



REGERINGSKANSLIET

**Ministry of Health  
and Social Affairs, Sweden**

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# The Health and Medical Service Act (1982:763)

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Promulgated:  
30 June 1982

With amendments up to  
and including Swedish  
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## **The Health and Medical Services Act (1982:763)**

Promulgated 30th June 1982

With amendments up to and including SFS 2002:163

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### **Chapter 1. Introductory provisions**

#### Section 1

The term “health and medical services” as used in this Act refers to measures for the medical prevention, investigation and treatment of disease and injury. Health and medical services also include ambulance services and the care of deceased persons.

Special provisions apply concerning dental care. (1992:567).

#### Goals of health and medical services

##### Section 2

Health and medical services are aimed at assuring the entire population of good health and of care on equal terms.

Care shall be provided with respect for the equal dignity of all human beings and for the dignity of the individual. Priority for health and medical care shall be given to the person whose need of care is greatest. (1997:142).

#### Requirements to be met by health and medical services

##### Section 2 a

Health and medical services shall be conducted so as meet the requirements for good care. In particular this means that they must

1. be of good quality and cater to the patient’s need of security in care and treatment,
2. be readily available,
3. be founded on respect for the self-determination and privacy of the patient,
4. promote good contacts between the patient and health and medical personnel.

Care and treatment shall as far as possible be designed and conducted in consultation with the patient.

Every patient having recourse to health and medical care shall, except where manifestly unnecessary, be given a prompt medical assessment of his state of health. (1998:1659).

## Section 2 b

The patient shall be given individualised information concerning his state of health and the treatment methods available.

If this information cannot be supplied to the patient, it shall be supplied to a close relative instead. Information may not be supplied to the patient or any relative of the patient, however, insofar as this is contrary to Chap. 7, Section 3 or 6 of the Secrecy Act (1980:100) or Section 8 (2) or Section 9 (1) of the Health and Medical Services (Professional Activity) Act (1998:531). (1998:1660).

## Section 2 c

Health and medical services shall work for the prevention of ill health. Persons having recourse to health and medical services shall, when appropriate, be informed of methods for the prevention of disease or injury. (1998:1660).

## Section 2 d

When a person has died, the tasks of health and medical services shall be performed with respect for the deceased. Consideration and thoughtfulness shall be shown towards the survivors. (1998:1660).

## Section 2 e

Where health and medical services are conducted, there shall be present the staff, facilities and equipment necessary in order for the provision of good care to be possible. (1998:1660).

## County council health and medical services

*County council responsibilities*

## Section 3

Every county council shall offer good health and medical services to persons living within its boundaries. The same applies to persons residually registered as provided in Section 16 of the Civil Registration Act (1991:481) and residing permanently within the county council area. In other respects too, the county council shall endeavour to promote the health of all residents. Provisions of this Act relating to county councils shall also apply to municipalities not forming part of a county council area, except where otherwise indicated by Section 17. The aforesaid shall not prevent other agencies from providing health and medical services.

County council responsibilities do not, however, include health and medical services for which a municipality within the county council area is responsible under Section 18 (1) and (3).

A county council may conclude an agreement with some other agent to perform the tasks incumbent upon the county council

under this Act. A task involving the exercise of authority may not, however, be entrusted, by authority of this provision, to a company, an association, a foundation or a private individual.

The county council may also conclude an agreement with a municipality, the public Social Insurance Office and the county labour board on co-operation, within the scope of the county council's tasks under this Act, for the purpose of achieving more efficient use of available resources. The county council shall contribute towards the funding of activities thus jointly undertaken.

The National Audit Office may examine activity which has been undertaken in co-operation with and partly funded by the Social Insurance Office or the county labour board. In connection with such examination, the National Audit Board is entitled to study the particulars necessary for examining the activity. (1997:1306).

### Section 3 a

When several alternative treatments exist which accord with science and proven experience, the county council shall give the patient the possibility of choosing the alternative which he or she prefers. The county council shall give the patient the chosen treatment if, having regard to the illness or injury involved and the cost of the treatment, this is seen to be justifiable.

The patient is not entitled to treatment outside the county council area of which he or she is a resident, if that county council can offer treatment in accordance with science and proven experience.

The county council shall give a patient with a life-threatening or specially serious illness or injury the possibility of obtaining, within his or her own county council area or outside it, a renewed medical assessment in the event of science and proven experience not affording unambiguous guidance and the medical decision possibly entailing special risks to the patient or being of great importance for the patient's future quality of life. The patient shall be offered the treatment which the renewed assessment may occasion. (1998:1660).

### Section 3 b

The county council shall offer persons who are residents of the county council or residually registered there as provided in Section 16 of the Civil Registration Act (1991:481) and permanently residing there:

1. habilitation and rehabilitation,
2. assistive devices for persons with functional impairment, and
3. interpreting services of an everyday nature for persons deaf from childhood, the deaf-blind, persons becoming deaf during adulthood, and persons with hearing impairment.

The responsibilities of the county council do not, however, include habilitation, rehabilitation and assistive devices for which a municipality within the county council is responsible under Section 18 b. The responsibilities of the county council do not in any way detract from the obligations which may be incurred by employers or other persons under other legislation.

Habilitation or rehabilitation and the provision of assistive devices shall be planned in consultation with the individual concerned. The plan shall indicate measures planned and decided on. Act (2000:356).

#### Section 3 c

The county council shall also offer good health and medical services to persons who, without being residents of Sweden, are entitled to caring benefits in Sweden in connection with illness and maternity, in consequence of Regulation (EEC) No. 1408/71 on the social security rights of migrant workers, self-employed persons or members of their families. In these cases, care shall be offered by the county council within whose area the person is economically active or, for a person who is unemployed, the county council within whose area that person is registered as a jobseeker. Insofar as members of the families of these persons are entitled, by virtue of the said Regulation, to caring benefits in Sweden in connection with illness and maternity, they shall be offered care by the same county council. If, however, the members of the family are domiciled in Sweden, the provisions of Section 3 shall apply. (1998:1660).

#### Section 3 d

In cases other than referred to in Section 18b, the county council shall offer disposable articles needed in connection with urinary incontinence, urine retention or intestinal incontinence to persons who are domiciled within the county council area and have continuous need of the said articles. Disposable articles as aforesaid may be prescribed by physicians and by other medical and nursing staff declared competent by the National Board of Health and Welfare. (1996:1151).

#### Section 3 e

The county council may offer medicinal products free of charge to a person receiving medical attention in the home (home nursing). Act (2002:163).

#### Section 4

If any person present within a county council area without being a resident of the same needs health and medical services immediately, the county council shall offer such services.

A county council may also offer health and medical services to a resident of another county council area in other cases, if the county council agree to this effect. (1992:567).

#### Section 5

Hospitals shall exist for health and medical services entailing admission to a care institution. Care provided during such admission is termed in-patient care. Other health and medical services are termed out-patient or ambulatory care. Primary care as a part of out-patient care shall, with no restriction as to illnesses, age or patient categories, cater to the need of the population for such basic medical treatment, nursing, preventive work and rehabilitation as do not require the medical and technical resources of hospitals or other special competence.

The county council shall organise primary care in such a way that everybody living within the county council area will have access to and be able to choose a permanent medical contact. Such a physician shall have specialist competence in general medicine. The county council may not restrict the individual person's choice to a certain geographic area within the county council area. (1998:1654).

#### Section 6

The county council is responsible for the existence within its boundaries of an appropriate organisation for the conveyance to and from hospitals or doctors of persons whose condition requires them to be carried in vehicles specially designed for the purpose. (1992:567).

#### Section 7

The county council shall plan its health and medical services according to the population's need of such services.

This planning shall also include health and medical services offered by private and other care providers. (1995:835).

#### Section 8

The county council shall co-operate with public agencies organisations and private care providers in the planning and development of health and medical services. (1995:835).

#### Section 9

The Government may ordain that the country is to be divided into regions for purposes of health and medical services involving several county councils.

County councils shall co-operate in matters relating to such health and medical services. (1992:567).

### Boards

#### Section 10

Health and medical services are to be directed by one or more boards. A board of this kind shall be subject to the provisions of the Local Government Act (1991:900) concerning boards. (1991:903).

Section 11

Repealed through Act (1991:909).

Section 12

Repealed through Act (1991:903).



## Personnel

### Section 13

Repealed through Act (1996:787).

### Section 14

Repealed through Act (1996:787).

### Section 15

In county council areas there shall exist sufficient internship employment opportunities for physicians as provided in Chap. 3 of the Health and Medical Services (Professional Activity) Act (1998:531) for all physicians who have taken a University Medical degree and physicians with foreign qualifications for whom internship has been prescribed to complete their practical service so as to be registered as physicians. Internship appointments shall be for a fixed term.

In county council areas there shall also exist opportunities for specialist medical service as provided in the said Act, to an extent corresponding to the planned future need for physicians with specialist qualifications in clinical practice. The Government may ordain that physicians in such practice holding appointments at a unit made available for basic post-secondary medical training shall be appointed for a limited period. (1998:533).

### Section 16

The Government is empowered to issue regulations concerning eligibility for appointments in health and medical services and concerning the procedure for filling appointments. The Government may delegate the issue of such regulations to the National Board of Health and Welfare.

Separate provision is made concerning health and medical service units made available for basic post-secondary medical training.

## Municipal health and medical services

### Section 17

The provisions of Sections 18-25 apply to municipalities included in a county council area and, where specially provided, to municipalities not included in a county councils area. (1992:567).

## Municipal responsibilities

### Section 18

Every municipality shall offer good health and medical services to persons living in a form of housing or home as referred to in Chap. 5, Section 5, Subsection 2 or Chap. 5, Section 7, Subsection 3 of

the Social Services Act (2001:453) or, by resolution of a municipality, living in a special form of housing as referred to in Chap. 7, Section 1, Subsection 1, Point 2 of the same Act. Every municipality shall also offer good health and medical services to residents there in connection with daytime activities coming under Chap. 3, Section 6 of the Social Services Act.

A municipality may also otherwise offer health and medical services in the home (home nursing) to persons residing within the municipality.

The county council may assign to a municipality within the county council the duty of offering such care as referred to in subsection two if the county council and municipality agree to that effect and the Government consents thereto. The agreement may also concern responsibility for disposable articles as referred to in Section 3 c.

The responsibilities of the municipality under subsections one and three and the power of the municipality under subsection two do not include health and medical services provided by physicians.

A municipality may conclude an agreement with another party on the performance of the tasks for which the municipality is responsible under this Act. A task which includes the exercise of public authority may not, however, by virtue of this provision be transferred to a company, an association, a joint property association, a foundation or a private individual. Act (2001:461).

#### Section 18 a

When several alternative treatments exist which accord with science and proven experience, the county council shall give the person covered by health and medical care as referred to in Section 18 (1)-(3) the possibility of choosing the alternative which he or she prefers. The county council shall give the patient the chosen treatment if, having regard to the illness or injury involved and the cost of the treatment, this is seen to be justifiable.

The patient is not entitled to treatment outside the county council area of which he or she is a resident, if that county council can offer treatment in accordance with science and proven experience. (1998:1660).

#### Section 18 b

In connection with health and medical services as referred to in Section 18, Subsection 1-3, the municipality shall also offer habilitation, rehabilitation and assistive devices for persons with functional impairment.

The county council may also, without any transfer of responsibility for health and medical services as provided in Section 18, conclude an agreement with a municipality within the county council whereby the municipality shall be responsible for assistive devices for persons with functional impairment.

The provision of Section 3 b, Subsection 3 shall also apply with respect to municipally provided habilitation, rehabilitation and

assistive devices for persons with functional impairment. Act (2000:356).

#### Section 18 c

In connection with health and medical services as referred to in Section 18, Subsection 1, the municipality shall provide disposable articles in the manner indicated in Section 3 d. As regards authorisation to prescribe disposable articles referred to here, the provision of Section 3 d shall apply. Act (2000:356).

#### Section 18 d

The county council, acting at the request of a municipality within the county council, may offer all persons living in a certain specified form of housing as referred to in Chap. 5, Section 5, Subsection 2 of the Social Services Act (2001:453) or in a part of such a form of housing medicinal products from medicinal stores in the special housing accommodation.

Such stores may be either stores containing most of the medicinal products which the residents need (complete stores) or stores limited to certain basic medicinal products (emergency stores).

The county council, acting at the request of a municipality within the county council, may also offer medicinal products from stores as referred to in subsection one of this section to persons receiving home nursing through the municipality.

Medicinal products from the stores shall be free of charge to the residents referred to in subsection one and to individual persons receiving home nursing as referred to in subsection three.

The cost of medicinal products requisitioned for the stores referred to in subsection one shall be borne by the county council. Act (2002:163).

#### Section 19

In the event of a transfer having been made as referred to in Section 18 (3), the county council may give the municipality such financial assistance as is justified by the transfer. (1992:567).

#### Section 20

The municipality shall plan its health and medical services according to the population's need of such services.

This planning shall also include health and medical services offered by private and other providers. (1995:835).

#### Section 21

The municipality shall co-operate with public agencies, organisations and private care providers in the planning and development of health and medical services. (1995:835).

### Boards

## Section 22

Municipal health and medical services are managed by the committee or committees determined by the municipal council as provided in Chap. 2, Section 4 of the Social Services Act (2001:453).

In a municipality not forming part of a county council, health and medical services as referred to in Section 18, Subsection 1 or Subsection 2 are managed in according with Section 10. Act (2001:461).

## Personnel

### Section 23

*Repealed through Act 1996:787.*

### Section 24

Within the field of activities determined by the municipality, there shall be a nurse responsible for

1. the existence of routines whereby physicians or other health and medical service personnel are contacted when a patient's conditions so requires,
2. decisions to delegate responsibility for caring tasks being compatible with the safety of patients,
3. the board by which health and medical services are directed being notified if, in connection with care or treatment, a patient incurs, or is exposed to the risk of incurring, serious injury or illness.

If a field of activity mainly comprises rehabilitation, a physiotherapist or an occupational therapist may discharge the duties referred to in subsection one.

The provisions of subsections one and two also apply to a municipality not included in a county area, if there is no physician taking part in health and medical service activities referred to in Section 18 (1) or (2). (1992:567).

### Section 25

The Government is empowered to issue regulations concerning eligibility for appointments within medical health and medical services and concerning the filling of appointments. The Government may entrust the issue of such regulations to the National Board of Health and Welfare. (1992:567).

General provisions concerning county council and municipal health and medical services

*Charges for services*

## Section 26

Patient charges for care may only be levied on grounds determined by the county council or the municipality, failing special provision to the contrary. Patients living within the county council or municipality, as the case may be, as well as patients referred to in Section 3 c, shall be equally treated in this respect. For in-patient care, however, the county council may set levels of payment in different income intervals and resolve on the rules to apply concerning reduction of the charge. The maximum charge payable for in-patient care is SEK 80 per care day.

Only the municipality may levy care charges for such care for which it is financially liable under Section 2 of the Municipal Financial Liability (Certain Health and Medical Services) Act (1990:1404). The same applies concerning long-term psychiatric care principally in the form of nursing for which the municipality, pursuant to Section 9 of the same Act, has accepted financial liability.

Charges for care as referred to in Section 18, for disposable articles as provided in Section 18 C, or for such long-term medical services for which a municipality is financially liable under Section 2 or Section 9 of the Municipal Financial Liability (Certain Health and Medical Services) Act may, together with charges for homehelp services and daytime activities under Chap. 8, Section 5 of the Social Services Act (2001:453), amount monthly to not more than one-twelfth of 0.48 times the pricing base amount. These charges may not, however, amount to so much that the individual does not retain sufficient of his charge base to cover personal needs and other normal living costs (reserved amount). In setting the charges, the municipality shall moreover ensure that the spouse or partner of the care recipient does not incur an oppressive impairment of his or her financial situation.

The charge base and reserved amount shall be computed pursuant to Chap. 8, Sections 3-8 of the Social Services Act (2001:453). Act (2001:848)

## Section 26 a

A person having paid care charges for outpatient health and medical services under this Act in cases other than referred to in Section 18, Subsection 1, charges for disposable articles as referred to in Section 3 d or charges for dental care as referred to in Section 8 a of the Dental Care Act (1985:125), totalling not more than SEK 900, or a lesser amount as determined by the county council, is exempt from payment thereafter of further charges for such care or such disposable articles for the remaining portion of one year, computed from the first occasion on which a charge was paid.

In the event of a parent or parents together having more than one child under the age of 18 in their care, the children are jointly exempted from charges when the cost of charges as per the foregoing total the amount there referred to.

Cost exemption applies for the length of time referred to in subsection one, also for children attaining the age of 18 years during that time.

The term "parent" also includes foster-parents. In addition, a person with whom a parent permanently cohabits and who is or has been married to or has or formerly had issue by the parent also qualifies as a parent. Act (2000:356).

## Research

### Section 26b

The county councils and the municipalities shall participate in the funding, planning and conduct of clinical research in the field of health and medical services and of scientific research into public health. In these questions, to the extent which is necessary, the county councils and the municipalities shall co-operate with each other and with the universities and colleges concerned. (1996:1289).

## **Common provisions applying to all health and medical services**

### Physician responsible for the patient

#### Section 27

If the safety of the patient so requires, an authorised physician shall be appointed to be responsible for the patient. (1996:787).

### Direction of health and medical services

#### Section 28

The direction of health and medical services shall be organised in such a way as to provide a high level of safety for patients and good quality of care, as well as promoting cost-efficiency. (1996:787).

#### Section 29

Within health and medical services there shall be a person responsible for the activity (the operational manager). The operational manager, however, may decide on the diagnosis or care and treatment of individual patients only if he or she has sufficient competence and experience for doing so.

In compulsory psychiatric care, the duties of the operational manager shall be discharged by a physician with specialist competence (a senior consultant). If the operational manager is not a physician having such competence, these duties shall be discharged by a specially appointed senior consultant.

In compulsory isolation under the Communicable Diseases Act (1988:1472), the duties of the operational manager shall be discharged by a physician with specialist competence (a senior consultant). If the operational manager is not a physician having such competence, these duties shall be discharged by a specially appointed senior consultant or by an officer appointed as provided in Section 50a of the Communicable Diseases Act (1996:787).

#### Section 30

The operational manager may entrust the performance of individual managerial duties to officers within the activity having sufficient competence and experience. (1996:787).

## Quality assurance

### Section 31

The quality of activities in health and medical services shall be systematically and continuously developed and secured. (1996:787).

## Duty of notification

### Section 31a

If a board directing health and medical services as provided in Section 10 or 20 has in the course of its activities observed anything to suggest that new substances are being used for purposes of abuse, the board shall notify the National Institute of Public health accordingly without delay.

### Section 32

The Government may issue such further provisions concerning health and medical services as are needed for the protection of individuals or otherwise for the conduct of health and medical services.

The issue of provisions for the protection of individuals may be entrusted by the Government to the National Board of Health and Welfare. (1996:787).

## Health and medical services in time of war etc.

### Section 33

The Government is empowered to issue special regulations concerning health and medical services in time of war, when war is imminent or in other extraordinary conditions resulting from war beyond Sweden's frontiers or from Sweden having been the country having been at war or in danger of war. (1996:787).