or violating manner.

Section 9-2. *Scope*

The rules in this chapter apply to the use of compulsion and power as part of services provided pursuant to Section 3-2 sub-section 6 (a)-(d) to people with mental disabilities.

Considered the use of force or coercive measures pursuant to the rules in this chapter are measures opposed by the health care user or patient or measures that are so invasive that they must be considered use of force of coercive measures regardless of the resistance. The use of invasive warning systems with technical devices must always be considered as use of force or coercive measures pursuant to the rules in this chapter. Standard requests and leading by hand or other physical influences of a similar nature are not considered to be use of force or coercive measures.

Section 9-3. *Right to co-determination and information*

Insofar as this is possible, the services offered must be organised and implemented in cooperation with the health care user or patient.

The health care user, patient, next of kin, guardian or temporary guardian must be heard before a decision is made about the use of force or coercive measures pursuant to the rules in this chapter and provided with information about the right to make statements in cases that shall be reviewed, the right to appeal and to right to bring the decision before the supervisory authority and district court.

If the guardian or temporary guardian has not already been appointed when the municipality considers it appropriate to make a decision about the use of compulsion and power pursuant to the rules in this chapter, a temporary guardian shall be appointed. The municipality shall request the appointment of a temporary guardian unless the appointment is requested by others who can put forward such a request, cf. Section 90 (a) of the Guardianship Act. Data pertaining to personal matters received by the temporary guardian may only be redistributed if this is necessary for performing the duty of temporary guardian.

Next of kin refers to those defined as next of kin in Section 1-3 (b) of the Patients' Rights Act.

Section 9-4. *Requirements for prevention*

The municipality has a duty to ensure that the arrangements are made for the least possible use of compulsion and power. In addition to organising the services offered in accordance with the rules in Section 9-1, paragraph two, cf. including Section 9-5, paragraph two, the municipality has a duty to provide necessary training pursuant to Section 8-1, including professional guidance and monitoring when implementing initiatives pursuant to this chapter.

Section 9-5. *Conditions for the use of compulsion and power*

Solutions other than the use of compulsion and power must be tested before such measures pursuant to this chapter are initiated. This requirement may only be deviated from in exceptional cases and in such cases grounds must be provided.

Compulsion and power may only be used when these are professionally and ethically justifiable. In the assessment, particular emphasis must be placed on how invasive the measures are to each health care user or patient. The measures must not exceed what is necessary for the purpose and must be in proportion to the objective that shall be ensured. Compulsion and power may only be used to prevent or limit serious injury.

Compulsion and power may be used in the following instances:

a. harm-reducing measures in emergency situations
b. planned harm-reducing measures in repeated emergency situations
c. measures to satisfy the health care user or patient's fundamental needs for food and drink, clothing, rest, sleep, hygiene and personal safety, including training initiatives

Section 9-6. *Special restrictions on the use of certain measures*

Mechanical means of coercion that hinder the health care user or patient's freedom of movement, including belts, straps, special injury-preventing clothing and the like may only be used to provide necessary support for physically disabled people to prevent falls and to prevent the user or patient injuring him/herself. The conditions in Section 9-5 must be satisfied in all instances.

If an emergency situation pursuant to Section 9-5, paragraph three (a) and (b) makes it necessary to shield the user or patient from other people, this must occur in an ordinary living room with unlocked door. Safety considerations could, in exceptional cases, require that the door is locked. The person in question must be kept under observation at all times and the shielding must cease as soon as the situation is brought under control.

Training initiatives pursuant to Section 9-5, paragraph three (c) that cause pain or psychological or physical injury to the health care user or patient, including all forms of physical chastisement or that involve significant physical and psychological exertion for the health care user or patient or entail physical isolation are not permitted.

Section 9-7. *The municipality's administrative procedures*

Decisions concerning the use of compulsion and power pursuant to Section 9-5, paragraph three (a) are made by the person with the day-to-day responsibility for the service or, if there is insufficient time, by the service provider. The decision must be recorded in writing immediately after the measure has been implemented. The rules in paragraph one (a)-(e) relating to what must be recorded in writing apply correspondingly. Notice of the decision must be immediately sent to the professional responsible for the service, the County Governor, guardian or temporary guardian and next of kin, or in the manner decided by the County Governor. The notice must state the right to appeal pursuant to Section 9-11, paragraph one.

A decision pursuant to Section 9-5, paragraph three (b) and (c) must be made by the person who has overall professional responsibility for the service. Decisions may be made for up to twelve months at a time. The specialist health service shall assist with the formulation of the measures.

The decision must be prepared in writing and include:

a. the name of the health care user or patient and the time and location of the decision,
b. a description of the health care user or patient's situation and a professional assessment of this,
c. a description of the measures that must be initiated and the professional grounds for these
d. specification of the time frame for the measures,
e. confirmation that the conditions in the chapter have been satisfied, including the grounds pursuant to Section 9-5, paragraph one, second sentence.
f. information about the attitude the health care user or patient and their representatives have towards the measures,
g. statement of the professional responsible for the implementation of the measures,
h. information about the County Governor's authority to review cases and the right to provide statements in cases that are to be reviewed pursuant to Section 9-8, and
i. information about the supervisory authority.

The decision must be sent to the County Governor for review pursuant to Section 9-8. The decision must also be sent to the specialist health service, guardian or temporary guardian and next of kin who can provide a statement to the County Governor. The deadline for providing a statement is one week from when the decision was received. The decision may not be implemented before it is approved by the County Governor. If the decision is appealed pursuant

to Section 9-11, paragraph one, the decision may not be implemented before the county social welfare board has approved the decision.

Section 9-8. *Review by the County Governor*

The County Governor shall review decisions pursuant to Section 9-5, paragraph three (b) and (c), cf. Section 9-7, paragraph four. The County Governor shall examine all aspects of the case.

The County Governor shall provide the guardian or temporary guardian and next of kin with information pertaining to the right to appeal pursuant to Section 9-11, paragraph two.

Section 9-9. *Requirements concerning implementation and evaluation*

The specialist health service shall assist with the implementation of measures pursuant to Section 9-5, paragraph three (b) and (c).

The health care user or patient has the right to qualified personnel when measures are implemented pursuant to Section 9-5, paragraph three (b) and (c). When implementing these measures there must be two service providers present if this is not to the disadvantage of the health care user or patient.

When measures are implemented pursuant to Section 9-5, paragraph three (b), one of the two service providers must, at a minimum, have successfully completed education in health, social or educational subjects at college level. When measures are implemented pursuant to Section 9-5, paragraph three (c), one of the two service providers must, at a minimum, have passed the final exam in the line of study for health and social service professions in upper secondary education. In special instances, the County Governor may grant dispensation from the educational requirements.

The measures must be continually assessed and discontinued immediately if the conditions for the decision no longer exist or it transpires that there are not the expected consequences or there are unforeseen, negative effects.

Section 9-10. *Duty to keep medical records*

The rules in chapter 8 of the Health Personnel Act concerning the documentation obligation and regulations relating to patient medical records apply.

Section 9-11. *Appeals*

A decision pursuant to Section 9-5, paragraph three (a) may be appealed by the health care user or patient, guardian, temporary guardian and next of kin to the County Governor. The County Governor shall examine all aspects of the case.

Decisions pursuant to Section 9-5, paragraph three (b) and (c) that are reviewed by the County Governor pursuant to Section 9-8 may be appealed by the health care user or patient, guardian, temporary guardian and next of kin to the county social welfare board. The right to appeal also applies if the County Governor has refused to approve the municipality's decision providing that the municipality still wishes to implement the measure. The county social welfare board must examine all aspects of the case.

A separate committee consisting of experts may be appointed for cases that must be heard by the county social welfare board pursuant to the rules in this chapter. A negotiation meeting for cases pursuant to this provision must be held as soon as possible and if possible within two weeks after the county social welfare board received the case, cf. Section 7-14 of the Child Welfare Act. The rules in Section 7-1 to Section 7-8 and Section 7-11 to Section 7-21 of the Child Welfare Act also apply. The King may issue regulations concerning whether these rules shall apply in part or in full.

The appeal case must be prepared by the County Governor pursuant to the provisions in Section 33, subsection 1 to subsection 4 of the Public Administration Act. The County Governor must provide an overview of the circumstances that formed the basis for the decision. The written statements and explanations that the decision is based on must be enclosed. The names of the people who shall provide statements to the county social welfare board must be stated.

The appeal deadline is three weeks from the when the decision or notice of the decision was received by the party who has the right to appeal pursuant to paragraph one and paragraph two.

Section 9-12. *Review by the district court*

Decisions in appeal cases pursuant to Section 9-11, paragraph two may be brought before the district court pursuant to the rules in chapter 36 of the Dispute Act. The right to bring forth an action does not apply if the county social welfare board has refused to approve the municipality's decision.

The plaintiff is the party the coercive measure is directed against. The plaintiff may bring forth an action by him/herself if the person in question has the ability to understand what the case pertains to. Actions may also be brought forth by the next of kin, guardian or temporary guardian. Section 6-5 of the Patients' Rights Act. applies when concerning the right of a child to bring forth an action.

The deadline for bringing forth an action is two months from the date the person who has the right to bring forth an action received notice of the decision.

Section 9-13. *The specialist health service*

The rules in this chapter apply correspondingly for the specialist health service when this is involved in initiatives in accordance with municipal decisions pursuant to Section 9-7.

As part of the specialist health service's performances of duties pursuant to Section 9-7 and Section 9-9, decisions may be made to use compulsion and power in accordance with the rules in this chapter. The administrative rules in this chapter apply to the extent to that they are relevant.

The regional health authority has a duty to ensure that the specialist health service has the expertise and staffing necessary to provide adequate assistance to the municipalities for measures pursuant to the rules in this Chapter.

Section 9-14. *Regulations*

The King may, in regulations, issue more detailed provisions to supplement and implement the rules in this chapter.

Chapter 10. Coercive measures against substance abusers

Section 10-1. *The municipality's duty to consider the use of coercive measures when notified by next of kin*

When notice is received from next of kin concerning extensive substance abuse, the municipalities may carry out the necessary investigations in connection with the matter and evaluate whether to commence an action pursuant to Section 10-2 or Section 10-3. When the matter has been reviewed, the next of kin shall receive a response concerning this.

A person's next of kin pursuant to paragraph one is what is defined as next of kin in Section 1-3 (b) of the Patients' Rights Act.

Section 10-2. *Detention in an institution without the person's consent*

If any person endangers his/her physical or psychological health through extensive and persistent substance abuse and if assistance measures are inadequate, it can be decided that the person in question may be admitted, without his/her consent, to an institution selected by the regional health authority, cf. Section 2-1a, fourth paragraph of the Specialized Health Services Act, for examination and organisation of treatment and detained there for up to three months.

Decisions pursuant to paragraph one must be made by the county social welfare board. The county social welfare board must also determine whether there shall be the right to take urine samples from the patient during the stay at the institution.

The county social welfare board's decision pursuant to paragraph one may only be initiated if the institution is professionally and materially equipped to offer the person adequate assistance in relation to the purpose of being admitted to the institution. The municipality may refrain from implementing a decision if the circumstances so dictate. If the decision is not initiated within six weeks, it will lapse.

A temporary decision pursuant to paragraph one may be made by the municipality if the interests the provision is supposed to safeguard can be significantly harmed if a decision is not

made and implemented immediately. The rules in Section 7-22 and Section 7-23 of the Child Welfare Act also apply.

If a temporary decision has been made, a proposal for a final decision must be sent to the county social welfare board within two weeks. If the case is not sent to the county social welfare board by this deadline, the decision shall lapse.

Amended by Act no. 46 of 22 June 2012.

Section 10-3. *Detention of pregnant substance abusers*

It can be decided that a pregnant substance abuser is admitted, without her own consent, to an institution selected by the regional health authority, cf. Section 2-1a, paragraph four of the Specialized Health Services Act, and is detained there during the entire period of pregnancy if the substance abuse is such that it is highly probable that the child will be born with injury and if the assistance measures are inadequate. The county social welfare board must also address whether there shall be the right to take urine samples from the pregnant woman during the stay at the institution.

The purpose of the detention is to prevent or limit the likelihood of injury being caused to the child. During the stay, emphasis must be placed on the woman being offered adequate assistance for her substance abuse and to be capable of taking care of the child.

The municipality shall, in consultation with the institution, make an assessment every third month at a minimum, of whether there are still grounds for detention. Detention may only continue if the municipality makes a decision concerning this by this deadline.

The municipality may refrain from implementing a decision if the circumstances so dictate. If the decision has not been implemented within two weeks the decision will lapse.

A temporary decision pursuant to paragraph one may be made by the municipality if the interests the provision is supposed to safeguard can be significantly harmed if the decision is not made and implemented immediately. The rules in Section 7-22 and Section 7-23 of the Child Welfare Act also apply.

If a temporary decision is made, the proposal for a final decision must be sent to the county social welfare board within two weeks. If the case is not sent to the county social welfare board by this deadline, the decision shall lapse.

Amended by Act no. 46 of 22 June 2012.

Section 10-4. *Detention in an institution on the basis of own consent*

When a substance abuser is, at his/her own consent, admitted to an institution selected by the regional health authority, cf. Section 2-1a, paragraph four of the Specialized Health Services Act, the institution can set the condition that the substance abuser can be detained for up to three weeks from when he/she was admitted.

For stays at institutions for the purpose of treatment or training for a minimum of three months, the condition may also be set that the substance abuser is detained for up to three weeks after the consent has been explicitly withdrawn. Detention may only occur up to three times for each stay. If the substance abuser escapes, but is returned within three weeks, the starting point for the detention deadline is considered to be from the date the substance abuser was returned to the institution.

Consent must be in writing and must be given to the administration of the institution no later than when the stay commences. Such consent may also be granted in the event of direct transition from the stay pursuant to Section 10-2 and Section 10-3. Before the substance abuser grants his/her consent, he/she must be informed of any conditions as referred to in paragraph one and paragraph two.

The institution may set as a condition for the stay that before the stay commences the substance abuser must grant his/her consent to urine samples being taken during his/her stay at the institution.

A child over 12 years of age with substance abuse problems may be admitted to an institution based on the consent of the child him/herself and those who have parental responsibility. If the child has turned 16 years of age, the child's consent is sufficient,.

Amended by Act no. 46 of 22 June 2012.

Section 10-5. *Use of the county social welfare board in cases pursuant to Section 10-2 and Section 10-3*

Section 7-1 to 7-8 and Section 7-11 to 7-23 of the Child Welfare Act apply correspondingly for cases pursuant to Section 10-3 and Section 10-3 unless otherwise specified in this Act

Negotiation meetings for cases pursuant to Section 10-2 and Section 10-3 must be held as soon as possible and if possible within two weeks after the county social welfare board received the case, cf. Section 7-14 of the Child Welfare Act.

Section 10-6. *Institution of proceedings pursuant to Section 10-2 and Section 10-3*

A case pursuant to Section10-2 and Section 10-3 commences with the municipality preparing a request for a measure in accordance with the relevant provision.

If the request is to be presented to a body elected by the people, the request must, if the body is an agreement, be immediately sent to the county social welfare board with any remarks. If the case is urgent, it may be sent to the Norwegian Board without being presented to the body elected by the people in advance.

Section 10-7. *Review by the district court*

The decision by the Norwegian Board may be brought before the district court pursuant to the rules in chapter 36 of the Dispute Act by the private party or the municipality. The municipality will be a party to the case. Section 6-5 of the Patients' Rights Act. applies when concerning the right of a child to bring forth an action.

The deadline for bringing forth actions is two months from the date the party that has a right to bring forth the action received notice of the decision. A rehearing may be granted pursuant to the Disputes Act if the deadline is exceeded.

The municipality shall cover its own costs in the case.

Section 10-8. *Responsibility for instituting coercive proceedings*

The municipality where the substance abuser is residing is responsible for bringing forth an action pursuant to Section 10-2 and Section 10-3. In the event of an agreement between the affected municipalities, responsibility may be transferred to another municipality that the substance abuser has a connection to.

The municipality that has brought forth the action is responsible for implementing the decision. Changes to the substance abuser's connection to the municipality entail no change to the issue of responsibility unless an agreement is entered into as mentioned in paragraph one, second sentence.

Chapter 11. Financing and patient co-payment

Section 11-1. *The municipality's responsibility for expenses*

The municipality shall ensure the necessary allocations for providing services and initiate the measures the municipality is responsible for pursuant to this Act. Expenses for occupational health services are not covered by the municipality. This also applies when such services are organised by the municipality.

The costs of the services and measures referred to in paragraph one must be covered by the municipality that, pursuant to Section 3-1 and Section 10-8, is responsible for providing the service or implementing the measure. The Ministry may, by regulations, issue more detailed provisions relating to the division of costs between two or more municipalities where a patient or health care user receives services from a different municipality to where the person in question has his/her permanent place of residence or permanently resides and the hearing of disputes between municipalities concerning the division of costs in such instances.

Costs for private practices that are managed pursuant to an agreement with the municipality must be fully or partly covered by the municipality in accordance with a more specific agreement between the private practice and the municipality.

The municipality shall cover travel expenses for treatment personnel who provide health services pursuant to chapter 5 of the National Insurance Act. The same applies for health

personnel who are municipal employees or health personnel who have an agreement with the municipality to provide health care, including health personnel employed at the Family Welfare Office. It is a condition that the patient is not able to make his/her way to the treatment centre because of his/her health.

The Ministry may prescribe, by regulations, more detailed provisions relating to the coverage of travel expenses for treatment personnel and for instances other than those referred to in paragraph four. In addition, regulations may be issued with more detailed provisions relating to fixed travel allowances for treatment personnel.

If the health services referred to in Section 3-2 give the right to benefits pursuant to regulations specified in accordance with Section 5-24 (a) of the National Insurance Act, the municipality shall cover the costs of health services that people resident in the municipality have received in another EEA country. The Ministry may prescribe, by regulations, more detailed provisions relating to the coverage of expenses.

Section 11-2. *Payment for health and care services*

The municipality may claim payment from patients and health care users for assistance from the municipality's health and care service, including private entities that operate in accordance with an agreement with the municipality when this is specified by law or regulations

The Ministry may prescribe, by regulations, more detailed provisions relating to payment for health and care services.

Section 11-3. *Municipal co-funding of specialist health services*

The Ministry may prescribe, by regulations, more detailed provisions relating to the municipality's co-funding responsibility for patient treatment in the specialist health service, and may also specify criteria for the patient groups or treatment forms that should be included and the municipality that shall be responsible for funding.

Section 11-4. *Municipal responsibility for funding for patients ready to be discharged*

From and including day one, the municipality shall cover the expenses of patients who are ready to be discharged, but who are staying at private or public institutions in the specialist health service awaiting municipal health and care services

The municipality shall enter into cooperative agreements with the regional health authority concerning patients ready to be discharged, cf. Section 6-1.

The Ministry may, by regulations, issue more detailed provisions relating to the scope and content of the scheme, criteria for when a patient is ready to be discharged, including criteria for cooperation between the municipality and specialist health service relating to patients ready to be discharged, payment rates pursuant to paragraph one, and the municipality that shall be responsible for the expenses of patients ready to be discharged.

Section 11-5. *Grants from the State*

The State shall provide annual block grants for partial coverage of the municipality's expenses. The grants shall be allocated through the revenue system for the municipalities pursuant to the rules issued by the King. The State shall also provide a special grant to the relevant municipalities for prison health services, cf. Section 3-9.

The national insurance provides benefits to cover expenses for health services pursuant to the rules specified in and in accordance with the National Insurance Act.

Chapter 12. Various provisions

Section 12-1. *Duty of confidentiality*

Any party that performs services or work pursuant to this Act has a duty of confidentiality pursuant to Section 13 to Section 13 (e) of the Public Administration Act. Punishment for breach is in accordance with Section 121 of the Penal Code.

The duty of confidentiality also includes place of birth, date of birth, personal identification number, nationality, civil status, profession, residence and place of work. However, information about the place of residence may be provided when it is clear that it would not damage the trust in the health and care service to provide such information.

Information to other administrative bodies pursuant to Section 13 (b), sub-section 5 and 6 of the Public Administration Act may only be provided when this is necessary for contributing to the performing of duties pursuant to this Act or to prevent serious risk to life or serious injury.

If a child's interests so dictate, the County Governor or Ministry may decide that information must be subject to a duty of confidentiality even if the parents have consented to the release of this information.

Section 12-2. *Distribution of doctors to the municipality's health and care service*

Each year the Ministry stipulates an overall framework for

1. the number of new doctor positions that can be established in the municipal health and care service, and
2. the number of new contractual provisions for private general practitioner activities.

The Ministry may prescribe, by regulations, more detailed provisions relating to the content and implementation of the distribution of doctors to the municipal health and care service.

Section 12-3. *Public supervision*

The County Governor shall supervise the legality of the municipality's compliance with duties imposed in chapter 3 to chapter 10 and Section 11-2, Section 11-3 and Section 11-4. For decisions pursuant to Section 9-5, paragraph three (b) and (c), there must also be local supervision. In connection with measures pursuant to chapter 9, the supervisory authority may conduct inspections without the residents' consent.

Chapter 10 A of the Local Government Act applies correspondingly for supervisory operations pursuant to paragraph one, with the exception of Section 60 (d). The Norwegian Board of Health Supervision may issue orders pursuant to Section 5 of the Act relating to Public Supervision of Health and Care Services.

Section 12-4. *Special provisions for stays in institutions*

An institution must be managed in such a manner that the residents themselves may make decisions regarding personal matters and have the social contact with others that they themselves desire, provided that this is compatible with the purpose of the stay and with the institution's responsibility for the administration.

The residents must be given the right to move both within and outside the institution with the limitations specified by the institution with consideration to the need for safety and well-being.

It is not permitted to use solitary confinement, other coercive measures or to inspect the residents' correspondence unless this is authorised by law or regulations as referred to in paragraph four.

The King may issue regulations to supplement the provisions in paragraph one to paragraph three, including the use of coercive measures, urine samples, inspecting the residents' correspondence for the purpose of preventing intoxicants or dangerous objects being brought into the institution and concerning the administration of the residents' assets.

Section 12-5. *National professional guidelines, guides and quality indicators*

The Directorate of Health shall develop, communicate and maintain national professional guidelines and guides that support the objectives that have been set for the health and care service. Guidelines and guides must be based on knowledge and good practice and shall contribute to continual improvement in operations and services.

The Directorate of Health shall develop, communicate and maintain national quality indicators as an aid for management and quality improvements in the municipal health and care service and as a basis for patients and health care users being able to safeguard their rights. The quality indicators must be made publicly available.

Chapter 13. Entry into force, transitional provisions and amendments to other Acts.

Section 13-1. *Entry into force*

The Act shall enter into force from the date determined by the King. [1] The King may enforce the individual provisions in the Act at different points in time.

1 Pursuant to Decree 1252 of 16 December 2011, the Act enters into force from 1 January 2012 with the exception of Section 3-5, paragraph three and Section 13-13, paragraph two, sub-section 23, the amendment to Section 1, paragraph one of the Patient Injury Act, while Section 13-3, paragraph two, sub-section 15 relating to amendments to the Specialized Health Services Act, new Section 3-3, enters into force on 1 July 2001.

Section 13-2. *Older regulations etc.*

Regulations, articles of association and instructions issued pursuant to Acts that have been annulled or amended when this Act enters into force shall also apply after this Act has entered into force unless they contravene this Act or regulations pursuant to this Act.

Section 13-3. *Amendments to other Acts*

From the date the Act enters into force, Act no. 66 of 19 November 1982 relating to the municipal health services and Act no. 81 of 13 December 1991 relating to social services etc. will be annulled.

The following amendments will be made in other Acts from the same date:

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23. The following amendments shall be made to Act no. 53 of 15 June 2001 relating to compensation in the event of injury to a Patient etc.:

Section 1, subsection 1 (a) shall read:

in institutions under the specialist health service and the municipal health and care services.

The database was last updated on 9 April 2013