



**Health Service Act, No. 40/2007,
as amended by Act No. 160/2007, 12/2008, 112/2008, 59/2010, 162/2010, 126/2011, 28/2012,
106/2014, 126/2018, 91/2020, 99/2020 and 44/2022.**

Where mention is made in this Act of ‘the minister’ or ‘the ministry’ without further definition, the reference intended is to the Minister of Health or to the Ministry of Health, which is responsible for the implementation of this Act. Information on the division of responsibilities between ministries according to a presidential decree may be found [here](#).

Paragraphs in **red font colour** are amendments in Icelandic that have not yet been translated.

SECTION I

Scope, policymaking and definitions.

Article 1

Scope and objectives.

This Act applies to the organisation of health care. Its objective is that all people of Iceland shall have access to the optimum health service which it is possible to provide at any time in order to safeguard mental, physical and social health in accord with the provisions of this Act, [the Health Insurance Act],¹⁾ the Patients’ Rights Act and other legislation as applicable.

¹⁾ Act No. 112/2008, Article 59.

Article 2

Authority.

Health affairs are under the authority of [the Minister].¹⁾

¹⁾ Act No. 126/2011, Article 451.

Article 3

Policymaking.

The Minister formulates policy on health services within the framework of this Act. The Minister may apply necessary measures in order to implement such policy, with respect to organisation of health services, prioritisation of tasks within the service, the efficiency, quality and security of the service, and access to it.

In organisation of health service, the aim shall invariably be to provide the service at the appropriate level of the service, and that the primary healthcare level shall normally be the patient’s starting-point.

Article 4
Definitions.

In this Act the following terms shall have the following meanings:

1. *Health service*: All forms of primary healthcare, medical care, nursing, ...¹⁾ hospital service, transport of patients, medical-aids service, and service from health personnel within and outside healthcare facilities, provided in order to promote health, to prevent, diagnose or treat illness, and to rehabilitate patients.
 2. [*Fyrsta stigs heilbrigðisþjónusta*: Heilsugæsla, heilsuvernd og forvarnir, bráða- og slysamóttaka og önnur heilbrigðisþjónusta á vegum heilsugæslustöðva. Þjónusta og hjúkrun á hjúkrunarheimilum, í hjúkrunar- og dvalarrýmum stofnana og í dagdvöl.]¹⁾
 3. [*Annars stigs heilbrigðisþjónusta*: Heilbrigðisþjónusta sem veitt er á sjúkrahúsum, heilbrigðisstofnunum og starfsstofum heilbrigðisstarfsmanna samkvæmt ákvörðun ráðherra eða samningum sem gerðir eru í samræmi við ákvæði VII. kafla og lög um sjúkratryggingar og önnur þjónusta sem að jafnaði er ekki veitt á heilsugæslustöðvum og fellur ekki undir 4. tölul.]¹⁾
 4. [*Þriðja stigs heilbrigðisþjónusta*: Heilbrigðisþjónusta sem veitt er á sjúkrahúsi og krefst sérstakrar kunnáttu, háþróaðrar tækni, dýrra og vandmeðfarinna lyfja og aðgengis að gjörgæslu.]¹⁾
- ...¹⁾
- [5.]¹⁾ *Healthcare practitioner*: Person working in health services, licensed by the [Medical Director of Health]¹⁾ to use to the professional title of an authorised health profession.
 - [6.]¹⁾ *Healthcare facility*: An institution where health service is provided.
 - [7.]¹⁾ *Nursing facility*: Facilities at a nursing home or hospital where nursing is provided for those who require care and treatment which can be provided outside a hospital.
 - [8.]¹⁾ *University hospital*: A hospital which provides services in almost all recognised fields of medicine and nursing, with emphasis on research, development and teaching. The hospital is in close collaboration with a university which carries out teaching and research in medicine and most other fields of health sciences, and as applicable with secondary schools. Hospital personnel who meet the university's standards of competence are employed both at the hospital and at the university, or have other professional ties with the university. Treatment of patients, tuition and research are combined in the daily work of the hospital.
 - [9.]¹⁾ *Teaching hospital*: A hospital which provides services in the principal specialist fields of medicine and nursing and has ties with a university which carries out tuition and research in medicine and other fields of health sciences, and with secondary schools as applicable. Hospital personnel involved in tuition and research work closely with the university faculties connected with the hospital.
 - [10.]¹⁾ *Premises of self-employed healthcare practitioner*: Facilities of self-employed healthcare practitioner, where health services are provided with or without State contribution to costs.
 - [[11.]¹⁾ *Dvalarrými*: Rými á hjúkrunarheimili eða heilbrigðisstofnun þar sem þeim er hjúkrað sem þarfnast umönnunar og meðferðar sem hægt er að veita utan sjúkrahúsa, en þó ekki í þeim mæli sem veitt er í hjúkrunarrými.
 - [12.]¹⁾ *Dagdvöl*: Studningsúrræði fyrir þá einstaklinga sem að staðaldri þurfa eftirlit og umsjá til að geta búið áfram heima.]³⁾

¹⁾ Act No. 91/2020, Article 1. ²⁾ 12/2008, Article 12. ³⁾ Act No. 126/2018, Article 1.

SECTION II
Organisation of health services.

Article 5
Health regions.

The country shall be divided into health regions, and the division shall be determined in regulations.¹⁾ Healthcare facilities which provide ...²⁾ health service in each region shall collaborate on the organisation

of health services in the region. The Minister can, after consultation with the relevant local authorities and the Association of Local Authorities in Iceland, decide to merge healthcare facilities within the health region, by regulations.³⁾

Notwithstanding the division of the country into health regions, patients shall normally have the right to attend the primary healthcare centre or healthcare facility most accessible to them at any time.

¹⁾ Regulation No. 1111/2020. ²⁾ Act No. 91/2020, Article 2. ³⁾ Regulations No. 764/2008. cf. 1083/2008, 448/2009 and 562/2009. Regulation No. 76/2011. Regulation No. 674/2014.

Article 6

[Heilbrigðisstofnanir.

Í hverju heilbrigðisumdæmi skal starfrækt heilbrigðisstofnun eða heilbrigðisstofnanir sem sjá um að veita og skipuleggja fyrsta og annars stigs heilbrigðisþjónustu á heilsugæslustöðvum og/eða sjúkrahúsum, m.a. á göngu- og dagdeildum.

Heilbrigðisstofnanir skv. 1. mgr. skulu taka að sér kennslu heilbrigðisstétta á grundvelli samninga við menntastofnanir, kennslusjúkrahús og háskólasjúkrahús.

Ráðherra skal í reglugerð¹⁾ kveða nánar á um starfsemi heilbrigðisstofnana, sem reknar eru af ríkinu eða á grundvelli samnings skv. VII. kafla og lögum um sjúkratryggingar, og þá heilbrigðisþjónustu sem þeim ber að veita.]²⁾

¹⁾ Regulations No. 1111/2020. ²⁾ Act No. 91/2020, Article 3.

Article 7

[Heilsugæslustöðvar.

Heilsugæslustöðvar sinna fyrsta stigs heilbrigðisþjónustu.

Ráðherra skal í reglugerð¹⁾ kveða nánar á um starfsemi heilsugæslustöðva og þá þjónustu sem þeim ber að veita.]²⁾

¹⁾ Regulation No. 1111/2020. ²⁾ Act No. 91/2020, Article 4.

[Article 7 a

Landspítali.

Á Landspítala er veitt annars og þriðja stigs heilbrigðisþjónusta, m.a. á göngu- og dagdeildum. Hlutverk Landspítala er m.a. að vera aðalsjúkrahús landsins og háskólasjúkrahús, annast kennslu nema í grunn- og framhaldsnámi og veita háskólamenntuðum starfsmönnum sérmenntun í heilbrigðisgreinum. Landspítali stundar vísindarannsóknir á heilbrigðissviði og gerir fagfólki kleift að sinna fræðastörfum við háskóla auk þess að stunda og veita aðstöðu til vísindarannsókna og starfrækja blóðbanka.

Ráðherra skal í reglugerð¹⁾ kveða nánar á um hlutverk og starfsemi Landspítala og þá heilbrigðisþjónustu sem þar skal veitt.]²⁾

¹⁾ Regulation No. 1111/2020. ²⁾ Act No. 91/2020, Article 5.

[Article 7 b

Sjúkrahúsið á Akureyri.

Á Sjúkrahúsinu á Akureyri skal veitt annars stigs heilbrigðisþjónusta en að auki þriðja stigs heilbrigðisþjónusta, m.a. á göngu- og dagdeildum. Sjúkrahúsið á Akureyri og Landspítali skulu hafa með sér samráð um veitingu þriðja stigs heilbrigðisþjónustu. Hlutverk Sjúkrahússins á Akureyri er m.a. að vera kennslusjúkrahús, varasjúkrahús Landspítala, annast kennslu nema í grunn- og framhaldsnámi, taka þátt í að veita háskólamenntuðum starfsmönnum sérmenntun í heilbrigðisgreinum í samstarfi við menntastofnanir og aðrar heilbrigðisstofnanir og gera fagfólki kleift að sinna fræðastörfum við háskóla auk þess að stunda og veita aðstöðu til vísindarannsókna.

Ráðherra skal í reglugerð¹⁾ kveða nánar á um hlutverk og starfsemi Sjúkrahússins á Akureyri og þá heilbrigðisþjónustu sem þar skal veitt.]²⁾

¹⁾ Regulation No. 1111/2020. ²⁾ Act No. 91/2020, Article 5.

[Article 7 c

Hjúkrunarheimili og hjúkrunarrými.

Í hjúkrunarrýmum heilbrigðisstofnana og hjúkrunar- og dvalarheimila skal veitt hjúkrunarþjónusta fyrir einstaklinga sem metnir hafa verið í þörf fyrir þjónustu í hjúkrunarrými. Enginn getur dvalið til langframa í hjúkrunarrými nema að undangengnu mati færni- og heilsumatsnefndar á þörf fyrir dvöl samkvæmt lögum um málefni aldraðra.]¹⁾

¹⁾ Act No. 91/2020, Article 5.

[Article 7 d

Dvalarrými.

Í dvalarrýmum skal vera aðstaða fyrir hjúkrun, læknishjálp og endurhæfingu fyrir einstaklinga sem metnir hafa verið í þörf fyrir þjónustu í dvalarrými. Enginn getur dvalið til langframa í dvalarrými nema að undangengnu mati færni- og heilsumatsnefndar á þörf fyrir dvöl skv. 15. gr. laga um málefni aldraðra.]¹⁾

¹⁾ Act No. 91/2020, Article 5.

[Article 7 e

Dagdvöl.

Í dagdvöl skal veitt hjúkrunarþjónusta og vera aðstaða til þjálfunar og lækniþjónustu. Um frekari þjónustu í dagdvöl fer skv. 3. tölul. 1. mgr. 13. gr. laga um málefni aldraðra. Enginn getur notið þjónustu í dagdvöl nema að undangengnu mati faglegs inntökuteymis samkvæmt lögum um málefni aldraðra.]¹⁾

¹⁾ Act No. 91/2020, Article 5.

SECTION III

Management of healthcare facilities.

Article 8

Scope.

The provisions of this section apply to healthcare facilities run by the State. The provisions of [Article 10],¹⁾ however, apply also to healthcare facilities operated on the basis of an agreement under Section VII [and the Health Insurance Act],²⁾ as may be applicable.

¹⁾ Act No. 91/2020, Article 6. ²⁾ Act No. 112/2008, Article 59.

[Article 8 a

Stjórn Landspítala.

Ráðherra skipar fimm menn í stjórn Landspítala, og tvo til vara, til tveggja ára í senn. Skal einn skipaður formaður stjórnar og annar varaformaður. Jafnframt skal ráðherra skipa tvo áheyrnarfulltrúa úr hópi starfsmanna Landspítalans með málfrelsi og tillögurétt, án atkvæðisréttar. Í stjórn skulu sitja einstaklingar sem hafa þekkingu á rekstri og áætlanagerð, á heilbrigðisþjónustu og vísindarannsóknnum á heilbrigðisviði og menntun heilbrigðisstétta og á opinberri stjórnsýslu og reglum stjórnsýsluréttar. Einfaldur meiri hluti atkvæða þeirra fimm stjórnarmanna sem hafa atkvæðisrétt ræður úrslitum á stjórnarfundum en atkvæði formanns skal ráða úrslitum ef atkvæði eru jöfn.

Stjórn Landspítala skal í samráði við forstjóra marka stofnuninni langtímastefnu í samræmi við stefnumörkun ráðherra og hlutverk stofnunarinnar samkvæmt lögum. Hún skal yfirfara árlega starfsáætlun og ársáætlun skv. 32. gr. laga um opinber fjármál, nr. 123/2015, leggja sjálfstætt mat á þær og þau markmið og mælikvarða sem þar eru sett fram og gera ráðherra grein fyrir mati sínu innan tveggja vikna frá því að ársáætlun hefur verið lögð fyrir ráðherra til samþykktar.

Forstjóri skal bera ráðstafanir sem miðað við daglegan rekstur eru mikils háttar eða óvenjulegar í starfsemi stofnunarinnar undir stjórn til samþykktar. Stjórn ber ábyrgð gagnvart ráðherra á þeim ákvörðunum sem hún samþykkir. Forstjóri ber eftir sem áður ábyrgð á því að rekstrarútgjöld og rekstrarafkoma stofnunarinnar sé í samræmi við fjárlög og að fjármunir séu nýttir á árangursríkan hátt, sbr. 38. gr. laga um réttindi og skyldur starfsmanna ríkisins, nr. 70/1996. Jafnframt skal stjórn Landspítala vera

forstjóra til aðstoðar við ákvarðanir um önnur veigamikil atriði er varða rekstur stofnunarinnar og starfsemi hennar.

Formaður stjórnar Landspítala skal reglulega gera ráðherra grein fyrir starfsemi stjórnar og stöðu og árangri stofnunarinnar. Þá skal formaður gera ráðherra grein fyrir annars vegar þeim meiri háttar eða óvenjulegu ráðstöfunum sem stjórn hefur samþykkt og hins vegar veigamiklum frávikum í rekstri, hvort heldur er rekstrarlegum frávikum eða faglegum.

Formaður stjórnar boðar til stjórnarfunda og stýrir þeim. Forstjóri situr stjórnarfundum nema stjórn ákveði annað í einstökum tilvikum og hefur þar málfrelsi og tillögurétt. Stjórn getur jafnframt boðað aðra þá sem hún telur hafa þýðingu fyrir efni funda á fundi stjórnarinnar. Ráðherra setur stjórninni erindisbréf og ákveður þóknun til stjórnarmanna sem skal greidd af rekstrarfé stofnunarinnar.

Ráðherra er skylt að setja reglugerð¹⁾ þar sem nánar er kveðið á um hlutverk og ábyrgð stjórnar. Þá skal stjórn setja sér starfsreglur með nánari ákvæðum um starfssvið stjórnar.²⁾

¹⁾ Regulation No. 831/2022, cf. 858/2022. ²⁾ Act No. 44/2022, Article 1.

Article 9

Chief executives of healthcare facilities.

Chief executives of healthcare facilities are appointed by the Minister for a period of five years at a time. A chief executive shall have a university qualification and/or experience of management and administration which is useful in his/her work. [*Ráðherra skipar forstjóra Landspítala til fimm ára í senn að fengnum tillögum stjórnar.*]¹⁾

The Minister shall appoint a committee of three persons for a term of four years to evaluate the qualifications of applicants for posts of chief executive of a healthcare facility. The members of the committee shall have knowledge of management, human resources, administration and health services. No person may be appointed to such a post unless deemed qualified by the committee.

The Minister issues a document of appointment to chief executives of healthcare facilities, which shall state the principal objectives in the services and operations of the facility, and its short-term and long-term tasks.

[*Forstjórar heilbrigðisstofnana eru umdæmisstjórar heilbrigðismála innan síns heilbrigðisumdæmis og skulu hafa með sér reglulegt samráð um heilbrigðisþjónustu.*

Um skyldur og ábyrgð forstjóra heilbrigðisstofnana gilda lög um réttindi og skyldur starfsmanna ríkisins.]¹⁾

¹⁾ Act No. 44/2022, Article 2. ²⁾ Act No. 91/2020, Article 7.

Article 10

Professional management.

Healthcare facilities shall have a medical director, a nursing director, and as applicable other directors of professional fields, who are answerable in their respective professional fields to the chief executive for the services provided at the facility.

Heads of specialist medical fields or of specialist departments within a healthcare facility are answerable in their professional field for medical services under their authority, to the medical director or to their immediate superior according to the facility's organisation chart.

Departmental heads of nursing at healthcare facilities are answerable in their professional field for the nursing services under their authority to the director of nursing or to their immediate superior according to the healthcare facility's organisation chart.

...¹⁾ [A]dministrators in professional fields within a healthcare facility are responsible in their professional field for the services they provide, and under their authority, in accord with their position in the facility's organisation chart.

¹⁾ Act No. 91/2020, Article 8.

Article 11

Organisation charts of healthcare facilities.

[Forstjóri heilbrigðisstofnunar skal í samráði við framkvæmdastjórn, sé slík starfandi samkvæmt skipuriti, gera skipurit stofnunar. Skipurit skal kynnt ráðherra áður en það tekur gildi.]¹⁾

[Við heilbrigðisstofnun þar sem starfandi er stjórn skal forstjóri bera skipurit undir hana til samþykktar áður en það er kynnt ráðherra.]¹⁾²⁾

¹⁾ Act No. 44/2022, Article 3. ²⁾ Act No. 91/2020, Article 9.

Article 12

...

¹⁾ Act No. 91/2020, Article 10.

Article 13

Professional boards.

[Á heilbrigðisstofnunum sem reknar eru af ríkinu skal starfa sérstakt fagráð sem forstjóri heilbrigðisstofnunar skipar.

[Forstjóra og stjórn heilbrigðisstofnana, þar sem við á, ber að leita álits fagráðs um mikilvægar ákvarðanir sem varða heilbrigðisþjónustu og skipulag heilbrigðisstofnunar.]¹⁾

Ráðherra skal í reglugerð²⁾ kveða nánar á um skipan og verklag fagráða heilbrigðisstofnana.]²⁾

¹⁾ Act No. 44/2022, Article 4. ²⁾ Regulation No. 1111/2020. ³⁾ Act No. 91/2020, Article 11.

[Article 14.

Notendaráð.

Ráðherra skipar sjö fulltrúa í notendaráð heilbrigðisþjónustu samkvæmt tilnefningu frá starfandi sjúklingasamtökum. Forstjórar og stjórn heilbrigðisstofnana, þar sem við á, skulu hafa samráð við notendaráð til að tryggja að sjónarmið notenda séu höfð til hliðsjónar við ákvarðanatöku um atriði er varða hagsmuni sjúklinga innan heilbrigðisstofnana.]¹⁾

¹⁾ Act No. 44/2022, Article 5.

SECTION IV

...

¹⁾ Act No. 91/2020, Article 12.

SECTION V

...

¹⁾ Act No. 91/2020, Article 12.

SECTION VI

Quality of health service.

Article 23

Scope.

The provisions of this Section on professional standards for health services, and monitoring of such services, apply to health services provided in Iceland, regardless of whether the service is provided by the State or other parties, with or without State contribution to costs. Monitoring of health services by the Medical Director of Health is also subject to the Act on the Directorate of Health.

Article 24

Professional standards for operation of health services.

The Minister shall, having received proposals from the Medical Director of Health and after consultation with the relevant health professions, make provision in regulations¹⁾ for the minimum professional standards to apply to operation of health services in individual fields. The regulations shall be

based upon knowledge and circumstances at any time, and shall be regularly revised. The regulations shall specify inter alia minimum standards of manning, premises, accommodation, facilities and equipment for operation of a health service.

¹⁾ Regulation No. 786/2007.

Article 25

Monitoring of professional standards of health services.

The Medical Director of Health monitors health services' compliance with professional standards for operation of a health service and with health legislation at any time. Should the Medical Director of Health be of the view that a health service does not meet the professional standards under Article 24 or other requirements of health legislation, he/she shall instruct the operator of the service to make improvements. Should the operator not comply with such instructions, the Medical Director of Health must report on the matter to the Minister, and submit proposals on measures. The Minister may then decide to halt the operation, either temporarily pending rectification, or permanently.

Article 26

Conditions for operation of health services.

Those who intend to commence operation of a health service, including the State or local authorities, shall notify the Medical Director of Health of the planned operation. The notification shall be accompanied by adequate information on the operation, such as the type of health service, personnel, facilities, equipment and premises. The Medical Director of Health can request further information, and carry out an assessment of the prospective operation, if he/she deems necessary. By the same token the Medical Director of Health shall be notified if major changes are made to manning, equipment, operations and services of operators. Should operation of a health service cease, this shall be notified to the Medical Director of Health.

The Medical Director of Health confirms whether the prospective operation of a health service meets professional standards and other conditions of health legislation. The same applies when the Minister renews contracts with healthcare facilities. Operations in the field of health services may not be commenced unless the Medical Director of Health has given confirmation. The Medical Director of Health may impose stricter requirements if deemed necessary due to the nature of the operations in question. Confirmation from the Medical Director of Health is also required for major changes under paragraph 1.

Should the Medical Director of Health refuse to grant confirmation under paragraph 2, the refusal may be appealed to the Minister. The same applies to a decision of the Medical Director of Health to impose stricter requirements under paragraph 2. However, in the case of a health service which the State intends to operate, the Minister always has the power to rule on whether legal requirements and professional standards are met.

The Medical Director of Health maintains a register of operating parties in health service, and he/she shall notify the Minister of all changes to the register.

The Minister may make further provision in regulations¹⁾ for the conditions for operation of a health service in specific fields, the practice of monitoring, etc.

A fee may be charged for an assessment by the Medical Director of Health under paragraph 1 and for his/her confirmation that professional standards are met, *cf.* paragraph 2, as further provided in regulations²⁾ by the Minister.

Contributions by the State to the cost of health services provided outside healthcare facilities operated by the State is contingent upon an agreement having been reached between the operator and the State under Section VII [and the Health Insurance Act],³⁾ unless a unilateral decision on contribution to costs has been made by the Minister, based upon authority provided in other legislation.

¹⁾ Regulation No. 786/2007. ²⁾ Regulation No. 226/2016. ³⁾ Act No. 112/2008, Article 59.

Article 27

Recording of unforeseen incidents.

Healthcare facilities, self-employed healthcare practitioners and others who provide health services shall maintain a register of unforeseen incidents, for the purpose of finding explanations for them and seeking ways of ensuring that they do not recur. An unforeseen incident is defined as an accident, error, negligence or other incident which has harmed or could have harmed a patient. The practice of maintaining such a register is subject to the provisions of the Act on the Medical Directorate of Health.

[Article 27 a

The Minister shall by regulations¹⁾ set further provisions on frame of reference for quality and safety when granting health service regarding organ removal and organ implantation, treatment and preservation of cells and tissues and operation of blood-bank services.]²⁾

¹⁾ Regulation No. 312/2015, cf. 386/2015 and 1228/2021. ²⁾ Act No. 106/2014, Article 1.

SECTION VII

Contracts on health services.

Article 28

Minister's right to contract.

The Minister acts on behalf of the State to make contracts on provision of health services, and the State's contribution to costs. [The Health Insurance Administration makes contracts on health services under the Health Insurance Act].¹⁾

¹⁾ Act No. 112/2008, Article 59.

Article 29

[Contracts on health service, performance and operations.

Contracts on health service and contribution to the costs of such services, and contracts on performance and operation, are subject to the provisions of the Health Insurance Act.]¹⁾

¹⁾ Act No. 112/2008, Article 59.

Article 30

...¹⁾

¹⁾ Act No. 112/2008, Article 59.

Article 31

Institutions' contracts.

State-run healthcare facilities may conclude contracts on specific aspects of operations as provided in [Public Finance Act].¹⁾

Healthcare facilities which provide ...¹⁾ health services and are run by the State may, with the Minister's consent, assign other healthcare facilities or self-employed healthcare practitioners by contract to provide certain aspects of the ...¹⁾ health services they are to provide under this Act.

Landspítali University Hospital, Akureyri Hospital and other ...¹⁾ healthcare facilities run by the State may, with the Minister's consent, conclude contracts with other healthcare facilities or self-employed healthcare practitioners for certain aspects of the ...¹⁾ health service which they are to provide, to be provided at the relevant healthcare facility or the premises of self-employed healthcare practitioners.

[Ráðherra getur veitt sjúkrahúsum og öðrum heilbrigðisstofnunum, sem reknar eru af ríkinu, heimild til að skipuleggja heilbrigðisþjónustu á einkaréttarlegum grundvelli fyrir ósjúkratryggða einstaklinga sem koma til landsins gagnert í því skyni að gangast undir tiltekna aðgerð eða meðferð, enda skerði það ekki lögbundna þjónustu stofnunarinnar. Um gjaldtöku af ósjúkratryggðum einstaklingum fyrir heilbrigðisþjónustu samkvæmt ákvæði þessu fer samkvæmt ákvæðum laga um sjúkratryggingar.]¹⁾

¹⁾ Act No. 91/2020, Article 13.

SECTION VIII Various provisions.

Article 32

Division of costs between the State and local authorities.

The costs of construction of hospitals and primary healthcare centres [owned by the state]¹⁾, and equipment for them, is paid by the Treasury. The contribution of local authorities to costs of construction of nursing homes and their equipment shall be 15% of the foundation costs. Major maintenance and purchase of equipment are deemed to be foundation costs. General maintenance costs of property and equipment are not deemed to be foundation costs.

Local authorities provide land for buildings under paragraph 1, including residential buildings intended for personnel, without cost to the Treasury, and without payment of street-building fee or land rental.

The ownership share of each party shall be in accord with the share of the costs under paragraph 1. Neither party has any right to demand rental from the other due to ownership or part-ownership.

The Minister can make further provision in regulations, after consultation with the Association of Local Authorities in Iceland, on what shall be deemed major maintenance under paragraph 1.

¹⁾ Act No. 91/2020, Article 14.

Article 33

Transport of patients.

The Minister issues regulations¹⁾ on the practice and organisation of transport of patients.

¹⁾ Regulation No. 262/2011.

Article 34

Fees for health services.

[Fees for health services are subject to the provisions of the Health Insurance Act and provisions of specific legislation as applicable.]¹⁾

¹⁾ Act No. 112/2008, Article 59.

[Article 35

Vinnsla persónuupplýsinga.

Heilbrigðisstofnunum er heimil vinnsla persónuupplýsinga, þar á meðal viðkvæmra persónuupplýsinga um heilsufar og lyfjanotkun einstaklinga, í þeim tilgangi að uppfylla skyldur sínar samkvæmt lögum og til að tryggja gæði og öryggi heilbrigðisþjónustu, lyfja og lækningatækja, að uppfylltum skilyrðum laga um persónuvernd og vinnslu persónuupplýsinga.]¹⁾

¹⁾ Act No. 99/2020, Article 15.

[Article 36]¹⁾

Medical Appointments Committee.

The Minister appoints three physicians to a committee, on nomination from the Icelandic Medical Association, the University of Iceland and the Medical Director of Health, to evaluate the professional qualifications of applicants for posts of medical director and other medical administration posts at State-run healthcare facilities. The committee member nominated by the Medical Director of Health shall chair the committee. Alternates shall be appointed in the same manner. The committee shall be appointed for a term of three years.

The committee shall submit a well-grounded opinion to the appointing body within six weeks from the deadline for applications.

Under this Article any physician who has been deemed qualified may be appointed.

The Minister issues rules of procedure for the Medical Appointments Committee, having received its proposals for rules.

¹⁾ Act No. 99/2020, Article 15.

[Article 37]¹⁾

Nursing Directors' Appointments Committee.

The Minister appoints three nurses to a committee, as nominated by the Icelandic Nurses' Association, the University of Iceland and the Medical Director of Health, to evaluate the professional qualifications of applicants for posts of nursing directors at State-run healthcare facilities. The committee member nominated by the Medical Director of Health shall chair the committee. Alternates are appointed in the same manner. The committee shall be appointed for a term of three years.

The committee shall submit a well-grounded opinion to the appointing body within six weeks from the deadline for applications.

Under this Article any nurse who has been deemed qualified may be appointed.

The Minister issues rules of procedure²⁾ for the Nursing Directors' Appointments Committee, having received its proposals for rules.

¹⁾ Act No. 99/2020, Article 15. ²⁾ Regulation No. 220/2014.

[Article 38]¹⁾

Regulations.

The Minister may make further provision in regulations²⁾ on the implementation of this Act.

¹⁾ Act No. 99/2020, Article 15. ²⁾ Regulation No. 426/1997, cf. 886/2013. Regulation No. 441/2006, cf. 1024/2007, 411/2010, 625/2012, 216/2016 and 482/2018. Regulation No. 544/2008. Regulation No. 1118/2006, cf. 453/2017. Regulation No. 312/2015, cf. 386/2015 and 1228/2021. Regulation No. 530/2015. Regulation No. 452/2017. Regulation No. 1111/2020, cf. 857/2022. Regulation No. 831/2022, cf. 858/2022. Regulation No. 1551/2022.

[[Article 39]¹⁾

Implementation.

Under this Act the Minister is granted authorisation to implement provisions of Directive 2010/53/EC of the European Parliament and of the Council of 7 July 2010 on standards of quality and safety of human organs intended for transplantation, which was adopted to the EEA Agreement by decision of the EEA Joint Committee No. 164/2013, from 8 October 2013.]²⁾

¹⁾ Act No. 99/2020, Article 15. ²⁾ Act No. 106/2014, Article 2.

[Article 40]¹⁾

Entry into force.

This Act takes effect on 1 September 2007. ...

¹⁾ Act No. 99/2020, Article 15.

[Article 41]¹⁾

...

¹⁾ Act No. 99/2020, Article 15.

[Temporary provisions.

I.

For as long as temporary contracts, cf. Article 28, with local authorities on the operation of health services are valid, the staff concerned at healthcare facilities operated by the State, who are employed when the contracts take effect, are deemed to be in the service of the relevant local authority. In such contracts [the Minister]¹⁾ has authority to devolve to the relevant local authority all authorities held by chief executives of healthcare facilities under the Rights and Obligations of Government Employees Act, provided that the staff are notified who holds this authority. No formal change will be made to the employment status of the staff; they remain State employees, and their salaries and other terms of employment are subject to the same wage agreements as before.

New staff, employed for projects agreed under a contract between the parties, shall be engaged as employees of the relevant local authority.

[The Minister]¹⁾ and [the Minister in charge of matters concerning government employees]²⁾ on the one hand, and the local authority on the other, shall make an agreement between them on their guarantees and payments with respect to staff rights and conditions.]³⁾

¹⁾ Act No. 162/2010, Article 77. ²⁾ Act No. 126/2011, Article 451. ³⁾ Act No. 112/2008, Article 59.

[II.

Ráðherra skal skipa starfshóp sem falið verði að leggja fram tillögur að skilgreiningu á hugtakinu „fjarheilbrigðisþjónusta“ í lögum. Starfshópurinn skal skila niðurstöðum sínum til ráðherra eigi síðar en 1. júní 2021 og ráðherra skal í kjölfarið flytja þinginu munnlega skýrslu um niðurstöður starfshópsins.]¹⁾

¹⁾ Act No. 91/2020, Article 15.

[This translation is published for information only.

The original Icelandic text is published in the Law Gazette.

In case of a possible discrepancy, the original Icelandic text applies.]