Law No.2004/4

The Assembly of Kosovo,


Taking into account Annex VI of UNMIK Regulation Nr. 2002/5 on the Establishment of the Ministry of Health;

Based on the Health Policy of Kosovo, February 2001;

With the aim of establishing legal grounds for the regulation, advancement and the improvement of the provision of health care for the citizens of Kosovo,

Hereby adopts the:

KOSOVO HEALTH LAW

Chapter I
DEFINITIONS

Section 1

For the purposes of this Law, the following definitions shall apply:

a) The citizen: the person holding the resident permit issued by competent authorities which is valid for the territory of Kosovo, or persons qualified as a refuge in accordance with the appropriate regulation;

b) The patient: person using the health services;

c) The health care workers: health professionals, from section 86 of this law that is licensed to practice independently the health services;

d) Health care: measures and activities undertaken by Health Care Institutions, health workers and citizens with purpose to advance the overall physical, mental and social well-being of the citizens;

e) The health care service: all the activities aiming at:
   - Promote health, prevent diseases and injuries, treat, diagnose and rehabilitate citizens;
   - Provide the medicines and medical equipment;
   - Ambulance services and other transportation for medical purposes;
   - Gynecological-obstetric services, special procedures aiming at human reproduction and induced sterilization; and
   - Medical researches on humans;
f) **The Health Care Institution**: all institutions established by juridical or physical persons regardless of the type of the ownership and the supervising authority that are authorized to provide health care services under a working license issued by the health authority;

g) **Professional confidentiality**: keeping confidential the data about the health condition of the patient from unauthorized persons;

h) **A close family member**: the spouse, parent, children, the child of the spouse, brother, sister, stepmother and/or stepfather;

i) **The health authority**: any authorized body of the Ministry of Health and Municipal Health Directorate;

j) **Emergency**: immediate change occurring in the health condition, which in a situation of lack of an urgent healthcare, poses a risk of death or of serious permanent damage to the health of the citizen;

k) **Medical treatment**: the physical, chemical, biological or psychological procedures applied for the prevention, diagnosing, healing, rehabilitation and other measures that result or may result in changes in the organism of the citizen/patient;

l) **The health documentation**: the manuscripts, records and the data collected, regardless of the fact who collects them or in what way, to which a healthcare worker has access during the provision of healthcare services and which contain data on the personal identity of the citizen.

m) **Specialization**: a qualified specialization gained during specialist education of a primary, secondary and tertiary level carried out in Kosovo or abroad or accepted and recognized by competent body within the Ministry of Health in Kosovo after graduation.

n) **State of emergency**: any unexpected situation that endangers the life, integrity and health of the citizens or disrupts functioning of the health institutions to the level that brings to the serious disproportion between the needs for the health care and resources available.

o) **Founder**: The Kosovo Assembly, Kosovo Government, Municipal Assembly, local and international physical and juridical persons having the right to establish the health institution in accordance with this Law.

p) **Professional service**: Administrative and professional organization of the public and private healthcare institutions in all levels of health care.

q) **Apartment for rehabilitation into society**: Health Care Institution providing 24 hrs health care community based services to the chronic psychiatric patients.

r) **Essential drug list**: the list of medical products and sanitary medical consumables purchased by the Kosovo Consolidated Budget to meet the needs in all levels of health care.

s) **Humanitarian Health Care Institution**: Health Care Institution established by non-governmental and non-profitable organization in Kosovo authorized to provide health services.

t) **Artificial sterilization**: medical procedure having as a **aim** the loss of ability for childbirth or ability to conceive.

u) **Individual cloning**: method for producing people descendants in unnatural artificial way.
v) **Institution**: institution in which except health activities are also provided educational and scientific activities

w) **Family health**: fundamental form of offering comprehensively health services on the primary level of health care for individuals and their families.

Chapter II

**BASIC PROVISIONS**

Section 2

This Law defines the health care system, healthcare activities and health financing system in Kosovo.

Section 3

Health care shall be implemented in the primary, secondary and tertiary level;

Section 4

Health care is provided by health care workers in Health Care Institutions.

Section 5

Health care is provided by organizing and implementing health care activities in the public, private and mixed Health Care Institutions.

Section 6

6.1. The health care activity is organized in order to provide suitable and successful health care for citizens, both in normal and in emergency circumstances.

6.2. Health care activity provides the healthcare for the citizens by applying contemporary measures and methods of the medical science and related sciences as well through continuous follow up of those results.

Section 7

7.1. The system of health care should be accessible to all citizens and all Communities of Kosovo.

7.2. Health insurance shall be provided as basic and private health insurance and shall be implemented as compulsory and voluntary contributions to the health insurance agencies and Health Insurance Fund.

Section 8

Health care activity is activity of special social interest.

Section 9

Health care system provides and implements uniform health information system.
Section 10

Health care activity is a subject of a professional and legal supervision provided by the Ministry of Health.

Section 11

11.1. Health Care Institutions, juridical persons and the citizens of Kosovo shall, within the scope of their rights and duties, ensure the provision of the health care for the citizens and the advancement of the conditions for this purpose.

11.2. The citizens have the right and the duty to act in accordance with the health care services and to take part in their implementation.

Chapter III

THE PRINCIPLES OF THE HEALTH CARE

Section 12

12.1. The provision of health care is provided by the following principles:

a) Equity;
b) Quality;
c) Honesty/ Responsibility;
d) Inclusiveness and non-discrimination;
e) Sustainable Financing;
f) Financing/Cost-effectiveness;
g) Co-financing.

12.2. Equity:

a) The correct treatment of the citizens based on law and full respect of the basic human rights and freedoms without discrimination defined by international conventions;

b) Insuring full access to the health care in all levels and to all citizens including easy access to the health care for the persons with disability;

c) The equal distribution of the health care resources based on social and economic equity;

12.3. Quality: Applying the international standards in process of organizing and developing the health care resources in the: work, training, education, licensing, ethical instructions, protection of the users of services.

12.4. Honesty and Responsibility: The honest and adequate use of public financial funds and transparent exercise of the competencies while providing health care.

12.5. Inclusiveness and non-discrimination: equal health care for all citizens by ensuring the standards during fulfilling the needs at all levels of health care as well as ensuring health care without discrimination regardless: gender, nation, race, color, language, religion, political preferences, social status, the property status, the level of physical or mental abilities, family status, or age differences.

12.7. *Financing / Cost-effectiveness:*

a) Financial support insuring combined modality between Kosovo budget, municipal budgets, contributions of the citizens and employers to the Health Insurance Fund and other insurance agencies based on the principle of reciprocity and solidarity, as well as direct payments of the citizens during utilization of health care services,

b) Rational and efficient use of the existing resources; supervision, and contracting services as a basic model of the financial relations.

12.8 *Co-financing:* prevention of the unnecessary use of health care services and support to the referral system.

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Section 13

Institutions of Kosovo, legal persons and citizens, Health Care Institutions and health workers, within their rights and obligations will take necessary measures to ensure and implement the health care principles.

Section 14

The Kosovo Assembly according to the Government proposal approves health care development policies.

Section 15

Kosovo Government undertakes all measures, defined by law, to ensure the execution of necessary actions for implementation of the citizen’s rights as users of health care services.

Section 16

Kosovo Government leads and executes the health policies through the Ministry of Health.

Section 17

17.1. The Ministry of Health develops and executes the health care policies through creating the systemic conditions as follows:

a) Develop policies and implement legislation for a non-discriminatory and accountable health care system;

b) Coordinate activities in the health sector in order to promote coherent development of health policies;

c) Set up norms and standards and issue guidelines for the health sector with due regard to relevant international standards;

d) Supervise adherence to such standards, including where appropriate, conducting inspections and other services;

e) Monitor the health situation and implement appropriate measures to prevent, identify and control health care problems;
f) Manage the use and development of the infrastructure related to health care which falls under the responsibility of the Ministry;

g) Promote community participation and the development of citizens initiatives and activities related to health;

h) Participate in the development and implementation of public information campaigns and other promotional schemes to increase public awareness and compliance with health standards;

i) Encouraging development of health education in order to raise knowledge and competencies in the health field;

j) Supervise, in coordination with the competent Ministries managing agriculture, forestry and rural development, services for food quality control and agricultural inputs in order to protect consumers.

17.2. The Ministry of Health, where appropriate, shall establish committees and professional counsels for certain fields and issues.

17.3. The Minister will define the composition and responsibilities of these committees.

Section 18

18.1. The municipalities ensure the implementation of the primary health care by giving the priority to the preventive measures through the concept of family medicine.

18.2. In municipalities where the implementation of the primary health care is not in accordance with defined norms and standards, the Ministry of Health undertakes needed measures for ensuring the necessary level of the primary health care services.

Chapter IV

THE RIGHTS AND RESPONSIBILITY OF THE CITIZENS

Section 19

19.1. Each citizen:

a) Shall protect and advance personal and collective health;

b) Shall respect the rights of others related to; safeguarding and improvement of the health, prevention of diseases and rehabilitation after those;

c) Has a right to have information that could enable raising capabilities to improve health, as well to take decision concerning the issues related to his/her health, based on the adequate data;

d) Has a right to have information about the specifics of the health care from the providers of these services, about access and way of using, the rights of citizens concerning the health care and ways how this can be realized;

e) Has a right to use own language and the sign language;

f) Has a right to keep personal confidentiality by the health workers;
g) Is obliged that in the premises of public institutions to avoid such a lifestyle that according to scientific data is danger for his/her health;

h) Is obliged to offer help as much is expected, and to inform the competent health providers in case that they have discovered an emergency situation or they have been informed about it;

i) Is obliged to support financing health system with direct payment in accordance with law.

Participation of the citizens in the process of the implementation of health services

Section 20

20.1. The citizens through the organizations or appointed representatives participate actively in creating better conditions for implementation of health care, especially in the field of patient’s rights.

20.2. The realization of this participation shall be in accordance with law and other sub-legal acts.

Section 21

The rights and obligations of the citizens for health care will be regulated by the special normative act.

Chapter V
HEALTH CARE

Section 22

22.1. Health care services in accordance with article 23 of this law is provided free of charge in the Public Health Institutions for the special groups of population as follows:

a). Children and adolescents up to 15 years of age;

b). Pupils and students until the end of regular school terms;

c). Citizens over 65 years of age;

d). Citizens, close family members of martyrs, war invalids and other invalids, their close family members as well users of overall social schemes for social assistance and close members of their families;

e). Persons with disabilities,

22.2. Health services that need to be provided and implemented free of charge in the Public Health Institutions as follows:

a) Preventive health care:

  i. Early detection of communicable diseases and compulsory immunization;

  ii. Provision of conditions for collection of blood and blood storage;
iii. Early detection and adequate treatment of diseases which cause the
damage of physical and mental abilities;
iv. Other measures from sections 34 to 37 of this Law;

b) Reproductive health care which includes health care during the pregnancy,
birth and maternity as well as family planning excluding forcing prevention of
pregnancy.

c) Health care for patients suffering from diseases, disorders and injuries that
severely endanger or hamper their lives, to be defined by special sub-legal act;

d) The rehabilitation services integrated in all three levels of health care for
diseases and injuries defined by special sub-legal act;

e) Family Medicine Center will provide health care treatment to the dying citizen
at his/her house.

Section 23

Health care treatment from section 22 of this Law shall be applied through:

a) Promoting the healthy life style through organized health education in order to
raise the awareness of the citizens and the level of their health and physical
culture;

b) Improving living and working conditions of the citizens;

c) Early detection and treatment of the communicable diseases by eliminating the
conditions which cause the epidemics;

d) Early detection and treatment of the acute and chronic diseases;

e) Prevention and early examination of malignant diseases;

f) Prevention and early treatment of the injuries in the work place and the
occupational diseases;

g) Prevention and treatment of drug addictions and HIV infection;

h) Ensuring the supply with: essential drugs, ortoprosthetic devices, dentistry
prosthesis, as well as other medical consumables as per the official register;

i) Rehabilitation and re-socialization of the chronic mental patient in the
community;

j) Provision of the necessary conditions for the healthy start of life and healthy
development of children and young people, pregnant women and women after
childbirth;

k) Reducing the health consequences caused by natural disasters and other states
of emergencies;

l) Organizing emergency services;

m) Implementing the uniform health information system;

n) Organizing and implementing professional and legal supervision;

o) Implementing activities related to voluntary blood collection;
Taking measures related to the radioactive protection;
Developing institutional and human resources in health;
Prevention of congenital abnormality;
Taking other measures for advancing the health condition of the citizens.

Section 24

24.1. Drugs from the essential list are provided in the public and private health institutions having contractual relations with the Health Insurance Fund from section 57.1.c.
24.2. The essential drug list is determined by the Health Insurance Fund on the proposal of the Ministry of Health;
24.3. At all levels of the health care the drugs has to be prescribed by the generic names;
24.4. Drugs from the essential drug list shall be delivered only through medical prescriptions issued by the doctor of family health service.
24.5. Only pharmacist shall give prescribed drugs;
24.6. Issues related to the narcotics, psychotropic substances are regulated in the special Law for Medicinal Products and Medical Equipment;
24.7. Issues related to blood derivates and human plasma are regulated in the Law for Medical Products and Medical Equipment.

The standards of health care

Section 25

25.1. In implementing health care the health institutions, employees, legal persons and citizens, within their rights and obligations, shall undertake the necessary measures in order to ensure qualitative and quantitative health care services.
25.2. Qualitative standards of health care services are:

a) Promotion of the healthy life-style;
b) General health improvement;
c) Improvement of the health of children, youth and elderly;
d) Improvement of fertility health;
e) Improvement of mental health;
f) Prevention of communicable diseases and non-communicable chronicle diseases;
g) Psychophysical Rehabilitation of citizens;
h) Development of human and institutional resources;
i) Improvement of the health for disability persons;
j) Prevention and early examination of malignant diseases;

25.3. Quantitative health care services are:

a) Raise of the average life-expectancy;
b) Decrease of the maternal and infant mortality rate;
c) Decrease of the general and specific morbidity;
d) Decrease of the rate of traumas;
e) Decrease of the absenteeism due to the illnesses or injuries.

25.4. The system of quality health care management shall be determined by sub legal act issued by the Ministry.

CHAPTER VI
ORGANIZING AND IMPLEMENTING HEALTH CARE

Section 26
Health care for citizens shall be implemented through a uniform, integrated, functionally linked system of healthcare activities through preventive, curative and rehabilitative health care measures.

Section 27
27.1. Health care system is organized at three levels:

a) Primary health care;
b) Secondary health care;
c) Tertiary health care.

27.2. Distribution of activities among health care levels shall be conducted in accordance with the strategy and policy based on the existing resources;

27.3. Healthcare from paragraph 27.1 of this section should be provided on 24-hour basis, continually, through the shift-work and on-duty work;

27.4. Continual professional education will be provided to all health care levels;

27.5. Drugs from essential drug list, as defined in the official register, will be provided to all health care levels.

Primary Health care
Section 28
28.1. Municipalities are responsible for provision of primary health care services and follow-up of the health status of the citizens within their territory.

28.2. During implementation of primary health care services municipalities give priority to preventive health care measures;

28.3. Primary Health care services are implemented through family medicine services;

28.4. Primary health care includes:

a) Promotion, prevention, treatment and rehabilitation of diseases, disorders and injuries;
b) Health education;
c) Immunization;
d) Initial diagnosis and basic health care including minor surgeries;
e) Promotion of oral health and basic dental health care;
f) Community based mental health care;
g) Community based rehabilitation;
h) Provision of qualitative food and water;
Section 29

29.1. Primary health care is provided and implemented by Family Medicine Team consisting of the following health workers:

   a) General Practitioner,
   b) Dentist;
   c) Family Medicine specialist;
   d) Pharmacist;
   e) Pediatrician;
   f) Gynecologist-obstetrician;
   g) Specialist of clinical biochemistry and
   h) Nurses, midwifes, physiotherapists and medical technicians from section 86.

29.2. Primary health care workers cooperate with secondary and tertiary health care workers, as defined with a special sub-legal act..

29.3. Standards of the organization and functioning of the Family Medicine services in municipalities shall be defined in the sub-legal act issued by the Ministry of Health;

Secondary Health Care
Section 30

30.1. Secondary healthcare includes:

   a) Out-patient health care: diagnostic, therapeutic and rehabilitative;
   b) Hospital health care (in patient) implementing the diagnostic, therapeutic and rehabilitative treatment on 24 hour basis;
   c) Health education of the patients;
   d) Professional support for primary health care.

30.2. Organization, functioning and activities of the secondary health care services, outpatient and inpatient care, shall be defined in the sub-legal acts issued by the Ministry of Health.

Tertiary Health Care
Section 31

31.1. Tertiary health care includes specialized services provided in the Health Care Institutions authorized by the Ministry of Health, institutions where its developed educational university process, scientific-research works and the post specialized graduated education.

31.2. Organization and functioning of the tertiary health care services is determined by the sub legal act issued by the Ministry of Health and the Ministry of Education, Science and Technology.

31.3. Tertiary health care services, which cannot be provided within the public or private health care services of Kosovo, are ensured and regulated in the sub-legal act issued by the Ministry of Health.

Section 32

The primary, secondary and tertiary health care services are supported with educational and training activities by the Health Institutions from the section 31.1 of this law.
The special forms of the health care
Pharmaceutical Sector

Section 33

Supply, storage, distribution and dispensation of drugs and medical consumables from essential drug list determined in the official register shall be defined by the special sub-legal act.

Public Health

Section 34

Public health is high health care priority and organized activity of the society as a whole aiming at improvement of the health status of the population through health education, health promotion and through promotion of the healthy lifestyle, as well the prevention of diseases, disorders and injuries.

Section 35

Organization and implementation of immunization as fundamental public health activity shall be determined with the special sub-legal act issued by the Ministry of Health.

Section 36

The regulations regarding other public health activities shall be determined in a sub-legal act issued by the Kosovo Government, on the proposal of the Ministry of Health.

Occupational Health

Section 37

37.1. Specific health care for workers includes services that provide optimum conditions in the working environment in order to maintain optimum physical and mental health status of employees.

37.2. Establishment, organization and activities of the occupational health services shall be defined in the sub-legal act issued by the Ministry of Health.

Sports Medicine

Section 38

38.1. Sports Medicine is form of organizing the health care that develops its activities through health care for active sportsmen and citizens carrying out sport activities as recreational.

38.2. Specific health care in the Sports Medicine field shall be implemented as a part of Sports Medicine Service.

38.3. Establishment, organization and activities of the Sport Medicine Service shall be defined in the sub-legal act issued by the Ministry of Health.
Non-conventional treatment

Section 39

39.1. The treatment and advertisement of the non-conventional health treatment is forbidden considered by the relevant institution to the article 31.1 section not to be based on scientific facts of contemporary medicine.

39.2. Treatment, conditions and manner of using the non-conventional therapeutic methods shall be defined in the sub-legal act issued by the Ministry of Health.

Chapter VII
ESTABLISHMENT AND ORGANISATION OF HEALTH CARE INSTITUTIONS

Health Care Institution network and establishment of the Health Care Institutions

Section 40

40.1 Health Care Institutions provide health care activities.

40.2 In order to provide health care services for citizens in Kosovo territory, Health Care Institutions can be established by:

a) The Kosovo Assembly, Kosovo Government, Ministry of Health, Municipal Assembly, and local juridical persons in compliance with this Law and the network Plan of public Health Care Institutions;

b) Physical and juridical persons, local and international, in compliance with this Law and the Regulation on private health sector.

40.3. The regulation from the previous paragraph approves the Kosovo Assembly.

Section 41

Network Plan of public Health Care Institutions includes public Health Care Institutions which through their activities provide attainment of all citizen’s rights defined by law as well as health care defined in sections 22 and 23 of this Law.

Section 42

Plan includes number and capacity of the Health Care Institutions in accordance with standards and nominations.

Section 43

The compilation of the Network Plan of public Health Care Institutions of Kosovo under Section 40.2, point a), is based on:

a) The health status, age, gender, and social status of the citizens;

b) Equal health care conditions and opportunities;

c) Economic conditions;

d) Technological-health conditions;

e) Distance and Geographical configuration;

f) Structure and composition of Health Care Institutions;

g) Organization of Health Insurance.
Section 44

The Ministry of Health promulgates Act on establishment of the Health Care Institution.

Section 45

Health Care Institution can be established based on all forms of the ownership in accordance with: this Law; Network Plan of public Health Care Institutions and Law on private activities in the health sector.

Section 46

Private health activities are not allowed in the following fields:

a) In-vitro fertilization when the donor is not known for the couple;
b) Determination of parenthood;
c) Collection of blood and blood derivates;
d) Collection, preservation transport and transplantation of tissues and human organs except in cases of auto-transplantation;
e) Forensic Medicine;
f) Morgue services;
g) Activities from the public health scope determined by sub legal act from the section 36 of this law.

Commencement of the work of the Health Care Institution

Section 47

47.1. Health Care Institution cannot become operational until responsible body defined in section 72 of this Law issues the decision on fulfillment of criteria for commencement of the work.

47.2. The Ministry of Health issues the decision under paragraph 47.1 of this section on the establishment of the secondary and tertiary Health Care Institutions, whereas Municipal Health Directorate establishes primary Health Care Institution in accordance with section 72 of this Law.

Section 48

The provisions of section 47.1 of this Law are applied also in cases of a change of the activities within Health Care Institutions.

Chapter VIII

HEALTH INSTITUTION MANAGEMENT AND SUPERVISION

Section 49

49.1. The Management Board manages the Health Care Institution.

49.2. Selection, dismissal and mandate of the Director of the Health Care Institution is provided in accordance with the Law on civil service.

49.3. Supervisory Board supervises the Health care Institution.
49.4. Selection, dismissal and mandate of the Supervisory Board within Health Care Institution is provided in accordance with sub-legal acts issues by the Ministry of Health.

Section 50

50.1. Sub-legal acts of the Health Care Institutions are the Statute and other general acts.

50.2. The Statute is a sub-legal act through which the Health Care Institution determines the organization, manner of leadership and decision-making, as well as other issues related to the implementation of health care and business affairs in accordance with law.

50.3. The Statute is endorsed by the founder with proposal from Health Care Institution.

Chapter IX

CONDITIONS AND PROCEDURES FOR HEALTH CARE IMPLEMENTATION

Section 51

Health care is implemented in Health Care Institutions at the workplace, at the residence of the citizen and other places wherein the citizen is in need of health care.

Section 52

52.1. Health care in the Health Care Institutions shall be implemented in accordance with procedures and conditions defined by this Law and general acts of the Health Care Institution.

52.2. Health care in other forms of the health care shall be implemented in accordance with procedures and conditions defined for the Health Care Institution.

Section 53

53.1. In cases if Health Care Institution is unable to provide health care within its scope, it is obliged to guide the citizen to other respective Health Care Institutions accompanied with respective medical documentation, while respecting the referral system.

53.2. During times of strike, the Health Care Institution shall provide health care services as defined by a special sub-legal act issued by the Ministry of Health.

Section 54

54.1. The health worker shall provide professional assistance within his abilities, knowledge and responsibilities at all times and in all places.

54.2. The health worker who assists the person in the accident location can not be officially persuade for not efficient professional service due to lack of necessary assistance equipments.
Regulations regarding treatment procedures and professional confidentiality shall be defined by a sub-legal act issued by the Government of Kosovo on the proposal of the Ministry of Health.

Chapter X

DEVELOPMENT POLICY, HEALTH CARE FINANCING

Development Policy

Section 56

56.1. Duties and responsibilities related to the organization and management of the health care for citizens are provided through development activities and health care financing undertaken by the Government of Kosovo, municipalities, employees and employers, legal persons, citizens and Health Care Institutions.

56.2. Implementation of the health care development policy shall be provided through:

a) Operational plans;
b) Mid-term plans; and
c) Strategic plans.

56.3. Operational objectives are defined in operational plan of necessary measures and activities related to implementation of the mid-term and strategic plan ascertains including:

a) Health care;
b) Institutional organization;
c) Human resources;
d) Health care financing.

56.4. Mid-term objectives are defined through the health care mid-term plan for five (5) years that include:

a) Structure of the health care system;
b) Organization and management;
c) Human resources;
d) Health care financing.

56.5. Strategic objectives are defined by the strategic plan of health care for 10 (ten) years that include:

a) Assessment of health care material needs and capabilities;
b) Network Plan of public Health Care Institutions;
c) Plan of education and continual professional development of health care workers;
d) Funds for health care expenditures;
e) Funds for capital investments;

56.6. The Kosovo Assembly approves the strategic plans for development of all levels of health care;

56.7. The Kosovo Government approves the mid-term plans for development of all levels of health care;
56.8. The Municipal Assembly approves the operational plan for the development of primary health care in accordance with the mid-term plan approved by Kosovo Government.

56.9. The Kosovo Government approves the operational plan for development of the secondary and tertiary health care.

56.10. The Ministry of Health provides the procedure on the preparation of strategic, mid-term and operational plans for all health care levels.

56.11. The Health Care Institution develops the annual health care plan that covers:

   a) Health care measures and activities and expected outcome of health care;
   b) Action Plan;
   c) Organization and management;
   d) Human resources;
   e) Financial plan.

Health Care Financing

Section 57

57.1. Basic level of health care for all citizens shall be funded from the following resources:

   a) Central Budget of Kosovo Government;
   b) Municipal Budget;
   c) Health Insurance Fund;
   d) Co-payments from users of services;
   e) Particular taxes approved by Government;
   f) Gifts and legacies form individual citizens;
   g) Donations, in cash or similar;
   h) Incomes from authorized activities;
   i) Incomes from internal and external insurances that are provided by special services of insurance agencies established by other relevant laws.

57.2. Health care can be provided in licensed or recognized Health Care Institutions in accordance with this Law that can also be financed from the following:

   a) Organizations established under the law, which offer private health insurance schemes, through voluntary contributions;
   b) Organizations established under the law, which offer private health insurance schemes, through voluntary contributions;
   c) Direct contributions of citizens that chose to be treated as private patients and pay full price from own sources.

57.3. Insurance institutions defined under section 57.1 point c) and 57.2 point a) shall be established and regulated in accordance with the law on health insurance.

Section 58

58.1. Modes of Health Insurance for citizens and all Communities of Kosovo are:

   a) Basic Health Insurance;
   b) Private Health Insurance.
58.2. Basic Health Care Insurance is compulsory insurance for: all citizens that are employed, physical and juridical persons, in accordance with this Law.

58.3. Private Health Insurance is voluntary insurance realized by citizens personally, and/or their employers in the organizations established under the law, section 57.3.

Basic Health Insurance
Section 59

59.1. Volume of rights on basic health care under section 22 of this Law is defined each year with special package programme issued by the Kosovo Government.

59.2. Level and volume of basic health care, with rights and obligations for all citizens will be provided and guaranteed by Health Insurance Fund (herein after the Fund).

59.3. Basic Health Insurance Scheme for all citizens shall be based on principles of equity, reciprocity and solidarity.

59.4. The Fund shall be established as an independent public institution with legal status, rights and responsibilities as defined in the General Health Law of Kosovo.

Private Health Insurance
Section 60

Private Health Insurance shall be established based on individual contract between citizen, organization and Health Insurance Institution authorized according to the Law.

Funds for Health Care Institutions
Section 61

61.1. Health Care Institutions can be financed by:
   a) Consolidated Kosovo Budget;
   b) Municipal Budget;
   c) Health Insurance Fund;
   d) Private Health Insurance Institutions;
   e) Co-payments of the citizens;
   f) Grants for scientific research;
   g) Gifts in cash or similar;
   h) Donations and legacies;
   i) Incomes from special taxes, approved by the Government;
   j) Income from other internal and external insurance systems.

61.2. Health Care Institutions, physical and juridical persons exercising health care activities provide resources for work, implementing health care programme based on:
   a) Type, volume and quality of services evaluated with service prices;
   b) Number of inhabitants in the territory covered with health care services; or
   c) Number of citizens referred to Health care Institutions.

61.3. Public health institutions and organizations receiving public funds for implementation of the health care are obliged to keep records as defined by the Law and provide necessary information per respective bodies.
Chapter XI

HEALTH INFORMATION SYSTEM

Section 62

Health care sector provides and implements uniform and integrated health information system.

Section 63

Health institutions, responsible physical and juridical persons are obliged to collect health data and report them periodically to the Kosovo Institute of Public Health in accordance with provisions set up in the sub-legal act from section 68.

Section 64

Health care evidence shall be performed through collection and registration of data in the health documentation that may be:

a) Institutional – remaining within the Health Care Institution;

b) Personal – remaining with the citizen.

Section 65

The Ministry of Health, on the proposal of Kosovo Institute of Public Health, shall define norms and standards regarding Health Information System.

Section 66

The health worker and the Heath Care Institution shall report their services upon the request of the competent authorities by not infringing on the right of the patients and by maintaining the medical confidentiality, with the exception of the cases provided in the relevant law.

Section 67

67.1. Each health worker shall, upon his signature, bear the responsibility for the accuracy of the data registered in the health documents and registers.

67.2. The Ministry of Health shall supervise the implementation of these obligations within uniformed Health Information System.

Section 68

Types, content and management of the evidences, collection, elaboration and use of the collected data, as well as reporting system within the uniform Health Information System shall be defined in the sub-legal act approved by the Government of Kosovo on the proposal of the Ministry of Health.
Chapter XII
THE HEALTH CARE SERVICE

Section 69

Health care service from section 1 point (e) is organized within Health Care Institutions through professional health services.

Health Care Institutions

Section 70

Health Care Institutions perform health care services as professional-health care activities.

Section 71

The norms and standards that Health Care Institution need to fulfill regarding: staff, equipment, space and structure of the facilities in which the health care activity is carried out, shall be set out by the Ministry of Health in a sub-legal act.

Section 72

Licensing and accreditation of Health Care Institutions shall be done by the Ministry of Health based on the sub-legal act from section 40 paragraph 40.3.

Section 73

The Health Care Institution, regardless of the type of its ownership, shall commence work when the Ministry of Health issues an act certifying the existence of the technical and professional conditions set out for the commencement of the work and when based on that the Health Care Institution is licensed for implementation of the specific health care activities by the body authorized under section 72.

The types of Public Health Care Institutions

Section 74

74.1. Health Care Institutions shall be organized as: primary, secondary and tertiary level health care institutions.

74.2. The Primary Health Care Institutions are:

a) Main Family Health Center;
b) Family Health Center;
c) Puncta;
d) Emergency Health Center in municipalities with over150,000 inhabitants);
e) Pharmacy;
f) Rehabilitation Center.
74.3. The Secondary Health Care Institutions are:
   a) Hospital;
   b) Diagnostic and Therapeutic Center;
   c) Center for Oral Health and Dental Care;
   d) Mental Health Center;
   e) Apartment for rehabilitation into society;
   f) Special Rehabilitation Center;

74.4. The Tertiary Health Care Institutions are institutions defined under section 31 paragraph 31.1

Section 75

The Kosovo University Clinical Center shall be reorganized in accordance with sub-legal act issued by the Ministry of Health and section 122 of this Law.

Section 76

Internal organization and activities of the Health Care Institutions at all levels shall be defined with sub-legal acts issued by the Ministry of Health, as well as in the establishing acts of each Health Care Institution.

Section 77

Private Health Care Institutions shall be organized in accordance with this Law and the sub-legal act on implementation of the private health activities under section 40 paragraph 40.3.

Center of Reference

Section 78

78.1. The Center of Reference is a Health Care Institution, or part of it, that fulfills, norms and standards of higher levels for implementation of specialized health care.

78.2. The conditions to be fulfilled by a Health Care Institution to be qualified as a Center of Reference shall be defined in the sub-legal act issued by the Ministry of Health.

Professional Health Services

Section 79

79.1. In order to provide integrated health care and to achieve goals of a particular interest for the health care system, the Ministry of Health shall issue sub-legal acts for organizing Professional Health Care Services.

79.2. Basic principle for organizing Professional Health Services is functional integration at all levels of health care.

79.3. Professional Health Services are based on the recommendations of the Professional Committees established by the Ministry of Health.

79.4. Organization and activities of the Professional Committees shall be defined by sub-legal acts issued by the Ministry of Health.
Section 80

80.1. Kosovo Sanitary Inspection as the highest sanitary control body is organized and is functioning as a part of the Ministry of Health.

80.2. The work, organization, authorizations, duties and competencies of the Sanitary Inspection shall be defined by a special legal act.

Health care in the social care institutions

Section 81

Health care measures in the social care institution are defined in the sub-legal act issued by the Ministry of Health and the Ministry of Labor and Social Welfare.

Humanitarian Health Care Institutions and other forms of the organized civil society in the health care sector

Section 82

Health care services in the Humanitarian Health Care Institutions and other forms of the organized civil society within health care sector are defined in the sub-legal act issued by the Ministry of Health.

Provisions on the deceased and autopsy

Section 83

83.1. The time and cause of the death should be defined through a doctor’s examination for each deceased person.

83.2. The Health Care Institution shall be responsible to define cause of the death for persons that pass away in that Health Care Institution.

83.3. The cause of the death for persons that pass away outside Health Care Institutions should be defined within 12 hours from receiving information on the death.

83.4. Sanitary Inspectorate must be informed if a person has passed away due to contagious disease.

83.5. Respective legal bodies must be informed if a person has passed away in a violent manner.

83.6. The cause of death shall be defined based on the medical records and clinical autopsy.

Section 84

84.1. Autopsy is compulsory in the following situations:

a). The cause of the death of a citizen that passed away in the Health Care Institution has not been clearly established;

b). If a person passed away within 72 hours from admittance in a hospital type Health Care Institution;

c). Upon the request of the Family Doctor that treated the deceased before the death;
d). Upon a legal body’s request based on the situation that depends on sanitary reasons or upon the request of an investigating judge;

e). Upon the request of a close relative or legal representative.

84.2. Autopsy expenses shall be covered by the physical or juridical person, obliged by this Law to cover treatment costs of the person before death.

84.3. Autopsy expenses based on legal bodies’ requests shall be covered by the municipal budget whose inhabitant was the deceased before the death.

84.4. Regulations regarding procedures for defining cause of the death and the autopsy services should be set-up in the sub-legal act issued by the Ministry of Health.

Provisions for protection against radioactive irradiation and the chemical substances

Section 85

Organization and activities of the services for protection against radioactive irradiation and chemical substances as well as responsibilities regarding this issue shall be determined in the sub-legal act issued by the Ministry of Health.

Chapter XIII
HEALTH WORKERS

Section 86

Health care is implemented by health workers, as follows:

a). Medical Doctor/Doctor in residency/Specialist Doctor;

b). Dentist/Dentist in residency/Dentist Specialist;

c). Pharmacist/Pharmacist in residency/Specialist Pharmacist;

d). Physiotherapist/Graduated Physiotherapist;

e). Nurse/graduated nurse;

f). Midwife/graduated midwife;

g). Clinical Psychologist;

h). Medical technicians as defined in the official register of the Ministry of Health.

Section 87

Following completing of respective education, health workers should complete obligatory professional apprenticeship.

Section 88

Following completion of obligatory apprenticeship, apprentices must undergo professional exam.

Section 89

Obligatory apprenticeship and professional exam for all categories of the health professionals should be implemented in accordance with sub-legal act issued by the Ministry of Health.
Licensing of health professionals
Section 90
Following the successful completion of professional exam, health worker should be registered and licensed by the General Health Council from the section 100.

Section 91
Health care, as a part of any form of health care services could be, independently provided, just by registered and licensed health workers, in accordance with this Law.

Specializations
Section 92
92.1. Health worker with university degree, following registration and licensing, has a right on further professional education in different fields of the health care, through specialization.
92.2. Ministry of Health in proposal of General Health Council shall issue mid-term Plan of specializations based on health staff plan.
92.3. The Ministry of Health shall do nostrification and recognition of specialization diplomas through bodies General Professional Counsel, as defined by the sub-legal act.
92.4. Specializations of health workers shall be implemented in accordance with sub-legal act issued by the Ministry of Health.

Section 93
Specializations could be organized for foreign citizens based on the sub-legal act issued by the Ministry of Health.

Continual Professional Education
Section 94
94.1. Health workers have obligation of professional development with the goal to maintain and enhance the quality of health care.
94.2. Health Care Institutions of all levels and forms of financing are obliged to provide conditions for Continual Professional Education of their employees.

Section 95
Health care workers are obliged to carry out re-licensing procedure every five years while respecting standards and norms defined in a sub-legal act issued by the Ministry of Health, on the proposal of General Health Council.

Section 96
Health workers may work independently in licensed Health Care Institutions if they are members of General Health Council, and if they are licensed for particular health activity.
Obligations during the strike
Section 97

97.1. Health workers have the right to be on strike in accordance with the law.

97.2. During a strike, employees of the Health Care Institution should continually provide health care, as foreseen in this Law and sub-legal acts issued by the Ministry of Health.

Chapter XIV
PRIVATE HEALTH CARE
Section 98

98.1. Health worker from section 96 could be founder of just one private Health Care Institution.

98.2. Health worker from section 96, full time employed in the public Health Care Institution, could implement private health care activity, after regular working hours.

98.3. Public Health Care Institution may rent its facilities and equipment, for use after regular working hours for private health care activities, in accordance with sub-legal act issued by the Ministry of Health.

Section 99

Private health care activity shall be organized and defined in accordance with the sub-legal act approved by the Kosovo Assembly.

Chapter XV
GENERAL HEALTH COUNCIL
Section 100

100.1. General Health Council shall be responsible for:

a). Registration and licensing of health care professionals;

b). Respect of ethical and disciplinary norms and standards during the implementation of health care activities, as well as for

c). Continual Professional Education of the health care professionals.

100.2. Composition and organization of General Health Council shall be defined by sub-legal act issued by respective bodies:
Chapter XVI
PROFESSIONAL SUPERVISION

Section 101
101.1. Professional supervision ensures full implementation of ethical and professional norms, as well as contemporary health standards;
101.2. The professional activities of Health Care Institutions and health care workers, regardless of funding and ownership, shall be subject to internal and external supervision.

External professional supervision – Health Inspectorate

Section 102
102.1. Health Inspectorate shall carry out external professional supervision.
102.2. Health Inspectorate is administrative body of the Ministry of Health.
102.3. Rights, obligations, responsibilities and Health Inspectorate organization to exercise supervising of law implementation and other laws of health scope are regulated through Health Inspectorate law.

Internal professional supervision

Section 103
Internal professional supervision should be organized and provided by the responsible person of Health Care Institution, based on sub-legal acts of the institution.

Section 104
Health workers with lower level of professional qualifications then the health worker subject of supervision cannot carry out internal and external professional supervision.

Section 105
The Ministry of Health shall provide professional supervision in the institutions from Section 81 and 82.

Chapter XVII
CLINICAL RESEARCH ON HUMANS

Section 106
Issues related to clinical research on humans shall be defined with a special law.
Chapter XVIII

TERMINATION OF PREGNANCY AND ARTIFICIAL STERILIZATION

Section 107

107.1. Termination of pregnancy for family-planning purposes is not allowed after the tenth (10th) week of pregnancy, except under conditions from paragraph 107.2 of this section.

107.2. Pregnancy termination after the tenth (10th) week is possible only if there are serious health implications of the mother or/and the baby, or when pregnancy is result of a rape or incest certificated by authorized legal authorities.

107.3. Medical implications from paragraph 107.2 of this section should be defined from the committee consisting of three medical specialists: two gynecologists-obstetricians and one psychiatrist.

Section 108

Issues related to pregnancy termination shall be defined with special Law.

Artificial sterilization

Section 109

109.1. Artificial sterilization shall be carried out on the request of both genders, or according to the recommendation of specialist doctors in cases of threatening the their health.

109.2. If written request from paragraph 109.1 of this section cannot be provided, provisions of the section 21 should be implemented.

Chapter XIX

ORGAN, TISSUE TRANSPLANTION AND CLONING

Section 110

110.1. Organ and tissue transplantation shall be carried out only in a Health Care Institution authorized for this purpose by the Ministry of Health.

110.2. Regardless of the purpose, all forms of advertisement of human organ and tissue use are prohibited.

110.3. Provisions regarding organ and/or tissue removal shall be defined in the special law.

Section 111

Individual cloning is forbidden.
Chapter XX

HEALTH CARE DURING EMERGENCIES

Section 112

112.1. During emergency situations, the provision of health care is carried out in accordance with sub-legal act approved by the Kosovo Government on proposal by the Ministry of Health.

112.2. The Ministry of Health shall ensure that legal provisions that should be enter into force in the cases of emergencies are ready for endorsement.

112.3. Health care activities in emergency situations include:
   a) The implementation of legal provisions in force;
   b) Transforming the health care system to the extent necessary;
   c) Coordination of activities of the Ministry of Health with health sector of the Kosovo Protection Corps;
   d) Implementing changes within referral and management system in order to overcome emergency situation;
   e) Provision of health care for citizens;
   f) Functioning of provisional Health Care Institution; and
   g) Activating supplementary and reserve resources.

112.4. Event may be qualified as emergency situation by decree of the Minister of Health, on the proposal of the Kosovo Institute of Public Health.

Section 113

During emergency situation, the citizens’ rights defined by this Law and sub-legal acts based on it, shall be implemented to such extent that shall not endanger the efficiency of efforts undertaken to overcome the emergency situation; even in such a case, there shall be no limitation to the right of citizens on human dignity.

Section 114

114.1. It is the Government’s duty to provide and finance health care services during emergency situations.

114.2. The Government’s obligations include the organization and completion of preparatory activities for implementation of health care activities during emergency situations.

114.3. Preparatory activities of the Government for health care provision in emergency situations include:
   a) Provision of planning activities;
   b) Determining managerial structures;
   c) Determining the obligation for cooperation among sectoral and municipal authorities;
   d) Development of legal and administrative regulations;
   e) Ensuring stocks for health care provision as a part of Kosovo health care reserves;
f) Renewal of the Kosovo health care reserves to the needed level;
g) Ensuring training for implementation of the health care in emergency situations.

Section 115

Managers of Health Care Institutions, designated by the Ministry of Health, are obliged to develop plans for emergency situations. The formal conditions for such plans shall be defined in the sub-legal act from section 114 paragraph 114.1.

Chapter XXI
INTERNATIONAL PROVISIONS

Section 116

116.1. Health care provision in the public Health Care Institutions to non-Kosovar citizens that reside in Kosovo shall be made on the grounds of a signed international agreement or based on the principle of reciprocity.

116.2. In the absence of a signed international agreement or principle of reciprocity, the non-Kosovar citizen may provide health care in the territory of Kosovo, based on the provisions of this Law.

116.3. The rules of this law that refer to remuneration should be implemented for non-Kosovar citizens in the case of an international agreement being signed or implemented based on the principle of reciprocity.

116.4. For non-Kosovar citizen that seek the provision of emergency health care in the territory of Kosovo, this care should be provided without any delay, under the same conditions as for Kosovar citizens.

116.5. Blood, organ or tissue removal from non-Kosovar citizens, or organ/tissue transplantation from a Kosovar citizen to a non-Kosovar citizen should be conducted in accordance with legislation referring to Kosovar citizen, in accordance with international conventions.

116.6. In the case of death of a non-Kosovar citizen in the territory of Kosovo, the cause and the circumstances of the death have to be defined by the autopsy in the authorized Health Institution.

116.7. In the case of death of a non-Kosovar citizen in the territory of Kosovo, the official representative of the relevant country should be notified immediately.

Section 117

In cases of emergency situations outside Kosovo, participation in the health care service provisions or in other forms of international cooperation within the health sector shall be carried out based on an international agreement, or based on the implementation of the principle of reciprocity.
Chapter XXII
DISCIPLINARY PROVISIONS

Section 118

118.1. Health Care Institution or a part of it shall be charged with written notice in case of:

a). Essential violation of the code of medical ethics;
b). Essential violation of norms from technical safety and medical aspect;
c). Mistakes during the process of treatment and non-implementation of the needed health care procedures;
d). Non-compliance with necessary preconditions in order to provide health care; and
e). Miss-conduct with citizens.

118.2. If, despite written notice Health Care Institution fails to improve situation within determined terms, health institution and its Director shall be charged with a punitive payment based on the sub-legal act from section 119.1.

118.3. If, despite measures taken based on paragraph 118.1 of this section irregularities continue to be evident, working license of the Private Health Care Institution (or one part of it) shall be removed; in this case, to the Public Health Care Institution shall be imposed measure of direct administration by the founder.

118.4. Measures from paragraph 118.3 of this section could be proposed by: employer, General Health Council, relevant inspection, or the founder.

118.5. The Ministry of Health takes the decision for termination of the work

Chapter XXIII
PUNITIVE PROVISIONS

Section 119

119.1. According to this law a fine of 2,000 up to 8,000 Euros shall be the charge of Health institution in cases of offences when:

a) It fails to provide health care to citizens defined in section 22 of this Law;
b) It fails to refer citizen to other Health Care Institutions, as defined in section 53.1 of this Law;
c) It fails to provide minimal health care during strikes as defined in section 53, paragraph 53.2 of this Law;
d) Start implementing health care activities without fulfilling conditions defined in section 46 of this Law;
e) It does not keep medical records and evidences, and does not follow them in accordance with provisions of section 64 of this Law;
f) It does not conduct an autopsy of the deceased according to section 84 of this Law;
g) It fails to harmonize the organization and normative acts with this Law as defined in section 121.

h) It does not provide terms for professional supervision or it prevents the authorized body to carry out professional supervision.

119.2. The person in charge of the Health Care Institution according to paragraph 119.1 shall be punished by the fine of 500 up to 1,500 Euros.

119.3. Health worker shall be punished by the fine of 500 up to 1000 Euros in the cases:

   a) Fail to provide health care, defined in section 22 of this Law;
   b) Undertake treatment without consent of the citizen or his authorized representative, violating provisions of the sub-legal act from section 21 of this Law with the exception of the emergent cases which risk their life.
   c) Fails to provide medical records and evidence defined in section 64 of this Law.
   d) Exercise health care violating ethical and professional principles;
   e) Implementing fees for services, violating approved price-list.

119.4. Funds collected by fines are delivered to the Kosovo Consolidate Budget.

Section 120

120.1. Citizen or authorized body could initiate civil or penal procedure against Health Care Institution or/and health worker in cases when:

   a).Diagnostic or therapeutic procedure is undertaken without consent of the citizen or authorized person by him defined in the sub-legal act from paragraph 19.2 and section 21 of this Law with the exception of the emergent cases which risk his life;
   b).The death or permanent disability is caused due to organizational or professional mistakes;
   c).Provisions related to pregnancy termination from section 119 and section 120 of this Law have been violate.

120.2. Provisions of penal procedure shall be implemented also when a person that is not a health worker provides health care services.

Chapter XXIV
INTERIM PROVISIONS

Section 121

121.1. Health Care Institutions, other juridical and physical entities exercising health care activities in accordance with this Law, shall harmonize the organization, work and their general acts with the provisions of this Law within 6 months from the day this Law enters into force.

121.2. Until such a time that general acts from paragraph 121.1 of this section are issued, shall be applied existing acts, unless they are in contradiction with this Law.
Section 122
University Clinical Center of Kosovo should be reorganized in accordance with this Law until 31st December 2004.

Section 123
Until the Health Insurance Fund is established and begins operational contractual processes between the Ministry of Health and health care providers shall be implemented by the Health Care Commissioning Agency.

Section 124
124.1. Until the Health Insurance Fund is established the Ministry of Health will carry out financing of basic health care.
124.2. Health Insurance Fund shall become operational on 1st January 2005

Section 125
125.1. General Professional Counsel shall become operational on 1st January 2005.
125.2. Until General Professional Counsel becomes operational the Ministry of Health shall carry out its duties and responsibilities.

Section 126
In order to implement this Law, The Kosovo Assembly, Kosovo Government and the Ministry of Health shall issue sub-legal acts as defined by this Law.

Section 127
Until sub-legal acts under section 126 will be issued, the existing sub-legal acts which have been issued, and which are not in contrary with this Law, shall remain into force and shall be applicable.

Section 128
Upon entry into force this Law shall supersede Law on Health Insurance and obligatory forms of health care, official journal KSAK no. 34/70 as well as Law for health care and services in Kosovo, official journal no.1, January 16, 1987, year XL II and all legal acts.

Section 129
The present law shall enter into force after adoption by the Assembly on the date of its promulgation by the Special Representative of the Secretary-General.

Law No. 2004/4
19 February 2004

President of Assembly

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Academic Nexhat Daci