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## Health Services Organisation Act

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Amended by the following acts

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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
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12.10.2005	RT I 2005, 57, 452	18.11.2005
09.11.2005	RT I 2005, 64, 482	01.01.2006
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07.12.2006	RT I 2006, 58, 439	01.01.2007
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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30.09.2009	RT I 2009, 49, 331	01.01.2010, partially 01.04.2010 (in this Act the words "Health Care Board" have been replaced by the words "Health Board" in the appropriate case form)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

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
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
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
15.11.2013	RT I, 29.11.2013, 1	09.12.2013

## 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]

(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 of Social Affairs shall establish the list of health services.

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

(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]

### **§ 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 of Social Affairs.

[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 without the registration of a health care professional may participate in the provision of health services:

- 1) students undergoing dentistry training who have completed the compulsory subjects in the curriculum of the IV course, under supervision of a dentist;
- 2) students undergoing medical training who have completed the compulsory subjects in the curriculum of the IV course, under supervision 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 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 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 of a nurse.

(2) The activity of the persons specified in subsection (1) of this section shall be deemed to be the activity of the health care professional under whose supervision and responsibility the persons practice.  
[RT I, 05.01.2011, 12 - entry into force 15.01.2011]

(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 Minister 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**

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

(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 (6<sup>1</sup>) 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]

(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 preclude a person from the practice list of a family physician if the person is not a subject of the Estonian population register.

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

(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 of Social Affairs 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 of Social Affairs 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 names of the family physician and the health care professionals working together with the family physician, service area and place of business of the family physician, maximum number of persons on a practice list, data on substitution of the family physician and the company through which the family physician provides general medical care.

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

(5) [Repealed - RT I, 29.06.2012, 4 – entered 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 of Social Affairs.

[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 – entered 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 of Social Affairs 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 shall not have another area of activity besides provision of general medical care, independent provision of nursing, independent provision of midwifery care, provision of social services, and teaching and scientific research in health care.

(2) A family physician entered in the commercial register as sole proprietor may provide only general medical care, independent nursing, independent midwifery care, social services and engage in teaching and scientific research in health care under the business name entered in the commercial register.

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

#### **§ 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 governments in whose administrative territory the place of business of the company which provides general medical care is located.

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

(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 providers of service of vital importance specified in clause 34 (2) 2) of the Emergency Act.  
[RT I 2009, 39, 262 - entry into force 24.07.2009]

(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 of Social Affairs 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 – entered 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 – entered 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 – entered into force 01.01.2007]

(4<sup>1</sup>) Upon deciding on entry into a contract, renewal of a contract and the term of a contract, the Health Board shall take into account the following circumstances:

- 1) the term of validity of the activity licence required for the provision of emergency medical care;
- 2) the need of the specific service area for emergency medical care;
- 3) sustainability of the owner of the ambulance crew;
- 4) the quality and conditions of the emergency medical care service;
- 5) compliance with legislation regulating the provision of health services by the owner of the ambulance crew;
- 6) the number of ambulance crews established on the basis of clause (3) 1) of this section.

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

(4<sup>2</sup>) The Health Board shall enter into a new contract with an owner of an ambulance crew who has provided service in compliance with the conditions provided for in subsection (4<sup>1</sup>) of this section and the contract under public law. The owner of an ambulance crew and the Health Board may amend the contract only by taking account of the circumstances provided for in subsection (4<sup>1</sup>) of this section.

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

(4<sup>3</sup>) The Health Board is not required to enter into a contract for provision of emergency medical care with all the owners of ambulance crews.

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

(4<sup>4</sup>) The Health Board shall organise a public competition for selecting a provider of emergency medical care 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;
- 2) the Health Board decides not to enter into a contract with the owner of an ambulance crew who has provided the service so far or terminates 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;
- 3) the Health Board has revoked the activity licence for the provision of emergency medical care of the owner of an ambulance crew;
- 4) the division of service areas is changed;
- 5) temporary substitution lasts for more than thirty days.

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

(4<sup>5</sup>) A competition shall be announced within fifteen days as of the occurrence of a circumstance specified in subsection (4<sup>4</sup>) of this section. If necessary, the Health Board shall organise the provision of the service through temporary substitution until entry into contract with the winner of the competition.

[RT I, 29.06.2012, 4 - entry into force 09.07.2012]

(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.

## **§ 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 shall engage in no other area of activity than the provision of emergency medical care or teaching and scientific research in health care. 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 2002, 110, 661 - entry into force 01.01.2003]

(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 – entered into force 01.01.2008]

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

- (1) Emergency medical care shall be paid for from the state budget through the Ministry of Social Affairs.
- (2) The Minister of Social Affairs shall establish the procedure for the financing of emergency medical care.

## **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 Minister of Social Affairs shall establish the list of specialist fields of specialised medical care.

### **§ 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 of Social Affairs 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 shall not have another area of activity besides providing specialised medical care, emergency medical care, independent provision of nursing services and social services, teaching and scientific research in health care, maintaining a hospital pharmacy, manufacture of full blood and blood components and handling of tissues and organs.  
[RT I, 05.01.2011, 12 - entry into force 15.01.2011]

(4) The types of hospital are: regional hospital, central hospital, general hospital, local hospital, special hospital, rehabilitation hospital and nursing hospital. The Minister of Social Affairs shall establish the requirements for the types of hospital.

(4<sup>1</sup>) Owners of regional hospitals and central hospitals are providers of service of vital importance specified in clause 34 (4) 1) of the Emergency Act.  
[RT I 2009, 39, 262 - entry into force 24.07.2009]

(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 of Social Affairs 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 – entered into force 15.01.2011]

(2) The Minister of Social Affairs 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 clause 10 1<sup>6</sup>) of the Social Welfare Act and to 24-hour social welfare institution of the elderly and disabled persons in case of provision of home nursing service specified in the regulation established under subsection 25 (3) of this Act.

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

(2) The Minister of Social Affairs shall establish the requirements for facilities, installations, equipment, instruments and medicinal products necessary for the independent provision of nursing.

[RT I 2010, 41, 240 - entry into force 01.09.2010]

(3) The Minister of Social Affairs shall establish the list of nursing services which are permitted to be provided independently.

## § 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 shall be established by a regulation of the Minister of Social Affairs.

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

(4) The requirements for facilities, installations, equipment and instruments necessary for the independent provision of midwifery care shall be established by a regulation of the Minister of Social Affairs.  
[RT I 2009, 29, 176 - entry into force 01.04.2010]

### **§ 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 a registration application and a copy of the document certifying his or her qualifications to the Health Board.

(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 of Social Affairs shall establish the list of information to be submitted in registration applications.

(3) The Minister of Social Affairs 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 – entered 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 of Social Affairs 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 of Social Affairs.  
[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 of the Social Affairs.

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

### **§ 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 of Social Affairs.

[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 of Social Affairs.

[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]

### **§ 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 or speciality of the health care professional;

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

- 4) the date and place of issue of the certificate.

(3) The Minister of Social Affairs 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]

### **§ 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 issued pursuant to § 62 of this Act, 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 2006, 56, 416 - entry into force 01.01.2008]

### **§ 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 in compliance with the provisions of Chapter 3 of the Recognition of Foreign Professional Qualifications Act. The competent authority for the purposes of Chapter 3 of the Recognition of Foreign Professional Qualifications Act is the Health Board.

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

## **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 of Social Affairs.

[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 – entered 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 – entered into force 01.01.2013]

(2) A family physician is required to submit to the Health Board:

1) a digitally signed notice concerning a change in the staff of health care professionals working together with him or her and persons specified in subsection 4<sup>3</sup>(1) of this Act immediately after becoming aware of the change and shall indicate the date of occurrence of such change;

[RT I, 05.01.2011, 12 - entry into force 15.01.2011]

2) a notice concerning a change in the place of business and address within thirty days after the change takes place;

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

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]

(3) [Repealed - RT I, 29.06.2012, 4 – entered 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 practise 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) the family physician has not commenced the provision of general medical care within sixty calendar days or has cancelled the provision of general medical care for more than sixty days as of approval of the practice list and determination of the service area;

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

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

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 – entered 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]

(2) Upon deprivation of the right to practise as family physician, the family physician or his or her successor is required to hand over documents concerning the practice list to the Health Board pursuant to the procedure established by the Minister of Social Affairs.

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

### **§ 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]

An activity licence is required for:

1) the provision of emergency medical care;

1<sup>1</sup>) the provision of general medical care on the basis of a practice list of a family physician;

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

2) the provision of specialised medical care;

3) the independent provision of nursing;

4) the independent provision of midwifery care.

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

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

(1) An activity licence is issued for the provision of one or several health services.

(2) A health care provider may provide only those health services for the provision of which an activity licence has been issued to him or her.

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

## § 41. Application for activity licence

In order to be granted an activity licence, an applicant shall submit the following documents and information to the issuer of activity licences:

- 1) an application which sets out the name of the applicant, the commercial register or non-profit associations and foundations register code or the personal identification code of a sole proprietor not entered in the commercial register and the place of business, address and the telecommunications numbers;  
[RT I 2006, 56, 416 - entry into force 01.01.2008]
- 2) copies of the memorandum of association or foundation resolution and the articles of association or partnership agreement of the legal person being founded;
- 3) the name, personal identification code or date of birth, residence and business name of the undertaking, in the case of a sole proprietor;
- 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;  
4<sup>1</sup>) 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;  
[RT I 2008, 58, 326 - entry into force 01.01.2009]
- 5) the list of health services for the provision of which the activity licence is being applied for;
- 6) the names and personal identification codes of the health care professionals and, upon application for an initial 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;  
[RT I, 29.06.2012, 4 - entry into force 01.01.2013]
- 7) upon application for a licence for the provision of emergency medical care, the number, staff and equipment of ambulance crews being applied for;
- 8) upon application for a licence for the provision of specialised in-patient care, the type of hospital being applied for;
- 9) the part of the plan pertaining to the medical technology of facilities which contains information on the facilities, installations and equipment;
- 10) information concerning registration of processing of sensitive personal data with the data protection supervision authority;
- 10<sup>1</sup>) information concerning compliance with the requirements set for data exchange with the Health Information System.  
[RT I 2008, 3, 22 - entry into force 01.09.2008]
- 11) [Repealed - RT I 2002, 61, 375 – entered into force 01.08.2002]
- 12) [Repealed - RT I 2002, 61, 375 – entered into force 01.08.2002]

## § 42. Decision on issue of activity licence

(1) The issuer of activity licences shall verify the documents and information submitted by an applicant and whether or not the health care professionals specified by the applicant have been registered with the Health Board. The issuer of activity licences shall make a decision on issue of an activity licence or refusal to issue thereof within two months as of submission of the documents and information specified in § 41 of this Act.  
[RT I 2006, 56, 416 - entry into force 01.01.2008]

(1<sup>1</sup>) The decision to issue an activity licence shall set out the following:  
[RT I 2006, 56, 416 - entry into force 01.01.2008]

- 1) the person making the decision;
- 2) the name, place of business and address of the recipient of the activity licence, in the case of a sole proprietor, his or her name, personal identification code, residence and business name;
- 3) the number of the activity licence and date of the decision;
- 4) the basis for the decision;
- 5) in the case of a licence for the provision of specialised medical care, the list of health services which the person may provide;
- 6) in the case of a licence for the provision of emergency medical care, the number of ambulance crews;
- 7) in the case of a licence for the provision of specialised in-patient care, the type of hospital and the list of the health services provided;
- 8) the term of validity of the activity licence;
- 9) the procedure for contesting the decision;  
[RT I 2006, 56, 416 - entry into force 01.01.2008]
- 10) the given name, surname and profession or speciality of the health care providers except in the case of a licence for the provision of general medical care on the basis of a practice list of a family physician.  
[RT I, 29.11.2013, 1 - entry into force 09.12.2013]

(2) Before submission of an application, the applicant shall pay a state fee.

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

(1) The Health Board shall issue activity licences.

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

(3) A decision to issue an activity licence shall be published in the official publication *Ametlikud Teadaanded*.

(4) 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 2006, 56, 416 - entry into force 01.01.2008]

(5) [Repealed - RT I 2008, 3, 22 – entered into force 28.01.2008]

(6) The Health Board shall disclose all the information specified in clauses 42 (1<sup>1</sup>) 1)-10) on a web site.

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

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

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

(1) An activity licence shall not be issued if:

1) the applicant for the activity licence fails to submit the documents or information specified in § 41 of this Act;

2) the applicant for the activity licence does not comply with the requirements which are set for the provision of the health services being applied for;

3) the applicant for the activity licence is bankrupt;

4) the applicant knowingly submits false information;

5) the previous activity licence of the applicant for the activity licence is revoked on the bases specified in clauses 48 (1) 2)-5) of this Act and less than one year has passed since the revocation.

(2) The issuer of activity licences shall notify an applicant for an activity licence of refusal to issue the activity licence in writing within ten working days after the decision of refusal is made.

[RT I 2002, 61, 375 - entry into force 01.08.2002]

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

(1) An activity licence shall be issued for a period of one to five years.

(2) In order for a decision to be made on the term of an activity licence, the Health Board shall assess whether the applicant for the activity licence complies with the requirements of legislation regulating health care or not.

(3) If an applicant applies for an activity licence for the first time, the activity licence shall be issued to him or her for up to three years.

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

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

(1) A holder of an activity licence shall notify the Health Board:

1) of a change in the staff of health care professionals and persons specified in subsection 4<sup>3</sup>(1) of this Act immediately after becoming aware of the corresponding change and shall indicate the date of occurrence of such change;

[RT I, 05.01.2011, 12 - entry into force 15.01.2011]

2) of any major technical malfunctions and other significant changes in equipment needed for the provision of health care services within ten days after the malfunction or change occurs if as a result of such malfunction or amendment, the holder of the activity licence is unable to provide the health care services set out in the activity licence.

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

(1<sup>1</sup>) The notices provided for in subsection (1) of this section shall be submitted by electronic means with a digital signature.

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

(2) The holder of an activity licence is required to prepare health care statistics and reports on economic activities in the field of 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 by the Minister of Social Affairs.

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

(3) The Defence Forces shall submit the information specified in subsections (1) and (2) of this section 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 of Social Affairs.  
[RT I, 29.06.2012, 4 - entry into force 01.01.2013]

#### § 48. Revocation of activity licences

(1) The issuer of activity licences shall revoke an activity licence if:

1) so requested by the holder of the activity licence;  
2) the facilities, installations or equipment for the provision of specialised medical care, general medical care on the basis of a practice list of a family physician or independent provision of nursing are not in compliance with the requirements established pursuant to this Act;

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

2<sup>1</sup>) the facilities, installations, equipment or instruments for independent provision of midwifery care are not in compliance with the requirements established pursuant to this Act;

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

2<sup>2</sup>) the facilities, installations, equipment, instruments or medicinal products for independent provision of nursing are not in compliance with the requirements established pursuant to this Act;

[RT I 2010, 41, 240 - entry into force 01.09.2010]

3) the staff or equipment of the ambulance crew are not in compliance with the requirements established pursuant to this Act;

4) changes in the staff of health care professionals prevent provision of the health service for the provision of which the activity licence has been issued;

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

6) the holder of the activity licence fails to commence the provision of health services for the provision of which the activity licence has been issued within one year after the activity licence is issued;

7) the health care provider provides health services for the provision of which he or she does not have an activity licence;

8) a person providing specialised medical care who holds the right to handle infectious material fails to comply with the requirements for handling infectious material established by the Communicable Diseases Prevention and Control Act;

8<sup>1</sup>) the health care provider or an employee thereof materially violates personal data processing requirements.

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

9) the health care provider has failed to perform the obligation specified in subsection 47 (1) of this Act or a basis provided for in clauses 45 (1) 2)-4) of this Act becomes evident.

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

(1<sup>1</sup>) Before revoking an activity licence on the basis provided for in clauses (1) 2)–5) and 7)–9) of this section, the Health Board may issue a precept to the holder of the activity licence for elimination of the deficiencies.

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

(1<sup>2</sup>) Upon failure to comply with a precept specified in subsection (1<sup>1</sup>) 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 revoke the activity licence.

(1<sup>3</sup>) The maximum rate of penalty payment specified in subsection (1<sup>2</sup>) of this section is 640 euros.

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

(2) A decision to revoke an activity licence shall set out:

1) the name, place of business and address of the holder of the activity licence, in the case of a sole proprietor, his or her name, personal identification code, residence and business name;

2) the number and date of issue of the activity licence;

3) the circumstances which caused revocation of the activity licence and a reference to the provision of law pursuant to which the activity licence is revoked;

4) the date on which the decision was made;

5) the name, title and signature of the person who made the decision.

(3) The holder of an activity licence shall be notified of the decision to revoke the activity licence within five working days after the decision is made. A decision to revoke an activity licence shall be published in the official publication *Ametlikud Teadaanded*.

[RT I 2004, 75, 520 - entry into force 01.12.2004]

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

(1) If the bases for revocation of an activity licence exist only with regard to some of the provided health services, the activity licence may be revoked partially.  
[RT I 2006, 56, 416 - entry into force 01.01.2008]

(2) Upon partial revocation of an activity licence, the corresponding decision shall, in addition to the information specified in subsection 48 (2) of this Act, set out the health services with regard to which the decision to revoke the activity licence applies.

(3) The holder of an activity licence shall be notified of the decision to partially revoke the activity licence within five working days after the decision is made. A decision to partially revoke an activity licence shall be published in the official publication *Ametlikud Teadaanded*.

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

(1) The holder of an activity licence shall apply for the issue of a new activity licence:  
1) at least two months before the expiry of the activity licence;  
2) if he or she wishes to provide a health service for the provision of which he or she does not have a licence;  
3) if he or she wishes to make changes in the location of the provision of a health service.  
[RT I 2006, 56, 416 - entry into force 01.01.2008]

(2) A new activity licence shall be issued pursuant to the procedure provided for in §§ 41-45 of this Act.

(3) In order to apply for a new activity licence in compliance with subsection (1) of this section, the applicant shall submit the data listed in § 41 of this Act, except for information already known to the Health Board.  
[RT I 2006, 56, 416 - entry into force 01.01.2008]

#### **§ 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 of Social Affairs 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) The issuer of activity licences and, in the case of amendment of information entered in the register, the holder of the activity licence have the obligation 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 is collected in the national register of activity licences for the provision of health services:  
1) contact details of holders of activity licences;  
2) information on the activity licences;  
3) organisational information.

(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]

#### **§ 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 of Social Affairs 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 of Social Affairs.

(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 of Social Affairs.

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

## **Chapter 3<sup>1</sup>**

# **ORGANISATION OF PROVISION OF CROSS-BORDER HEALTH SERVICES**

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

### **§ 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 of Social Affairs 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 of Social Affairs.  
[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, availability of health services, quality and safety, and unambiguous invoices and information on the prices and, upon the patient's request, information on activity licences.

(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 of Social Affairs.

(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**

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.

### **§ 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;  
[RT I 2009, 39, 262 - entry into force 24.07.2009]
- 2) the formation, maintenance and renewal of national health care stockpile;  
[RT I 2006, 56, 416 - entry into force 01.01.2008]
- 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) preparedness to provide health services in an emergency;
- 7<sup>1</sup>) preparedness 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 – entered 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]

(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) administration of coercive treatment and forensic psychiatric examinations imposed on the basis of court judgments in criminal proceedings, civil proceedings on petition and in proceedings for verification of active civil procedural legal capacity;  
[RT I, 04.07.2012, 1 - entry into force 01.08.2012]
- 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 medical stockpile, including medicinal products, of the Defence Forces necessary for the functioning of peace-time and war-time health care organisation;
- 4) the provision of medical rehabilitation for members of the Defence Forces, persons in alternative service, persons who have been caused damage to health in the performance of their duties, family members of persons in active service who have died or have been caused permanent damage to health in the performance of their duties during participation in international military operations and the persons specified in subsections 2 (1) and (2) and 4 (1) of the Persons Repressed by Occupying Powers Act;  
[RT I, 10.07.2012, 2 - entry into force 01.04.2013]
- 5) the investments for building and renovation of the medical centres of the Defence Forces.  
[RT I 2008, 58, 326 - entry into force 01.01.2009]

(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 of Defence.  
[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.

(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]

### **§ 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 – entered 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 of Social Affairs.

[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;
- 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 – entered 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 of Social Affairs which has been approved by the Estonian Health Insurance Fund.

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

(5) The Minister of Social Affairs 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 of Social Affairs 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 of Social Affairs 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 – entered 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 of Social Affairs**

(1) In addition to legislation specified in this Act, the Minister of Social Affairs 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 – entered 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 – entered 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 – entered into force 01.01.2008]
- 9) [Repealed - RT I 2006, 56, 416 – entered into force 01.01.2008]
- 10) [Repealed - RT I 2004, 29, 192 – entered into force 01.05.2004]

(2) An institution determined by the Ministry of Social Affairs or by the Minister of Social Affairs 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]

### **§ 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 of Social Affairs.

(2) An institution determined by the Ministry of Social Affairs or by the Minister of Social Affairs 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]

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

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

### **§ 59. Health care organisation in emergencies**

(1) Health care organisation in emergencies and organisation of the consistency of vitally important health services shall be established by a regulation of the Government of the Republic which shall set out:

- 1) the competence and duties of the Government of the Republic, the Minister of Social Affairs, the Health Board and the persons providing services in health care, including the providers of a service of vital importance, in responding to emergencies and organisation of emergency preparedness;
- 2) the procedure for the renewal, maintenance and use of the national health care stockpile required for the functioning of health care organisation and the procedure for the use of income gained from the renewal of such stockpile;
- 3) the terms and amounts of and procedure for the establishment of the operation stockpile of medicinal products and medical supplies of health care providers.

(2) Health care providers are required to act upon preparing for emergencies and in emergencies and upon ensuring the consistency of a service pursuant to the regulation of the Government of the Republic established on the basis of subsection (1) of this section.

[RT I 2009, 39, 262 - entry into force 24.07.2009]

## **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 and for the management of health care.

(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]

(2) The following shall be established by a regulation of the Minister of Social Affairs:  
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 of Social Affairs.  
[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 has 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.

(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.

(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 of Social Affairs.  
[RT I 2008, 3, 22 - entry into force 01.09.2008]

## **Chapter 6 SUPERVISION**

### **§ 60. Supervision of health care**

(1) Supervision over compliance with the requirements provided for health care providers in this Act shall be exercised by the officials authorised therefor by the Health Board and by the Ministry of Defence.  
[RT I, 10.07.2012, 2 - entry into force 01.04.2013]

(2) [Repealed - RT I, 29.06.2012, 4 – entered into force 01.01.2013]

(3) Supervision over the activities of providers of general medical care, providers of emergency medical care, providers of specialised medical care and independent providers of nursing and midwifery care shall be exercised by the officials of the Health Board authorised therefor.  
[RT I 2009, 67, 461 - entry into force 01.04.2010]

(4) The Ministry of Defence exercises supervision over the accessibility of health services in its area of government.  
[RT I, 10.07.2012, 2 - entry into force 01.04.2013]

#### **§ 61. Rights of supervisory authority**

In order to perform the duties arising from this Act, the supervisory authority has the right to:

- 1) enter the place of business of the person being monitored;  
[RT I 2006, 56, 416 - entry into force 01.01.2008]
- 2) examine the documents certifying provision of health services;
- 3) receive explanations from the management bodies and health care professionals of the person being monitored;
- 4) make proposals to the person being monitored regarding improvement of his or her activities, and issue precepts for elimination of deficiencies.

#### **§ 62. Precepts**

(1) Precepts shall be issued in writing.

(2) A precept shall contain the following information:

- 1) information on the person to whom the precept is issued;
- 2) information concerning the act the performance of which is required;
- 3) the term for compliance with the precept;
- 4) the reason for issue of the precept;
- 5) the date of issue of the precept and the name, position, official title and signature of the person who issued the precept.

(3) A person to whom a precept is issued may appeal the precept in an administrative court.

(4) Upon failure to perform the obligation set out in the precept, the supervisory body may:

- 1) impose penalty payment pursuant to the procedure provided for in the Substitutive Enforcement and Penalty Payment Act;
- 2) decide on the deprivation of a family physician of the right to practice as family physician;  
[RT I, 29.06.2012, 4 - entry into force 01.01.2013]
- 3) suspend the registration of the health care professional in the register established on the basis of subsection 27<sup>1</sup>(1) of this Act, or
- 4) revoke the activity licence pursuant to the provisions of this Act.  
[RT I 2006, 56, 416 - entry into force 01.01.2008]

(4<sup>1</sup>) The maximum rate of penalty payment specified in subsection (4) of this section is 640 euros.  
[RT I 2010, 22, 108 - entry into force 01.01.2011]

(5) Upon failure to comply with a precept in the Defence Forces, a supervisory authority has the right to suspend the provision of health services until elimination of the deficiencies.

#### **§ 62<sup>1</sup>. Submission of protests**

A person who finds that his or her rights are violated or his or her freedoms are restricted by an act issued by the Health Board or in the course of administrative proceedings may file a protest to the Minister of Social Affairs.

[RT I 2002, 61, 375 - entry into force 01.08.2002]

## **Chapter 7 IMPLEMENTING PROVISIONS**

**§ 63. [Repealed - RT I 2006, 56, 416 – entered 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 of Social Affairs.

(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 of Social Affairs**

(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 31 December 2013. Application for an activity licence shall be exempt from state fees.

(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 of Social Affairs, 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 of Social Affairs 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 of Social Affairs 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]

§ 67.–§ 72.[Omitted from this text]

#### **§ 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 – entered into force 09.12.2013]