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# Health Services Organisation Act<sup>1</sup>

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RT I 2001, 50, 284

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Amended by the following acts

Passed	Published	Entry into force
19.06.2002	RT I 2002, 57, 360	09.07.2002
19.06.2002	RT I 2002, 61, 375	01.08.2002
19.06.2002	RT I 2002, 62, 377	01.10.2002
18.12.2002	RT I 2002, 110, 661	01.01.2003
12.02.2003	RT I 2003, 26, 157	01.04.2003
12.02.2003	RT I 2003, 26, 160	01.11.2003
14.04.2004	RT I 2004, 29, 192	01.05.2004
28.06.2004	RT I 2004, 56, 400	01.08.2004 and 01.01.2005
13.10.2004	RT I 2004, 75, 520	01.12.2004
16.12.2004	RT I 2004, 89, 612	31.12.2004
16.12.2004	RT I 2005, 2, 4	01.03.2005
12.10.2005	RT I 2005, 57, 452	18.11.2005
09.11.2005	RT I 2005, 64, 482	01.01.2006
22.11.2006	RT I 2006, 56, 416	01.01.2007
07.12.2006	RT I 2006, 58, 439	01.01.2007
22.11.2006	RT I 2006, 56, 416	01.01.2008
24.01.2007	RT I 2007, 12, 66	01.01.2008
15.02.2007	RT I 2007, 24, 127	01.01.2008
22.02.2007	RT I 2007, 25, 134	01.01.2008
20.12.2007	RT I 2008, 3, 22	28.01.2008
20.12.2007	RT I 2008, 3, 22	01.09.2008
04.06.2008	RT I 2008, 25, 163	01.01.2009
19.06.2008	RT I 2008, 30, 191	01.07.2008
10.12.2008	RT I 2008, 58, 326	01.01.2009
17.12.2008	RT I 2008, 58, 329	01.01.2009
21.05.2009	RT I 2009, 29, 176	01.07.2009, partially 01.04.2010
15.06.2009	RT I 2009, 39, 262	24.07.2009
30.09.2009	RT I 2009, 49, 331	01.01.2010, partially 01.04.2010 (in this Act the words "Health Care Board" have been replaced by the words "Health Board" in the appropriate case form)
17.12.2009	RT I 2009, 67, 461	01.01.2010, partially 01.04.2010
22.04.2010	RT I 2010, 22, 108	01.01.2011, enters into force on the date which has been determined in the Decision of the Council of the European Union regarding the abrogation of the derogation established in respect of the Republic of Estonia on the basis provided for in Article 140 (2) of the Treaty on the Functioning of the

		European Union, Council Decision 2010/416/EU of 13 July 2010 (OJ L 196, 28.07.2010, p. 24 - 26).
05.05.2010	RT I 2010, 24, 115	01.09.2010
09.06.2010	RT I 2010, 41, 240	01.09.2010
16.12.2010	RT I, 05.01.2011, 12	15.01.2011
27.01.2011	RT I, 23.02.2011, 1	01.09.2011
27.01.2011	RT I, 23.02.2011, 2	05.04.2011
17.02.2011	RT I, 10.03.2011, 1	20.03.2011, partially 01.01.2013
23.02.2011	RT I, 25.03.2011, 1	01.01.2014; date of entry into force changed 01.07.2014 [RT I, 22.12.2013, 1]
06.12.2011	RT I, 21.12.2011, 2	01.06.2012, partially 01.01.2012
30.05.2012	RT I, 15.06.2012, 2	01.06.2013
06.06.2012	RT I, 29.06.2012, 4	01.01.2013, partially 09.07.2012, 01.09.2012 and 01.01.2014; date of entry into force partially changed 01.07.2014 [RT I, 22.12.2013, 1]
13.06.2012	RT I, 04.07.2012, 2	14.07.2012
13.06.2012	RT I, 04.07.2012, 3	14.07.2012
13.06.2012	RT I, 10.07.2012, 2	01.04.2013
14.06.2012	RT I, 04.07.2012, 1	01.08.2012
22.05.2013	RT I, 11.06.2013, 2	21.06.2013, partially 01.09.2013 and 01.01.2014; date of entry into force partially changed 01.07.2014 [RT I, 22.12.2013, 1]
15.11.2013	RT I, 29.11.2013, 1	09.12.2013
21.11.2013	RT I, 13.12.2013, 2	23.12.2013
21.11.2013	RT I, 13.12.2013, 3	01.01.2014
05.12.2013	RT I, 22.12.2013, 1	01.01.2014
19.02.2014	RT I, 13.03.2014, 2	23.03.2014, partially 01.01.2015, 01.01.2017 and 01.01.2019
19.02.2014	RT I, 13.03.2014, 4	01.07.2014, partially 23.03.2014
26.03.2014	RT I, 15.04.2014, 2	25.04.2014, partially 01.08.2014
21.05.2014	RT I, 06.06.2014, 14	09.06.2014
19.06.2014	RT I, 29.06.2014, 109	01.07.2014, official titles of ministers replaced on the basis of subsection 107 <sup>3</sup> (4) of the Government of the Republic Act
17.09.2014	RT I, 08.10.2014, 2	18.10.2014
03.12.2014	RT I, 22.12.2014, 1	01.01.2015
29.01.2015	RT I, 26.02.2015, 1	01.03.2015
11.02.2015	RT I, 12.03.2015, 1	01.01.2016
15.06.2015	RT I, 30.06.2015, 1	01.01.2016, partially 01.01.2017 - omitted [RT I, 24.12.2016, 1]
09.12.2015	RT I, 30.12.2015, 1	18.01.2016
09.12.2015	RT I, 30.12.2015, 2	09.01.2016, partially 01.03.2016
09.12.2015	RT I, 30.12.2015, 5	01.01.2016
19.12.2016	RT I, 24.12.2016, 1	01.01.2017
08.02.2017	RT I, 21.02.2017, 2	03.03.2017
08.02.2017	RT I, 03.03.2017, 1	01.07.2017
06.12.2017	RT I, 28.12.2017, 4	01.01.2018, partially 01.01.2019

## Chapter 1 GENERAL PROVISIONS

### § 1. Scope of application of Act

(1) This Act provides the organisation of and the requirements for the provision of health services, and the procedure for the management, financing and supervision of health care.

(2) This Act applies to the organisation of the provision of health services in the area of government of the Ministry of Defence with the specifications arising from the Defence Forces Service Act and Estonian Defence Forces Organisation Act.  
[RT I, 10.07.2012, 2 – entry into force 01.04.2013]

(2<sup>1</sup>) This Act applies to the organisation of the provision of health services in prisons with the specifications resulting from the Imprisonment Act.

(2<sup>2</sup>) This Act applies to the organisation of the provision of health services in schools with the specifications resulting from the Basic Schools and Upper Secondary Schools Act.  
[RT I 2010, 41, 240 – entry into force 01.09.2010]

(2<sup>3</sup>) This Act applies to the professional activities of pharmacists and assistant pharmacists upon the provision of pharmacy services in the extent provided for in subsection 2 (1<sup>1</sup>) and subsections 3 (4) and (5) of this Act.  
[RT I, 06.06.2014, 14 – entry into force 09.06.2014]

(2<sup>4</sup>) The provisions of the Emergency Act shall be applied to the organisation of health care in case of an emergency, taking account of the specifications provided for in this Act.  
[RT I, 03.03.2017, 1 – entry into force 01.07.2017]

(3) The provisions of the Administrative Procedure Act apply to administrative proceedings prescribed in this Act, taking account of the specifications provided for in this Act.  
[RT I 2003, 26, 157 – entry into force 01.04.2003]

## **§ 2. Health services**

(1) Health services are the activities of health care professionals for the prevention, diagnosis or treatment of diseases, injuries or intoxication in order to reduce the malaise of persons, prevent the deterioration of their state of health or development of the diseases, and restore their health. The minister responsible for the area shall establish the list of health services.  
[RT I, 04.07.2012, 3 – entry into force 14.07.2012]

(1<sup>1</sup>) Pharmacists and assistant pharmacists provide health services in the framework of professional activity only in the case provided for in the law.  
[RT I, 06.06.2014, 14 – entry into force 09.06.2014]

(2) In-patient health services are health services for the provision of which a person needs to stay at a hospital twenty-four hours a day.

(3) Out-patient health services are health services for the provision of which a person does not need to stay at a hospital twenty-four hours a day.

## **§ 3. Health care professionals**

(1) For the purposes of this Act, health care professionals are doctors, dentists, nurses and midwives if they are registered with the Health Board.

(2) A health care professional may provide health services within the acquired profession or speciality with regard to which the Health Board has issued a certificate of registration of the person as a health care professional.  
[RT I, 29.11.2013, 1 – entry into force 09.12.2013]

(3) A health care professional shall pay a state fee pursuant to the rate provided for in the State Fees Act for the issue of a certified transcript of a certificate of registration.  
[RT I 2006, 58, 439 – entry into force 01.01.2007]

(4) Health care professionals for the purposes of the Medicinal Products Act are also pharmacists and assistant pharmacists providing pharmacy services in a general pharmacy or hospital pharmacy provided that they have been registered in the national register of pharmacists and assistant pharmacists maintained by the Health Board according to subsection 55 (1) of the Medicinal Products Act.  
[RT I, 06.06.2014, 14 – entry into force 09.06.2014]

(5) Pharmacists and assistant pharmacists may provide pharmacy services within the acquired profession on which a certificate concerning registration as a pharmacist or assistant pharmacist has been issued thereto by the Health Board.  
[RT I, 06.06.2014, 14 – entry into force 09.06.2014]

### **§ 3<sup>1</sup>. Patient**

For the purposes of this Act, a patient means a physical person who has expressed his or her wish to receive health services or who receives health services.

[RT I, 29.11.2013, 1 – entry into force 09.12.2013]

### **§ 4. Health care providers**

Health care providers are health care professionals or legal persons providing health services.

### **§ 4<sup>1</sup>. Processing of personal data**

(1) Health care providers, who have the obligation to maintain confidentiality arising from law, have the right to process personal data required for the provision of a health service, including sensitive personal data, without the permission of the data subject.

(2) Data relating to the state of health of a data subject who is in hospital may be transmitted to or the data may be accessed by those closest to him or her, except if:

- 1) the data subject has prohibited access to the data or transmission of the data;
- 2) a body conducting an investigation has prohibited access to the data or transmission of the data in the interests of preventing a criminal offence, of apprehending a criminal offender or ascertaining the truth in a criminal proceeding.

[RT I 2007, 24, 127 – entry into force 01.01.2008]

### **§ 4<sup>2</sup>. Maintaining records of provision of health services**

[RT I 2008, 3, 22 – entry into force 01.09.2008]

(1) Use of the classifications, directories, address details of the State Information Systems and standards of the Health Information System is mandatory upon maintaining records of the provision of a health care service.

[RT I 2009, 29, 176 – entry into force 01.07.2009]

(1<sup>1</sup>) Documents certifying the provision of health care services may be created and preserved in digital form and digital records may be created if preservation of the integrity and authenticity thereof is ensured during the prescribed retention period and these are arranged and described pursuant to the Archives Act.

[RT I 2009, 29, 176 – entry into force 01.07.2009]

(1<sup>2</sup>) Health care providers may digitalise the paper documents which certify the provision of health care services if the integrity and authenticity thereof is ensured pursuant to the requirements provided for paper documents in the Archives Act and the Personal Data Protection Act. Paper documents which certify the provision of health care services and which have been digitalised may be destroyed prematurely on the basis of an assessment decision of the public archives.

[RT I 2009, 29, 176 – entry into force 01.07.2009]

(2) The conditions and procedure for maintaining records of the provision of health services and preservation of the documents thereof shall be established by a regulation of the minister responsible for the area.

[RT I 2008, 3, 22 – entry into force 01.09.2008]

### **§ 4<sup>3</sup>. Participation in provision of health services**

[RT I, 29.11.2013, 1 – entry into force 09.12.2013]

(1) The following persons may participate in the provision of health services with the objective of acquiring a profession:

- 1) students undergoing dentistry training who have completed the compulsory subjects in the curriculum of the IV course, under supervision and at the responsibility of a dentist;
- 2) students undergoing medical training who have completed the compulsory subjects in the curriculum of the IV course, under supervision and at the responsibility of a doctor;
- 3) students undergoing the training of midwife who have completed the compulsory subjects in the curriculum of the II course, under supervision and at the responsibility of a midwife or nurse;
- 4) students undergoing the training of nurse who have completed the compulsory subjects in the curriculum of the II course, under supervision and at the responsibility of a nurse or midwife;
- 5) students undergoing medical training or dentistry training who have completed the compulsory subjects in the curriculum of the III course, under supervision and at the responsibility of a nurse;
- 6) students undergoing physiotherapy training who have completed the compulsory subjects in the curriculum of the II course, under supervision and at the responsibility of a physiotherapist;
- 7) students undergoing occupational therapy training who have completed the compulsory subjects in the curriculum of the III course, under supervision and at the responsibility of an occupational therapist;
- 8) clinical psychology trainees under supervision and at the responsibility of a clinical psychologist.

[RT I, 30.12.2015, 2 – entry into force 09.01.2016]

(1<sup>1</sup>) A resident physician may participate in the provision of specialised medical care, general medical care and emergency care with the purpose of acquiring a profession, under supervision and at the responsibility of a medical specialist who has at least five years of work experience in the specialty of specialised medical care corresponding to the practical training passed by the resident physician.  
[RT I, 30.12.2015, 2 – entry into force 09.01.2016]

(2) The activity of the persons specified in subsections (1) and (1<sup>1</sup>) of this section shall be deemed to be the activity of the person under whose supervision and responsibility the persons practice.  
[RT I, 30.12.2015, 2 – entry into force 09.01.2016]

(3) The following shall participate in the provision of health services:  
1) a person who has been registered in the national register of pharmacists and assistant pharmacists maintained by the Health Board pursuant to subsection 55 (1) of the Medicinal Products Act if he or she engages in the dispensing of medicinal products subject to medical prescription;  
2) a person who directly sells medical devices on the basis of a medical device card.  
[RT I, 29.11.2013, 1 – entry into force 09.12.2013]

(4) The participation of the persons specified in subsection (3) of this section in the provision of health services has been regulated with the Medicinal Products Act and Medical Devices Act respectively.  
[RT I, 29.11.2013, 1 – entry into force 09.12.2013]

## **Chapter 2**

# **ORGANISATION OF PROVISION OF HEALTH SERVICES**

## **Division 1**

### **Emergency Care**

#### **§ 5. Definition of emergency care**

For the purposes of this Act, emergency care means health services which are provided by health care professionals in situations where postponement of care or failure to provide care may cause the death or permanent damage to the health of the person requiring care.

#### **§ 6. Provision of emergency care**

- (1) Every person in the territory of the Republic of Estonia has the right to receive emergency care.
- (2) Health care professionals are required to provide emergency care within the limits of their competence and with the means available.
- (3) Emergency care provided to persons insured by compulsory health insurance and persons equal thereto (hereinafter persons covered by health insurance) shall be paid for from the funds designated for health insurance in the state budget.
- (4) Emergency care provided to a person not covered by health insurance shall be paid for out of the funds prescribed for such purpose in the state budget, on the basis of a contract entered into between the Ministry of Social Affairs and the Estonian Health Insurance Fund and pursuant to the Health Insurance Act.  
[RT I 2002, 62, 377 – entry into force 01.10.2002]

## **Division 2**

### **General Medical Care**

#### **§ 7. Definition of general medical care**

General medical care means out-patient health services which are provided by family physicians and health care professionals working together with them.

(1<sup>1</sup>) The providers of general medical care provide services of general interest for the purposes of § 5 of the General Part of the Economic Activities Code Act.  
[RT I, 03.03.2017, 1 – entry into force 01.07.2017]

(2) A family physician is a specialist who has acquired the corresponding speciality and who practises:

- 1) on the basis of a practice list of the family physician;
- 2) as a specialist without a practice list.

(3) The provisions of this Act regulating provision of specialised out-patient care apply to the activities of family physicians specified in clause (2) 2) of this section.

(4) A family nurse is a nurse or a midwife who works together with a family physician and provides health services to persons belonging to the practice list of the family physician to the extent and pursuant to the procedure provided for on the basis of subsection 8 (61) of this Act.

[RT I 2009, 67, 461 – entry into force 01.01.2010]

## **§ 8. Practice list of family physician**

(1) The practice list of a family physician is a list of persons who are to be serviced by the family physician pursuant to this Act.

(2) Each family physician shall have one practice list.

(3) Every citizen of the Republic of Estonia and alien staying in Estonia on the basis of a residence permit has the right to register in the practice list of a family physician and change a family physician on the basis of a written application. A person shall be transferred to the practice list of a new family physician as of the first day of the following calendar month.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(3<sup>1</sup>) A new-born child born in Estonia shall be automatically registered after birth in the practice list of his or her mother's family physician.

[RT I, 21.02.2017, 2 – entry into force 03.03.2017]

(3<sup>2</sup>) If the mother of a new-born child has not been registered in the practice list of any family physician, the child shall be registered, based on a written application of the child's parent or guardian, in the practice list of the family physician specified in the application or the family physician shall be appointed to the child by the Health Board.

[RT I, 21.02.2017, 2 – entry into force 03.03.2017]

(4) The practice list of a family physician comprises persons registered with the family physician and persons determined by the Health Board on the basis of the Estonian population register address, taking into account the maximum number of persons on a practice list specified in subsection (4<sup>1</sup>) of this section.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(4<sup>1</sup>) The maximum number of persons on a practice list shall be:

- 1) 1200–2000 persons;
- 2) 2001–2400 persons if at least one health care professional qualified as a physician provides general medical care to persons entered in the list together with the family physician.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(4<sup>2</sup>) The Health Board may, with the consent of the Estonian Health Insurance Fund, approve a list smaller than the minimum number of persons on a practice list if the number of persons permanently residing in the local government of the service area of a family physician is less than 1200.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(4<sup>3</sup>) The Health Board shall appoint a person not registered in a practice list of a family physician to a list, compare the lists and approve the amended lists and shall notify the person, family physician and the Estonian Health Insurance Fund of the amendment as necessary but not less frequently than by the twentieth date of the calendar month following the last month of each quarter. In order to compare the lists, the Health Board shall have the right to receive data from the health insurance database established on the basis of subsection 15 (1) of the Health Insurance Act. The appointment of a person to a practice list of a family physician shall be calculated as of the first day of the calendar month following the appointment.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(4<sup>4</sup>) The Health Board shall exclude a person from the practice list of a family physician if the person is not a subject of the Estonian population register or if the place of residence of a person not covered by health insurance is not in the Republic of Estonia according to the population register. The Health Board shall notify a person of appointment to and exclusion from a list in writing or by electronic means within seven working days as of making the decision. If a document needs to be delivered to more than a hundred persons or if the data on residence of a person are not known to the Health Board, the decision shall be published in the official publication *Ametlikud Teadaanded*.

[RT I, 15.04.2014, 2 – entry into force 25.04.2014]

(4<sup>5</sup>) If the number of persons entered in a practice list of a family physician exceeds the maximum number of persons on a practice list, the Health Board shall, taking account of the maximum number, appoint the person to

the practice list of another family physician based on the address according to the Estonian population register. On the basis of an application of a family physician, the Health Board shall be entitled to appoint a person not covered by health insurance to a practice list of another family physician if a practice list with the maximum number of persons provided for in clause (4<sup>1</sup>) 1) of this section includes more than 800 persons not covered by health insurance.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(4<sup>6</sup>) The minister responsible for the area shall establish, by a regulation, the bases of and procedure for the compilation, amendment and comparison of practice lists of family physicians and the maximum number of practice lists.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(4<sup>7</sup>) Upon the establishment of the maximum number of practice lists, the minister responsible for the area shall proceed from the number of persons being the subjects of the Estonian population register and considering the better organisation and availability of general medical care.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(4<sup>8</sup>) The Health Board shall publish the information on practice lists of family physicians on its website setting out the following:

- 1) the name of the family physician and the health care professional working together with the family physician;
- 2) the service area and place of business of the family physician;
- 3) the independent appointment hours and contact information of the family physician and family nurse;
- 4) the opening hours and contact information of the place of business;
- 5) the website address of the place of business, if applicable;
- 6) the maximum number of persons on a practice list;
- 7) the data on substitution of the family physician;
- 8) the name of the sole proprietor or business name of the company through which the family physician provides general medical care.

[RT I, 21.02.2017, 2 – entry into force 03.03.2017]

(4<sup>9</sup>) The holder of an activity licence for the provision of general medical care shall submit to the Health Board a digitally signed notice, setting out the name and address of the place of business of the family physician and the name of the sole proprietor or company through which the family physician provides general medical care, the date on which the change becomes effective and the composition of persons specified in subsection § 4<sup>3</sup>(1) of this Act. The information shall be forwarded immediately upon change. The holder of an activity licence for the provision of general medical care shall submit to the Health Board the following information through the Estonian information system:

- 1) the name of the health care professional working together with the family physician;
- 2) the independent appointment hours and contact information of the family physician and family nurse;
- 3) the opening hours and contact information of the place of business;
- 4) the website address of the place of business, if applicable.

[RT I, 21.02.2017, 2 – entry into force 03.03.2017]

(5) [Repealed - RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(6) A family physician shall ensure the accessibility and continuity of health services to persons entered in his or her practice list to the extent and pursuant to the procedure prescribed in the work instructions of family physicians and health care professionals working together with family physicians.

[RT I 2009, 67, 461 – entry into force 01.01.2010]

(6<sup>1</sup>) The work instructions of family physicians and health care professionals working together with family physicians shall be established by a regulation of the minister responsible for the area.

[RT I 2009, 67, 461 – entry into force 01.01.2010]

(7) A family physician shall inform persons entered in his or her practice list where and who the persons can turn to in order to receive medical care outside the reception hours of the family physician. The Estonian Health Insurance Fund may enter into a contract with the family physician for the provision of general medical care during evening and night hours and on days off.

(8) [Repealed - RT I, 29.06.2012, 4 – entry into force 01.01.2013]

## **§ 8<sup>1</sup>. Substitution for family physicians with practice lists**

(1) Substitution for a family physician is a situation in which a family physician, due to his or her temporary absence from work, does not personally and directly provide general medical care to persons belonging to his

or her practice list, above all, does not personally provide out-patient consultations to persons entered in the practice list.

(2) The family physician shall ensure the finding of a substitute for a family physician in case of his or her absence from work for up to three months (hereinafter short-term substitution).

(3) The family physician shall ensure the finding of a substitute for a family physician in case of his or her absence from work for more than three months (hereinafter long-term substitution) by submitting a notice in a format which can be reproduced in writing to the Health Board no later than ten calendar days before the substitution setting out the cause of temporary absence from work, duration of substitution, name and qualification of the substitute, place and organisation of provision of general medical care and his or her contact information during the substitution.

(4) A family physician shall notify the local government of his or her service area and the persons entered in the practice list of the family physician of short-term and long-term substitution setting out the duration of substitution, name and qualification of the substitute as well as the place and organisation of provision of general medical care during the substitution. Information regarding the organisation of substitution shall be disclosed by the family physician to the persons entered in the practice list at the place of business of the family physician.

(5) In case of short-term substitution, the family physician shall be substituted for by a health care professional with the qualification of a physician.

(6) In case of long-term substitution, the family physician shall be substituted for by a health care professional with the qualification of a family physician or a resident physician studying in family medicine residency.

(7) Long-term substitution may last for up to one year, in case of training related to professional development for up to two years, and in the case of parental leave, until the termination of parental leave.

(8) The substitute of a family physician shall notify the family physician and the Health Board immediately in a format which can be reproduced in writing of premature or extraordinary termination of substitution for a family physician.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

## **§ 9. Service area of family physician**

(1) The service area of a family physician is an area of a local government or local governments determined by the Health Board in which the family physician and health care professionals working together with the family physician make house calls if necessary upon the provision of general medical care. A family physician shall provide emergency care to persons living or temporarily residing in the service area who are not included in the practice list of a family physician.

(2) If the service area of a family physician includes an area of local governments of several counties, the accessibility of general medical care shall be ensured to the persons living in the service area as required. Upon determination of a service area, the Health Board shall take into account the circumstances affecting the provision and accessibility of general medical care as required caused by the specific character of the area, including the number of residents and organisation of public transport in the area, if necessary.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

## **§ 9<sup>1</sup>. Place of business of family physician**

(1) The place of business of a family physician is a place in which the facilities of the family physician are located and where the family physician provides general medical care.

(2) If the place of business of a family physician is not located in the service area of a family physician, the accessibility of general medical care shall be ensured to the persons entered in the practice list of a family physician as required. The distance between the place of business and the service area shall not be unreasonably long. There must be a reasonable public transport connection between the place of business and the service area.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

## **§ 10. Requirements for facilities and installations of places of business of family physicians**

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

The minister responsible for the area shall establish the requirements for the facilities, installations and equipment of places of business of family physicians.

## **§ 11. Financing of general medical care**

(1) General medical care provided to persons covered by health insurance shall be paid for from the funds designated for health insurance in the state budget in the amounts in which the Estonian Health Insurance Fund has assumed the obligation to pay for it.



(2) Persons not covered by health insurance shall pay for general medical care themselves.

## **§ 12. Legal form of practising as family physician**

Family physicians may practise as sole proprietors or through companies providing general medical care.  
[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

## **§ 13. Specifications of companies providing general medical care**

(1) The partnership agreement of a company operating as a general partnership or limited partnership shall be entered into in writing and shall be appended to the application for entry of the company in the commercial register.

(2) Companies providing general medical care may merge only with other companies providing general medical care.

(3) Companies providing general medical care shall not be partners or shareholders of companies providing specialised medical care.  
[RT I 2002, 110, 661 – entry into force 01.01.2005]

## **§ 14. Area of activity**

(1) A company providing general medical care may have no other area of activity besides the provision of general medical care, nursing services permitted to be provided independently, midwifery care services permitted to be provided independently, physiotherapy service and social services, and teaching and scientific research in health care, and granting the use of immovable property.  
[RT I, 30.12.2015, 2 – entry into force 09.01.2016]

(2) A family physician entered in the commercial register as a sole proprietor may provide only general medical care, nursing services permitted to be provided independently, midwifery care services permitted to be provided independently, physiotherapy services and social services and engage in teaching and scientific research in health care and granting the use of immovable property under the business name entered in the commercial register.  
[RT I, 30.12.2015, 2 – entry into force 09.01.2016]

## **§ 15. Partners and shareholders of companies providing general medical care**

(1) The following may be partners and shareholders of a company which provides general medical care:

- 1) family physicians providing health services through the company;
  - 2) local government or local governments if the place of business of a company providing general medical care is located in at least one of their administrative territories.
- [RT I, 21.02.2017, 2 – entry into force 03.03.2017]

(2) If a partner or shareholder specified in clause (1) 1) of this section has been deprived of the right to practise as family physician, he or she shall transfer his or her share to a family physician who commences provision of health services through this company or to a local government within three months as of the deprivation of the right to practise as family physician. If the share is not transferred within three months, the company is required to cancel the share and compensate the value of the share to the family physician.  
[RT I 2006, 56, 416 – entry into force 01.01.2008]

(3) If the partner or shareholder specified in subsection (2) of this section was the only partner or shareholder of the company, he or she shall transfer the share within three months to a local government or family physician who commences provision of health services through this company, or decide to dissolve the company. If the family physician does not exercise the specified right, the company shall be dissolved by a court judgment at the request of the person who grants the right to compile practice lists.  
[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(4) In the case of the death of a partner or shareholder specified in clause (1) 1) of this section, the share of the company shall be transferred to his or her successor if the successor is a family physician who commences provision of health services through this company. In other cases, the successor of the family physician shall transfer the share to a family physician who commences provision of health services through this company or to the local government within three months as of acceptance of the succession. If the share is not transferred within the period, the company is required to cancel the share and compensate the value of the share to the successor.  
[RT I 2006, 56, 416 – entry into force 01.01.2008]

(5) If the partner or shareholder specified in subsection (4) of this section was the only partner or shareholder of the company, the successor may transfer the share within six months as of acceptance of the succession to a

local government or family physician who commences provision of health services through this company, or decide to dissolve the company. If the successor does not exercise the specified rights, the company shall be dissolved by a court judgment at the request of the person who grants the right to compile practice lists.  
[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

## **Division 3**

### **Emergency Medical Care**

#### **§ 16. Definition of emergency medical care**

(1) Emergency medical care means out-patient health services for the initial diagnosis and treatment of life-threatening diseases, injuries and intoxication and, if necessary, for the transportation of the person requiring care to a hospital.

[RT I, 04.07.2012, 3 – entry into force 14.07.2012]

(2) Each person staying in the territory of the Republic of Estonia has the right to receive emergency medical care.

#### **§ 17. Provision of emergency medical care**

(1) An ambulance crew shall provide emergency medical care on the basis of a dispatch order received from the alarm centre or information received in any other manner.

(1<sup>1</sup>) Owners of ambulance crews are the providers of vital service specified in subsection 36 (2) of the Emergency Act.

[RT I, 03.03.2017, 1 – entry into force 01.07.2017]

(2) The Government of the Republic shall establish the procedure for co-operation in emergency medical care between the emergency medical staff, hospitals, rescue service agencies and police authorities.

(3) The minister responsible for the area shall establish:

1) the number of ambulance crews financed from the state budget;

[RT I 2006, 56, 416 – entry into force 01.01.2007]

2) [Repealed - RT I 2006, 56, 416 – entry into force 01.01.2007]

3) the work instructions of ambulance crews;

4) the requirements for the staff and equipment of ambulance crews, including ambulance cars and medical devices;

5) the co-operation of emergency medical staff and the procedure for mutual settlement with family physicians.

6) [Repealed - RT I 2006, 56, 416 – entry into force 01.01.2007]

(4) The Health Board shall:

1) organise contracting for emergency medical care and enter into a contract with an owner of an ambulance crew under public law for up to five years pursuant to the conditions provided for in the Administrative Co-operation Act. If a contract is entered into with an owner of an ambulance crew for the first time, the contract shall be entered into for up to three years;

[RT I 2006, 56, 416 – entry into force 01.01.2007]

2) approve the number and location of service areas of ambulance crews financed from the state budget and the distribution of ambulance crews by service areas;

3) organise the temporary substitution of ambulance crews.

4) [Repealed - RT I 2006, 56, 416 – entry into force 01.01.2007]

(4<sup>1</sup>) [Repealed - RT I, 28.12.2017, 4 – entry into force 01.01.2018]

(4<sup>2</sup>) [Repealed - RT I, 28.12.2017, 4 – entry into force 01.01.2018]

(4<sup>3</sup>) [Repealed - RT I, 28.12.2017, 4 – entry into force 01.01.2018]

(4<sup>4</sup>) [Repealed - RT I, 28.12.2017, 4 – entry into force 01.01.2018]

(4<sup>5</sup>) [Repealed - RT I, 28.12.2017, 4 – entry into force 01.01.2018]

(5) An alarm centre has the right to send ambulance crews to other service areas in order to ensure the immediate accessibility of care.

(6) An ambulance crew of a state rescue service agency shall comply with the requirements established for ambulance crews by this Act and on the basis thereof.

## **§ 17<sup>1</sup>. Organisation of provision of emergency medical care**

(1) The Health Board shall:

- 1) organise the provision of emergency medical care based on the requirements provided for in this Act and other legislation;
- 2) approve the number and location of service areas of ambulance crews and the distribution of ambulance crews by service areas;
- 3) organise the temporary substitution of ambulance crews in cooperation with the Estonian Health Insurance Fund.

(2) The service area of an ambulance crew shall be the area of local authority approved by the Health Board or the area of those local authorities within which the ambulance crew is dispatched upon a call.

[RT I, 28.12.2017, 4 – entry into force 01.01.2018]

## **§ 17<sup>2</sup>. Emergency medical care financing contract**

(1) In order to finance emergency medical care, the Estonian Health Insurance Fund shall enter into a contract under public law (hereinafter emergency medical care financing contract) with an owner of an ambulance crew for up to five years pursuant to the conditions provided for in the Administrative Co-operation Act. Such first contract with an owner of an ambulance crew shall be entered into for up to three years.

(2) The Estonian Health Insurance Fund is not required to enter into an emergency medical care financing contract with all the owners of ambulance crews.

(3) Upon deciding on entry into an emergency medical care financing contract and the term of contract, the Estonian Health Insurance Fund shall take into account the following circumstances:

- 1) the need of the specific service area for emergency medical care and availability of emergency medical care;
- 2) the quality and conditions of provision of emergency medical care;
- 3) sustainability of the owner of the ambulance crew;
- 4) maximum number of ambulance crews;
- 5) development directions of state health care policy;
- 6) appropriate implementation of previous emergency medical care financing contracts or similar contracts by the owner of an ambulance crew;
- 7) existence or absence of tax arrears and general economic situation of the owner of an ambulance crew;
- 8) appropriate compliance with the legislation regulating the provision of health services by the owner of an ambulance crew;
- 9) number of ambulance crews established under clause 17 (3) 1) of this Act.

(4) The following conditions shall be agreed on in the emergency medical care financing contract:

- 1) term of the contract;
- 2) the amount financed by the Estonian Health Insurance Fund for the readiness of emergency medical care and provision thereof which is payable to the owner of an ambulance crew per unit of time and the total amount payable;
- 3) the price payable for ensuring the readiness and provision of emergency medical care;
- 4) the list of ambulance crews whose readiness is financed and who are paid a fee for the provided emergency medical care, and the procedure for notifying of changes in the list and approval thereof with the Estonian Health Insurance Fund;
- 5) number of hours in unit of time during which the owner of an ambulance crew must be ready to provide emergency medical care;
- 6) term during which the owner of an ambulance crew must submit to the Estonian Health Insurance Fund information on ensuring the readiness to provide emergency medical care and information on the provided service based on which the owner of an ambulance crew is paid a fee;
- 7) cases or changes relating to organisation of work requiring a previous written approval of the Estonian Health Insurance Fund;
- 8) cases upon which the Estonian Health Insurance Fund is not required to pay a fee to the owner of an ambulance crew or may reduce the amount payable;
- 9) cases upon which the parties are entitled to cancel the contract unilaterally, amend it or suspend the implementation thereof partly or in full and cases upon which violation is excusable;
- 10) data submission frequency to the Estonian Health Insurance Fund and composition of the submitted data on the provided emergency medical care service;
- 11) scope of the reporting obligation of an owner of an ambulance crew and scope of data submission obligation on the readiness to provide emergency medical care and on the provided service, and the composition of data;
- 12) quality and efficiency indicators of emergency medical care;
- 13) liability of the contracting parties upon violation of the contract;
- 14) other conditions necessary for ensuring the efficient and expedient use of funds allocated for the provision of emergency medical care.

(5) A new contract shall be entered into with an owner of an ambulance crew who has provided service according to the conditions provided for in subsection (4) of this section and in the emergency medical care financing contract. Parties to the emergency medical care financing contract may amend the contract only taking account of the circumstances provided for in subsection (3) of this section.  
[RT I, 28.12.2017, 4 – entry into force 01.01.2018]

### **§ 17<sup>3</sup>. Public competition for emergency medical care**

(1) The Estonian Health Insurance Fund shall organise a public competition for selecting an owner of an ambulance crew if at least one of the following circumstances exists:

- 1) the owner of an ambulance crew who has provided the service so far withdraws from providing the service and the need for emergency medical care remains in this specific service area in the former extent;
- 2) it is decided not to enter into a new contract under public law with the owner of an ambulance crew who has provided the service so far or to terminate the contract due to non-compliance of the owner of the ambulance crew or the service provided thereby with the requirements established by this Act or the emergency medical care financing contract;
- 3) the activity licence for the provision of emergency medical care of the owner of an ambulance crew has been revoked;
- 4) the division of service areas is changed;
- 5) temporary substitution lasts for more than three months.

(2) A competition shall be announced within fifteen days as of the occurrence of a circumstance specified in subsection (1) of this section.

(3) If necessary, the Health Board shall, in cooperation with the Estonian Health Insurance Fund, organise the provision of the service through temporary substitution until entry into a contract with the winner of the competition.

[RT I, 28.12.2017, 4 – entry into force 01.01.2018]

### **§ 18. Legal form of provision of emergency medical care**

(1) A company, sole proprietor, foundation or a state or local government agency which holds a corresponding activity licence may be the owner of an ambulance crew.

[RT I 2010, 24, 115 – entry into force 01.09.2010]

(2) A legal person which owns an ambulance crew may have no other area of activity besides the provision of emergency medical care, teaching and scientific research in health care, transport of patients relating to the provision of health services with a non-emergency vehicle or ambulance crew. A sole proprietor who owns an ambulance crew may provide only emergency medical care under the business name entered in the commercial register.

[RT I, 30.12.2015, 2 – entry into force 09.01.2016]

(3) The restriction on area of activity specified in subsection (2) of this section does not apply to providers of specialised medical care who own an ambulance crew.

(4) [Repealed - RT I 2006, 56, 416 – entry into force 01.01.2008]

### **§ 19. Financing of emergency medical care**

(1) Emergency medical care shall be paid for through the Estonian Health Insurance Fund budget and from the state budget through the Ministry of Social Affairs to the extent specified in clause 52 (1) 1) of this Act.

[RT I, 28.12.2017, 4 – entry into force 01.01.2018]

The minister responsible for the area shall establish the procedure for the financing of emergency medical care.

(3) An owner of an ambulance crew may not request a visit fee for the provision of emergency medical care.

[RT I, 28.12.2017, 4 – entry into force 01.01.2018]

## **Division 4 Specialised Medical Care**

### **§ 20. Definition of specialised medical care**

(1) Specialised medical care means out-patient or in-patient health services which are provided by medical specialists or dentists and health care professionals working together with them.

(1<sup>1</sup>) Day care means out-patient health services the provision of which requires the short-term observation of a person's condition and after which the person leaves from the health care provider on the same day.

[RT I, 11.06.2013, 2 – entry into force 21.06.2013]

(2) The list of specialties and additional competences of specialised medical care shall be established with a regulation of the minister responsible for the area.  
[RT I, 30.12.2015, 2 - entry into force 01.03.2016]

## **§ 21. Provision of specialised out-patient care**

(1) Companies, sole proprietors or foundations which hold corresponding activity licences may provide specialised out-patient care.

(2) The minister responsible for the area shall establish the requirements for the facilities, installations and equipment necessary for the provision of specialised out-patient care.  
[RT I 2002, 57, 360 – entry into force 09.07.2002]

## **§ 22. Hospital**

(1) A hospital is an economic unit formed in order to provide out-patient and in-patient health services.

(2) A company or foundation which holds a corresponding activity licence may own a hospital.

(3) A company or foundation which operates a hospital may have no other area of activity besides the provision of specialised medical care, emergency medical care, nursing services permitted to be provided independently, midwifery care services permitted to be provided independently and social services, teaching and scientific research in health care, maintaining a hospital pharmacy, manufacture of full blood and blood components and procurement and handling of cells, tissues and organs, and granting the use of immovable property.  
[RT I, 30.12.2015, 2 – entry into force 09.01.2016]

(4) The types of hospital providing specialised medical care are: regional hospital, central hospital, general hospital, local hospital, special hospital and rehabilitation hospital. The minister responsible for the area shall establish the requirements for the types of hospital.  
[RT I, 11.06.2013, 2 – entry into force 01.01.2014]

(4<sup>1</sup>) Hospitals of the hospital network established under subsection 55 (1) of this Act are the providers of vital service specified in subsection 36 (2) of the Emergency Act.  
[RT I, 03.03.2017, 1 – entry into force 01.07.2017]

(5) An owner of a hospital shall submit the functional development plan prepared on the basis of subsection 56 (1) 3) of this Act and the budget of the hospital to the Ministry of Social Affairs. The minister responsible for the area shall establish the conditions and procedure for the submission and disclosure of the functional development plans and budgets of hospitals.  
[RT I 2006, 56, 416 – entry into force 01.01.2008]

## **§ 23. Financing of specialised medical care**

(1) Specialised medical care provided to persons covered by health insurance shall be paid for from the funds designated for health insurance in the state budget in the amounts in which the Estonian Health Insurance Fund has assumed the obligation to pay for it.

(2) Persons not covered by health insurance shall pay for specialised medical care themselves.

# **Division 5 Nursing**

## **§ 24. Definition of nursing**

(1) Nursing means out-patient or in-patient health services which are provided by nurses and midwives together with family physicians, medical specialists or dentists, or independently.

(1<sup>1</sup>) [Repealed - RT I, 05.01.2011, 12 – entry into force 15.01.2011]

(2) The minister responsible for the area shall establish the list of nursing specialties.

## **§ 25. Independent provision of nursing**

(1) Companies, foundations or sole proprietors which hold corresponding activity licences may provide nursing independently.  
[RT I 2002, 110, 661 – entry into force 01.01.2003]

(1<sup>1</sup>) The restriction on the legal form of the provision of nursing specified in subsection (1) of this section does not apply to the providers of social services specified in § 100 of the Social Welfare Act and to the institutions providing 24-hour social services specified in § 20 of the Social Welfare Act in case of provision of home nursing service specified in the regulation established under subsection 25 (3) of this Act.

[RT I, 30.12.2015, 5 – entry into force 01.01.2016]

(2) The requirements for the facilities, installations, equipment, instruments and medicinal products necessary for the independent provision of out-patient nursing shall be established by a regulation of the minister responsible for the area.

[RT I, 11.06.2013, 2 – entry into force 01.01.2014]

(3) The list of out-patient nursing services which are permitted to be provided independently and the operations being part thereof as well as the conditions of provision of nursing services shall be established by a regulation of the minister responsible for the area.

[RT I, 30.12.2015, 2 – entry into force 09.01.2016]

## **§ 25<sup>1</sup>. Nursing hospital**

(1) A nursing hospital is an economic unit formed in order to provide out-patient and in-patient nursing services which are permitted to be provided independently.

(2) A company or foundation which holds a corresponding activity licence may own a nursing hospital.

(3) A company or foundation which operates a nursing hospital, except for the owner of a hospital providing specialised medical care, may have no other area of activity besides the provision of nursing services permitted to be provided independently, out-patient specialised medical care, physiotherapy service and social services, maintaining a hospital pharmacy, teaching and scientific research in health care and granting the use of immovable property.

[RT I, 30.12.2015, 2 – entry into force 09.01.2016]

(4) The list of nursing services which are permitted to be provided independently at a nursing hospital and the operations being part thereof and the requirements for the staff, facilities, installations, equipment and instruments necessary for the independent provision of in-patient nursing shall be established by a regulation of the minister responsible for the area.

[RT I, 11.06.2013, 2 – entry into force 01.01.2014]

## **§ 26. Financing of independent nursing**

(1) Independent nursing provided to persons covered by health insurance shall be paid for from the funds designated for health insurance in the state budget in the amounts in which the Estonian Health Insurance Fund has assumed the obligation to pay for it.

(2) Persons not covered by health insurance shall pay for independent nursing themselves.

(3) Independent nursing provided in the course of the provision of 24-hour special care service shall be financed from the state budget through the Social Insurance Board independent of the fact whether the person is or is not covered by health insurance.

[RT I 2008, 58, 329 – entry into force 01.01.2009]

# **Division 5<sup>1</sup> Midwifery Care**

[RT I 2009, 29, 176 - entry into force 01.04.2010]

## **§ 26<sup>1</sup>. Midwifery care**

Midwifery care means out-patient or in-patient health services which are provided by midwives together with a family physician or medical specialist or independently.

[RT I 2009, 29, 176 – entry into force 01.04.2010]

## **§ 26<sup>2</sup>. Independent provision of midwifery care**

(1) Companies, foundations or sole proprietors which hold the corresponding activity licences may provide midwifery care independently.

(2) Midwifery care may be provided independently only as out-patient service.

(3) The list of midwifery services which are permitted to be provided independently and the operations being part thereof as well as the conditions of and procedure for obstetrical home care shall be established by a regulation of the minister responsible for the area.  
[RT I, 15.04.2014, 2 – entry into force 01.08.2014]

(4) The requirements for the facilities, installations, equipment, instruments and medicinal products necessary for the independent provision of midwifery care shall be established by a regulation of the minister responsible for the area.  
[RT I, 15.04.2014, 2 – entry into force 01.08.2014]

### **§ 26<sup>3</sup>. Financing of independent midwifery care**

(1) Independent midwifery care provided to persons covered by health insurance shall be paid for from the funds designated for health insurance in the state budget in the amounts in which the Estonian Health Insurance Fund has assumed the obligation to pay for it.

(2) Persons not covered by health insurance shall pay for independent midwifery care themselves.  
[RT I 2009, 29, 176 – entry into force 01.04.2010]

## **Chapter 3 REQUIREMENTS FOR PROVISION OF HEALTH SERVICES**

### **Division 1 Registration and Recognition of Professional Qualifications of Health Care Professionals**

[RT I 2008, 30, 191 - entry into force 01.07.2008]

#### **§ 27. Legal effect of registration**

(1) Registration grants a health care professional the right to provide health services within the limits of the profession or specialty specified in the document certifying the qualification and in the registration certificate issued upon registration.  
[RT I, 29.11.2013, 1 – entry into force 09.12.2013]

(2) A health care professional may provide only the services as the provider of which he or she has been registered in the Health Board.  
[RT I 2006, 56, 416 – entry into force 01.01.2008]

#### **§ 27<sup>1</sup>. National register of health care professionals**

(1) In order to register health care professionals, the national register of health care professionals shall be established by a regulation of the Government of the Republic.

(2) The purpose of the national register of health care professionals is to register health care professionals in order to ensure national protection of the consumers of health services through provision of health services by persons who have the required qualifications and supervision over them and the required data for government agencies for the performance of the functions of the management and organisation of health care arising from Acts and other legislation and for the organisation of health statistics.  
[RT I, 29.11.2013, 1 – entry into force 09.12.2013]

(3) Health care professionals are obliged to submit information to the authorised processor.

(4) The authorised processor has the right make inquiries by way of cross-usage in order to obtain information entered in the register and to obtain information from other registers.

(5) The following information concerning health care professionals is collected in the national register of health care professionals:

- 1) biographical data;
- 2) information certifying qualifications;
- 3) information concerning the place of employment;
- 4) registration information.

(6) The Health Board is the chief and authorised processor of the national register of health care professionals.

[RT I 2006, 56, 416 – entry into force 01.01.2008]

## **§ 28. Registration proceedings**

(1) A person applying for registration shall submit to the Health Board a registration application and a copy of the document certifying his or her qualifications and the data on the European professional card upon the existence thereof.

[RT I, 30.12.2015, 1 - entry into force 18.01.2016]

(1<sup>1</sup>) A person applying for registration shall pay a state fee for the review of an application pursuant to the rate provided for in the State Fees Act before submitting the application.

[RT I 2006, 58, 439 – entry into force 01.01.2007]

(2) The minister responsible for the area shall establish the list of information to be submitted in registration applications.

(3) The minister responsible for the area shall establish a list of the documents certifying qualifications which are the bases for the registration of health care professionals.

(4) The Health Board shall verify the correctness of information submitted in the documents certifying qualifications and shall make a registration decision within one month as of submission of the documents specified in subsection (1) of this section, except in the cases specified in subsections 29 (1<sup>1</sup>) and 30 (2) of this Act.

[RT I 2008, 30, 191 – entry into force 01.07.2008]

(5) A person shall not be registered as health care professional if:

- 1) he or she knowingly submits false information or
- 2) he or she has been deprived of the right to work in the profession or speciality specified in the application for registration.

[RT I, 29.11.2013, 1 – entry into force 09.12.2013]

(6) If a person is not registered with the Health Board, he or she shall be notified thereof in writing within ten working days as of the date of making the decision.

(7) [Repealed - RT I 2002, 61, 375 – entry into force 01.08.2002]

(8) A person is required to submit the documents specified in subsection (1) of this section to the Health Board not later than within five years as of the issue of the document certifying qualifications.

[RT I 2006, 56, 416 – entry into force 01.01.2008]

(9) If a person fails to submit the documents within the term of registration specified in subsection (8) of this section, he or she may apply for the registration of himself or herself with the Health Board if he or she passes a theory examination and practice examination of health care professionals pursuant to the procedure established by the minister responsible for the area and submits a document certifying the results of the examination to the Health Board.

[RT I 2006, 56, 416 – entry into force 01.01.2008]

(10) In order to apply for the registration of himself or herself as health care professional, a person whose document certifying qualifications is not included in the list established pursuant to subsection (3) of this section shall pass a theory examination and practice examination of health care professionals pursuant to the procedure established by the minister responsible for the area.

[RT I 2006, 56, 416 – entry into force 01.01.2008]

## **§ 29. Registration of persons who have acquired qualifications in Member States of European Union, Member States of European Economic Area or in Switzerland**

[RT I 2004, 29, 192 – entry into force 01.05.2004]

(1) Subsections 28 (1)-(2) and (5)-(6) of this Act apply to the registration of persons who have acquired qualifications in the Member States of the European Union, Member States of the European Economic Area (hereinafter Member States of the European Economic Area) or in Switzerland.

[RT I 2008, 30, 191 – entry into force 01.07.2008]

(1<sup>1</sup>) The Health Board shall submit an acknowledgement of receipt of an application for registration to the person applying for registration within one month as of submission of the documents specified in subsection 28 (1) of this Act and, if necessary, shall notify the person of the missing documents. The Health Board shall verify the correctness of the data submitted in documents certifying the qualifications and make a decision on registration within two months as of submission of all the requisite documents. If, in the course of registration proceedings, the need arises to assess the circumstances specified in subsection 29 (3) of this Act, the Health Board may extend the term for making the decision on registration to three months by notifying the person applying for registration immediately of the extension of the term and the reasons for extension.



[RT I 2008, 30, 191 – entry into force 01.07.2008]

(2) The qualifications acquired in a Member State of the European Economic Area or Switzerland shall be certified by a document which grants a health care professional the right to provide health services in the profession or speciality set out in the document in the corresponding Member State of the European Economic Area or in Switzerland.

[RT I, 29.11.2013, 1 – entry into force 09.12.2013]

(3) If a person has acquired a speciality of specialised medical care in a Member State of the European Economic Area or Switzerland and the speciality is not included in the list established pursuant to subsection 20 (2) of this Act or the speciality acquired by the person is not automatically recognised, the Health Board shall decide on the recognition of the person's qualifications or obligation to take an aptitude test pursuant to the provisions of the Recognition of Foreign Professional Qualifications Act.

[RT I 2008, 30, 191 – entry into force 01.07.2008]

(4) The list of documents certifying the qualifications acquired in a Member State of the European Economic Area or in Switzerland and the procedure for the assessment of the correspondence of the qualifications shall be established by the minister responsible for the area.

[RT I 2004, 29, 192 – entry into force 01.05.2004]

(5) If an European professional card has been taken into use with the Commission Implementing Regulation in the profession of a health care professional based on Article 4a (7) of Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications (OJ L 255, 30.09.2005, p. 22–142) and the competent authority of a Member State of the European Economic Area or Switzerland has forwarded an application to the competent authority of Estonia for a person to work in Estonia, §§ 21<sup>1</sup>, 21<sup>4</sup> and 21<sup>5</sup> of the Recognition of Foreign Professional Qualifications Act shall be applied to the application for and proceeding the applications for the European professional card.

[RT I, 30.12.2015, 1 - entry into force 18.01.2016]

### **§ 30. Registration of persons who have acquired qualifications in other foreign states**

(1) Subsections 28 (1)-(2) and (5)-(6) of this Act apply to the registration of persons who have acquired qualifications in foreign states not specified in § 29 of this Act.

[RT I 2004, 29, 192 – entry into force 01.05.2004]

(1<sup>1</sup>) If a person who has acquired his or her qualifications in a foreign state not specified in § 29 of this Act and a Member State of the European Economic Area or Switzerland has recognised the qualifications beforehand and the person has obtained three years' work experience in the corresponding profession or speciality in the Member State of the European Economic Area or Switzerland where his or her qualifications were recognised, the Health Board shall decide on the recognition of the person's qualifications or obligation to take an aptitude test pursuant to the provisions of the Recognition of Foreign Professional Qualifications Act. Upon application for registration, the person shall submit a document certifying the required work experience and the right of the person to provide health services in a Member State of the European Economic Area or in Switzerland in addition to the documents required in subsection 28 (1) of this Act.

[RT I, 29.11.2013, 1 – entry into force 09.12.2013]

(2) The Health Care Board shall compare the qualifications of a person applying for registration with the qualifications required in Estonia, shall verify the correctness of information submitted in the documents certifying the qualifications and make a registration decision within three months as of submission of the documents specified in subsection 28 (1) of this Act. The procedure for comparing the qualifications acquired in a foreign state with the qualifications required in Estonia shall be established by the minister responsible for the area.

[RT I 2008, 30, 191 – entry into force 01.07.2008]

(3) In order to assess the compliance of qualifications, the Health Board may require that the persons who have acquired qualifications in foreign states not specified in § 29 of this Act take aptitude tests. The procedure for compilation, conduct and evaluation of aptitude tests shall be established by the minister responsible for the area.

[RT I 2008, 30, 191 – entry into force 01.07.2008]

(4) A person shall not be registered as health care professional if he or she has knowingly submitted false information or if the qualifications of the person do not comply with the qualifications required for working in this profession or speciality in Estonia.

[RT I, 29.11.2013, 1 – entry into force 09.12.2013]

(5) In the case specified in subsection (11) of this section if an European professional card has been taken into use with the Commission Implementing Regulation in the profession of a health care professional based

on Article 4a (7) of Directive 2005/36/EC of the European Parliament and of the Council and the competent authority of a Member State of the European Economic Area or Switzerland has forwarded an application to the competent authority of Estonia for a person to work in Estonia, §§ 21<sup>1</sup>, 21<sup>4</sup> and 21<sup>5</sup> of the Recognition of Foreign Professional Qualifications Act shall be applied to the application for and proceeding the applications for the European professional card.  
[RT I, 30.12.2015, 1 - entry into force 18.01.2016]

### **§ 31. Certificate**

(1) Certificates concerning registration shall be issued to health care professionals.

(2) A certificate shall set out:

- 1) the number of the certificate;
  - 2) the personal data of the health care professional;
  - 3) the profession, specialty and additional competence of specialty of the health care professional;
- [RT I, 30.12.2015, 2 - entry into force 01.03.2016]
- 4) the date and place of issue of the certificate.

(3) The minister responsible for the area shall establish the standard format for certificates.

### **§ 31<sup>1</sup>. Recognition of professional qualifications**

(1) If a person who has been registered as health care professional wishes to work outside of the Republic of Estonia, he or she shall apply for recognition of his or her professional qualifications pursuant to the procedure established in this section.

(2) A person applying for recognition of his or her professional qualifications shall submit an application to the Health Board setting out the following information:

- 1) given name and surname;
  - 2) registration number;
  - 3) the year of matriculation to a university or medical school;
  - 4) the state in which he or she intends to apply for recognition;
  - 5) the profession or speciality in which recognition is applied for.
- [RT I, 29.11.2013, 1 – entry into force 09.12.2013]

(3) A person applying for recognition of his or her professional qualifications shall, before submitting an application, pay a state fee for review of the application pursuant to the rate provided for in the State Fees Act.

(4) The Health Board shall issue a certificate of recognition of professional qualifications to a person within one month as of the submission of the application.

(5) A certificate of recognition of professional qualifications is valid for three months as of the issue of the certificate.

(6) In the case of loss, theft or destruction of a certificate of recognition of professional qualifications, a duplicate of the certificate shall be issued to the person on the basis of his or her application.  
[RT I 2008, 30, 191 – entry into force 01.07.2008]

(7) If an European professional card has been taken into use with the Commission Implementing Regulation in the profession of a health care professional based on Article 4a (7) of Directive 2005/36/EC of the European Parliament and of the Council and the person applying for registration applies for the issue of the European professional card for working outside the Republic of Estonia, §§ 21<sup>1</sup>, 21<sup>4</sup> and 21<sup>5</sup> of the Recognition of Foreign Professional Qualifications Act shall be applied to the application for and processing of the applications for the European professional card.  
[RT I, 30.12.2015, 1 - entry into force 18.01.2016]

### **§ 32. Deletion from register**

The Health Board shall delete a health care professional from the register:

- 1) if a conviction by a court which deprives the health care professional of the right to engage in the profession or speciality set out in the document certifying his or her qualifications or in the register has entered into force in respect of the health care professional, or  
[RT I, 29.11.2013, 1 – entry into force 09.12.2013]
- 2) after the death of the person.  
[RT I 2006, 56, 416 – entry into force 01.01.2008]

### **§ 32<sup>1</sup>. Suspension of registration**

In the case of failure to comply with a precept, the Health Board may suspend the registration of a health care professional in the register established on the basis of subsection 27<sup>1</sup>(1) of this Act for up to one year.  
[RT I, 13.03.2014, 4 – entry into force 01.07.2014]

## **§ 32<sup>2</sup>. Application of alert mechanism**

The Health Board applies the alert mechanism pursuant to the procedure provided for in Chapter 3<sup>2</sup> of the Recognition of Foreign Professional Qualifications Act.  
[RT I, 30.12.2015, 1 - entry into force 18.01.2016]

## **§ 33. Temporary provision of health services**

A person who has acquired his or her qualifications in a Member State of the European Economic Area or in Switzerland may temporarily provide health services in Estonia without the registration obligation required pursuant to § 27 of this Act and an activity licence required pursuant to § 40 of this Act, based on the provisions of Chapter 3 and 3<sup>1</sup> of the Recognition of Foreign Professional Qualifications Act. The competent authority for the purposes of Chapter 3 and 3<sup>1</sup> of the Recognition of Foreign Professional Qualifications Act is the Health Board.  
[RT I, 30.12.2015, 1 - entry into force 18.01.2016]

# **Division 2**

## **Right to Practice as Family Physician**

## **§ 34. Compiling of practice lists**

(1) In order to grant the right to compile a practice list, the Health Board shall conduct a public competition pursuant to the procedure established by the minister responsible for the area.  
[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(1<sup>1</sup>) A competition shall be conducted for granting the right to compile a new practice list or organising the provision of general medical care for a practice list which has become available.  
[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(2) An applicant for the right to compile a practice list shall submit the following documents and information to the Health Board:  
[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

1) an application which sets out the name, personal identification code or date of birth, residence and telecommunications numbers of the applicant and the location and address of the proposed place of business;  
2) the names and personal identification codes of the health care professionals working together with the family physician.

[RT I 2006, 56, 416 – entry into force 01.01.2008]

3) [Repealed - RT I 2002, 61, 375 – entry into force 01.08.2002]

(3) In the event there is a practice list not approved on the basis of a public competition, a family physician with a practice list shall have the right, within one year after the public competition, to apply from the Health Board, outside of competition, for the partial transfer of persons entered in the practice list of a family physician as a new list to a health care professional qualified as a family physician who has provided general medical care to persons entered in the practice list together with a family physician within the six months prior to submission of an application (hereinafter transfer of part of practice list).

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(4) The transfer of part of a practice list shall be based on the following principles:

1) upon transfer of part of a practice list the approval of a new practice list with the service area not approved by way of public competition is allowed on the condition that the service area of the family physician applying for the transfer of part of a practice list and the service area of the new practice list coincide;

2) the number of persons entered in the practice list of a family physician applying for the transfer of part of a practice list shall not decrease below the minimum number of persons on a practice list as the result of the transfer;

3) upon transfer of part of a practice list the number of persons to be entered in the new approved practice list shall be at least 1200 persons;

4) the persons registered in the practice list of the family physician applying for the transfer of part of a practice list have granted their written consent for their entry in the new practice list;

5) the continuous provision of general medical care as required has been ensured to the persons entered in the practice list of a family physician applying for the transfer of part of a practice list and to the persons to be entered in the new practice list.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(5) In the event there is a practice list unfilled by way of public competition, a family physician with a practice list may apply for the transfer of part of a practice list in a reasoned manner from the Health Board also in a

case unspecified in subsection (3) of this section if the principles provided for in clauses (4) 2)–5) of this section are complied with upon transfer of part of a practice list and the transfer of part of a practice list promotes the general accessibility and organisation of general medical care in the service area being applied for. Submitting of applications is not permitted if a public competition for granting the right to compile a practice list in the service area of the family physician specified in the application is being held at the time of submitting applications.  
[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(6) The family physician applying for the transfer of part of a practice list shall submit the following documents and information to the Health Board:

- 1) an application which sets out the name, personal identification code or date of birth in case of lack thereof, residence, telecommunications numbers of the applicant and the location and address of the place of business of the family physician and service area of the family physician;
  - 2) the applied service area of family physician upon approval of a new practice list;
  - 3) description of measures ensuring the continuous provision of general medical care as required to the persons entered in the practice list of the family physician applying for the transfer of part of a practice list and to the persons to be entered in the new practice list;
  - 4) the names and personal identification codes of the health care professionals who commence work together with the family physician after transfer of part of a practice list;
  - 5) the written application for acceptance of part of a practice list of the person to whom part of a practice list shall be transferred setting out the name, personal identification code, residence and telecommunications numbers of the applicant and the location and address of the proposed place of business as well as the names and personal identification codes of the health care professionals who commence work together with the applicant;
  - 6) the written consent of the persons registered in the practice list of the family physician applying for the transfer of part of a practice list for their registration in the new practice list.
- [RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(7) Upon proceeding the application for transfer of part of a practice list the Health Board shall have the right to request the submission of additional information or explanations concerning the compliance of the transfer of part of a practice list with the principles provided for in this Act.  
[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

### **§ 35. Right to practice as family physician**

(1) Family physicians with a practice list may practice as sole proprietors holding an activity licence for the provision of general medical care or through companies holding an activity licence for the provision of general medical care.

(2) The practice list of a family physician shall be approved and the service area and maximum number of persons on a practice list of a family physician shall be determined or amended by the Health Board.

(3) The Health Board shall decide not to satisfy an application for transfer of part of a practice list if the requirements for transfer of part of a practice list specified in subsections 34 (3)–(6) of this Act have not been complied with.

(4) The Health Board shall decide not to satisfy an application for transfer of part of a practice list if:

- 1) approval of an additional practice list for a service area unfilled by way of public competition is not justified on the grounds of better organisation and accessibility of general medical care;
- 2) approval of a practice list with the service area of a family physician applied for in the application for transfer of part of a practice list is not justified on the grounds of organisation and accessibility of general medical care of the area;
- 3) application for transfer of part of a practice list does not comply with the requirements specified in this Act and the applicant has failed to eliminate the deficiencies within the term determined by the Health Board;
- 4) applicant for transfer of part of a practice list refuses to comply with the requirement of the Health Board provided for in subsection 34 (7) of this Act;
- 5) knowingly incorrect or false information has been submitted in the application for transfer of part of a practice list;
- 6) in case of other significant public interest.

(5) On the grounds of better organisation and accessibility of general medical care the Health Board may determine an additional service area to a family physician upon his or her consent.

(6) The Health Board shall communicate the decision specified in subsections (2)–(5) of this section to the family physician, local government of the service area of the family physician and the Estonian Health Insurance Fund within five working days as of making the decision.

(7) The family physician shall commence the provision of general medical care within sixty days as of entry into force of the decision specified in subsection (2) of this section.  
[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

### **§ 36. Duty to disseminate information**

(1) [Repealed - RT I, 29.06.2012, 4 – entry into force 01.01.2013]

- (2) A family physician is required to submit to the Health Board:
- 1) [Repealed - RT I, 21.02.2017, 2 – entry into force 03.03.2017]
  - 2) [Repealed - RT I, 21.02.2017, 2 – entry into force 03.03.2017]
  - 3) a digitally signed notice concerning the legal form of practicing as a family physician and providing general medical care or a change thereof.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

- 4) the application specified in clause 37 (1) 1) of this Act upon first opportunity but at least six month before withdrawing from the employment of a family physician with a practice list.

[RT I, 21.02.2017, 2 – entry into force 03.03.2017]

- (3) [Repealed - RT I, 29.06.2012, 4 – entry into force 01.01.2013]

### **§ 37. Deprivation of right to practise as family physician**

(1) The Health Board shall make a decision to deprive a family physician of the right to practice as a family physician and of the practice list of a family physician if:

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

- 1) so requested by the family physician himself or herself;
- 2) in respect of the family physician, a conviction by a court which deprives the family physician of the right to practise as family physician has entered into force;

3) [Repealed - RT I, 13.03.2014, 4 – entry into force 01.07.2014]

4) [Repealed - RT I, 13.03.2014, 4 – entry into force 01.07.2014]

- 5) the quality of the provided health services is not in compliance with the requirements established pursuant to clause 56 (1) 7) of this Act;

5<sup>1</sup>) the family physician does not comply with the requirements prescribed in the work instructions established under subsection 8 (6<sup>1</sup>) of this Act upon ensuring the accessibility and continuity of health services to persons entered in his or her practice list;

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

- 6) the family physician cannot be substituted in the case of his or her long-term incapacity of work;

- 7) the family physician is declared to be missing;

- 8) the family physician dies or he or she is declared dead;

- 9) [Repealed - RT I 2004, 29, 192 – entry into force 01.05.2004]

- 10) long-term substitution of the family physician lasts longer than the period established in subsection 8<sup>1</sup>(7) of this Act;

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

10<sup>1</sup>) substitution of a family physician has lost its temporary nature considering the combined effect of duration, frequency, regularity, occasionality and continuity of practicing of and substituting for a family physician and the continuous provision of general medical care by a family physician with an approved practice list is not ensured;

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

- 11) the family physician or a health care professional working together with him or her materially violates personal data processing requirements.

[RT I 2008, 3, 22 – entry into force 01.09.2008]

(2) Before depriving a family physician of the right to practise as family physician on the basis provided for in clauses (1) 3)–5) or 11) of this section, the Health Board may issue a precept to the family physician.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(3) Upon failure to comply with a precept specified in subsection (2) of this section, the Health Board may impose penalty payment pursuant to the procedure provided for in the Substitutive Enforcement and Penalty Payment Act or issue an order to deprive the family physician of the right to practise as family physician.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

- (4) The maximum rate of penalty payment specified in subsection (3) of this section is 640 euros.

[RT I 2010, 22, 108 – entry into force 01.01.2011]

(5) In the cases specified in clauses (1) 1)–6) or 11) of this section, a family physician shall be notified of the decision to deprive the family physician of the right to practise as family physician within five working days as of issue of the decision. The decision to deprive the family physician of the right to practise as family physician shall be published in the official publication *Ametlikud Teadaanded*.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

### **§ 38. Acts performed upon deprivation of right to practise as family physician**

(1) Upon deprivation of a family physician of the right to practise as family physician, the Health Board shall organise the servicing of persons entered in the practice list of the family physician and the servicing of the service area until the right of a new family physician to practise is approved.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(1<sup>1</sup>) Upon deprivation of a family physician of the right to practice as a family physician in the cases provided for in subsection § 37 (1) of this Act, the holder of an activity licence for the provision of general medical care through which the family physician operated, shall be required to preserve the documents concerning the practice list and to deliver them to the sole proprietor or company through which the provision of general medical care to the persons entered in the list is continued, or in case lack thereof, to the Health Board pursuant to the procedure provided for in subsection § 38 (2) of this Act.

[RT I, 21.02.2017, 2 – entry into force 03.03.2017]

(2) The procedure for delivery of documents concerning the family physician's practice list shall be established by a regulation of the minister responsible for the area.

[RT I, 21.02.2017, 2 – entry into force 03.03.2017]

(3) If the family physician was the sole shareholder of the company providing general medical care or a sole proprietor and he or she is deprived of the right to practice as a family physician in the cases provided for in clauses 37 (1) 7) and 8) of this Act, the Health Board shall organise the preservation and delivery of documents concerning the practice list to the sole proprietor or company through which the provision of general medical care to the persons entered in the list is continued.

[RT I, 21.02.2017, 2 – entry into force 03.03.2017]

(4) The sole proprietor or company through which the provision of general medical care to the persons entered in the list is continued shall be required to accept the documents concerning the practice list from the holder of an activity licence for the provision of general medical care or from the Health Board in the cases provided for in subsections (1<sup>1</sup>) and (3) of this section.

[RT I, 21.02.2017, 2 – entry into force 03.03.2017]

### **§ 39. Restrictions on activities of family physicians**

Family physicians shall not be partners or shareholders of companies engaged in providing specialised medical care, or partners or shareholders of companies which are the partners or shareholders of such companies.

## **Division 3 Activity Licence**

### **§ 40. Requirement for activity licence**

[RT I 2006, 56, 416 – entry into force 01.01.2008]

(1) An activity licence is required for operation in the following areas of activity:

- 1) the provision of general medical care on the basis of a practice list of a family physician;
- 2) the provision of emergency medical care;
- 3) the provision of specialised medical care;
- 3) the independent provision of nursing;
- 4) the independent provision of midwifery care.

[RT I, 29.06.2012, 4 – entry into force 01.07.2014 (entry into force changed – RT I, 22.12.2013, 1)]

(2) An activity licence for the provision of health services shall be issued to an owner of a hospital specified in the development plan of the hospital network only with respect to a type of hospital approved for the owner in the development plan of the hospital network.

[RT I, 25.03.2011, 1 – entry into force 01.07.2014 (entry into force changed - RT I, 22.12.2013, 1)]

(3) An activity licence grants the right to provide health services in the place of business specified in the activity licence.

[RT I, 25.03.2011, 1 – entry into force 01.07.2014 (entry into force changed - RT I, 22.12.2013, 1)]

### **§ 40<sup>1</sup>. Scope of activity licence**

[Repealed - RT I, 25.03.2011, 1 – entry into force 01.07.2014 (entry into force changed - RT I, 22.12.2013, 1)]

### **§ 41. Application for activity licence**

(1) An application for an activity licence shall be adjudicated by the Health Board with the grant of or refusal to grant an activity licence within sixty days after the submission of an application.

[RT I, 25.03.2011, 1 – entry into force 01.07.2014 (entry into force changed - RT I, 22.12.2013, 1)]

(2) In addition to the data provided for in the General Part of the Economic Activities Code Act, an application for an activity licence shall set out the following data:

- 1) in order to provide health services in the Defence Forces or in the case of application for a licence for the provision of emergency medical care in the Defence Forces, the location and statutes of the structural unit of the Defence Forces and the name of its superior government agency;
- 2) the list of health services for the provision of which the activity licence is being applied for;
- 3) upon application for an activity licence, the written consents of the health care professionals to commence work at the health care provider which applies for the activity licence except in case of application for a licence for the provision of general medical care on the basis of a practice list of a family physician;
- 4) upon application for a licence for the provision of emergency medical care by a state rescue service agency, the seat of the agency, the number of registration in the state register of state and local government agencies, the statutes and the name of its superior government agency;
- 5) upon application for a licence for the provision of emergency medical care, the number, staff and equipment of ambulance crews being applied for;
- 6) upon application for a licence for the provision of specialised in-patient care, the type of hospital being applied for;
- 6<sup>1</sup>) upon application for a licence for the provision of nurse's appointment service specified in the regulation established on the basis of subsection 25 (3) of this Act in the framework of independent provision of nursing care, the documents certifying the competence of a nurse;  
[RT I, 30.12.2015, 2 – entry into force 09.01.2016]
- 6<sup>2</sup>) upon application for a licence for the provision of nurse's appointment service specified in the regulation established on the basis of subsection 25 (3) of this Act in the framework of independent provision of nursing care, the name, personal identification code and contact data of the consulting physician if the company, foundation or sole proprietor itself does not have the activity licence of specialised medical care;  
[RT I, 30.12.2015, 2 – entry into force 09.01.2016]
- 7) upon application for a licence for the provision of independent in-patient nursing, the name, personal identification code and contact data of the consulting physician;
- 7<sup>1</sup>) upon application for a licence for the provision of obstetrical home care specified in the regulation established on the basis of subsection 26<sup>2</sup>(3) of this Act in the framework of independent provision of midwifery care, the documents certifying the competence of a midwife;  
[RT I, 15.04.2014, 2 – entry into force 01.08.2014]
- 8) the part of the plan pertaining to the medical technology of facilities which contains information on the facilities, installations and equipment;
- 9) information concerning registration of processing of sensitive personal data with the data protection supervision authority;
- 10) information concerning compliance with the requirements set for data exchange with the Health Information System.  
[RT I, 11.06.2013, 2 – entry into force 01.07.2014 (entry into force changed – RT I, 22.12.2013, 1)]

## **§ 42. Subject of review of activity licence**

An activity licence shall be granted if:

- 1) the facilities, installations and equipment for the provision of general medical care on the basis of a practice list of a family physician comply with the requirements established for the place of business of a family physician on the basis of this Act;
- 2) the staff, facilities, installations and equipment necessary for the provision of specialised medical care comply with the requirements established on the basis of this Act;
- 3) the staff and equipment of ambulance crew for the provision of emergency medical care comply with the requirements established on the basis of this Act;
- 4) the facilities, installations, equipment, instruments and medicinal products and the competence of a midwife comply with the requirements established on the basis of this Act;  
[RT I, 15.04.2014, 2 – entry into force 01.08.2014]
- 5) the staff, facilities, installations, equipment, instruments and medicinal products, and the competence of a nurse necessary for the independent provision of nursing comply with the requirements established on the basis of this Act;  
[RT I, 30.12.2015, 2 – entry into force 09.01.2016]
- 6) the information technology readiness of the applicant complies with the requirements set for data exchange with the Health Information System.  
[RT I, 11.06.2013, 2 – entry into force 01.07.2014 (entry into force changed - RT I, 22.12.2013, 1)]

## **§ 42<sup>1</sup>. Secondary conditions of activity licence**

The following shall be added to the activity licence as secondary conditions:

- 1) the health services for the provision of which an activity licence has been issued;
- 2) the type of organ allowed to be transplanted if the activity licence for the provision of specialised medical care has been issued for the transplantation of an organ.  
[RT I, 26.02.2015, 1 – entry into force 01.03.2015]

#### **§ 43. Issue of activity licence**

[Repealed - RT I, 25.03.2011, 1 – entry into force 01.07.2014 (entry into force changed - RT I, 22.12.2013, 1)]

#### **§ 44. Data and conditions to be submitted in activity licence**

[Repealed - RT I 2006, 56, 416 – entry into force 01.01.2008]

#### **§ 45. Refusal to issue activity licence**

[Repealed - RT I, 25.03.2011, 1 – entry into force 01.07.2014 (entry into force changed - RT I, 22.12.2013, 1)]

#### **§ 46. Term of activity licence**

[Repealed - RT I, 25.03.2011, 1 – entry into force 01.07.2014 (entry into force changed - RT I, 22.12.2013, 1)]

#### **§ 47. Obligation to prepare health care statistics and reports on economic activities concerning health care**

An undertaking who has been issued an activity licence shall be required to prepare health care statistics and reports on economic activities concerning health care in accordance with the requirements established on the basis of clause 56 (1) 1) of this Act and submit these to an institution determined by the Ministry of Social Affairs or the minister responsible for the area.

[RT I, 29.06.2012, 4 – entry into force 01.07.2014 (entry into force changed - RT I, 22.12.2013, 1)]

#### **§ 47<sup>1</sup>. Specification for submission of data of the Defence Forces**

The Defence Forces shall submit the data concerning the alteration or change of data belonging under the subject of review of an activity licence and the data specified in § 47 of this Act to the Ministry of Defence who shall forward it to the Health Board or an institution determined by the Ministry of Social Affairs or by the minister responsible for the area.

[RT I, 29.06.2012, 4 – entry into force 01.07.2014 (entry into force changed - RT I, 22.12.2013, 1)]

#### **§ 48. Revocation of activity licence**

[Repealed - RT I, 25.03.2011, 1 – entry into force 01.07.2014 (entry into force changed - RT I, 22.12.2013, 1)]

#### **§ 49. Partial revocation of activity licence**

[Repealed - RT I, 25.03.2011, 1 – entry into force 01.07.2014 (entry into force changed - RT I, 22.12.2013, 1)]

#### **§ 50. Application for new activity licence**

[Repealed - RT I, 25.03.2011, 1 – entry into force 01.07.2014 (entry into force changed - RT I, 22.12.2013, 1)]

#### **§ 50<sup>1</sup>. National register of activity licences for provision of health services**

(1) In order to register activity licences for the provision of health services, the national register of activity licences for the provision of health services shall be established by a regulation of the Government of the Republic.

(2) The purpose of the establishment and use of the national register of activity licences for the provision of health services is to maintain records of sole proprietors and legal persons who have been granted the right to provide general medical care, emergency medical care, specialised medical care, independent nursing or midwifery care and to ensure the required data for the Ministries, the Estonian Health Insurance Fund and the institutions determined by the Ministry of Social Affairs or by the minister responsible for the area for the performance of the functions of the management and organisation of health care arising from Acts and other legislation and for the organisation of health statistics.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(3) [Repealed - RT I, 25.03.2011, 1 – entry into force 01.07.2014 (entry into force changed - RT I, 22.12.2013, 1)]

(4) The authorised processor has the right make inquiries by way of cross-usage in order to obtain information entered in the register and to obtain information from other registers.

(5) [Repealed - RT I, 25.03.2011, 1 – entry into force 01.07.2014 (entry into force changed - RT I, 22.12.2013, 1)]

(6) The Health Board is the chief and authorised processor of the national register of activity licences for the provision of health services.

[RT I 2006, 56, 416 – entry into force 01.01.2008]



(7) The provisions of the General Part of the Economic Activities Code Act concerning registers shall be applied to the national register of activity licences for the provision of health services, taking account of the specifications provided for in this Act.  
[RT I, 25.03.2011, 1 – entry into force 01.07.2014 (entry into force changed - RT I, 22.12.2013, 1)]

## **§ 50<sup>2</sup>. Expert committee on quality of health services**

(1) The expert committee on the quality of health services (hereinafter in this section committee) is an advisory committee the purpose of which is to assess the quality of health services provided to patients and to make proposals arising from the assessment to the Health Board, the Estonian Health Insurance Fund and the health care providers.

(2) The committee is competent to:

- 1) assess the quality of a health service provided to a patient;
- 2) make propositions to the Health Board for initiation of supervision proceedings over the activity of a health care provider;
- 3) make propositions to a health care provider for assessing the competence of a health care professional and sending him or her to in-service training;
- 4) make propositions to a health care provider for changing the organisation of work;
- 5) make propositions to the Health Board for revocation of an activity licence of a health care provider;
- 6) make propositions to the Health Board for refusal to issue an activity licence to a health care provider;
- 7) make propositions to the Estonian Health Insurance Fund for review of contracts for financing medical treatment entered into with a health care provider.

(3) The committee shall not assess a health service provided to a patient if:

- 1) more than five years have passed from the provision of the health service;

1<sup>1</sup>) the committee has given its assessment concerning the same matter unless new circumstances have become evident;

[RT I, 04.07.2012, 2 – entry into force 14.07.2012]

- 2) a court judgment has entered into force concerning the same matter, or

- 3) judicial proceedings are being conducted concerning the same matter.

(4) A health care provider shall, at the request of the committee, submit to the committee the information and explanations necessary for assessing the quality of a health service provided to a patient. Members of the committee shall not disclose any data which become known to them in the performance of their duties.

[RT I, 04.07.2012, 2 – entry into force 14.07.2012]

(4<sup>1</sup>) The Ministry of Social Affairs shall ensure the committee the organisational support necessary for assessment. If necessary, the committee may involve a psychologist or a social affairs specialist who shall organise the communication between the committee and the person having turned to the committee for an assessment.

[RT I, 04.07.2012, 2 – entry into force 14.07.2012]

(4<sup>2</sup>) For the performance of duties specified in subsection (4<sup>1</sup>) of this section, the representative of the Ministry of Social Affairs and the psychologist or social affairs specialist shall have access to the personal data of the patient as well as the right to participate in the committee's meeting. The representative of the Ministry of Social Affairs and the psychologist or a social affairs specialist shall not disclose any data which become known to them in the performance of their duties.

[RT I, 04.07.2012, 2 – entry into force 14.07.2012]

(5) By 1 February of each calendar year, the committee shall submit to the minister responsible for the area a report of all the petitions submitted to the committee during the previous calendar year and the assessments of the committee.

[RT I, 04.07.2012, 2 – entry into force 14.07.2012]

(6) The committee is formed and its membership is approved by the minister responsible for the area.

(7) The rules of procedure of the committee and the procedure for assessment of the quality of health services shall be established by the minister responsible for the area.

[RT I 2006, 56, 416 – entry into force 01.01.2008]

## **Chapter 3<sup>1</sup>** **ORGANISATION OF PROVISION OF** **CROSS-BORDER HEALTH SERVICES**

### **§ 50<sup>3</sup>. Cross-border health services**

(1) Cross-border health service means the health service prescribed for or provided in another Member State of the European Union to the insured person for the purposes of section 5 of the Health Insurance Act and the prescription and issue of medicinal products subject to medicinal prescription and medical devices in the framework thereof or the health service prescribed for or provided in Estonia to a person covered by health insurance in another Member State of the European Union, including the issue of medicinal products subject to medicinal prescription upon the provision of pharmacy services and the sale of medical devices on the basis of a medical device card.

(2) In case of cross-border health services, the Member State of affiliation shall be a Member State of the European Union competent to grant a prior authorisation to the insured person for the receipt of the necessary health services outside the Member State of residence according to Regulation (EC) No 883/2004 of the European Parliament and of the Council on the coordination of social security systems (OJ L 166, 30.04.2004, p. 1–123); Regulation (EC) No 987/2009 of the European Parliament and of the Council laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems (OJ L 284, 30.10.2009, p. 1–42); Regulation (EC) No 1231/2010 of the European Parliament and of the Council extending Regulation (EC) No 883/2004 and Regulation (EC) No 987/2009 to nationals of third countries who are not already covered by these Regulations solely on the ground of their nationality (OJ L 344, 29.12.2010, p. 1–3), or Council Regulation (EC) No 859/2003 extending the provisions of Regulation (EEC) No 1408/71 and Regulation (EEC) No 574/72 to nationals of third countries who are not already covered by those provisions solely on the ground of their nationality (OJ L 124, 20.05.2003, p. 1–3), or where the person is insured or where he or she is entitled to health insurance benefit according to the legislation of the relevant Member State.

(3) In case of cross-border health services, the Member State providing treatment shall be the Member State of the European Union in whose territory health services are provided to a patient. In case of telemedicine it shall be deemed that health services are provided in the Member State in which the health care provider has been established.

(4) Costs accompanying the provision of cross-border health services shall be compensated to the persons insured in Estonia pursuant to the procedure provided for in the Health Insurance Act.  
[RT I, 29.11.2013, 1 – entry into force 09.12.2013]

### **§ 50<sup>4</sup>. Restriction on access for receipt of cross-border health services in Estonia**

(1) On the proposal of the supervisory board of the Health Insurance Fund, the minister responsible for the area may establish by a regulation the restriction of access for patients covered by health insurance in another Member State of the European Union for the receipt of cross-border health services in Estonia.

(2) The reasons for the establishment of restriction on access may be:

- 1) the need to ensure sufficient and permanent access to the balanced selection of high-quality health services, or
- 2) the need to control expenditures and to avoid the misuse of financial, technical or human resources.

(3) Health services to which the restriction on access shall be established, the objective of establishing the restriction and the period of time for reassessment of the need to establish the restriction shall be provided for in the regulation specified in subsection (1) of this section.

(4) The restriction on access can only be established for health services which are provided by the health care provider on the basis of contracts for financing medical treatment entered into with the Health Insurance Fund.

(5) The established restriction on access shall be published on the website of the Ministry of Social Affairs, the Health Insurance Fund, the concerned health care providers and on the website of the national contact point in cross-border health services (hereinafter contact point).

(6) The procedure for the establishment of restriction on access for the receipt of cross-border health services in Estonia shall be established by a regulation of the minister responsible for the area.  
[RT I, 29.11.2013, 1 – entry into force 09.12.2013]

### **§ 50<sup>5</sup>. Obligations of health care providers, providers of pharmacy services and sellers of medical devices upon provision of cross-border health services**

(1) The health care provider shall submit to the patient all the relevant information specified in § 766 of the Law of Obligations Act, including information on the treatment possibilities, the availability, quality and safety of health services, information on the liability insurance cover of a health care provider or another individual or collective insurance cover relating to professional liability, and unambiguous invoices and information on the prices and, at the patient's request, information on activity licences.  
[RT I, 30.12.2015, 2 – entry into force 09.01.2016]

(2) Upon dispensing of medicinal products subject to medicinal prescription, the provider of pharmacy services shall notify the recipient of the medicinal product of the circumstances specified in subsection 33 (5) of the Medicinal Products Act and shall submit unambiguous invoices and information on prices to the recipient of the medicinal product and, upon the request of the recipient of medicinal product, information on activity licences.

(3) The seller of medical devices on the basis of a medical device card shall notify the buyer of the circumstances specified in § 32<sup>1</sup> of the Medical Devices Act and shall submit unambiguous invoices and information on prices to the buyer and, upon the request of the buyer, information on activity licences.

(4) In its territory, the health care provider shall apply the same price scale of health services to the patients originating from other Member States of the EU as to Estonian patients in a similar medical situation or prices calculated on the basis of objective and non-discriminatory criteria if there are no comparable prices available for Estonian patients.

(5) Patients who wish to receive or who receive cross-border health services shall have remote access to their treatment documents or have the possibility to receive copies thereof.  
[ RT I, 29.11.2013, 1 – entry into force 09.12.2013 ]

#### **§ 50<sup>6</sup>. National contact point of cross-border health services**

(1) A contact point shall be established for the notification of patients of the circumstances related to the provision of cross-border health services and to facilitate the communication between the authorities of the Member States of EU, health care providers and health care professionals.

(2) The functions of the contact point shall be performed by the Ministry of Social Affairs or the person with whom the Ministry of Social Affairs enters into a contract under public law for the performance of functions of a contact point.

(3) The activity of the contact point upon dissemination of data is based on cooperation with patient organisations, health insurance providers, health care providers and other interest groups. A contract shall be entered into between the participants in the cooperation network and the contact point, setting out the rights and obligations of the parties and other conditions.

(4) The Estonian Health Insurance Fund, the Health Board and the State Agency of Medicines provide their assistance to the contact point for the solution of issues that fall under their competence.

(5) The function of the contact point shall be the dissemination of data to Estonian patients, above all concerning the covering of costs of cross-border health services, existence and extent of the system of prior authorisations and the general rules for the provision of cross-border health services in Estonia to patients covered by health insurance in other Member States and the established restrictions on access.

(6) The specific functions of the national contact point of cross-border health services upon dissemination of data shall be established by a regulation of the minister responsible for the area.

(7) The data disseminated by the contact point shall be published in electronic format and in a format accessible to disabled persons.

(8) The activity of the contact point shall be financed by the Ministry of Social Affairs.  
[ RT I, 29.11.2013, 1 – entry into force 09.12.2013 ]

## **Chapter 4 FINANCING OF HEALTH CARE**

#### **§ 51. Sources of financing health care**

(1) Health care shall be financed:

- 1) from the state budget;
- 2) from rural municipality and city budgets;
- 3) by the patients;
- 4) from other sources.

(2) The state budget proportion of the sources of financing health care specified in clause (1) 1) of this section is composed of:

- 1) proportion of social tax corresponding to the rate specified in subsection 7 (3) and subsection 10 (2) of the Social Tax Act;

- 2) state budget allocation which is calculated based on the amount of state pension of non-working pensioners to which an allocation rate equal to the proportion of social tax transferred into the state health insurance funds provided for in subsection 10 (2) of the Social Tax Act shall be applied. The amount of state pension of non-working pensioners is composed of the recipients of state pension with no work relationship according to the data of the employment register;
- 3) other sources provided for in § 52 of this Act.

(3) The Estonian National Social Insurance Board shall calculate the amount of state budget allocation specified in clause (2) 2) of this section and transfer it to the Estonian Health Insurance Fund no later than by the last date of each calendar month.

(4) The bases for calculation of the state budget allocation, non-working recipients of state pension included in the calculation of the allocation and the procedure for submission of data shall be established by a regulation of the Government of the Republic.

[RT I, 28.12.2017, 4 – entry into force 01.01.2018]

## **§ 52. Financing of health care from state budget**

(1) The following shall be financed from the state budget through the Ministry of Social Affairs:

- 1) the provision of emergency medical care to the extent of 10 per cent from the annual budget of emergency medical care;

[RT I, 28.12.2017, 4 – entry into force 01.01.2018]

- 2) the formation, maintenance and renewal of health care stockpile based on § 11 of the Emergency Act and subsection 5 (4) of the National Defence Act;

[RT I, 03.03.2017, 1 – entry into force 01.07.2017]

- 3) the activity of the expert committee on the quality of health services;

[RT I 2006, 56, 416 – entry into force 01.01.2008]

- 4) national health care programmes;

- 5) research and development in health care;

- 6) state investments on the basis of the development plan of the hospital network approved by the Government of the Republic;

- 7) ensuring readiness to provide health services in an emergency, during increased defence readiness, a state of war, mobilisation and demobilisation; establishment and renewal of the operation stockpile of health care providers; planning the reorganisation of the provision of health services and the reorganisation thereof and the training of health care providers;

[RT I, 12.03.2015, 1 – entry into force 01.01.2016]

- 7<sup>1</sup>) readiness for treatment of intoxications with antidotes;

[RT I, 04.07.2012, 3 – entry into force 14.07.2012]

- 8) provision of emergency care to persons not covered by health insurance;

- 9) [Repealed - RT I 2004, 29, 192 – entry into force 01.05.2004]

- 10) depreciation of the buildings of health care providers;

[RT I 2007, 25, 134 – entry into force 01.01.2008]

- 11) the Health Information System, except for the expenses of health care providers made for interfacing with the Information System and forwarding of data, including for forwarding of data necessary in order to make the waiting list and medical images available;

[RT I 2008, 3, 22 – entry into force 01.09.2008]

- 12) application of psychiatric coercive treatment ordered by court.

[RT I, 13.12.2013, 3 – entry into force 01.01.2014]

(1<sup>1</sup>) Independent nursing provided in the course of the provision of 24-hour special care service specified in the Social Welfare Act shall be financed from the state budget through the Ministry of Social Affairs within the amount of the maximum cost of 24-hour special care service.

[RT I 2008, 58, 329 – entry into force 01.01.2009]

(2) The following shall be financed from the state budget through the Ministry of Justice:

- 1) the provision of health services to prisoners;

- 2) forensic psychiatric examinations in criminal proceedings, civil proceedings on petition and in proceedings for verification of active civil procedural legal capacity;

[RT I, 13.12.2013, 3 – entry into force 01.01.2014]

- 3) forensic medical examinations;

- 4) complex treatment of sexual offenders and addiction treatment of drug addicts with the duration of nine months applied instead of imprisonment.

[RT I, 15.06.2012, 2 – entry into force 01.06.2013]

(2<sup>1</sup>) The following shall be financed from the state budget through the Ministry of Defence:

- 1) the provision of health services in the area of government of the Ministry of Defence;

- 2) the assessment of the state of health of persons liable to service in the Defence Forces, persons in active service and persons wishing to assume the obligation to serve in the Defence Forces in the medical committees specified in subsection 27 (2) of the Defence Forces Service Act;

[RT I, 10.07.2012, 2 – entry into force 01.04.2013]

3) the establishment, storage and replenishment of the stockpile necessary for the provision of health services in the Defence Forces;

[RT I, 12.03.2015, 1 – entry into force 01.01.2016]

4) the provision of medical rehabilitation for servicemen, persons in alternative service, persons who have been caused damage to health in the performance of their duties, active members of the Defence League who have been injured in the performance of service duties, family members of servicemen who have died or have been caused permanent damage to health in the performance of their duties and the persons specified in subsections 2 (1) and (2) and subsection 4 (1) of the Persons Repressed by Occupying Powers Act;

[RT I, 22.12.2014, 1 – entry into force 01.01.2015]

5) the investments for building and renovation of the medical centres of the Defence Forces.

[RT I, 12.03.2015, 1 – entry into force 01.01.2016]

(2<sup>2</sup>) The extent and procedure of the provision of medical rehabilitation specified in clause (2<sup>1</sup>) 4) of this section shall be established by a regulation of the minister responsible for the area.

[RT I 2008, 58, 326 – entry into force 01.01.2009]

(3) Health care shall be financed from the funds designated for health insurance in the state budget pursuant to the procedure provided for in the Health Insurance Act and this Act.

[RT I, 28.12.2017, 4 – entry into force 01.01.2018]

(4) The depreciation of the buildings of health care providers shall be paid for from the funds designated therefor in the state budget on the basis of a contract entered into between the Ministry of Social Affairs and the Estonian Health Insurance Fund pursuant to the Health Insurance Act.

[RT I 2007, 25, 134 – entry into force 01.01.2008]

(5) If a convicted offender consents to complex treatment of sexual offenders or addiction treatment of drug addicts according to § 69<sup>2</sup> of the Penal Code, the state shall bear the costs of complex treatment and addiction treatment of the convicted offender with the duration of nine months according to clause (2) 4) of this section.

[RT I, 15.06.2012, 2 – entry into force 01.06.2013]

(6) Health services provided on the basis of national strategies and health care programmes to permanent residents of Estonia, persons residing in Estonia on the basis of a residence permit or right of residence and to persons legally staying and working in Estonia based on a temporary stay shall be financed from the state budget, including from the European Social Fund grants, through the National Institute for Health Development.

[RT I, 30.12.2015, 2 – entry into force 09.01.2016]

(7) The National Institute for Health Development may organise the processing of invoices for health services on the basis of a contract under public law entered into between the National Institute for Health Development and the Health Insurance Fund on the conditions and pursuant to the procedure provided for in the Administrative Co-operation Act.

[RT I, 30.12.2015, 2 – entry into force 09.01.2016]

### **§ 53. Financing of health care from rural municipality or city budget**

Provision of health services and other expenses related to health care shall be financed from rural municipality or city budgets on the basis of the decisions of the rural municipality and city councils.

### **§ 54. Financing of health care by patients**

In the cases not provided for in §§ 52 and 53 of this Act, a patient shall pay for the provision of health services.

## **Chapter 4<sup>1</sup>**

# **BEGINNER'S ALLOWANCE FOR MEDICAL SPECIALISTS**

[RT I, 21.12.2011, 2 - entry into force 01.06.2012]

### **§ 54<sup>1</sup>. Beginner's allowance for medical specialists**

(1) Beginner's allowance for medical specialists (hereinafter beginner's allowance) is a lump-sum allowance paid to a physician who commences work as a medical specialist.

[RT I, 11.06.2013, 2 – entry into force 01.09.2013]

(2) The beginner's allowance may be applied for within three months after commencing work or practice in the acquired speciality by a physician who:

1) has completed residency and acquired the speciality of family medicine or a speciality of specialised medical care required for the provision of compulsory health services at a central, general or local hospital according to the requirements for types of hospitals established under subsection 22 (4) of this Act;  
2) commences work or practice in the acquired speciality as a medical specialist within five years as of completion of residency, and  
3) works as a medical specialist with the work load of at least thirty hours a week or works or practices as a family physician with a practice list.  
[RT I, 11.06.2013, 2 – entry into force 01.09.2013]

(3) A physician having acquired a speciality specified in clause (2) 1) of this section, except for family medicine, may apply for beginner's allowance if he or she commences work in the acquired speciality as a medical specialist with the work load specified in clause (2) 3) of this section:

1) at an owner of a hospital who does not run a hospital in Tallinn or Tartu City;  
2) at one or many central, general or local hospital(s) specified in the development plan of the hospital network established under subsection 55 (1) of this Act;  
3) in a position the provision of health services in the corresponding speciality of which is compulsory for the hospital where the physician works according to the requirements for types of hospitals established under subsection 22 (4) of this Act, and  
4) in a position the place of work of which is outside Tallinn or Tartu City.  
[RT I, 11.06.2013, 2 – entry into force 01.09.2013]

(4) A physician having acquired the speciality of family medicine may apply for beginner's allowance if he or she commences practice as a family physician on the basis of a practice list and the practice list and service area of family physician are located outside of Tallinn, Tartu or the local governments immediately adjacent thereto.  
[RT I, 21.12.2011, 2 – entry into force 01.06.2012]

## **§ 54<sup>2</sup>. Amount of beginner's allowance, application for, payment and recovery of beginner's allowance**

(1) A physician entitled to receive beginner's allowance shall submit to the Ministry of Social Affairs the application for beginner's allowance no later than within five years after the completion of residency. The right of a physician who is on pregnancy and maternity leave or parental leave or a physician liable to service in the Defence Forces who has been called up to perform the conscript service duty after the acquisition of the speciality of specialised medical care to apply for the beginner's allowance shall be extended by the period of time of the pregnancy and maternity leave and the parental leave or the period of time during which the person performed the duty to serve in the Defence Forces.  
[RT I, 11.06.2013, 2 – entry into force 01.09.2013]

(2) The grant of beginner's allowance shall be decided by the Ministry of Social Affairs within two months after the submission of an application. The beginner's allowance shall be paid to the physician's bank account within one month as of making the decision to grant beginner's allowance.  
[RT I, 11.06.2013, 2 – entry into force 01.09.2013]

(3) The amount of beginner's allowance shall be 15 000 euros.  
[RT I, 11.06.2013, 2 – entry into force 01.09.2013]

(4) [Repealed – RT I, 11.06.2013, 2 – entry into force 01.09.2013]

(5) A physician who has received the beginner's allowance is required to return the allowance paid to him or her if his or her continuous employment or practice on the conditions specified in subsections 54<sup>1</sup>(2)-(4) of this Act ends before five years have passed from the receipt of the allowance. Employment or practice is deemed to be suspended at the time of parental leave or performing the duty to serve in the Defence Forces of the physician having received the beginner's allowance and the employment or practice obligation of the physician shall be extended by the given period of time. Employment or practice is deemed to be continuous at the time of the incapacity for work of the physician or if the length of employment as a medical specialist of the person who received the allowance pursuant to the conditions provided for in subsections 54<sup>1</sup>(2)-(4) of this Act is not interrupted for more than three months at a time during the five-year period. The beginner's allowance shall be returned within three years as of the submission of the notice of repayment of the allowance in the annual amount of one-third of the amount of the allowance to be repaid.

(6) A physician who has received the beginner's allowance is not obligated to repay the allowance paid to him or her if, due to a fundamental breach of an obligation by the employer, he or she has terminated the employment contract extraordinarily or if the employer has terminated the employment contract extraordinarily, because the continuance of the employment relationship on the agreed conditions becomes impossible due to a decrease of the volume of work or reorganisation of work or in another event of cessation of work (lay-off). A family physician practicing on the basis of a practice list who has received beginner's allowance is not obligated to repay the allowance paid to him or her if his or her activity as a family physician ceases in circumstances beyond his or her control.

(7) The procedure for application for, payment and recovery of beginner's allowance shall be established by a regulation of the minister responsible for the area.  
[RT I, 21.12.2011, 2 – entry into force 01.06.2012]

## **Chapter 5**

# **MANAGEMENT OF HEALTH CARE**

### **§ 55. Development plan of hospital network**

(1) A development plan of the hospital network shall be established by a regulation of the Government of the Republic and the plan shall set out:

1) the list of regional hospitals, central hospitals, general hospitals, local hospitals, rehabilitation hospitals and nursing hospitals (hereinafter list of hospitals) in order to ensure uniform access to health services;

[RT I, 11.06.2013, 2 – entry into force 01.01.2014]

2) the investments required for the construction, renovation and restructuring of hospitals specified in the list of hospitals.

(2) [Repealed - RT I 2004, 56, 400 – entry into force 01.08.2004]

(3) A development plan of the hospital network shall be developed for at least fifteen years and shall be amended by the Government of the Republic, if necessary. The Ministry of Social Affairs shall organise the preparation of the development plan of the hospital network and shall involve appropriate non-governmental organisations therein.

(4) The list of hospitals set out in the development plan of the hospital network may be amended on the proposal of the minister responsible for the area which has been approved by the Estonian Health Insurance Fund.

[RT I 2006, 56, 416 – entry into force 01.01.2008]

(5) The minister responsible for the area has the right to make a proposal, which has been approved by the Estonian Health Insurance Fund, to the Government of the Republic regarding amendment of the list of hospitals set out in the development plan of the hospital network if the owner of a hospital has acted in accordance with law and the activity licence issued to the owner, and has not violated the contract for payment for health services entered into with the Estonian Health Insurance Fund.

[RT I 2006, 56, 416 – entry into force 01.01.2008]

(6) The minister responsible for the area has the right to make a proposal, which has been approved by the Estonian Health Insurance Fund, to the Government of the Republic regarding exclusion of an owner of a hospital from the list of hospitals set out in the development plan of the hospital network if the owner of the hospital does not act in accordance with law or the activity licence issued to the owner, or violates the contract for payment for health services entered into with the Estonian Health Insurance Fund. If the activity licence of the owner of a hospital is revoked or the hospital has terminated its activities, the minister responsible for the area shall make a proposal to the Government of the Republic regarding immediate exclusion of the owner of the hospital from the list of hospitals set out in the development plan of the hospital network. This proposal need not be approved by the Estonian Health Insurance Fund.

[RT I 2006, 56, 416 – entry into force 01.01.2008]

(7) [Repealed - RT I 2006, 56, 416 – entry into force 01.01.2008]

(8) The conditions and procedure for investment from the state budget funds into hospitals specified in the list of hospitals shall be established by the Government of the Republic.

(9) The costs of preparation of a development plan of the hospital network shall be covered from the state budget.

### **§ 56. Duties of minister responsible for area**

(1) In addition to legislation specified in this Act, the minister responsible for the area shall establish:

1) the requirements for the preparation of reports on health care statistics and economic activities in the field of health care, the composition of the data and the procedure for the submission of these;

[RT I 2006, 56, 416 – entry into force 01.01.2008]

2) [Repealed - RT I 2004, 75, 520 – entry into force 01.12.2004]

3) the requirements for the functional development plans of hospitals and the medical technology part of building design documentation and the procedure for approval of the functional development plan of hospitals;

[RT I, 29.06.2012, 4 – entry into force 01.09.2012]

4) the requirements for the accessibility of health services and for maintaining waiting lists;

[RT I 2008, 3, 22 – entry into force 01.09.2008]

5) [Repealed - RT I 2008, 3, 22 – entry into force 01.09.2008]

6) the list of hospitals and undertakings which provide general medical care and specialised medical care which are the training centres for the training preceding and following the acquisition of qualifications by health care professionals, and the procedure for operating as training centre;  
7) the quality assurance requirements for health services.  
8) [Repealed - RT I 2006, 56, 416 – entry into force 01.01.2008]  
9) [Repealed - RT I 2006, 56, 416 – entry into force 01.01.2008]  
10) [Repealed - RT I 2004, 29, 192 – entry into force 01.05.2004]  
11) procedure for the formation, maintenance, use, inspection, renewal, replenishment and reporting of health care stockpile based on § 11 of the Emergency Act and subsection 5 (4) of the National Defence Act.  
[RT I, 03.03.2017, 1 – entry into force 01.07.2017]

(2) An institution determined by the Ministry of Social Affairs or by the minister responsible for the area shall publish statistical data on health of the previous calendar year within the third quarter of each year in the Internet.  
[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

## **§ 57. Health Board**

(1) The Health Board shall perform the duties provided for in Chapter 2 and Chapter 3 of this Act.  
[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(2) The Health Board shall maintain the registers of health care professionals and activity licences in accordance with the Personal Data Protection Act and the Public Information Act and is appointed as the chief processor of the specified state registers.  
[RT I 2007, 12, 66 – entry into force 01.01.2008]

(3) If necessary, the Health Board shall organise the temporary substitution for family physicians practicing under practice lists, including the finding of a temporary substitute for a family physician in cases not specified in subsections 8<sup>1</sup>(2) and (3) of this Act or upon occurrence of an unforeseeable and inevitable necessity.  
[RT I, 29.06.2012, 4 – entry into force 01.01.2013]  
06.08.2012 09:45

Correction – Added missing subsection (3) on the basis of an amending act. Basis: § 10 (4) of *Riigi Teataja* Act.

(4) The temporary substitution for family physicians specified in subsection (3) of this section shall be paid for from the budget of the Estonian Health Insurance Fund based on a contract under public law entered into between the Estonian Health Insurance Fund and the Health Board pursuant to the procedure provided for in the Administrative Co-operation Act.  
[RT I, 28.12.2017, 4 – entry into force 01.01.2018]

## **§ 57<sup>1</sup>. Health care statistics and reports on economic activities in field of health care**

(1) Collection of health care statistics and reports on economic activities in the field of health care from the health care providers and publication of consolidated data shall be the duty of an institution determined by the Ministry of Social Affairs or by the minister responsible for the area.

(2) An institution determined by the Ministry of Social Affairs or by the minister responsible for the area shall have the right to delegate performance of the duties assigned thereto by this Act to the local government on the basis of a contract under public law.  
[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

## **§ 57<sup>2</sup>. Compilation, maintenance, use and renewal of national stockpile of antidotes**

(1) National stockpile of antidotes (hereinafter stockpile of antidotes) is an aggregate of antidotes used for the provision of health care services necessary for the treatment of life-threatening intoxications.

(2) The stockpile of antidotes is compiled by the Health Board who shall determine the list, quantities and division of the stockpile.

(3) The Health Board shall ensure the maintaining records of issue for use of the stockpile as well as the use and writing off of the stockpile.

(4) The antidotes are delivered to a health care provider free of charge. The health care provider having received the antidotes from the Health Board free of charge shall not receive compensation therefor from the person paying for health services.

(5) The Health Board shall ensure the health care providers access to information concerning the stockpile of antidotes.

(6) The health care provider shall ensure the proper maintenance, use for the intended purposes of antidotes delivered by the Health Board to be used by the health care provider and rendering harmless of aged antidotes and shall inform the Health Board of the use of antidotes.



(7) Compilation and renewal of the stockpile of antidotes according to the division established under subsection (2) of this section shall be financed from the state budget on the basis of clause 52 (1) 7<sup>1</sup>) of this Act.  
[RT I, 04.07.2012, 3 – entry into force 14.07.2012]

### **§ 57<sup>3</sup>. Assessment of health technologies**

(1) The Ministry of Social Affairs shall coordinate the activity of the network for health technology assessment incorporating the agencies and persons engaged in the assessment of health technologies. The given network is based on the principle of good governance including transparency, objectivity, and independence of expert assessments, fair proceedings and relevant consultations with associated groups.

(2) The objective of the establishment of a network for the assessment of health technologies shall be to:

- 1) support cooperation between agencies and persons;
- 2) support the members of the network upon preparation of impartial, reliable, timely, transparent, comparable and transmittable information on the relative efficiency of health technologies and if necessary, on the short-term and long-term efficiency of health technologies and to enable the exchange of the given information between agencies and persons;
- 3) support the analysis of the content and type of the exchanged data;
- 4) avoid the repetition of assessments;
- 5) give opinions, if necessary, to the Ministry of Social Affairs, the Health Insurance Fund, Health Board and National Institute for Health Development on preparation of the list of compensated health services, medical devices and medicinal products, procurement of medicinal products and immunological preparations and preparation of public health programmes.

[RT I, 29.11.2013, 1 – entry into force 09.12.2013]

### **§ 57<sup>4</sup>. Operation stockpile of health care providers**

(1) The owners of ambulance crews and owners of the hospital network hospitals shall ensure the operation stockpile of health care providers.

(2) The size and procedure for the formation, maintenance, use, inspection, renewal, replenishment and reporting of the operation stockpile of health care providers shall be established by the minister responsible for the area.

[RT I, 03.03.2017, 1 – entry into force 01.07.2017]

### **§ 58. Duties of county governors**

[Repealed - RT I, 29.06.2012, 4 – entry into force 01.01.2013]

### **§ 58<sup>1</sup>. Organisation of health care upon preparation for national defence and during increased defence readiness, state of war, mobilisation and demobilisation**

(1) The organisation of health care during increased defence readiness, a state of war, mobilisation and demobilisation shall be established in the national defence action plan based on the risk scenarios. The provisions concerning the organisation of health care in this Act shall be applied to the organisation of health care during increased defence readiness, a state of war, mobilisation and demobilisation, taking account of the specifications provided for in this section and in the national defence action plan.

(2) Upon preparation of health care for national defence, the minister responsible for the area shall have the right, based on the provisions of the national defence action plan, to decide on the organisation and the extent of performance of national defence tasks by the authorities and persons with national defence tasks during increased defence readiness, a state of war, mobilisation and demobilisation.

(3) Upon preparation of health care for national defence and for the performance of national defence tasks, the minister responsible for the area shall establish, by a regulation, the following for the providers of emergency medical care, in-patient specialised medical care and general medical care:

- 1) tasks upon preparation for national defence;
- 2) defence readiness levels and the content thereof for the performance of national defence tasks during increased defence readiness, a state of war, mobilisation and demobilisation.

(4) Upon preparation of health care for national defence, the Health Board shall:

- 1) plan the establishment and use of the health care stockpile necessary for the provision of health services during increased defence readiness, a state of war, mobilisation and demobilisation in cooperation with the Ministry of Defence and in conformity with the Security Committee of the Government of the Republic;
- 2) plan the organisation of performance of work obligations by health care professionals in conformity with the restrictions specified in the National Defence Act during increased defence readiness, a state of

war, mobilisation and demobilisation and maintain the records thereon in the national register of health care professionals;

3) prepare the methods for health care providers for the preparation of action plans during increased defence readiness, a state of war, mobilisation and demobilisation;

4) organise and monitor the preparation of action plans by health care providers for the performance of national defence tasks during increased defence readiness, a state of war, mobilisation and demobilisation and the readiness of health care providers for the implementation of action plans;

5) depending on the changes in the security situation, prepare the changes concerning the area of health care to ensure the continuous operation of health services in cooperation with the Ministry of Defence and the Defence Forces.

(5) Upon preparation of health care for national defence and ensuring the continuous operation of health services, the health care providers shall be required to perform the tasks assigned thereto on the basis of the National Defence Act, this Act and the legislation established on the basis thereof.

(6) Upon preparation of health care for national defence, the action plan for the organisation of health services during increased defence readiness, a state of war, mobilisation and demobilisation shall be prepared by:

1) the hospital specified in the development plan of the hospital network established under subsection 55 (1) of this Act;

2) the providers of emergency medical care;

3) another health care provider having received the task to prepare for national defence pursuant to subsection (3) of this section.

(7) The action plan specified in subsection (6) of this section may include the continuous operation plan of vital services and crisis management plan, taking account of the specifications of national defence.

(8) During increased defence readiness, a state of war, mobilisation and demobilisation, the minister responsible for the area may, with an administrative act:

1) establish temporary requirements applicable to the quality and availability of health services during increased defence readiness, a state of war, mobilisation and demobilisation;

2) organise the provision of health services.

(9) During increased defence readiness, a state of war, mobilisation and demobilisation, the Health Board shall:

1) organise and coordinate the provision of health services in conformity with the administrative act established by the minister responsible for the area provided for in subsection (8) of this section;

2) have an overview of the busyness of hospitals and emergency medical staff and coordinate the exchange of information relating to health care;

3) based on the decisions adopted by the minister responsible for the area, give orders to health care providers for the reorganisation of activity and decide on the redistribution of the operation stockpile of health care providers;

4) decide on the use of the national health care stockpile.

(10) During increased defence readiness, a state of war, mobilisation and demobilisation, health care providers shall:

1) provide health services based on their action plan and the administrative acts established by the minister responsible for the area of health care and the Health Board;

2) notify the Health Board of the hindrances upon the provision of health services;

3) notify the Health Board of the need for additional staff, medical devices and medicinal products;

4) notify the Health Board of the need to transport patients to another health care provider;

5) notify their patients of the organisation of the provision of health services.

(11) The performance of the tasks specified in subsections (8)–(10) of this Act shall be based on the risk assessment.

[RT I, 12.03.2015, 1 – entry into force 01.01.2016]

## **§ 59. Provision of health services upon preparation for emergency, risk of emergency and during emergency**

[RT I, 03.03.2017, 1 – entry into force 01.07.2017]

(1) Upon preparation for an emergency the minister responsible for the area shall establish the levels of readiness and the content thereof in case of a risk of emergency and during an emergency.

(2) Upon preparation for an emergency and risk of emergency, the Health Board shall:

1) give specific tasks to health care providers for preparation for an emergency;

2) prepare and submit once a year to the Ministry of Social Affairs an overview of the resources to be used and necessary for resolving an emergency in order to evaluate the crisis management capacity of health care providers specified in subsection 17 (1<sup>1</sup>) and 22 (4<sup>1</sup>) of this Act and shall ask the data necessary therefor from the health care providers;

3) give orders to the health care providers upon a risk of emergency for the temporary reorganisation of health services based on the levels of readiness established under subsection (1) of this section.

(3) Upon preparation for an emergency and a risk of emergency the owners of ambulance crews and owners of the hospital network hospitals shall:

- 1) describe their activity in the continuous operation plan prepared on the basis of subsection 39 (1) of the Emergency Act in case of an emergency caused by the threats specified in the regulation established on the basis of subsection 9 (1) of the same Act, which affect the provision of health services;
- 2) organise the crisis training of the staff;
- 3) appoint a competent person or persons in charge of the crisis management and notify the contact information of the competent person or persons to the Health Board;
- 4) submit to the Health Board, at the request thereof, the information on the resources planned for resolving an emergency and the information on necessary additional resources;
- 5) reorganise the provision of health services upon a risk of emergency according to the levels of readiness established under subsection (1) of this section and the orders of the Health Board, inform their patients in time of the reorganisation of health services and notify the Health Board of the need for additional resources.

(4) During an emergency, the minister responsible for the area may establish temporary limitations to the quality and accessibility of health services and temporary requirements for the provision of health services which differ from the regular requirements based on the levels of readiness established under subsection (1) of this section.

(5) The Health Board has the right to appoint an emergency medical chief or chiefs subordinate to the authorities in charge of resolving an emergency and who coordinate the activity of health care providers during resolving of a health care emergency.

(6) The emergency medical chief shall have the right to give orders to health care providers for the reorganisation of their activities and to private legal persons, taking account of their competence and authorisations, in order to resolve an emergency and ensure the provision of health services.

(7) Upon resolving an emergency the Health Board shall:

- 1) give orders to the health care providers for the reorganisation of their activity, based on the levels of readiness established under subsection (1) of this section and the administrative acts established on the basis of subsection (5) of this section;
- 2) decide on the reallocation of the operation stockpile of health care providers.

(8) Upon resolving an emergency the owners of ambulance crews and owners of the hospital network hospitals shall:

- 1) provide health services based on the levels of readiness established under subsection (1) of this section and the administrative acts established on the basis of subsection (5) of this section, orders of the Health Board and the emergency medical chief and the plans prepared on the basis of this Act and the Emergency Act;
- 2) notify the emergency medical chief or the Health Board of the need for additional staff and additional medical devices and medicinal products;
- 3) notify the emergency medical chief or the Health Board of the relocation of patients to another health care provider to significant extent or the need for assistance upon the organisation thereof;
- 4) notify their patients in time of the reorganisation of health services;
- 5) give information to the emergency medical chief or the Health Board, at the request thereof, which is necessary for managing the resolving of an emergency.

(9) Upon a risk of emergency and resolving of an emergency, the provider of general medical care shall:

- 1) reorganise the provision of general medical care based on the levels of readiness established under subsection (1) of this section and the administrative acts established on the basis of subsection (5) of this section, orders of the Health Board and the emergency medical chief;
- 2) notify their patients in time of the reorganisation of health services;
- 3) give information to the emergency medical chief or the Health Board, at the request thereof, which is necessary for resolving of an emergency and notify of the need for additional resources.

[RT I, 03.03.2017, 1 – entry into force 01.07.2017]

## **Chapter 5<sup>1</sup>**

### **HEALTH INFORMATION SYSTEM**

[RT I 2008, 3, 22 - entry into force 01.09.2008]

#### **§ 59<sup>1</sup>. Health Information System**

(1) The Health Information System is a database belonging to the State Information Systems where the data related to health care are processed for entry into and performance of contracts for the provision of health services, for guaranteeing the quality of health services and the rights of patients and for the protection of public

health, including for maintaining registers concerning the state of health, for the organisation of health statistics and for the management of health care.

[RT I, 13.12.2013, 2 – entry into force 23.12.2013]

(2) The chief processor of the Health Information System is the Ministry of Social Affairs.

(3) The Health Information System shall be established and the statutes of the register shall be established by a regulation of the Government of the Republic.

[RT I 2008, 3, 22 – entry into force 01.09.2008]

## **§ 59<sup>2</sup>. Forwarding of data to Health Information System**

(1) Health care providers are required to submit to the Health Information System information:

- 1) for maintaining a waiting list pursuant to the provisions based on clause 56 (1) 4) of this Act;
- 2) for making medical images available pursuant to the provisions based on subsection (3) of this section;
- 3) concerning the health services provided to patients and for management of health care, including for maintaining registers concerning the state of health established on the basis of law, in compliance with the provisions based on subsection (2) of this section.

(1<sup>1</sup>) A forensic expert of a state forensic institution shall have the obligation to forward to the Health Information System data on the cause of death if in the course of forensic examination it appears that death has arrived as the result of an illness or injury.

[RT I, 10.03.2011, 1 – entry into force 01.01.2013]

(1<sup>2</sup>) Patients shall have the right to forward their declarations of health to health care providers through the Health Information System for the assessment of their state of health on the conditions and pursuant to the procedure established under subsection 4<sup>2</sup>(2) of this Act.

[RT I, 08.10.2014, 2 – entry into force 18.10.2014]

(2) The following shall be established by a regulation of the minister responsible for the area:

- 1) compositions of the data of documents to be forwarded to the Health Information System;
- 2) the conditions and procedure for the preservation of the documents to be forwarded to the Health Information System.

(3) The types of medical images, the requirements of information technology therefor and the conditions and procedure for making them available shall be established by a regulation of the minister responsible for the area.

[RT I 2008, 3, 22 – entry into force 01.09.2008]

## **§ 59<sup>3</sup>. Granting access to data in Health Information System**

(1) A patient has access to his or her personal data in the Health Information System. In order to protect a patient's life or health, a health care provider may set a time limit upon forwarding data to the Information System in the course of which the patient can first examine his or her personal data only through a health care professional.

(2) A health care provider and a participant in the provision of health services specified in clause § 4<sup>3</sup>(1) 2) of this Act have access to the personal data in the Health Information System for entry into and performance of a contract for the provision of a health service.

[RT I, 21.02.2017, 2 – entry into force 03.03.2017]

(3) A patient has the right to prohibit the access of a health care provider to the personal data in the Health Information System.

(4) A health care provider shall, on the basis of a wish expressed by a patient, prohibit immediately access to the personal data of the patient in the Health Information System.

(5) A forensic expert of a state forensic institution has access to the personal data in the Health Information System for ascertaining the characteristics of injuries on the basis of clause 88 (1) 2) of the Code of Criminal Procedure and for conducting forensic autopsy of a deceased person.

(5<sup>1</sup>) In order to make the surveys, analyses and organise health statistics necessary for the management of health policy and performance of international obligations, the officials of the Ministry of Social Affairs engaging in the analysis of data concerning health statistics and the employees of an institution administered by the Ministry of Social Affairs engaging in the health statistics have access to the following personal data of a patient in the Health Information System in a way which does not enable the identification of a patient:

- 1) data on the person of a patient;
- 2) data on the health service provider;
- 3) data on in-patient health services;
- 4) data on out-patient health services, including day care;
- 5) data on diagnoses;

- 6) data on the indicators describing the state of health of a patient;
  - 7) data on medicinal products;
  - 8) data on performed operations, analyses, examinations and procedures.
- [RT I, 13.12.2013, 2 – entry into force 23.12.2013]

(5<sup>2</sup>) Decoding of the data specified in subsection (5<sup>1</sup>) of this section and processing of additional data for identification of a patient is prohibited.

[RT I, 13.12.2013, 2 – entry into force 23.12.2013]

(6) Other persons have access to personal data in the Health Information System if such right arises from law.

[RT I 2008, 3, 22 – entry into force 01.09.2008]

#### **§ 59<sup>4</sup>. Ethics committee of Health Information System**

(1) The ethics committee of the Health Information System shall assess whether the release of personal data from the Health Information System for the purposes of scientific research or statistics is necessary and justified and shall develop good practice guidelines. The assessment of the ethics committee is not legally binding.

(2) The ethics committee shall act pursuant to generally recognised principles of medical ethics and personal data protection and international and national legislation.

(3) An application for release of personal data for the purposes of scientific research or statistics shall be submitted to the chief processor of the Health Information System. The application shall comply with the good practice in scientific research.

(4) The rules of procedure, the number and the procedure for the appointment of the members of the committee shall be established by a regulation of the minister responsible for the area.

[RT I 2008, 3, 22 – entry into force 01.09.2008]

## **Chapter 6 STATE SUPERVISION**

[RT I, 13.03.2014, 4 - entry into force 01.07.2014]

#### **§ 60. State supervision**

(1) State supervision over compliance with the requirements established for health care providers shall be exercised by the Health Board.

[RT I, 13.03.2014, 4 – entry into force 01.07.2014]

#### **§ 61. Special state supervision measures**

(1) For the execution of state supervision provided for in this Act, the Health Board may apply the special state supervision measures provided for in §§ 30, 31, 32, 49 and 50 of the Law Enforcement Act on the basis of and pursuant to the procedure provided for in the Law Enforcement Act.

(2) For the execution of state supervision provided for in this Act, the emergency medical staff may apply the special state supervision measures provided for in §§ 50 and 51 of the Law Enforcement Act on the basis of and pursuant to the procedure provided for in the Law Enforcement Act.

[RT I, 13.03.2014, 4 – entry into force 01.07.2014]

#### **§ 62. Limit of penalty payment**

In the event of failure to comply with a precept, the upper limit of penalty payment imposed pursuant to the procedure provided for in the Substitutive Enforcement and Penalty Payment Act shall be 640 euros.

[RT I, 13.03.2014, 4 – entry into force 01.07.2014]

## **Chapter 7**

# IMPLEMENTING PROVISIONS

## **§ 63. [Repealed - RT I 2006, 56, 416 – entry into force 01.01.2008]**

## **§ 64. Issue of activity licences**

(1) A person whose area of activity upon the entry into force of this Act is the provision of health services and who, pursuant to this Act, requires an activity licence for the provision of health services shall apply for the activity licence within three years as of entry into force of this Act.

(2) Upon failure to submit an application within the term specified in subsection (1) of this section or if an activity licence is not issued to a person on the bases listed in clauses 45 (1) 1)-4) of this Act, the person loses the right to provide health services.

## **§ 65. Practising as family physician**

(1) General practitioners and paediatricians may practise as family physicians on the basis of practice lists until 1 January 2005 provided that they have received the right to practise as family physicians before entry into force of this Act and they currently undergo family practice residency training or participate in training courses to specialise in family medicine.

(2) The date of commencement of the time of absence from work specified in clause 37 (1) 10) of this Act shall be taken into account from 1 July 2007.

[RT I 2006, 56, 416 – entry into force 01.01.2008]

(3) A family physician regarding whose practice list a county governor has, with the approval of the Estonian Health Insurance Fund, before 1 January 2013 allowed for deviations from the maximum number of persons on a practice list shall bring his or her practice list into compliance with the requirements specified in subsections 8 (4<sup>1</sup>) and (4<sup>2</sup>) of this Act no later than by 1 January 2014.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

(4) If the number of persons entered in the practice list specified in subsection (3) of this section exceeds the maximum rate provided for in clause 8 (4<sup>1</sup>) 1) of this Act, the family physician shall no later than by 1 January 2015 ensure to the persons entered in the practice list the provision of general medical care in a manner that at least one health care professional qualified as a physician provides general medical care together with the family physician.

[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

## **§ 66. Reorganisation of health care institutions administered by state and local governments**

(1) Health care institutions administered by the state shall be reorganised into legal persons in private law pursuant to the procedure provided for in the Foundation of and Participation in Legal Persons in Private Law by the State Act.

(2) Health care institutions administered by local governments shall be reorganised into legal persons in private law pursuant to the procedure provided for in the Local Government Organisation Act.

(3) Upon reorganisation of health care institutions administered by the state or a local government into legal persons in private law, valid contracts of employment shall be transferred to the legal persons in private law being founded.

## **§ 66<sup>1</sup>. Validity of contracts entered into with owners of ambulance crews**

The contracts entered into with the owners of ambulance crews before 1 January 2007 shall be renewed under the conditions provided for in subsection 17 (4<sup>2</sup>) of this Act and the Administrative Co-operation Act.

[RT I 2006, 56, 416 – entry into force 01.01.2007]

## **§ 66<sup>2</sup>. Implementation of Act**

The national register of health care professionals and the national register of activity licences for provision of health services established before 1 January 2008 shall be brought into conformity with the provisions of §§ 27<sup>1</sup> and 50<sup>1</sup> of this Act by 1 April 2008.

[RT I 2006, 56, 416 – entry into force 01.01.2008]

## **§ 66<sup>3</sup>. Organisation of introduction of Health Information System**

(1) The schedule of transfer to the Health Information System by the data subject to entry in the Health Information System shall be established by the minister responsible for the area.

(2) The Health Information System as a whole shall be introduced not later than on 1 January 2013.  
[RT I 2008, 3, 22 – entry into force 01.09.2008]

#### **§ 66<sup>4</sup>. Application for beginner's allowance in 2012**

Beginner's allowance in 2012 may be applied for by physicians who acquire the speciality of specialised medical care specified in clause § 54<sup>1</sup>(2) 1) of this Act and complete residency in 2012.  
[RT I, 21.12.2011, 2 – entry into force 01.06.2012]

#### **§ 66<sup>5</sup>. Transfer of duties to organise general medical care, health care statistics and reports on economic activities in field of health care to Health Board and institutions determined by Ministry of Social Affairs or by minister responsible for area**

(1) Upon transfer of the organisation of general medical care into the competence of the Health Board, the county governors shall transfer to the Health Board the administration and documentation connected with the organisation of general medical care.

(2) All the rights and obligations connected with the organisation of general medical care which the persons had in front of county governors until 31 December 2012, they shall have in front of the Health Board as of 1 January 2013. All periods of time and terms specified in this Act shall not discontinue with the transfer of organisation of general medical care into the competence of the Health Board.

(3) Family physicians providing general medical care as sole proprietors and companies providing general medical care on 31 December 2012 shall apply for an activity licence for the provision of general medical care from the Health Board no later than by 30 June 2014. Application for an activity licence shall be exempt from state fees.  
[RT I, 22.12.2013, 1 – entry into force 01.01.2014]

(4) Upon transfer of collection of health care statistics and reports on economic activities in the field of health care into the competence of an institution determined by the Ministry of Social Affairs or by the minister responsible for the area, the county governors shall transfer to the institution the reporting and documentation connected with the organisation of health statistics.

(5) Health care statistics and reports on economic activities in the field of health care shall be collected and the consolidated data shall be published by an institution determined by the Ministry of Social Affairs or by the minister responsible for the area as of 1 January 2013.

(6) All the rights and obligations connected with health care statistics and reports on economic activities in the field of health care which the health care providers had in front of the county governor until 31 December 2012, they shall have in front of an institution determined by the Ministry of Social Affairs or by the minister responsible for the area as of 1 January 2013. The periods of time and terms provided for in this Act shall not discontinue in connection with the transfer of health care statistics and reports on economic activities in the field of health care.  
[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

#### **§ 66<sup>6</sup>. Transfer of contractual obligations of emergency medical care and financing thereof**

(1) The rights and obligations of parties provided for in a contract under public law for the provision of emergency medical care applicable between the Health Board and an owner of an ambulance crew shall be valid until 31 December 2018.

(2) The rights and obligations of the Health Board provided for in the financing contract for specific purposes entered into between the Health Board and an owner of an ambulance crew shall be valid until 31 December 2018.

(3) The wording of this Act in force until 31 December 2017 shall be applied to the contracts specified in subsections (1) and (2) of this section.

(4) The Estonian Health Insurance Fund shall, instead of the Health Board, assume the financing obligation provided for in the contracts specified in subsections (1) and (2) of this section as of 1 January 2018 and shall finance the services specified in the contracts which are provided from 1 January 2018.

(5) In each calendar month in 2018 the Health Board shall, upon first opportunity, submit to the Estonian Health Insurance Fund a report for every owner of an ambulance crew on the service provided in the previous calendar month and the amount of monetary obligation. The Estonian Health Insurance Fund shall pay the monetary obligation to the service provider to the extent of the monetary obligation specified by the Health Board within five working days after receipt of the report and amount of the monetary obligation.

[RT I, 28.12.2017, 4 – entry into force 01.01.2018]

**§ 66<sup>7</sup>. Transfer of contractual obligations related to organisation of temporary substitution for family physicians and financing thereof**

(1) The Estonian Health Insurance Fund shall, instead of the Health Board, assume the financing obligation contained in the contracts related to the organisation of temporary substitution as of 1 January 2018.

(2) In each calendar month in 2018 the Health Board shall, upon first opportunity, submit to the Estonian Health Insurance Fund a report on the provision of substitution service in the previous calendar month and the amount of monetary obligation. The Health Board shall pay to the provider of temporary substitution a substitution fee for the provision of service by the 4th date of the calendar month following the provision of service.

[RT I, 28.12.2017, 4 – entry into force 01.01.2018]

**§ 66<sup>8</sup>. Implementation of clause 51 (2) 2) of this Act**

The state budget allocation rate specified in clause 51 (2) 2) of this Act shall be:

- 1) 7 per cent in 2018;
- 2) 10 per cent in 2019;
- 3) 11 per cent in 2020;
- 4) 12 per cent in 2021.

[RT I, 28.12.2017, 4 – entry into force 01.01.2018]

**§ 67.–§ 72.**[Omitted from this text.]

**§ 72<sup>1</sup>. Validity of activity licences**

The activity licences for the provision of specialised medical care issued for the provision of nursing care before 1 January 2014 shall be valid until the expiry thereof.

[RT I, 11.06.2013, 2 – entry into force 01.01.2014]

**§ 73. Entry into force of Act**

(1) This Act enters into force on 1 January 2002.

(2) Subsection 22 (2) of this Act enters into force on 1 January 2003 and §§ 12–15 enter into force on 1 January 2005.

[RT I 2002, 110, 661 – entry into force 01.01.2003]

(3) Subsection 59<sup>2</sup>(1<sup>1</sup>) of this Act enters into force on 1 January 2013.

[RT I, 10.03.2011, 1 – entry into force 20.03.2011]

<sup>1</sup> Directive 2011/24/EU of the European Parliament and of the Council on the application of patients' rights in cross-border healthcare (OJ L 88, 04.04.2011, p. 45–65).

[RT I, 29.11.2013, 1 - entry into force 09.12.2013]