This document contains links to websites where you can find national legislation and health laws. We link to official government legal sources wherever possible. Where we link to unofficial sources this is noted and users should take this into account before relying on these materials. We recommend checking with the relevant national government if you have questions about the currency or validity of any unofficial source of law.

**Legal system**

Civil law

**National law database**

- **Language**: Finnish, Swedish and English
- **Link**: [www.finlex.fi](http://www.finlex.fi)
- **Nature**: Official law database
- **Organisation responsible for the website**: Ministry of justice of Finland

**Health law database**

- **Language**: Finnish, Swedish, Russian and English
- **Link**: [www.stm.fi](http://www.stm.fi)
- **Nature**: Official website of the ministry of social affairs and health of Finland
- **Organisation responsible for the website**: Finnish ministry of social affairs and health

**Legal UHC start date**

1972

**Source**


**The health system and policy monitor: regulation (PDF)**

As part of its Health Systems in Transition (HiT) series the European Observatory on Health Systems and Policies systematically describes the functioning of health systems in countries as well as reform and policy initiatives in progress or under development. The HiT health system reviews cover the countries of the WHO European Region as well as some additional OECD countries. This PDF includes information about the country’s regulation. To see the complete HiT report of this country go to: [http://www.euro.who.int/en/about-us/partners/observatory/publications/health-system-reviews-hits](http://www.euro.who.int/en/about-us/partners/observatory/publications/health-system-reviews-hits)
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Finland
HIT: 2008 - Vuorenkoski L, Mladovsky P, Mossialos E.
HSPM Members: National Institute for Health and Welfare, University of Tampere
HSPM Contributors: Keskimäki I, Tynkkynen L.K, Syrjä V, Karanikolos M.
Finland: Regulation

4. Regulation and planning

4.1 Regulation

4.1.1 National level steering and regulation

The MSAH directs and guides the development of health care at the national level. It defines the main course of social and health policy, prepares legislation and key reforms and steers their implementation, and handles the necessary links with the political decision-making process.

In addition to legislation, health services are steered from the national level by programmes, information and resources. One of the most important tools in the national level steering process is the National Development Programme for Social Welfare and Health Care (previously the Target and Action Plan for Social Welfare and Health Care) which is drawn up for the whole period of office of each Government (normally four years). The general aims of the health care policy and the measures that will be taken in order to fulfil these aims are adopted in this document. The programme could be described as a cooperation plan between municipalities and the state. The Advisory Board of Social Welfare and Health Care is responsible for its preparation, implementation and follow-up. In addition, there are five regional steering groups. In relation to this programme the state funds local development projects in the social and health sectors (annually worth about 25 million euros). The programme also steers activities of KTL, STAKES, the Occupational Health Institute and provincial administration.

The Government has also implemented a major measure for steering health care on a more ad hoc basis. In 2001 the Government initiated the ‘National Project to Ensure the Future of Health Care’, proposed by the Prime Minister and the Minister of Social and Health Services at the time. This was a response to several years’ debate concerning various problems in access to health care services. Based on the health-related needs of the population, the aim of the project was to ensure the availability, quality and appropriate volume of care throughout the country, irrespective of residents’ ability to pay. The main outcome of the project was the ‘Decision in Principle by the Council of State on Securing the Future of Health Care’ issued by the Government in 2002 (MSAH 2002), which focused on primary health care and preventive work, ensuring access to treatment, the availability and expertise of personnel, reforming functions and structures of health care, and augmenting the finances of health care (see section 7.1.1.2).

A further example of Government programme steering is ‘Health 2015’, a public health programme enacted in 2001, which outlines the targets for Finland’s national health policy for the next 15 years (MSAH 2001a). The main focus of the strategy is on health promotion and the development of the health care system (see section 6.1.1). In addition, the MSAH has a wide variety of other projects to develop health care, for example for developing electronic prescriptions and nationwide electronic patient record systems (see section 7.2.2).

Several bodies established at the national level have some direct regulatory functions (see section 2.3.2). The two most important of these in regard to health services in general are the health and social departments in the provincial administration and the NAMLA. In 2006, national level supervision was reinforced by expanding the functions of the NAMLA from supervising individual professionals to supervision of health care organizations, municipal health centres and hospital districts.

Pharmaceutical markets are regulated by the NAM. STAKES has a central role in guidance through the provision of information (see section 4.2.2). STAKES produces statistical and comparative information and information on best practices in the field of welfare and health and forwards them to decision-makers and other actors in the field. For example, in recent years special quality guidelines have been developed for school health care and mental health care.

Finland has been active in seeking external international reviews and evaluations to develop national health policy. The latest health policy review was conducted by OECD in 2005 (OECD 2005).
4.1.2 Regulation of municipal health care services

Municipalities have a significant degree of freedom to plan and steer health care services. National legislation provides only a framework for the provision of health services at the municipal level. There are two main acts which set this framework, (the Primary Health Care Act, 1972 and the Act on Specialized Medical Care, 1991). Further legislation includes, for example, governmental decrees that explicitly define which vaccinations (Decree on Vaccinations and Screenings of Communicable Diseases During Pregnancy) and which screenings (Decree on Screenings) municipalities must provide free of charge. Legislation also defines explicit maximum waiting times (the Primary Health Care Act and the Act on Specialized Medical Care) and maximum user-fees (Act on User-fees in Social and Health Care and Decree on User-fees in Social and Health Care) for municipal services.

The other main tools for steering municipal health services from the national level are information and local development programmes. STAKES has the main responsibility for managing information, and the application of EBM, local auditing and quality development programmes. By funding local development programmes the state can also attempt to influence services at the local level. However, the National Audit Office of Finland has conducted an audit of the system of development programmes in 2007 and found that it is not as efficient as it could be (Vuorenkoski 2007b). There have been some recent changes which have increased the possibility for stronger state regulation of municipal services (see section 7.2.3).

Oversight of municipal health services is mainly in response to complaints or other highly visible problems in the operation of services. If the state level administration (either the ministry, the NAMLA or the provincial state authorities), detect overt violation or neglect of existing health service legislation, they can intervene. Usually this means raising problems to start a discussion, or issuing reminders or formal warnings. For example, in 2007 the NAMLA approached municipalities which did not comply with the maximum waiting time guarantee and urged them to fully implement the guarantee. There is another option of imposing a conditional fine in very special situations, but in general this is not used.

Municipalities or municipal federations usually directly own and regulate health centres (see section 2.3.1). However, there has been a growing debate on whether municipalities should introduce a purchaser–provider split and outsource municipal administration, which would change this situation (see sections 3.5.1 and 7.1.2.3).

Municipal regulation of specialized care is more complex. Hospital districts are governed by member municipalities which can influence hospital districts through their representatives on the executive board and the council of the hospital district (see section 2.3.1). Not including negotiations on volumes and costs (see section 3.5.1), municipal regulation of hospital districts is rather weak. This is particularly the case with small municipalities, where there is significant information and economic asymmetry between the municipality and hospital district (Häkkinen and Lehto 2005).

4.1.3 Regulation of National Health Insurance

NHI is run by the SII which is under the direct supervision of the Parliament. The Parliament regulates NHI by legislation (the Sickness Insurance Act) and through a board of Parliamentary Trustees of the SII. The legislation defines which services SII reimburses. NHI is also controlled to some extent by the Insurance Department of the MSAH. For example, the department contains the PPB, which decides on the inclusion of drugs in the drug reimbursement system (see section 6.6). SII does not regulate the private health care providers to which it makes reimbursements. This has not generally been perceived as a problem.

4.1.4 Regulation of private sector and private insurance

Regulation of private health care is stipulated in the Private Health Care Act, but is quite weak in Finland. Private health care providers must have a licence acquired from the provincial state administration. The provincial administration monitors the services to ensure they meet adequate standards and quality criteria. Independent private practitioners and private health care providers are also monitored by the NAMLA through patient complaints (see section 2.5.4). Private physicians who are members of the Finnish Medical Association are also regulated by the Association’s own codes of conduct, for example on the advertising of physician services to the public. If municipalities and hospital districts purchase services
from the private sector, they regulate and control purchased services by contracts.

Private health insurance is regulated by corresponding acts and the Insurance Department of the MSAH (see section 3.2.1.3).