Number 1 *of* 1970

HEALTH ACT 1970

REVISED

Updated to 1 June 2025

This Revised Act is an administrative consolidation of the *Health Act 1970*. It is prepared by the Law Reform Commission in accordance with its function under the *Law Reform Commission Act 1975* (3/1975) to keep the law under review and to undertake revision and consolidation of statute law.

All Acts up to and including the *Finance (Provision of Access to Cash Infrastructure) Act 2025* (4/2025), enacted 20 May 2025, and all statutory instruments up to and including the *Agriculture, Food and the Marine (Delegation of Ministerial Functions) Order 2025* (S.I. No. 244 of 2025), made 4 June 2025, were considered in the preparation of this Revised Act.

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ACTS REFERRED TO

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Children (Amendment) Act, 1957	1957, No. 28.
Rats and Mice (Destruction) Act, 1919	1919, c. 72.
Blind Persons Act, 1920	1920, c. 49.
State Lands (Workhouses) Act, 1930	1930, No. 9.
State Lands (Workhouses) Act, 1962	1962, No. 8.
Registration of Maternity Homes Act, 1934	1934, No. 14.
Midwives Act, 1944	1944, No. 10.
Nurses Act, 1950	1950, No. 27.
Poisons Act, 1961	1961, No. 12.
Health Services (Financial Provisions) Act, 1947	1947, No. 47.
Vital Statistics and Births, Deaths and Marriages Registration Act, 1952	1952, No. 8.
Local Government Act, 1955	1955, No. 9.
Local Government (Superannuation) Act, 1956	1956, No. 10.
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Local Authorities (Officers and Employees) Act, 1926	1926, No. 39.
Medical Practitioners Act, 1927	1927, No. 25.
Public Hospitals Act, 1933	1933, No. 18.
Central Criminal Lunatic Asylum (Ireland) Act, 1845	1845, c. 107.
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Illegitimate Children (Affiliation Orders) Act, 1930	1930, No. 17.
Local Government (Ireland) Act, 1871	1871, c. 109.
Local Government (Ireland) Act, 1898	1898, c. 37.
Local Government (Ireland) Act, 1902	1902, c. 38.
Health Act, 1953	1953, No. 26.
Dangerous Drugs Act, 1934	1934, No. 1.
Rats and Mice (Destruction) Act, 1919	1919, c. 72.
Mental Treatment Act, 1945	1945, No. 19.
Local Government Act, 1946	1946, No. 24.
Public Assistance Act, 1939	1939, No. 27.
City and County Management (Amendment) Act, 1955	1955, No. 12.

Number 1 *of* 1970

HEALTH ACT 1970

REVISED

Updated to 1 June 2025

AN ACT TO AMEND AND EXTEND THE HEALTH ACTS, 1947 TO 1966, AND CERTAIN OTHER ENACTMENTS, TO PROVIDE FOR THE ESTABLISHMENT OF BODIES FOR THE ADMINISTRATION OF THE HEALTH SERVICES, AND FOR OTHER MATTERS CONNECTED WITH THE MATTERS AFORESAID. [24*th February*, 1970.]

BE IT ENACTED BY THE OIREACHTAS AS FOLLOWS:

PART I

Preliminary and General

Short title, collective citation, construction and commencement.

1.—(1) This Act may be cited as the Health Act, 1970.

(2) The Health Acts, 1947 to 1966, and this Act may be cited together as the Health Acts, 1947 to 1970.

(3) The Health Acts, 1947 to 1966, and this Act shall be construed together as one Act.

(4) Save as otherwise specifically provided for, this Act shall come into operation on such day or days as, by order or orders made by the Minister under this section, may be fixed therefor either generally or with reference to any particular purpose or provision, and different days may be so fixed for different purposes and different provisions.

Interpretation.

2.—(1) In this Act a reference to a Part, section or schedule is to a Part, section or schedule of this Act, unless it is indicated that reference to some other enactment is intended.

(2) In this Act a reference to a subsection, paragraph, subparagraph or rule is to the subsection, paragraph, subparagraph or rule of the provision in which the reference occurs, unless it is indicated that reference to some other provision is intended.

(3) A reference in this Act to any enactment shall be construed as a reference to that enactment as amended or extended by any subsequent enactment.

Repeals.

3.—The enactments specified in column (2) of the First Schedule are hereby repealed to the extent specified in column (3) of the Schedule.

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Administration

Chapter I

Health Boards

Establishment of health boards.

4.—(1) F1**[**...**]**

(2) F2**[**...**]**

(3) F2**[**...**]**

(4) F2**[**...**]**

(5) F1**[**...**]**

(6) F1**[**...**]**

General provisions regarding health boards.

5.—(1) F3**[**...**]**:

(*a*) F3**[**...**]**

(*b*) F3**[**...**]**

(*c*) F3**[**...**]**

(*d*) F4**[**...**]**

(*e*) F4**[**...**]**

(2) F4**[**...**]**

(3) F4**[**...**]**

F5**[**(4) The seal of the board shall be authenticated by the signature of the chief executive officer of the board, or any person for the time being performing the functions of chief executive officer of the board, and the signature of another officer of the board authorised to act in that behalf.**]**

Functions of health boards.

6.—F6**[**...**]**

Local committees.

7.—F7**[**...**]**

Committees of health boards.

8.—F8**[**...**]**

Expenses of members of boards and committees.

9.—F9**[**...**]**

Allowances to chairmen and vice-chairmen of health boards.

10.—F10**[**...**]**

Joint action by health boards.

11.—F11**[**...**]**

Removal of board from office.

12.—F12**[**...**]**

Chapter II

Officers and Servants, etc.

Chief executive officers of health boards.

13.—F13**[**...**]**

Other officers and servants of health boards.

14.—F14**[**...**]**

Application of Local Authorities (Officers and Employees) Acts, 1926 and 1940.

15.—F15**[**...**]**

Delegation by chief executive officer.

16.—(1) F16**[**...**]**

(2) F16**[**...**]**

(3) F16**[**...**]**

(4) F16**[**...**]**

(5) F16**[**...**]**

(6) F16**[**...**]**

(7) F17**[**...**]**

Performance of duties of officers.

17.—(1) F18**[**...**]**

(2) F18**[**...**]**

(3) F18**[**...**]**

(4) F19**[**...**]**

(5) F19**[**...**]**

Qualifications for offices under health boards.

18.—F20**[**...**]**

Age limits.

19.—F21**[**...**]**

Superannuation.

20.—F22**[**...**]**

Suspension and removal of chief executive officer.

21.—(1) F23**[**...**]**

(2) F24**[**...**]**

(3) F24**[**...**]**

(4) F23**[**...**]**

(5) F23**[**...**]**

Suspension of other officers of health boards.

22.—F25**[**...**]**

Removal of officers and servants.

23.—(1) F26**[**...**]**

(2) F26**[**...**]**

(3) F26**[**...**]**

(4) F27**[**...**]**

(5) Removals of officers and servants under this section shall be carried out in accordance with regulations made by the Minister and such regulations shall provide—

(*a*) that effect shall not be given to any proposal for removal unless prescribed notice has been sent to the officer or servant of the reasons for the proposal, and

(*b*) that any representations made by him or on his behalf on the proposal which are received within a prescribed period shall be considered.

Committees for certain removals.

24.—F28**[**...**]**

Arrangements between health boards and local authorities.

25.—F29**[**...**]**

Arrangements by health boards for provision of services.

26.—F30**[**...**]**

Chapter III

Finance

Accounts of health boards.

27.—F31**[**...**]**

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28.—F32**[**...**]**

Abstract of health board accounts.

29.—F33**[**...**]**

Health board estimates.

30.—F34**[...]**

Limitations on expenditure by health board.

31.—F35**[...]**

Grants and local contributions to health boards.

32.—(1) F36**[...]**

(2) F37**[...]**

(3) F37**[...]**

(4) F37**[...]**

(5) F37**[...]**

(6) F37**[...]**

(7) F37**[...]**

(8) F37**[...]**

(9) F38**[...]**

(10) F37**[...]**

Borrowing and acceptance of gifts by health boards.

33.—F39**[...]**

Chapter IV

Dissolution of Certain Bodies, etc.

Dissolutions of certain health authorities and consequential provisions.

34.—F40**[...]**

Dissolutions of joint boards under section 45 of Health Act, 1953.

35.—F41**[...]**

Transfers of certain property.

36.—F42**[...]**

Transfer of certain officers and continuance of certain contracts of service.

37.—F43**[...]**

PART III

Hospitals, etc.

Provision and maintenance of hospitals, etc.

38.—(1) A health board may, with the consent of the Minister, provide and maintain any hospital, sanatorium, home, laboratory, clinic, health centre or similar premises required for the provision of services under the Health Acts, 1947 to 1970.

(2) The Minister may give to a health board such direction as he thinks fit in relation to the provision or maintenance of any premises provided and maintained under *subsection (1)* and in relation to the arrangements for providing services therein, and the health board shall comply with any such direction.

(3) A health board may and, if directed by the Minister, shall discontinue the provision and maintenance of any premises provided and maintained by it under *subsection (1)*.

(4) A health board shall not exercise its powers under *subsection (3)* in relation to the discontinuance of the provision and maintenance of a hospital, sanatorium or home save with the consent of the Minister.

(5) The Minister shall not give a direction under *subsection (3)* in relation to the discontinuance of the provision and maintenance of a hospital, sanatorium or home save after having caused a local inquiry to be held into the desirability of the discontinuance.

(6) Where, on a discontinuance under *subsection (3)*, a person who held an office under the health board in the premises affected is offered a similar office by the board, the first-mentioned office shall, for the purposes of the superannuation of the person, be deemed not to have been abolished.

Religious services.

39.—(1) A health board shall make arrangements with the appropriate authorities for the performance of religious services in each hospital, sanatorium and home maintained by it.

(2) The amount of any payment made to a person by a health board under an arrangement under this section shall be subject to the approval of the Minister.

Acquisition of land for voluntary bodies.

F44**[40.**—(1) A health board may, on the request of a body which provides or proposes to provide institutional services or any other service similar or ancillary to a service which the health board may provide, and subject to any general directions given by the Minister, provide for the body any land which is shown by the body, to the satisfaction of the health board, to be required for the efficient performance of the functions of the body.**]**

F44**[**(2) Where a health board decides to provide land under this section for a body, it may acquire the land either by agreement, subject to any general directions given by the Minister, or compulsorily under Part VIII of the Health Act, 1947, and may lease such land to or for the benefit of the body.**]**

(3) Where a health board is requested by a body to provide under this section any land for the body, the board may, as a condition precedent to its so providing the land, require the body to undertake to defray the whole or part of the cost of so providing the land.

Bodies for co-ordination and development of hospital services.

41.—(1) F45**[**...**]**

(2) F46**[**...**]**

(3) F45**[**...**]**

(4) F45**[**...**]**

(5) F45**[**...**]**

(6) F45**[**...**]**

(7) F45**[...]**

(8) F45**[...]**

(9) F46**[...]**

(10) F46**[...]**

(11) F45**[...]**

(12) F45**[...]**

(13) F45**[...]**

(14) F45**[...]**

(15) F45**[...]**

(16) F45**[...]**

Dissolution of Hospitals Commission.

42.—F47**[...]**

Amendment of Public Hospitals Act, 1933.

43.—(1) The definition of "hospital" in section 1 of the Act of 1933 is hereby amended by the insertion of "or for providing services for hospitals" after "medical research".

(2) Section 14 (5) of the Act of 1933, in its operation in relation to appointments made between the commencement of this section and the commencement of *section 42*, shall be construed as if "such period as may be specified by the Minister" were substituted for "two years".

(3) In this section "the Act of 1933" means the Public Hospitals Act, 1933.

Administration of Central Mental Hospital.

44.—(1) The Minister may, by order made with the consent of the Minister for Finance, arrange for the transfer of the administration of the Central Mental Hospital to the health board (in this section referred to as the relevant health board) the functional area of which includes the county of Dublin.

(2) Where an order has been made under this section—

(*a*) the Central Mental Hospital shall be administered by the relevant health board and its officers and servants, as if it were a hospital maintained by the board under *section 38* and

(*b*) a reference in any enactment to the resident governor and physician of the Central Mental Hospital shall be construed as a reference to the officer of the relevant health board who is for the time being the senior medical officer of that Hospital.

(3) Any person who, immediately before the commencement of this section, was an officer of the Minister employed in the Central Mental Hospital and who opts within the period of six months beginning on such commencement to be appointed to an office under the relevant health board shall be so appointed by the chief executive officer as from the commencement of an order under this section.

(4) Notwithstanding the provisions of the Central Criminal Lunatic Asylum (Ireland) Act, 1845, the Minister may, with the consent of the Minister for Finance, arrange for functions relating to the repairing, enlarging, improving, upholding or furnishing of the Central Mental Hospital to be performed by the relevant health board.

PART IV

Health Services

Chapter I

Eligibility

Full eligibility.

45.—(1) A person in either of the following categories F48**[**and who is ordinarily resident in the State**]** shall have full eligibility for the services under this Part—

(*a*) adult persons F49**[**who, in the opinion of the Health Service Executive, are**]** unable without undue hardship to arrange general practitioner medical and surgical services for themselves and their dependants,

(*b*) dependants of the persons referred to in *paragraph (a)*.

F50**[**(2) F51**[**Subject to *subsection (2A)*, in deciding**]** whether or not a person comes within the category mentioned in *subsection (1)(a)*, the Health Service Executive shall have regard to the person's overall financial situation (including the means of the spouse F52**[**or civil partner within the meaning of the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010**]**, if any, of that person in addition to the person's own means) in view of the person's reasonable expenditure in relation to himself or herself and his or her dependants, if any.**]**

F53**[**(2A) In having regard under *subsection (2)* to a person's overall financial situation, the Health Service Executive shall disregard any relevant sums (within the meaning of section 216A of the Taxes Consolidation Act 1997) arising to the person (or the person's spouse or civil partner within the meaning of the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010) where the relevant sums qualify for relief under section 216A of the Taxes Consolidation Act 1997.**]**

(3) The Minister may, with the consent of the Minister for Finance, by regulations specify a class or classes of persons who shall be deemed to be within the categories mentioned in *subsection (1)*.

(4) A draft of regulations which it is proposed to make under this section shall be laid before each House of the Oireachtas and the regulations shall not be made until a resolution approving of the draft has been passed by each House.

(5) Section 5(5) of the Health Act, 1947, shall not apply to regulations under this section.

F54**[**(5A) Notwithstanding any other enactment, with effect from 2 March 2009 a person also shall have full eligibility for the services under this Part if the person attained the age of 70 years before 1 January 2009 and is ordinarily resident in the State, so long as the person's gross income does not exceed the relevant gross income limit under *section 45A*.**]**

F55**[**(5B) A person who is a child within the meaning of section 186C of the Social Welfare Consolidation Act 2005 and in respect of whom an allowance is being paid under Chapter 8A of Part 3 of that Act shall have full eligibility for the services under this Part and, notwithstanding *subsection (6)*, references in this Part to persons with full eligibility shall be construed as including references to such persons.**]**

(6) References in this Part to persons with full eligibility shall be construed as referring to persons in the categories mentioned in *subsection (1)* or deemed to be within those categories.

(7) Any person who is not in either of the categories mentioned in *subsection (1)* F48**[**or who is not ordinarily resident in the State**]** but who, in relation to a particular service which is available to persons with full eligibility, is considered by the chief

executive officer of the appropriate health board to be unable, without undue hardship, to provide that service for himself or his dependants shall, in relation to that service, be deemed to be a person with full eligibility.

F56**[**Full eligibility.

45A.—(1) Notwithstanding *section 45(6)*, a person in one of the following categories and who is ordinarily resident in the State also shall have full eligibility for the services under this Part:

(*a*) persons who, on or after 1 January 2009, attain or have attained the age of 70 years, whose gross income does not exceed the relevant income limit and who—

(i) make an application to the Health Service Executive in such form as it may consider appropriate, and

(ii) receive confirmation from the Health Service Executive that they have full eligibility for services under this Part because they have attained the age of 70 years, are ordinarily resident in the State and their gross income does not exceed the relevant gross income limit, so long as their gross income does not exceed that relevant limit;

(*b*) F57**[**...**]**

(i) if the surviving persons have attained the age of 70 years at the time of the death,

(ii) if the death occurred on or after 1 January 2009, and

(iii) for a period of 3 years after the death, so long as their gross income does not exceed the gross income limit set out in *paragraph (b)* of *subsection (2)* during that period;

and

(*c*) dependants of the persons referred to in *paragraph (a)* or *section 45(5A)*.

F58**[**(1A) Where—

(*a*) a person—

(i) was married to another person until that other person's death,

(ii) was living with another person as a married couple until that other person's death, or

(iii) was a civil partner as respects another person until that other person's death,

(*b*) the death of the other person occurred on or after 1 January 2014, and

(*c*) the surviving person had attained the age of 70 years at the time of the death of that other person,

the gross income limit applicable to the surviving person in the 3 years following the death of that other person shall—

(i) as respects the period commencing on 1 January 2014 and ending on the day before the relevant date be €900 per week, not including the income from the portion of his or her savings or similar investments whose capital value does not exceed €72,000, and

(ii) as respects the period commencing on the relevant date be €1,050 per week, not including the income from the portion of his or her savings or similar investments whose capital value does not exceed €72,000,

but such gross income limit shall apply only as respects such part of the 3 year period as the surviving person is not married, is not living together with another person as a married couple, or does not have a civil partner.**]**

(2) The Health Service Executive shall provide any necessary supports to any person in the making of an application under *subsection (1)* where, by reason of any incapacity, such person requests such assistance.

F59**[**(3) The gross income limits for the purposes of this section and *section 45(5A)* are the following:

(*a*) in respect of the period commencing on 1 January 2014 and ending on the day before the relevant date—

(i) if a person—

(I) is not married,

(II) is not living together with another person as a married couple, and

(III) does not have a civil partner,

his or her gross income limit is €500 per week, not including the income from the portion of the person's savings or similar investments whose capital value does not exceed €36,000, and

(ii) if persons—

(I) are married,

(II) live together as a married couple, or

(III) are civil partners as respects each other,

their combined gross income limit is €900 per week, not including the income from the portion of their savings or similar investments whose capital value does not exceed €72,000,

and

(*b*) in respect of the period commencing on the relevant date—

(i) if a person—

(I) is not married,

(II) is not living together with another person as a married couple, and

(III) does not have a civil partner,

his or her gross income limit is €550 per week, not including the income from the portion of the person's savings or similar investments whose capital value does not exceed €36,000, and

(ii) if persons—

(I) are married,

(II) live together as a married couple, or

(III) are civil partners as respects each other,

their combined gross income limit is €1,050 per week, not including the income from the portion of their savings or similar investments whose capital value does not exceed €72,000.**]**

(4) The Minister shall, on 1 September of every year, review the most recent information on the consumer price index made available by the Central Statistics Office, and may, with the consent of the Minister for Finance, by regulations to take effect on 1 January next following that review, F60**[**increase or decrease**]** the gross income limits specified for the purposes of this section and *section 45(5A)* to reflect any F60**[**increase or decrease**]** in that index.

F61**[**(5) In the calculation of the gross income of a person for the purposes of this section and *section 45(5A)*, all gross income from all sources is to be included except for the gross income arising from the following sources of income and any subsequent income from the investment of the monies arising from the sources referred to in *paragraphs (a)* to *(e)*:

(*a*) compensation awards to persons under the Hepatitis C Compensation Tribunal Acts 1997 to 2006;

(*b*) compensation awards by way of the Residential Institutions Redress Board established under section 3 of the Residential Institutions Redress Act 2002;

(*c*) prescribed repayments referred to in section 8(2) of the Health (Repayment Scheme) Act 2006;

(*d*) ex-gratia awards approved by the Lourdes Hospital Redress Board under the terms of the Lourdes Hospital Redress Scheme 2007;

(*e*) such other awards and payments prescribed in regulations made under subsection (7);

(*f*) relevant sums (within the meaning of section 216A of the Act of 1997) arising to the person (or the person's spouse or civil partner) which qualify for relief under section 216A of the Act of 1997.**]**

(6) F61**[**Subject to subsection (5)(f), in the calculation of**]** gross income for the purposes of this section and *section 45(5A)*, income will not be imputed from property (whether a family home, a holiday home or any other property), unless it is rented, and only the net rental income will be included as income, calculated as gross income, less any cost necessarily incurred associated with the rental of the property.

(7) The Minister may make regulations prescribing a class or classes of payments not coming within *paragraphs (a)* to *(d)* of *subsection (5)* but which the Minister considers to be made for a similar purpose as those made under those paragraphs.**]**

F62**[**(8) In this section—

F63**[**"Act of 1997" means the Taxes Consolidation Act 1997.**]**

"civil partner" has the same meaning as it has in the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010;

"relevant date" means the date on which section 2 of the Health (General Practitioner Service and Alteration of Criteria for Eligibility) Act 2020 comes into operation.**]**

Limited eligibility.

F64**[46.**—Any person ordinarily resident in the State who is without full eligibility shall, subject to *section 52(3)*, have limited eligibility for the services under this Part.**]**

Appeals.

47.—(1) When, in the administration of F65**[***sections 45* F66**[**, *45A***]**, *46* or *58***]**, an officer of a health board decides that a person does not come within a category specified by or under the relevant section, an appeal shall lie from the decision to a

person (being either another officer of the health board or a person not such an officer) appointed or designated by the Minister.

(2) The Minister may by regulations provide for the making and determination of appeals under this section.

F71**[**Guidelines on "ordinarily resident in the State".

47A.—The Minister may issue guidelines to—

(*a*) the Health Service Executive, and

(*b*) persons appointed or designated by him or her under *section 47(1)*,

to assist those persons in making decisions or determining appeals as to whether a person is ordinarily resident in the State for the purposes of *section 45*, *45A*, *46*, F72**[***53C(9)(bb)***]**, F73**[***58*, F74**[***58A*, F75**[***58B*, *58D*, F76**[***62A*, *67E* or *67F***]]]]**.**]**

Declaration regarding means.

48.—For the purpose of determining whether a person is or is not a person with full eligibility or a person with limited eligibility, or a person entitled to a particular service provided under the Health Acts, 1947 to 1970, a health board may require that person to make a declaration in such form as it considers appropriate in relation to his means and may take such steps as it thinks fit to verify the declaration.

F78**[**Review of eligibility in certain circumstances.

48A.—F79**[**(1) Where a person is notified by the Health Service Executive that he or she has full eligibility under this Part by reason of *section 45(5A)* or *45A*, he or she shall, if requested to do so by the Health Service Executive at any time after such notification, furnish to the Health Service Executive such information regarding that person's income and assets as the Health Service Executive considers necessary for it to establish if that person has or continues to have full eligibility.**]**

(2) Where a person fails or refuses to furnish the information requested by the Health Service Executive under *subsection (1)* within such reasonable period as is specified in the request the Health Service Executive may suspend or cancel the full eligibility of such person.

(3) A person who by reason of *section 45(5A)* or *section 45A* had, prior to the coming into operation of this section, been notified by the Health Service Executive that he or she had full eligibility under this Part and who by reason of the amendments to *section 45A* effected by section 3 of the Health (Alteration of Criteria for Eligibility) Act 2013 ceases to have such eligibility, shall retain such eligibility until 31 May 2013.**]**

F80**[**(4) A person—

(*a*) who by reason of *section 45(5A)* or *45A* had, prior to 1 January 2014, been notified by the Health Service Executive that he or she had full eligibility under this Part,

(*b*) who continued to have such full eligibility until 31 December 2013, and

(*c*) who by reason of the amendments to *section 45A* effected by section 1 of the Health (Alteration of Criteria for Eligibility) (No. 2) Act 2013 ceases to have such eligibility,

shall retain such eligibility until 28 February 2014.**]**

Change of circumstances.

49.—(1) Where a person is recorded by a health board as entitled, because of specified circumstances, to a service provided by the board under the Health Acts, 1947 to 1970, he shall notify the board of any change in those circumstances which disentitles him to the service.

F81**[**(1A) A person who has attained the age of 70 years before 1 January 2009 and who has received confirmation before that date from the Health Service Executive,

or has communicated in writing before that date with the Health Service Executive with a view to receiving confirmation from it, that he or she has full eligibility for the services under this Part shall, no later than 2 March 2009—

(*a*) review his or her gross income from all sources, other than the sources referred to in *section 45A(5)*, and

(*b*) notify the Health Service Executive if he or she has concluded that that income exceeds the relevant gross income limit set out in *section 45A*, unless the person has received confirmation from the Health Service Executive that he or she has full eligibility for the services under this Part otherwise than under *section 45(5A)*.**]**

(2) A person who knowingly contravenes *subsection (1)* F81**[**or *(1A)*F**]** shall be guilty of an offence under this section and shall be liable on summary conviction to a fine not exceeding £50.

Charge where person not entitled obtains service.

50.—When a person has obtained a service under the Health Acts, 1947 to 1970, and it is ascertained that he was not entitled to the service, the appropriate health board may charge therefor a charge approved of or directed by the Minister.

CHAPTER II

Hospital In-Patient and Out-Patient Services

F82**[**In-patient services.

51.—In this Part—

"acute in-patient services" means in-patient services provided—

(*a*) in a hospital for the care and treatment of patients with acute ailments (including psychiatric ailments), and

(*b*) to persons requiring medically acute care and treatment F83**[**(including care and treatment in respect of motherhood or termination of pregnancy)**]**;

"in-patient services" means institutional services provided for persons while maintained in a hospital, convalescent home or home for persons suffering from physical or mental disability or in accommodation ancillary thereto;

"long-term residential care services" means long-term residential care services within the meaning of the Nursing Homes Support Scheme Act 2009.**]**

Provision of in-patient services.

52.—(1) A health board shall make available in-patient services for persons with full eligibility and persons with limited eligibility.

F84**[**(1A) The Health Service Executive may make available long-term residential care services F85**[**...**]**.**]**

(2) F85**[**...**]**

F86**[**(3) F87**[**Where,**]** in respect of in-patient services, a person with full eligibility or limited eligibility for such services F87**[**does not avail of or waives his or her right to avail of, some part of those services**]** but instead avails of like services not provided under *section 52(1)*, then the person shall, while being maintained for the said in-patient services, be deemed not to have full eligibility or limited eligibility, as the case may be, for those in-patient services.**]**

Charges for in-patient services.

53.—F88**[**...**]**

F89**[**Charges for in-patient services in certain cases.

53A.—F90**[**(1) This section applies where—

(*a*) in-patient services (not being long-term residential care services) are provided to a person in a hospital for the care and treatment of patients with acute ailments (including any psychiatric ailments) and a registered medical practitioner designated by the Health Service Executive has certified in writing that the person in receipt of such services does not require medically acute care and treatment in respect of any such ailment, or

(*b*) in-patient services are being provided to a person—

(i) who is a resident in a designated centre for older people (as defined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (S.I. No. 236 of 2009)) at which centre services are provided by or on behalf of the Health Service Executive,

(ii) who first began to receive those in-patient services on or after 27 October 2009,

(iii) who is not being provided with State support or ancillary State support under the Nursing Homes Support Scheme Act 2009, and

(iv) in respect of whom a registered medical practitioner designated by the Health Service Executive has certified in writing that long-term residential care services are required.**]**

(2) Where this section applies, notwithstanding F91**[***section 67C***]**, charges may be made in respect of in-patient services on the basis specified in *subsection (3)* as if those services were long-term residential care services F92**[**...**]** provided by the Health Service Executive, and whether or not the person concerned has made an application for State support under section 9 of that Act.

(3) The charges referred to in *subsection (2)* shall be determined by the average cost of long-term residential care services as determined by the Health Service Executive in facilities operated by the Health Service Executive and publicly designated in writing as facilities predominantly for the care of older people.

(4) Subject to *subsection (5)*, this section shall not apply where a person has applied for a care needs assessment under section 7 of the Nursing Homes Support Scheme Act 2009 and is awaiting a determination by the Executive under section 7 of that Act.

(5) *Subsection (4)* shall not apply where a person withdraws an application under section 7 of the Nursing Homes Support Scheme Act 2009 and makes a subsequent application.**]**

F93**[**Charges for long-term residential care services.

53B.—(1) Charges shall be made for long-term residential care services in accordance with the Nursing Homes Support Scheme Act 2009.

(2) A reference in *subsection (1)* to long-term residential care services shall be construed as a reference to such services provided to a person who first began to receive those services on or after 27 October 2009.

(3) A person who is required by or under *section 67C* to make payment of a residential support services maintenance and accommodation contribution shall not be required to pay charges under this section.

(4) In any enactment—

(*a*) a reference to *section 53(1A)* shall be construed as a reference to *subsection (1)*,

(*b*) a reference to *section 53(1B)* shall be construed as a reference to *subsection (2)*,

(*c*) a reference to *section 53(1C)* shall be construed as a reference to *subsection (3)*,

(*d*) a reference to *section 53* other than *subsections (1A)*, *(1B)* or *(1C)* shall be construed as a reference to—

(i) *section 53C*,

(ii) *section 67C*, or

(iii) to both *sections 53C* and *67C*,

as the context requires,

(*e*) a reference to a charge under *section 53* (other than *subsections (1A)*, *(1B)* or *(1C)*) shall be construed as a reference to—

(i) a charge under *section 53C*,

(ii) a contribution under *section 67C*, or

(iii) to both a charge under *section 53C* and a contribution under *section 67C*,

as the context requires.**]**

F94**[**Charges for acute in-patient services.

53C.—F95**[**...**]]**

In-patient services at choice of patient, etc.

54.—F96**[**...**]**

F97**[**In-patient services for persons not entitled, or who have waived entitlement, to services under *section 52*.

55.—(1) (*a*) The Health Service Executive may, subject to any regulations made under *subsection (3)*, make available in-patient services for persons who—

(i) do not establish entitlement to such services under *section 52*, or

(ii) are deemed under *section 52(3)* not to have full eligibility or limited eligibility for such services, or to have waived their eligibility for such services.

(*b*) The Health Service Executive shall make a charge in respect of anysuch in-patient services which are provided—

(i) in a hospital specified in the Fifth Schedule, or

(ii) in a hospital specified in the Sixth Schedule,

in accordance with the table of charges specified in the Fourth Schedule which relate to the hospital concerned.

(2) (*a*) Where in-patient services are provided by another person on behalf of the Health Service Executive, that person shall make a charge in respect of any such services in accordance with the Fourth Schedule.

(*b*) A person who makes a charge in accordance with *paragraph (a)* shall account to the Health Service Executive for all such charges made and monies received in respect of those charges.

(3) (*a*) The Minister may, for the purposes of *subsection (1)*, make regulations prescribing the manner in which any in-patient services provided under this section are to be made available by the Health Service Executive, including the manner in which hospital beds are to be designated and the circumstances

in which beds designated for persons who have full eligibility or limited eligibility may be occupied by persons who do not have such eligibility or are deemed under *section 52(3)* not to have such eligibility, or to have waived their eligibility for such services.

(*b*) Paragraph (*a*) is without prejudice to the operation of section 38 of the Health Act 2004.

(4) (*a*) The Minister may by regulations prescribe a hospital for the purposes of the Fifth Schedule or the Sixth Schedule and, where the Minister so prescribes, the hospital concerned shall stand specified in the Fifth Schedule or the Sixth Schedule, as the case may be, in accordance with those regulations.

(*b*) The Minister may by regulations delete a hospital which stands specified in the Fifth Schedule or the Sixth Schedule from the Schedule concerned.

(*c*) In making regulations—

(i) prescribing a hospital pursuant to paragraph (*a*), or

(ii) deleting a hospital pursuant to paragraph (*b*),

the Minister shall have regard to the level of medical complexity of the treatments routinely provided to patients as part of in-patient services at the hospital concerned.

(*d*) Before making regulations under *paragraph (a)* or *(b)*, the Minister shall consult with the Health Service Executive.**]**

Out-patient services.

56.—(1) For the purposes of this section "out-patient services" means institutional services other than in-patient services provided at, or by persons attached to, a hospital or home and institutional services provided at a laboratory, clinic, health centre or similar premises, but does not include—

(*a*) the giving of any drug, medicine or other preparation, except where it is administered to the patient direct by a person providing the service or is for psychiatric treatment, or

(*b*) dental, ophthalmic or aural services.

F98**[**(2) A health board shall, subject to any regulations relating to the services under this section made by virtue of *subsection (5)*, make out-patient services available for persons with full eligibility and persons with limited eligibility.

(3) A health board shall make out-patient services available without charge for children in respect of diseases and disabilities of a permanent or long term nature prescribed by the Minister with the consent of the Minister for Finance.

(4) A health board shall make out-patient services available without charge for children in respect of defects noticed at a health examination held pursuant to the service provided under *section 66*.

(5) (*a*) Regulations in relation to the services under this section may—

(i) provide for the imposition of charges for out-patient services including the giving of any drug, medicine or other preparation in specified circumstances for persons who are not persons with full eligibility and are not children specified in *subsection (3)* or *(4)*, and

(ii) specify the amounts or the maximum amounts of such charges and, if the Minister thinks fit, different amounts in respect of different services or in respect of services made available in different circumstances or to different classes of persons (the circumstances and classes being

designated in such manner and by reference to such matters as the Minister may determine).

(*b*) Regulations relating to the matters specified in *paragraph (a)* may contain such ancillary or subsidiary provisions as the Minister considers necessary or expedient, including provisions for the collection and disposal of charges imposed by the regulations.

(*c*) Regulations relating to the matters specified in *paragraph (a)* shall not be made without the consent of the Minister for Finance.**]**

F99**[**(*d*) Regulations under this section may also specify the circumstances in which a person's entitlement to out-patient services shall extend to services provided by a registered medical practitioner engaged in a consultant capacity in the provision of hospital services and may provide that, where a person's entitlement does not so extend, the health board concerned may charge for the provision of out-patient services such charges as may be approved of or directed by the Minister.**]**

Provision of ambulances, etc.

57.—(1) A health board may make arrangements for providing ambulances or other means of transport for the conveyance of patients from places in the board's functional area to places in or outside that area or from places outside the functional area to places in that area.

(2) In making arrangements under this section, a health board shall act in accordance with the directions of the Minister.

(3) When a person makes use of an ambulance or other means of transport provided under this section, the chief executive officer of the health board concerned may, at his discretion but subject to any relevant regulations under section 31 of the Health Act, 1947, direct that—

(*a*) a charge be made for the use in accordance with regulations made by the board, or

(*b*) no charge be made therefor.

Chapter III

General Medical Services

F100**[**General practitioner medical and surgical service.

58.—(1) F101**[**Subject to *subsection (4)*, the Health Service Executive**]** shall make available without charge a general practitioner medical and surgical service for a person in any of the following categories—

(*a*) persons with full eligibility,

(*b*) adult persons with limited eligibility for whom, in the opinion of the Health Service Executive, and notwithstanding that they do not come within the category mentioned in *section 45(1)(a)*, it would be unduly burdensome to arrange general practitioner medical and surgical services for themselves and their dependants, and

(*c*) dependants who are ordinarily resident in the State of the persons referred to in paragraph (*b*).

(2) F102**[**Subject to subsection (2A), in deciding**]** whether or not a person comes within the category mentioned in *subsection (1)(b)*, the Health Service Executive shall have regard to the person's overall financial situation (including the means of the spouse F103**[**or civil partner within the meaning of the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010**]**, if any, of that person in addition to

the person's own means) in view of the person's reasonable expenditure in relation to himself or herself and his or her dependants, if any.

F104**[**(2A) In having regard to a person's overall financial situation under *subsection (2)*, the Health Service Executive shall disregard any relevant sums (within the meaning of section 216A of the Taxes Consolidation Act 1997) arising to the person (or the person's spouse or civil partner within the meaning of the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010) which qualify for relief under section 216A of the Taxes Consolidation Act 1997.**]**

(3) Insofar as it is considered practicable by the Health Service Executive, a choice of medical practitioner shall be offered under the general practitioner medical and surgical service made available under this section.**]**

F105**[**(4) For the purposes of this section, a person shall be deemed not to come within a category mentioned in *paragraph (a)* or *(c)* of *subsection (1)* for so long as that person has not attained the age of F106**[**eight years**]**.**]**

F111**[**General practitioner medical and surgical service for certain persons over 70 years of age.

58A. — (1) The Health Service Executive shall make available without charge a general practitioner medical and surgical service for a person who is ordinarily resident in the State, who is not a person who comes within a category mentioned in *subsection (1)* of *section 58*, and who is in one of the following categories:

(*a*) persons who have attained the age of 70 years;

(*b*) dependants of qualifying persons where the Health Service Executive has, in accordance with *subsection (5)(a)*, confirmed that a condition specified in *subsection (2)* is met by the qualifying person concerned, for so long as that condition is met.

(2) A qualifying person meets a condition referred to in *subsection (1)(b)* where—

(*a*) in the case of a qualifying person who is not married, is not living together with another person as a married couple and does not have a civil partner, his or her gross income does not exceed the gross income limit specified in *subsection (3)(a)*,

(*b*) in the case of a qualifying person who is married, the combined gross income of the person and his or her spouse does not exceed the gross income limit specified in *subsection (3)(b)*,

(*c*) in the case of a qualifying person who is living together with another person as a married couple, the combined gross income of the person and that other person does not exceed the gross income limit specified in *subsection (3)(b)*, or

(*d*) in the case of a qualifying person who has a civil partner, the combined gross income of the person and his or her civil partner does not exceed the gross income limit specified in *subsection (3)(b)*.

(3) Subject to *subsection (9)*—

(*a*) for the purposes of *subsection (2)(a)*, the gross income limit shall be €700 per week, not including the income from the portion of the person's savings or similar investments whose capital value does not exceed €36,000, and

(*b*) for the purposes of *subsection (2)(b)*, *(c)* and *(d)*, the gross income limit shall be €1,400 per week, not including the income from the portion of the persons' savings or similar investments whose capital value does not exceed €72,000.

(4) A qualifying person may, for the purposes of *subsection (1)(b)*, make an application to the Health Service Executive, in such form as it considers appropriate, for confirmation that a condition specified in *subsection (2)* is met by him or her.

(5) The Health Service Executive shall, on receipt of an application under *subsection (4)*, consider the application, together with any information furnished to it pursuant to a request under *subsection (6)*, and—

(*a*) if it is satisfied that a condition specified in *subsection (2)* is met by the qualifying person concerned, provide the qualifying person with confirmation in writing that the condition is met by him or her, or

(*b*) if it is not so satisfied, provide the qualifying person with a notice in writing stating that the application has been refused and the reasons for such refusal.

(6) A person shall, when requested to do so by the Health Service Executive, furnish to the Health Service Executive such information as the Health Service Executive considers necessary for it to establish that the person, or his or her dependant, as the case may be, is, or continues to be, entitled under *subsection (1)* to the service referred to in that subsection.

(7) Where a person fails or refuses to furnish the information requested by the Health Service Executive under *subsection (6)* within such reasonable period as is specified in the request, the Health Service Executive may—

(*a*) if the information requested relates to the person's entitlement under subsection (1)(a) to the service referred to in that subsection, treat the person concerned as if he or she was not entitled under *subsection (1)(a)* to the service referred to in that subsection, and

(*b*) if the information requested relates to the entitlement of the person's dependant under *subsection (1)(b)* to the service referred to in that subsection, treat the dependant concerned as if he or she was not entitled under *subsection (1)(b)* to the service referred to in that subsection.

(8) The Health Service Executive shall provide any necessary assistance to any person in the making of an application under *subsection (4)* or the furnishing of information requested under *subsection (6)*, as the case may be, where, by reason of any incapacity, such person requests such assistance.

(9) The Minister shall, on 1 September of every year, review the most recent information on the consumer price index made available by the Central Statistics Office and may, with the consent of the Minister for Public Expenditure, National Development Plan Delivery and Reform, by regulations to take effect on 1 January next following that review, increase or decrease the gross income limits specified in *subsection (3)* to reflect any increase or decrease in that index.

(10) In the calculation of the gross income of a person for the purposes of this section, all gross income from all sources shall be included other than the gross income arising from the following sources of income, and any subsequent income from the investment of the monies arising from the sources referred to in *paragraphs (a)* to *(e)*:

(*a*) compensation awarded under the Hepatitis C Compensation Tribunal Acts 1997 to 2006;

(*b*) compensation awarded by the Residential Institutions Redress Board established under section 3 of the Residential Institutions Redress Act 2002;

(*c*) prescribed repayments referred to in section 8(2) of the Health (Repayment Scheme) Act 2006;

(*d*) ex-gratia awards approved by the Lourdes Hospital Redress Board under the terms of the Lourdes Hospital Redress Scheme 2007;

(*e*) such other awards and payments prescribed in regulations made under *subsection (12)*;

(*f*) relevant sums (within the meaning of section 216A of the Act of 1997) arising to the person (or the person's spouse or civil partner) which qualify for relief under section 216A of the Act of 1997.

(11) Subject to *subsection (10)(f)*, in the calculation of the gross income of a person for the purposes of this section, income shall not be imputed from property comprising an interest in land (whether a family home, a holiday home or any other property) other than any net rental income (calculated as gross rental income less any cost necessarily incurred and associated with the rental of the property).

(12) The Minister may make regulations prescribing a class or classes of awards or payments not coming within *paragraphs (a)* to *(d)* of *subsection (10)* but which the Minister considers to be made for a similar purpose as those made under those paragraphs.

(13) Insofar as it is considered practicable by the Health Service Executive, a choice of medical practitioner shall be offered under the general practitioner medical and surgical service made available under this section.

(14) In this section—

"Act of 1997" means the Taxes Consolidation Act 1997;

"civil partner" has the same meaning as it has in the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010;

"dependants" means dependants who have not attained the age of 70 years;

"qualifying person" means a person who has attained the age of 70 years and is entitled to the service referred to in subsection (1).**]**

F112**[**General practitioner medical and surgical service for persons under 6 years of age.

58B.—(1) The Health Service Executive shall make available without charge a general practitioner medical and surgical service for a person who is ordinarily resident in the State and has not attained the age of F113**[**eight years**]**.

(2) The parent or guardian of a person shall, when requested to do so by the Health Service Executive, furnish to the Health Service Executive such information as the Health Service Executive considers necessary for it to establish that the person is, or continues to be, entitled under *subsection (1)* to the service referred to in that subsection.

(3) Where a parent or guardian fails or refuses to furnish the information requested by the Health Service Executive under *subsection (2)* within such reasonable period as is specified in the request, the Health Service Executive may treat the person concerned as if he or she was not entitled under *subsection (1)* to the service referred to in that subsection.

(4) Insofar as considered practicable by the Health Service Executive, a choice of medical practitioner shall be offered under the general practitioner medical and surgical service made available under this section.**]**

F116**[**Agreement for provision of service under section 58B.

58C.—(1) The Health Service Executive may, subject to this section, enter, on such terms and conditions as it considers appropriate, into an agreement with a relevant medical practitioner for the provision by him or her of relevant services to eligible persons.

(2) Without prejudice to the generality of the power of the Health Service Executive under *subsection (1)*, an agreement referred to in that subsection shall—

(*a*) specify the services referred to in *subsection (1)* that are to be provided by the relevant medical practitioner, and

(*b*) provide that the payment to be made to the relevant medical practitioner for the provision of those services shall be the payment prescribed in respect of those services by regulations under this section in force at the time the services are provided.

(3) The Minister may, with the consent of the Minister for Public Expenditure and Reform and in accordance with this section, by regulation prescribe the amount or the rate of payment to be made to relevant medical practitioners in respect of the services provided by them under agreements referred to in *subsection (1)*.

(4) Regulations made under *subsection (3)* may prescribe different amounts or rates in respect of different services or in respect of the provision of services to different classes of eligible person.

(5) Prior to making regulations under *subsection (3)*, the Minister or, at the Minister's direction, the Health Service Executive, shall engage in such consultations as the Minister considers appropriate.

(6) Consultations under *subsection (5)* shall be completed no later than 60 days after the Minister gives notice of the commencement of the consultations.

(7) Regulations made under *subsection (3)* shall prescribe amounts or rates that the Minister considers to be fair and reasonable having regard to the matters the Minister considers appropriate, including either or both of the following:

(*a*) any submissions made and views expressed during the consultations under *subsection (5)*;

(*b*) the nature of the services concerned and the general nature of expenses and commitments of the relevant medical practitioners providing those services.

(8) (*a*) The Minister may define the manner in which consultations under *subsection (5)* are to be conducted and, in doing so, shall have regard to any agreement entered into between the Minister and representatives of relevant medical practitioners relating to the conduct of consultations under that subsection.

(*b*) The Minister or, as the case may be, the Health Service Executive shall conduct consultations under *subsection (5)* in the manner defined under *paragraph (a)* and with such representatives of relevant medical practitioners or otherwise as the Minister or, as the case may be, the Health Service Executive considers appropriate, and nothing in the Competition Act 2002 shall prevent participation by the Minister, the Health Service Executive or any such representative in such consultations, or the communication and discussion of the outcome of such consultations by the representatives with the relevant medical practitioners they represent.

(9) Without prejudice to any other provision in such an agreement relating to its termination, an agreement referred to in *subsection (1)* shall provide that, where an amount or rate of payment prescribed by a regulation under *subsection (3)* is varied by a subsequent regulation made under that subsection, the relevant medical practitioner concerned may terminate the agreement by giving the Health Service Executive 3 months' notice of the termination.

(10) An agreement referred to in *subsection (1)* shall apply between its parties notwithstanding any other contract, arrangement, understanding, expectation, circular or instrument or other document that exists at the time the contract is entered into.

(11) (*a*) Notwithstanding *subsection (1)*, the Health Service Executive may, during the period that begins on the date on which this section comes into operation and ends six months after that date, enter into an agreement referred to in that subsection with a registered medical practitioner who is not a relevant medical practitioner, where that registered medical practitioner, at the time the agreement is entered into, is party to an agreement with the Health Service Executive to provide one or more services which may be provided,

under the General Medical Services Scheme, to a person entitled under *section 58* to have those services made available to him or her.

(*b*) A reference in this section (other than in *paragraph (a)*) to a relevant medical practitioner shall be deemed to include a reference to a registered medical practitioner who has, in accordance with *paragraph (a)*, entered into an agreement referred to in *subsection (1)*.

(12) In this section—

"eligible persons" means persons who are entitled under *section 58B* (inserted by section 5 of the Health (General Practitioner Service) Act 2014) to have relevant services made available to them;

"General Medical Services Scheme" has the meaning it has under section 1 of the Health (Provision of General Practitioner Services) Act 2012;

"registered medical practitioner" has the same meaning as it has in section 2 of the Medical Practitioners Act 2007;

"relevant medical practitioner", subject to *subsection (11)*, means a registered medical practitioner—

(*a*) whose name is included in the Specialist Division of the register of medical practitioners established under section 43(2)(b) of the Medical Practitioners Act 2007, and

(*b*) who holds a current certificate of registration within the meaning of section 2 of that Act in respect of the medical speciality "General Practice" recognised under section 89(1) of that Act;

"relevant services" means the services that constitute the general practitioner medical and surgical service referred to in *section 58B(1)*.**]**

F117**[**(13) Notwithstanding any other part of this section, the agreement, referred to in *subsection (1)* shall not:

(*a*) include any provision to restrict the criticism of the Health Service Executive, or the Department of Health;

(*b*) impose an obligation upon any general practitioner to limit criticism of the Health Service Executive, or the Department of Health;

(*c*) require any general practitioner to notify the Health Service Executive, or the Department of Health in advance of making a public statement;

(*d*) require any general practitioner to receive prior approval from the Health Service Executive, or the Department of Health, for any public statement they wish to make;

(*e*) require any general practitioner to dilute their natural rights to freedom of expression implicit in article 40.3.1º of Bunreacht na hÉireann and explicit in article 10.1 in the European Convention on Human Rights.**]**

F118**[**General practitioner medical and surgical service for persons in receipt of carer's allowance or carer's benefit.

58D.—(1) The Health Service Executive shall make available without charge a general practitioner medical and surgical service for a person who is in receipt of—

(*a*) carer's benefit within the meaning of Chapter 14 of Part 2 of the Act of 2005,

(*b*) carer's allowance within the meaning of Chapter 8 of Part 3 of the Act of 2005, or

(*c*) a payment under section 186A of the Act of 2005.

(2) A person shall, when requested to do so by the Health Service Executive, furnish to the Health Service Executive such information as the Health Service Executive considers necessary for it to establish that the person is, or continues to be, entitled under *subsection (1)* to the service referred to in that subsection.

(3) Where a person fails or refuses to furnish the information requested by the Health Service Executive under *subsection (2)* within such reasonable period as is specified in the request, the Health Service Executive may treat the person concerned as if he or she was not entitled under *subsection (1)* to the service referred to in that subsection.

(4) Insofar as considered practicable by the Health Service Executive, a choice of medical practitioner shall be offered under the general practitioner medical and surgical service made available under this section.

(5) In this section "Act of 2005" means the Social Welfare Consolidation Act 2005.**]**

Drugs, medicines and appliances.

59.—(1) F119**[**Subject to sections 20 and 23 of the Health (Pricing and Supply of Medical Goods) Act 2013, a**]** health board shall make arrangements for the supply without charge of drugs, medicines and medical and surgical appliances F120**[**, for the time being on the Reimbursement List within the meaning of section 2(1) of that Act,**]** to persons with full eligibility.

F121**[**(1A) Notwithstanding *subsection (1)* but subject to F122**[***subsections (1B)* and *(1C)* and *section 59A***]**, a person with full eligibility who avails himself or herself of the service under *subsection (1)* shall be charged, by a community pharmacy contractor, an amount of F123**[**€1.50**]**, or such other amount as may be determined by regulations made by the Minister under this section, per item supplied to that person on the prescription of F124**[**a registered medical practitioner, registered dentist or registered pharmacist**]**, or on the prescription of a registered nurse (being a person whose name is entered in the register of nurses maintained under section 27 of the Nurses Act 1985) who is entitled pursuant to any enactment to prescribe the drugs, medicines or medical or surgical appliances so supplied.

(1B) (*a*) F125**[**Subject to *paragraphs (b)* and *(c)* and *subsection (3)* of *section 59A***]**, the maximum aggregate amount payable in respect of items referred to in *subsection (1A)* supplied in a month to an adult person and his or her dependants shall be F123**[**€15.00**]** or such other amount as may be determined by regulations made by the Minister under this section.

(*b*) The Health Service Executive shall make arrangements for the refunding, crediting or otherwise relieving persons from the payment of amounts charged that exceed F125**[**the maximum aggregate amount referred to in *paragraph (a)* or *subsection (3)* of *section 59A***]** and where, for any reason, such an excess amount is charged in respect of an adult person and his or her dependants, that excess amount shall be refunded or credited, or relief shall otherwise be granted, as the case may be, in relation to any such excess amount in accordance with such arrangements and subject to any regulations that the Minister may make under this section.

F126**[**(*c*) Where a child referred to in *subsection (5B)* of *section 45* has full eligibility solely by reason of that subsection, the maximum aggregate amount referred to in *paragraph (a)* shall apply in respect of items referred to in *subsection (1A)* supplied in a month—

(i) to that child, or

(ii) in the case where an allowance referred to in *subsection (5B)* of *section 45* is being paid to the same person in respect of more than one such child, to those children.**]**

(1C) A person who falls within any of the following classes shall not be charged an amount under *subsection (1A)*:

(*a*) children who are in the care of the Health Service Executive under the Child Care Acts 1991 to 2007;

(*b*) persons to whom are supplied specified controlled drugs, within the meaning of the Misuse of Drugs (Supervision of Prescription and Supply of Methadone) Regulations 1998 or such other regulations as may be made by the Minister under section 5 of the Misuse of Drugs Act 1977 for the purpose of preventing the misuse of controlled drugs, in respect of those specified controlled drugs;

(*c*) persons who are of a class specified by the Minister in regulations made under this section.

(1D) Notwithstanding any other enactment, contract, arrangement, understanding, expectation, circular or other document, the payment that shall be made to a community pharmacy contractor in respect of services rendered by the community pharmacy contractor to or on behalf of the Health Service Executive in respect of the drugs, medicines and medical and surgical appliances dispensed by a registered pharmacist to persons and their dependants under this section shall be reduced by an amount equal to the amounts collectable by that community pharmacy contractor under *subsection (1A)*, irrespective of whether those amounts are actually collected.

(1E) In *subsections (1A)* to *(1D)*—

"community pharmacy contractor" means a registered pharmacist, company or other body corporate that provides services to the Health Service Executive under an agreement made in accordance with conditions specified by the Minister in 1971 or 1996, as amended from time to time, for the provision of community pharmacy services to eligible persons under *subsection (1)*;

"dependant", in relation to a person with full eligibility, includes an adult person with full eligibility, so long as that adult person is under the age of 21 years and receiving full time education and is wholly or mainly maintained by the first-mentioned person.**]**

(2) When a person with limited eligibility, or a person with full eligibility who does not avail himself of the service under *subsection (1)*, satisfies the chief effective officer of the health board that, F127**[**in respect of a prescribed period and to a prescribed amount**]**, he has incurred expenditure on drugs, medicines and medical and surgical appliances F120**[**, for the time being on the Reimbursement List within the meaning of section 2(1) of the Health (Pricing and Supply of Medical Goods) Act 2013,**]** which were obtained on the prescription of a registered medical practitioner F128**[**, or on the prescription of a registered nurse (being a person whose name is entered in the register of nurses maintained under section 27 of the Nurses Act 1985) entitled pursuant to any enactment to prescribe the drugs, medicines or medical or surgical appliances so obtained,**]** and were for the treatment of that person or his dependants, the health board shall make arrangements to meet the balance of the cost, or a proportion thereof (as may be prescribed) of the person's being supplied in respect of that period with such drugs, medicines and medical and surgical appliances.

(3) A health board may make arrangements for the supply without charge of drugs, medicines or medical and surgical appliances F120**[**, for the time being on the Reimbursement List within the meaning of section 2(1) of the Health (Pricing and Supply of Medical Goods) Act 2013,**]** to persons suffering from a prescribed disease or disability of a permanent or long-term nature.

F127**[**(4) (*a*) The Minister may make regulations—

(i) subject to *paragraph (b)*, varying either or both of the amounts referred to in *subsections (1A)* and *(1B)(a)*,

(ii) subject to *paragraph (c)*, specifying other classes of persons who shall not be charged the amount referred to in *subsection (1A)* either in respect of all items supplied to persons of that class or specified categories of such items, and

(iii) where the Minister considers it necessary to do so, in relation to the refund, credit or other relief of amounts in excess of the maximum aggregate amount referred to in *subsection (1B)*.

(*b*) The Minister shall make regulations under *paragraph (a)(i)* only where he or she is of opinion that such a variation is desirable, having regard to such of the following as he or she considers appropriate:

(i) information on the consumer price index made available by the Central Statistics Office from time to time;

(ii) recent information on the aggregate of the amounts expended, and the number of items in respect of which those amounts were expended, by the Health Service Executive in providing the service under *subsection (1)*;

(iii) the medical needs of, and the financial burden on, persons who avail themselves of the service under *subsection (1)*;

(iv) the necessity of controlling expenditure in relation to the provision by the State of health services.

(*c*) The Minister shall make regulations under *paragraph (a)(ii)* only where he or she is of opinion that not to charge the amount referred to in *subsection (1A)* to such a class is just and equitable in the circumstances, having regard to such of the following as he or she considers appropriate:

(i) the particular medical condition, disability or medical needs of persons of that class;

(ii) the number of prescription items required in respect of the condition, disability or medical needs referred to in *subparagraph (i)*;

(iii) recent information on the aggregate of the amounts expended, and the number of items in respect of which those amounts were expended, by the Health Service Executive in providing the service under *subsection (1)*, either generally or in respect of persons of that class;

(iv) the necessity of controlling expenditure in relation to the provision by the State of health services;

(v) whether the overall financial situation of all, or substantially all, of the persons of that class is significantly worse than that of other persons who are charged amounts under *subsection (1A)*.

(*d*) Regulations under this section shall be made with the consent of the Minister for Finance.**]**

F120**[**(5) Nothing in this section shall be construed to affect the operation of section 26 of the Health (Pricing and Supply of Medical Goods) Act 2013.**]**

F129**[**Prescription charges for persons who have attained age of 70 years and their dependants.

59A.—(1) This section applies to persons with full eligibility who avail of the service under *subsection (1)* of *section 59* and who fall within any of the following classes:

(*a*) persons who have attained the age of 70 years;

(*b*) dependants of the persons referred to in *paragraph (a)*.

(2) Subject to *subsection (3)*, the amount of charge under *subsection (1A)* of *section 59* per item supplied to a person to whom this section applies shall be F130**[**€1.00**]** or such other amount as may be determined by regulations made by the Minister under this section.

(3) Subject to *subsection (1B)(b)* of *section 59*, the maximum aggregate amount payable in respect of items referred to in *subsection (1A)* of that section supplied in

a month to a person who has attained the age of 70 years and his or her dependants shall be F130**[**€10.00**]** or such other amount as may be determined by regulations made by the Minister under this section.

(4) The Minister may, with the consent of the Minister for Public Expenditure and Reform, make regulations varying either or both of the amounts referred to in *subsections (2)* and *(3)*, where he or she is of the opinion that such a variation is desirable, having regard to such of the following as he or she considers appropriate:

(*a*) information on the consumer price index made available by the Central Statistics Office from time to time;

(*b*) recent information on the aggregate of the amounts expended, and the number of items in respect of which those amounts were expended, by the Health Service Executive in providing the service under *subsection (1)* of *section 59* either generally or to persons to whom this section applies;

(*c*) the medical needs of, and the financial burden on, persons to whom this section applies;

(*d*) the necessity of controlling expenditure in relation to the provision by the State of health services;

(*e*) either or both of the amounts for the time being referred to in *subsections (1A)* and *(1B)(a)* of *section 59*.**]**

Home nursing.

60.—A health board shall, in relation to persons with full eligibility and such other categories of persons and for such purposes as may be specified by the Minister, provide without charge a nursing service to give to those persons advice and assistance on matters relating to their health and to assist them if they are sick.

Home help service.

61.—(1) A health board may make arrangements to assist in the maintenance at home of—

(*a*) a sick or infirm person or a dependant of such a person,

(*b*) a woman availing herself of a service under *section 62*, or receiving similar care, or a dependant of such a woman,

(*c*) a person who, but for the provision of a service for him under this section, would require to be maintained otherwise than at home,

either (as the chief executive officer of the board may determine in each case) without charge or at such charge as he considers appropriate.

(2) In making a determination under *subsection (1)*, the chief executive officer of a health board shall comply with any directions given by the Minister.

F131**[**Information to be provided to Health Service Executive by home care providers.

61A.—(1) A home care provider shall give notice in writing to the Health Service Executive, as soon as it is practicable for the provider to do so, of—

(*a*) the name and address of the provider,

(*b*) the name and address of each person to whom the provider provides home care services,

(*c*) the nature of such services so provided, and

(*d*) particulars of any change to information previously given by the provider to the Executive under any paragraph (including this paragraph) of this subsection.

(2) The Health Service Executive may, for statistical purposes, retain and process information given to it under *subsection (1)* and may publicly disclose—

(*a*) any particulars of home care providers who are legal persons, or

(*b*) any statistics arising from such retention and processing of such information.

(3) In this section—

"home care provider" means a natural or legal person who, whether or not pursuant to arrangements referred to in *section 61(1)*, provides, at a charge, home care services;

"home care service" means a service made available in a private dwelling for a person who, by reason of illness, frailty or disability, is unable to provide the service for himself or herself without assistance;

"private dwelling", in relation to a person referred to in the definition of "home care service", means a permanent dwelling that is not open to the general public to visit unless invited and where that person habitually resides.**]**

Chapter IV

Services for Mothers and Children

Medical and midwifery care for mothers.

62.—F132**[**(1) A health board shall make available medical, surgical and midwifery services for attendance to the health of women in respect of motherhood.

(1A) The services referred to in *subsection (1)* shall be provided otherwise than as in-patient services.

(1B) A health board shall not charge for the services provided under *subsection (1)*.**]**

(2) A woman entitled to receive medical services under this section may choose to receive them from any registered medical practitioner who has entered into an agreement with the health board for the provision of those services and who is willing to accept her as a patient.

(3) When a woman avails herself of services under this section for a confinement taking place otherwise than in a hospital or maternity home, the health board shall provide without charge obstetrical requisites to such extent as may be specified by regulations made by the Minister.

F133**[**Services for women in accordance with Act of 2018.

62A.—(1) The Health Service Executive shall make available without charge medical, surgical and midwifery services for the purpose of termination of pregnancy in accordance with section 9, 10, 11 or 12 of the Act of 2018 for women who are ordinarily resident in the State.

(2) The services referred to in *subsection (1)* shall be provided otherwise than as in-patient services.

(3) A woman entitled to receive services under this section may choose to receive them from any person who has entered into an agreement with the Health Service Executive for the provision of those services and who is willing to accept her as a patient.

(4) Subject to sections 20 and 23 of the Act of 2013, the services referred to in *subsection (1)* shall include the supply without charge of specified drugs, medicines and medical and surgical appliances for the purpose of a termination of pregnancy in accordance with section 9, 10, 11 or 12 of the Act of 2018 for the time being—

(*a*) standing approved by the Heath Service Executive, or

(*b*) on the Reimbursement List within the meaning of section 2(1) of the Act of 2013.

(5) In this section—

"Act of 2013" means Health (Pricing and Supply of Medical Goods) Act 2013;

"Act of 2018" means the Health (Regulation of Termination of Pregnancy) Act 2018.**]**

Medical care for infants.

63.—(1) A health board shall make available without charge medical, surgical and nursing services for children up to the age of six weeks whose mothers are entitled to avail themselves of services under *section 62*.

(2) Services under this section shall be provided for a child by any registered medical practitioner whom the parent of the child has chosen, who has entered into an agreement with the health board for the provision of those services and who is willing to accept the child as a patient.

Maternity grants.

64.—(1) A health board shall pay a cash grant in respect of each confinement to a woman who is a person with full eligibility, who fulfils the prescribed conditions and whom it is not proposed to maintain in an institution after the confinement (otherwise than for the purpose of medical or surgical treatment) by or at the expense of the health board.

(2) The amount of a grant under this section shall be—

(*a*) where there is live issue, £8 in respect of each child born alive,

(*b*) where there is no live issue, £8.

F134**[**(3) In deciding whether or not to make an order under section 21A of the Family Law (Maintenance of Spouses and Children) Act, 1976 (inserted by the Status of Children Act, 1987), in so far as any such order relates to the payment of expenses incidental to the birth of a child, the Circuit Court or the District Court, as the case may be, shall not take into consideration the fact that the mother of the child is entitled to a grant under this section.**]**

(4) In this section "confinement" means labour resulting in the issue of a living child, or labour after twenty-eight weeks of pregnancy resulting in the issue of a living or dead child.

Milk for mothers and children.

65.—(1) A health board may make arrangements for the supply of milk to expectant mothers with full eligibility, nursing mothers with full eligibility, and children under five years of age whose parents are unable from their own resources to provide the children with an adequate supply of milk.

(2) In this section "milk" includes foods derived wholly or mainly from milk.

Child health service.

66.—(1) A health board shall make available without charge at clinics, health centres or other prescribed places a health examination and treatment service for children under the age of six years.

F136**[**(2) The Health Service Executive shall make available without charge a health examination and treatment service for pupils who attend any primary school or who are taught at home.

(3) The Health Service Executive may, by notice given to a school manager, or governing body of a school, require the school manager or governing body, as the case may be, to provide reasonable facilities for an examination under this section.

(4) A school manager or governing body given a notice under *subsection (3)* shall comply with the notice.**]**

(5) Nothing in this section shall be construed as authorising a health board to provide any general domiciliary service or any services such as are mentioned in *section 52*, *56* or *67*.

Chapter V

Other Services

Dental, ophthalmic and aural services.

67.—(1) A health board shall make dental, ophthalmic and aural treatment and dental, optical and aural appliances available for persons with full eligibility F137**[**...**]**.

(2) A health board shall make dental, ophthalmic and aural treatment and dental, optical and aural appliances available in respect of defects noticed at an examination under the service mentioned in *section 66*.

(3) F138**[**Charges**]** shall not be made for treatment and appliances made available under this section.

(4) F137**[**...**]**

F139**[**Interpretation - *sections 67A* to *67D*

67A.—(1) In this section and *sections 67B* to *67D*—

"accommodation", in relation to a person ("relevant person") being provided with a health or personal social service that falls within the definition of "residential support services", means—

(*a*) accommodation provided to the relevant person by or on behalf of the Health Service Executive, or

(*b*) if *paragraph (a)* does not apply and the ongoing costs of maintenance associated with the provision of that service to the relevant person are met by the Health Service Executive or another person that provides services on behalf of the Health Service Executive, accommodation provided to the relevant person pursuant to an arrangement that has been put in place by or on behalf of the relevant person for the purpose of facilitating the provision, in that accommodation, of that service;

"costs of maintenance", in relation to a person ("relevant person") being provided with a health or personal social service that falls within the definition of "residential support services", means the costs (other than excluded costs) relating to the ongoing essential daily living requirements of the relevant person and, without prejudice to the generality of the foregoing, includes the costs to the Health Service Executive or another person acting on behalf of the Health Service Executive of purchasing or paying for—

(*a*) the relevant person's food or other essential household provisions,

(*b*) the relevant person's electricity, gas, heating, refuse collection, water supply or other essential utilities, or

(*c*) any combination of any such provisions and such utilities,

and "maintenance costs", "maintenance", "maintain" and cognate terms shall be construed accordingly;

"excluded costs", in relation to the definition of "costs of maintenance" and a relevant person referred to in that definition, means—

(*a*) the relevant person's accommodation costs (if any), and

(*b*) the costs (if any), associated with the provision of a health or personal social service to the relevant person, that do not fall within that definition;

"persons" includes a class or classes of persons;

"residential support services" means any health or personal social service excluding—

(*a*) acute in-patient services,

(*b*) long-term residential care services, and

(*c*) out-patient services provided under *section 56*,

provided by or on behalf of the Health Service Executive under section 7 of the Health Act 2004 or under any other enactment, to a person residing in accommodation that is a—

(i) hospital,

(ii) convalescent home,

(iii) nursing home, or

(iv) home or other category of housing accommodation for persons with a physical, sensory, mental health or intellectual disability,

or in accommodation ancillary thereto.

(2) A reference in the definition of "residential support services" in *subsection (1)* to long-term residential care services shall be construed as a reference to long-term residential care services provided to a person who first began to receive those services on or after 27 October 2009.**]**

F140**[**Residential support services.

67B.—The Health Service Executive may make available residential support services to persons with full eligibility and persons with limited eligibility.**]**

F141**[**Residential support services maintenance and accommodation contributions.

67C.—(1) (*a*) Subject to *subsections (3)* to *(6)* and *section 67D*, a person provided with residential support services, whether provided by the Health Service Executive or on behalf of the Health Service Executive, shall pay a financial contribution, in accordance with regulations made by the Minister under this section, towards F142**[**the costs of maintenance or accommodation, or both,**]** associated with the provision of such residential support services.

(*b*) In this section and in *sections 67B* and *67D*, a "residential support services maintenance and accommodation contribution" means a contribution required to be paid pursuant to this section and regulations made under *subsection (2)*.

F142**[**(2) (*a*) The Minister may, with the consent of the Minister for Public Expenditure and Reform, make regulations—

(i) making it a requirement that persons to whom residential support services are provided, or persons belonging to a specified class or classes of such persons, shall pay a contribution, in specified circumstances, towards the costs of maintenance or accommodation, or both, associated with the provision of such services,

(ii) specifying the amounts of the contributions or the limits to the amounts of such contributions,

(iii) providing for any matter referred to in this section as prescribed or to be prescribed, and

(iv) providing for transitional arrangements, in specified circumstances, in respect of such contributions as the Minister considers necessary or expedient in respect of such persons, which may include such transitional arrangements relating to the reduction to the amounts of such contributions as the Minister considers necessary or expedient in respect of such persons, or that may be required to avoid undue financial hardship for such persons.

(*b*) (i) In specifying the amounts of the contributions required to be paid in regulations made under *paragraph (a)*, the Minister may specify different amounts by reference to the respective incomes of the persons required to pay the contributions or by reference to the levels of dependence or independence of such persons, or by reference to both such incomes and such levels of dependence or independence.

(ii) The Minister may, for the purposes of *subparagraph (i)*, have regard to the levels of dependence or independence of persons by taking into account the medical care or nursing care, or both, generally provided in, or to, the accommodation where the persons reside and to those levels of dependence or independence that, in the Minister's opinion, may be taken to give rise to a need to retain lesser or greater levels of income for personal use by such persons.**]**

(*c*) Regulations relating to the matters specified in *paragraph (a)* may contain such ancillary or subsidiary provisions as the Minister considers necessary or expedient, including provisions relating to the manner of payment, the persons to whom payments are to be made and the collection of monies due and the disposal of monies received in respect of contributions required to be made pursuant to such regulations.

(3) (*a*) The amount of a contribution required to be paid pursuant to regulations made under *subsection (2)* shall be expressed as a daily amount, which amount shall not exceed 80 per cent of the maximum daily rate of the State pension (non-contributory).

F143**[**(*aa*) The daily amount of the contribution required from a person to whom *paragraph (b)* of the definition of "accommodation" in *section 67A(1)* applies shall be reduced by one-seventh of whichever of the following 2 amounts is the greater:

(i) the amount that the person provides for his or her accommodation, as calculated pro rata on a weekly basis, less—

(I) the amount (if any) of a rent supplement, as so calculated, that he or she receives pursuant to regulations made under section 198(3) of the Social Welfare Consolidation Act 2005, and

(II) the amount (if any) of housing assistance (or similar subsidy), as so calculated, prescribed for the purposes of this clause, that he or she receives;

(ii) €30 or, if a different amount stands prescribed for the purposes of this subparagraph, that different amount.**]**

(*b*) For the purposes of this section—

(i) a person shall be considered as receiving residential support services on a particular day where that person was receiving those services at midnight on the day concerned,

(ii) a reference to the maximum daily rate of the State pension (non-contributory) shall be construed as a reference to one seventh of the maximum weekly rate of State pension (non-contributory), and

(iii) State pension (non-contributory) has the same meaning as it has in the Social Welfare Acts.

(4) A residential support services maintenance and accommodation contribution in respect of a particular day shall be payable where, in the 12 month period ending on that day, the person has previously received residential support services on at least 30 days.

(5) In calculating the number of days on which a person has received residential support services within the 12 month period referred to in *subsection (4)*—

(*a*) a day on which a person has received acute in-patient services as defined in *section 51* (whether before or after the coming into operation of this section or regulations made under it) unless the person concerned was liable to make payment of a charge under *section 55* in respect of those services,

(*b*) a day on which a person was in receipt of State support within the meaning of the Nursing Homes Support Scheme Act 2009 (whether before or after the coming into operation of this section or regulations made under it), and

(*c*) a day on which a person received services under this Act provided by or on behalf of the Health Service Executive prior to the coming into operation of *sections 67A*, *67C*, *67D* or this section or regulations made under it, which services would, if those sections and regulations had been in force at the time of the provision of those services, have constituted residential support services,

shall be treated as a day on which the person concerned has been provided with residential support services.

(6) *Subsection (5)* applies notwithstanding that—

(*a*) the person concerned is a person to whom *subsection (7)* applies as respects one or more than one of the days, or

(*b*) the Health Service Executive has, pursuant to guidelines approved under *section 67D*, as respects the person concerned waived, in whole or in part, the amount of the contribution payable.

(7) A residential support services maintenance and accommodation contribution shall not be payable where the residential support services are provided to—

(*a*) a person under 18 years of age,

(*b*) a woman receiving services in respect of motherhood,

F144**[**(*ba*) a woman receiving services for the purpose of a termination of pregnancy in accordance with section 9, 10, 11 or 12 of the Health (Regulation of Termination of Pregnancy) Act 2018,**]**

(*c*) a person detained involuntarily under the Mental Health Acts 2001 to 2009,

(*d*) a person detained in a designated centre under the Criminal Law (Insanity) Act 2006,

(*e*) a person who pursuant to section 2 of the Health (Amendment) Act 1996, in the opinion of the Health Service Executive, has contracted Hepatitis C directly or indirectly from the use of Human Immunoglobulin Anti-D or the receipt within the State of another blood product or a blood transfusion,

(*f*) a person in respect of the treatment of infectious diseases prescribed under Part IV of the Health Act 1947,

(*g*) a person who pays charges which are charged under *section 53A*, or

(*h*) a person in receipt of State support or ancillary State support within the meaning of the Nursing Homes Support Scheme Act 2009.**]**

F143**[**(8) Subject to the other provisions of this section, nothing in this Act or in another enactment (or in an instrument made under this Act or under another enactment) shall be construed as—

(*a*) prohibiting the imposition upon a person to whom this section applies of a requirement to pay a residential support services maintenance and accommodation contribution, or

(*b*) authorising the imposition upon a person to whom this section applies of a requirement to pay any additional contribution, in respect of the costs of maintenance or accommodation, or both, associated with the provision to a person of residential support services.**]**

F145**[**Waiver of residential support services maintenance and accommodation contributions.

67D.—(1) (*a*) The Health Service Executive may waive (in whole or in part) the obligation of a person to make payment of a residential support services maintenance and accommodation contribution.

(*b*) The Health Service Executive shall not exercise the power referred to in *paragraph (a)* unless, having regard to the financial circumstances of the person concerned, it is satisfied that—

(i) it is necessary to do so in order to avoid undue financial hardship on the part of the person concerned or his or her dependants,

(ii) it is necessary to do so, or that doing so would be of significant benefit, in advancing the medical, therapeutic, rehabilitative or health-related needs of the person concerned (including, where a care plan has been prepared for that person by or on behalf of the Health Service Executive, needs relating to meeting objectives specified in such a care plan), or

(iii) it is reasonable to do so having regard to the extent to which the person concerned provides for his or her own maintenance F146**[**or accommodation, or both**]**.

(2) The Health Service Executive shall exercise the power referred to in *subsection (1)* in accordance with such guidelines as stand approved by the Minister pursuant to this section.

(3) Where the Health Service Executive exercises the power under *subsection (1)*, it shall in each case record in writing the basis for the decision to exercise that power.

(4) The Health Service Executive shall prepare guidelines relating to the exercise of the power referred to in *subsection (1)*, and where requested to do so by the Minister shall prepare revised guidelines.

(5) Guidelines prepared by the Health Service Executive under *subsection (4)* shall be submitted by the Health Service Executive to the Minister.

(6) Where guidelines are submitted to the Minister pursuant to *subsection (5)*, the Minister may—

(*a*) with the consent of the Minister for Public Expenditure and Reform, approve the guidelines concerned,

(*b*) with the consent of the Minister for Public Expenditure and Reform, approve the guidelines concerned subject to specified amendments, or

(*c*) refuse to approve the guidelines concerned.

(7) Where guidelines stand approved under this section, the Minister may revoke such guidelines.

(8) The Health Service Executive shall publish or cause to be published, in such manner as it considers appropriate, guidelines standing approved by the Minister pursuant to this section.**]**

F147**[** Contraception services for certain women.

67E.—(1) The Health Service Executive shall make available without charge contraception services for women who are ordinarily resident in the State—

(*a*) who have attained the age of 17 years but not yet attained the age of 26 years, or

(*b*) who are within such class or classes of ages as may be prescribed by the Minister under *subsection (5)*, and

such women shall, in this section, be referred to as "relevant women".

(2) Insofar as the contraception services relate to the provision of applicable services to a relevant woman, the relevant woman may choose to receive such services from any person who has entered into an agreement with the Health Service Executive for the provision of those services and who is willing to accept that woman as a patient.

(3) Insofar as the contraception services relate to the provision of relevant products to a relevant woman, the relevant woman shall be entitled to receive a relevant product from a pharmacy provider.

(4) Notwithstanding *subsections (1)* and *(2)*, the following shall apply in respect of a woman who is ordinarily resident in the State (whether or not she falls within the definition of a relevant woman) and who has had a long-acting reversible contraceptive device fitted before she attained the age of 26 years (or such other age as may be prescribed by the Minister under *subsection (5)*), namely:

(*a*) the woman concerned may, notwithstanding that she has attained the age of 26 years (or such other age as may be prescribed by the Minister under *subsection (5)*), choose to seek the removal of such device by any person who has entered into an agreement with the Health Service Executive for the provision of contraception services and who is willing to accept her as a patient;

(*b*) the Health Service Executive shall, in respect of that woman, make available such removal without charge.

(5) Subject to *subsection (6)*, the Minister, after consultation with the Minister for Public Expenditure and Reform, may, for the purposes of *subsection (1)(b)* and *subsection (4)*, by regulation prescribe such further age or class or classes of ages in respect of women to whom the contraception services referred to in *subsections (1)* and *(4)* shall be made available under this section.

(6) In making regulations under *subsection (5)*, the Minister shall not prescribe an age under the age of 17 years.**]**

F148**[**(7) The Minister may, with the consent of the Minister for Public Expenditure and Reform, by regulation prescribe the amount or the rate of payment to be made to—

(*a*) scheme providers in respect the provision of applicable services by them under agreements referred to in *subsection (2)*, or

(*b*) pharmacy providers in respect of the dispensing of relevant products by them under this section.

(8) Regulations made under *subsection (7)* may prescribe different amounts or rates—

(*a*) in respect of different contraception services or different classes of contraception services, or in respect of the provision of contraception services

or different classes of contraception services to different classes of relevant women, or

(*b*) in respect of different scheme providers or pharmacy providers or different classes of scheme providers or pharmacy providers.

(9) Regulations under this section may contain such incidental, supplementary, consequential or transitional provisions as appear to the Minister to be necessary for the purposes of the regulations.

(10) Every regulation made under this section shall be laid before each House of the Oireachtas as soon as may be after it has been made and, if a resolution annulling the regulation is passed by either such House within the next 21 days on which that House has sat after the regulation is laid before it, the regulation shall be annulled accordingly, but without prejudice to the validity of anything previously done thereunder.

(11) In this section—

"Act of 2013" means the Health (Pricing and Supply of Medical Goods) Act 2013;

"applicable services" means—

(*a*) such number of consultations with a scheme provider required by a relevant woman in a year for the purposes of obtaining a prescription for accessing relevant products, and

(*b*) the fitting (including such further follow-up consultation as is necessary) and removal by a scheme provider of a long-acting reversible contraceptive device;

"contraception services", means, in relation to a relevant woman—

(*a*) applicable services, or

(*b*) relevant products,

or both, made available without charge under this section;

"pharmacy provider" means a retail pharmacy business (within the meaning of section 2(1) of the Pharmacy Act 2007) who has entered into an agreement with the Health Service Executive for the dispensing of relevant products;

"registered medical practitioner" has the same meaning as it has in section 2 of the Medical Practitioners Act 2007;

"relevant products", subject to sections 20 and 23 of the Act of 2013, means contraceptive drugs, medicines and products (including long-acting reversible contraceptive devices and emergency contraceptives) for the time being—

(*a*) standing approved by the Heath Service Executive, or

(*b*) on the Reimbursement List within the meaning of section 2(1) of the Act of 2013;

"scheme provider" means a registered medical practitioner who has entered into an agreement with the Health Service Executive for the provision of applicable services.**]**

F149**[**Menopause products for certain women.

67F.—(1) Subject to *subsection (3)*, and sections 20 and 23 of the Act of 2013, the Health Service Executive shall make available for supply without charge menopause products for women who—

(*a*) are ordinarily resident in the State, and

(*b*) have been prescribed menopause products by—

(i) a registered medical practitioner, or

(ii) a registered nurse or registered midwife entitled pursuant to any enactment to prescribe the menopause products so supplied.

(2) A woman referred to in *subsection (1)* shall be entitled to receive menopause products from a pharmacy provider.

(3) This section shall not apply to women with full eligibility who avail of the service under *section 59(1)*.

(4) The Minister may, following consultation with the Health Service Executive, by regulation prescribe—

(*a*) the form and manner in which the Health Service Executive shall reimburse a pharmacy provider who has dispensed menopause products in accordance with this section,

(*b*) the form and manner in which a pharmacy provider shall claim for reimbursement from the Health Service Executive for the dispensing of menopause products in accordance with this section,

(*c*) such forms as may be necessary for the purposes of *paragraphs (a)* and *(b)*, and

(*d*) such additional, incidental, consequential or supplemental matters as the Minister considers necessary or expedient for the purposes of giving effect to this section.

(5) Every regulation made under this section shall be laid before each House of the Oireachtas as soon as may be after it has been made and, if a resolution annulling the regulation is passed by either such House within the next 21 days on which that House has sat after the regulation is laid before it, the regulation shall be annulled accordingly, but without prejudice to the validity of anything previously done thereunder.

(6) In this section—

"Act of 2011" means the Nurses and Midwives Act 2011;

"Act of 2013" means the Health (Pricing and Supply of Medical Goods) Act 2013;

"enactment" has the same meaning as it has in section 2(1) of the Interpretation Act 2005;

"menopause" means, in relation to a woman, the various stages related to menopause and includes perimenopause, post menopause, early menopause, premature menopause and medically induced menopause;

"menopause products" means hormone replacement therapy drugs, medicines and surgical and medical appliances used to alleviate the symptoms of menopause, which are for the time being on the Reimbursement List;

"pharmacy provider" means a retail pharmacy business (within the meaning of section 2(1) of the Pharmacy Act 2007) which has entered into or agreed to enter into an arrangement with the Health Service Executive for the dispensing of menopause products to women referred to in *subsection (1)*;

"registered medical practitioner" has the same meaning as it has in section 2(1) of the Medical Practitioners Act 2007;

"registered midwife" has the same meaning as it has in section 2(1) of the Act of 2011;

"registered nurse" has the same meaning as it has in section 2(1) of the Act of 2011;

"Reimbursement List" has the same meaning as it has in section 2(1) of the Act of 2013.**]**

Rehabilitation services.

68.—(1) A health board shall make available a service for the training of disabled persons for employment suitable to their condition of health, and for the making of arrangements with employers for placing disabled persons in suitable employment.

(2) For the purposes of *subsection (1)* a health board may provide and maintain premises, workshops, farms, gardens, materials, equipment and similar facilities.

(3) A health board may provide equipment, materials or similar articles for a disabled adult person where neither the person nor the person's spouse F150**[**or civil partner within the meaning of the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010**]** (if any) is able to provide for his maintenance.

Maintenance allowances for disabled persons.

69.—F151**[**...**]**

Screening tests.

70.—A health board shall make arrangements for carrying out tests on persons without charge, for the purpose of ascertaining the presence of a particular disease, defect or condition that may be prescribed.

Information and advice on health.

71.—(1) The Minister may make arrangements for the dissemination of information and advice on matters relating to health and health services.

F152**[**(2) A health board shall, in respect of its functional area, develop and implement health promotion programmes, having regard to the needs of people residing in its functional area and the policies and objectives of the Minister in relation to health promotion generally.**]**

Chapter VI

Miscellaneous Provisions Regarding Services

Regulations.

72.—(1) The Minister may make regulations applicable to all health boards or to one or more than one health board regarding the manner in which and the extent to which the board or boards shall make available services under this Act and generally in relation to the administration of those services.

(2) Regulations under this section may provide for any service under this Act being made available only to a particular class of the persons who have eligibility for that service.

(3) Notwithstanding any other provision of this Act, regulations made under the Health Act, 1953 shall continue in operation and shall be deemed to have been made under this Act and to be capable of amendment or revocation accordingly.

Determination of doubt as to responsible Health Board.

73.—F153**[**...**]**

Recovery of charges and contributions.

74.—Any charge which may be made or contribution which may be levied by a health board under the Health Acts, 1947 to 1970, or regulations thereunder may, in default of payment, be recovered as a simple contract debt in any court of competent jurisdiction from the person in respect of whom the charge is made, from the person's spouse (if any) or, in case the person has died, from his legal personal representative.

F154[Recovery of charges and contributions — further provision.

74A.—Any charge which may be made or contribution which may be levied under the Health Acts 1970 to 2013, or by regulations made thereunder, in respect of services provided by a person on behalf of the Health Service Executive pursuant to section 38 of the Health Act 2004, may, in default of payment, be recovered by the person providing the service as a simple contract debt in any court of competent jurisdiction from the person to whom the services were provided.**]**

False statements, etc.

75.—If any person, for the purpose of obtaining any service under the Health Acts, 1947 to 1970, whether for himself or some other person, or for any purpose connected with those Acts—

(*a*) knowingly makes any false statement or false representation or knowingly conceals any material fact, or

(*b*) produces or furnishes, or causes or knowingly allows to be produced or furnished, any document or information which he knows to be false in a material particular,

he shall be guilty of an offence and shall be liable on summary conviction to a fine not exceeding £100 or, at the discretion of the court, to imprisonment for any term not exceeding three months or to both such fine and such imprisonment.

F155[PART IVA

Arrangements in relation to Health Services]

F156[Arrangements in relation to health services.

75A.—(1) The Minister may, with the consent of the Minister for Finance and the Minister for Public Expenditure and Reform, make such order or orders as he or she considers necessary to carry out any reciprocal or other arrangements made with, or under the proper authority of, the Government of the United Kingdom in respect of health services that will apply between the State and the United Kingdom after the end of the transition period.

(2) Without prejudice to the generality of *subsection (1)*, an order under that subsection may specify—

(*a*) the category or categories of persons to whom the order applies, and

(*b*) the category or categories of health services to which the order applies.

(3) When making an order under *subsection (1)*, the Minister shall have regard to the following:

(*a*) the policies and objectives of the Government regarding their shared commitment with the Government of the United Kingdom to the protection of the Common Travel Area and associated reciprocal rights and privileges as a legitimate and fundamental public policy, and recognising healthcare arrangements as a component of this;

(*b*) the policies and objectives of the Government to reaffirm the Common Travel Area arrangements and the associated reciprocal rights and privileges enjoyed by Irish and British citizens in each other's state, in particular the right for citizens residing in either state to access emergency, routine and planned publicly funded health services in each other's state, on the same basis as citizens of that state;

(*c*) the policies and objectives of the Government regarding their shared commitment with the Government of the United Kingdom that residents of the State and the United Kingdom should enjoy ease of access to healthcare in the other state;

(*d*) the policies and objectives of the Government to enable arrangements in relation to health services to be implemented between the State and the United Kingdom after the end of the transition period;

(*e*) the desirability, in the public interest, of maintaining access to health services in the United Kingdom after the end of the transition period, in particular the desirability of maintaining access to medically necessary health services;

(*f*) the need to ensure the most beneficial, effective and efficient use of resources;

(*g*) the policies and objectives of the Government to protect and improve the health and welfare of the public.

(4) In this section, "transition period" means the transition period provided in Article 126 of the Agreement on the Withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Agency Community[3].**]**

F157**[**Regulations to give full effect to this Part.

75B.—(1) The Minister may, with the consent of the Minister for Finance and the Minister for Public Expenditure and Reform, and having regard to the matters specified in *section 75A(3)*, make regulations for the purposes of giving full effect to this Part and such regulations may, in particular, but without prejudice to the generality of the foregoing, provide for all or any of the following:

(*a*) the arrangements that shall apply with regard to assessing such classes of persons, including persons residing outside the State, as may be specified, in relation to access to health services in the State;

(*b*) the arrangements that shall apply with regard to assessing, where appropriate (including by reference to such qualifying criteria as may be specified) such classes of persons, as may be specified, in relation to access to planned health services in the United Kingdom;

(*c*) the arrangements to be administered by the Health Service Executive to ensure access to planned health services in the United Kingdom;

(*d*) the arrangements to be administered by the Health Service Executive to ensure access to health services in the State by persons from the United Kingdom;

(*e*) the duties on healthcare providers and healthcare professionals to provide such information as may be prescribed in relation to the health services that they provide to persons from the United Kingdom;

(*f*) the method by which payments in respect of health services provided in the United Kingdom are to be calculated and the manner in which such payments shall be made by the Health Service Executive to the United Kingdom;

(*g*) the charging by the Health Service Executive for the provision of health services provided in the State to persons from the United Kingdom and the method in relation to which charges for such health services shall be calculated and levied;

(*h*) the manner in which payments in respect of charges referred to in *paragraph (g)* shall be made to the State by individuals and by the United Kingdom;

(*i*) the method by which payments are to be made by the State in respect of health services provided in the United Kingdom and the manner in which such payments shall be made by the State to the United Kingdom;

(*j*) the method by which charges are to be levied by the State on the United Kingdom in respect of health services provided by or on behalf of the Health

[3] OJ No. CI 384, 12.11.2019, p.1

Service Executive in the State and the manner in which payments shall be made by the United Kingdom to the State;

(*k*) the class or classes of persons in respect of whom payments shall be made by the State or the United Kingdom, including the methodology used to estimate the number of persons concerned;

(*l*) the category or categories of health services in respect of which payments or provision may be made;

(*m*) the arrangements that shall apply with regard to payments to be made by the State to the United Kingdom and with regard to payments to be made by the United Kingdom to the State, including the methodology for calculating costs and the levels of reimbursement;

(*n*) the basis on which the Health Service Executive may reimburse persons in respect of the cost of health services received and paid for by those persons in the United Kingdom;

(*o*) such forms as may be necessary for the purposes of *paragraphs (a)* to *(n)*;

(*p*) such other related, ancillary, transitional or consequential matters as the Minister considers appropriate.

(2) Without prejudice to the generality of *subsection (1)*, regulations under that subsection may—

(*a*) apply either generally or to a specified class or classes of persons, and

(*b*) apply either generally or to a specified class or classes of health services.

(3) A person who contravenes a provision of regulations made under *subsection (1)* that is declared in the regulations to be a penal provision shall be guilty of an offence and shall be liable on summary conviction to a class A fine or to imprisonment for a term not exceeding 3 months or both.**]**

F158**[**Orders and regulations.

75C.—Every order and regulation under this Part shall be laid before each House of the Oireachtas as soon as may be after it is made and, if a resolution annulling the order or regulation is passed by either such House within 21 days on which that House sits after the order or regulation is laid before it, the order or regulation shall be annulled accordingly, but without prejudice to the validity of anything previously done thereunder.**]**

F159**[**Orders and regulations.

75D.— ...**]**

PART V

Miscellaneous Provisions

Amendment of hospital charters, etc.

76.—(1) The Minister may by order, on the application of the governing body of a hospital, amend a charter or private Act relating to that hospital.

(2) A draft of an order which it is proposed to make under this section shall be laid before each House of the Oireachtas and the order shall not be made until a resolution approving of the draft has been passed by each House.

(3) Before laying the draft of an order under this section before each House of the Oireachtas, the Minister shall consult the Commissioners of Charitable Donations and Bequests for Ireland.

Removal of bodies.

77.—Where the body of a deceased person is found in the functional area of a health board, the board may, in accordance with regulations made by the Minister with the consent of the Minister for Justice, arrange for the removal of the body to appropriate premises.

Control of possession of certain substances.

78.—F160**[**...**]**

Extension of Rats and Mice (Destruction) Act, 1919.

79.—Notwithstanding section 11 of the Rats and Mice (Destruction) Act, 1919, whenever a health board is unable to trace the occupier of land, a notice under section 5 of that Act may be served by affixing the notice on or to a gate, door or a prominent part of the land.

Restriction of Health Services (Financial Provisions) Act, 1947.

80.—F161**[**...**]**

Amendment of section 3 of Mental Treatment Act, 1945.

81.—The Mental Treatment Act, 1945, is hereby amended by—

(*a*) the deletion in section 3 of the definitions of "the appropriate assistance officer", "authorised medical officer", "chargeable patient", "joint authority", "joint board", "mental hospital assistance", "visiting committee of an auxiliary mental hospital", and "visiting committee of a district mental hospital",

(*b*) the insertion in section 3 after the definition of "district mental hospital" of the following—

""eligible patient" means a patient who is a person with full eligibility or a person with limited eligibility within the meaning of sections 45 and 46 of the Health Act, 1970", and

(*c*) the substitution of "eligible patient" for "chargeable patient" in each case where that occurs.

Adaptation of Mental Treatment Acts, 1945 to 1966.

82.—(1) The Minister may by order make, in respect of any enactment in the Mental Treatment Acts, 1945 to 1966, any adaptations or modifications (including the substitution of a new provision for an existing provision in such an enactment) which appear to him to be necessary to enable that enactment to have effect in conformity with this Act.

(2) Every order under this section shall be laid before each House of the Oireachtas as soon as may be after it is made and, if a resolution annulling the order is passed by either House within the next twenty-one days on which that House has sat after the order is laid before it, the order shall be annulled accordingly but without prejudice to the validity of anything previously done thereunder.

Local inquiries, etc.

83.—F162**[**...**]**

Public assistance.

84.—(1) Notwithstanding anything contained in the Public Assistance Act, 1939, the functional area of a local authority specified in *subsection (2)* shall become and be a public assistance district for the purposes of that Act, and the local authority shall be the public assistance authority for the public assistance district.

(2) The following shall be local authorities for the purposes of this section—

the Right Honourable the Lord Mayor, Aldermen and Burgesses of Dublin;

F163**[**...**]**

the Lord Mayor, Aldermen and Burgesses of Cork;

the council of the county of Cork;

the Mayor, Aldermen and Burgesses of Limerick;

the council of the county of Limerick;

the Mayor, Aldermen and Burgesses of Waterford;

the council of the county of Waterford.

Regulations regarding adaptations.

85.—The Minister may by regulations make, in respect of any statute, order or regulation in force at the passing of this Act and relating to any matter or thing dealt with or affected by this Act, any adaptation or modifications which appear to him to be necessary to enable such statute, order or regulation to have effect in conformity with this Act.

Amendment of City and County Management (Amendment) Act, 1955.

86.—The City and County Management (Amendment) Act, 1955 is hereby amended by the deletion in section 12 (1), section 13 (1) and section 14 (1) of "the Minister for Health and".

Section 3.

FIRST SCHEDULE

Enactments Repealed

Number and Year (1)	Short title (2)	Extent of Repeal (3)
No. 18 of 1933.	Public Hospitals Act, 1933.	Section 14 (except subsection (6)), sections 15 to 19 and section 24 (3) and 24 (4).
No. 9 of 1940.	Public Hospitals (Amendment) Act, 1940.	Sections 2 to 4.
No. 19 of 1945.	Mental Treatment Act, 1945.	Sections 5, 19, 96, 97 and 106, 248 (4) and 248 (5).
No. 28 of 1947.	Health Act, 1947.	Parts II and VII, sections 99, 102 and 104.
No. 47 of 1947.	Health Services (Financial Provisions) Act, 1947.	The whole Act.
No. 27 of 1950.	Nurses Act, 1950.	Section 60.
No. 26 of 1953.	Health Act, 1953.	Parts II and III; sections 45 to 53, 71 and 72.
No. 23 of 1954.	Health Act, 1954.	The whole Act.
No. 16 of 1957.	Health and Mental Treatment Act, 1957.	The whole Act.
No. 37 of 1958.	Health and Mental Treatment (Amendment) Act, 1958.	The whole Act.
No. 9 of 1960.	Health Authorities Act, 1960.	The whole Act except sections 15 (8), 15 (9), 24 and the Fourth Schedule.
No. 18 of 1961.	Nurses Act, 1961.	Section 4 (3).
No. 2 of 1966.	Health and Mental Treatment (Amendment) Act, 1966.	The whole Act.

Section 5 and section 41.

SECOND SCHEDULE

Rules in relation to Membership and Meetings of Health Boards

F164**[**...**]**

Section 34.

THIRD SCHEDULE

Provisions consequential on Dissolutions

Transfer of property.

1. (1) Any property, whether real or personal (including choses-in-action) which immediately before the commencement was vested in or belonged to or was held in trust for the dissolved body and all rights, powers and privileges relating to or connected with any such property shall, on the commencement, without any conveyance or assignment but subject where necessary to transfer in the books of any bank, corporation, or company, become and be vested in or the property of or held in trust for (as the case may require) the body to which it is transferred for all the estate, term of interest for which the same immediately before the commencement was vested in or belonged to or was held in trust for the dissolved body, but subject to all trusts and equities affecting the same and then subsisting and capable of being performed.

(2) Any property transferred by this paragraph which, immediately before the commencement, was standing in the books of any bank or was registered in the books of any bank, corporation, or company in the name of the dissolved body shall, upon the request of the body to which it is transferred made at any time after the commencement, be transferred in such books by such bank, corporation or company into the name of that body.

(3) After the commencement, every chose-in-action transferred in accordance with this paragraph to a body may be sued upon, recovered or enforced by that body in its own name, and it shall not be necessary for the body to give notice to the person bound by such chose-in-action of the transfer effected by this paragraph.

Transfer of liabilities.

2. (1) Any debt and other liability (including stock and mortgage debts, and unliquidated liabilities arising from torts or breaches of contract) which immediately before the commencement was owing and unpaid or had been incurred and was undischarged by the dissolved body shall, on the commencement, become and be the debt or liability of the body to which it is transferred and shall be paid or discharged by and may be recovered from or enforced against that body accordingly.

(2) A dissolution under *section 34* shall not invalidate or affect any paying order which may have been issued by the dissolved body and not presented for payment before the commencement or any authority given by the dissolved body for the payment of the amount of the paying order, and the body to which the relevant liability is transferred shall make arrangements for the payment of the amount of every such paying order upon due presentation within a reasonable time after the commencement.

Preservation of continuing contracts.

3. Any bond, guarantee, or other security of a continuing character made or given by the dissolved body to another person or by any person to the dissolved body and in force immediately before the commencement, and every contract or agreement in writing made between the dissolved body and another person and not fully executed and completed before the commencement shall, notwithstanding the dissolution, continue in force after the commencement but shall be construed and have effect as if the name of the body specified in the relevant order under *section 34* were substituted therein for the name of the dissolved body and such security, contract or agreement shall be enforceable accordingly by or against the body so specified.

Continuance of rules and regulations.

4. Any rule and regulation lawfully made by the dissolved body and in force immediately before the commencement shall, after the commencement and so far as it is not inconsistent with this Act, continue in force and have effect as a rule or regulation made on the commencement by the body in which the relevant functions are vested by this Act for the residue then unexpired of the period and in respect of the area for and in respect of which the same was actually made by the dissolved body, and accordingly every such rule and regulation may be continued, varied or revoked, and penalties and forfeitures arising thereunder before or after the commencement may be recovered and enforced by the body in which the relevant functions are so vested in the like manner and as fully as the same could have been

continued, varied, revoked, recovered or enforced by the dissolved body if this Act had not been passed.

Continuance of resolutions, etc.

5. Any resolution passed, order made or notice served by the dissolved body before the commencement the operation, effect or term of which had not ceased or expired before the commencement shall, after the commencement and so far as it is not inconsistent with this Act, continue in force and have effect as if it were a resolution passed, order made or notice served by the body in which the relevant functions are vested by this Act on the date on which the same was actually passed, made or served by the dissolved body and as if the functions of the dissolved body were, on the said date, performable by the body in which the relevant functions are so vested.

Continuance of pending legal proceedings.

6. In any action, suit, prosecution or other proceeding which was pending immediately before the commencement in any court or tribunal and to which the dissolved body was a party, the body specified in the relevant order under *section 34* shall on the commencement become and be a party in the place of the dissolved body and such proceeding shall be continued between the body so specified and the other parties thereto accordingly, and no such proceeding shall abate or be discontinued or prejudicially affected by reason of the dissolution.

Admissibility in evidence of books.

7. (1) All books and other documents directed or authorised by or under any statute to be kept by the dissolved body and which, immediately before the commencement, would be receivable in evidence shall, notwithstanding the dissolution, be admitted in evidence after the commencement as fully as if this Act had not been passed.

(2) Whenever an extract from or certificate of the contents of any book or other document directed or authorised by or under any statute to be kept by the dissolved body would, if verified in a particular manner by a particular officer of that body, have been admissible immediately before the commencement as evidence of such contents, an extract from or certificate of the contents of such book or document shall, if verified in such particular manner by the officer of the health board or other body corresponding to the particular officer, be admitted after the commencement as evidence of the contents to the same extent as the first-mentioned extract or certificate would have been so admitted if this Act had not been passed.

Audit of accounts.

8. (1) The accounts of all income and expenditure of the dissolved body and of committees thereof and of the respective officers of the dissolved body and such committees up to the commencement shall, as soon as conveniently may be after the commencement, be audited, and disallowances, surcharges, charges and penalties in relation to the accounts, income and expenditure shall be made, recovered and enforced in like manner as nearly as may be as if this Act had not been passed.

(2) Any officer of the dissolved body or of any committee thereof whose duty it is to make up any accounts of or to account for any portion of the income or expenditure of the dissolved body and also every member of the dissolved body or of any such committee shall, until the audit of the accounts of such income and expenditure up to the commencement is complete, be deemed for the purposes of such audit to continue in office and be bound to perform the same duties and render the same accounts and be subject to the same liabilities as if this Act had not been passed.

Transfer of officers.

9. Any person, who immediately before the commencement was an officer of the dissolved body shall, on such commencement, be transferred to the service of the body specified in the relevant order under *section 34* and become and be an officer of that body and, for the purposes of any enactment relating to superannuation, his office under the dissolved body shall be deemed not to have been abolished.

Preservation of contracts of service.

10. Any contract of service (express or implied) in force immediately before the commencement between the dissolved body and any person not being an officer of the dissolved body shall continue in force after the commencement, but shall be construed and have effect as if the body specified in the relevant order under *section*

34 were substituted therein for the dissolved body, and every such contract shall be enforceable accordingly by or against the body so specified.

F165**[**FOURTH SCHEDULE

CHARGES PAYABLE IN RESPECT OF IN-PATIENT SERVICES PROVIDED UNDER SECTION 55.

Section 55.

Column (1)	Column (2)	Column (3)	Column (4)	Column(5)
Reference Number	Hospital Category	Daily charge for in-patient services where overnight accommodation provided in a single occupancy room	Daily charge for in-patient services where overnight accommodation provided in a multiple occupancy room	Daily charge for day case in-patient services where overnight accommodation not provided
1.	Hospital specified in Fifth Schedule	€1,000	€813	€407
2.	Hospital specified in Sixth Schedule	€800	€659	€329

The amount of charges payable by a person to whom in-patient services are provided pursuant to *section 55* shall be calculated in accordance with the Table by reference to—

(*a*) which of the type of in-patient services specified in columns (3), (4) or (5) of the Table are provided to the person, and

(*b*) which of the categories of hospital specified in column (2) of the Table the in-patient services are provided to the person.**]**

F166**[**FIFTH SCHEDULE

EACH OF THE HOSPITALS SPECIFIED HEREUNDER IS SPECIFIED AS A HOSPITAL FOR THE PURPOSES OF THIS SCHEDULE.

Section 55.

The Adelaide and Meath Hospital, Dublin, incorporating the National Children's Hospital, Tallaght, Dublin.

Beaumont Hospital, Beaumont, Dublin.

F167**[**Children's Health Ireland, Dublin**]**

Children's University Hospital, Temple Street, Dublin.

Connolly Hospital Blanchardstown, Blanchardstown, Dublin.

Coombe Women and Infants University Hospital, Dublin.

Cork University Hospital and Cork University Maternity Hospital, Cork.

Kilcreene Orthopaedic Hospital, Kilcreene, Kilkenny.

Mid-Western Regional Hospital, Dooradoyle, Limerick.

Mid-Western Regional Maternity Hospital, Limerick.

Mid-Western Regional Orthopaedic Hospital, Croom, County Limerick.

Mater Misericordiae University Hospital, Dublin.

Mercy University Hospital, Cork.

National Maternity Hospital, Holles Street, Dublin.

Our Lady of Lourdes Hospital, Drogheda, County Louth.

Our Lady's Children's Hospital, Crumlin, Dublin.

F168**[**...**]**

F168**[**...**]**

F168**[**...**]**

Rotunda Hospital, Dublin.

Royal Victoria Eye and Ear Hospital, Dublin.

Sligo General Hospital.

South Infirmary-Victoria University Hospital, Cork.

St. James's Hospital, James's Street, Dublin.

St. Luke's Hospital, Rathgar, Dublin.

St. Michael's Hospital, Dun Laoghaire, Dublin.

F168**[**...**]**

St. Vincent's University Hospital, Elm Park, Dublin.

University Hospital Galway and Merlin Park University Hospital, Galway.

Waterford Regional Hospital, Waterford.

A hospital specified for the purposes of this Schedule shall continue to stand specified notwithstanding that the name or title of the hospital is altered or the location at which the hospital provides in-patient services is altered.**]**

F169**[**SIXTH SCHEDULE

EACH OF THE HOSPITALS SPECIFIED HEREUNDER IS SPECIFIED AS A HOSPITAL FOR THE PURPOSES OF THIS SCHEDULE.

Section 55.

Bantry General Hospital, Bantry, County Cork.

Cappagh National Orthopaedic Hospital, Dublin.

Cavan General Hospital, Cavan, County Cavan.

Ely Hospital, Wexford.

Incorporated Orthopaedic Hospital of Ireland, Clontarf, Dublin.

Kerry General Hospital, Tralee, County Kerry.

Letterkenny General Hospital, Letterkenny, County Donegal.

Louth County Hospital, Dundalk, County Louth.

Mallow General Hospital, Mallow, County Cork.

Mayo General Hospital, Castlebar, County Mayo.

Midland Regional Hospital, Mullingar, County Westmeath.

Midland Regional Hospital, Portlaoise, County Laois.

Midland Regional Hospital, Tullamore, County Offaly.

Mid-Western Regional Hospital, Ennis, County Clare.

Mid-Western Regional Hospital, Nenagh, County Tipperary.

Monaghan General Hospital, Monaghan, County Monaghan.

Naas General Hospital, Naas, County Kildare.

F170**[**Our Lady's Hospice, Blackrock, County Dublin;**]**

F170**[**Our Lady's Hospice, Harold's Cross, Dublin;**]**

Our Lady's Hospital, Manorhamilton, County Leitrim.

Our Lady's Hospital, Navan, County Meath.

F170**[**Peamount Hospital, Newcastle, County Dublin;**]**

Portiuncula Hospital, Ballinasloe, County Galway.

Roscommon Hospital, Roscommon, County Roscommon.

South Tipperary General Hospital, Clonmel, County Tipperary.

St. Columcille's Hospital, Loughlinstown, Dublin.

St. John's Hospital, Limerick.

St. Joseph's Hospital, Raheny, Dublin.

St. Luke's Hospital, Kilkenny.

F170**[**St. Vincent's Hospital, Fairview, Dublin.**]**

Wexford General Hospital, Wexford.

A hospital specified for the purposes of this Schedule shall continue to stand specified notwithstanding that the name or title of the hospital is altered or the location at which the hospital provides in-patient services is altered.**]**

Number 1 *of* 1970

HEALTH ACT 1970

REVISED

Updated to 1 June 2025

About this Revised Act

This Revised Act presents the text of the Act as it has been amended since enactment, and preserves the format in which it was passed.

Related legislation

Health Acts 1947 to 2024: this Act is one of a group of Acts included in this collective citation, to be construed together as one (*Health Insurance (Amendment) and Health (Provision of Menopause Products) Act 2024* (42/2024), s. 1(2)). The Acts in this group are:

- *Health Act 1947* (28/1947)
- *Health Act 1953* (26/1953) (citation only)
- *Health (Fluoridation of Water Supplies) Act 1960* (46/1960) (citation only)
- *Health Act 1970* (1/1970)
- *Misuse of Drugs Act 1977* (12/1977), ss. 36 and 42 in so far as it amends the *Health Acts 1947 to 1970* (citation only)
- *Health (Family Planning) Act 1979* (20/1979)
- *Health (Amendment) Act 1986* (10/1986)
- *Health (Amendment) Act 1987* (3/1987)
- *Health (Nursing Homes) Act 1990* (23/1990)
- *Health (Amendment) Act 1991* (15/1991), other than s. 8
- *Health (Amendment) Act 1994* (11/1994)
- *Health (Amendment) Act 1996* (15/1996)
- *Health (Amendment) (No. 2) Act 1996* (23/1996)
- *Health (Amendment) (No. 3) Act 1996* (32/1996), other than ss. 21 and 22
- *Health (Provision of Information) Act 1997* (9/1997)
- *Health (Eastern Regional Health Authority) Act 1999* (13/1999)
- *Health (Miscellaneous Provisions) Act 2001* (14/2001), except in so far as it relates to the *Tobacco (Health Promotion and Protection) Act 1988* (citation only)
- *Health Act 2004* (42/2004)
- *Health (Amendment) Act 2005* (3/2005), in so far as it amends the *Health Acts 1947 to 2004*
- *Irish Medicines Board (Miscellaneous Provisions) Act 2006* (3/2006), Part 5
- *Health (Repayment Scheme) Act 2006* (17/2006)
- *Hepatitis C Compensation Tribunal (Amendment) Act 2006* (22/2006), except s. 6
- *Health (Nursing Homes) (Amendment) Act 2007* (1/2007)
- *Health Act 2007* (23/2007)
- *Medical Practitioners Act 2007* (25/2007), s. 57(9) (citation only)
- *Health Act 2008* (21/2008)
- *Health (Miscellaneous Provisions) Act 2009* (25/2009), s. 64

- *Health (Amendment) Act 2010* (15/2010) (citation only)
- *Health (Amendment) (No. 2) Act 2010* (20/2010)
- *Child Care (Amendment) Act 2011* (19/2011), ss. 35 and 36 (citation only)
- *Health (Alteration of Criteria for Eligibility) Act 2013* (10/2013)
- *Health (Pricing and Supply of Medical Goods) Act 2013* (14/2013), s. 30 (citation only)
- *Health Service Executive (Governance) Act 2013* (23/2013)
- *Health (Alteration of Criteria for Eligibility) (No. 2) Act 2013* (42/2013) (citation only)
- *Local Government Reform Act* (1/2014), the amendment to the *Health (Fluoridation of Water Supplies) Act 1960* provided for in s. 5(6) and sch. 2, part 6.
- *Health Service Executive (Financial Matters) Act 2014* (17/2014)
- *Health (General Practitioner Service) Act 2014* (28/2014)
- *Health (General Practitioner Service) Act 2015* (19/2015)
- *Health (General Practitioner Service) Act 2018* (13/2018)
- *Withdrawal of the United Kingdom from the European Union (Consequential Provisions) Act 2019* (8/2019), Part 2
- *Health Service Executive (Governance) Act 2019* (17/2019), other than Part 3
- *Health (General Practitioner Service and Alteration of Criteria for Eligibility) Act 2020* (11/2020)
- *Withdrawal of the United Kingdom from the European Union (Consequential Provisions) Act 2020* (23/2020), Part 2
- *Health (Miscellaneous Provisions) (No. 2) Act 2022* (20/2022), other than s. 7
- *Health Insurance (Amendment) and Health (Provision of Menopause Products) Act 2024* (42/2024), Part 2 (ss. 3-5), other than s. 5

Acts previously included in the group but now repealed are:

- *Health Act 1954* (23/1954)
- *Health and Mental Treatment Act 1957* (16/1957), s. 1
- *Health and Mental Treatment (Amendment) Act 1958* (37/1958), s. 1
- *Health (Homes For Incapacitated Persons) Act 1964* (8/1964)
- *Health and Mental Treatment (Amendment) Act 1966* (2/1966), s. 1
- *Health (Mental Services) Act 1981* (17/1981)
- *Health (Family Planning) (Amendment) Act 1985* (4/1985)
- *Health (Amendment) Act 2004* (19/2004)

Annotations

This Revised Act is not annotated and only shows textual amendments. An annotated version of this revision is also available which shows textual and non-textual amendments and their sources. It also shows editorial notes including statutory instruments made pursuant to the Act and previous affecting provisions.

Material not updated in this revision

Where other legislation is amended by this Act, those amendments may have been superseded by other amendments in other legislation, or the amended legislation may have been repealed or revoked. This information is not represented in this revision but will be reflected in a revision of the amended legislation if one is available. A list of legislative changes to any Act, and to statutory instruments from 1972, may be found linked from the page of the Act or statutory instrument at www.irishstatutebook.ie.