

Health Services Organisation Act

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(RT¹ I 2001, 50, 284),

entered into force 1 January 2002,

amended by the following Acts: 17.12.2009 entered into force 01.01.2010, partially 01.04.2010 - RT I 2009, 67, 461;

30.09.2009 entered into force 01.01.2010, partially 01.04.2010 (in this Act the words "Health Care Board" have been replaced by the words «Health Board» in the appropriate case form) - RT I 2009, 49, 331;

15.06.2009 entered into force 24.07.2009 - RT I 2009, 39, 262;

21.05.2009 entered into force 01.07.2009, partially 01.04.2010 - RT I 2009, 29, 176;

17.12.2008 entered into force 01.01.2009 - RT I 2008, 58, 329;

10.12.2008 entered into force 01.01.2009 - RT I 2008, 58, 326;

19.06.2008 entered into force 01.07.2008 - RT I 2008, 30, 191;

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(15.02.2007 entered into force 01.01.2008 - RT I 2007, 24, 127)

24.01.2007 entered into force 01.01.2008 - RT I 2007, 12, 66;

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28.06.2004 entered into force 01.08.2004 - RT I 2004, 56, 400;

14.04.2004 entered into force 01.05.2004 - RT I 2004, 29, 192;

12.02.2003 entered into force 01.11.2003 - RT I 2003, 26, 160;

12.02.2003 entered into force 01.04.2003 - RT I 2003, 26, 157;

18.12.2002 entered into force 01.01.2003 - RT I 2002, 110, 661;

19.06.2002 entered into force 01.10.2002 - RT I 2002, 62, 377;

19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375;

19.06.2002 entered into force 09.07.2002 - RT I 2002, 57, 360.

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.

(10.12.2008 entered into force 01.01.2009 - RT I 2008, 58, 326)

(2¹) This Act applies to the organisation of the provision of health services in prisons with the specifications resulting from the Imprisonment Act (RT I 2000, 58, 376; 2002, 84, 492; 90, 521; 2003, 4, 20; 20, 116; 26, 157).

(12.02.2003 entered into force 01.04.2003 - RT I 2003, 26, 157)

(3) The provisions of the Administrative Procedure Act (RT I 2001, 58, 354; 2002, 53, 336; 61, 375; 2003, 20, 117) apply to administrative proceedings prescribed in this Act, taking account of the specifications provided for in this Act.

(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)

§ 2. Health services

(1) Health services are the activities of health care professionals for the prevention, diagnosis or treatment of diseases, injuries or intoxication in order to reduce the malaise of persons, prevent the deterioration of their state of health or development of the diseases, and restore their health. The Minister of Social Affairs shall establish the list of health services.

(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 speciality with regard to which the Health Board has issued a certificate of registration of the person as a health care professional.
- 3) A health care professional shall pay a state fee pursuant to the rate provided for in the State Fees Act for the issue of a certified transcript of a certificate of registration.

(07.12.2006 entered into force 01.01.2007 - RT I 2006, 58, 439)

§ 4. Health care providers

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

§ 4¹. Processing of personal data

- (1) Health care providers, who have the obligation to maintain confidentiality arising from law, have the right to process personal data required for the provision of a health service, including sensitive personal data, without the permission of the data subject.
- (2) Data relating to the state of health of a data subject who is in hospital may be transmitted to or the data may be accessed by those closest to him or her, except if:
 - 1) the data subject has prohibited access to the data or transmission of the data;
 - 2) a body conducting an investigation has prohibited access to the data or transmission of the data in the interests of preventing a criminal offence, of apprehending a criminal offender or ascertaining the truth in a criminal proceeding.

(15.02.2007 entered into force 01.01.2008 - RT I 2007, 24, 127)

§ 4². Maintaining records of provision of health services

(20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

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

(21.05.2009 entered into force 01.07.2009 - RT I 2009, 29, 176)

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

(21.05.2009 entered into force 01.07.2009 - RT I 2009, 29, 176)

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

(21.05.2009 entered into force 01.07.2009 - RT I 2009, 29, 176)

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

(20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

Chapter 2

Organisation of Provision of Health Services

Division 1

Emergency Care

§ 5. Definition of emergency care

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

§ 6. Provision of emergency care

(1) Every person in the territory of the Republic of Estonia has the right to receive emergency care.

(2) Health care professionals are required to provide emergency care within the limits of their competence and with the means available.

(3) Emergency care provided to persons insured by compulsory health insurance and persons equal thereto (hereinafter persons covered by health insurance) shall be paid for from the funds designated for health insurance in the state budget.

(4) Emergency care provided to a person not covered by health insurance shall be paid for out of the funds prescribed for such purpose in the state budget, on the basis of a contract entered into between the Minister of Social Affairs and the Estonian Health Insurance Fund and pursuant to the Health Insurance Act (RT I 2002, 62, 377; 2003, 20, 116).

(19.06.2002 entered into force 01.10.2002 - RT I 2002, 62, 377)

Division 2

General Medical Care

§ 7. Definition of general medical care

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

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

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

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

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

(17.12.2009 entered into force 01.01.2010 - RT I 2009, 67, 461)

§ 8. Practice list of family physician

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

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

(3) Every citizen of the Republic of Estonia and alien staying in Estonia on the basis of a residence permit who is covered by health insurance has the right to register

in the practice list of a family physician and change a family physician on the basis of a written application. A person shall be transferred to the practice list of a new family physician as of the first day of the following calendar month.

(4) The practice list of a family physician comprises persons registered with the family physician and persons determined by the county governor on the basis of permanent residence, taking into account the maximum number of persons on a practice list. The Minister of Social Affairs shall establish the maximum number of persons on practice lists, and the bases of and procedure for the compilation, amendment and comparison of practice lists.

(5) The Minister of Social Affairs shall approve the maximum number of practice lists by counties.

(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.

(17.12.2009 entered into force 01.01.2010 - RT I 2009, 67, 461)

(6¹) The work instructions of family physicians and health care professionals working together with family physicians shall be established by a regulation of the Minister of Social Affairs.

(17.12.2009 entered into force 01.01.2010 - RT I 2009, 67, 461)

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

(8) If a family physician is absent from work, a physician qualified as a family physician shall substitute temporarily for the family physician. The qualification of a family physician is not required if temporary substitution lasts less than three months. A family physician shall notify the county governor of temporary substitution in writing within ten days as of the commencement of temporary substitution. A family physician shall notify the persons entered in his or her practice list of temporary substitution setting out the duration of the temporary substitution and the name and qualification of the temporary substitute. Temporary substitution lasts for up to one year and, in the case of parental leave, until the time provided for in the Holidays Act.

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

§ 9. Service area of family physician

The service area of a family physician is an area of a local government determined by the county governor where the family physician provides general medical care to the persons residing or temporarily staying there who are not included in the practice list of the family physician. The procedure for the payment for general medical care to persons not included in the practice list of a family physician shall be established by the Minister of Social Affairs.

§ 10. Place of business of family physician

The Minister of Social Affairs shall establish the requirements for the facilities, installations and equipment of places of business of family physicians.

§ 11. Financing of general medical care

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

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

§ 12. Legal form of practising as family physician

Family physicians may practise as sole proprietors or found companies providing general medical care.

§ 13. Specifications of companies providing general medical care

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

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

(3) Companies providing general medical care shall not be partners or shareholders of companies providing specialised medical care.

§ 14. Area of activity

(1) A company providing general medical care shall not have another area of activity besides provision of general medical care, independent provision of nursing, independent provision of midwifery care, provision of social services, and teaching and scientific research in health care.

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

(21.05.2009 entered into force 01.04.2010 - RT I 2009, 29, 176)

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

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

- 1) family physicians providing health services through the company;
- 2) local governments in whose administrative territory the place of business of the company which provides general medical care is located.

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

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

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

(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 family physician who commences provision of health services through this company, or decide to dissolve the company. If the family physician does not exercise the specified right, the company shall be dissolved by a court judgment at the request of the person who grants the right to compile practice lists.

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

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

(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 family physician who commences provision of health services through this company, or decide to dissolve the company. If the successor does not exercise the specified rights, the company shall be dissolved by a court judgment at the request of the person who grants the right to compile practice lists.

Division 3

Emergency Medical Care

§ 16. Definition of emergency medical care

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

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

§ 17. Provision of emergency medical care

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

(16.12.2004 entered into force 31.12.2004 - RT I 2004, 89, 612)

(1¹) Owners of ambulance crews are providers of service of vital importance specified in clause 34 (2) 2) of the Emergency Act.

(15.06.2009 entered into force 24.07.2009 - RT I 2009, 39, 262)

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

(3) The Minister of Social Affairs shall establish:

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

(22.11.2006 entered into force 01.01.2007 - RT I 2006, 56, 416)

2) (Repealed - 22.11.2006 entered into force 01.01.2007 – RT I 2006, 56, 416)

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 - 22.11.2006 entered into force 01.01.2007 – RT I 2006, 56, 416)

(4) The Health Board shall:

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

(22.11.2006 entered into force 01.01.2007 - RT I 2006, 56, 416)

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

3) organise the temporary substitution of ambulance crews.

4) (Repealed - 22.11.2006 entered into force 01.01.2007 – RT I 2006, 56, 416)

(4¹) Upon deciding on entry into a contract, renewal of a contract and the term of a contract, the Health Board shall take into account the following circumstances:

1) the term of validity of the activity licence required for the provision of emergency medical care;

2) the need of the specific service area for emergency medical care;

3) sustainability of the owner of the ambulance crew;

4) the quality and conditions of the emergency medical care service;

5) compliance with legislation regulating the provision of health services by the owner of the ambulance crew;

6) the number of ambulance crews established on the basis of clause (3) 1) of this section.

(22.11.2006 entered into force 01.01.2007 - RT I 2006, 56, 416)

(4²) The Health Board shall enter into a new contract with an owner of an ambulance crew who has provided service in compliance with the conditions provided for in subsection (4¹) of this section and the contract under public law. The owner of an ambulance crew and the Health Board may amend the contract only by taking account of the circumstances provided for in subsection (4¹) of this section.

(22.11.2006 entered into force 01.01.2007 - RT I 2006, 56, 416)

(4³) The Health Board is not required to enter into a contract for provision of emergency medical care with all the owners of ambulance crews.

(22.11.2006 entered into force 01.01.2007 - RT I 2006, 56, 416)

(4⁴) The Health Board shall organise a public competition for selecting a provider of emergency medical care if at least one of the following circumstances exists:

- 1) the owner of an ambulance crew who has provided the service so far withdraws from providing the service and the need for emergency medical care remains in this specific service area;
- 2) the Health Board decides not to enter into a contract with the owner of an ambulance crew who has provided the service so far or terminates the contract due to non-compliance of the owner of the ambulance crew or the service provided thereby with the requirements established by this Act;
- 3) the Health Board has revoked the activity licence for the provision of emergency medical care of the owner of an ambulance crew;
- 4) the division of service areas is changed;
- 5) temporary substitution lasts for more than thirty days.

(22.11.2006 entered into force 01.01.2007 - RT I 2006, 56, 416)

(4⁵) A competition shall be announced within fifteen days as of the occurrence of a circumstance specified in subsection (4⁴) of this section). The conditions and procedure for conducting a public competition shall be established by a regulation of the Minister of Social Affairs. If necessary, the Health Board shall organise the provision of the service through temporary substitution until entry into contract with the winner of the competition.

(22.11.2006 entered into force 01.01.2007 - RT I 2006, 56, 416)

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

(16.12.2004 entered into force 31.12.2004 - RT I 2004, 89, 612)

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

§ 18. Legal form of provision of emergency medical care

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

(2) A legal person which owns an ambulance crew shall engage in no other area of activity than the provision of emergency medical care or teaching and scientific research in health care. A sole proprietor who owns an ambulance crew may provide only emergency medical care under the business name entered in the commercial register.

(18.12.2002 entered into force 01.01.2003 - RT I 2002, 110, 661)

(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 - 22.11.2006 entered into force 01.01.2008 – RT I 2006, 56, 416)

§ 19. Financing of emergency medical care

(1) Emergency medical care shall be paid for from the state budget through the Ministry of Social Affairs.

(2) The Minister of Social Affairs shall establish the procedure for the financing of emergency medical care.

Division 4

Specialised Medical Care

§ 20. Definition of specialised medical care

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

(2) The Minister of Social Affairs shall establish the list of specialist fields of specialised medical care.

§ 21. Provision of specialised out-patient care

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

(19.06.2002 entered into force 09.07.2002 - RT I 2002, 57, 360)

(2) The Minister of Social Affairs shall establish the requirements for the facilities, installations and equipment necessary for the provision of specialised out-patient care.

§ 22. Hospital

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

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

(3) A company or foundation which operates a hospital shall not have another area of activity besides providing specialised medical care, emergency medical care and social services, teaching and scientific research in health care, maintaining a hospital pharmacy, manufacture of full blood and blood components and handling of tissues and organs.

(16.12.2004 entered into force 01.03.2005 - RT I 2005, 2, 4; 04.06.2008 entered into force 01.01.2009 - RT I 2008, 25, 163)

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

(18.12.2002 entered into force 01.01.2003 - RT I 2002, 110, 661)

(4¹) Owners of regional hospitals and central hospitals are providers of service of vital importance specified in clause 34 (2) 2) of the Emergency Act.

(15.06.2009 entered into force 24.07.2009 - RT I 2009, 39, 262)

(5) An owner of a hospital shall submit the functional development plan prepared on the basis of subsection 56 (1) 3) of this Act and the budget of the hospital to the Ministry of Social Affairs. The Minister of Social Affairs shall establish the

conditions and procedure for the submission and disclosure of the functional development plans and budgets of hospitals.

(28.06.2004 entered into force 01.01.2005 - RT I 2004, 56, 400, 22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

§ 23. Financing of specialised medical care

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

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

Division 5

Nursing

§ 24. Definition of nursing

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

(1¹) Students commencing studies in IV course at a university or III course at an institution of applied higher education who study to become health care professionals have the right to provide nursing during their studies under the supervision and responsibility of a health care professional registered as a nurse.

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

(2) The Minister of Social Affairs shall establish the list of nursing specialties.

§ 25. Independent provision of nursing

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

(18.12.2002 entered into force 01.01.2003 - RT I 2002, 110, 661)

(1¹) The restriction on the legal form of the provision of nursing specified in subsection (1) of this section does not apply to the providers of social services specified in clause 10 1⁶) of the Social Welfare Act.

(17.12.2008 entered into force 01.01.2009 - RT I 2008, 58, 329)

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

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

§ 26. Financing of independent nursing

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

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

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

(17.12.2008 entered into force 01.01.2009 - RT I 2008, 58, 329)

Division 5¹

Midwifery Care

(21.05.2009 entered into force 01.04.2010 - RT I 2009, 29, 176)

§ 26¹. 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.

(21.05.2009 entered into force 01.04.2010 - RT I 2009, 29, 176)

§ 26². 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 Minister of Social Affairs shall establish the list of midwifery services which are permitted to be provided independently.

(4) The Minister of Social Affairs shall establish the requirements for facilities, installations, equipment and instruments necessary for the independent provision of midwifery care.

(21.05.2009 entered into force 01.04.2010 - RT I 2009, 29, 176)

§ 26³. Financing of independent midwifery care

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

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

(21.05.2009 entered into force 01.04.2010 - RT I 2009, 29, 176)

Chapter 3

Requirements for Provision of Health Services

Division 1

Registration and Recognition of Professional Qualifications of Health Care Professionals

(19.06.2008 entered into force 01.07.2008 - RT I 2008, 30, 191)

§ 27. Legal effect of registration

(1) Registration grants a health care professional the right to provide health services.

(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.

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

§ 27¹. National register of health care professionals

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

(2) The purpose of the national register of health care professionals is to register health care professionals in order to ensure national protection of the consumers of health services through provision of health services by persons who have the required qualifications and supervision over them and the required data for government agencies for the performance of the functions of the management and organisation of health care arising from Acts and other legislation and for the organisation of health statistics. Registration grants health care professionals the right to provide health services in the speciality set out in the document certifying his or her qualifications and the certificate of registration issued upon registration.

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

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

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

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

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

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

§ 28. Registration proceedings

(1) A person applying for registration shall submit a registration application and a copy of the document certifying his or her qualifications to the Health Board.

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

(07.12.2006 entered into force 01.01.2007 - RT I 2006, 58, 439)

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

(3) The Minister of Social Affairs shall establish a list of the documents certifying qualifications which are the bases for the registration of health care professionals.

(4) The Health Board shall verify the correctness of information submitted in the documents certifying qualifications and shall make a registration decision within one month as of submission of the documents specified in subsection (1) of this section, except in the cases specified in subsections 29 (1¹) and 30 (2) of this Act.

(14.04.2004 entered into force 01.05.2004 - RT I 2004, 29, 192; 19.06.2008 entered into force 01.07.2008 - RT I 2008, 30, 191)

(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 speciality specified in the application for registration.

(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375; 22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

(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.

(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)

(7) (Repealed - 19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)

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

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

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

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

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

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

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

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

(19.06.2008 entered into force 01.07.2008 - RT I 2008, 30, 191)

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

(19.06.2008 entered into force 01.07.2008 - RT I 2008, 30, 191)

(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 speciality set out in the document in the corresponding Member State of the European Economic Area or in Switzerland.

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

(19.06.2008 entered into force 01.07.2008 - RT I 2008, 30, 191)

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

(14.04.2004 entered into force 01.05.2004 - RT I 2004, 29, 192)

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

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

(14.04.2004 entered into force 01.05.2004 - RT I 2004, 29, 192)

(1¹) 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 speciality in the Member State of the European Economic Area or Switzerland where his or her qualifications were recognised, the Health Board shall decide on the recognition of the person's qualifications or obligation to take an aptitude test pursuant to the provisions of the Recognition of Foreign Professional Qualifications Act. Upon application for registration, the person shall submit a document certifying the required work experience and the right of the person to provide health services in a Member State of the European Economic Area or in Switzerland in addition to the documents required in subsection 28 (1) of this Act.

(14.04.2004 entered into force 01.05.2004 - RT I 2004, 29, 192; 19.06.2008 entered into force 01.07.2008 - RT I 2008, 30, 191)

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

(19.06.2008 entered into force 01.07.2008 - RT I 2008, 30, 191)

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

(19.06.2008 entered into force 01.07.2008 - RT I 2008, 30, 191)

(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 speciality in Estonia.

(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)

§ 31. Certificate

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

(2) A certificate shall set out:

- 1) the number of the certificate;
- 2) the personal data of the health care professional;
- 3) the speciality of the health care professional;
- 4) the date and place of issue of the certificate.

(3) The Minister of Social Affairs shall establish the standard format for certificates.

§ 31¹. Recognition of professional qualifications

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

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

- 1) given name and surname;
- 2) registration number;
- 3) the year of matriculation to a university or medical school;
- 4) the state in which he or she intends to apply for recognition;
- 5) the speciality in which recognition is applied for.

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

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

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

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

(19.06.2008 entered into force 01.07.2008 - RT I 2008, 30, 191)

§ 32. Deletion from register

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

- 1) if a conviction by a court which deprives the health care professional of the right to engage in the speciality set out in the document certifying his or her qualifications or in the register has entered into force in respect of the health care professional, or
- 2) after the death of the person.

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

§ 32¹. Suspension of registration

In the case of failure to comply with a precept issued pursuant to § 62 of this Act, the Health Board may suspend the registration of a health care professional in the register established on the basis of subsection 27¹ (1) of this Act for up to one year.

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

§ 33. Temporary provision of health services

A person who has acquired his or her qualifications in a Member State of the European Economic Area or in Switzerland may temporarily provide health services in Estonia without the registration obligation required pursuant to § 27 of this Act and an activity licence required pursuant to § 40 of this Act in compliance with the provisions of Chapter 3 of the Recognition of Foreign Professional Qualifications Act.

The competent authority for the purposes of Chapter 3 of the Recognition of Foreign Professional Qualifications Act is the Health Board.

(14.04.2004 entered into force 01.05.2004 - RT I 2004, 29, 192; 19.06.2008 entered into force 01.07.2008 - RT I 2008, 30, 191)

Division 2

Right to Practise as Family Physician

§ 34. Compiling of practice lists

(1) In order to grant the right to compile a practice list, a county governor shall conduct a public competition pursuant to the procedure established by the Minister of Social Affairs.

(2) An applicant for the right to compile a practice list shall submit the following documents and information to the county governor:

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;

(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)

2) the names and personal identification codes of the health care professionals working together with the family physician.

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

3) (Repealed - 19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)

§ 35. Grant of right to practise as family physician

(1) The practice list of a family physician and the service area of a family physician shall be determined by an order of the county governor.

(2) The right to practise as family physician arises upon entry into force of an order specified in subsection (1) of this section.

(3) A family physician is required to bring the facilities, installations and equipment of his or her place of work into accordance with the requirements established pursuant to this Act, register the processing of sensitive personal data with the data protection supervision authority and ensure transmission of information to the Health Information System within two months as of entry into force of an order specified in subsection (1) of this section.

(20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

§ 36. Duty to disseminate information

(1) A county governor is required to inform the Health Care Board of the place of business and address of a family physician and the staff of health care professionals working together with the family physician within one month as of grant of the right to practise as family physician.

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

- 1) a digitally signed notice concerning a change in the staff of health care professionals working together with him or her immediately after becoming aware of the change and shall indicate the date of occurrence of such change;
- 2) a notice concerning a change in the place of business and address within thirty days after the change takes place.

(20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

(3) A family physician is required to prepare reports on health care statistics and economic activities in the field of health care in accordance with the requirements established pursuant to clause 56 (1) 1) of this Act and submit these to the county governor.

§ 37. Deprivation of right to practise as family physician

(1) A county governor shall issue an order to deprive a family physician of the right to practise as family physician if:

- 1) so requested by the family physician himself or herself;
- 2) in respect of the family physician, a conviction by a court which deprives the family physician of the right to practise as family physician has entered into force;
- 3) the family physician does not bring the facilities, installations or equipment of his or her place of business into accordance with the requirements established pursuant to this Act within two months as of approval of the practice list and determination of the service area;
- 4) the facilities, installations or equipment of the place of business of the family physician do not comply with the requirements established pursuant to this Act;
- 5) the quality of the provided health services is not in compliance with the requirements established pursuant to clause 56 (1) 7) of this Act;

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

7) the family physician is declared to be missing;

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

9) (Repealed - 14.04.2004 entered into force 01.05.2004 - RT I 2004, 29, 192)

10) temporary substitution of the family physician lasts longer than the period established in subsection 8 (8) of this Act;

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

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

(20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

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

(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375; 20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

(3) Upon failure to comply with a precept specified in subsection (2) of this section, the county governor may impose penalty payment pursuant to the procedure provided for in the Substitutive Enforcement and Penalty Payment Act (RT I 2001, 50, 283; 94, 580) or issue an order to deprive the family physician of the right to practise as family physician.

(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)

(4) The maximum rate of penalty payment specified in subsection (3) of this section is 10 000 kroons.

(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)

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

(14.04.2004 entered into force 01.05.2004 - RT I 2004, 29, 192; 20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

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

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

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

§ 39. Restrictions on activities of family physicians

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

Division 3

Activity Licence

§ 40. Requirement for activity licence

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

An activity licence is required for:

- 1) the provision of emergency medical care;
- 2) the provision of specialised medical care;
- 3) the independent provision of nursing;
- 4) the independent provision of midwifery care.

(21.05.2009 entered into force 01.04.2010 - RT I 2009, 29, 176)

§ 40¹. Scope of activity licence

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

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

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

§ 41. Application for activity licence

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

1) an application which sets out the name of the applicant, the commercial register or non-profit associations and foundations register code or the personal identification code of a sole proprietor not entered in the commercial register and the place of business, address and the telecommunications numbers;

(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375; 22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

2) copies of the memorandum of association or foundation resolution and the articles of association or partnership agreement of the legal person being founded;

3) the name, personal identification code or date of birth, residence and business name of the undertaking, in the case of a sole proprietor;

(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)

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;

4¹) 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;

(10.12.2008 entered into force 01.01.2009 - RT I 2008, 58, 326)

5) the list of health services for the provision of which the activity licence is being applied for;

6) the names and personal identification codes of the health care professionals and, upon application for an initial activity licence, the written consents of the health care professionals to commence work at the health care provider which applies for the activity licence;

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

7) upon application for a licence for the provision of emergency medical care, the number, staff and equipment of ambulance crews being applied for;

8) upon application for a licence for the provision of specialised in-patient care, the type of hospital being applied for;

- 9) the part of the plan pertaining to the medical technology of facilities which contains information on the facilities, installations and equipment;
- 10) information concerning registration of processing of sensitive personal data with the data protection supervision authority;
- 10¹) information concerning compliance with the requirements set for data exchange with the Health Information System.

(20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

11) (Repealed - 19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)

12) (Repealed - 19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)

§ 42. Decision on issue of activity licence

(1) The issuer of activity licences shall verify the documents and information submitted by an applicant and whether or not the health care professionals specified by the applicant have been registered with the Health Board. The issuer of activity licences shall make a decision on issue of an activity licence or refusal to issue thereof within two months as of submission of the documents and information specified in § 41 of this Act.

(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375; 22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

(1¹) The decision to issue an activity licence shall set out the following:

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

- 1) the person making the decision;
- 2) the name, place of business and address of the recipient of the activity licence, in the case of a sole proprietor, his or her name, personal identification code, residence and business name;
- 3) the number of the activity licence and date of the decision;
- 4) the basis for the decision;
- 5) in the case of a licence for the provision of specialised medical care, the list of health services which the person may provide;
- 6) in the case of a licence for the provision of emergency medical care, the number of ambulance crews;
- 7) in the case of a licence for the provision of specialised in-patient care, the type of hospital and the list of the health services provided;
- 8) the term of validity of the activity licence;

- 9) the procedure for contesting the decision;
(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)
- 10) the given name, surname and speciality of the health care providers.
(21.05.2009 entered into force 01.07.2009- RT I 2009, 29, 176)
- (2) Before submission of an application, the applicant shall pay a state fee.
(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)

§ 43. Issue of activity licences

- (1) The Health Board shall issue activity licences.
- (2) (Repealed - 22.11.2006 entered into force 01.01.2008 – RT I 2006, 56, 416)
- (3) A decision to issue an activity licence shall be published in the official publication *Ametlikud Teadaanded*².
- (4) An activity licence for the provision of health services shall be issued to an owner of a hospital specified in the development plan of the hospital network only with respect to a type of hospital approved for the owner in the development plan of the hospital network.
(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)
- (5) (Repealed - 20.12.2007 entered into force 28.01.2008 – RT I 2008, 3, 22)
- (6) The Health Board shall disclose all the information specified in clauses 42 (1¹) 1)-10) on a web site.
(21.05.2009 entered into force 01.07.2009 - RT I 2009, 29, 176)

§ 44. (Repealed - 22.11.2006 entered into force 01.01.2008 – RT I 2006, 56, 416)

§ 45. Refusal to issue activity licence

- (1) An activity licence shall not be issued if:
- 1) the applicant for the activity licence fails to submit the documents or information specified in § 41 of this Act;
 - 2) the applicant for the activity licence does not comply with the requirements which are set for the provision of the health services being applied for;
 - 3) the applicant for the activity licence is bankrupt;
 - 4) the applicant knowingly submits false information;
- (19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)

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

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

(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)

§ 46. Term of activity licence

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

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

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

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

§ 47. Duty to disseminate information

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

1) of a change in the staff of health care professionals immediately after becoming aware of the corresponding change and shall indicate the date of occurrence of such change;

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

(13.10.2004 entered into force 01.12.2004 - RT I 2004, 75, 520; 20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

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

(20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

(2) The holder of an activity licence is required to prepare health care statistics and reports on economic activities in the field of health care in accordance with the

requirements established pursuant to clause 56 (1) 1) of this Act and submit these to the county governor.

(3) The Defence Forces shall submit the information specified in subsections (1) and (2) of this section to the Ministry of Defence who shall forward it to the Health Board or the county governor.

(10.12.2008 entered into force 01.01.2009 - RT I 2008, 58, 326)

§ 48. Revocation of activity licences

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

- 1) so requested by the holder of the activity licence;
- 2) the facilities, installations or equipment for the provision of specialised medical care or independent provision of nursing are not in compliance with the requirements established pursuant to this Act;
- 2¹) the facilities, installations, equipment or instruments for independent provision of midwifery care are not in compliance with the requirements established pursuant to this Act;

(21.05.2009 entered into force 01.04.2010 - RT I 2009, 29, 176)

- 3) the staff or equipment of the ambulance crew are not in compliance with the requirements established pursuant to this Act;
- 4) changes in the staff of health care professionals prevent provision of the health service for the provision of which the activity licence has been issued;
- 5) the quality of the health services is not in compliance with the requirements established pursuant to clause 56 (1) 7) of this Act;
- 6) the holder of the activity licence fails to commence the provision of health services for the provision of which the activity licence has been issued within one year after the activity licence is issued;
- 7) the health care provider provides health services for the provision of which he or she does not have an activity licence;
- 8) a person providing specialised medical care who holds the right to handle infectious material fails to comply with the requirements for handling infectious material established by the Communicable Diseases Prevention and Control Act;
- 8¹) the health care provider or an employee thereof materially violates personal data processing requirements.

(12.02.2003 entered into force 01.11.2003 - RT I 2003, 26, 160; 20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

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

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

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

(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375; 22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

(1²) Upon failure to comply with a precept specified in subsection (1¹) of this section, the Health Board may impose penalty payment pursuant to the procedure provided for in the Substitutive Enforcement and Penalty Payment Act or revoke the activity licence.

(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)

(1³) The maximum rate of penalty payment specified in subsection (1²) of this section is 10 000 kroons.

(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)

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

- 1) the name, place of business and address of the holder of the activity licence, in the case of a sole proprietor, his or her name, personal identification code, residence and business name;
- 2) the number and date of issue of the activity licence;
- 3) the circumstances which caused revocation of the activity licence and a reference to the provision of law pursuant to which the activity licence is revoked;
- 4) the date on which the decision was made;
- 5) the name, title and signature of the person who made the decision.

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

§ 49. Partial revocation of activity licences

(1) If the bases for revocation of an activity licence exist only with regard to some of the provided health services, the activity licence may be revoked partially.

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

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

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

§ 50. Application for new activity licence

(1) The holder of an activity licence shall apply for the issue of a new activity licence:

- 1) at least two months before the expiry of the activity licence;
- 2) if he or she wishes to provide a health service for the provision of which he or she does not have a licence;
- 3) if he or she wishes to make changes in the location of the provision of a health service.

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

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

(3) In order to apply for a new activity licence in compliance with subsection (1) of this section, the applicant shall submit the data listed in § 41 of this Act, except for information already known to the Health Board.

(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375; 22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

§ 50¹. National register of activity licences for provision of health services

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

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

(21.05.2009 entered into force 01.04.2010 - RT I 2009, 29, 176)

(3) The issuer of activity licences and, in the case of amendment of information entered in the register, the holder of the activity licence have the obligation to submit information to the authorised processor.

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

(5) The following information is collected in the national register of activity licences for the provision of health services:

- 1) contact details of holders of activity licences;
- 2) information on the activity licences;
- 3) organisational information.

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

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

§ 50². 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,
 - 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 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.
- (5) By 1 February each calendar year, the committee shall submit to the Health Board a report of all the petitions submitted to the committee during the previous calendar year and the assessments of the committee.
- (6) The committee is formed and its membership is approved by the Minister of Social Affairs.
- (7) The rules of procedure of the committee and the procedure for assessment of the quality of health services shall be established by the Minister of Social Affairs.
- (22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

Chapter 4

Financing of Health Care

§ 51. Sources of financing health care

Health care shall be financed:

- 1) from the state budget;
- 2) from rural municipality and city budgets;

- 3) by the patients;
- 4) from other sources.

§ 52. Financing of health care from state budget

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

- 1) the provision of emergency medical care;
- 2) the formation, maintenance and renewal of national health care stockpile;
(09.11.05 entered into force 01.01.06 - RT I 2005, 64, 482; 15.06.2009 entered into force 24.07.2009 - RT I 2009, 39, 262)
- 3) the activity of the expert committee on the quality of health services;
(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)
- 4) national health care programmes;
- 5) research and development in health care;
- 6) state investments on the basis of the development plan of the hospital network approved by the Government of the Republic;
- 7) preparedness to provide health services in an emergency;
- 8) provision of emergency care to persons not covered by health insurance;
- 9) (Repealed - 14.04.2004 entered into force 01.05.2004 - RT I 2004, 29, 192)
- 10) depreciation of the buildings of health care providers;
(22.02.2007 entered into force 01.01.2008 - RT I 2007, 25, 134)
- 11) the Health Information System, except for the expenses of health care providers made for interfacing with the Information System and forwarding of data, including for forwarding of data necessary in order to make the waiting list and medical images available.
(20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

(1¹) 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.

(17.12.2008 entered into force 01.01.2009 - RT I 2008, 58, 329)

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

- 1) the provision of health services to prisoners;

2) administration of coercive treatment and forensic psychiatric examinations imposed on the basis of court judgments;

3) forensic medical examinations.

(2¹) 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 determining of the level of fitness required for service in the Defence Forces in the medical committees specified in subsection 42 (1) of the Defence Forces Service Act;

3) the establishment, storage and replenishment of the medical stockpile, including medicinal products, of the Defence Forces necessary for the functioning of peace-time and war-time health care organisation;

4) the provision of medical rehabilitation for members of the Defence Forces, retired members of the Defence Forces, members of the National Defence League, the persons specified in subsections 2 (1) and (2) and 4 (1) of the Persons Repressed by Occupying Powers Act and the family members of the members of the Defence Forces who have died in the performance of their duties;

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

(10.12.2008 entered into force 01.01.2009 - RT I 2008, 58, 326)

(2²) The extent and procedure of the provision of medical rehabilitation specified in clause (2¹) 4) of this section shall be established by a regulation of the Minister of Defence.

(10.12.2008 entered into force 01.01.2009 - RT I 2008, 58, 326)

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

(19.06.2002 entered into force 01.10.2002 - RT I 2002, 62, 377)

(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.

(22.02.2007 entered into force 01.01.2008 - RT I 2007, 25, 134)

§ 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 5

Management of Health Care

§ 55. Development plan of hospital network

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

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

(12.10.2005 entered into force 18.11.2005 - RT I 2005, 57, 452)

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

(2) (Repealed -28.06.2004 entered into force 01.08.2004 - RT I 2004, 56, 400)

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

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

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

(5) The Minister of Social Affairs has the right to make a proposal, which has been approved by the Estonian Health Insurance Fund, to the Government of the Republic regarding amendment of the list of hospitals set out in the development plan

of the hospital network if the owner of a hospital has acted in accordance with law and the activity licence issued to the owner, and has not violated the contract for payment for health services entered into with the Estonian Health Insurance Fund. (22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

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

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

(7) (Repealed - 22.11.2006 entered into force 01.01.2008 – RT I 2006, 56, 416)

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

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

§ 56. Duties of Minister of Social Affairs

(1) In addition to legislation specified in this Act, the Minister of Social Affairs shall establish:

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

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

2) (Repealed - 13.10.2004 entered into force 01.12.2004 - RT I 2004, 75, 520)

- 3) the requirements for the functional development plans of hospitals and the procedure for approval of the functional development plan of hospitals and the medical technology part of building design documentation;
(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)
- 4) the requirements for the accessibility of health services and for maintaining waiting lists;
(20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)
- 5) (Repealed - 20.12.2007 entered into force 01.09.2008 – RT I 2008, 3, 22)
- 6) the list of hospitals and undertakings which provide general medical care and specialised medical care which are the training centres for the training preceding and following the acquisition of qualifications by health care professionals, and the procedure for operating as training centre;
- 7) the quality assurance requirements for health services;
- 8) (Repealed - 22.11.2006 entered into force 01.01.2008 – RT I 2006, 56, 416)
- 9) (Repealed - 22.11.2006 entered into force 01.01.2008 – RT I 2006, 56, 416)
- 10) (Repealed - 14.04.2004 entered into force 01.05.2004 - RT I 2004, 29, 192)
- (2) The Minister of Social Affairs shall publish statistical data on health of the previous calendar year within the second quarter of each year in the Internet and within the third quarter as a printed publication.

§ 57. Health Board

- (1) The Health Board shall perform the duties provided for in Division 3 of Chapter 2 and Divisions 1 and 3 of Chapter 3 of this Act.
- (2) The Health Board shall maintain the registers of health care professionals and activity licences in accordance with the Personal Data Protection Act and the Public Information Act and is appointed as the chief processor of the specified state registers.
(24.01.2007 entered into force 01.01.2008 - RT I 2007, 12, 66)

§ 58. Duties of county governors

- (1) Pursuant to this Act, the duties of a county governor are:
 - 1) to collect reports on health care statistics and economic activities in the field of health care in the county, prepare a consolidated report and submit these to the Minister of Social Affairs according to the procedure established pursuant to clause 56 (1) 1) of this Act;

2) to organise the temporary substitution of family physicians practising on the basis of practice lists of the family physicians in the county.

(19.06.2002 entered into force 01.10.2002 - RT I 2002, 62, 377)

(2) A county governor has the right to delegate performance of the duties assigned to him or her by this Act as regards the family physicians operating in the territory of a local government to the local government on the basis of a contract under public law, except performance of the duties provided for in Chapter 6 of this Act.

(19.06.2002 entered into force 01.10.2002 - RT I 2002, 62, 377; 22.11.2006 entered into force 01.01.2007 - RT I 2006, 56, 416)

§ 59. Health care organisation in emergencies

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

1) the competence and duties of the Government of the Republic, the Minister of Social Affairs, the Health Board and the persons providing services in health care, including the providers of a service of vital importance, in responding to emergencies and organisation of emergency preparedness;

2) the procedure for the renewal, maintenance and use of the national health care stockpile required for the functioning of health care organisation and the procedure for the use of income gained from the renewal of such stockpile;

3) the terms and amounts of and procedure for the establishment of the operation stockpile of medicinal products and medical supplies of health care providers;

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

(15.06.2009 entered into force 24.07.2009 - RT I 2009, 39, 262)

Chapter 5¹

Health Information System

(20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

§ 59¹. Health Information System

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

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

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

(20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

§ 59². Forwarding of data to Health Information System

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

1) for maintaining a waiting list pursuant to the provisions based on clause 56 (1) 4) of this Act;

2) for making medical images available pursuant to the provisions based on subsection (3) of this section;

3) concerning the health services provided to patients and for management of health care, including for maintaining registers concerning the state of health established on the basis of law, in compliance with the provisions based on subsection (2) of this section.

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

1) compositions of the data of documents to be forwarded to the Health Information System;

2) the conditions and procedure for the preservation of the documents to be forwarded to the Health Information System.

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

(20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

§ 59³. Granting access to data in Health Information System

- (1) A patient has access to his or her personal data in the Health Information System. In order to protect a patient's life or health, a health care provider may set a time limit upon forwarding data to the Information System in the course of which the patient can first examine his or her personal data only through a health care professional.
- (2) A health care provider has access to the personal data in the Health Information System for entry into and performance of a contract for the provision of a health service.
- (3) A patient has the right to prohibit the access of a health care provider to the personal data in the Health Information System.
- (4) A health care provider shall, on the basis of a wish expressed by a patient, prohibit immediately access to the personal data of the patient in the Information System.
- (5) A forensic expert of a state forensic institution has access to the personal data in the Health Information System for ascertaining the characteristics of injuries on the basis of clause 88 (1) 2) of the Code of Criminal Procedure and for conducting forensic autopsy of a deceased person.
- (6) Other persons have access to personal data in the Health Information System if such right arises from law.

(20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

§ 59⁴. Ethics committee of Health Information System

- (1) The ethics committee of the Health Information System shall assess whether the release of personal data from the Health Information System for the purposes of scientific research or statistics is necessary and justified and shall develop good practice guidelines. The assessment of the ethics committee is not legally binding.
- (2) The ethics committee shall act pursuant to generally recognised principles of medical ethics and personal data protection and international and national legislation.
- (3) An application for release of personal data for the purposes of scientific research or statistics shall be submitted to the chief processor of the Health Information System. The application shall comply with the good practice in scientific research.

(4) The rules of procedure, the number and the procedure for the appointment of the members of the committee shall be established by a regulation of the Minister of Social Affairs.

(20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

Chapter 6

Supervision

§ 60. Supervision of health care

(1) Supervision over compliance with the requirements provided for health care providers in this Act shall be exercised by county governors and officials authorised therefor by the Health Board.

(2) A county governor shall exercise supervision over the activities of family physicians practising in the county on the basis of practice lists of the family physicians.

(3) Supervision over the activities of providers of general medical care, providers of emergency medical care, providers of specialised medical care and independent providers of nursing and midwifery care shall be exercised by the officials of the Health Board authorised therefor.

(17.12.2009 entered into force 01.04.2010 - RT I 2009, 67, 461)

§ 61. Rights of supervisory authority

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

1) enter the place of business of the person being monitored;

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

2) examine the documents certifying provision of health services;

3) receive explanations from the management bodies and health care professionals of the person being monitored;

4) make proposals to the person being monitored regarding improvement of his or her activities, and issue precepts for elimination of deficiencies.

§ 62. Precepts

(1) Precepts shall be issued in writing.

- (2) A precept shall contain the following information:
- 1) information on the person to whom the precept is issued;
 - 2) information concerning the act the performance of which is required;
 - 3) the term for compliance with the precept;
 - 4) the reason for issue of the precept;
 - 5) the date of issue of the precept and the name, position, official title and signature of the person who issued the precept.
- (3) A person to whom a precept is issued may appeal the precept in an administrative court.
- (4) Upon failure to perform the obligation set out in the precept, the supervisory body may:
- 1) impose penalty payment pursuant to the procedure provided for in the Substitutive Enforcement and Penalty Payment Act,
 - 2) make a proposal to the county governor to deprive the family physician of the right to practice as family physician,
 - 3) suspend the registration of the health care professional in the register established on the basis of subsection 27¹ (1) of this Act, or
 - 4) revoke the activity licence pursuant to the provisions of this Act.
- (14.04.2004 entered into force 01.05.2004 - RT I 2004, 29, 192; 22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)
- (4¹) The maximum rate of penalty payment specified in subsection (4) of this section is 10 000 kroons.
- (19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)
- (5) Upon failure to comply with a precept in the Defence Forces, a supervisory authority has the right to suspend the provision of health services until elimination of the deficiencies.

§ 62¹. Submission of protests

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

(19.06.2002 entered into force 01.08.2002 - RT I 2002, 61, 375)

Implementing Provisions

§ 63. (Repealed - 22.11.2006 entered into force 01.01.2008 – RT I 2006, 56, 416)

§ 64. Issue of activity licences

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

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

§ 65. Practising as family physician

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

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

(18.12.2002 entered into force 01.01.2003 - RT I 2002, 110, 661; 22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

§ 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 (RT I 1996, 48, 942; 73, correction notice; 1998, 59, 941; 2002, 32, 188).

(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 (RT I 1993, 37, 558; 1999, 82, 755; 2000, 51, 322; 2001, 24, 133; 82, 489; 100, 642; 2002, 29, 174; 36, 220; 50, 313; 53, 336; 58,

362; 61, 375; 63, 387; 64, 390; 393; 82, 480; 96, 565; 99, 579; 2003, 1, 1; 4, 22; 23, 141).

(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.

§ 66¹. Validity of contracts entered into with owners of ambulance crews

The contracts entered into with the owners of ambulance crews before 1 January 2007 shall be renewed under the conditions provided for in subsection 17 (4²) of this Act and the Administrative Co-operation Act.

(22.11.2006 entered into force 01.01.2007 - RT I 2006, 56, 416)

§ 66². 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 §§ 27¹ and 50¹ of this Act by 1 April 2008.

(22.11.2006 entered into force 01.01.2008 - RT I 2006, 56, 416)

§ 66³. 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 Information System shall be established by the Minister of Social Affairs.

(2) The Health Information System as a whole shall be introduced not later than on 1 January 2013.

(20.12.2007 entered into force 01.09.2008 - RT I 2008, 3, 22)

§§ 67 - 72 (omitted from this text)

§ 73. Entry into force of Act

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

(2) Subsection 22 (2) of this Act enters into force on 1 January 2003 and §§ 12–15 enter into force on 1 January 2005.

(18.12.2002 entered into force 01.01.2003 - RT I 2002, 110, 661)

¹ RT = *Riigi Teataja* = *State Gazette*

² *Ametlikud Teadaanded* = *Official Notices*

³ *ENSV Teataja* = *ESSR Gazette*