



# National Health Care Laws

Denmark • Norway

July 2005

LL File No. 2005-02106  
LRA-D-PUB-000839

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## DENMARK

## NATIONAL HEALTH CARE LAWS

Danish health care is defined by its decentralization.<sup>1</sup> In the 1970s the Danish parliament delegated the responsibility to finance and offer health care to the local authorities, to ensure that health care is offered as close as possible to the user. There are fifteen separate laws on the provision of health care services. At the state level, the Ministry of Health is responsible for the overall Danish health policy and for preparing legislation. Denmark's fourteen counties own and run hospitals and prenatal care centers. The counties also finance general practitioners, specialists, dentists, and physiotherapists. Seventy percent of the counties' budgets are spent on health care. By contrast, municipalities are responsible for nursing homes, municipal dentists and health care in schools.<sup>2</sup>

Danish health care can be described as having three layers:

- *Private practitioners, comprising* general practitioners, specialists, dentists, pharmacists, and similar professionals.
- *Hospitals*, which as mentioned, are owned and run by the counties.
- *Municipal health care services* such as nursing homes.<sup>3</sup>

When seeking health care in Denmark, first one must visit a primary care physician who will refer to a specialist if needed. Danish citizens are covered by the public health care reimbursement scheme. Usually no fees are paid by the users because the services are covered by taxes. All who are eligible for health care reimbursements receive a health care card.<sup>4</sup>

Approximately eighty-five percent of Denmark's health care costs are financed through a combination of state, county and municipal taxes.<sup>5</sup> Local taxes are also supplemented by state subsidies and resources are transferred between counties and municipalities.<sup>6</sup> Any private expenditures come from out-of-pocket payments and voluntary health insurance. Thirty percent of Danes purchase voluntary complementary health insurance to cover co-payments. Co-payments are applied to dental care, physiotherapy and optometry.<sup>7</sup>

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<sup>1</sup> The publication *Health Care in Denmark* provides information about the organization of Danish health care services, [http://www.im.dk/publikationer/healthcare\\_in\\_dk/index.htm](http://www.im.dk/publikationer/healthcare_in_dk/index.htm) (last visited July 25, 2005).

<sup>2</sup> Health Care Systems in Transition – Denmark, The European Observatory on Health Care Systems, 2001, at. 27-28, available at <http://www.euro.who.int/document/e72967.pdf>.

<sup>3</sup> *Id.* at 47.

<sup>4</sup> *Id.*

<sup>5</sup> *Health Care in Denmark*, *supra* note 1, at 2.

<sup>6</sup> Health Care Systems in Transition – Denmark, HiT Summary, The European Observatory on Health Care Systems, 2001, at 4., available at <http://www.euro.who.int/document/Obs/DENsum110802.pdf>.

<sup>7</sup> *Id.* at 5.

## Recent Developments

The Danish Parliament enacted a new law on health care on June 24, 2005.<sup>8</sup> The legislation is part of a reform of the Danish municipalities. The new law will replace the fifteen laws currently in effect and will increase the local authorities' responsibilities with respect to the health care sector. The law enters into force on January 1, 2007. In the new law more emphasis is put on preventive care and local authorities will be responsible for the prevention of sickness and accidents. Danish residents will still be eligible for free health care.<sup>9</sup>

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July 2005

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<sup>8</sup> Sundhedsloven (Law No 546 of June 24, 2005), <http://www.retsinfo.dk> in Danish only.

<sup>9</sup> *Id.* § 7.

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**NORWAY**

**NATIONAL HEALTH CARE LAWS**

Two laws regulate Norway's social welfare, the National Insurance Act<sup>1</sup> and the Social Care Act<sup>2</sup>. The national health care services are publicly financed<sup>3</sup> through taxes, and all Norwegians are covered under the collective insurance scheme. All employees contribute a fixed percentage of their income to the scheme through the national insurance tax and employers contribute through payroll taxes. Those who do not receive income, such as the unemployed or students, do not pay social security taxes but are still covered and receive the same social benefits as those who do contribute. All citizens who fall ill are guaranteed medical treatment.<sup>4</sup> The basic principle is that health care should be distributed according to need and not according to the ability to pay and social status. The fees paid by the user for health care services are capped. In 2000 the cap was set at 1370 NOK, which today would be approximately 208 USD. Medicines, medical equipments and visits to private x-ray clinics are also all virtually free, as is hospital care.<sup>5</sup>

The Norwegian health care service is decentralized, and its organization is divided into three tiers. The Norwegian government is responsible for the overall health care policy, legislation and allocation of funds. The counties are responsible for the financing, planning, and provision of specialized care. The municipalities are responsible for providing and financing primary care and social services.<sup>6</sup>

The health care legislation has not been translated into English. The Norwegian government provides information about Norwegian social security on its website <http://www.odin.no>. The article *Norway's Social Security and Health Service* written by Målfrid Bolstad<sup>7</sup> and the draft report from the European Observatory on Health Care Systems on Norwegian health care may be helpful.<sup>8</sup>

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<sup>1</sup> Lov om Folketrygd (Law No 19 of February 28, 1997). Available in Norwegian only at <http://www.lovdatab.no>.

<sup>2</sup> Lov om Sosiale Tjenster m.v. (Law No 81 of December 13, 1991). Available in Norwegian only at <http://www.lovedata.no>

<sup>3</sup> Users pay a capped rate for health care. See Målfrid Bolstad, *Norway's Social Security and Health Service* (June 2000), available at <http://odin.dep.no/odin/engelsk/norway/social/032005-990494/index-dok000-b-n-a.html>.

<sup>4</sup> Lov om Folketrygd, Ch.5 § 4 (Law No 19 of February 28, 1997).

<sup>5</sup> Målfrid Bolstad, *supra* note 3.

<sup>6</sup> Health Care Systems In Transition – Norway, The European Observatory on Health Care Systems, Draft 2000, at 23, available at [http://www.odin.no/filarkiv/113537/0HiT\\_for\\_Norway.pdf](http://www.odin.no/filarkiv/113537/0HiT_for_Norway.pdf).

<sup>7</sup> Målfrid Bolstad, *supra* note 3.

<sup>8</sup> Health Care Systems In Transition , *supra* note 6.