1.1 Principal impacts

1.1.1 Economic impact

Impacts on the economy

The proposal suggests laying down provisions regarding the Ministry of Social Affairs and Health's decision-making powers in relation to decisions on international aid concerning medicines and the implementation of such aid. It is proposed that the implementation of this assistance could be entrusted to the National Institute for Health and Welfare (THL), the hospital pharmacies of one or more university hospitals, or the hospital pharmacy of the HUS Group. The proposal is not expected to have significant, immediate financial impacts for the State. It is possible that such impacts could arise on a case-by-case basis when the ministry makes decisions pursuant to the regulation. The impacts could relate to international aid provided by Finland to another country in the form of medicines, or to the allocation of a specific budget for the procurement of medicines received as international aid for Finland in the event of a crisis affecting Finnish society. Due to the unforeseeable nature of the assistance, permanent funding for international medicinal product assistance is not proposed. The implementation of the proposed decision of the proposal could therefore require the preparation of an additional budget proposal or the implementation procedure to amend the budget.

It is difficult to assess the financial implications of the proposal for the State, and it is impossible to estimate the scale of these implications in advance. The financial impact of international medicine assistance on the State would depend on the availability of medicines and changes in the operating environment of the society. For example, the costs of the medicine assistance that Finland would require from other countries in the event of serious and prolonged exceptional circumstances and crises could be significant. However, under normal circumstances, international aid for medicines would be a last-resort measure to address gaps in the availability of specific medicines on a product-by-product basis, should other national measures prove insufficient. In such cases, the costs would, in many instances, presumably remain moderate.

What further complicates the assessment of the economic impact on the state is that it is impossible to estimate the costs of international assistance for medicinal products in a vacuum. There are a number of factors that influence the price of medicines on the market. Furthermore, the cost of pharmacotherapy should be weighed against the threat to human life and health and the cost of hospitalisation of patients, were the necessary medicines not available. A large share of medicines are used in outpatient care. In these cases, one way to assess the cost of medication would be to put it in perspective with an alternative scenario, where the patient does not receive the medication they need and consequently require hospital treatment. In such a case, the cost of the medication may be lower than the total cost of the patient's hospital treatment.

Impact on wellbeing services county expenditures or revenue

1. Update of the regulations governing hospital pharmacies

The proposal suggests updating the provisions of the Medicines Act relating to hospital pharmacies to reflect the current state after the health and social care reform. Under the current Medicines Act, hospital pharmacies and dispensaries are pharmaceutical service units administered by local authorities and hospital districts. However, the basis for regulation is not what is in force under the Medicines Act, as following the reform, hospital pharmacies and dispensaries are organised based on the wellbeing services counties and on the basis of the cooperation region of the Uusimaa region. In early 2026, there were 22 hospital pharmacies and five dispensaries operating in connection with hospitals or health centres in Finland's wellbeing services counties. Hospital pharmacies are organised regionally in such a way that, in the majority of regions, there are either one or two hospital pharmacies responsible for the supply of medicines in the public healthcare system across the entire wellbeing services county or part thereof. There are also dispensaries in some regions. In Uusimaa, the HUS Group's hospital pharmacy is responsible for the supply of medicines to hospitals and health centres in the wellbeing services counties of Uusimaa and the City of Helsinki. It is supported by one hospital pharmacy and one dispensary.

This proposal suggests that the Medicines Act should allow for the various arrangements currently in place in the wellbeing services counties on the number and location of hospital pharmacies. Dispensaries in wellbeing services counties would be replaced with branches of the hospital pharmacies. In other respects, the aim of the regulation would be to enshrine in law the operating practices already adopted in those regions. The legislative

amendments would not require the regions to establish a hospital pharmacy or a branch of one; instead, existing hospital pharmacies could continue to operate as at present. However, the legislative amendments would allow wellbeing services counties to reorganise their hospital and pharmacy networks, for example on a cooperation region basis, if they deemed it appropriate. It is proposed that the permit conditions be consolidated into a single section of the Act. However, there would not be significant changes to content of the conditions. It is proposed that the Medicines Act should establish as a basic principle that a wellbeing services county should be responsible for organising the supply of medicines within its public healthcare system. The responsibility for organising services would correspond to the current responsibility for organising services under the Act on the Organisation of Social and Health Care Services and the Health Care Act. The supply of medicines must be seen as part of the social welfare and healthcare services of the regions.

On these grounds, the proposed regulation of hospital pharmacies and dispensaries in the Medicines Act is not expected to have direct significant economic impacts on the wellbeing services counties. The legislation allows for hospital pharmacies in wellbeing services counties to continue their activities to the current extent. Only dispensaries would need to be converted into branch outlets of hospital pharmacies. It is proposed that the operation of hospital pharmacies be brought into line with the new Act within six months of its entry into force. This includes that they apply for the necessary authorisations to operate. Applying for new permits would result in costs for the regions. Estimates of the exact cost of the new permit and the costs associated with inspections of hospital pharmacies, among other things, do not yet exist, but they are expected to remain notably moderate. Significant economic impacts could arise from the regions would start to rebuild their hospital pharmacies and their branch offices, thanks to the enabling legislation. However, these solutions would be at the discretion of the wellbeing services counties and voluntary from a legislative perspective.

2. International medicine assistance and exceptional supply of medicines

The implementation of decisions concerning international medicine assistance could be assigned either to the National Institute for Health and Welfare (THL), to the hospital pharmacies of university hospitals, or to the hospital pharmacy of the HUS Group. Furthermore, the proposal suggests that, in certain disruptions and emergencies, the Ministry of Social Affairs and Health could decide to regulate the supply of medicines between hospital pharmacies. The implementation of the above-mentioned decisions would require hospital pharmacies in university hospitals and the hospital pharmacy of HUS Group to have a wholesale marketing authorisation as referred to in section 32 of the Medicines Act. Since these decisions could be enforced urgently without early warning, the Act would require these hospital pharmacies to apply for the authorisation necessary to carry out the tasks in advance.

It is estimated that the above-mentioned five hospital pharmacies will incur minor annual financial costs from applying for an authorisation. The fees for wholesale authorisations and inspections are regulated in the Decree of the Ministry of Social Affairs and Health on chargeable services of the Finnish Medicines Agency 2026 (1344/2025) and its Annex. According to the Annex to the Decree, the one-off fee for an authorisation to engage in the wholesale trade in medicinal products or veterinary medicinal products is EUR 1 960. The inspection fee of the wholesale trade of medicinal products and veterinary medicinal products, when the activity involves the storage and possession of medicinal products, is EUR 6 750 for the first day and EUR 3 375 for subsequent days. If the inspection is focused on a single area of operation and lasts no more than 4 hours, the corresponding fee is EUR 3 375. The Decree will remain in force throughout 2026 and will be updated annually.

In addition to the above-mentioned costs, five hospital pharmacies would have to comply with the conditions for a medicine wholesaler authorisation in order to obtain it. The application for a medicine wholesaler authorisation and the associated annual monitoring will entail a certain amount of additional administrative work and preparation for the wellbeing services counties that run five university hospitals. There is still some uncertainty surrounding the assessment of the increase in workload, and the estimates will be refined where necessary. This proposal assumes that Fimea would carry out an annual inspection of the medicine wholesaler and that the inspection would take an average of two days. Based on this, the economic impact of the authorisation fee and inspections would be EUR 12 085 per year per hospital pharmacy at a university hospital, resulting in total annual costs of approximately EUR 60 425 for the five wellbeing services counties.

It is estimated that the application for a medicine wholesale authorisation, as well as managing international medicine assistance and initiating exceptional medicine supplies, will result in additional administrative work for the university hospital pharmacies. The increase in the administrative workload would stem from applying for the wholesale authorisation as well as preparing for annual inspections, audits, quality control and other work

required by wholesale operations. This proposal assumes an increase in the amount of administrative work by 0.5 person-years after the entry into force of the Act in 2027 for each hospital pharmacy of a university hospital. From 2028 onwards, it is assumed that, once working practices have been established, the increase in administrative work will be less notable, with the volume of administrative work settling at 0.3 person-years higher than the current level for each hospital pharmacy at a university hospital.

The cost of one person-year is estimated at around EUR 100 000 per year (including the employer's social security contributions). This estimate is based on the assumption that the tasks described above would require the input of a highly qualified pharmacist or a member of an equivalent professional group. On this basis, the financial impact of the increased administrative burden would be approximately EUR 50 000 per year for each university hospital pharmacy in 2027 and EUR 30 000 per year from 2028 onwards for each university hospital pharmacy. The annual increase in labour costs for the hospital pharmacies at the five university hospitals would therefore be estimated at a total of around EUR 250 000 in 2027 and around EUR 150 000 from 2028 onwards.

The annual costs of the increased tasks related to applying for and maintaining the wholesale authorisation for university hospital pharmacies, as proposed here, are estimated at EUR 62 085 per university hospital pharmacy in 2027 and EUR 42 085 from 2028 onwards.

It is estimated that the five wellbeing services counties that operate hospital pharmacies at university hospitals would incur total costs of approximately EUR 310 425 in 2027 and approximately EUR 210 425 per year from 2028 onwards. However, these estimates carry some uncertainty, such as regarding the increase in the administrative burden and the frequency and duration of the wholesale authorisation inspections. The estimates will be supplemented, where necessary, in the further preparation of the proposal.

3. Reprocessing and reuse of single-use medical devices

It is estimated that allowing the reprocessing and reuse of single-use medical devices could lead to cost savings for the wellbeing services counties. This assessment is based on an international literature review, in particular a report published in 2020 by the Swedish National Board of Health and Welfare (Socialstyrelsen), which examined the conditions for the reprocessing and reuse of single-use medical devices from the perspective of patient safety (Socialstyrelsen 2020).[1] The report also assessed the costs and potential cost savings arising from the reprocessing or reuse of devices in two product groups. These devices were electrophysiological catheters and orthopaedic implants. According to the study, the reprocessing of catheters could achieve total annual savings in Sweden of around SEK 64–68 million (in SEK 2020). However, according to the study, the reprocessing of orthopaedic implants would not result in cost savings.

This proposal assumes that the findings of the Socialstyrelsen report could also be applied to the Finnish healthcare system, on a per capita basis. On this basis, it would be possible to produce an illustrative estimate of the potential cost savings that could be achieved in Finland, were the reprocessing of catheters allowed. This estimate is preliminary and illustrative, as catheters are just one group of single-use medical devices with potentially achievable cost savings through reprocessing or reuse. There is also considerable uncertainty regarding this estimate, as the amount of savings generated would depend entirely on the extent to which wellbeing services counties begin to reprocess and reuse single-use medical devices. It would be voluntary for the wellbeing services counties to apply this regulation. It would also be up to their discretion to carry out the measures required by the reprocessing themselves or have them carried out by an external operator.

The estimate based on the Socialstyrelsen report has been produced by inflating the report's estimates in SEK 2020 with the Swedish Consumer Price Index into SEK 2026, after which the estimates were converted into EUR using the rolling average of the SEK–EUR exchange rate for one year. The estimates in EUR were scaled using population figures by dividing the population of Finland with the population of Sweden. According to the initial estimate produced in this way, the total cost savings potentials achievable from the reprocessing of catheters in all well-being services would be around EUR 4.36 million per year through a reduction in the cost of catheter procurement. According to the assumptions underlying the calculations in the National Board of Health and Welfare's assessment, diagnostic catheters and ablation catheters would be reprocessed eight times.

[1] Förutsättningar för att reprocessa och återvända medicintekniska engångsprodukter i Sverige. Article number: 2020-12-7158. Retrieved on 29 May 2026 from: https://www.socialstyrelsen.se/publikationer/forutsattningar-for-att-reprocessa-och-ateranvanda-medicintekniska-engangsprodukter-i-sverige-2020-12-7158/

Reprocessed diagnostic catheters would be used in all procedures, whilst reprocessed ablation catheters would be used in 55 per cent of procedures.

However, the reprocessing of the catheters, i.e. sterilisation, would also entail costs that have also been taken account of in the assessment of this proposal. The annual cost of reprocessing for all wellbeing services counties would be approximately EUR 188 000. In addition, annual storage costs would increase by approximately EUR 12 000, and estimates show that catheter reprocessing would incur roughly EUR 30 000 in administrative maintenance costs per year. In addition, when the Act enters into force in 2027, the start of reprocessing would require a one-off investment in the introduction of a management and regulatory system for reprocessing (approximately EUR 91 000) and in training (approximately EUR 181 000).

While preparing the proposal, a preliminary survey of the estimates of the potential financial savings from the reprocessing or reuse of single-use medical devices was also carried out in the wellbeing services counties. Seven wellbeing services counties responded to the survey. Of the respondents, five were positive about allowing reprocessing or reuse, while two were negative. Of the wellbeing services counties that responded positively, two provided preliminary numerical estimates of the potential cost savings. Based on the preliminary estimates, the cost savings ranged between around EUR 200 000 and EUR 400 000 per year and up to EUR 1 500 000. It will be necessary to provide more detailed estimates in the further preparation of the proposal.

Conclusions on the financial impact of the proposal

In summary, the changes of this proposal are not expected to result in a direct increase in public finance costs. The costs incurred by wellbeing services counties from updating hospital pharmacy regulations and new preparedness tasks at five university hospital pharmacies could be covered several times over were the counties to introduce the reprocessing and reuse of single-use medical devices. It is estimated that the proposal would result in an increase in the administrative workload at hospital pharmacies in university hospitals, and the estimated annual cost of this additional work for wellbeing services counties would be in the range of EUR 210 000–310 000. However, the proposal would open up significant potential for cost savings through the reprocessing of single-use medical devices, as allowing the reprocessing of electrophysiological catheters could achieve total cost savings of approximately EUR 3.86 million across all wellbeing services counties in 2027; from 2028 onwards, the potential cost savings would be around EUR 4.13 million, once the one-off investments had been made.

As noted earlier, these calculations on potential cost savings are preliminary and are based on an example from a literature review concerning a single group of devices. Wellbeing services counties would not be obliged to reprocess medical devices by this proposal. However, based on a literature review and EU legislation, reprocessing of single-use medical devices would be feasible and economically reasonable on a case-by-case basis without endangering patient safety. The potential for economic benefits could therefore be significantly higher if other single-use medical devices than electrophysiological catheters were to be reprocessed or reused. Overall, the potential economic benefits of reprocessing and reuse of single-use medical devices would depend on whether wellbeing services counties begin to do so, as well as on which devices and to what extent.

Consequently, updating the regulations governing hospital pharmacies and the tasks relating to medicine stockpiling assigned to the hospital pharmacies of the five university hospitals would not impose significant new responsibilities on the wellbeing services counties and would therefore not necessitate an increase in their funding. Requiring hospital pharmacies in the wellbeing services counties that operate university hospitals to apply for a pharmaceutical wholesale authorisation would not impose significant new tasks on these pharmacies that require funding; rather, the tasks would be administrative and technical changes to the internal working practices of the hospital pharmacies.

1.1.2 Impacts on human wellbeing and health

The legislative proposals on international medicine assistance and exceptional deliveries of medicines between wellbeing services counties would improve Finland’s preparedness and readiness for various disruptions of normal conditions and emergencies. The proposals would ensure the continuity of pharmaceutical care and, indirectly, the functioning of healthcare services that depend on the supply of medicines in various disruptions and emergencies.

The proposals would have an impact on people's well-being and health, as the new measures could safeguard the availability of medicines more effectively than before. The proposed measures have the potential to reduce the risk of medicine users and patients being left without the medicines they need to treat their conditions. At its best, timely pharmaceutical assistance could save lives when the available stocks of medicines would otherwise not be sufficient. At the same time, the proposals aim to ensure that the provision of medicines from Finland to other states is justified and proportionate. Such decisions would take account of the need to maintain adequate domestic stocks of medicines and, at the same time, to ensure the continuity of patient care in Finland as well.

The proposal for the Ministry of Social Affairs and Health to play a stronger role in decision-making during disruptions to normal conditions, in states of emergency, and in preparing for such situations would enable the pharmaceutical supply chain to be managed in a way that makes medicines more readily available regionally in line with healthcare needs. This amendment could be aimed at ensuring the pharmacotherapy of patients and the certainty of the provision of healthcare when the need for medicinal products exceeds the available own stocks of medicines in the region.

It is estimated that the reprocessing of single-use medical devices will support the availability of devices suitable for reprocessing and, consequently, the continuity of care in various shortages. Reprocessing could improve the availability of these devices and support healthcare activities, especially during shortages of these devices or an exceptional increase in demand for these devices, such as during an emergency.

However, it has been identified during the preparatory work that the reprocessing of medical devices may involve potential risks to patient safety. Inadequate cleaning, disinfection or sterilisation of reprocessed equipment could increase the risk of infection and cross-contamination. Complex structures, narrow channels and heat-sensitive materials in particular could make full decontamination difficult. In addition, reprocessing could cause changes in the technical characteristics of the device, which may affect its functionality and safety. These risks can be minimised by laying down adequate requirements for reprocessing and reuse in legislation. In addition, it should be ensured that the personnel that carry out reprocessing have the necessary competence, have been given adequate guidance, and that internal control of operations has been adequately implemented.

The medicinal assistance received by Finland is not expected to have a significant impact on patient safety, as it would be the duty of the authorities to assess the medicinal assistance offered and to ensure that the batches of medicinal products received are of appropriate quality. The authorities would also be required to prevent counterfeit medicines from entering the supply chain, even during a crisis. The release of a medicinal product batch would also require a marketing authorisation, a special authorisation or a derogation to ensure the efficacy, safety and quality of the received medicinal product batch.

Furthermore, as stated in the Government Bill on amending the Act on Healthcare Professionals (HE 174/2025 vp), it can be assessed that, were there to be a crisis situation in which Finland were forced to seek international assistance, the risk to human health and lives would, due to the situation itself, already be so significant that the risk posed by the proposed legislative amendment would be considerably smaller, and international assistance would be very limited in duration.

1.1.3 Impact on the authorities

The proposal suggests that provisions be laid down regarding the decision-making powers of the Ministry of Social Affairs and Health in relation to international medicinal aid. The proposal is not intended to change the existing spheres of competence between the Government and the ministries, but only to clarify it with regard to medicinal products. The proposal could enhance decision-making in the Ministry, as it would allow decisions to be made using a uniform procedure. It is not possible to provide an advance estimate of how often decisions would need to be prepared, as this would depend on a number of factors and the general availability of medicines. It is therefore not possible to provide an advance estimate of the increase in the Ministry's workload resulting from the decision-making process.

The proposal on international medicinal aid entails a new statutory duty for Fimea and the national emergency response team, which would be carried out in situations where the Ministry considers their involvement in the preparation of a decision to be necessary. The proposal would also entail a new responsibility for the National Institute for Health and Welfare (THL) or for one or more hospital pharmacies at university hospitals or for the HUS Group's hospital pharmacies, should the Ministry assign the task of implementing the decision to them. Furthermore, it is proposed that, in states of emergency and in certain disruptions to normal conditions, the

Ministry of Social Affairs and Health may, in accordance with Section 50b of the Act on the Organisation of Social and Health Care Services, decide on the supply of medicines between regions. The preparation of this decision would also incur a burden on the national emergency response team, and the decision could be delegated to the hospital pharmacy of the HUS Group or a university hospital for implementation.

The proposals are not expected to create significant new staffing costs or expenditure for the authorities, as the preparation and implementation of the decisions are likely to be required relatively infrequently. It should be noted that if society were to face a long-term or serious crisis or an state of emergency, the number of official decisions safeguarding the availability of medicines could also increase, which would also increase the workload of the authorities and the costs incurred by them. However, clearer legislation and a decision-making model would make it easier for the Ministry and the authorities involved in the preparation and implementation of decisions to carry out their tasks. Fimea, the National Emergency Response Team and the National Institute for Health and Welfare (THL) should ensure that their operations are prepared to carry out new tasks, should the need arise. In other respects, they are not expected to immediately face significant cost implications. Instead, hospital pharmacies at university hospitals and the HUS Group's hospital pharmacy would be required to apply for a pharmaceutical wholesale authorisation in advance, as described above.

According to the proposal, hospital pharmacies and their branch outlets within the wellbeing services counties, as well as dispensaries run by state and private operators, would be required to bring their operations into line with the Medicines Act within six months of its entry into force and to apply for the authorisation required by law for their operations. For Fimea, the licensing authority, granting new licences would, within six months of the entry into force of the Act, entail additional work, as it would have to process applications from the counties, the State and private operators. If there were roughly the same number of hospital pharmacies and their branch outlets as there are at present, this would mean processing around 25–30 applications. In the case of the national dispensaries, there would be three applications for authorisation to process, were the number of applications to remain unchanged. The number of dispensaries medicines operated by private operators is currently unknown. However, the requirements for their dispensary licences would, in principle, remain the same as before, which is expected to streamline the licensing process. On a case-by-case basis, Fimea would also see additional work regarding the processing of changes to marketing authorisations and the expiry thereof, as well as the processing and granting of special authorisations relating to the supply of medicinal products. The amount of additional work and costs incurred by Fimea would need to be specified in the further preparation of the proposal.

This proposal suggests that the hospital pharmacies of university hospitals and the HUS Group's hospital pharmacy should apply for a medicine wholesale authorisation to enable the implementation of international aid and to ensure they are prepared for exceptional medicine supplies during disruptions and states of emergency. For other hospital pharmacies, applying for a wholesale authorisation would be voluntary. Fimea, as regulatory authority for medicines, would process the applications for wholesale authorisations resulting from the change. The changes are not expected to significantly increase Fimea's workload.

The proposal would grant the Finnish Military Pharmacy the right to manufacture medicines. In addition, branch outlets of hospital pharmacies would be added to the list of operators subject to inspection by Fimea. These changes would result in a limited amount of additional supervisory work for Fimea. The proposal also suggests that Fimea be granted regulatory powers to determine the extent to which the guidelines on good manufacturing practice of medicinal products should be followed in the manufacture of medicinal gases. The amendment would require Fimea to prepare expert assessments for a new regulation or for amending an existing one, as well as to issue the regulation. The proposal also suggests allowing the reprocessing and reuse of medical devices. Operators should make the necessary notifications to Fimea of their activities. Reprocessing would be voluntary. It is estimated that this change would result in some additional work for Fimea once the legislation comes into force. Further preparation should also clarify this aspect of the assessment.

The proposal suggests for the National Institute for Health and Welfare (THL) to act as the authority responsible for the implementation of international aid for medicinal products. It is also proposed that the Medicines Act should set out the National Institute for Health and Welfare's (THL) responsibilities regarding pharmaceutical preparedness, and that the Act on the National Institute for Health and Welfare should be amended to clarify THL's responsibilities. The proposed amendments are not expected to significantly grow THL's responsibilities or give rise to additional costs, as THL holds a wholesale authorisation for medicinal products, which is required for the implementation of the decision on international assistance relating to medicinal products. The National Institute for Health and Welfare also carries out a number of tasks relating to pharmaceutical preparedness. The proposed amendment would serve to specify and clarify the assignment regarding medicines.

1.1.4 Environmental Impact

The proposal would allow the reuse and handling of single-use medical devices. It is estimated that the proposal will reduce waste relating to medical devices and improve the circulation of these devices and the materials used in their manufacture. Reuse and reprocessing would be voluntary for health institutions. For this reason, it is not possible to provide an advance estimate of the extent to which the reprocessing option would be used. Neither is it possible to estimate the size of the environmental benefit in advance.

The proposal would also enable a clearer process for providing and receiving international assistance for medicinal products. Furthermore, in a state of emergency and in the event of a disruption to normal operations, it would be possible, on the basis of a decision by the Ministry of Social Affairs and Health, to transfer medicines between hospital pharmacies within the wellbeing services counties. The proposals could also have a limited indirect impact on the amount of medicinal waste. In particular, it could reduce medicine waste if Finland were to provide international aid to another country in the form of medicines that would otherwise remain unused, based on domestic consumption. However, it is estimated that this is likely to be a minor benefit, dependent on the extent and manner of requests for and offers of assistance from other countries, as well as on the general availability of medicines.

1.1.5 Impacts on local authorities, wellbeing services counties and regional development

This proposal sets out the amendments to the regulations on hospital pharmacies and dispensaries under the Medicines Act that are necessary as a result of the social and health care reform. It is also proposed that provisions be laid down regarding the specific roles of university hospitals and the hospital pharmacies of the HUS Group in relation to international pharmaceutical aid and the supply of medicines in states of emergency and certain serious disruptions of normal conditions.

Legislative amendments are proposed to the Medicines Act when, pursuant to section 8 of the current Act on the Organisation of Social and Health Care Services, wellbeing services counties have a responsibility to organise social and healthcare services in their area and must have sufficient competence, capacity and readiness to do so, including personnel, premises, equipment and other necessary operating conditions. In a cooperation agreement drawn up in accordance with Section 36 of the Act on the Organisation of Social and Health Care Services, wellbeing services counties may agree on the division of responsibilities concerning medical support services, among others. Pursuant to Section 50 of the Act on the Organisation of Social and Health Care Services, a wellbeing services county must prepare for disruptions and emergencies by preparing contingency plans in advance and taking other measures in cooperation with the municipalities within its region and the wellbeing services counties within its social and health care cooperation area. Under Section 50a of the Act on the Organisation of Social and Health Care Services, the cooperation agreement must set out the arrangements for inter-regional support in the event of various disruptions. The Ministry of Social Affairs and Health’s authority to direct regional resources in emergencies and certain disruptions to normal conditions, as well as the tasks of the national emergency response team, are based on Sections 50b and 50c of the Act on the Organisation of Social and Health Care Services. Furthermore, pursuant to Section 51 of the Act on the Organisation of Social and Health Care Services, it is the responsibility of the wellbeing services counties that operate a university hospital and the HUS Group to steer contingency planning for social and health care within their cooperation region in accordance with uniform national principles. Provisions regarding the administrative assistance and cooperation provided by the wellbeing services counties to the Defence Forces and the forces of a foreign state are set out in Sections 53a and 53b of the Act on the Organisation of Social and Health Care Services.

Pursuant to Sections 24, 33, 39 and 68 of the Health Care Act, a wellbeing services county is responsible for organising medical care services for the residents of its area, coordinating specialist medical care services and providing emergency medical services, among other things. During inpatient care, the medicinal products given to the patient fall under the responsibility of the providing unit. Furthermore, following the social and health care reform, hospital pharmacies and regional dispensaries have, in practice, been organised by wellbeing services counties or, in Uusimaa, by the cooperation region, without any legislative backing.

The proposed amendments to the Medicines Act set out the manner in which wellbeing services counties may organise the supply of medicines within the public healthcare system. The proposed amendments to the Medicines Act are not thought to involve the introduction of a new responsibility for the wellbeing services counties, as the organisation of social and health care, including the provision of medication during institutional care, is already the responsibility of the wellbeing services counties even before the Act comes into force. The

proposed international assistance and exceptional medicine supply tasks for the hospital pharmacies of university hospitals and HUS Group would not create significant additional tasks to wellbeing services counties. The requirement for these hospital pharmacies to apply for a wholesale pharmaceutical authorisation, and the authorisation granted following such an application, would not entail significant additional costs or obligations for hospital pharmacies; rather, these would be administrative and technical changes to the internal practices of hospital pharmacies. The section on economic impacts describes how the minimal new costs to the wellbeing services counties arising from the new tasks would be more than offset by the savings generated through the reuse of medical equipment.

1.1.6 Other social effects

Pharmaceutical services are a part of military healthcare. The proposal is expected to improve Finland's national security and defence readiness to some extent, as it introduces provisions into the Medicines Act concerning the import and export of medicines by the Defence Forces and the armed forces of a foreign state, as well as the supply of medicines to them from hospital pharmacies. Furthermore, the Medicines Act would clarify the Military Pharmacy's right to small-scale manufacture of medicines. Finland has transposed the NATO SOFA, the Paris Protocol and the Defence Cooperation Agreement with the USA into national law through acts and regulations. The amendments to the Medicines Act, relating to the agreements proposed in this bill, would also streamline the operations of the forces and further the objectives of NATO cooperation.

Widespread disruptions to the supply of medicines, the experience of the recent pandemic and the change in the security situation in Europe have highlighted the importance of providing and receiving international aid, and the need for legislative changes to facilitate this. The legislative amendments of the proposal would allow for more effective international cooperation, which could contribute to improving national and international pharmaceutical preparedness and to safeguarding the availability of medicines. Furthermore, the right for emergency medical vehicles, as proposed in the bill, to temporarily import medicines as part of international cooperation would contribute to the relations between the frontier regions of the Nordic countries and to the healthcare of the populations in those regions.