

Unofficial translation

Act on Specialized Medical Care (1.12.1989/1062)

Chapter 1. General provisions

Section 1

1. This Act lays down provisions on the organization of specialized medical care and related operations.

2. For the purposes of this Act, specialized medical care means health care services in specialized fields of medicine and dentistry, including the prevention, examination and treatment of diseases, medical emergency services and medical rehabilitation.
(26.11.1993/1049)

2. Besides rehabilitating treatment, medical rehabilitation also includes counselling, examinations to establish the need for and chances of rehabilitation, appliance maintenance, adjustment training and instruction, and other comparable operations in so far as rehabilitation does not fall by law within the Social Insurance Institution's purview. Further provisions on the substance of medical rehabilitation will be issued by decree.
(27.3.1991/606)

Section 2

This Act does not apply to specialized medical care services provided by municipalities in conjunction with primary health care, unless otherwise indicated under section 8, paragraph 3. Separate provisions apply to medical care provided by private bodies.

Section 3

1. Each municipality shall see to it that persons domiciled in that municipality as referred to in the Act on Domicile (201/1994) receive the necessary specialized medical care as referred to in section 1, paragraph 2, in accordance with this Act. In order to organize special medical care in accordance with this obligation, each municipality must belong to a medical district joint municipal board.

2. In urgent cases, municipalities have the same obligation regarding the specialized medical care of persons who have no domicile in Finland. (9.10.1992/908)

3. References hereinafter to 'domicile' or 'municipality where the person is domiciled' mean the municipality required to provide the person concerned with specialized medical care under paragraph 1 or 2. References to 'municipal residents' mean persons that the municipality is required to provide with specialized medical care under paragraphs 1 or 2 above.

Section 4 (3.8.1992/748)

The Act on Planning and State Subsidies for Welfare and Health Care (733/1992) applies to any municipal activities organized under this Act, unless otherwise provided by law.

Section 5 (17.1.1991/77)

1. The Ministry of Social Affairs and Health is responsible for general planning, guidance and supervision concerning specialized medical care.
2. Provincial State offices are responsible for planning, guidance and supervision concerning specialized medical care within each province.
3. The National Research and Development Centre for Welfare and Health acts as the expert government agency in specialized health care matters, and provisions concerning its functions and its right to obtain the information it needs to carry out its functions are laid down in the Act on the National Research and Development Centre for Welfare and Health (1073/1992). (27.11.1992/1093)

Section 6

1. This Act applies to the Province of Åland only in so far as matters referred to in section 11, paragraph 2, subparagraph 15, of the Act on the Autonomy of Åland (670/1951) are concerned.
2. However, the Varsinais-Suomi Hospital District may agree on the organization of specialized medical care under this Act with the body running the central hospital in the Province of Åland.

Chapter 2. Hospital districts and areas of responsibility

Section 7

1. For specialized medical care purposes, Finland is divided into hospital districts as follows:

Uusimaa Hospital District
 Helsinki Hospital District
 Varsinais-Suomi Hospital District
 Satakunta Hospital District
 Kanta-Häme Hospital District
 Pirkanmaa Hospital District
 Päijät-Häme Hospital District
 Kymenlaakso Hospital District
 Etelä-Karjala Hospital District
 Etelä-Savo Hospital District
 Itä-Savo Hospital District
 Pohjois-Karjala Hospital District
 Pohjois-Savo Hospital District
 Keski-Suomi Hospital District
 Etelä-Pohjanmaa Hospital District

Vaasa Hospital District
 Keski-Pohjanmaa Hospital District
 Pohjois-Pohjanmaa Hospital District
 Kainuu Hospital District
 Länsi-Pohja Hospital District
 Lappi Hospital District.

2. The area of a hospital district comprises municipalities that belong to the hospital district joint municipal board in question.

Section 8 was repealed by Act No. 1127/1998.

Section 9

1. Some specialized medical care may be declared to be expert-level medical care on the grounds of the infrequency of the disease, the special competence required to provide the specialized medical care, or the special requirements with regard to organization of the specialized medical care.
2. Besides the division into hospital districts, Finland is also divided into expert responsibility areas for the provision of expert-level medical care.
3. The Council of State decides on the expert responsibility areas, ensuring that each expert responsibility area includes a hospital district in which there is a university providing training for physicians.

Chapter 3. Functions of hospital districts

Section 10

1. Each hospital district joint municipal board is responsible for the organization of specialized medical care within its area.
2. Hospital district joint municipal boards shall see to it that specialized health care services within their area are integrated, and shall plan and develop specialized medical care in cooperation with the health centres with a view to integrating primary health care and specialized medical care into a functional whole. In the pursuit of their functions, the hospital district joint municipal boards shall also engage in such cooperation with the social welfare boards in their area as is needed to carry out their functions in an appropriate way.
3. Hospital district joint municipal boards shall provide the health centres in their area with specialized health care services that it is not expedient for the health centres to provide themselves, and shall take responsibility for development guidance and quality assurance concerning laboratory, radiological, medical rehabilitation and other comparable specialized medical care services provided by the health centres.

4. Each hospital district joint municipal board shall also provide for research, development and training within its purview in its own area.

Paragraph 5 was repealed by Act No. 1115/1998.

Section 10a (27.3.1991/606)

1. If patients in specialized medical care need rehabilitation which hospital districts are not legally liable to provide or which it is not expedient to provide in the form of specialized medical care, the hospital district concerned will as necessary instruct them to make use of the services provided by health centres, social welfare, employment or educational authorities, the Social Insurance Institution or other organizations providing rehabilitation services.

2. Besides what is provided in paragraph 1 concerning cooperation, the Act on Cooperation in Respect of Rehabilitation Service (604/1991) also applies to the organization of medical rehabilitation.

Section 11

1. A hospital district joint municipal board which administers a university hospital shall provide expert-level medical care in its expert responsibility area as referred to in section 9 and arrange for the guidance and counselling needed by the other hospital district joint municipal boards in the same expert responsibility area concerning the organization of specialized medical care, continued training of medical personnel and the organization of research and development related to medical care.

2. The Ministry of Social Affairs and Health will issue the necessary guidelines or orders concerning the examinations, measures and treatment which are to be considered to be covered by expert-level medical care. (23.12.1992/1487)

Chapter 4. Hospitals and units within hospital districts

Section 12

For specialized medical care purposes, hospital district joint municipal boards shall have hospitals and, as necessary, separate medical care and other units.

Section 13

1. If appropriate in view of the permanent organization of specialized medical care, hospital district joint municipal boards may agree to establish and maintain a hospital or part of one, or a separate unit, jointly. The hospital or part of one, or separate unit, shall be administered by the hospital district where it is located.

2. If the establishment of a joint hospital, part of one, or a separate unit that must be considered necessary for specialized medical care purposes is not agreed on, the Council of State may order this to be established and issue necessary orders on the terms and conditions of cooperation, taking the interests of the hospital districts concerned into

account on a fair and equal basis. A member municipality in a joint municipal board may also submit a proposal concerning cooperation to the Council of State.

Section 14

1. Hospital district joint municipal boards may mutually enter into agreements on the use of a joint municipal board hospital or separate unit for the provision of specialized medical care other than that referred to in section 11.
2. Municipalities may enter into agreements concerning the purchase of services from hospital districts of which they are not members. (23.12.1992/1487)

Section 15

In addition to joint municipal board hospitals and separate units, there may be State hospitals for the defence forces, prison administration and other special purposes.

Chapter 5. Hospital district administration

Section 16

1. The municipal councils of member municipalities shall elect members to the federal councils of hospital district joint municipal boards as follows:

Municipal population in the last census	Number of members
2,000 or less	1
2,001-8,000	2
8,001-25,000	3
25,001 - 100,000	4
100,001 - 400,000	5
400,001 or more	6

2. A personal deputy shall be elected for each member.

Section 17

The aggregate voting rights of the members elected to a federal council by a municipality are determined on the basis of the municipal population registered in the last census, with every incipient 1000 residents conferring one vote. However, the aggregate voting rights shall not exceed one-fifth of the total unrestricted number of votes of the members elected by all the member municipalities. The aggregate voting rights of the members elected by a municipality are divided evenly between the members present at a time.

Section 18

Paragraphs 1 and 2 were repealed by Act No. 748/1992.

3. Any hospital district which includes municipalities with different languages and bilingual municipalities shall have a committee assigned to develop and integrate

specialized medical care provision and training of health care personnel in the minority language. Persons representing the minority-language municipalities and the minority-language group in the bilingual municipalities shall be elected as committee members. Section 122, paragraph 4, and section 123 of the Local Government Act (953/1976) do not apply to committee members.

Paragraphs 4 and 5 were repealed by Act No. 748/1992.

Sections 19 and 20 were repealed by Act No. 748/1992.

Section 21

1. Hospital districts comprising municipalities with different languages and bilingual municipalities shall have a partial responsibility area to develop and integrate specialized medical care provision and training of health care personnel in the minority language, for which the committee representing the minority language is responsible. The minority-language partial responsibility area covers the bilingual municipalities and the municipalities using the minority language within the hospital district.

2. Federal councils may assign hospitals and other units to partial responsibility areas. In such cases, the board of management of the hospital or unit shall be elected in accordance with section 18, paragraph 3.

3. Boards of management operating in the minority-language partial responsibility area other than those referred to in paragraph 2 shall have minority-language divisions to deal with matters concerning the organization of specialized medical care and training of health care personnel in the minority language. It may be stipulated in the regulations that such divisions shall also include auxiliary members and personal deputies for them separately elected for the purpose by the federal council. The division members shall represent the minority-language group within the hospital district. Matters other than those referred to in section 71, paragraph 2, of the Local Government Act may also be brought before the minority-language division.

Section 22 and 23 were repealed by Act No. 748/1992.

Chapter 6. University hospitals

Section 24

A university hospital shall exist in each of the hospital districts where the universities of Turku, Oulu, Tampere and Kuopio are located. Separate provisions apply to the university hospital in Helsinki.

Section 25

1. A university providing training for physicians in a hospital district is entitled to appoint two members both to the federal council of the hospital district joint municipal board and to the federal board, and one personal deputy for each of them.

2. The voting rights of the university representatives on the federal council shall be 10% of the aggregate voting rights of the federal council members elected by the municipalities. The federal council members appointed by the university shall have no vote when the federal board is elected.

Sections 26 and 27 were repealed by Act No 748/1992.

Section 28

1. Professors at a university medical training unit in a university hospital may, after giving the hospital district joint municipal board their consent, at one and the same time hold a secondary office or position as chief physician at the hospital. Other teachers at the university may, after giving the hospital district joint municipal board their consent, at one and the same time act as physicians at the hospital or occupy other secondary offices or positions there in accordance with further orders issued by the hospital district joint municipal board. (3.8.1992/748)

2. If a professor is not available to carry out the functions of chief physician, or if the hospital district joint municipal board considers that special cause exists, the joint municipal board may, instead of a professor, appoint an associate professor at the university or an officeholder at the hospital with at least the qualification of docent (post-doctorate fellow) as chief physician for a period not exceeding five years at a time. (3.8.1992/748)

3. There may also be chief physicians appointed by the joint municipal board at a university hospital who are not officeholders at the university. (3.8.1992/748)

4. The term 'medical training unit' also refers to dental training units.

Section 29

1. The hospital district joint municipal board and the university will separately agree on the engagement of professors and other teachers at the university medical training unit as physicians and other officials at the university hospital. Likewise, the engagement of professors and teachers at other institutes of higher education as hospital officials will also be agreed on separately.

2. If the hospital district joint municipal board and the university cannot reach agreement on a matter referred to in paragraph 1, the Council of State will resolve the matter.

3. The provisions of paragraph 1 concerning other university teachers apply as appropriate to the engagement of professors and other teachers at other institutes of higher education as holders of secondary offices at a hospital.

Chapter 7. Provision of medical care

Section 30

1. The hospitals and units of a hospital district joint municipal board shall primarily be used to provide residents of member municipalities within the joint municipal board with medical care, unless otherwise required on the basis of arrangements under section 11 or agreements made under section 13 or 14.
2. Notwithstanding paragraph 1, anyone who needs urgent medical treatment shall always be provided with medical care.
3. During the time that they must live in a hospital district other than their own because of their studies, students at universities and other educational institutions in the hospital district shall be provided with medical care at a hospital or other unit of the hospital district joint municipal board. The same applies to those who have to live in another municipality because of their work, or if it is necessary to provide medical care in another hospital district because of some other circumstance.
4. Hospital district joint municipal boards shall take action to transfer patients other than those referred to in paragraph 1 or 3 to the hospital of the appropriate hospital district joint municipal board in cases where this is expedient in terms of the provision of medical care and can be done without endangering the patient's state of health.

Section 31

1. Admission of a patient to a hospital for medical care requires a referral based on an examination performed by a physician, unless otherwise provided by decree.
2. Notwithstanding paragraph 1, persons in need of urgent medical care must be provided with medical care immediately.

Section 32

Medical care given in a hospital and unit and other places on their responsibility shall be directed and supervised by the chief physician concerned or some other physician in the hospital district joint municipal board assigned with this function in the regulations.

Section 33

1. The start and end of a patient's medical care period is decided by the chief physician in accordance with the general guidelines issued by the medical director, or by some other physician in the hospital district joint municipal board in accordance with instructions issued by the chief physician.
2. Within limits allowed by the expedient organization of hospital operations, patients should be given an opportunity to choose their attendant physician from among those at the hospital concerned. The patient should also be directed to the same physician for further treatment, in so far as this is possible in view of the appropriate provision of care.

3. In hospital districts including municipalities with different languages and bilingual municipalities it must be ensured that patients receive medical care in their native language, i.e. Finnish or Swedish.

4. Hospital district joint municipal boards shall also see to it that, when citizens of the Nordic countries use health care services, they can if necessary use their native language, i.e. Finnish, Icelandic, Norwegian, Swedish or Danish. In such cases, joint municipal boards shall, if possible, see to it that Nordic citizens receive the necessary interpreting and translation assistance. (9.10.1992/908)

Section 34

What is provided separately concerning the prevention of communicable diseases, mental health work and mental examinations shall also be observed.

Section 35

Medical care shall be provided at the hospital or other unit under the hospital district joint municipal board where its provision is most expedient in view of the type of disease and the need for examinations, treatment and medical rehabilitation. The distance between the patient's home and the hospital and, as far as possible, the patients' own or their family's wishes concerning the place of treatment shall also be taken into account. Provision of medical care in the patient's native language is a further consideration of particular importance.

Section 35a (31.1.1995/126)

The Ministry of Social Affairs and Health will issue orders concerning the specification of institutional care and the relevant negotiation procedure between the municipalities and the Social Insurance Institution and the related acquisition of opinions.

Section 36

In cases where the patient's disease so requires, the hospital district joint municipal board shall organize transportation for patients treated at any of its units to some other unit or a health centre for treatment or measures to be carried out there.

Chapter 8. Charges

Section 37 (3.8.1992/748)

Fees may be charged for services provided under this Act in accordance with the Act on Welfare and Health Care Fees (734/1992).

Sections 38-41 were repealed by Act No. 748/1992.

Chapter 9. Compensation

Section 42 (23.12.1992/1487)

1. The hospital district joint municipal board which includes the municipality where the patient is domiciled shall compensate another hospital district joint municipal board for expenses incurred in providing the patient with medical care under section 11 and section 30, paragraphs 2 and 3, and other related services under this Act. In other cases, hospital district joint municipal boards are required to pay compensation for treatment and services only in so far as they have approved the treatment to be given in another hospital district.
2. The municipality which made the relevant agreement shall pay compensation for the treatment referred to in section 14, paragraph 2.

Section 43 (23.12.1992/1487)

Unless otherwise agreed, compensation for the treatment referred to in section 42 is calculated on the same grounds as between member municipalities within a hospital district joint municipal board.

Section 44

Unless otherwise agreed, a joint municipal board or municipality running a health centre shall compensate a hospital district joint municipal board for services provided under section 10, paragraph 3, on grounds laid down by decree.

Section 44a (9.10.1992/908)

1. If the compensation referred to in this chapter is not paid on the due date, penalty interest may be charged as of the due date at an annual rate not exceeding the rate laid down in section 4, paragraph 3, of the Interest Act. (3.3.1995/302)
2. The due date used as the basis for charging penalty interest shall be at the earliest two weeks from when the treatment on which the liability is based was received.

Chapter 10. Organization of teaching and research

Section 45

1. The university concerned is entitled to use the university hospital referred to in section 24 for teaching and research purposes as needed for its medical training unit.
2. Universities or other authorities responsible for training health care personnel and for health care research are also entitled to use hospitals and separate units of hospital district joint municipal boards for health care training and research purposes other than those referred to in paragraph 1, as agreed between the medical district joint municipal board and the authority engaging in the training and research.

Section 46

Medical district joint municipal boards shall see to it that premises fitted with the fixtures and equipment needed for training and research purposes, and facilities for the training and research staff and students that have to be located at the joint municipal board institution, are placed at the disposal of the university or other authority concerned.

Section 47 (5.12.1996/1003)

1. Hospital district joint municipal boards with a university hospital are compensated out of State funds for expenses incurred from basic and specialist training for physicians and university-level health research provided at health care units within the expert responsibility area concerned. In the case of training, the compensation is based on the weighted number of physician's degrees completed and, in the case of research, on the weighted number of scientific publications. Each calendar year, each university shall provide the Ministry of Social Affairs and Health with a report on the number of degrees completed and the number of published research projects at the university hospital.

2. Besides university hospitals, university-level health research can be conducted at other health care units. University hospitals coordinate such research activities with other health care units. Joint municipal boards running university hospitals shall use these compensation payments to cover expenses incurred from such activities by other health care units.

Section 47a (5.12.1996/1003)

1. In cases where basic professional training for physicians is provided in health care units other than a university hospital, the joint municipal board running the university hospital shall pay compensation to the joint municipal board, municipality or other service provider concerned.

2. Health care units other than university hospitals used by universities for providing specialist training for physicians shall receive compensation out of State funds on computational grounds for expenses incurred from the provision of specialist training in accordance with a training programme approved by the university concerned. The compensation shall be based on actual training months.

3. The municipality or joint municipal board responsible for a hospital district or health centre is compensated out of State funds on computational grounds for expenses incurred from the provision of training referred to in section 4 of the Decree on Further Medical Training in Primary Health Care (1435/1993). The compensation shall be based on the number of physicians and training months.

Section 47b (5.12.1996/1003)

The Ministry of Social Affairs and Health will establish the weightings and unit prices of physician's degrees and scientific publications and issue other orders on the grounds for compensation and how the compensation for research is to be used. Provincial State offices pay the compensation to joint municipal boards running university hospitals. In the case of municipalities, joint municipal boards and other service providers running

hospitals or health centres, the compensation for providing specialist training for physicians is paid by the provincial State office every six months on the basis of a report made by the municipality, joint municipal board or other service provider and approved by the university concerned. The compensation for further medical training in primary health care is paid by the provincial State office every six months on the basis of a report made by the municipality or joint municipal board concerned. In other cases, what is provided in chapters 5 and 6 of the Act on State Grants to Municipalities (688/1992) applies as appropriate to matters related to compensation payments, other procedures and appeal.

Section 48

If the facilities referred to in section 46 are taken over for permanent use by the hospital district joint municipal board, the joint municipal board shall pay the State a part of the property value equal in proportion to the compensation paid by the university or other authority, unless the Council of State decides otherwise. Based on the expenses incurred, the joint municipal board shall be paid a State subsidy specified in accordance with the Act on Planning and State Subsidies for Welfare and Health Care.

Section 49

Officeholders in the hospital district joint municipal boards are required to take part in health care teaching and research operations as agreed between the joint municipal board and the university or other authority.

Section 50 was repealed by Act No. 1003/1996.

Chapter 11. Chapter 11 was repealed by Act No. 748/1992.

Chapter 12. Compensation when the division into hospital districts is changed (3.8.1992/748)

Section 54 was repealed by Act No. 748/1992.

Section 55 was repealed by Act No. 1127/1998.

Chapter 13. Miscellaneous provisions

Section 56 was repealed by Act No. 748/1992.

Section 56a (Permanent amendment 23.12.1992/1487)

Hospital district joint municipal boards shall have an equalization system to share out liabilities incurred by member municipalities from exceptionally high per-patient expenses.

Section 57

1. Elected officials and employees of hospital district joint municipal boards and other persons performing functions for them or working in their institutions shall not without permission disclose any confidential information concerning individuals or families that they have learnt on the basis of their position or office. The confidentiality duty also continues after the employment relationship or function has ended.
2. Paragraph 1 does not prevent disclosure to persons entitled to obtain such information in their official capacity.
3. The punishment for a violation of confidentiality as referred to in paragraph 1 shall be imposed in accordance with chapter 38, section 1 or 2, of the Penal Code, unless the act is punishable under chapter 40, section 5, of the Penal Code or a more severe punishment is provided for the act elsewhere in the law. (21.4.1995/637)

Paragraph 4 was repealed by Act No. 637/1995.

Section 58

Hospital district joint municipal boards are required to provide competent State and municipalities with any information and reports on their operations under this Act that are considered necessary for the appropriate performance of their functions.

Section 58a (9.10.1992/908)

Derogations from the provisions of this Act are possible under international agreements binding on Finland.

Section 59

Further provisions on the application of this Act will be issued by decree.

Section 60

Provisions on the implementation of this Act will be issued separately.