

|                        |            |
|------------------------|------------|
| Issuer:                | Riigikogu  |
| Type:                  | act        |
| In force from:         | 01.07.2024 |
| In force until:        | 17.10.2024 |
| Translation published: | 30.08.2024 |

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

Passed 09.05.2001

RT I 2001, 50, 284

Entry into force 01.01.2002, in part 01.01.2003 and 01.01.2005

Amended by the following acts

| Passed     | Published           | Entry into force  |
|------------|---------------------|---|
| 19.06.2002 | RT I 2002, 57, 360  | 09.07.2002  |
| 19.06.2002 | RT I 2002, 61, 375  | 01.08.2002  |
| 19.06.2002 | RT I 2002, 62, 377  | 01.10.2002  |
| 18.12.2002 | RT I 2002, 110, 661 | 01.01.2003  |
| 12.02.2003 | RT I 2003, 26, 157  | 01.04.2003  |
| 12.02.2003 | RT I 2003, 26, 160  | 01.11.2003  |
| 14.04.2004 | RT I 2004, 29, 192  | 01.05.2004  |
| 28.06.2004 | RT I 2004, 56, 400  | 01.08.2004 and 01.01.2005   |
| 13.10.2004 | RT I 2004, 75, 520  | 01.12.2004  |
| 16.12.2004 | RT I 2004, 89, 612  | 31.12.2004  |
| 16.12.2004 | RT I 2005, 2, 4     | 01.03.2005  |
| 12.10.2005 | RT I 2005, 57, 452  | 18.11.2005  |
| 09.11.2005 | RT I 2005, 64, 482  | 01.01.2006  |
| 22.11.2006 | RT I 2006, 56, 416  | 01.01.2007  |
| 07.12.2006 | RT I 2006, 58, 439  | 01.01.2007  |
| 22.11.2006 | RT I 2006, 56, 416  | 01.01.2008  |
| 24.01.2007 | RT I 2007, 12, 66   | 01.01.2008  |
| 15.02.2007 | RT I 2007, 24, 127  | 01.01.2008  |
| 22.02.2007 | RT I 2007, 25, 134  | 01.01.2008  |
| 20.12.2007 | RT I 2008, 3, 22    | 28.01.2008  |
| 20.12.2007 | RT I 2008, 3, 22    | 01.09.2008  |
| 04.06.2008 | RT I 2008, 25, 163  | 01.01.2009  |
| 19.06.2008 | RT I 2008, 30, 191  | 01.07.2008  |
| 10.12.2008 | RT I 2008, 58, 326  | 01.01.2009  |
| 17.12.2008 | RT I 2008, 58, 329  | 01.01.2009  |
| 21.05.2009 | RT I 2009, 29, 176  | 01.07.2009, in part 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| 30.09.2009 | RT I 2009, 49, 331  | 01.01.2010, in part 01.04.2010 (in this Act the words "Health Care Board" have been replaced by the words "Health Board" in the appropriate case form)  |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, in part 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, in part 01.01.2013  |
| 23.02.2011 | RT I, 25.03.2011, 1   | 01.01.2014; date of entry into<br>force changed 01.07.2014 [RT I,<br>22.12.2013, 1]   |
| 06.12.2011 | RT I, 21.12.2011, 2   | 01.06.2012, in part 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, in part 09.07.2012,<br>01.09.2012 and 01.01.2014; date<br>of entry into force changed in part<br>01.07.2014 [RT I, 22.12.2013, 1]       |
| 13.06.2012 | RT I, 04.07.2012, 2   | 14.07.2012  |
| 13.06.2012 | RT I, 04.07.2012, 3   | 14.07.2012  |
| 13.06.2012 | RT I, 10.07.2012, 2   | 01.04.2013  |
| 14.06.2012 | RT I, 04.07.2012, 1   | 01.08.2012  |
| 22.05.2013 | RT I, 11.06.2013, 2   | 21.06.2013, in part 01.09.2013 and<br>01.01.2014; date of entry into force<br>changed in part 01.07.2014 [RT I,<br>22.12.2013, 1]                   |
| 15.11.2013 | RT I, 29.11.2013, 1   | 09.12.2013  |
| 21.11.2013 | RT I, 13.12.2013, 2   | 23.12.2013  |
| 21.11.2013 | RT I, 13.12.2013, 3   | 01.01.2014  |
| 05.12.2013 | RT I, 22.12.2013, 1   | 01.01.2014  |
| 19.02.2014 | RT I, 13.03.2014, 2   | 23.03.2014, in part 01.01.2015,<br>01.01.2017 and 01.01.2019  |
| 19.02.2014 | RT I, 13.03.2014, 4   | 01.07.2014, in part 23.03.2014  |
| 26.03.2014 | RT I, 15.04.2014, 2   | 25.04.2014, in part 01.08.2014  |
| 21.05.2014 | RT I, 06.06.2014, 14  | 09.06.2014  |
| 19.06.2014 | RT I, 29.06.2014, 109 | 01.07.2014, official titles of<br>ministers replaced on the basis<br>of subsection 4 of § 107 <sup>3</sup> of the<br>Government of the Republic Act |
| 17.09.2014 | RT I, 08.10.2014, 2   | 18.10.2014  |
| 03.12.2014 | RT I, 22.12.2014, 1   | 01.01.2015  |
| 29.01.2015 | RT I, 26.02.2015, 1   | 01.03.2015  |
| 11.02.2015 | RT I, 12.03.2015, 1   | 01.01.2016  |
| 15.06.2015 | RT I, 30.06.2015, 1   | 01.01.2016, in part 01.01.2017 -<br>omitted [RT I, 24.12.2016, 1]   |
| 09.12.2015 | RT I, 30.12.2015, 1   | 18.01.2016  |
| 09.12.2015 | RT I, 30.12.2015, 2   | 09.01.2016, in part 01.03.2016  |
| 09.12.2015 | RT I, 30.12.2015, 5   | 01.01.2016  |
| 19.12.2016 | RT I, 24.12.2016, 1   | 01.01.2017  |
| 08.02.2017 | RT I, 21.02.2017, 2   | 03.03.2017  |
| 08.02.2017 | RT I, 03.03.2017, 1   | 01.07.2017  |
| 25.10.2017 | RT I, 17.11.2017, 1   | 01.01.2019  |
| 06.12.2017 | RT I, 28.12.2017, 4   | 01.01.2018, in part 01.01.2019; date<br>of entry into force changed in part<br>01.01.2021 [RT I, 21.12.2018, 1]                                     |
| 02.05.2018 | RT I, 22.05.2018, 1   | 23.05.2018, in part 01.01.2022  |
| 17.10.2018 | RT I, 26.10.2018, 1   | 01.04.2022  |
| 07.11.2018 | RT I, 10.11.2018, 1   | 11.11.2018  |
| 05.12.2018 | RT I, 21.12.2018, 1   | 01.01.2019  |
| 05.12.2018 | RT I, 21.12.2018, 2   | 01.01.2019, in part 01.09.2019  |
| 23.01.2019 | RT I, 01.02.2019, 2   | 11.02.2019  |
| 20.02.2019 | RT I, 13.03.2019, 2   | 15.03.2019, in part 01.09.2019  |
| 19.12.2019 | RT I, 08.01.2020, 2   | 01.02.2020  |

|            |                      |  |
|------------|----------------------|--|
| 15.04.2020 | RT I, 21.04.2020, 1  | 01.05.2020, applied retroactively as of 12 March 2020  |
| 13.05.2020 | RT I, 17.05.2020, 1  | 18.05.2020   |
| 14.04.2021 | RT I, 21.04.2021, 1  | 01.05.2021   |
| 02.06.2021 | RT I, 18.06.2021, 1  | 28.06.2021   |
| 13.04.2022 | RT I, 29.04.2022, 1  | 01.11.2024, in part 01.07.2022, 01.01.2023 and 01.07.2024; amended in part [RT I, 21.06.2024, 2]                                     |
| 18.05.2022 | RT I, 07.06.2022, 1  | 17.06.2022   |
| 30.05.2022 | RT I, 20.06.2022, 2  | 01.01.2023   |
| 01.06.2022 | RT I, 20.06.2022, 3  | 30.06.2022, in part 01.10.2023, amended in part [RT I, 11.03.2023, 9]  |
| 08.06.2022 | RT I, 20.06.2022, 63 | 27.06.2022   |
| 21.09.2022 | RT I, 10.10.2022, 1  | 11.10.2022, in part 01.10.2023; amended in part [RT I, 11.03.2023, 9]  |
| 11.01.2023 | RT I, 27.01.2023, 1  | 01.04.2023   |
| 15.02.2023 | RT I, 07.03.2023, 4  | 01.07.2024, amended in part [RT I, 21.06.2024, 2]  |
| 22.02.2023 | RT I, 11.03.2023, 9  | 01.04.2023, in the Act the words „Eesti Haigekassa” have been replaced with the word „Tervisekassa” in the appropriate case form     |
| 22.11.2023 | RT I, 15.12.2023, 1  | 30.06.2024, in part 01.01.2024; amended in part [RT I, 21.06.2024, 2]  |
| 23.11.2023 | RT I, 15.12.2023, 3  | 25.12.2023   |
| 06.03.2024 | RT I, 20.03.2024, 1  | 21.03.2024   |
| 04.06.2024 | RT I, 21.06.2024, 2  | 01.07.2024, in part 30.06.2024; the word „general medical care” has been replaced with the word „family physician care” in the text. |

## Chapter 1 GENERAL PROVISIONS

### § 1. Scope of application of Act

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

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

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

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

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

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

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

## **§ 2. Health services**

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

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

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

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

## **§ 3. Health care professionals**

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

(2) A health care professional may provide health services within the acquired profession or speciality based on which they have been registered in the health administration information system.  
[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

(3) [Repealed – RT I, 20.06.2022, 63 – entry into force 27.06.2022]

(4) Health care professionals for the purposes of the Medicinal Products Act are also pharmacists and assistant pharmacists providing pharmacy services in a general pharmacy or hospital pharmacy provided that they have been registered in the health administration information system according to subsection 1 of § 55 of the Medicinal Products Act.  
[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

(5) Pharmacists and assistant pharmacists may provide pharmacy services within the acquired profession.  
[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

(6) Where a person provides treatment and has been registered in the health administration information system, the following persons are equalised with a health care professional:

- 1) physiotherapist;
- 2) clinical psychologist;
- 3) speech therapist.

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

## **§ 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 personal data of special categories, without the permission of the data subject.  
[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

(1<sup>1</sup>) Health care providers, who have the obligation to maintain confidentiality arising from law, have the right to process personal data, including personal data of special categories:

1) for planning the provision of health services based on the objective specified in subsection 1 of § 2 of this Act;

2) with the aim and to the extent specified in clause 7 of subsection 1 of § 56 of this Act.

[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

(1<sup>2</sup>) The right to process data for planning the provision of health services specified in clause 1 of subsection 1<sup>1</sup> of this section shall be extended to the provision of family physician care and health services in schools. The right to process data for planning the provision of health services shall be extended to the providers of specialised medical care, independent physiotherapy, speech therapy, psychological treatment, nursing and midwifery care only upon the existence of a previously concluded health services contract and on the condition that the preventive actions have been implemented within a reasonable time after termination of the contract.

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

(1<sup>3</sup>) The reason and objective of processing the personal data specified in subsection 1<sup>1</sup> of this section, including personal data of special categories, shall be documented.

[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

(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]

(3) Processing of the personal data of a deceased person shall be permitted upon the provision of health services for protecting the life and health of an ascendant or descendant associated with the deceased person as well as a sibling thereof.

[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

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

[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

(1) Compliance with the requirements for maintaining records, use of the classifications, directories, address details prescribed in the State Information Systems and standards of the Health Information System is mandatory upon maintaining records of the provision of health services.

(2) Documents certifying the provision of health services may be created and preserved in digital form. Digitalised paper documents may be destroyed before the term, provided that the integrity and authenticity thereof is ensured within the prescribed term of preservation.

(2<sup>1</sup>) The health care provider shall ensure the traceability of processing personal data in the information system of the health care provider.

[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

(3) The conditions and procedure for maintaining records of the provision of health services shall be established by a regulation of the minister in charge of the policy sector, setting out:

1) the data of the health care provider;

2) the patient's general personal data;

3) the patient's health data;

4) other data connected with the provision of service.

(4) From the data collected pursuant to subsection 3 of this section, the data certifying the provision of in-patient and out-patient health services shall be preserved for 30 years after the approval of data concerning the service provided to a patient.

(5) Differently from the term specified in subsection 4 of this section, the following data certifying the provision of health services shall be preserved as follows:

1) data on a pupil's health record for five years after graduation or leaving school, also the data on an ambulance card and referral and reply to referral for five years after the approval of data;

2) data on death notice and notice of cause of death for ten years after the approval of data;

3) tissue samples containing health data that have been taken for intravital pathomorphological testing shall be preserved depending on the need for the provision of health services but not longer than for 30 years after the approval of data;

4) autopsy report data for 30 years after approval of data;

5) data on blood chart, transfusion report and report of reaction following the transfusion for 30 years after a person's death.

(6) Upon processing of data preserved digitally, the term for preservation of logs shall be determined in the regulation of the minister established under subsection 3 of this section.

[RT I, 13.03.2019, 2 – entry into force 15.03.2019, the terms specified in subsections 4–6 shall be applied to the documents prepared from 15 March 2019.]

### **§ 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 participate in the provision of health services:

1) physicians who have not acquired a specialty, including resident physicians;

2) students studying according to a relevant curriculum with the objective of acquiring a profession;

2<sup>1</sup>) persons specified in subsection 3<sup>2</sup> of § 30 of this Act;

3) persons who act as a specialist or technician arising from the professional or vocational competence thereof;

4) pharmacists and assistant pharmacists engaged in the dispensing of medicinal products subject to medical prescription;

5) persons who directly sell medical devices on the basis of a medical device card.

(2) The activity of a resident physician and a student studying according to a relevant curriculum shall be deemed to be the activity on the person under whose supervision and responsibility the person practices. A physician or dentist who has not acquired a specialty and who is not studying in residency may participate in the provision of specialised medical care and the extent of his or her application in the provision of health services shall be determined by a health care provider depending on the content of the health service and the physician's or dentist's competence and experience.

[RT I, 21.06.2024, 2 - entry into force. 01.07.2024]

(2<sup>1</sup>) The person specified in subsection 3<sup>2</sup> of § 30 of this Act participates in the provision of health services under the supervision and responsibility of such supervisor who has the same or similar qualification, which the participant in work practice has acquired in a foreign state, and at least five years' work experience in the relevant specialty. The activity of the person specified in subsection 3<sup>2</sup> of § 30 of this Act shall be deemed to be the activity of the person under whose supervision and responsibility the person practices.

(3) The persons specified in clauses 1–4 of subsection 1 of this section may participate in the provision of health services if they have been registered in the health administration information system.

[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

(4) The participation of the persons specified in clauses 4 and 5 of subsection 1 of this section in the provision of health services has been regulated with the Medicinal Products Act and Medical Devices Act respectively.

(5) The list of persons participating in the provision of the health service specified in subsection 1 of this section and the procedure of participation shall be established by a regulation of the minister in charge of the policy sector.

[RT I, 13.03.2019, 2 – entry into force 01.09.2019]

### **§ 4<sup>4</sup>. Mandatory liability insurance of health care providers**

Health care providers must perform the obligations arising from the Mandatory Liability Insurance of Health Care Providers Act.

[RT I, 21.06.2024, 2 - entry into force 01.07.2024]

## **Chapter 2 ORGANISATION OF PROVISION OF HEALTH SERVICES**

### **Subchapter 1 Emergency care and health services relating to protection of public health of persons not covered by health insurance**

[RT I, 21.12.2018, 1 - entry into force 01.01.2019]

## **§ 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 the budget of the Estonian Health Insurance Fund in the state budget.  
[RT I, 20.06.2022, 3 – entry into force 30.06.2022]
- (4) Emergency care provided to a person not covered by health insurance shall be paid for from the budget of the Estonian Health Insurance Fund on the bases, conditions and pursuant to the procedure provided for in the list of health services of the Estonian Health Insurance Fund.  
[RT I, 21.12.2018, 1 – entry into force 01.01.2019]

## **§ 6<sup>1</sup>. Health services relating to protection of public health of persons not covered by health insurance**

- (1) A person not covered by health insurance shall have the right to receive the health services established under subsection 3 of this section, the objective of which is to ensure the protection of public health.
- (2) The costs of health services relating to the protection of public health of a person not covered by health insurance shall be paid for from the budget of the Estonian Health Insurance Fund on the bases, conditions and pursuant to the procedure provided for in the list of health services of the Estonian Health Insurance Fund.
- (3) The list of health services relating to the protection of public health of a person not covered by health insurance shall be established by a regulation of the minister in charge of the policy sector, having heard the opinion of the supervisory board of the Estonian Health Insurance Fund in advance.  
[RT I, 21.12.2018, 1 – entry into force 01.01.2019]

# **Subchapter 2 Family Physician Care**

## **§ 7. Definition of family physician care**

- (1) General medical care means out-patient health services which are provided by family physicians and health care professionals working together with them.
- (1<sup>1</sup>) The providers of family physician care provide services of general interest for the purposes of § 5 of the General Part of the Economic Activities Code Act.  
[RT I, 03.03.2017, 1 – entry into force 01.07.2017]
- (2) A family physician is a specialist who has acquired the corresponding speciality and who practises:
  - 1) on the basis of a practice list of the family physician;
  - 2) as a specialist without a practice list.
- (2<sup>1</sup>) The provider of family physician care may, in addition to practising on the basis of a practice list, provide family physician care to a person belonging to another practice list, if it is necessary for ensuring access to family physician care.  
[RT I, 21.06.2024, 2 - entry into force 01.07.2024]
- (2<sup>2</sup>) The conditions and extent of and procedure for service outside the practice list shall be established by a regulation of the minister in charge of the policy sector.  
[RT I, 21.06.2024, 2 - entry into force 01.07.2024]

(3) The provisions of this Act regulating provision of specialised out-patient care apply to the activities of family physicians specified in clause 2 of subsection 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 6<sup>1</sup> of § 8 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. In the cases provided for in this Act, the persons in the practice list of a family physician are serviced by another person.  
[RT I, 20.06.2022, 3 – entry into force 01.01.2023]

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

(3) Every citizen of the Republic of Estonia, a person residing in Estonia on the basis of a residence permit or right of residence and a person legally staying in Estonia according to temporary basis for stay and who insured according to subsection 1 of § 5 of the Health Insurance Act (hereinafter alien staying temporarily in Estonia) 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 calendar month following the transmission of data on the person in the Estonian Health Insurance Fund database.  
[RT I, 20.06.2022, 3 – entry into force 30.06.2022]

(3<sup>1</sup>) A new-born child born in Estonia shall be automatically registered after birth in the practice list of his or her mother's family physician if the mother's place of residence is in Estonia according to the population register.  
[RT I, 20.06.2022, 3 – entry into force 30.06.2022]

(3<sup>2</sup>) If the mother of a new-born child has not been registered in the practice list of any family physician, the child shall be registered, based on a written application of the child's parent or guardian, in the practice list of the family physician specified in the application or the family physician shall be appointed to the child by the Estonian Health Insurance Fund.  
[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(4) The practice list of a family physician comprises of persons registered with the family physician and, taking into account the maximum number of persons on a practice list provided for in subsection 4<sup>1</sup> of this section, persons determined by the Estonian Health Insurance Fund on the basis of the Estonian population register address and the actual place of residence of an alien staying temporarily in Estonia.  
[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(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 family physician care to persons entered in the list together with the family physician.  
[RT I, 29.06.2012, 4 – entry into force 01.01.2013]

3) less than the upper maximum level provided for in clause 1 or 2 of this subsection when approving the practice list of a family physician for the first time for up to two years, upon agreement with the family physician, and taking into account the other practice lists of the service area.  
[RT I, 20.06.2022, 3 – entry into force 30.06.2022]

(4<sup>2</sup>) [Repealed – RT I, 20.06.2022, 3 – entry into force 30.06.2022]

(4<sup>3</sup>) The Estonian Health Insurance Fund shall appoint a person not registered in a practice list of a family physician to a list based on their written application and shall notify the person and family physician of the change in writing or by electronic means within seven working days after making the decision.  
[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(4<sup>4</sup>) The Estonian Health Insurance Fund shall exclude a person from the practice list of a family physician if the person is not a data subject of the Estonian population register or if the place of residence of a person not covered by health insurance is not in the Republic of Estonia according to the population register and unless otherwise provided in this Act. The Estonian Health Insurance Fund shall notify a person of appointment to and exclusion from a list in writing or by electronic means within seven working days as of making the decision. If a document needs to be delivered to more than a hundred persons or if the data on residence of a person are not known to the Estonian Health Insurance Fund, the decision shall be published in the official publication *Ametlikud Teadaanded*.  
[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(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 or if a family physician or a substitute thereof has not been found by way of competition for a practice list whereto the person belongs, the Estonian Health Insurance Fund may, 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. If a practice list with the maximum number of persons provided for in clause 1 of subsection 41 of this section includes more than 800 persons not covered by health insurance, the Estonian Health Insurance Fund shall be entitled, on the basis of an application of a family physician, to appoint a person not covered by health insurance and whose residence according to the population register is not in the service area of the given family physician, to a practice list of another family physician. The Estonian Health Insurance Fund shall notify the person and family physician of the appointment of the person to a practice list in writing or in electronic form within seven working days after making the decision.  
[RT I, 21.06.2024, 2 - entry into force 01.07.2024]

(4<sup>6</sup>) The minister in charge of the policy sector 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 in charge of the policy sector shall proceed from the number of persons being the data subjects of the Estonian population register and considering the better organisation and availability of family physician care.  
[RT I, 17.11.2017, 1 – entry into force 01.01.2019]

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

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

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

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

[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

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

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

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

(6) A family physician shall ensure the accessibility and continuity of health services to persons entered in his or her practice list to the extent and pursuant to the procedure prescribed in the work instructions of family physicians and health care professionals working together with family physicians.  
[RT I 2009, 67, 461 – entry into force 01.01.2010]

(6<sup>1</sup>) The work instructions of family physicians and health care professionals working together with family physicians shall be established by a regulation of the minister in charge of the policy sector.  
[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 family physician care during evening and night hours and on days off.

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

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

(1) Substitution for a family physician is a situation in which a family physician, due to his or her temporary absence from work, does not personally and directly provide family physician 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. Upon substitution for a family physician the same principles and requirements shall be applied as when practicing as a family physician with a practice list, unless otherwise provided in this Act and in the legislation established on the basis thereof.

[RT I, 20.06.2022, 3 – entry into force 30.06.2022]

(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 family physician 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 family physician 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.

[RT I, 26.10.2018, 1 – entry into force 01.04.2022]

(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 one or many local authorities, city districts or rural municipality districts determined by the Health Board in which the family physician and health care professionals working together with the family physician ensure the provision of family physician care to persons in the practice list and make house calls if necessary. 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.

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(2) If the service area of a family physician includes an area of local governments of several counties, the accessibility of family physician care shall be ensured to the persons living in the service area as required. Upon determination of a service area, the Estonian Health Insurance Fund shall take into account the circumstances affecting the provision and accessibility of family physician 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, 20.06.2022, 3 – entry into force 01.07.2022]

### **§ 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 family physician 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 family physician 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]

(3) The family physician shall notify the persons entered in their practice list at least six months in advance of the change of their place of business, except for in case the change of the place of business is caused by circumstances independent of the family physician.  
[RT I, 20.06.2022, 3 – entry into force 30.06.2022]

#### **§ 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]

(1) The minister in charge of the policy sector shall establish the requirements for the facilities, installations and equipment of places of business of family physicians.

(2) In order to ensure the security of the network and information system used in the provision of family physician care, the family physician must comply with the requirements established in §§ 7 and 8 of the Cybersecurity Act and on the basis thereof.

[RT I, 22.05.2018, 1 – entry into force 01.01.2022]

#### **§ 11. Financing of family physician care**

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

[RT I, 20.06.2022, 3 – entry into force 30.06.2022]

(1<sup>1</sup>) The Estonian Health Insurance Fund shall determine the list of such practice lists comprised of less than 1200 persons and that are necessary for ensuring the accessibility of regional family physician care by approving the list with the minister in charge of the policy sector.

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(2) Persons not covered by health insurance shall pay for family physician care themselves.

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

Family physicians may practise as sole proprietors or through companies providing family physician care.

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

#### **§ 13. Specifications of companies providing family physician 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 family physician care may merge only with other companies providing family physician care.

(3) Companies providing family physician 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 family physician care may have no other area of activity besides the provision of family physician care, independent physiotherapy, speech therapy, psychological treatment, nursing and midwifery care and social services, and teaching and scientific research in health care, and granting the use of immovable property.

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

(2) A family physician entered in the commercial register as a sole proprietor may provide only family physician care, independent physiotherapy, speech therapy, psychological treatment, nursing and midwifery care and social services and engage in teaching and scientific research in health care and granting the use of immovable property under the business name entered in the commercial register.

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

(3) A provider of family physician care may, within his or her activity licence, provide radiology services to the extent of radiographs and ultrasound examinations, on the condition that the requirements established under subsection 2 of § 21 of this Act and, for the making of radiographs, also the requirements established under the Radiation Act are complied with.

[RT I, 01.02.2019, 2 – entry into force 11.02.2019]

## **§ 15. Partners and shareholders of companies providing family physician care**

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

- 1) family physicians providing health services through the company;
- 2) local government or local governments if the place of business of a company providing family physician care is located in at least one of their administrative territories.

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

(2) If a partner or shareholder specified in clause 1 of subsection 1 of this section has been deprived of the practice list of a 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 authority within three months as of the deprivation of the practice list of a 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, 20.06.2022, 3 – entry into force 01.07.2022]

(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 authority 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 Health Board.

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(4) In the case of the death of a partner or shareholder specified in clause 1 of subsection 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 authority 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 Health Board.

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

## **Subchapter 2<sup>1</sup> Health Centre**

[RT I, 21.06.2024, 2 - entry into force 01.07.2024]

### **§ 15<sup>1</sup>. Formation of health centre**

(1) A health centre is formed by the persons providing family physician care, midwifery care, physiotherapy and nursing, including home nursing service, jointly within the same infrastructure. A health centre may also be formed by one legal person who provides all the aforesaid services. Persons providing speech therapy or psychological treatment may also be among the persons forming a health centre.

(2) A place of business recorded on the activity licence of a provider of family physician care practising in a health centre which is different from the location of the health centre shall be deemed to be a part of the health centre.

(3) The types of health centres and the requirements for the types of health centres shall be established by a regulation of the minister in charge of the policy sector.

[RT I, 21.06.2024, 2 - entry into force 01.07.2024]

## **Subchapter 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.

### **§ 16<sup>1</sup>. Police and Border Guard Board's helicopter emergency medical service**

(1) The Police and Border Guard Board enables the helicopter emergency medical service for the transportation of medical devices, blood, organs, medicinal products, health care professionals, patients and other relevant persons if, without it, the regional hospital specified in the plan of the hospital network established under subsection 1 of § 55 of this Act is unable to provide or provide in time the necessary health service or the provision thereof would be significantly impaired. The emergency medical service performed with the helicopter in possession of the Police and Border Guard Board is deemed to be the performance of a state function.

(2) The Police and Border Guard Board's helicopter emergency medical service is funded by the Estonian Health Insurance Fund on the conditions and pursuant to the procedure provided for in the list of health services of the Estonian Health Insurance Fund concerning the payment for helicopter emergency medical services.  
[RT I, 20.03.2024, 1 - entry into force 21.03.2024]

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

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

(1<sup>1</sup>) Owners of ambulance crews are the providers of vital service specified in subsection 2 of § 36 of the Emergency Act.  
[RT I, 03.03.2017, 1 – entry into force 01.07.2017]

(1<sup>2</sup>) In order to ensure the security of the network and information system used upon the provision of emergency medical care, the owners of ambulance crews shall comply with the requirements established in §§ 7 and 8 of the Cybersecurity Act and on the basis thereof.  
[RT I, 22.05.2018, 1 – entry into force 23.05.2018]

(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, police authorities, the Defence Forces and the Health Board.  
[RT I, 20.06.2022, 2 – entry into force 01.01.2023]

(3) The minister in charge of the policy sector shall establish:

- 1) the number of ambulance crews financed on the basis of this Act;  
[RT I, 28.12.2017, 4– entry into force 01.01.2018]
- 2) [Repealed – RT I 2006, 56, 416 – entry into force 01.01.2007]
- 3) the work instructions of ambulance crews;
- 4) the requirements for the staff and equipment of ambulance crews, including ambulance cars and medical devices;
- 5) the co-operation of emergency medical staff and the procedure for mutual settlement with family physicians.
- 6) [Repealed – RT I 2006, 56, 416 – entry into force 01.01.2007]

(4) Emergency medical care is provided pursuant to the requirements provided for in this Act and other legislation and pursuant to the conditions agreed on in the administrative contract concluded based on subsection 1 of § 17<sup>2</sup> of this Act.  
[RT I, 28.12.2017, 4 – entry into force 01.01.2018]

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

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

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

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

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

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

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

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

(1) The Health Board shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) Emergency medical care shall be paid for from the Estonian Health Insurance Fund budget on the basis of a contract for financing emergency medical care entered into between the Estonian Health Insurance Fund and an owner of an ambulance crew.

[RT I, 28.12.2017, 4 – entry into force 01.01.2019]

(2) The procedure of payment for emergency medical care, the method for calculation of the payment to be made to an owner of an ambulance crew and the price of emergency medical care shall be established by a regulation of the minister in charge of the policy sector on the proposal of the supervisory board of the Estonian Health Insurance Fund.

[RT I, 28.12.2017, 4 – entry into force 01.01.2019]

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

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

## **Subchapter 4**

# Specialised Medical Care

## § 20. Definition of specialised medical care

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

(1<sup>1</sup>) Day care means out-patient health services the provision of which requires the short-term observation of a person's condition and after which the person leaves from the health care provider on the same day.  
[RT I, 11.06.2013, 2 – entry into force 21.06.2013]

(2) The list of specialties and additional competences of specialised medical care shall be established with a regulation of the minister in charge of the policy sector.  
[RT I, 30.12.2015, 2 – entry into force 01.03.2016]

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

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

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

## § 22. Hospital

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

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

(3) A company or foundation which operates a hospital may have no other area of activity besides the provision of specialised medical care, emergency medical care, and independent physiotherapy, speech therapy, psychological treatment, nursing and midwifery care and social services, teaching and scientific research in health care, maintaining a hospital pharmacy, manufacture of full blood and blood components and procurement and handling of cells, tissues and organs, and granting the use of immovable property.  
[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

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

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

(4<sup>2</sup>) In order to ensure the security of the network and information system upon the provision of in-patient specialised medical care, the owner of a regional hospital and central hospital of the hospital network established under subsection 1 of § 55 of this Act shall comply with the requirements established in §§ 7 and 8 of the Cybersecurity Act and on the basis thereof.  
[RT I, 22.05.2018, 1 – entry into force 23.05.2018]

(5) An owner of a hospital shall submit the functional development plan prepared on the basis of clause 3 of subsection 1 of § 56 of this Act and the budget of the hospital to the Ministry of Social Affairs. The minister in charge of the policy sector 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 the budget of the Estonian Health Insurance Fund in the state budget in the amounts in which the Estonian Health Insurance Fund has assumed the obligation to pay for it.  
[RT I, 20.06.2022, 3 – entry into force 30.06.2022]

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

## Subchapter 4<sup>1</sup> Physiotherapy

[RT I, 10.10.2022, 1 - entry into force 01.10.2023]

### **§ 23<sup>1</sup>. Physiotherapy**

Physiotherapy means out-patient or in-patient health services, which are provided by a physiotherapist together with a family physician or medical specialist, or independently.

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

### **§ 23<sup>2</sup>. Independent provision of physiotherapy for treatment purposes**

(1) Companies, foundations or sole proprietors which hold corresponding activity licences may independently provide physiotherapy for treatment purposes.

(2) Only out-patient physiotherapy is allowed to be provided independently.

(3) The conditions of and requirements for the independent provision of physiotherapy for treatment purposes shall be established by a regulation of the minister in charge of the policy sector.

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

### **§ 23<sup>3</sup>. Funding of independent physiotherapy**

(1) Independent physiotherapy provided for treatment purposes to persons covered by health insurance shall be paid for by the Estonian Health Insurance Fund pursuant to the procedure provided for in the Health Insurance Act.

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

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

## **Subchapter 4<sup>2</sup> Speech therapy**

[RT I, 10.10.2022, 1 - entry into force 01.10.2023]

### **§ 23<sup>4</sup>. Speech therapy**

Speech therapy means out-patient or in-patient health services, which are provided by a speech therapist together with a family physician or medical specialist, or independently.

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

### **§ 23<sup>5</sup>. Independent provision of speech therapy**

(1) Companies, foundations or sole proprietors which hold corresponding activity licences may independently provide speech therapy.

(2) Only out-patient speech therapy is allowed to be provided independently.

(3) The conditions of and requirements for the independent provision of speech therapy shall be established by a regulation of the minister in charge of the policy sector.

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

### **§ 23<sup>6</sup>. Funding of independent speech therapy**

(1) Independent speech therapy provided to persons covered by health insurance shall be paid for by the Estonian Health Insurance Fund pursuant to the procedure provided for in the Health Insurance Act.

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

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

## **Subchapter 4<sup>3</sup> Psychological treatment**

### **§ 23<sup>7</sup>. Psychological treatment**

Psychological treatment means out-patient or in-patient health services, which are provided by a clinical psychologist together with a family physician or medical specialist, or independently.  
[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

### **§ 23<sup>8</sup>. Independent provision of psychological treatment**

(1) Companies, foundations or sole proprietors which hold corresponding activity licences may independently provide psychological treatment.

(2) Only out-patient psychological treatment is allowed to be provided independently.

(3) The conditions of and requirements for the independent provision of psychological treatment shall be established by a regulation of the minister in charge of the policy sector.  
[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

### **§ 23<sup>9</sup>. Funding of independent psychological treatment**

(1) Independent psychological treatment provided to persons covered by health insurance shall be paid for by the Estonian Health Insurance Fund pursuant to the procedure provided for in the Health Insurance Act.

(2) Persons not covered by health insurance shall pay for independent psychological treatment themselves.  
[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

## **Subchapter 5 Nursing**

### **§ 24. Definition of nursing**

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

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

(2) The minister in charge of the policy sector shall establish the list of nursing specialties.

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

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

(1<sup>1</sup>) The restriction on the legal form of the provision of nursing specified in subsection 1 of this section does not apply to the providers of social services specified in § 100 of the Social Welfare Act and to the institutions providing 24-hour social services specified in § 20 of the Social Welfare Act in case of provision of home nursing service specified in the regulation established under subsection 3 of § 25 of this Act.  
[RT I, 30.12.2015, 5 – entry into force 01.01.2016]

(2) The requirements for the facilities, installations, equipment, instruments and medicinal products necessary for the independent provision of out-patient nursing shall be established by a regulation of the minister in charge of the policy sector.  
[RT I, 11.06.2013, 2 – entry into force 01.01.2014]

(3) The list of out-patient nursing services which are permitted to be provided independently and the operations being part thereof as well as the conditions of provision of nursing services shall be established by a regulation of the minister in charge of the policy sector.  
[RT I, 30.12.2015, 2 – entry into force 09.01.2016]

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

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

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

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

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

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

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

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

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

[RT I, 20.06.2022, 3 – entry into force 30.06.2022]

(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]

## **Subchapter 6 Midwifery Care**

[RT I, 20.06.2022, 3 - entry into force 30.06.2022 - Subchapter number 5<sup>1</sup> amended into number 6]

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

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

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

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

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

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

(3) The list of midwifery services which are permitted to be provided independently and the operations being part thereof as well as the conditions of and procedure for obstetrical home care shall be established by a regulation of the minister in charge of the policy sector.

[RT I, 15.04.2014, 2 – entry into force 01.08.2014]

(4) The requirements for the facilities, installations, equipment, instruments and medicinal products necessary for the independent provision of midwifery care shall be established by a regulation of the minister in charge of the policy sector.

[RT I, 15.04.2014, 2 – entry into force 01.08.2014]

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

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

[RT I, 20.06.2022, 3 – entry into force 30.06.2022]

(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

## Subchapter 1 Health Administration Information System

[RT I, 20.06.2022, 63 - entry into force 27.06.2022]

### § 26<sup>4</sup>. Health administration information system

(1) The purpose of the health administration information system is to:

- 1) register health care professionals, pharmacists and assistant pharmacists to ensure the provision of health services and pharmacy service by persons with the required qualification and with the objective of protecting the health of the recipients of the service;
- 2) maintain records on sole proprietors and legal persons having received an activity licence to ensure an efficient official control;
- 3) ensure the necessary data for performing the functions of management and organisation of the field of health care;
- 4) ensure supervision;
- 5) process necessary data for the preparation of health statistics and health policy.

(2) The health administration information system shall be founded and the statutes thereof shall be established by a regulation of the minister in charge of the policy sector, setting out:

- 1) the processor of the information system if a processor has been determined and the functions of processors;
- 2) the specific composition of data collected into the information system and the procedure for entry thereof in the information system;
- 3) the specific procedure of access to and issue of data and the composition of open data;
- 4) the list of persons submitting data and the data received therefrom;
- 5) financing of the information system;
- 6) other organisational issues.

(3) The following data shall be processed in the health administration information system:

- 1) biographical data of health care professionals, persons participating in the provision of health services, pharmacists and assistant pharmacists;
- 2) information certifying the qualifications of health care professionals, pharmacists and assistant pharmacists;
- 3) information concerning the place of employment of health care professionals, persons participating in the provision of health services, pharmacists and assistant pharmacists;
- 4) registration process data of health care professionals, pharmacists and assistant pharmacists;
- 5) data on the activity licence of a health care provider and the processing thereof;
- 6) general data on the economic activity of a health care provider;
- 7) information system logs.

(4) Data shall be preserved in the health administration information system as follows:

- 1) data on health care professionals, persons participating in the provision of health service, pharmacists and assistant pharmacists for up to 30 years after a person's death;
- 2) data on health care providers for 30 years after expiry of the activity licence or termination of economic activity;
- 3) logs and source data according to the provisions of the statutes of the information system but not longer than for 30 years after acceptance of the data in the information system.

(5) The specific procedure for maintenance, preservation, archival processing and deletion of data shall be provided for in the statutes of the health administration information system established under subsection 2 of this section.

(6) The controller of the health administration information system is the Health Board.

(7) The holder of an activity licence for the provision of health service shall be required to notify the Health Board of the change of data related to the activity licence and of the persons specified in subsection 2<sup>1</sup> of § 59<sup>3</sup> of this Act. The alteration of data is ensured by electronic means. The specific procedure for the submission of data shall be provided for in the statutes of the health administration information system established under subsection 2 of this section.

(8) The provisions of the General Part of the Economic Activities Code Act shall be applied to the health administration information system, taking account of the specifications provided for in this Act.

(9) The Health Board shall publish the data on the qualification and activity licence of health care professionals registered in the health administration information system for public use to an extent provided for in the statutes of the health administration information system established under subsection 2 of this section.

(10) The data registered in the health administration information system shall have legal effect to the extent provided for in this Act and in the Medicinal Products Act.  
[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

## **Subchapter 1<sup>1</sup>**

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

[RT I, 20.06.2022, 63 - entry into force 27.06.2022 - Subchapter number 1 amended into number 1<sup>1</sup>]

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

(1) Health care professionals are registered in the health administration information system. Registration grants a health care professional the right to provide health services within the limits of the profession or specialty based on which they have been registered.

[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

(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**

[Repealed – RT I, 20.06.2022, 63 – entry into force 27.06.2022]

#### **§ 28. Registration proceedings**

(1) A person applying for registration shall submit to the Health Board a registration application and a copy of a document certifying their qualifications if the data certifying the person's qualification are not contained in the Estonian education information system, and the data on the European professional card upon the existence thereof.

[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

(1<sup>1</sup>) State fee shall be paid for the review of a registration application pursuant to the rate provided for in the State Fees Act.

[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

(2) The minister in charge of the policy sector shall establish the list of information to be submitted in registration applications.

(3) The minister in charge of the policy sector shall establish a list of the documents certifying qualifications which are the bases for the registration of health care professionals.

(4) Upon receipt of a registration application the Health Board shall verify the data on the person's qualifications from the Estonian education information system. If the data on the person's qualifications have been entered in the Estonian education information system and the person has paid state fee for the review of registration application, the person shall be automatically registered in the health administration information system as a health care professional, except for in the case provided for in subsection 9 of § 28 of this Act.

[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

(4<sup>1</sup>) In case of missing or incomplete data in the Estonian education information system, the applicant for registration shall also submit to the Health Board a copy of a document certifying qualifications. 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 document, except in the cases specified in subsections 1<sup>1</sup> of § 29 and subsection 2 of § 30 of this Act.

[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

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

1) he or she knowingly submits false information or

2) he or she has been deprived of the right to work in the profession or speciality specified in the application for registration.

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

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

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

(8) [Repealed – RT I, 20.06.2022, 63 – entry into force 27.06.2022]

(9) A person having acquired the qualification of a doctor, dentist, nurse or midwife in Estonia, who submits a registration application more than five years after acquiring the qualification shall pass a theory examination and practice examination of health care professionals, pay up to 1000 euros for it, and submit a document certifying the results of the examination to the Health Board.

[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

(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, pay up to 1000 euros for it, and submit a document certifying the results of the examination to the Health Board.

[RT I, 21.12.2018, 2 – entry into force 01.01.2019]

(11) The procedure of preparation, organisation and assessment of the theory examination and practice examination of health care professionals specified in subsections 9 and 10 of this section as well as the size of the fee shall be established by a regulation of the minister in charge of the policy sector.

[RT I, 21.12.2018, 2 – entry into force 01.01.2019]

### **§ 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 1–2 and 5–6 of § 28 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 1 of § 28 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 3 of § 29 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 2 of § 20 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 in charge of the policy sector.

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

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

21<sup>5</sup> of the Recognition of Foreign Professional Qualifications Act shall be applied to the application for and proceeding the applications for the European professional card.  
[RT I, 30.12.2015, 1 – entry into force 18.01.2016]

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

(1) Subsections 1–2 and 5–6 of § 28 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 1 of § 28 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 within three months after the submission of documents specified in subsection 1 of § 28 of this Act, and make a registration decision within one month after the person applying for registration has passed the compliance examination.  
[RT I, 21.12.2018, 2 – entry into force 01.09.2019]

(2<sup>1</sup>) The procedure for comparing the qualifications acquired in a foreign state with the qualifications required in Estonia shall be established by a regulation of the minister in charge of the policy sector.  
[RT I, 21.12.2018, 2 – entry into force 01.09.2019]

(3) In order to assess the compliance of professional qualifications with the requirements, the person having acquired qualifications in a foreign state that has not been specified in § 29 of this Act shall pass a compliance examination for the assessment of which the person shall pay to the University of Tartu, Tallinn Health Care College or Tartu Health Care College (hereinafter the two latter together *health care college*) not more than 1000 euros. The amount of fee for the assessment of a compliance examination shall be determined with a regulation established under subsection 3<sup>7</sup> of this section.

(3<sup>1</sup>) A compliance examination shall be organised by the University of Tartu or health care college and it is comprised of work practice and theory examination. A compliance examination shall be taken in Estonian.  
[RT I, 21.12.2018, 2 – entry into force 01.09.2019]

(3<sup>2</sup>) The University of Tartu or health care college shall send a person to a work practice at a residency teaching hospital of the University of Tartu or at a practice base of the health care college. The fee of a person sent to a work practice during practice, the organisation expenses of the University of Tartu or health care college and the fee for supervising work practice shall be covered from the state budget through the budget of the Ministry of Social Affairs, except where the person applies to be registered as a dentist. The person sent to a work practice must be registered during the work practice in the health administration information system.  
[RT I, 21.06.2024, 2 - entry into force 01.07.2024]

(3<sup>3</sup>) The duration of work practice shall be one up to six months. Work practice may be extended for up to one year at the request of a supervisor.  
[RT I, 21.12.2018, 2 – entry into force 01.09.2019]

(3<sup>4</sup>) The University of Tartu or health care college shall organise a theory examination for the persons having passed the practice within 12 months after termination of the work practice. If a person fails to pass the work practice for the first time, he or she may, after six months, submit a new application for the assessment of compliance of qualifications with the requirements.  
[RT I, 21.12.2018, 2 – entry into force 01.09.2019]

(3<sup>5</sup>) If a person fails to pass the work practice for the second time, the Health Board shall have the right to request additional documents from the person concerning the compliance with the requirements and refuse from the assessment of qualification in a justified case.  
[RT I, 21.12.2018, 2 – entry into force 01.09.2019]

(3<sup>6</sup>) If a person fails to pass the theory examination for the first time, he or she shall be able to take the examination for the second time after six up to twelve months. If a person fails to pass the theory examination for the second time, he or she may submit a new application for the assessment of compliance of qualifications with the requirements.

[RT I, 21.12.2018, 2 – entry into force 01.09.2019]

(3<sup>7</sup>) The procedure for preparation, organisation and assessment of a compliance examination for a person having acquired professional qualifications in a foreign state as well as the amount of the fee shall be established by a regulation of the minister in charge of the policy sector.

[RT I, 21.12.2018, 2 – entry into force 01.09.2019]

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

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

(5) In the case specified in subsection 1<sup>1</sup> of this section if an European professional card has been taken into use with the Commission Implementing Regulation in the profession of a health care professional based on Article 4a (7) of Directive 2005/36/EC of the European Parliament and of the Council and the competent authority of a Member State of the European Economic Area or Switzerland has forwarded an application to the competent authority of Estonia for a person to work in Estonia, §§ 21<sup>1</sup>, 21<sup>4</sup> and 21<sup>5</sup> of the Recognition of Foreign Professional Qualifications Act shall be applied to the application for and proceeding the applications for the European professional card.

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

### **§ 31. Certificate**

(1) Certificates concerning registration in the health administration information system shall be issued to health care professionals upon their request.

(2) State fee shall be paid for the issue of registration certificate pursuant to the rate provided for in the State Fees Act.

[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

### **§ 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) [Repealed – RT I, 20.06.2022, 63 – entry into force 27.06.2022]
- 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) State fee shall be paid for the review of an application for the recognition of professional qualifications pursuant to the rate provided for in the State Fees Act.

[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

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

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

(6) In the case of loss, theft or destruction of a certificate of recognition of professional qualifications, a duplicate of the certificate shall be issued to the person on the basis of his or her application.

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

(7) If an European professional card has been taken into use with the Commission Implementing Regulation in the profession of a health care professional based on Article 4a (7) of Directive 2005/36/EC of the European Parliament and of the Council and the person applying for registration applies for the issue of the European professional card for working outside the Republic of Estonia, §§ 211, 21<sup>4</sup> and 215 of the Recognition of Foreign Professional Qualifications Act shall be applied to the application for and processing of the applications for the European professional card.

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

### **§ 32. Revocation of registration**

[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

The Health Board shall revoke the registration of a health care professional in the health administration information system after the death of a health care professional.

[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

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

(1) The Health Board may suspend the registration of a health care professional in the health administration information system for up to one year if the health care professional has failed to comply with the precept.

(2) The Health Board shall suspend the registration of a health care professional in the health administration information system for up to three years if the health care professional has been disqualified with a court judgment from the professional or vocational practice specified in the document certifying qualifications or in the information system.

[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

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

The Health Board applies the alert mechanism pursuant to the procedure provided for in Chapter 32 of the Recognition of Foreign Professional Qualifications Act.

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

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

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

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

## **Subchapter 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 Estonian Health Insurance Fund shall conduct a public competition pursuant to the procedure established by the minister in charge of the policy sector.

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(1<sup>1</sup>) A competition shall be conducted for granting the right to compile a new practice list or organising the provision of family physician 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 Estonian Health Insurance Fund:

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

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

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

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

(3) In the event there is a practice list not approved on the basis of a public competition, a family physician with a practice list shall have the right, within one year after the public competition, to apply from the Estonian Health Insurance Fund, 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 family physician 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, 20.06.2022, 3 – entry into force 01.07.2022]

(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 family physician 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 Estonian Health Insurance Fund also in a case unspecified in subsection 3 of this section if the principles provided for in clauses 2–5 of subsection 4 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 family physician 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, 20.06.2022, 3 – entry into force 01.07.2022]

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

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

- 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 family physician 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 Estonian Health Insurance Fund 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, 20.06.2022, 3 – entry into force 01.07.2022]

### **§ 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 family physician care or through companies holding an activity licence for the provision of family physician 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 Estonian Health Insurance Fund.

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

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

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(4) The Estonian Health Insurance Fund shall decide not to grant an application for transfer of part of a practice list if:

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

- 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 family physician 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 family physician 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 Estonian Health Insurance Fund;  
[RT I, 20.06.2022, 3 – entry into force 01.07.2022]
- 4) applicant for transfer of part of a practice list refuses to comply with the requirement of the Estonian Health Insurance Fund provided for in subsection 7 of § 34 of this Act;  
[RT I, 20.06.2022, 3 – entry into force 01.07.2022];
- 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 family physician care the Estonian Health Insurance Fund may assign an additional service area to a family physician.  
[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(6) The Estonian Health Insurance Fund shall communicate the decision specified in subsections 2–5 of this section to the family physician, local authority of the service area of the family physician and the Health Board within five working days as of making the decision.  
[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(7) The family physician shall commence the provision of family physician care on the date determined in the decision specified in subsection 2 of this section.  
[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(8) The Estonian Health Insurance Fund may approve a practice list for a resident physician studying in family medicine residency on the condition that by the time of commencing practice as a family physician with a practice list, they have specified family physician as their specialty in the register of the Health Board.  
[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(9) On the grounds of better organisation and accessibility of family physician care the Estonian Health Insurance Fund may add a practice list without a family physician to a practice list of a family physician if as a result of adding the practice lists the number of persons on the practice list is less than the maximum level of the practice list. If there are more than 2000 persons on the new practice list, the consent of the family physician shall be required.  
[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

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

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

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

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

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

3) a digitally signed notice concerning the legal form of practicing as a family physician and providing family physician care or a change thereof.

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

4) [Repealed – RT I, 20.06.2022, 3 – entry into force 01.07.2022]

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

(4) A family physician is required to submit to the Estonian Health Insurance Fund the application specified in clause 1 of subsection 1 of § 37 but at least six month before withdrawing from the employment of a family physician with a practice list.

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

### **§ 37. Deprivation of family physician of practice list**

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(1) The Estonian Health Insurance Fund shall deprive a family physician of the practice list if:

1) so requested by the family physician himself or herself;

2) a prohibition to practice in the specialty of a family physician has been applied to a family physician by a court judgment;

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

- 4) long-term substitution of the family physician lasts longer than the period established in subsection 7 of § 8<sup>1</sup> of this Act;
- 5) the family physician is declared to be missing;
- 6) the family physician dies or he or she is declared dead.

(2) The Health Board shall deprive a family physician of the practice list if:

- 1) the family physician has failed to start the provision of family physician care on the date determined in the decision specified in subsection 2 of § 35 of this Act or has discontinued the provision of family physician care for more than 60 calendar days;
- 2) the quality of the provided health services is not in compliance with the requirements established pursuant to clause 7 of subsection 1 of § 56 of this Act;
- 3) the family physician does not comply with the requirements prescribed in the work instructions established under subsection 6<sup>1</sup> of § 8 of this Act upon ensuring the accessibility and continuity of health services to persons entered in his or her practice list;
- 4) the family physician or a health care professional working together with him or her materially violates personal data processing requirements;
- 5) 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 family physician care by a family physician with an approved practice list is not ensured.

(3) Before making a decision on the basis provided for in subsection 2 of this section, the Health Board may issue a precept to the family physician.

(4) If the Estonian Health Insurance Fund has approved the practice list of a family physician on the basis of subsection 2 of § 35 of this Act and the Health Board makes a decision to deprive a family physician of the practice list on the basis of subsection 2 of this section, the rights and obligations arising from the decision of the Estonian Health Insurance Fund shall be deemed to be terminated after the decision of the Health Board enters into force.

(5) A family physician shall be notified of a decision made on the basis provided for in clauses 1–4 of subsection 1 of this section and in subsection 2 within five working days after making the decision. A decision on the deprivation of a practice list from a family physician shall be published in the official publication *Ametlikud Teadaanded*.

(6) The Estonian Health Insurance Fund shall immediately notify the Health Board of a decision made on the basis of subsection 1 of this section. The Health Board shall immediately notify the Estonian Health Insurance Fund of a decision made on the basis of subsection 2 of this section.  
[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

### **§ 38. Procedures upon deprivation of family physician of practice list**

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(1) Upon deprivation of a family physician of the practice list, the Estonian Health Insurance Fund shall organise the servicing of persons entered in the practice list of the family physician and the servicing of the service area until approval of the practice list to a new family physician.  
[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(1<sup>1</sup>) Upon deprivation of a family physician of the practice list in the cases provided for in subsection 1 or 2 of § 37 of this Act, the holder of an activity licence for the provision of family physician care through which the family physician operated, shall be required to preserve the documents concerning the practice list and to deliver them to the sole proprietor or company through which the provision of family physician care to the persons entered in the list is continued, or in case lack thereof, to the Estonian Health Insurance Fund pursuant to the procedure provided for in subsection 2 of this section.  
[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(2) The procedure for delivery of documents concerning the family physician's practice list shall be established by a regulation of the minister in charge of the policy sector.  
[RT I, 21.02.2017, 2 – entry into force 03.03.2017]

(3) If the family physician was the sole shareholder of the company providing family physician care or a sole proprietor and the family physician has been deprived of the practice list in the case provided for in clauses 5 or 6 of subsection 1 of § 37 of this Act, the Estonian Health Insurance Fund shall organise the preservation and delivery of documents concerning the practice list to the sole proprietor or company through which the provision of family physician care to the persons entered in the list is continued.  
[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(4) The sole proprietor or company through which the provision of family physician care to the persons entered in the list is continued shall be required to accept the documents concerning the practice list from the holder of

an activity licence for the provision of family physician care or from the Estonian Health Insurance Fund in the cases provided for in subsections 1<sup>1</sup> and 3 of this section.

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

### **§ 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.

## **Subchapter 3 Activity Licence**

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

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

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

- 1) the provision of family physician care on the basis of a practice list of a family physician;
- 2) the provision of emergency medical care;
- 3) the provision of specialised medical care;
- 3) the independent provision of nursing;
- 4) the independent provision of midwifery care;
- 6) the independent provision of physiotherapy for treatment purposes;

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

- 7) the independent provision of speech therapy;

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

- 8) the independent provision of psychological treatment.

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

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

[RT I, 13.03.2014, 2 – entry into force 01.01.2019]

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

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

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

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

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

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

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

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

- 1) in order to provide health services in the Defence Forces or in the case of application for a licence for the provision of emergency medical care in the Defence Forces, the location and statutes of the structural unit of the Defence Forces and the name of its superior government agency;
- 2) the list of health services for the provision of which the activity licence is being applied for;
- 3) upon application for an activity licence, the written consents of the health care professionals to commence work at the health care provider which applies for the activity licence except in case of application for a licence for the provision of family physician care on the basis of a practice list of a family physician;
- 4) upon application for a licence for the provision of emergency medical care by a state rescue service agency, the seat of the agency, the number of registration in the state register of state and local government agencies, the statutes and the name of its superior government agency;
- 5) upon application for a licence for the provision of emergency medical care, the number, staff and equipment of ambulance crews being applied for;
- 6) upon application for a licence for the provision of specialised in-patient care, the type of hospital being applied for;

6<sup>1</sup>) upon application for a licence for the provision of nurse's appointment service specified in the regulation established on the basis of subsection 3 of § 25 of this Act in the framework of independent provision of nursing care, the documents certifying the competence of a nurse;

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

6<sup>2</sup>) upon application for a licence for the provision of nurse's appointment service specified in the regulation established on the basis of subsection 3 of § 25 of this Act in the framework of independent provision of nursing care, the name, personal identification code and contact data of the consulting physician if the company, foundation or sole proprietor itself does not have the activity licence of specialised medical care;

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

7) upon application for a licence for the provision of independent in-patient nursing, the name, personal identification code and contact data of the consulting physician;

7<sup>1</sup>) upon application for a licence for the provision of obstetrical home care specified in the regulation established on the basis of subsection 3 of § 26<sup>2</sup> of this Act in the framework of independent provision of midwifery care, the documents certifying the competence of a midwife;

[RT I, 15.04.2014, 2 – entry into force 01.08.2014]

7<sup>2</sup>) in case of independent provision of physiotherapy for treatment purposes, the documents certifying the competence of a physiotherapist;

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

7<sup>3</sup>) in case of independent provision of speech therapy, the documents certifying the competence of a speech therapist;

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

7<sup>4</sup>) in case of independent provision of psychological treatment, the documents certifying the competence of a clinical psychologist;

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

8) the part of the plan pertaining to the medical technology of facilities which contains information on the facilities, installations and equipment;

9) [Repealed – RT I, 13.03.2019, 2 – entry into force 15.03.2019]

10) information concerning compliance with the requirements set for data exchange with the Health Information System.

[RT I, 11.06.2013, 2 – entry into force 01.07.2014 (entry into force changed – RT I, 22.12.2013, 1)]

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

An activity licence shall be granted if:

1) the facilities, installations and equipment for the provision of family physician care on the basis of a practice list of a family physician comply with the requirements established for the place of business of a family physician on the basis of this Act;

2) the staff, facilities, installations and equipment necessary for the provision of specialised medical care comply with the requirements established on the basis of this Act;

3) the staff and equipment of ambulance crew for the provision of emergency medical care comply with the requirements established on the basis of this Act;

4) the facilities, installations, equipment, instruments and medicinal products and the competence of a midwife comply with the requirements established on the basis of this Act;

[RT I, 15.04.2014, 2 – entry into force 01.08.2014]

5) the staff, facilities, installations, equipment, instruments and medicinal products, and the competence of a nurse necessary for the independent provision of nursing comply with the requirements established on the basis of this Act;

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

5<sup>1</sup>) the conditions of and requirements for the independent provision of physiotherapy for treatment purposes have been complied with and the competence of a physiotherapist complies with the requirements established under this Act;

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

5<sup>2</sup>) the conditions of and requirements for the independent provision of speech therapy have been complied with and the competence of a speech therapist complies with the requirements established under this Act;

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

5<sup>3</sup>) the conditions of and requirements for the independent provision of psychological treatment have been complied with and the competence of a clinical psychologist complies with the requirements established under this Act;

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

6) the information technology readiness of the applicant complies with the requirements set for data exchange with the Health Information System.

[RT I, 11.06.2013, 2 – entry into force 01.07.2014 (entry into force changed – RT I, 22.12.2013, 1)]

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

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

1) the health services for the provision of which an activity licence has been issued;

2) the type of organ allowed to be transplanted if the activity licence for the provision of specialised medical care has been issued for the transplantation of an organ.

[RT I, 26.02.2015, 1 – entry into force 01.03.2015]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[Repealed – RT I, 20.06.2022, 63 – entry into force 27.06.2022]

#### **§ 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 41 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 in charge of the policy sector 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 in charge of the policy sector.

(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 in charge of the policy sector.

[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 § 5 of the Health Insurance Act, including the prescription and issue of medicinal products subject to medicinal prescription and medical devices 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.

[RT I, 15.12.2023, 3 – entry into force 25.12.2023]

(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 in charge of the policy sector 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 in charge of the policy sector.  
[RT I, 29.11.2013, 1 – entry into force 09.12.2013]

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

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

(2) Upon dispensing of medicinal products subject to medicinal prescription, the provider of pharmacy services shall notify the recipient of the medicinal product of the circumstances specified in subsection 5 of § 33 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 an administrative contract 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 in charge of the policy sector.

(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 3<sup>2</sup>** **CROSS-BORDER HEALTH** **RECORD EXCHANGE PLATFORM**

[RT I, 10.11.2018, 1 - entry into force 11.11.2018]

## **§ 50<sup>7</sup>. Cross-border health record exchange platform**

(1) Cross-border health record exchange platform (hereinafter record exchange platform) is a digital environment for mediation of a patient's medical summary and the electronic prescription specified in subsection 1<sup>1</sup> of § 33 of the Medicinal Products Act between Estonia and another Member State of the European Union, member state of the European Economic Area and Switzerland if the latter has joined the record exchange platform.

(2) For the purposes of this chapter, patient's medical summary means a summary of the person's state of health composed on the basis of the person's data in the health information system.

[RT I, 10.11.2018, 1 – entry into force 11.11.2018]

## **§ 50<sup>8</sup>. Data processed via record exchange platform**

(1) The following data relating a patient's medical summary shall be processed via the record exchange platform:

- 1) patient's general personal data;
- 2) data on the health care provider;
- 3) patient's health record;
- 4) other important data relating to the person's state of health.

(2) The following data relating to an electronic prescription specified in subsection 1<sup>1</sup> of § 33 of the Medicinal Products Act shall be processed via the record exchange platform:

- 1) patient's general personal data;
- 2) data on the prescribed medicinal product;
- 3) data on the issuer of prescription;
- 4) data on the pharmacy purchase price of a medicinal product.

(3) The record exchange platform processes the data of the following databases:

- 1) health administration information system;

[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

- 2) population register;
- 3) register of activity licences of the State Agency of Medicines;
- 4) register of medicinal products;
- 5) digital prescription centre;
- 6) health information system;
- 7) [Repealed – RT I, 20.06.2022, 63 – entry into force 27.06.2022]
- 8) [Repealed – RT I, 20.06.2022, 63 – entry into force 27.06.2022]

(4) The specific composition of data processed via the record exchange platform, organisation of data exchange and the term for preservation of logs shall be established by a regulation of the minister in charge of the policy sector.

[RT I, 10.11.2018, 1 – entry into force 11.11.2018]

### **§ 50<sup>9</sup>. Administration of record exchange platform and access thereto**

(1) Functioning of the record exchange platform shall be ensured by the Ministry of Social Affairs.

(2) In case of data transmitted by a foreign state, access to the record exchange platform shall be ensured for the health care professionals specified in § 3 of this Act according to his or her competence. Access of a person of a foreign state to the record exchange platform shall be ensured in compliance with the laws of such foreign state.

(3) A patient shall have the right, via the health information system, to forbid the transmission of data specified in this chapter to a foreign state specified in subsection 1 of § 50<sup>7</sup> of this Act.

[RT I, 10.11.2018, 1 – entry into force 11.11.2018]

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

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

(1) Health care shall be financed:

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

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

- 1) proportion of social tax corresponding to the rate specified in subsection 3 of § 7 and subsection 2 of § 10 of the Social Tax Act;
- 2) state budget allocation which is calculated based on the amount of state pension of non-working pensioners to which an allocation rate equal to the proportion of social tax transferred into the state health insurance funds provided for in subsection 2 of § 10 of the Social Tax Act shall be applied. The amount of state pension of non-working pensioners is composed of the recipients of state pension with no work relationship according to the data of the employment register;
- 3) other sources provided for in § 52 of this Act.

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

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

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

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

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

- 1) [Repealed – RT I, 28.12.2017, 4 – entry into force 01.01.2019]
  - 2) the formation, maintenance and renewal of health care stockpile belonging into the state's operation stockpile provided for in subsection 1 of § 18<sup>1</sup> of the Emergency Act and the formation, maintenance and renewal of state's health care stockpile provided for in subsection 4 of § 5 of the National Defence Act;
- [RT I, 18.06.2021, 1 – entry into force 28.06.2021]

2<sup>1</sup>) payment of benefits through the Estonian Health Insurance Fund to persons on more favourable conditions than provided for in the Health Insurance Act based on the regulation of the Government of the Republic during an emergency situation, state of emergency or state of war in order to prevent and alleviate the difficulties in coping resulting from an emergency situation, state of emergency or state of war within the amount prescribed for in the state budget;

[RT I, 21.04.2020, 1 – entry into force 01.05.2020, applied retroactively as of 12 March 2020]

2<sup>2</sup>) payment for services under special conditions through the Estonian Health Insurance Fund to health care providers or owners of ambulance crews based on the regulation of the Government of the Republic during an emergency situation, state of emergency or state of war in order to ensure the quality of and access to health services within the amount prescribed for in the state budget;

[RT I, 21.04.2020, 1 – entry into force 01.05.2020, applied retroactively as of 12 March 2020]

2<sup>3</sup>) payment for services through the Estonian Health Insurance Fund to health care providers or owners of ambulance crews, within the amount prescribed for in the state budget, under the conditions and pursuant to the procedure established on the basis of subsection 1<sup>3</sup> of this section resulting from the spread of virus causing COVID-19;

[RT I, 21.04.2021, 1 – entry into force 01.05.2021]

2<sup>4</sup>) payment for services through the Estonian Health Insurance Fund to health care providers or owners of ambulance crews, within the amount prescribed for in the state budget, under the conditions and pursuant to the procedure established on the basis of subsection 1<sup>3</sup> of this section resulting from an emergency or for the treatment of persons wounded in a war;

[RT I, 07.06.2022, 1 – entry into force 17.06.2022]

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 plan of the hospital network approved by the Government of the Republic;

[RT I, 13.03.2014, 2 – entry into force 01.01.2019]

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

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

7<sup>1</sup>) [Repealed – RT I, 28.12.2017, 4 – entry into force 01.01.2019]

8) [Repealed – RT I, 21.12.2018, 1 – entry into force 01.01.2019]

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

10) depreciation of the buildings of health care providers;

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

11) [Repealed – RT I, 13.03.2019, 2 – entry into force 15.03.2019]

12) [Repealed – RT I, 10.10.2022, 1 – entry into force 11.10.2022]

(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]

(1<sup>2</sup>) The benefits and payment for services related to an emergency situation, state of emergency or state of war may be applied until the need therefor ceases to exist but longer than 60 calendar days after the termination of an emergency situation, state of emergency or state of war.

[RT I, 21.04.2020, 1 – entry into force 01.05.2020, applied retroactively as of 12 March 2020]

(1<sup>3</sup>) The Government of the Republic may establish, by a regulation, the conditions and procedure for payment of benefits and for the services specified in clauses 2<sup>1</sup>–2<sup>4</sup> of subsection 1 of this section.

[RT I, 07.06.2022, 1 – entry into force 17.06.2022]

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

1) [Repealed - RT I, 07.03.2023, 4 - entry into force 01.07.2024]

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

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

3) forensic medical examinations;

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

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

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

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

2) the assessment of the state of health of persons liable to service in the Defence Forces, and persons wishing to assume the obligation to serve in the Defence Forces on the basis of the Defence Forces Service Act and

the assessment of the state of health of a member of the Defence League who has been injured upon the performance of service duties on the basis of the Defence League Act;

[RT I, 27.01.2023, 1 – entry into force 01.04.2023]

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

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

4) [Repealed – RT I, 27.01.2023, 1 – entry into force 01.04.2023]

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

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

(2<sup>2</sup>) [Repealed – RT I, 27.01.2023, 1 – entry into force 01.04.2023]

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

[RT I, 20.06.2022, 3 – entry into force 30.06.2022]

(3<sup>1</sup>) The provision of health services to persons detained in a prison or detention house, including dental care provided on site in prison, medicinal products, medical devices and other costs related with the provision of health services shall be funded from the state budget through the Estonian Health Insurance Fund on the basis of subsection 1<sup>1</sup> of § 52 of the Imprisonment Act and on the bases, conditions and pursuant to the procedure provided for in the list of health services of the Estonian Health Insurance Fund.

[RT I, 21.06.2024, 2 - entry into force 01.07.2024]

(3<sup>2</sup>) The medical examination of persons to be expelled and the provision of health services thereto shall be funded from the state budget through the Estonian Health Insurance Fund to the extent and pursuant to the procedure provided for in subsection 7 of § 26<sup>9</sup> of the Obligation to Leave and Prohibition on Entry Act.

[RT I, 07.03.2023, 4 - entry into force 01.07.2024]

(3<sup>3</sup>) The medical examination of detained applicants for international protection and the provision of health services thereto shall be funded from the state budget through the Estonian Health Insurance Fund to the extent and pursuant to the procedure provided for in subsection 8 of § 11 of the Act on Granting International Protection to Aliens.

[RT I, 07.03.2023, 4 - entry into force 01.07.2024]

(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 4 of subsection 2 of this section.

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

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

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

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

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

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

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

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

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

# Chapter 4<sup>1</sup>

## BEGINNER'S ALLOWANCE

[RT I, 15.12.2023, 1 - entry into force 30.06.2024]

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

[RT I, 15.12.2023, 1 - entry into force 30.06.2024]

(1) Beginner's allowance is a lump-sum allowance paid to a person who commences work as a medical specialist or a nurse.

[RT I, 15.12.2023, 1 - entry into force 30.06.2024]

(2) Beginner's allowance may be applied for within one year after commencing work or practice in the acquired speciality by a physician who complies with the requirements provided for in subsection 3 or 4 of this section and in the regulation established under subsection 7 of § 54<sup>2</sup> of this Act.

[RT I, 20.06.2022, 3 – entry into force 30.06.2022]

(3) A medical specialist except for a physician having acquired the speciality of family medicine may apply for the beginner's allowance if they commence work as a medical specialist in the acquired speciality:

1) at one or many hospital(s) specified in the plan of the hospital network established under subsection 1 of § 55 of this Act;

2) with the work load of at least thirty hours a week at a place of work or places of work outside Tallinn or Tartu City.

[RT I, 20.06.2022, 3 – entry into force 30.06.2022]

(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]

(5) Beginner's allowance may be applied for by a nurse who:

1) has been registered as a nurse in the health administration information system for more than five years;

2) has not worked as a nurse for at least five years before the commencement of work in the location specified in clause 3 of this section;

3) commences work as a nurse with a work load of at least 30 hours a week at one or many hospital(s) specified in the plan of the hospital network established under subsection 1 of § 55 of this Act or with one or many health care providers who provide family physician care outside Tallinn City, Tartu City or the local governments immediately adjacent thereto;

[RT I, 21.06.2024, 2 - entry into force 30.06.2024]

4) applies for the beginner's allowance within one year after commencement of work as a nurse at the place specified in clause 3 of this subsection;

5) complies with the conditions established under subsection 7 of § 54<sup>2</sup> of this Act.

[RT I, 15.12.2023, 1 - entry into force 30.06.2024]

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

(1) A person entitled to receive beginner's allowance shall submit to the Health Board the application for beginner's allowance.

[RT I, 15.12.2023, 1 - entry into force 01.01.2024]

(2) The grant of beginner's allowance shall be decided by the Health Board within two months after the submission of an application. The beginner's allowance shall be paid to the person's bank account within one month as of making the decision to grant beginner's allowance.

[RT I, 15.12.2023, 1 - entry into force 01.01.2024]

(3) The rate of beginner's allowance is 15 000 euros. Beginner's allowance may be paid in up to triple rate of beginner's allowance if it is caused by the need to ensure the health service in the area.

[RT I, 20.06.2022, 3 – entry into force 30.06.2022]

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

(5) A person who has received the beginner's allowance is required to return the allowance paid to them or part of the allowance in proportion to the time worked less if their continuous employment or practice on the conditions specified in subsections 3–5 of § 54<sup>1</sup> of this Act ends before five years have passed from the award of the allowance.

[RT I, 15.12.2023, 1 - entry into force 30.06.2024]

(5<sup>1</sup>) If the physician who has received the beginner's allowance wishes to work less than five years and notifies thereof upon applying for the allowance, the beginner's allowance shall be paid in proportion to the planned time of work. In this case the working obligation provided for in subsection 5 of this section shall be deemed to be performed after expiry of the term designated upon grant of the application. If the physician who has received the beginner's allowance decides to work longer than set out in the decision on the grant of beginner's allowance, the physician may submit an application for amendment of the decision and for extending the term of work for up to five years. The Health Board shall decide on the additional payment of beginner's allowance within 60 days after receipt of the application.

[RT I, 15.12.2023, 1 - entry into force 01.01.2024]

(6) A person 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 practising 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.

[RT I, 15.12.2023, 1 - entry into force 30.06.2024]

(7) The conditions for the grant of and the procedure for application for, payment and recovery of beginner's allowance shall be established by a regulation of the minister in charge of the policy sector.

[RT I, 20.06.2022, 3 – entry into force 30.06.2022]

(8) The specific areas of commencement of work of the person entitled to receive the beginner's allowance in connection with the need of ensuring the health services in the area may be established by the minister in charge of the policy sector in the regulation specified in subsection 7 of this section.

[RT I, 15.12.2023, 1 - entry into force 30.06.2024]

## **Chapter 5**

# **MANAGEMENT OF HEALTH CARE**

### **§ 55. Plan of hospital network**

[RT I, 13.03.2014, 2 – entry into force 01.01.2019]

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

[RT I, 13.03.2014, 2 – entry into force 01.01.2019]

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

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

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

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

(3) A 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 plan of the hospital network and shall involve appropriate non-governmental organisations therein.

[RT I, 13.03.2014, 2 – entry into force 01.01.2019]

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

[RT I, 13.03.2014, 2 – entry into force 01.01.2019]

(5) The minister in charge of the policy sector 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 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, 13.03.2014, 2 – entry into force 01.01.2019]

(6) The minister in charge of the policy sector 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 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 in charge of the policy sector 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 plan of the hospital network. This proposal need not be approved by the Estonian Health Insurance Fund.

[RT I, 13.03.2014, 2 – entry into force 01.01.2019]

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

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

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

[RT I, 13.03.2014, 2 – entry into force 01.01.2019]

#### **§ 56. Duties of minister in charge of policy sector**

(1) In addition to legislation specified in this Act, the minister in charge of the policy sector shall establish:

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

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

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

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

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

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

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

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

6) [Repealed – RT I, 20.06.2022, 3 – entry into force 30.06.2022]

7) the quality assurance requirements for health services.

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

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

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

11) procedure for the formation, maintenance, use, inspection, renewal, replenishment and reporting of health care stockpile belonging into the state's operation stockpile provided for in subsection 1 of § 18<sup>1</sup> of the Emergency Act and the procedure for the formation, maintenance, use, inspection, renewal, replenishment and reporting of state's health care stockpile provided for in subsection 4 of § 5 of the National Defence Act.

[RT I, 18.06.2021, 1 – entry into force 28.06.2021]

(2) An institution appointed by the Ministry of Social Affairs or by the minister in charge of the policy sector shall publish statistical data pursuant to the procedure provided for in the statutes of the authority.

[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

#### **§ 57. Duties of Health Board and Estonian Health Insurance Fund**

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(1) The Health Board shall perform the duties provided for in Chapter 2 and Chapter 3 of this Act within the extent provided for in this Act.

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(1<sup>1</sup>) The Estonian Health Insurance Fund shall perform the duties provided for in Subchapter 2 of Chapter 2 and Subchapter 2 of Chapter 3 of this Act within the extent provided for in this Act.

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(2) [Repealed – RT I, 13.03.2019, 2 – entry into force 15.03.2019]

(3) If necessary, the Estonian Health Insurance Fund 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 2 and 3 of § 81 of this Act or upon occurrence of an unforeseeable and inevitable necessity and transmit the data on substitution to the Health Board.

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(3<sup>1</sup>) In the case provided for in subsection 3 of this section, a health care professional with the qualification of a physician may substitute a family physician for up to one year in case of long-term substitution.

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(3<sup>2</sup>) In the event there is a practice list of a family physician unfilled by way of public competition, long-term substitution may last more than one year.

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

(3<sup>3</sup>) In the case provided for in subsection 3 of this section, the persons in a practice list of a family physician may be serviced by a company providing family physician care on the basis of a practice list, based on a decision of the Estonian Health Insurance Fund:

- 1) in a health centre, or
  - 2) outside the health centre if the position of a family physician cannot be filled by way of public competition and a substitute physician or health centre cannot be found for the practice list.
- [RT I, 21.06.2024, 2 - entry into force 01.07.2024]

(3<sup>4</sup>) Upon the provision of service pursuant to the procedure specified in subsection 3<sup>3</sup> of this Act, the same principles and requirements must be applied as in the event of substitution of a family physician, unless otherwise provided by this Act or legislation established on the basis of this Act.

[RT I, 20.06.2022, 3 – entry into force 01.01.2023]

(3<sup>5</sup>) The organisation of work specified in subsection 3<sup>3</sup> of this section may last for up to one year. If the position of a family physician cannot be filled by way of public competition and it is necessary, considering the strategic directions of health care, long-term substitution may last for up to five years.

[RT I, 21.06.2024, 2 - entry into force 01.07.2024]

(3<sup>6</sup>) The Estonian Health Insurance Fund notifies the local authority of the practice list service area, the Health Board and the persons entered in the practice list of the family physician about a decision specified in subsection 3<sup>3</sup> of this section, setting out the duration of substitution, the person providing family physician care, the place of provision of family physician care and the organisation thereof. This information is also displayed in an accessible and visible place at the former place of business of the family physician.

[RT I, 20.06.2022, 3 – entry into force 01.01.2023]

(4) [Repealed – RT I, 28.12.2017, 4 – entry into force 01.01.2021 (entry into force changed – RT I, 21.12.2018, 1)]

(5) In the cases provided for in subsection 3 of this section, the temporary substitution for family physicians shall be paid for from the budget of the Estonian Health Insurance Fund based on the Health Insurance Act.

[RT I, 28.12.2017, 4 – entry into force 01.01.2021 (entry into force changed – RT I, 21.12.2018, 1)]

#### **§ 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 in charge of the policy sector.

(2) An institution determined by the Ministry of Social Affairs or by the minister in charge of the policy sector shall have the right to delegate performance of the duties assigned thereto by this Act to the local government on the basis of an administrative contract.

[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 Health Board shall determine the list, quantities and division of antidotes.

[RT I, 20.06.2022, 3 – entry into force 01.01.2023]

(3) The Estonian Health Insurance Fund ensures the stockpile of antidotes and issue for use, preservation and transportation of the stockpile and functioning of the cold chain.

[RT I, 20.06.2022, 3 – entry into force 01.01.2023]

(4) The Estonian Health Insurance Fund delivers the antidotes to the health care provider free of charge. The health care provider may not receive compensation therefor.

[RT I, 20.06.2022, 3 – entry into force 01.01.2023]

(5) The Health Board ensures the availability of information on the stockpile of antidotes to the health care providers.

[RT I, 20.06.2022, 3 – entry into force 01.01.2023]

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

[RT I, 20.06.2022, 3 – entry into force 01.01.2023]

(7) [Repealed – RT I, 20.06.2022, 3 – entry into force 01.01.2023]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) Upon preparation of health care for national defence and for the performance of national defence tasks, the minister in charge of the policy sector shall establish, by a regulation, the following for the providers of emergency medical care, in-patient specialised medical care and family physician care:

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

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

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

[RT I, 20.06.2022, 63 – entry into force 27.06.2022]

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

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

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

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

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

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

2) the providers of emergency medical care;

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

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

(8) During increased defence readiness, a state of war, mobilisation and demobilisation, the minister in charge of the policy sector may, with an administrative act:

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

2) organise the provision of health services.

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

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

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

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

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

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

1) provide health services based on their action plan and the administrative acts established by the minister in charge of the health care policy sector and the Health Board;

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

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

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

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

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

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

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

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

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

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

1) determine the tasks of health care providers upon preparation for an emergency and the division of tasks upon risk of an emergency and during an emergency;

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

- 3) issue administrative acts to health care providers based on the levels of readiness established under subsection 1 of this section and taking into account the administrative acts established on the basis of subsection 4;
  - 4) issue administrative acts according to subsection 6 of this section;
  - 5) decide on the reallocation of the operation stockpile of health care providers.
- [RT I, 21.04.2021, 1 – entry into force 01.05.2021]

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

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

[RT I, 17.05.2020, 1 – entry into force 18.05.2020]

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

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

(6) The Health Board shall have the right to issue administrative acts to health care providers for resolving a health related emergency and other legal persons in private law for the temporary reorganisation and restriction of their activities, if it is absolutely necessary.

[RT I, 17.05.2020, 1 – entry into force 18.05.2020]

(7) [Repealed – RT I, 21.04.2021, 1 – entry into force 01.05.2021]

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

- 1) provide health services based on the levels of readiness established under subsection 1 of this section and the administrative acts established under subsection 5 of this section, the administrative acts of the Health Board and the plans prepared on the basis of this Act and the Emergency Act;

[RT I, 21.04.2021, 1 – entry into force 01.05.2021]

- 2) notify the emergency medical chief or the Health Board of the need for additional staff and additional medical devices and medicinal products;
- 3) notify the emergency medical chief or the Health Board of the relocation of patients to another health care provider to significant extent or the need for assistance upon the organisation thereof;
- 4) notify their patients in time of the reorganisation of health services;
- 5) give information to the emergency medical chief or the Health Board, at the request thereof, which is necessary for managing the resolving of an emergency.

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

- 1) reorganise the provision of family physician care based on the levels of readiness established under subsection 1 of this section and the administrative acts established under subsection 5 of this section, or the administrative acts of the Health Board;

[RT I, 21.04.2021, 1 – entry into force 01.05.2021]

- 2) notify their patients in time of the reorganisation of health services;
- 3) give information to the emergency medical chief or the Health Board, at the request thereof, which is necessary for resolving of an emergency and notify of the need for additional resources.

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

(10) Information on the establishment of measures and restrictions provided for in this section may be published in media, provided that the number of addressees of the administrative act is more than 50.

[RT I, 17.05.2020, 1 – entry into force 18.05.2020]

(11) An administrative act on the establishment and termination of measures or restrictions provided for in this section shall enter into force upon the communication thereof to the direct addressee or publishing thereof in media, unless the administrative act itself provides for another term.

[RT I, 17.05.2020, 1 – entry into force 18.05.2020]

# Chapter 5<sup>1</sup>

## 4HEALTH 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 processes the data related to the area of health care for entry into and performance of contracts for the provision of health services, for ensuring the quality of health services and the rights of patients and for the protection of public health, including for maintaining registers concerning the state of health, for the organisation of health statistics and for the management of health care.

[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

(2) The co-controllers of the Health Information System are the Ministry of Social Affairs and the Estonian Health Insurance Fund.

[RT I, 21.04.2021, 1 – entry into force 01.05.2021]

(3) The Health Information System shall be founded and the statutes thereof shall be established by a regulation of the Government of the Republic, setting out:

- 1) the functions of the co-controllers and processor of the information system;  
[RT I, 21.04.2021, 1 – entry into force 01.05.2021]
- 2) the composition of data collected into the information system and the procedure of transmission thereof;
- 3) the procedure of ensuring the correctness of data;
- 4) the declarations of intention of a person and the procedure of processing thereof;
- 5) the specific procedure of access to and issue of data;
- 6) the list of persons submitting data and the data received therefrom;
- 7) financing of the information system;
- 8) other organisational issues.

[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

(4) The following data shall be processed in the Health Information System:

- 1) general data of the patient – personal identification code and date of birth, sex, first name and surname and contact details;
- 2) other data of the person – data on place of employment, educational institution, family physician and health insurance and data on declarations of intention, guardian or representative;
- 3) medical data concerning the patient – data describing the treatment process and state of health and invitations;  
[RT I, 21.04.2021, 1 – entry into force 01.05.2021]
- 4) data on the person who prepared the document – name, registration code of health care professional, activity licence, profession or specialty and contact details;  
[RT I, 20.06.2022, 63 – entry into force 27.06.2022]
- 5) data relating to maintaining of waiting list and digital registration;
- 6) data processing logs.

[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

(5) Data shall be preserved in the Health Information System without a term starting from the acceptance thereof in the information system, taking account of the following specifications:

- 1) data relating to ambulance card, waiting list and digital registration and invitations for five years;  
[RT I, 21.04.2021, 1 – entry into force 01.05.2021]
- 2) medical images for 30 years, except for images relating to dental care which shall be preserved for 15 years;
- 3) data of a death notice and notice of cause of death for ten years;
- 3<sup>1</sup>) certificates of compliance for two years, unless a shorter term has been provided for in the statutes of the information system;

[RT I, 21.04.2021, 1 – entry into force 01.05.2021]

- 4) logs according to the provisions of the statutes of the information system.

[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

(6) For the purposes specified in subsection 1 of this section, the previous general data of a person entered in the population register such as the person's first name and surname, personal identification code and sex, may also be processed.

[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

### § 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 4 of subsection 1 of § 56 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 pathologist-expert of a state forensic institution has the obligation to transmit to the Health Information System:

- 1) data on the cause of death, according to the Establishment of Cause of Death Act, if in the course of forensic medical examination or forensic medical autopsy it appears that the death has arrived as a result of an illness or injury;
  - 2) data on infectious diseases discovered in the course of forensic medical autopsy according to the list of infectious diseases established under the Communicable Diseases Prevention and Control Act.
- [RT I, 20.06.2022, 3 – entry into force 30.06.2022]

(1<sup>2</sup>) Patients shall have the right to forward data to the Health Information System for the provision of services and taking contact therewith, also for the receipt of better health services and assessment of their state of health, including for the use of a software solution according to the provisions of the statutes of the Health Information System established under subsection 3 of § 59<sup>1</sup> of this Act.

[RT I, 08.01.2020, 2 – entry into force 01.02.2020]

(1<sup>3</sup>) Health care providers shall have the right to forward personal data to the Health Information System for the use of a software solution according to the provisions of the statutes of the Health Information System established under subsection 3 of § 59<sup>1</sup> of this Act.

[RT I, 08.01.2020, 2 – entry into force 01.02.2020]

(2) The minister in charge of the policy sector shall establish, by a regulation, compositions of the data of documents to be forwarded to the Health Information System and the conditions and procedure of submission thereof.

[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

(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 in charge of the policy sector.

[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 shall have access to the personal data in the Health Information System for the purposes and pursuant to the procedure provided for in subsections 1–1<sup>2</sup> of § 4<sup>1</sup> of this Act.

[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

(2<sup>1</sup>) In addition to the person specified in subsection 2 of this section, the following persons shall have access to the personal data in the Health Information System for participation in the provision of health services:

- 1) student undergoing medical training who has completed the compulsory subjects in the curriculum of the IV course;
  - 2) [Repealed – RT I, 10.10.2022, 1 – entry into force 01.10.2023]
  - 3) occupational therapist;
  - 4) [Repealed – RT I, 10.10.2022, 1 – entry into force 01.10.2023]
- [RT I, 20.06.2022, 63 – entry into force 27.06.2022]
- 5) [Repealed – RT I, 10.10.2022, 1 – entry into force 01.10.2023]
  - 6) optometrist;
  - 7) radiology technician;
  - 8) person specified in subsection 3<sup>2</sup> of § 30 of this Act.

[RT I, 13.03.2019, 2 – entry into force 01.09.2019]

(2<sup>2</sup>) The extent of access of the persons specified in subsection 2<sup>1</sup> of this section and of persons specified in subsection 6 of § 3 of this Act to the personal data in the Health Information System shall be established by a regulation of the minister in charge of the policy sector.

[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

(3) A patient has the right to prohibit the access of persons specified in subsections 2 and 2<sup>1</sup> of this section to the personal data in the Health Information System.

[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

(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 and a nationally recognised forensic psychiatric expert or a forensic psychiatric expert of a state forensic institution or the contractual partner thereof have access to the personal data in the Health Information System for conducting a forensic medical examination or a forensic psychiatric examination.

[RT I, 20.06.2022, 3 – entry into force 30.06.2022]

(5<sup>1</sup>) [Repealed – RT I, 13.03.2019, 2 – entry into force 15.03.2019]

(5<sup>2</sup>) [Repealed – RT I, 13.03.2019, 2 – entry into force 15.03.2019]

(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]

(7) In addition to the provisions of subsection 6 of this section, personal data shall only be issued with the consent of the data subject, and for the purposes of scientific or historical research and national statistics or for establishing the truth in offence or judicial proceedings without the consent of the data subject, to the Health Board and the Estonian Data Protection Inspectorate to ensure the performance of their functions, to the Ministry of Defence for exercising supervision over the assessment of state of health provided for in the Defence Forces Service Act and the Defence League Act and in other cases provided that the issue or transmission of data from the Health Information System has been provided for in the law.

[RT I, 27.01.2023, 1 – entry into force 01.04.2023]

(8) The provisions of subsection 7 of this section, except for the issue of personal data with the consent of a data subject, shall also apply to the issue of personal data of a deceased data subject.

[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

#### **§ 59<sup>4</sup>. Research Ethics Committee**

[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

(1) The Research Ethics Committee evaluates the need to issue personal data from the Health Information System for the purposes of scientific research and statistics and the justification thereof.

(2) The aim of the Research Ethics Committee's work is to ensure the preventive protection of fundamental rights of persons, harmonise the assessment principles applied to research to ensure the protection methods of rights and the obligations of the researchers to comply with the protection methods.

(3) The Research Ethics Committee shall act pursuant to the ethical rules established for the area, international conventions, and also pursuant to Regulation (EU) 2016/679 of the European Parliament and of the Council on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (OJ L 119, 04.05.2016, p 1–88) as well as the principles provided for in special acts.

(4) An application for the issue of personal data for the purposes of scientific research or statistics shall be submitted to the controller of the Health Information System. The application must conform to the good scientific research practices.

(5) The Research Ethics Committee evaluates the compliance of research to the requirements provided for in § 6 of the Personal Data Protection Act, the extent of ethical risks and the background of the person conducting the research, by finding a balance between the protection of fundamental rights and the purposefulness of the research.

(6) The Research Ethics Committee shall be founded and the rules of procedure thereof, the number of members and procedure of appointment thereof and the rates of review of research shall be approved by a regulation of the minister in charge of the policy sector.

[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

## **Chapter 6 STATE SUPERVISION**

### **§ 60. State supervision**

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

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

(2) State supervision over compliance with the requirements specified in subsection 2 of § 10, subsection 1<sup>2</sup> of § 17 and subsection 4<sup>2</sup> of § 22 of this Act shall be exercised by the Republic of Estonia Information System Authority within the competence provided for in the Cybersecurity Act.

[RT I, 22.05.2018, 1 – entry into force 01.01.2022]

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

(1) For the execution of state supervision provided for in this Act, the Health Board may apply the special state supervision measures provided for in §§ 30, 31, 32, 49, 50 and 51 of the Law Enforcement Act on the basis of and pursuant to the procedure provided for in the Law Enforcement Act.

[RT I, 17.05.2020, 1 – entry into force 18.05.2020]

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

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

### **§ 62. Limit of non-compliance levy**

In the event of failure to comply with a precept, the upper limit of non-compliance levy imposed pursuant to the procedure provided for in the Substitutional Performance and Non-Compliance Levies Act shall be 640 euros.

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

## **Chapter 7 IMPLEMENTING PROVISIONS**

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

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

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

(2) Upon failure to submit an application within the term specified in subsection 1 of this section or if an activity licence is not issued to a person on the bases listed in clauses 1–4 of subsection 1 of § 45 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 10 of subsection 1 of § 37 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 4<sup>1</sup> and 4<sup>2</sup> of § 8 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 1 of subsection 4<sup>1</sup> of § 8 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 4<sup>2</sup> of § 17 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 in charge of the policy sector.

(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 1 of subsection 2 of § 54<sup>1</sup> 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 in charge of policy sector**

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

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

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

(4) Upon transfer of collection of health care statistics and reports on economic activities in the field of health care into the competence of an institution determined by the Ministry of Social Affairs or by the minister in charge of the policy sector, 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 in charge of the policy sector 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 in charge of the policy sector as of 1 January 2013. The periods of time and terms provided for in this Act shall not discontinue in connection with the transfer of health care statistics and reports on economic activities in the field of health care.

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

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

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

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

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

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

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

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

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

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

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

(2) From 1 January 2018 to 31 December 2020, the Health Board shall, upon first opportunity, submit to the Estonian Health Insurance Fund a report on the provision of substitution service in the previous calendar month and the amount of monetary obligation. The Health Board shall pay to the provider of temporary substitution a substitution fee for the provision of service by the 4th date of the calendar month following the provision of service.

[RT I, 21.12.2018, 1 – entry into force 01.01.2019]

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

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

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

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

#### **§ 66<sup>9</sup>. Transfer of duties of organisation of general medical care to Estonian Health Insurance Fund**

If the Health Board has announced a public competition before 1 July 2022 for granting the right to form a practice list or organising the provision of general medical care for a practice list which has become available on the basis of subsection 1<sup>1</sup> of § 34 of this Act, the Health Board shall finalise the given competition. The Health Board shall approve the practice list of a family physician to the chosen candidate or deems the competition failed if no applications were submitted for running as a candidate in the competition or if none of the candidates were found suitable.

[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

§ 67.–§ 72.[Omitted from this text.]

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

The activity licences for the provision of specialised medical care issued for the provision of nursing care before 1 January 2014 shall be valid until the expiry thereof.  
[RT I, 11.06.2013, 2 – entry into force 01.01.2014]

#### **§ 72<sup>2</sup>. Implementation of subsections 4–6 of § 4<sup>2</sup> of this Act**

The terms specified in subsections 4–6 of § 4<sup>2</sup> of this Act shall be applied to the documents prepared from 15 March 2019. The documents prepared before 15 March 2019 shall be preserved pursuant to the previously established procedure.  
[RT I, 13.03.2019, 2 – entry into force 15.03.2019]

#### **§ 72<sup>3</sup>. Implementation of subsection 2 of § 54<sup>1</sup> of this Act**

A person who commenced work as a medical specialist in the acquired speciality or started to practice as a family physician with a practice list during the period from 1 January 2019 to 31 December 2021, who has not been paid the beginner's allowance and who complies with the requirements provided for in subsection 3 and 4 of § 54<sup>1</sup> of this Act shall have the right to apply for beginner's allowance until 31 December 2022.  
[RT I, 20.06.2022, 3 – entry into force 30.06.2022]

#### **§ 72<sup>4</sup>. Implementation of subsection 4 of § 54<sup>1</sup> of this Act**

Upon the implementation of subsection 4 of § 54<sup>1</sup> of this Act, the administrative division of the territory of Estonia in force until 30 June 2017 shall be applied until 31 December 2025 for the determination of local authorities directly adjacent to Tallinn and Tartu City.  
[RT I, 20.06.2022, 3 – entry into force 30.06.2022]

#### **§ 72<sup>5</sup>. Implementation of subsection 1 of § 9 of this Act**

The service areas of family physicians not in compliance with subsection 1 of § 9 of this Act shall be brought into compliance with the given provision by 31 December 2023.  
[RT I, 20.06.2022, 3 – entry into force 01.07.2022]

#### **§ 72<sup>6</sup>. Provision of physiotherapy, speech therapy and psychological treatment without activity licence**

Physiotherapy for treatment purposes, speech therapy and psychological treatment without an activity licence may be provided until 30 June 2024.  
[RT I, 10.10.2022, 1 – entry into force 01.10.2023]

#### **§ 72<sup>7</sup>. Processing of beginner's allowances**

The applications for beginner's allowance for medical specialists submitted before 1 January 2024 are processed by the Ministry of Social Affairs.  
[RT I, 15.12.2023, 1 - entry into force 01.01.2024]

#### **§ 72<sup>8</sup>. Assessment of effect of beginner's allowance**

The Ministry of Social Affairs shall, by 1 January 2028 at the latest, analyse whether the objective of the beginner's allowance for nurses has been achieved and the effect related with the implementation thereof and shall submit, if necessary, proposals for the amendment of the regulation.  
[RT I, 15.12.2023, 1 - entry into force 30.06.2024]

#### **§ 72<sup>9</sup>. Ex-post assessment of impact of servicing persons outside practice list**

The Ministry of Social affairs shall, by 1 January 2029 at the latest, carry out the ex-post assessment on the impact and efficiency of implementing the regulation provided for in subsections 2<sup>1</sup> and 2<sup>2</sup> of § 7 of this Act and shall submit, if necessary, proposals for amending the provisions.  
[RT I, 21.06.2024, 2 - entry into force 01.07.2024]

**§ 72<sup>10</sup>. Ex-post assessment of impact of servicing persons belonging to practice list by provider of family physician care**

The Ministry of Social affairs shall, by 1 January 2029 at the latest, carry out the ex-post assessment on the impact and efficiency of implementing the regulation provided for in clause 2 of subsection 3<sup>3</sup> and in subsection 3<sup>5</sup> of § 57 of this Act concerning the provision of service outside a health centre, by way of substitution, to persons belonging to a practice list of a family physician, by a person holding the activity licence of a family physician and shall submit, if necessary, proposals for amending the provisions.  
[RT I, 21.06.2024, 2 - entry into force 01.07.2024]

**§ 73. Entry into force of Act**

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

(2) Subsection 2 of § 22 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 1<sup>1</sup> of § 59<sup>2</sup> of this Act enters into force on 1 January 2013.  
[RT I, 10.03.2011, 1 – entry into force 20.03.2011]

<sup>1</sup>Directive 2011/24/EU of the European Parliament and of the Council on the application of patients' rights in cross-border healthcare (OJ L 88, 04.04.2011, p. 45–65). [RT I, 29.11.2013, 1 – entry into force 09.12.2013]