

Unofficial translation

Ministry of Social Affairs and Health

Primary Health Care Act (66/1972)

Chapter 1. Primary health care

Section 1. (928/2005)

(1) Primary health care means health promotion addressing individuals, the population and their living environment, including illness and injury prevention, and medical care for individuals.

(2) Unless otherwise provided in other acts or provisions issued under them, the provisions of this Act apply to the primary health care referred to in paragraph 1. Furthermore, provisions on the protection of the health of individuals and their living environment (*environmental health care*) are laid down in the Health Protection Act (763/1994), the Food Act (361/1995), the Act on Food Hygiene of Foodstuffs of Animal Origin (1195/1996), the Act on the Safety of Consumer Goods and Consumer Services (75/2004), the Act on Measures to Reduce Tobacco Smoking (693/1976), the Chemicals Act (744/1989) and the Act on Veterinary Service (685/1990).

Chapter 2. Administration

Section 2. (71/1991)

(1) General planning, guidance and supervision concerning primary health care is the responsibility of the Ministry of Social Affairs and Health.

(2) Guidance and supervision concerning primary health care within each province is the responsibility of the State Provincial Office.

(3) The National Authority for Medicolegal Affairs, under the Ministry of Social Affairs and Health, guides the operations of the State Provincial Offices with a view to harmonising their operational principles, procedures and decision-making practices in the guidance and supervision concerning primary health care. In addition, the Authority guides and supervises primary health care in particular as far it is question of:

- 1) matters that are important as a matter of principle or far-reaching;
- 2) matters that concern several provinces or the whole of the country;
- 3) matters that are related to a supervision matter concerning a health care professional being handled by the Authority; and
- 4) matters that the relevant State Provincial Office is disqualified to handle.

(1254/2005)

(4) Provisions on the detailed division of labour between the National Authority for Medicolegal Affairs and the State Provincial Offices can be laid down by Government decree, as necessary. (1254/2005)

Section 3 was repealed by Act No. 684/1982.

Section 4. (1091/1992)

(1) The National Research and Development Centre for Welfare and Health, the National Public Health Institute, the Finnish Institute of Occupational Health and the Radiation and Nuclear Safety Authority are the expert government agencies in primary health care matters. Provisions on the National Research and Development Centre for Welfare and Health are laid down in the Act on the National Research and Development Centre for Welfare and Health (1073/1992) and provisions on the National Public Health Institute in the Act on the National Public Health Institute (828/1981). Provisions on the Radiation and Nuclear Safety Authority are laid down in the Act on the Radiation and Nuclear Safety Authority (1069/1983) and provisions on the Institute of Occupational Health in the Act on the Activities and Financing of the Institute of Occupational Health (159/1978). (928/2005)

(2) For the purpose of comprehensive development of primary health care, an Advisory Board on Primary Health Care operates in connection with the relevant ministry. Provisions on the composition, establishment and functions of the Advisory Board are issued by decree. (50/1997)

Section 5.

(1) Municipalities shall see to primary health care in accordance with the provisions of this Act and provisions and regulations issued otherwise.

(2) Municipalities can organize primary health care jointly by establishing a joint municipal board for this purpose. A municipality can also agree with another municipality that the latter shall perform some municipal primary health care functions. (248/1997)

Paragraph 3 was repealed by Act No. 746/1992.

(4) In cases where the functions under this Act are assigned to a joint municipal board, the board shall also be assigned the functions under other acts concerning primary health care. As an exception, a member municipality can decide to manage environmental health care or occupation health care functions in some other way by itself or on a regional basis in cooperation with other municipalities or joint municipal boards. (928/2005)

(5) The provisions of this Act concerning municipalities, municipal councils and municipal residents also apply to joint municipal boards, their organs and residents of member municipalities, respectively. (248/1997)

Section 6. (928/2005)

(1) Functions related to the implementation of primary health care under this Act as well as functions assigned to the municipal health board, health care board or a corresponding organ under other acts are dealt with by one or several multimember municipal organ(s) appointed by the municipality. (1328/2006)

(2) If primary health care is the concern of a joint municipal board, this must establish the organ referred to in paragraph 1 jointly for the member municipalities.

Section 6a was repealed by Act No. 746/1992.

Sections 7 and 8 were repealed by Act No. 930/1980.

Section 9. (746/1992)

State civil servants whose functions include guidance and supervision concerning primary health care are not eligible for election to the organ referred to in section 6(1) within their administrative district.

Section 10 was repealed by Act No. 746/1992.

Section 11. (746/1992)

The organ referred to in section 6(1) is entitled to obtain the information it needs to carry out its functions from State, parish and municipal authorities, from employers in cases referred to in section 14(1)(7), and from anyone performing primary health care functions, subject to the provisions on the duty of confidentiality.

Section 12. (746/1992)

Officeholders subject to the organ referred to in section 6(1) are entitled to conduct inspections falling within their purview in any place where there is cause to suspect a health hazard or risk. However, provisions concerning inspections of residential premises are issued separately.

Section 13 was repealed by Act No. 746/1992.

Chapter 2a. Trial concerning arranging certain functions (1429/2004)**Section 13a.** (1429/2004)

With a view to forming appropriate entities of social welfare and health care services for meeting the needs of older people and other client groups municipalities or joint municipal boards can experiment with arranging some social and health care functions deviating from provisions concerning them as provided in this Chapter.

Section 13b. (1429/2004)

(1) The Ministry of Social Affairs and Health approves which municipalities and joint municipal boards shall take part in the trial based on their applications. If an application concerns changing the internal division of organs in the municipality, the municipality has had to examine before submitting its application how appropriate it is to unite the multimember organ in charge of the implementation of social welfare and the multimember organ in charge of the implementation of primary health care.

(2) A municipality or joint municipal board can be approved for the trial if:

1) the trial will improve co-ordination of the social and health care services for older people and other client groups to be covered by the trial as well as promote the provision of quality services; and

2) the trial will not, to any considerable extent, affect adversely the entirety of social welfare or primary health care services.

(3) The Ministry of Social Affairs and Health announces which municipalities and joint municipal boards are to be covered by the trial. The trial can last up to 31 December 2008.

(4) The municipalities and joint municipal boards taking part in the trial are in charge of its monitoring and assessment. They shall provide the Ministry of Social Affairs and Health with the information it may request about the trial. A preliminary assessment of the trial shall be submitted to the Ministry of Social Affairs and Health by 31 December 2007, and the final assessment within six months of completion of the trial.

Section 13c. (1429/2004)

(1) In the trial, exception can be made from the provisions of section 6(1) of the Social Welfare Act (710/1982) and of section 6(1) of this Act to the effect that social services for older people and primary health care regarding older people are wholly or partly in charge of one municipal multimember organ. It can be the organ in charge of the implementation of either social welfare or primary health care, or another organ that is only in charge of these social and health care services. Corresponding services for other client groups can also be linked to the trial.

(2) In the trial the home care services referred to in section 17(1)(1) of the Social Welfare Act and the home nursing referred to in section 14(1)(2) of this Act can be arranged partly or wholly integrated, in the form of *home care*. The provision of home care can also be managed so that municipal home service functions are assigned to the relevant organ of the joint municipal board in charge of primary health care, or so that the home nursing functions that are managed by the joint municipal board for primary health care are transferred to organs responsible for social welfare of the municipalities concerned.

Section 13d. (1429/2004)

(1) The unit in charge of home care services is regarded as a social welfare unit if it is subordinate to the organ in charge of the provision of social welfare, and as a health care unit if it is subordinate to the organ in charge of the provision of primary health care. In

case a new organ is established for the trial, the home care unit is regarded as either social welfare or health care unit depending on how its functions are focused within the unit.

(2) For the purpose of this Chapter *home care client* refers to a person applying for or receiving home care.

Section 13e. (1429/2004)

(1) As far as the functions of the home care unit do not constitute health care or medical care, the decision on arranging home care for a client is subject to the provisions of section 6 of the Act on the Status and Rights of Social Welfare Clients (812/2000) regarding authorities' decisions and of Chapter 7 of the Social Welfare Act regarding appeal.

Section 13f. (1429/2004)

(1) The provisions on patient records are applied to the drawing up, retaining and confidentiality of the home care documents concerning health and medical care as well as to supplying of information from them. The drawing up, retaining and confidentiality of other documents concerning a client's home care as well as supplying information from them are subject to the provisions of social welfare records.

(2) The staff of a home care unit is entitled to use information from the register on home care as required by their duties.

Section 13g. (1429/2004)

(1) When a home care client is cared for at a health centre of the municipality or joint municipal board concerned, the health centre is entitled, notwithstanding confidentiality provisions:

- 1) to receive and use such information from the home care records concerning the patient as is necessary for organizing or delivering health care or medical care for the patient when the organ in charge of the implementation of primary health care is in charge of home care;
- 2) to receive such information from the home care records concerning the patient that is necessary for organizing or delivering health care or medical care for the patient when some other organ is in charge of home care; and
- 3) to receive information from other home care records that is necessary for organizing or delivering health care or medical care for the patient.

(2) Home care units are entitled, notwithstanding confidentiality provisions:

- 1) to receive and use such information from the patient records of the health centre of the municipality or joint municipal board concerned that is necessary for organizing or delivering home care for the patient when the organ in charge of home care is in charge of the implementation of primary health care;
- 2) to receive such information from the patient records of the health centre of the municipality or joint municipal board concerned that is necessary for organizing or delivering home care for the client when some other organ is in charge of home care; and
- 3) to receive information from other authorities as laid down in section 20 of the Act on the Status and Rights of Social Welfare Clients.

Section 13h. (1429/2004)

(1) Home care units have the right to establish a technical connection to the confidential information in their registers that they are under section 13g(1) entitled to supply to the health centre of the municipality or the joint municipal board concerned. The health centre of the municipality or the joint municipal board has the right to establish a technical connection to the confidential information in its patient registers that it is entitled to supply to the home care unit in virtue of section 13g (2)(1) and (2). Home care units have the right to obtain information referred to in section 13g (2)(3) as laid down in section 21 of the Act of the Status and Rights of Social Welfare Clients.

(2) The technical connection established on the basis of this section may also be used for searching confidential information without consent of the person for the protection of whose interests the confidentiality duty has been provided. Before establishing the technical connection the authority requesting information shall specify that the protection of the information is ensured appropriately.

Chapter 3. Municipal primary health care

Section 14.

(1) Municipalities shall perform the following primary health care functions:

1) provide health counselling services and health checks for municipal residents, including advice on birth control, maternity and child health clinic services for pregnant women and expectant families as well as for children under school age and their families; further provisions on the content and amount of health counselling and health checks within the maternity and child health clinic services can be laid down by Government decree, as necessary;

1a) monitor developments in the health of municipal residents and factors contributing to that by population group, see to it that health considerations are taken into account in all activities of the municipality as well as cooperate with other public and private bodies in the municipality to strengthen health promotion;

2) organize medical care for their residents, which covers examinations performed by a physician, care provided or supervised by a physician and medical rehabilitation;

2a) in view of what is provided in the Mental Health Act (1116/1990), organize such preventive mental health work and mental health services needed by their residents as it is expedient to provide at a health centre;

3) in accordance with further provisions issued by decree, see to the organization of transportation of patients, and organize and maintain medical rescue services and such preparedness for transportation of patients as is needed in view of the local circumstances, excluding acquisition and maintenance of aircraft and vehicles operable in frost damage conditions and other comparable special vehicles needed for the transportation of patients;

4) maintain dental care services, which covers promotion of oral health of the population and examination, prevention and treatment of oral diseases; further provisions on preventive dental care services for children and young people can be issued by Government decree, as necessary;

5) maintain, in cooperation with the occupational health care for the staff, school health

services, which covers supervision and promotion of health conditions and security in such schools and educational institutions located in the municipality as provide basic education and upper secondary education, monitoring and promoting of pupils' and students' health, cooperation with other student welfare and educational staff and specialist examinations required to confirm their state of health; further provisions can be issued by Government decree on the content and amount of guidance and examinations pertaining to the monitoring and promotion of pupils and students' health ;

6) maintain student health care services that are provided regardless of the student's domicile for students of such educational institutions located in the municipality as provide education or training laid down by decree, other than what is referred to in subparagraph 5; this covers supervision of health conditions at educational institutions and health, medical and dental care for students; however, with the consent of the municipality concerned, health, medical and dental care services for students at universities and polytechnics can also be organized in some other manner approved by the Ministry of Social Affairs and Health;

7) produce such occupational health care services as employers are required to provide under section 12 of the Occupational Health Care Act or under other statutes and as laid down in virtue of them, for staff employed at workplaces and places of business located within the municipality;

8) organize occupational health care services as referred to in section 12 of the Occupational Health Care Act and provisions and regulations issued under it, as appropriate, for entrepreneurs and other self-employed persons operating within the municipality;

9) organize screening and other mass health checks in accordance with further provisions issued by Government decree; and

10) organize urgent medical outpatient care, including urgent dental care, regardless of the patient's place of residence.

(928/2005)

(2) Municipalities are required to order a physician at a health centre to provide the police with executive assistance in performing examinations related to forensic medicine in so far as clinical examinations of a living person and external examinations of a cadaver are concerned. Municipalities are also required to order a physician at a health centre to provide the prison administration authorities with executive assistance in performing examinations related to forensic medicine in so far as clinical examinations of a living person are concerned in cases referred to in Chapter 16, section 6, of the Imprisonment Act (767/2005) and in Chapter 11, section 6, of the Detention Act (768/2005). Similarly, municipalities are required to order a physician at a health centre to act as a physician in examinations of military conscripts, after the recruiting authorities have so requested the organ referred to in section 6(1). (771/2005)

(3) Municipalities are required to see to the organization of medical rehabilitation falling within the scope of medical care as referred to in paragraph 1(2) in so far as this does not fall within the statutory purview of the Social Insurance Institution. Besides rehabilitative measures, the term *medical rehabilitation* covers counselling, examinations conducted to confirm the need and opportunities for rehabilitation, maintenance of technical aids, adaptation training and guidance, and other comparable activities in accordance with further provisions issued by decree. (605/1991)

(4) However, the provisions of paragraph 3 concerning medical rehabilitation do not apply to expenses incurred from acquisition of technical aids, instruction concerning their use, and their maintenance and replacement if the need for the technical aid derives from an accident or occupational disease falling within the scope of the Employment Accidents Insurance Act (608/1948), Accident Insurance for Farmers Act (1026/1981), Military Injuries Act (404/1948), Motor Vehicle (Third-Party Liability) Insurance Act (279/1959) or a comparable previous act. (674/1983)

(5) For the purposes of this Act, 'municipal resident' means a person domiciled in the municipality concerned under the Municipality of Residence Act (201/1994). A person's 'municipality of residence or temporary residence' means the municipality where the person concerned is residing. (248/1997)

Paragraph 6 was repealed by Act No. 1715/1991.

Section 14a. (675/1979)

(1) In addition to what is provided in section 14, municipalities to which these functions are assigned by decree shall perform the following primary health care functions: (746/1992)

- 1) maintain seamen's health care services that are provided for seamen regardless of their domicile, including health, medical and dental care for seamen; and
- 2) produce the occupational health care services employers are required to provide under section 12 of the Occupational Health Care Act or other statutes and as laid down in virtue of them for seamen, regardless of the location of the shipping company. (1385/2001)

(2) The term *seamen* means persons to whom the Decree on Medical Examinations of Seamen [(157/1952)] applies.

Section 15.

(1) For the purpose of carrying out the functions referred to in section 14(1)(1)-(8), municipalities shall have a *health centre*. As necessary, its functions can be carried out in subsidiary clinics or organized by means of mobile units. (744/1978)

(2) In addition to the functions referred to in paragraph 1, municipalities can assign the health centre other functions falling within the purview of municipal primary health care under other acts.

(3) Municipalities can also agree with educational institutions other than those referred to in section 14(1)(5) about provision of health care services that are the responsibility of the educational institution by the municipal health centre. (407/1988)

(4) Municipalities can agree with employers operating within their area that the municipal health centre will provide the medical and other health care services referred to in section 14 of the Occupational Health Care Act for their employees. (1385/2001)

Paragraph 5 was repealed by Act No. 1117/1990.

Section 15a. (788/1976)

(1) Health centres can be used for providing training for health care staff in accordance with an agreement concluded between the municipality concerned and the university or other authority or corporation responsible for the training.

(2) Officeholders of the municipality maintaining the health centre who carry out primary health care functions are required to contribute to the provision of training as referred to in paragraph 1 in accordance with further provisions agreed on between the health centre concerned and the training service provider.

Paragraph 3 was repealed by Act No. 746/1992.

Section 15b. (855/2004)

(1) Health centres shall organize their operations so that patients are able to contact their health centre immediately on weekdays during normal opening hours. A health care professional shall assess the need for care within three days of the initial contact, if the assessment could not be made in the context of the first contact. The assessment of the need for care within specialized medical care arranged under the primary health care system shall be initiated within three weeks of the day when the unit received the referral. Access to urgent care shall however be provided immediately.

(2) Any treatment that is in the assessment of the need for care considered medically or odontologically necessary shall be provided, taking into account the patient's health and the foreseeable development of the disease, within a reasonable timeframe but in any case within six months of the assessment. This maximum waiting time of three months may be exceeded in dental care and specialized medical care provided within the primary health care system by three months at the most, in case the provision of care can be deferred for medical, therapeutic or other comparable justified reasons without endangering the patient's state of health. Such care to be provided in specialized medical care within the primary health care system that has been established to be necessary based on the assessment of the need for care made in mental health services for children and adolescents shall be organised, taking into account the urgency of the treatment, within three months, unless medical, therapeutic or other comparable circumstances otherwise require.

(3) If a health centre cannot itself provide care within the maximum timeframes laid down in paragraphs 1 and 2 it shall organize the care by purchasing it from another service provider in accordance with section 4 of the Act on Planning and Government Grants for Social Welfare and Health Care (733/1992).

Section 16.

(1) Hospital beds at health centres shall primarily be assigned to the patients that it is most expedient to care for there in view of the nature of the illness and the need for examinations, care and medical rehabilitation, or the degree of convalescence. A person in need of urgent institutional care shall always be assigned to a health centre hospital bed

or, if the necessary examinations or care cannot be provided there, must be instructed to use, or consigned to, an appropriate medical care institution.

(2) In cases where the period of care of a patient assigned to a health centre hospital bed who is a resident of another municipality is expected to exceed the average period of care, and also in cases where the patient so requests, the health centre shall take steps to transfer the patient to a health centre or other medical care institution maintained by the patient's municipality of residence or temporary residence, provided that the transfer can be carried out without placing the patient's state of health at risk.

Section 17.

The chief physician at the health centre decides whether medical care for a patient will be organized in the form of outpatient care, including home nursing of the patient, or by assigning the patient to a hospital bed at the health centre. The chief physician also decides on any transfers of patients to other medical care institutions.

Section 18. (124/1995)

The Ministry of Social Affairs and Health will issue regulations concerning the definition of institutional care and the related procedure for negotiation between the Social Insurance Institution and the municipalities, and for obtaining opinions.

Section 19. (746/1992)

The Act on Planning and Government Grants for Social Welfare and Health Care (733/1992) applies to activities organized by the municipalities under this Act, unless otherwise provided by law.

Section 20 was repealed by Act No. 746/1992.

Section 21. (746/1992)

Fees can be charged for services under this Act in accordance with the provisions of the Act on Client Fees in Social Welfare and Health Care (734/1992).

Sections 21a, 21b, and 21c were repealed by Act No. 746/1992.

Section 22. (248/1997)

(1) If a patient assigned to a health centre hospital bed is not a resident of the municipality maintaining the health centre, the health centre maintained by the patient's municipality of residence or temporary residence must reimburse expenses incurred from medical care provided for the patient, unless otherwise agreed. The same applies to urgent outpatient and dental care provided for residents of such municipalities.

(2) The reimbursement referred to in paragraph 1 must not exceed the expenses incurred from producing the services. The client fee paid for the care and other income from the operations shall be deducted from the reimbursement.

Section 23. (498/2003)

(1) If a patient at a health centre needs rehabilitation that health centres are not required by law to provide or that it is not expedient to provide in the form of primary health care, the health centre shall see to it that the person concerned is provided information about other rehabilitation options and that the person is referred, as necessary, to the services provided by the hospital district, the social welfare, employment or educational authorities, the Social Insurance Institution or other service providers in co-operation with the bodies organizing rehabilitation.

(2) In addition to what is provided in paragraph 1 about cooperation, the Act on Cooperation on Client Services within Rehabilitation (497/2003) shall also be observed when medical rehabilitation services are provided.

Section 24 (293/2006)

The municipality or joint municipal board for primary health care maintaining a health centre may agree with the Defence Forces on providing health and medical care services to persons for whom the Defence Forces are under section 3 (1) of the Act on Arranging Health Care in the Defence Forces responsible for providing health care. The examinations and care according to the agreement, urgent outpatient medical care excluded, can be provided on different grounds and more urgently than the services under this Act are provided to inhabitants of the municipality or of the member municipalities of the joint municipal board concerned. The making of the agreement and provision of the services based on the agreement shall not jeopardize the management of the statutory duties of the municipality or the joint municipal board.

Section 25 (293/2006)

(1) The Defence Forces shall reimburse the municipality or joint municipal board maintaining a health care centre for the costs of the health checks, examinations and procedures performed on the enlistees at the health centre.

(2) Reimbursement for the services under section 24 is determined based on the agreement made between the municipality or joint municipal board and the Defence Forces. In case there is no such agreement on reimbursement, the Defence Forces shall reimburse the health centre for the amount of the costs it has incurred by providing the service. Furthermore, the Defence Forces shall reimburse the health centre for the amount of the costs incurred by providing the urgent outpatient medical care referred to in section 14 (1) (10) even though there is no separate agreement on the provision of such care.

Section 26.

In cases where a pupil or student as referred to in section 14(1)(5) who is not a resident of the municipality maintaining the health centre has been provided with specialist examinations as referred to in the said subparagraph, the health centre maintained by the pupil's municipality of residence or temporary residence must reimburse the former health centre for the examinations, including laboratory, X-ray and other examinations ordered by a physician or specialist physician, and reasonable transport costs incurred by the pupil or student and any necessary escort.

Section 27. (1117/1990)

When municipalities plan and develop primary health care, they shall cooperate with the hospital district concerned so that primary health care and specialized medical care form a functional whole.

Section 28. (431/2003)

(1) The health care services of a health centre maintained by a unilingual municipality or joint municipal board shall be provided in the language of the municipality or joint municipal board. Provisions on the patient's right to use and to be heard in Finnish or Swedish and to obtain documents containing a decision concerning him/her in Finnish or Swedish and the patient's right to interpretation when using these languages before authorities are laid down in sections 10, 18 and 20 of the Language Act (423/2003).

(2) The health care services of a health centre maintained by a bilingual municipality or a joint municipal board whose member municipalities are bilingual or include both Finnish- and Swedish-speaking municipalities shall be provided in both languages of the municipality or joint municipal board, so that patients are provided with services in the language of their choice, either in Finnish or Swedish.

(3) Furthermore, municipalities or joint municipal boards for primary health care shall see to it that citizens of the Nordic countries can, as necessary, use their own language, i.e. Danish, Finnish, Icelandic, Norwegian or Swedish, when using health care services. In such cases, municipalities or joint municipal boards for primary health care shall, if possible, see to it that citizens of the Nordic countries are provided with the necessary interpretation and translation assistance.

Section 28a. (248/1997)

(1) If reimbursements as referred to in this Chapter are not paid on the due date, an annual penalty interest at a rate no higher than that referred to in section 4(3) of the Interest Act can be charged as of the due date.

(2) The due date used for calculating the penalty interest can be at the earliest two weeks from receipt of the care on which the reimbursement is based.

Chapter 4, sections 29-39, was repealed by Act No 684/1982.

Chapter 5. Miscellaneous provisions.

Section 40. (1116/1999)

Municipalities or joint municipal boards maintaining a health centre shall be reimbursed for expenses incurred from training of physicians and dentists and from university-level health science research in accordance with sections 47, 47a and 47b of the Act on Specialized Medical Care (1062/1989).

Section 41. (928/2005)

(1) The municipality and the joint municipal board shall see to it that the primary health care staff, depending on the length of their basic education, how demanding their work is and their job description, take to a sufficient extent part in continuing professional education arranged for them. Further provisions on the content, quality, amount, provision, monitoring and evaluation of continuing education can be issued by decree of the Ministry of Social Affairs and Health.

(2) The director responsible for the operation of environmental health care must have a university degree suitable for the job. The director must have sufficient experience and expertise in tasks related to the implementation of environmental health care.

Section 42. (1254/2005)

(1) The National Authority for Medicolegal Affairs and the relevant State Provincial Office may inspect the operations of a municipality or joint municipal board referred to in this Act as well as the units and facilities used in organising the operations when there is reasonable cause for carrying out such an inspection. Furthermore, the National Authority may for justified reasons order the State Provincial Office to carry out the inspection. The inspection may be carried out without prior notice.

(2) The inspector must be given access to all the facilities of the establishment. Notwithstanding confidentiality provisions all the documents requested by the inspector as are necessary for the carrying out of the inspection must be presented to the inspector. Furthermore, the inspector shall be given, notwithstanding confidentiality provisions, free copies of the documents requested by him/her that are necessary for the inspection. The inspector has also a right to take photos during the inspection. The inspector may be assisted in the inspection by experts, as needed.

(3) As necessary, the police shall give the National Authority for Medicolegal Affairs and the State Provincial Offices executive assistance in carrying out an inspection.

(4) Minutes have to be taken of all the inspections.

(5) Provisions on issues that have to be taken into account in particular in an inspection and on the detailed content of an inspection procedure as well as on the minutes to be

kept of the inspection and how long they have to be retained may be issued by Government Decree, as necessary.

Section 43. (1254/2005)

(1) If defects endangering patient safety or other drawbacks are observed in the organisation or provision of primary health care or if an operation is otherwise contrary to this Act, the National Authority for Medicolegal Affairs or the relevant State Provincial Office can issue an order to remedy the defects or to eliminate the drawbacks. When issuing the order they shall determine the period of time within which the necessary measures must be undertaken. If patient safety so requires, the operation can be ordered to be sustained immediately or the use of the unit, a part thereof or a device can be forbidden immediately.

(2) The National Authority for Medicolegal Affairs or the State Provincial Office may oblige a municipality or joint municipal board to comply with the order referred to in paragraph 1 with the threat that the operation will be suspended or the use of a unit, a part thereof or a device will be forbidden.

(3) The decision of the National Authority for Medicolegal Affairs or the State Provincial Office to sustain an operation or to forbid the use of a unit, a part thereof or a device shall be complied with notwithstanding appeal unless the appeal authority otherwise orders.

(4) The provisions of this paragraph do not apply to the operations referred to in the Medicines Act (395/1987) or the Act on Medical Devices (1505/1994); the supervision under those acts is the responsibility of the National Agency for Medicines. If the National Authority for Medicolegal Affairs or the State Provincial Office have in the course of their supervision observed defects or other drawbacks regarding pharmaceutical services or medical devices, those must be reported to the National Agency for Medicines.

Section 44. (1254/2005)

(1) If it is detected in the context of the guidance and supervision concerning primary health care that a municipality or a joint municipal board has acted erroneously or failed to fulfil its obligations, the National Authority for Medicolegal Affairs or the relevant State Provincial Office can issue the municipality, the joint municipal board or the civil servant responsible for the erroneous action an admonition in order to prevent that such action is repeated in the future.

(2) If the matter does not give cause to an admonition or other measures, the National Authority for Medicolegal Affairs or the State Provincial Office can draw the attention of the supervised party to appropriate arranging of the operations and observing good administrative praxis.

(3) The admonition issued or the drawing of attention by the National Authority for Medicolegal Affairs or the State Provincial Office referred to in this section may not be appealed.

Section 45. (1254/2005)

The supervisory authority referred to in section 2 does not consider a complaint related to primary health care that concerns a matter that took place more than five years ago, unless there are particular grounds for considering the complaint.

Section 46 was repealed by Act No. 592/1975.

Section 47.

(1) Decisions by the organ referred to in section 6(1) can be appealed to the Provincial Administrative Court within a period of 30 days of being notified of the decision.
(746/1992)

(2) Paragraph 1 does not apply in cases where other provisions concerning appeal are issued or appeal is prohibited by act or decree, nor in cases where the decision can be placed before the [municipal executive board] or the federal executive organ under the Local Government Act (642/1948).

Paragraph 3 was repealed by Act No. 592/1975.

Paragraph 4 was repealed by Act No. 930/1980.

Section 48. (746/1992)

Decisions by the organ referred to in section 6(1) can be enforced before they have gained legal force as laid down [in section 146 of the Local Government Act]. Notwithstanding the said provision, decisions can be enforced regardless of appeal if the decision is one that must be enforced without delay or if enforcement cannot be postponed for health care reasons and the organ has ordered the decision to be enforced at once.

Section 48a. (910/1992)

Exceptions to the provisions of this Act are allowed on the basis of international treaties and agreements binding on Finland.

Section 49. (855/2004)

Further provisions on the content and provision of mental health care covered by primary health care and on the implementation of this Act can be issued by Government decree. With a view to securing equal access to services, further provisions on access to care and on the publishing of waiting times can be issued by Government decree. Provisions on the remunerations and fees paid out of State funds for performing the examinations related to forensic medicine referred to in section 14(2) at a health centre are issued by Government decree.

Section 50.

- (1) Separate provisions shall be issued regarding the entry into force of this Act.
- (2) When this Act enters into force it thereby repeals the Primary Health Care Act of March 9, 1951 (141/1951), the Act on Municipal Health Nurses of March 31, 1944 (220/1944), the Act on Municipal Prenatal and Child Care Clinics of March 31, 1944 (224/1944), the Act on Municipal Midwives of March 31, 1944 (223/1944), sections 7-9, 87 and 88 of the Public Health Act of August 17, 1965 (469/1965), the Act on the Appointment of Physicians for Elementary Schools of October 31, 1952 (362/1952) and the Act on the Appointment of Dentists for Elementary Schools of May 17, 1956 (297/1956), as amended.

Paragraph 3 was repealed by Act No. 684/1982.

Entry into force of amended provisions:

1429/2004:

- (1) This Act enters into force on 1 January 2005 and is in force until 31 December 2008.
- (2) Previous information on home help services and home nursing can, notwithstanding the confidentiality provisions, be transferred to the register containing information on home care, if it is necessary in view of the provision of services.
- (3) Measures necessary for the implementation of this Act can be undertaken before its entry into force.

928/2005:

- (1) This Act enters into force on 1 January 2006.
- (2) The qualification requirements for the director responsible for environmental health care referred to in section 41 (2) are not, however, applied to the directors appointed prior to the entry into force of this Act.
- (3) Measures necessary for the implementation of this Act can be undertaken before its entry into force.

1254/2005:

- (1) This Act enters into force on 1 September 2006.
- (2) Measures necessary for the implementation of this Act can be undertaken before its entry into force.

293/2006

- (1) This Act enters into force on 1 May 2006. Paragraph 1 of section 25 however enters into force on 1 January 2008.

(2) Measures necessary for the implementation of this Act can be undertaken before its entry into force.

(1328/2006)

(1) This Act enters into force on 1 January 2007.

(2) Measures necessary for the implementation of this Act can be undertaken before its entry into force.