Text consolidated by Valsts valodas centrs (State Language Centre) with amending laws of:

26 February 1998 [shall come into force on 12 March 1998];

1 June 2000 [shall come into force on 28 June 2000];

20 June 2001 [shall come into force on 20 July 2001];

25 March 2004 [shall come into force on 22 April 2004];

27 May 2004 [shall come into force on 30 June 2004];

16 June 2005 [shall come into force on 20 July 2005];

8 June 2006 [shall come into force on 11 July 2006];

1 March 2007 [shall come into force on 29 March 2007];

27 September 2007 [shall come into force on 5 October 2007];

8 November 2007 [shall come into force on 1 January 2007];

8 May 2008 [shall come into force on 11 June 2008];

8 April 2009 [shall come into force on 13 May 2009];

18 June 2009 [shall come into force on 1 July 2009];

1 December 2009 [shall come into force on 1 January 2010];

10 December 2009 [shall come into force on 1 March 2010];

1 June 2010 [shall come into force on 1 January 2011];

7 October 2010 [shall come into force on 1 January 2011];

31 March 2011 [shall come into force on 4 May 2011];

21 June 2012 [shall come into force on 25 July 2012];

18 April 2013 [shall come into force on 1 July 2013];

11 September 2014 [shall come into force on 15 October 2014];

18 June 2015 [shall come into force on 16 July 2015];

1 December 2016 [shall come into force on 22 December 2016];

8 June 2017 [shall come into force on 1 July 2017];

22 November 2017 [shall come into force on 1 January 2018];

15 May 2018 (Constitutional Court Judgment) [shall come into force on 15 May 2018];

20 December 2018 [shall come into force on 1 January 2019];

21 May 2020 [shall come into force on 17 June 2020];

13 Janaury 2022 [shall come into force on 25 January 2022];

3 March 2022 [shall come into force on 5 March 2022];

21 April 2022 [shall come into force on 17 May 2022];

28 September 2023 [shall come into force on 1 January 2024];

6 December 2023 [shall come into force on 3 January 2024].

If a whole or part of a section has been amended, the date of the amending law appears in square brackets at the end of the section. If a whole section, paragraph or clause has been deleted, the date of the deletion appears in square brackets beside the deleted section, paragraph or clause.

The *Saeima*1 has adopted and

the President has proclaimed the following law:

**Medical Treatment Law**

**Chapter I**

**General Provisions**

**Section 1.**The following terms are used in this Law:

1) **medical treatment** – professional and individual prophylaxis, diagnosis and medical treatment of diseases, medical rehabilitation and care of patients;

2) **medical practitioners** – persons who have a medical education and who are engaged in medical treatment;

3) **medical treatment institutions** – doctors’ practices, State and local government institutions, performers of economic activity and commercial companies which are registered in the Register of Medical Treatment Institutions conform with the mandatory requirements for medical treatment institutions and structural units thereof laid down in laws and regulations and provide medical treatment services;

4) **certificate of a medical practitioner** – a document issued by the Union of Professional Organisations of Medical Practitioners of Latvia, the Latvian Medical Association, or the Latvian Nurses Association that certifies the professional proficiency of the relevant person and indicates that the medical practitioner as a specialist is competent to independently engage in the practice of medical treatment (specialist practice) in the relevant field;

5) **certification of a medical treatment institution** – activity of an independent third person certifying that the medical treatment institution, its unit or services provided conform to the requirements specified by the relevant standards;

51) **certificate of medical and diagnostic methods** – a document issued by the Union of Professional Organisations of Medical Practitioners of Latvia, the Latvian Medical Association, or the Latvian Nurses Association that certifies the professional proficiency of the relevant person and indicates that the medical practitioner in addition to the competence specified thereto in laws and regulations is entitled to independently apply the medical or diagnostic method indicated in the certificate;

6) **doctors’ council** – a meeting of not less than three doctors in order to determine a diagnosis and further tactics of medical treatment;

7) **human infectious disease**– a disease induced by an infectious disease-causing agent the spread of which may cause an epidemic (hereinafter – the infectious disease);

8) **medical education** – the aggregate of knowledge and skills in the field of medicine conforming to an educational programme accredited in accordance with the procedures laid down in law which is certified by an educational document issued by an educational institution;

9) **medical technologies** – methods to be applied in medical treatment, medical devices, and medicinal products;

10) **emergency medical assistance** – assistance to victims (persons who have been taken ill) in a critical state of danger to life or health, provided by persons specially prepared (trained, equipped) for such cases with relevant qualifications in medicine who in accordance with such qualifications have legal liability for their actions or omissions and the consequences of such actions or omissions;

11) **patient** – a person who receives health care services or seeks them;

12) **care of patients** – part of health care which is directly or indirectly related to the maintenance, promotion, protection, and recovery of health of the public, a family or a person;

13) **first aid** – assistance provided to victims (persons who have been taken ill) in a critical state of danger to life or health by persons with or without medical qualifications, within the scope of their knowledge and possibilities irrespective of their proficiency and equipment;

14) **medical rehabilitation** – a field of medicine dealing with the development or recovery of physical, psychological, social, vocational, and educational potential of a person in conformity with his or her physiological or anatomical limitations or, in the case of stable health impairment, with the adaptation of the life of a patient to the environment and society;

15) [27 May 2004];

16) [21 June 2012];

17) **improvement of professional qualifications** – part of post-graduate education in a specific profession or speciality which occurs in accordance with a freely selected education programme the content and time of acquisition of which is not regulated;

18) **mandatory requirements for medical treatment institutions and their structural units** – requirements the observing of which shall be ensured by medical treatment institutions or their structural units so that the provision of medical assistance therein is permitted;

19) **residency** – employment relationship with a medical treatment institution implementing an educational programme for the education of an existing doctor in the acquisition in the official language of a speciality in accordance with an accredited professional residency educational programme in medicine;

20) **clinical guidelines**– an aggregate of evidence-based, classified, and updated recommendations for decision-making support to medical practitioners and patients as regards the most appropriate medical treatment in specific clinical cases;

21) **medical devices**– any instrument, apparatus, appliance, software, implant, reagent, material or other article corresponding to the definition referred to in Article 2(1) of Regulation (EU) 2017/745 of the European Parliament and of the Council of 5 April 2017 on medical devices, amending Directive 2001/83/EC, Regulation (EC) No 178/2002 and Regulation (EC) No 1223/2009 and repealing Council Directives 90/385/EEC and 93/42/EEC;

22) **psychiatric assistance** – individual prophylaxis, out-patient or in-patient diagnosis, medical treatment, rehabilitation, and care for persons with mental health disorders;

23) **psychiatric assistance without the consent of the patient** – in-patient diagnosis, medical treatment, rehabilitation, and care for persons with mental health disorders without the consent of such person;

24) **disaster medical system** – an aggregate of State coordinated measures which are taken by medical treatment institutions and other institutions of the health care sector irrespective of the form of ownership in order to save human lives and to reduce the destructive impact on public health in medical sector emergencies and public health emergencies;

25) **medical treatment support person** – a person who does not have the right to engage in medical treatment but who is directly involved in ensuring the health care process;

26) **medical treatment support person certificate** – a document issued by the Union of Professional Organisations of Medical Practitioners of Latvia which certifies the professional preparedness of the relevant person and indicates that the medical treatment support person is competent to become involved in ensuring the health care process in a specific sector;

27) **unified electronic information system of the health sector** (hereinafter – the health information system) – a structured information system of the health sector which includes individual information data sets of the health sectors and ensures their unified operation;

28) **team of emergency medical assistance** – a mobile unit for the provision of emergency medical assistance which consists of the persons specified in laws and regulations and which has an emergency medical vehicle at its disposal which conforms to the requirements laid down in laws and regulations;

29) **telemedicine** – provision of remote health care service by using information and communication technologies. It includes safe resending of medical data and information necessary for medical treatment in the form of text, sound, pictures or other;

30) **in vitro diagnostic medical device**– any medical device, reagent, reagent product, calibrator, control material, kit, instrument, apparatus, piece of equipment, software or system corresponding to the definition referred to in Article 2(2) of Regulation (EU) 2017/746 of the European Parliament and of the Council of 5 April 2017 on in vitro diagnostic medical devices and repealing Directive 98/79/EC and Commission Decision 2010/227/EU.

31) **palliative care**– interdisciplinary, holistic care of such patients whose illness is life-limiting and is not susceptible to radical treatment, aiming to prevent or mitigate the suffering caused by illness in order to ensure as high quality of life for the patient as possible and support for his or her family. Palliative care includes medical treatment and prevention of the symptoms caused by illness, hospice care for persons with the projected survival of up to six months, psychological, social, and spiritual support, and also support for the relatives of the patient during the mourning period after the loss of the kin;

32) [*Paragraph shall come into force on 1 July 2025 and shall be included in the wording of the Regulation as of 1 July 2025* / *See Paragraph 43 of Transitional Provisions*];

33) [*Paragraph shall come into force on 1 July 2025 and shall be included in the wording of the Regulation as of 1 July 2025* / *See Paragraph 43 of Transitional Provisions*];

34) **methodological management body**– an institution or its unit which develops unified principles for prophylaxis, diagnosis, medical treatment and its succession in the relevant field of health care, and also ensures systemic quality monitoring of medical treatment processes in the State, carrying out the methodological management of medical treatment institutions in the relevant field of health care;

35) [*Paragraph shall come into force on 1 July 2025 and shall be included in the wording of the Regulation as of 1 July 2025* / *See Paragraph 43 of Transitional Provisions*];

36) **pharmacist**– a health care specialist who has obtained education corresponding to the requirements laid down in the law On the Regulated Professions and the Recognition of Professional Qualifications and provides health care services by engaging in pharmacist’s practice;

37) **clinical pharmacist**– a health care specialist who has obtained education corresponding to the requirements laid down in the law On the Regulated Professions and the Recognition of Professional Qualifications in the field of pharmacy and has acquired additional speciality in clinical pharmacy attested by a higher education diploma for the acquisition of an accredited study programme in clinical pharmacy and provides health care services by engaging in pharmacist’s practice.

[*26 February 1998; 1 June 2000; 25 March 2004; 27 May 2004; 8 June 2006; 8 November 2007; 8 May 2008; 8 April 2009; 10 December 2009; 7 October 2010; 21 June 2012; 11 September 2014; 13 January 2022; 28 September 2023; 6 December 2023* / *Clause 34 shall come into force on 1 April 2024. See Paragraphs 38 and 43 of the Transitional Provisions*]

**Section 2.**The purpose of the Law is to govern public relationships in medical treatment in order to ensure qualified prophylaxis and diagnosis of diseases or injury, qualified medical treatment and rehabilitation of patients, and to determine special legal regulation provisions for economic activity of medical treatment institutions.

[*11 September 2014*]

**Section 3.**(1) Health is physical, mental, and social well-being, the natural basis of the existence and survival of the State and the nation. Health care is the complex of measures implemented by health care service providers, including telemedicine and activities with medicinal products and medical devices for ensuring, maintaining, and renewal of a patient’s health.

(2) The priority is health care of a pregnant woman, child and person with foreseeable disability. The Cabinet shall determine the procedures for the organisation, financing, and ensuring of human resources of this priority.

[*8 May 2008; 10 December 2009; 16 June 2010; 11 September 2014*]

**Section 4.**(1) [22 November 2017 / See Paragraph 32 of Transitional Provisions]

(2) A medical practitioner employed in local government institutions, State and local government capital companies, and public private capital companies who provides health care services paid from the State budget in a medical treatment institution which has entered into a contract for the payment for the health care services provided shall receive remuneration in accordance with the Law on Remuneration of Officials and Employees of State and Local Government Authorities.

[*27 May 2004; 16 June 2005; 8 June 2006; 1 December 2009; 22 November 2017*]

**Section 5.**Everyone has a duty to take care of and everyone is responsible for his or her own health, the health of the nation, and the health of his or her relatives and dependants.

**Section 6.**

[10 December 2009]

**Chapter II**

**Supervision of Medical Treatment**

**Section 7.**The Ministry of Welfare shall carry out supervision of medical treatment and other institutions specified in laws and regulations.

[*25 March 2004*]

**Section 8.**In the field of health care, the Ministry of Welfare shall perform the following functions:

1) formulate State policy in the field of health care and co-ordinate the implementation of such policy;

2) at the State level co-ordinate and manage the provision of emergency medical care to victims in emergencies on a regional or national scale;

3) [8 June 2006];

4) [27 May 2004];

5) [27 May 2004];

6) prepare and submit to the Cabinet for approval a list of occupational diseases;

7) in co-operation with the Latvian Medical Association and professional organisations of medical practitioners formulate proposals of mandatory requirements for medical treatment institutions and their structural units;

8) [8 June 2006];

9) [27 May 2004].

[*1 June 2000; 25 March 2004; 27 May 2004; 8 June 2006*]

**Section 9.**(1) The Cabinet shall determine the procedures for developing, supplementing and maintaining registers of medical practitioners, medical treatment support persons, medical treatment institutions, and medical devices, and of patients who are ill with certain diseases, newborns (with details of their mothers), and also the procedures for approving medical technologies to be used in medical treatment and the procedures for introducing new medical technologies.

(11) [*Paragraph shall come into force on 1 October 2024 and shall be included in the wording of the Law as of 1 October 2024. See Paragraph 40 of Transitional Provisions*]

(2) The procedures for organising the disaster medical system shall be determined by the Cabinet.

(3) The Cabinet shall determine the provision of a first aid training system, the content of the provision of first aid training programme, and the procedures for ensuring such training.

(31) The Cabinet shall determine the manager of the information system for the management of first aid training, the amount of information to be included in this system and the processing procedures thereof, and also the conditions for ensuring access to the information included in the State information system.

(4) In order to swiftly exchange the data on the resources available at hospitals for ensuring the availability of in-patient health care services and to monitor the severity and outcome of disease for the admitted patients with infectious diseases, the Cabinet shall determine the manager of the information system for the resources of in-patient medical treatment institutions, the data to be included in this information system, the amount of such data, and the procedures for processing them.

(5) The Cabinet shall determine the procedures for organising, financing, and receiving palliative care.

(6) The Cabinet shall determine the criteria and procedures for granting the status of a methodological management body, its rights and obligations, and also the regulations for investing public funds in a methodological management body.

(7) [*Paragraph shall come into force on 1 July 2025 and shall be included in the wording of the Law as of 1 July 2025 See Paragraph 43 of Transitional Provisions*]

[*27 May 2004; 16 June 2005; 8 June 2006; 8 May 2008; 21 June 2012; 1 December 2016; 21 April 2022; 28 September 2023; 6 December 2023* / *Paragraph six shall come into force on 1 April 2024. See Paragraph 38 of Transitional Provisions. Amendment to Paragraph one regarding the deletion of the words “medical practitioners, medical treatment support persons” and Paragraph 1.1 shall come into force on 1 October 2024 and shall be included in the wording of the Law as of 1 October 2024. See Paragraph 40 of Transitional Provisions. Paragraph seven shall come into force on 1 July 2025 and shall be included in the wording of the Law as of 1 July 2025. See Paragraph 43 of Transitional Provisions*]

**Section 9.1**(1) Medical treatment shall be performed according to the clinical guidelines, clinical algorithms, and clinical pathways or the safety and medical efficiency evaluation of the use of the methods and medicinal products to be used in medical treatment.

(2) The Cabinet shall determine the procedures for the assessment, registration, introduction, and updating of clinical guidelines, clinical algorithms, and clinical pathways.

[*6 December 2023*]

**Section 9.2**(1) In cases when life is endangered due to cardiac arrest until the moment when a team of the State Emergency Medical Service arrives, a person may use the automated external defibrillator for restoring the heartbeat of the victim.

(2) The Cabinet shall determine:

1) the public spaces where automated external defibrillators shall be installed and the requirements for the installation of such defibrillators;

2) the procedures for the use and technical supervision of automated external defibrillators;

3) [6 December 2023].

[*21 April 2022; 6 December 2023*]

**Section 10.**In medical treatment institutions, the quality of professional health care and work disability examination shall be controlled by the Health Inspectorate.

[*27 May 2004; 27 September 2007*]

**Section 10.1**Contesting and appealing the decisions of the Health Inspectorate which have been taken on the failure to comply with the requirements of Sections 28, 33, and 35 of this Law shall not suspend the operation of these decisions.

[*21 May 2020 / Section shall come into force on 1 July 2020. See Paragraph 33 of Transitional Provisions*]

**Section 10.2**[*Section shall come into force on 1 July 2025 and shall be included in the wording of the Law as of 1 July 2025. See Paragraph 43 of Transitional Provisions*]

**Section 11.**Advertisements and advertising related to medical treatment, medical treatment institutions, and medical practitioners shall be placed in the mass media in accordance with the procedures laid down in laws and regulations.

**Section 12.**Persons who do not have medical education and who are independently engaged in medical treatment of patients, provision of assistance in deliveries (except in cases where emergency assistance must be provided), hypnosis, conditioning and other methods affecting the human psyche, correction of the human energy field (bio-correction), acupuncture, and other methods of affecting the energy system of the human organism, as well as persons who provide support for medical treatment activities by persons who do not have medical education or do not have the right to practice a speciality shall be subject to liability laid down in law.

**Section 12.1**A medical practitioner is entitled to get involved in the provision of health care process if he or she is registered in the register of medical treatment support persons.

[*21 June 2012*]

**Chapter III**

**Medical Ethics Committee**

**Section 13.**Medical ethics committees are advisory bodies established for resolving problems of medical ethics which operate in accordance with the model regulations approved by the Cabinet.

**Section 14.**Medical ethics committees shall be established by medical treatment institutions and professional organisations of medical practitioners. Such committees shall examine ethical matters related to the activities of medical practitioners and new medical technologies.

**Section 15.**The Central Medical Ethics Committee shall operate in accordance with Cabinet regulations and it shall examine issues related to the ethics of biomedical progress applicable to social problems. The Cabinet shall, upon recommendation from the Minister for Welfare, approve members of the Central Medical Ethics Committee.

[*25 March 2004*]

**Section 15.1**When examining the issues related to the ethics of biomedical progress applicable to social problems, the Central Medical Ethics Committee shall apply a price list of paid services. The price list of paid services shall be approved by the Cabinet.

[*6 December 2023*]

**Chapter IV**

**Rights and Responsibilities of Persons with Respect to Health Care**

[22 November 2017 / See Paragraph 32 of Transitional Provisions]

**Section 16.**

[22 November 2017 / See Paragraph 32 of Transitional Provisions]

**Section 17.**

[22 November 2017 / See Paragraph 32 of Transitional Provisions]

**Section 18.**

[22 November 2017 / See Paragraph 32 of Transitional Provisions]

**Section 19.**

[8 June 2006]

**Section 20.**

[10 December 2009]

**Section 21.**

[10 December 2009]

**Section 22.**

[10 December 2009]

**Section 23.**

[10 December 2009]

**Section 24.**

[10 December 2009]

**Section 25.**

[10 December 2009]

**Chapter V**

**Medical Practitioners and their Medical Treatment Activities**

**Section 26.**(1) Medical practitioners who have been registered in the medical practitioners register are permitted to independently engage in medical treatment in the relevant profession in conformity with the competence specified by the Cabinet.

(2) Medical practitioners who have been certified and registered with the medical practitioners register are permitted to independently engage in medical treatment in a specific basic speciality, sub-speciality or additional speciality (except for a specific speciality of a nurse) in conformity with the competence laid down by the Cabinet. Nurses who have been registered with the medical practitioners register and have obtained an educational document on the acquisition of the relevant speciality are permitted to independently engage in medical treatment in the specific speciality of a nurse in conformity with the competence laid down by the Cabinet.

(3) Registered medical practitioners who have acquired an educational programme conforming to the requirements laid down in laws and regulations in relation to education necessary for acquisition of the particular speciality have the right to apply for a certificate of a medical practitioner in a specific speciality. Registered medical practitioners who have acquired a further education programme of the relevant medical treatment or diagnostic method have the right to apply for a certificate of medical treatment and diagnostic methods in a specific medical treatment or diagnostic method.

(31) Medical practitioners who are registered and have completed an educational programme in the relevant basic speciality and certified medical practitioners who meet the criteria specified in laws and regulations for the period of time specified in laws and regulations have the right to apply for a certificate of a medical practitioner in a newly created additional speciality or sub-speciality, without completing the educational programme referred to in Paragraph three of this Section in a newly created additional speciality or sub-speciality.

(4) A specific medical treatment or diagnostic method included in the classification of medical treatment and diagnostic methods may be independently applied by medical practitioners registered in the register of medical practitioners (except for nurses) who are certified in the relevant medical treatment or diagnostic method. Nurses who have been registered with the medical practitioners register are permitted to independently engage in medical treatment in the relevant medical treatment or diagnostic method if they have obtained an educational document certifying that the relevant medical treatment or diagnostic method has been acquired in practice as a nurse.

[*8 May 2008; 21 June 2012; 1 December 2016; 13 January 2022*]

**Section 27.**The competence of medical practitioners in medical treatment and also the amount of theoretical and practical knowledge, the criteria to be determined for medical practitioners for obtaining the newly created additional speciality or sub-speciality, without completing an educational programme in the newly created additional speciality or sub-speciality, and the period of time during which medical practitioners who meet the specified criteria have the right to apply for a certificate of a medical practitioner in the aforementioned additional speciality or sub-speciality shall be determined by the Cabinet, evaluating the opinion expressed by the Latvian Medical Association, the Union of Professional Organisations of Medical Practitioners of Latvia or the Latvian Nurses Association in accordance with the competence.

[*8 June 2006; 21 June 2012; 1 December 2016*]

**Section 28.**[6 December 2023]

**Section 29.**(1) The right to practice a speciality shall be certified by a certificate of a medical practitioner and the registration of the person in accordance with the procedures laid down in laws and regulations. The Cabinet shall determine the procedures for organising the certification and recertification of medical practitioners, the certification examination and its course, and also the procedures for the cancellation and suspending the validity of a certificate.

(11) In the process of certification of a medical practitioner, the certification authority shall take the decision to grant a certificate or to refuse to grant a certificate within three months from the day of receiving an application. Due to objective reasons, the certification authority may extend the time period for taking the decision for a time period not exceeding four months from the day of receiving the application, notifying the submitter thereof.

(2) The certification of a medical practitioner in conformity with their competence shall be performed by:

1) Latvian Medical Association – doctor and dentist certification;

2) Union of Professional Organisations of Medical Practitioners of Latvia – functional specialist, functional specialist assistant, doctor’s assistant, radiologist’s assistant, radiographer, masseur, cosmetician, laboratory assistant, podologists, beauty care specialists (cosmetologists), and dental technician certification;

3) Latvian Nurses Association – midwife and dental hygienist certification.

(3) The list of medical treatment support person professions to be certified and the procedures for certification shall be determined by the Cabinet.

(4) The price list for the paid services of testing of the professional knowledge, the preparation, registration, and duplication of certificates of medical practitioners and medical treatment support persons shall be approved by the Cabinet.

(5) [1 December 2016]

[*1 June 2000; 8 May 2008; 8 April 2009; 21 June 2012; 11 September 2014; 1 December 2016; 13 January 2022; 6 December 2023*]

**Section 30.**

[1 June 2000]

**Section 31.**Persons with a diploma of foreign medical education shall acquire the right to engage in medical treatment after recognition of the professional qualification of the medical practitioner in accordance with the procedures laid down in the law On the Regulated Professions and the Recognition of Professional Qualifications.

[*6 December 2023*]

**Section 32.**

[1 June 2000]

**Section 33.**(1) Persons studying at medical education institutions within the framework of the educational programme may engage in medical treatment only under direct supervision of a certified medical practitioner.

(2) The lists of the medical practitioners who have the right to perform the teaching of students and medical practitioners, in conformity with their competence shall be approved by the Latvian Medical Association, the Union of Professional Organisations of Medical Practitioners of Latvia or the Latvian Nurses Association.

(21) Any doctor certified in a primary speciality, sub-speciality, or additional speciality has the right to conduct training of residents in a medical treatment institution according to the educational programmes of residency accredited in medicine.

(3) Students who have acquired the first or second level of a professional higher medical education programme and the amount of knowledge and skills of whom conforms to the specified qualification and competence requirements may take part in medical treatment. The qualification requirements and amount of competence shall be determined by the Cabinet.

(4) The head of a medical treatment institution shall, if necessary, employ a doctor studying in the primary speciality, sub-speciality, or additional speciality to be acquired in residency in the position of a doctor under supervision in accordance with the procedures stipulated by the Cabinet.

[*8 May 2008; 21 June 2012; 6 December 2023* / *The new wording of Paragraph three shall come into force on 1 October 2024 and shall be included in the wording of the Law as of 1 October 2024. See Paragraph 42 of Transitional Provisions*]

**Section 34.**(1) A head of a medical treatment institution shall organise that such medical devices are used in a medical treatment institution which comply with the laws and regulations.

(2) The Cabinet shall determine:

1) the procedures for conducting clinical trials of medical devices intended for human use and performance studies on in vitro diagnostic medical devices;

2) essential requirements for medical devices and in vitro diagnostic medical devices;

3) the procedures for recycling single-use medical devices and also the procedures by which medical devices and in vitro diagnostic medical devices shall be placed on the market and put into service (introduced);

4) the procedures for the registration of information on manufacturers of medical devices and in vitro diagnostic medical devices, medical devices and in vitro diagnostic medical devices manufactured by them, and also distributors of medical devices and in vitro diagnostic medical devices;

5) the procedures for the distribution and operation of medical devices and in vitro diagnostic medical devices, and also vigilance, post-market and technical surveillance.

(3) The quality and safety standards for the collection, testing, processing, storage, and distribution of human blood and blood components, import and export conditions, and also compensation for expenditures for the renewal of the lost volume of blood shall be determined by the Cabinet.

(4) A sponsor of clinical trials of medical devices intended for human use and performance studies of in vitro diagnostic medical devices has an obligation to insure his or her civil legal liability and also that of his or her researchers for the damage inflicted on the health or life of the subject within the scope of clinical trials of medical devices intended for human use and performance studies on in vitro diagnostic medical devices.

(5) Civil liability insurance shall cover the entire duration of clinical trials of medical devices intended for human use and performance studies on in vitro diagnostic medical devices. A civil liability insurance contract shall be entered in relation to each individual clinical trial of medical devices intended for human use and performance study on in vitro diagnostic medical devices prior to the commencement of the relevant trial or study.

(6) The Cabinet shall determine the procedures for the civil liability insurance of a sponsor of clinical trials of medical devices intended for human use and performance studies on in vitro diagnostic medical devices and a medical treatment institution, the minimum limit of liability of the insurance contract, and the mandatory risks to be insured by the sponsor of clinical trials of medical devices intended for human use and performance studies on in vitro diagnostic medical devices.

[*1 June 2000; 16 June 2005; 8 June 2006; 13 January 2022; 3 March 2022; 6 December 2023*]

**Section 35.**A head of a medical treatment institution shall be held liable in accordance with the procedures laid down in law if the institution managed by him or her uses medical technologies that have not been approved in accordance with the procedures prescribed by the Cabinet.

[*1 June 2000; 25 March 2004; 27 May 2004*]

**Section 36.**Medical practitioners shall be held liable for the use of selected medical technology and consequences caused by it.

[*1 June 2000*]

**Chapter VI**

**Profession of Doctor**

**Section 37.**(1) A doctor is a medical practitioner who has acquired an education which conforms to the requirements laid down in the law On the Regulated Professions and the Recognition of Professional Qualifications and who, with scientifically grounded medical activities, directly or indirectly affects humans and within the scope of his or her professional activities:

1) performs illness prophylaxis, diagnosis, medical treatment, and medical rehabilitation of the patient;

2) evaluates illnesses and the functional restrictions caused by them at the level of body, activity, and participation;

3) investigates the origin of illnesses and the prophylactic possibilities.

(2) [ 8 May 2008]

[*8 June 2006; 8 May 2008; 11 June 2008 / See Transitional Provisions*]

**Section 38.**A doctor shall be independent in his or her professional activities. All doctors have the right to provide an opinion on the state of health and treatment of a patient.

**Section 39.**A doctor shall engage in a speciality (there may be several specialities) specified in his or her doctor’s certificate. A doctor may engage in a sub-speciality, additional speciality or use a particular examination or treatment method only if he or she has a doctor’s certificate in the primary speciality.

[*1 June 2000*]

**Section 39.1**If necessary, the head of a medical treatment institution may, in ensuring health care, employ a doctor under supervision who may be engaged in medical treatment in primary speciality, sub-speciality, additional speciality or may use the medical treatment or diagnostic method in which he or she has completed a residency programme or in which he or she has been certified only under the management of a specialist certified in the relevant speciality or medical treatment or diagnostic method. A doctor, except for the doctor referred to in Section 33, Paragraph four, may work in the position of a doctor under supervision for not longer than five years (including in total) throughout his or her professional activity.

[*6 December 2023*]

**Section 40.**A doctor has a duty to protect unborn life and he or she has a duty to try to dissuade a pregnant woman from terminating pregnancy if the pregnancy is not in contradiction with the woman’s state of health and if there is no danger that the newborn will have an inherited or acquired disease. A doctor has the right to refuse to terminate a pregnancy if there are no medical grounds for such termination.

**Section 41.**

[10 December 2009]

**Section 42.**In cases where the life of a patient is not endangered but the patient does not observe the specified regimen, does not comply with instructions of the medical practitioners or knowingly harms his or her health and thus directly affects the medical treatment of the specific disease, the doctor has the right to refuse further treatment of the patient.

**Section 43.**A doctor may examine or treat a patient jointly with other medical practitioners or not permit their participation.

**Chapter VI A**

**Profession of Dentist**

[*25 March 2004*]

**Section 43.1**A dentist is a medical practitioner who has acquired an education which conforms to the requirements laid down in the law On the Regulated Professions and the Recognition of Professional Qualifications and who within the scope of his or her professional activities:

1) performs prophylaxis, diagnosis, and medical treatment of alveolar outgrowths and oral cavity mucous membrane, jaws and the tissue illnesses associated thereof;

2) investigates the origins and prophylactic possibilities of the illnesses referred to in Clause 1 of this Section.

**Section 43.2**If necessary, the head of a medical treatment institution may employ a doctor under supervision who may be engaged in medical treatment in primary speciality, sub-speciality in which he or she has completed a dentistry study programme or a residency educational programme of sub-speciality or in which he or she has been certified only under the management of a dentist certified in the relevant speciality. A dentist may work in the position of a doctor under supervision for not longer than five years (including in total) throughout his or her professional activity.

[*6 December 2023*]

**Chapter VII**

**Nurses and Profession of Doctor’s Assistant**

[*11 September 2014*]

**Section 44.** (1) A nurse is a medical practitioner who has acquired an education in conformity with the requirements laid down in the law On the Regulated Professions and the Recognition of Professional Qualifications.

(2) A nurse within the framework of professional activity in conformity with the competence thereof shall:

1) provide patient care;

2) participate in medical treatment;

3) manage the work of providing care to patients;

4) work with education of patients in matters of health;

5) perform professional education work.

**Section 45.**(1) A doctor’s assistant is a medical practitioner who has acquired a secondary professional education or first level higher professional education, or higher education in conformity with an accredited doctor’s assistant study programme.

(2) A doctor’s assistant within the framework of professional activity in conformity with the competence thereof shall carry out professional and individual diagnosing and medical treatment and also in co-operation with a doctor ensure preventive measures.

**Chapter VII A**

**Functional Specialist and Assistant to a Functional Specialist**

[*20 June 2001*]

**Section 45.1**(1) A functional specialist (physiotherapist, occupational therapist, technical orthopaedist, audio speech therapist, nutritional specialist, art therapist, optometrist) is a medical practitioner who has acquired a second level vocational higher medical education and operates according to his or her competence in medical treatment.

(2) An assistant to a functional specialist (an assistant to a physiotherapist, an assistant to an occupational therapist) is a medical practitioner who has acquired a higher medical education at the first level or at least at the third professional qualification level and acts according to his or her competence in medical treatment.

[*8 June 2006; 8 May 2008; 21 June 2012; 1 December 2016* / *The amendment to Paragraph one regarding the supplementation thereof with the word “optometrist” shall come into force on 1 January 2020. See Paragraph 23 of Transitional Provisions*]

**Section 45.2**(1) In his or her speciality, a functional specialist within the scope of his or her professional competence shall:

1) understand the evaluation of human functional limitations and rehabilitation principles;

2) perform medical treatment by using appropriate diagnostics, evaluation, and medical technologies, and shall provide opinions;

3) perform professional education work.

(2) In his or her speciality, an assistant to a functional specialist within the scope of his or her professional competence shall:

1) understand the evaluation of human functional limitations and rehabilitation principles;

2) perform medical treatment by making use of appropriate medical technologies under the supervision of a functional specialist or a doctor.

**Chapter VII B**

**Profession of Midwife**

[*25 March 2004*]

**Section 45.3**A midwife is a medical practitioner who has acquired an education which conforms to the requirements laid down in the law On the Regulated Professions and the Recognition of Professional Qualifications and who within the scope of his or her professional activities shall:

1) ensure the physiological care of pregnancy, organise and manage physiological birth and care after physiological birth, and perform care of a healthy newborn;

2) having determined health risk factors or possible pathology in the pregnant, natal, and postnatal women or newborn in his or her care, send the patient to the relevant specialist doctor;

3) participate in medical treatment;

4) provide information and perform educational activities in relation to family planning and contraception, pregnancy, natal and postnatal, breast-feeding, sexual and reproductive health and child care issues.

**Chapter VII C**

**Profession of Military Paramedic**

[*31 March 2011*]

**Section 45.4**A military paramedic is a medical practitioner who has acquired education conforming to the requirements laid down in the law On the Regulated Professions and the Recognition of Professional Qualifications and who, upon fulfilling the duties of military service in and outside the territory of Latvia, within the scope of his or her professional activities shall:

1) evaluate the state of health of a patient;

2) provide emergency medical assistance.

**Section 45.5**A military paramedic may maintain his or her professional skills in providing emergency medical assistance in the amount corresponding to his or her qualification during military service in a team of an emergency medical assistance institution under direct control and supervision of a medical practitioner certified in emergency medicine.

**Chapter VII D**

**Profession of Masseur**

[*21 June 2012*]

**Section 45.6**A masseur is a medical practitioner who has acquired first level vocational higher education or vocational secondary education and acts according to his or her competence in medical treatment.

**Chapter VIII**

**Duties and Rights of Medical Practitioners in Medical Treatment**

**Section 46.**Medical practitioners have a duty to provide first aid and emergency medical care.

**Section 47.**A medical practitioner has the right to refuse first aid and emergency medical care in circumstances that endanger the life of the medical practitioner himself or herself and also where a medical practitioner is incapable of doing so due to his or her state of health.

**Section 48.**A medical practitioner has a duty to regularly improve professional qualifications and become educated in the provision of emergency medical care. The Cabinet shall determine the requirements in relation to further education and also the procedures for the evaluation and approval of the further education acquired.

[*6 December 2023*]

**Section 49.**

[10 December 2009]

**Section 50.**

[10 December 2009]

**Section 51.**

[10 December 2009]

**Section 52.**

[18 June 2009 / The amendment regarding the deletion of the Section shall come into force on 1 October 2009. See Paragraph 16 of Transitional Provisions]

**Section 53.**A doctor, doctor’s assistant, dentist, or midwife shall determine temporary incapacity for work of a person. The Cabinet shall determine the procedures for the issuance and cancellation of the documents certifying temporary incapacity for work.

[*26 February 1998; 1 December 2016; 28 September 2023*]

**Section 53.1**

[1 January 2022 / See Paragraph 29 of Transitional Provisions]

**Section 53.2**(1) In case of establishing a trusteeship and future authorisation, the commission of medical practitioners shall provide an opinion on whether a person has lost the ability to understand the meaning of his or her actions and to control them due to mental or health disorders.

(2) A statement on the basis of the opinion referred to in Paragraph one of this Section may be requested by:

1) the future authorised person, presenting the future authorisation;

2) the court in order to establish a trusteeship in accordance with the procedures laid down in the Civil Procedure Law.

(3) A statement on the basis of the opinion referred to in Paragraph one of this Section shall be issued by the head of the medical treatment institution within 10 working days from the day of receiving the request. If the statement is issued in relation to a future authorisation, it shall be indicated in the statement that it is intended for submission to the register of future authorisations in order to record information in the register in accordance with the procedures laid down in the Notariate Law.

(4) The Cabinet shall determine the procedures by which a medical treatment institution, in case of establishing a trusteeship and future authorisation, shall establish a commission of medical practitioners, by which the commission of medical practitioners shall provide an opinion on the ability of the person to understand the meaning of his or her actions and to control them, by which the head of the medical treatment institution shall issue a relevant statement on the basis of the opinion, as well as the procedures for covering the costs of the statement issued on the basis thereof.

[*18 April 2013; 22 November 2017*]

**Chapter VIII A**

**Activity of a Pharmacist in Health Care and Cooperation with a Medical Practitioner**

[*6 December 2023*]

**Section 53.3**A pharmacist and a clinical pharmacist who works in a pharmacy or a closed-type pharmacy of a medical treatment institution, or in a medical treatment institution which does not have a closed-type pharmacy, shall have the following tasks:

1) in providing pharmaceutical care, to ensure responsible, safe, and rational use of medical products, medical devices, in vitro diagnostic medical devices, and food supplements and adherence in medical treatment;

2) in cooperation with medical practitioners, to form a multidisciplinary team, participating in the development of the pharmaco-therapeutic plan of the patient, its implementation and monitoring in order for the patient to achieve the therapeutic results, to mitigate the probable damage inflicted by the use of medicinal products, and to improve health and also quality of life;

3) to participate in the supervision of adverse effects to the use of medicinal products;

4) to promote and ensure prophylactic health protection measures.

[*6 December 2023*]

**Section 53.4**In addition to that specified in Section 53.3 of this Law, a clinical pharmacist shall have the following tasks:

1) in cooperation with medical practitioners, to participate in the determination of the pharmacotherapy for a patient, taking into account the diagnosis, symptoms, and results of examinations, and also safety, efficiency, and economical principles in respect of indications, dosage, frequency and duration of use of medicinal products;

2) to carry out direct supervision of the use of and adverse effects to medicinal products by following the results of examinations on regular basis, surveying the patient and recording the supervision data and, where necessary, initiating corrections of pharmacotherapy;

3) to provide consultations to medical practitioners concerning pharmacokinetic, pharmacodynamic, and other issues related to the prescription of medicinal products;

4) to participate in the organising and course of clinical trials if such are conducted in a medical treatment institution;

5) to participate in a systemic analysis of the use of different means of medical treatment.

[*6 December 2023*]

**Chapter IX**

**Medical Treatment Institutions**

**Section 54.**(1) A medical treatment institution may be established by State institutions, local governments, natural or legal persons.

(2) Medical treatment institutions may be outpatient institutions where patients, if placement in a hospital is not necessary, are provided with medical treatment services, and hospitals where patients who are under constant 24-hour care of medical practitioners are provided with emergency medical assistance, diagnosis, and medical treatment services until a specific level of medical treatment is reached.

(3) For the provision of the medical treatment services referred to in Paragraph two of this Section, a medical treatment institution is entitled to provide the following services related to the medicine until a specific level of medical treatment is reached:

1) overnight accommodation which is provided to a patient and a person who stays with the patient;

2) food which is provided to a patient;

3) transportation of a patient with a vehicle which is specially equipped with medical devices.

[*1 June 2000; 18 June 2009*]

**Section 54.1**(1) A university hospital shall be a multi-profile in-patient medical treatment institution which conforms to all of the following conditions:

1) provides patients with secondary and tertiary health care services;

2) participates in the implementation of the bachelor’s, master’s, residence, and doctoral study programmes and residency programmes;

3) performs scientific and research work in the field of medical treatment and promotes the introduction of new medical treatment methods and medical technologies.

(2) The increased coefficient specified in laws and regulations shall be applied to health care services paid for from the State budget funds for the university hospital.

[*1 December 2016 / Paragraph two shall come into force on 1 January 2020. See Paragraph 24 of Transitional Provisions*]

**Section 55.**(1) Only such medical treatment institutions as conform to the mandatory requirements specified for medical treatment institutions and their structural units may engage in medical treatment.

(2) The Cabinet shall determine mandatory requirements for medical treatment institutions and their structural units.

[*1 June 2000; 8 April 2009*]

**Section 55.1**(1) In order to fulfil the medical security tasks of the National Armed Forces, a medical treatment institution of the National Armed Forces may establish a temporary medical assistance point. A temporary medical assistance point shall not be regarded as a medical treatment institution within the meaning of this Law, it shall be a stationary or mobile room equipped in conformity with the services to be provided and suitable for the performance of medical procedures. The procedures for establishing, deploying, and equipping a temporary medical assistance point shall be approved by the Commander of the National Armed Forces.

(2) A medical practitioner employed in a medical treatment institution of the National Armed Forces shall carry out professional activities outside the territory of Latvia in accordance with the laws and regulations governing the field of health care, unless otherwise specified in international agreements binding on the Republic of Latvia. The fulfilment of those requirements shall be controlled by the Joint Headquarters of the National Armed Forces.

[*18 June 2015*]

**Section 55.2**(1) Medical treatment institutions may voluntarily join the jointly formed European reference networks of health care providers and centres of expertise in the Member States of the European Union the purpose of which is to provide specialised high-quality health care for a patient who has a rare, uncommon or complex disease.

(2) Requirements for medical treatment institutions wishing to voluntarily join the European reference networks and the procedures by which medical treatment institutions shall join these networks shall be determined by the Cabinet.

[*1 December 2016*]

**Section 56.**(1) Certification of medical treatment institutions and their structural units shall be voluntary.

(2) The Cabinet shall determine the procedures for certifying medical treatment institutions and their structural units.

(3) A certificate for a medical treatment institution or its structural units, in accordance with the health care financing procedures stipulated by the Cabinet, shall give the relevant medical treatment institution advantages when entering into a contract with the National Health Service.

[*1 June 2000; 10 December 2009; 21 June 2012*]

**Section 56.1**(1) If a medical treatment institution provides assistance to a patient and there are grounds for considering that the patient has suffered from violence, the medical treatment institution shall notify the State Police thereof without delay but not later than within 12 hours.

(2) If a medical treatment institution provides assistance to an underaged patient and there are grounds for considering that the patient has suffered from the lack of sufficient care and supervision or other violation of the rights of the child, the medical treatment institution shall notify the State Police thereof without delay but not later than within 12 hours.

[*7 October 2010*]

**Section 56.2**The head of a medical treatment institution in the provision of health care shall, if necessary, involve a medical treatment support person who has adequate professional knowledge, as attested by an educational document regarding the education acquired in the relevant profession.

[*1 December 2016*]

**Section 57.**The Cabinet shall determine the procedures for the admission of residents and distribution thereof and for financing residencies.

[*1 June 2000; 1 December 2016*]

**Section 58.**

[25 March 2004]

**Section 59.**The procedures for keeping medical documents in medical treatment institutions shall be stipulated by the Cabinet.

[*25 March 2004; 27 May 2004; 10 December 2009*]

**Section 60.**Regulations for the production of prescription forms and procedures for writing out prescriptions shall be governed by Cabinet regulations and other laws and regulations.

**Chapter X**

**Medical treatment of Alcohol, Narcotic, Psychotropic, Toxic Substances, Gambling and Computer Game Addictive Illnesses**

[*27 May 2004*]

**Section 60.1**The Cabinet shall determine the procedures for the examination of the effect of alcohol, narcotic, psychotropic or toxic substances.

[*27 May 2004*]

**Section 61.**Medical treatment of alcohol, narcotic, psychotropic, toxic substances, gambling or computer game addiction shall be voluntarily if the addict wishes in addiction treatment institutions in accordance with the procedures stipulated by the Cabinet.

[*27 May 2004*]

**Section 62.**In cases where, as a result of the use of alcohol, narcotic, psychotropic, toxic substances, participation in gambling or computer games, a patient performs activities dangerous to the public, systematically commits administrative violations or by his or her actions endangers himself or herself, his or her closest relatives or the public, the compulsory measures of social and psychosocial rehabilitation prescribed by law shall be applied, but for minors – compulsory measures of an educational nature.

[*1 June 2000; 27 May 2004*]

**Section 63.**The compulsory measures for social and psychosocial rehabilitation of alcohol, narcotic, psychotropic, toxic substances, gambling or computer game addiction shall be as follows:

1) registration in the police prophylactic register and a warning in writing by the police that the patient must terminate the use of alcohol, narcotic, psychotropic, toxic substances, participation in gambling or computer games and the committing of the related administrative violations, as well as to start mandatory medical treatment;

2) registration in the register of addicts and development of motivation to make the patient interested in undergoing voluntary medical treatment for alcohol, narcotic, psychotropic, toxic substances, gambling or computer game addiction;

3) a court ruling on the requirement for the convicted person to undergo medical treatment.

[*1 June 2000; 27 May 2004*]

**Section 64.**In imposing a suspended sentence, a court may impose, for a convicted person who has committed a crime under the influence of alcohol, narcotic, psychotropic or toxic substances, or is addicted to gambling or computer games, with his or her consent the obligation to undergo treatment for alcohol, narcotic, psychotropic, toxic substances, gambling or computer game addiction at a social and psychiatric rehabilitation institution.

[*27 May 2004*]

**Chapter XI**

**Mental Illness**

**Section 65.**Persons with mental disorders and mental illness shall be ensured all the civil, political, economic, and social rights provided for by law. Mental disorders or mental illness shall not be a basis for discrimination of an individual.

**Section 66.**Mentally ill persons have the right to receive medical assistance and care of a quality that conforms with accepted standards of general medicine.

**Section 67.**(1) Psychiatric assistance shall be based upon the voluntary principle. In-patient assistance shall be provided in a psychiatric medical treatment institution or a medical treatment institution psychiatric department (hereinafter – the psychiatric medical treatment institution) if due to the state of health of the patient such assistance cannot be provided on an out-patient basis or at the place of residence.

(2) A patient may be admitted to the psychiatric medical treatment institution with his or her written permission on the basis of a determined mental disorder and a justified decision by a psychiatrist regarding the necessity for the investigation of mental health, medical treatment, and rehabilitation in the psychiatric medical treatment institution. The consent of the patient for admission shall be appended to the medical documents.

[*1 March 2007; 10 December 2009*]

**Section 68.**(1) Psychiatric assistance without the consent of a patient shall be provided if the patient:

1) has threatened or threatens, tried or is trying to do personal injuries to himself or herself or to another person or has behaved or behaves violently to other persons and a medical practitioner has determined that the patient has a mental health disorder for which the possible consequences may be personal injury to the patient himself or herself or another person;

2) the patient has indicated or indicates an inability to care for himself or herself or for a person under his or her guardianship and a medical practitioner has determined that the patient has a mental health disorder for which the possible consequences may be unavoidable and serious deterioration of the person’s health.

(2) In providing psychiatric assistance without the consent of a patient in the cases specified in Paragraph one of this Section, if it is possible, the necessity for providing compulsory psychiatric assistance shall be explained to the patient. The patient has the right to receive information on his or her rights and obligations.

(3) If in providing psychiatric assistance it is necessary to admit a patient to a psychiatric medical treatment institution without his or her consent, a doctors’ council of psychiatrists shall, within a 72-hour period, examine the patient and take the decision to provide psychiatric assistance in the psychiatric medical treatment institution without his or her consent (hereinafter – the decision to provide psychiatric assistance) or to suspend such assistance.

(4) The doctors’ council of psychiatrists shall, without delay, notify the patient of its decision. If the doctors’ council of psychiatrists takes the decision to provide psychiatric assistance, the lawful representative of the patient shall be informed of this. If the patient does not have a lawful representative, in respect of the decision taken, the doctors’ council of psychiatrists shall inform the spouse of the patient or one of the nearest relatives of the patient (parents, adult children, brothers or sisters), or, at the request of the patient, another person. In deciding to which person the decision to provide psychiatric assistance shall be notified, the point of view of the patient shall be taken into account as far as possible.

(5) If the doctors’ council of psychiatrists has taken the decision to provide psychiatric assistance, the psychiatric medical treatment institution shall, not later than within 24 hours, inform in writing a district (city) court (in conformity with the location of the psychiatric medical treatment institution), sending it a true copy of the decision and copies of the documents at the disposal of the psychiatric medical treatment institution which justify the placement of the patient in a psychiatric medical treatment institution as well as provide information on the representative of the patient if there is such.

(6) Upon receipt of the decision and the documents appended thereto referred to in Paragraph five of this Section, the judge shall, without delay, utilising accessible communication resources (telephone, fax, electronic mail), as well as at the same time sending the relevant notification by post, inform the district (republic city) prosecutor (in conformity with the location of the psychiatric medical treatment institution), the representative of the patient and the psychiatric medical treatment institution of the day, time, and place for the examination of the submitted material.

(7) Upon determining that the patient does not have a representative, the judge shall, after receipt of the documents referred to in Paragraph six of this Section, immediately request that the Latvian Council of Sworn Advocates assign a sworn advocate for the representation of the interests of the patient and at the same time inform the Latvian Council of Sworn Advocates of the day, time, and place for the examination of the submitted material.

(8) On the basis of a request from the prosecutor, representative of the patient or advocate, the court shall ensure the possibility to become acquainted with the decision and the documents appended thereto referred to in Paragraph five of this Section. On the basis of a request from the representative of the patient or advocate, the psychiatric medical treatment institution shall ensure the possibility to meet with the patient in order to provide consultations.

(9) A judge shall examine the materials submitted regarding the provision of psychiatric assistance in the psychiatric medical treatment institution without the consent of the patient in a closed sitting in the psychiatric medical treatment institution in which the patient has been placed. The sitting shall be attended by the patient (if his or her health condition allows it), the prosecutor, representative of the patient or advocate.

(10) The materials regarding the provision of psychiatric assistance in the psychiatric medical treatment institution without the consent of the patient shall be examined within a period of 72 hours after receipt of the doctors’ council of psychiatrists decision. The judge on his or her own initiative or also on the basis of a justified request from the prosecutor, representative of the patient or advocate shall decide regarding the deferral of examination of the materials for a period, which is not longer than 48 hours if it is not possible to examine the materials because one of the persons referred to in Paragraph eight of this Section has not appeared or it is necessary to acquire additional evidence. The decision of the judge cannot be appealed, except for the decision in which a time is not specified for the examination of the material.

(11) In examining the materials, the judge shall hear the representative of the doctors’ council of psychiatrists, representative of the patient or advocate, the patient (if it is possible), as well as the prosecutor and shall take the decision to approve the decision of the doctors’ council of psychiatrists on the provision of psychiatric assistance for a period of up to two months or to refuse to approve the decision of the doctors’ council of psychiatrists.

(12) In the examination of materials regarding the provision of psychiatric assistance in the psychiatric medical treatment institution without the consent of the patient, persons who are involved in the medical treatment process of the patient are permitted to attend. A judge may, on his or her own initiative or also on the basis of a justified request from the prosecutor, representative of the patient or advocate, hear also other persons who may provide information on important circumstances in the matter. The decision of the judge shall not be subject to appeal.

(13) The decision of the judge to approve the decision of the doctors’ council of psychiatrists regarding the provision of psychiatric assistance for a period of up to two months or regarding a refusal to approve the decision of the doctors’ council of psychiatrists shall indicate the name of the relevant court, the given name and surname of the judge, the date of the examination of the materials, information on the psychiatric medical treatment institution, on the persons who have participated in the examination of the materials, and the patient, reasons for the decision, the provisions of the law upon which the judge based the decision, and the ruling, as well as shall indicate the procedures for the appeal of the decision.

(14) The judge shall, without delay, notify the persons who participated in the examination of the material of the decision. A true copy of the decision shall be issued to the patient, representative of the patient or advocate, as well as the psychiatric medical treatment institution and the prosecutor. If it is not possible to draw up the decision in writing without delay (after the examination of materials regarding the provision of psychiatric assistance without the consent of the patient), a true copy thereof shall be sent to the persons referred to in the first sentence of this Paragraph by post not later than the next working day after notification of the decision. The decision shall be implemented without delay.

(15) The persons referred to in Paragraph nine of this Section as well as the patient may, within 10 days from the day of the notification of the decision of the judge, submit an appeal to the Court President but the prosecutor may submit a protest. The written submitted appeal or protest shall be examined by the Court President within 10 days from the end of the time period for the submission of an appeal or protest. In examining an appeal or protest, the Court President shall evaluate only the arguments included in the appeal or protest.

(16) If the Court President, in examining the submitted appeal or protest and the documents appended thereto, finds that the decision of the judge is without justification, he or she shall take the decision on the setting aside thereof. The decision of the Court President shall, without delay, be notified to the psychiatric medical treatment institution and the prosecutor as well as to the submitter of the appeal. A true copy of the decision shall be sent to the prosecutor, patient, representative of the patient or advocate, as well as the psychiatric medical treatment institution not later than on the next working day after the day the decision was taken.

(17) Not later than seven days prior to the end of the time period specified by the decision of the judge, the doctors’ council of psychiatrists shall repeatedly examine the patient and take the decision on the necessity to continue to provide to the patient psychiatric assistance in the psychiatric medical treatment institution without his or her consent or on the discontinuance of such assistance. If the doctor providing medical treatment to the patient finds that the provision of psychiatric assistance in the psychiatric medical treatment institution is no longer necessary, the provision of psychiatric assistance shall be suspended prior to the end of the time period specified in the decision of the judge. If the doctors’ council of psychiatrists has taken the decision on the necessity to continue to provide to the patient psychiatric assistance in the psychiatric medical treatment institution without his or her consent for a period of up to six months, the psychiatric medical treatment institution shall perform the activities indicated in Paragraph five of this Section. The doctors’ council of psychiatrists is entitled to take repeatedly the decision on the necessity to continue to provide to the patient psychiatric assistance in the psychiatric medical treatment institution without his or her consent for another six months or on the discontinuance of such assistance in conformity with the procedures laid down in this Section.

(18) A judge shall examine the materials of the matter on the further provision of psychiatric assistance to the patient in the psychiatric medical treatment institution without his or her consent or on the discontinuance of such assistance according to the procedures specified in Paragraphs six to sixteen of this Section and shall take the decision on the approval of the doctors’ council decision referred to in Paragraph seventeen of this Section or on the refusal to approve the decision of the doctors’ council.

(19) The time periods for the provision of psychiatric assistance without the consent of the patient shall be counted from the moment when the patient, in the cases specified in Paragraph one of this Section, has been conveyed to the psychiatric medical treatment institution in order to receive psychiatric assistance without his or her consent.

(20) A patient who is placed in a psychiatric medical treatment institution for medical treatment in accordance with the procedures laid down in this Section has the right, not more than once in two months, to submit a submission to the district (city) court (according to the location of a psychiatric medical treatment institution) with a request to review the decision to provide psychiatric assistance to the patient without his or her consent.

[*8 November 2007; 11 September 2014*]

**Section 68.1**(1) In the cases specified in Section 68 of this Law, payment for the legal aid provided by the advocate assigned by the Latvian Council of Sworn Advocates shall be made as well as compensatory expenditures associated with the provision of legal aid shall be reimbursed in conformity with the laws and regulations which determine the amount of payment for State ensured legal aid in civil cases, not taking into account the restrictions specified therein in relation to the amount of State ensured legal aid types. The Legal Aid Administration shall, within a period of one month after receipt of the notification submitted within the specified time period, make the payment in accordance with the submitted notification of the advocate regarding the legal aid provided from the State budget funds intended for such purposes.

(2) The Legal Aid Administration shall make payments to an advocate who has been assigned by the Latvian Council of Sworn Advocates in the cases specified in Section 68 of this Law for the following types of legal aid: for becoming acquainted with the materials of the case, legal consultations, representation in a court sitting in the psychiatric medical treatment institution, as well as for the preparation of appeals to the Court President.

(3) For the receipt of the payment, the advocate shall, within two months, submit to the Legal Aid Administration an approved notification regarding the provided legal aid.

(4) The notification regarding the provided legal aid, i.e. becoming acquainted with the materials of the case, representation in the court sitting in the psychiatric medical treatment institution, and preparation of appeals to the Court President, shall be approved by the judge or, in the case specified in Section 68, Paragraph fifteen of this Law, by the Court President. The notification shall indicate the given name and surname of the advocate, personal identity number, address of the practice, given name and surname of the patient, personal identity number, the name of the court, the type of legal aid, the date and time (number of hours) of the provision thereof, the amount of payment (without value added tax), the name of the bank and the account into which the payment shall be made, and appending to it the documents which certify other compensatory expenditures.

(5) The notification regarding the provided legal aid, i.e. legal consultations provided to the patient, shall be approved by an official of the psychiatric medical treatment institution. The notification shall indicate the given name and surname of the advocate, personal identity number, address of the practice, given name and surname of the patient, personal identity number, the number of the material, the type of legal aid, the date and time (number of hours) of the provision thereof, the amount of payment (without value added tax), the name of the bank and the account into which the payment shall be made, and appending to it the documents which certify other compensatory expenditures.

[*8 November 2007*]

**Section 69.**(1) If a person disturbs public order due to a mental disorder or mental disease, his or her detention, conveyance to and supervision at the psychiatrist shall be performed by police officers in accordance with the law On Police.

(2) The police officers shall submit to the psychiatrist a notice in writing of the anti-social nature of the behaviour of the patient.

**Section 69.1**(1) A patient who is admitted in a psychiatric medical treatment institution without his or her consent, a patient who has been taken to an inpatient medical treatment institution for the performance of psychiatric examination until a court decision, and a patient for whom medical treatment in the psychiatric medical treatment institution has been determined as a compulsory measure of medical nature in criminal proceedings has:

1) the rights and obligations of a patient laid down in the Law on the Rights of Patients;

2) the right to receive and send letters, to receive postal items (parcels), to use communication means in order to get in touch with persons outside a psychiatric medical treatment institution, to meet with relatives and other persons, and also the right to a daily walk.

A medical practitioner shall immediately inform a patient of such rights in the form understandable for him or her and taking into account the age, maturity, and experience of the patient. If necessary, the medical practitioner shall repeatedly provide the abovementioned information.

(2) If there are direct threats that a patient, due to mental disorders, may commit injuries to himself or herself or other persons, or a patient demonstrates violence towards other persons, a doctor has the right to prohibit the patient’s meeting with relatives and other persons and a daily walk. The prohibition shall be immediately cancelled if the threat caused by the patient does not exist anymore. The doctor shall indicate the reason and duration of application of the prohibition in the medical documentation of the patient.

(3) The Cabinet shall determine the list of those items which are prohibited to be kept in a psychiatric medical treatment institution and to receive in consignments (parcels).

(4) A doctor, having assessed each case, may take the decision regarding a patient’s meeting with relatives and other persons at the presence of a medical practitioner if it is necessary due to safety considerations or it is requested by a visitor or patient. A doctor shall indicate the decision taken and substantiation thereof in the medical documentation of the patient.

(5) If a medical practitioner has justified doubts that items prohibited in a medical treatment institution are kept by a patient or present in his or her belongings, a doctor has the right to take the decision regarding searching of the patient or his or her belongings. A doctor shall indicate the decision taken and substantiation thereof in the medical documentation of the patient. A medical treatment institution shall ensure that searching of the patient is carried out by a medical practitioner of the same gender.

(6) In cases when there are direct threats that a patient, due to mental disorders, may commit injuries to himself or herself or other persons or a patient demonstrates violence towards other persons and attempts to discontinue threat by verbal convincing have failed, the following confining means may be used in psychiatric medical treatment institutions:

1) physical confinement by using physical force for confinement of movements of the patient;

2) mechanical confinement by using confining cords or belts;

3) injection of medicines to a patient against his or her will;

4) placement in a monitoring ward.

(7) Confining means may be used for a patient by force only in such case if the patient is hospitalised in a psychiatric medical treatment institution without his or her consent, taken to an inpatient medical treatment institution for conducting a psychiatric examination or for a patient for whom medical treatment in a psychiatric medical treatment institution has been determined as a compulsory measure of medical nature. Confining means, in conformity with the conditions referred to in this Section, may be applied also in the case when psychiatric assistance is provided to a patient without his or her consent before the decision of the judge referred to in Section 68, Paragraph eleven of this Law is taken.

(8) The decision to apply confining means shall be taken by a doctor and implemented by a medical practitioner. Application of confining means shall be proportional to the direct threat caused by a patient and application thereof shall be immediately discontinued if the threat caused by the patient does not exist anymore. A doctor shall indicate application of confining means in the medical documentation of a patient by indicating the reasons for application of confining means, the starting and end time and injuries caused, if any have been caused for the patient or medical practitioner.

(9) The Cabinet shall determine unified internal procedure standards for such psychiatric medical treatment institutions or their units in which the patients referred to in Paragraph one of this Section have been placed, including the procedures for the searching of patients and the consignments (parcels) addressed to them, and also the procedures for the carrying out of confining of patients, also using confining means.

(10) A patient has the right to appeal the decisions referred to in Paragraphs two and six of this Section within one month to the head of the medical treatment institution who shall examine a submission and take the decision within seven days. A patient has the right to appeal the decision of the head of the medical treatment institution to the Health Inspectorate within one month which shall examine a submission and take the decision within 20 days. A patient has the right to appeal the decision of the Health Inspectorate to the district (city) court within one month. A judgment of the district (city) court may not be appealed.

[*11 September 2014; 6 December 2023*]

**Section 69.2**A person for whom a compulsory measure of medical nature has been determined in criminal proceedings shall, within 14 days after receipt of the true copy of the court decision, contact the medical treatment institution indicated in the court decision in person or remotely in order to agree on the commencement of medical treatment, except for a person who, according to the court decision, is taken to the medical treatment institution under escort of a police employee.

[*6 December 2023*]

**Section 69.3**(1) A person for whom a compulsory measure of medical nature has been determined in criminal proceedings shall undergo medical treatment in the medical treatment institution indicated in the court decision. Medical treatment in another medical treatment institution may be commenced only according to a new court decision.

(2) A submission to the court with a justification for changing the medical treatment institution shall be submitted by the person for whom medical treatment in a psychiatric medical treatment institution has been determined as a compulsory measure of medical nature in criminal proceedings, by the representative of such person, or by the medical treatment institution in which the abovementioned person is undergoing medical treatment according to the court decision.

(3) The medical treatment institution which takes over medical treatment of such person for whom a compulsory measure of medical nature has been determined in criminal proceedings has the right to receive complete information on the medical treatment previously ensured to such person and on the results thereof. Information shall be provided in accordance with the laws and regulations governing personal data protection and also the laws and regulations regarding keeping of medical documents.

[*6 December 2023*]

**Section 70.**

[1 March 2007]

**Section 70.1**(1) A medical practitioner shall, without delay, inform the court which took the decision on the determination of a compulsory measure of medical nature if:

1) the person for whom such compulsory measure was determined in criminal proceedings is evading it or does not fulfil the corresponding conditions;

2) the health condition of the person no longer corresponds to the determined compulsory measure of medical nature.

(2) The content and amount of information to be provided to the court shall be determined by the Cabinet.

[*1 December 2016; 6 December 2023*]

**Chapter XII**

**Health and Ability to Work, Forensic and Legal Psychiatric Examination**

**Section 71.**In cases of persistent or permanent restrictions of physical or mental capacity and in cases of functional restrictions of the body, at the activity and participation level, health and work disability examination shall be performed and disability shall be determined by the Medical Commission for Expert-Examination of Health and Working Ability (MCEEHWA) authorised by the State, the operation of which shall be governed by laws and regulations.

[*8 June 2006 / See Transitional Provisions*]

**Section 72.**Court forensic and court psychiatric examination shall be performed in accordance with the decision taken by the institution (official), investigator, participant of an investigation group, prosecutor or the court (judge) in accordance with the procedures laid down in law. The Cabinet shall determine the procedures for the performance of court forensic and court psychiatric examination.

[*16 June 2010*]

**Section 73.**

[1 June 2000]

**Chapter XIII**

**Suspension of the Operations of a Medical Treatment Institution of the Structural Unit Thereof or Suspension of Health Care Service Provided Thereby**

[*8 May 2008; 11 September 2014*]

**Section 74.**The decision to suspend the operations of a medical treatment institution or the structural unit thereof or to suspend the health care service provided thereby if the laws and regulations governing the field of medical treatment have been infringed shall be taken by the manager of the Health Inspectorate and his or her deputies, or by the manager of the territorial office of the Health Inspectorate and his or her deputies.

[*11 September 2014*]

**Section 75.**(1) If the Health Inspectorate inspector has determined such a violation of the laws and regulations governing the field of medical treatment which create a risk for the course of a successful medical treatment process, he or she shall express a written warning to the medical treatment institution. All the determined violations of the laws and regulations governing the field of medical treatment shall be indicated in the warning and recommendations shall be provided, as well as the time period for the rectification of the violations shall be determined.

(2) Taking into account the impact of the violation on the medical treatment process and the actual possibilities of the rectification thereof, the time period for the rectification of the violation included in the warning shall be not shorter than:

1) two years if for the rectification of the violation capital construction is necessary;

2) six months if for the rectification of the violation partial reconstruction of a building or capital repairs of equipment is necessary.

(3) In the rest of the cases which are not referred to in Paragraph two of this Section, the Health Inspectorate inspector, taking into account the impact of the violation on the medical treatment process and the actual possibilities of the rectification thereof, shall determine a time period for the rectification of the violation from one month to six months.

(4) If the infringements indicated in the warning are not rectified in the specified time period, the officials referred to in Section 74 of this Law shall take the decision to suspend the operations of the relevant medical treatment institution or the structural unit thereof or to suspend the health care service provided thereby.

(5) The suspension of the operation of medical treatment institutions or the structural unit thereof shall be ensured by the head of the medical treatment institution with the participation of the official who took the decision to suspend the operations of the medical treatment institution or the structural unit thereof, or his or her authorised official. Suspension of the health care service provided by the medical treatment institution shall be ensured by the head of the medical treatment institution.

(6) The suspension of the operation of a medical treatment institution or the structural unit thereof or the suspension of the provided health care service shall be performed so that:

1) the determined violations may be rectified without hindrance;

2) the damage to premises and equipment due to meteorological conditions or corrosion is reduced as far as possible;

3) the operations of other structural units and equipment is disturbed as little as possible.

(7) Control of the suspension of the operation of a medical treatment institution or the structural unit thereof or control of the suspension of the provided health care service shall be ensured by an official who has taken the decision to suspend the operation or to suspend the health care service, or his or her authorised person.

(8) The operation of a medical treatment institution or the structural unit thereof or the provided health care service may be suspended without previous warning if, due to infringements of the laws and regulations governing the field of medical treatment, a threat is created to human health and life.

(9) The official who has the right to take the decision referred to in Paragraph eight of this Section shall take it within three working days after it became known to him or her regarding the infringements of the laws and regulations governing the field of medical treatment referred to in Paragraph eight of this Section, and it is to be implemented without delay.

[*11 September 2014*]

**Section 76.**(1) The relevant medical treatment institution shall notify in writing the official who has taken the decision to suspend the operation of a medical treatment institution or to suspend the operation of the structural unit thereof or to suspend the health care service provided thereby regarding rectification of the infringements of the laws and regulations governing the field of medical treatment. Such official shall, within five working days after receipt of the notification, verify whether the relevant violations have been rectified.

(2) If all infringements referred to in a written warning or decision to suspend operation of the medical treatment institution or structural unit thereof, or to suspend the provided health care service, have been rectified, the relevant official shall, within three working days after performance of the inspection, issue a written permission to renew operation of the medical treatment institution or structural unit thereof, or provision of health care service.

(3) If all infringements referred to in a written warning or decision to suspend operation of the medical treatment institution or structural unit thereof, or to suspend the provided health care service, have not been rectified, the relevant official shall, within three working days after performance of the inspection, notify of the refusal to issue a permission to renew operation of the medical treatment institution or structural unit thereof, or provision of health care service.

[*11 September 2014*]

**Section 77.**(1) A submission where the decision of the Health Inspectorate to suspend operation of the medical treatment institution or structural unit thereof, or to suspend the provided health care service without prior warning is contested shall be examined and the decision shall be taken within 10 working days after receipt of the submission.

(2) The contesting and appeal of the decisions referred to in this Section shall not suspend the fulfilment thereof.

[*11 September 2014*]

**Chapter XIV Health Information System**

[*7 October 2010*]

**Section 78.**(1) In order to ensure organisation of health care and to facilitate the provision of health care services, the data of the health sector shall be accumulated in the health information system.

(2) The Cabinet shall determine the manager of the health information system, the data to be stored in the health information system and the procedures for processing them, as well as the procedures for issuing data.

(3) [22 November 2017]

[*22 November 2017*]

**Section 79.**(1) In order to ensure accumulation of true and current information and completeness of information in the health information system, the manager or holder of such system, if the functions of the holder of the health information system have been transferred to an authorised institution, is entitled to request and receive free of charge information from State and local government institutions, medical treatment institutions, medical practitioners, and patients.

(11) Inclusion of data in the health information system shall be making of an entry or completing of a structured electronic document in the online regimen. The entry shall be certified with a safe electronic signature or other system authentication tools and procedures which ensure authenticity of the entry and approve the identity of the signatory. The procedures for the use of system authentication tools and also the procedures for ensuring the authenticity of procedural entries shall be determined by the Cabinet.

(12) Records made or documents created in the health information system shall have legal force even if they do not contain the detail “signature” (not signed with a secure electronic signature with a time stamp or an electronic signature).

(2) The information accumulated in the health information system regarding patients shall be provided in accordance with the Law on the Rights of Patients. Other information shall be provided free of charge in accordance with the procedures laid down in laws and regulations:

1) to medical treatment institutions, medical practitioners, medical support persons according to their competence;

2) to employees of a medical treatment institution (for example, an employee of the reception at a medical treatment institution) according to carrying out the official duties;

3) to undertakings manufacturing medicinal products, drug wholesalers, pharmacies, pharmacists and pharmacist’s assistances according to their competence.

(3) Information regarding electronic sick-leave certificates in conformity with the laws and regulations regarding the health information system shall be transmitted to the information systems of the State Revenue Service, thereby providing the employer with the information on the electronic sick-leave certificate issued to the employee for three years from the time of receipt thereof in the information systems of the State Revenue Service.

[*11 September 2014; 1 December 2016*]

**Section 80.**The manager or holder of the health information system, if the functions of the holder of such system have been transferred to an authorised institution, is entitled not to inform the data subject of the processing of personal data in the health information system, unless the data subject is specifically requesting it and processing of personal data is necessary for:

1) the needs of medical treatment;

2) the provision of health care services or their administration;

3) the distribution of medicinal products and medical devices or their administration;

4) the collection of statistical information specified by the State.

**Chapter XV**

**Special Provisions of Economic Activity of a Medical Treatment Institution**

[*11 September 2014*]

**Section 81.**(1) If delay is related to agreements on delivery of goods, purchase or provision of a service and a debtor is a medical treatment institution which conforms to the criteria of a commissioning party in accordance with the laws and regulations in the field of public procurements or criteria of a public institution in accordance with the laws and regulations in the field of providers of public services (a public commissioning party), the provisions of the Civil Law which are applicable to agreements on delivery of goods, purchase or provision of a service shall be applied to the delay, taking into account the time period of delay of the debtor laid down in Paragraph two of this Section.

(2) If a medical treatment institution has not made the payment in the cases abovementioned in Paragraph one of this Section within 60 days after the setting in of the conditions referred to in Section 1668.2, Paragraph one of the Civil Law, the delay shall set in with all consequences arising therefrom.

[*See Paragraph 21 of Transitional Provisions*]

**Chapter XVI**

**Administrative Offences in the Field of the Provision of Health Care Services and Competence in Administrative Offence Proceedings**

[*21 May 2020 / Chapter shall come into force on 1 July 2020. See Paragraph 33 of Transitional Provisions*]

**Section 82.**For practising medicine without medical education, a fine from ten to seventy units of fine shall be imposed.

[*21 May 2020 / This Section shall come into force on 1 July 2020. See Paragraph 33 of Transitional Provisions*]

**Section 83.**For practising medicine without registration in accordance with the procedures specified in laws and regulations, a fine from two to twenty-eight units of fine shall be imposed on a natural person but a fine from fifty to two hundred and fifty units of fine on a legal person.

[*21 May 2020 / This Section shall come into force on 1 July 2020. See Paragraph 33 of Transitional Provisions*]

**Section 84.**For violations of providing medical opinions or violations of health care, a warning or a fine of up to one hundred units of fine shall be imposed on a natural person, removing the right to practice medicine for a period of six months to two years or without this, but a fine from fifty to five hundred and fifty units of fine on a legal person.

[*21 May 2020 / This Section shall come into force on 1 July 2020. See Paragraph 33 of Transitional Provisions*]

**Section 85.**For violations of the use of medical devices in a medical treatment institution, a fine from ten to seventy units of fine shall be imposed on a natural person but a fine from fifty to two hundred and fifty units of fine on a legal person.

[*21 May 2020 / This Section shall come into force on 1 July 2020. See Paragraph 33 of Transitional Provisions*]

**Section 85.1**For the violations of the procedures for conducting clinical trials of medical devices intended for human use or performance studies on in vitro diagnostic medical devices, a warning or a fine from five to forty units of fine shall be imposed on a natural person but a fine from fifty to four hundred units of fine on a legal person.

[*6 December 2023*]

**Section 86.**For non-compliance with the regulations for the keeping of prescription forms or procedures for issuing prescriptions, a fine from seven to seventy units of fine shall be imposed on a natural person but a fine from fifty-six to two hundred and eighty units of fine on a legal person.

[*21 May 2020 / This Section shall come into force on 1 July 2020. See Paragraph 33 of Transitional Provisions*]

**Section 87.**For non-compliance with the procedures for the issuance and cancellation of a sick-leave certificate, a fine from twenty-eight to two hundred and eighty units of fine shall be imposed.

[*21 May 2020 / This Section shall come into force on 1 July 2020. See Paragraph 33 of Transitional Provisions*]

**Section 88.**Administrative offence proceedings for the offences referred to in Sections 82, 83, 84, 85, 85.1, 86, and 87 of this Law shall be conducted by the Health Inspectorate.

[*21 May 2020; 6 December 2023*]

**Transitional Provisions**

1. Medical practitioners who have acquired a qualification category or a certificate in any of the sub-specialities or additional specialities and have practised it for more than five years may continue his or her practice without obtaining a primary speciality certificate. Certification of such specialists shall take place in the acquired sub-speciality or additional speciality.

2. Medical practitioners who have acquired a qualification category or a certificate in any of the primary specialities, sub-specialities or additional specialities and have practised it for more than ten years, upon a change in the classification of specialities, may continue his or her practice without obtaining a primary speciality certificate if such speciality is recognised as a medical treatment or diagnostic method.

3. [1 June 2000]

4. With the coming into force of this Law, Cabinet Regulation No. 177, Regarding Medical Treatment, issued in accordance with Article 81 of the Constitution (*Latvijas Republikas Saeimas un Ministru Kabineta Ziņotājs*, 1994, No. 19; 1995, No. 4; and 1997, No. 5), is repealed.

5. Medical treatment institutions and their structural units which were established before 30 June 2000 shall be evaluated by 31 December 2001 in conformity with the mandatory requirements.

[*1 June 2000*]

6. The Cabinet shall, by 1 November 2004, issue the regulations referred to in Section 4, Section 9, Paragraph one, Section 17, Paragraph one (wording of 27 May 2004), Sections 59 and 60.1 of this Law.

[*27 May 2004; 16 June 2005; 8 June 2006*]

7. The Cabinet shall, by 1 October 2005, issue the regulations referred to in Section 9, Paragraph two and Section 34, Paragraph three in the wording of 16 June 2005 of this Law.

[*16 June 2005; 8 May 2008*]

8. The Cabinet shall, by 1 January 2007, issue the regulations referred to in Section 9.1, Paragraph two and Section 33 in the wording of 8 June 2006 of this Law.

[*8 June 2006; 8 May 2008*]

9. Amendments to Section 4, Paragraph two, the new wording of Section 27 and the new wording of Section 37, Paragraph two of this Law shall come into force on 1 January 2007.

[*8 June 2006*]

10. The new wording of Section 37, Paragraph one, Clause 2 of this Law shall come into force on 1 July 2009. Up to 30 June 2009, a doctor shall, within the scope of his or her professional activities, evaluate illnesses and the consequences caused thereof.

[*8 June 2006*]

11. The new wording of Section 71 of this Law shall come into force on 1 July 2009.

[*8 June 2006*]

12. In order to receive payment for the representation of a patient which was performed up to 31 December 2007, advocates assigned by the Latvian Council of Sworn Advocates shall, by 1 March 2008, submit to the Legal Aid Administration completed notifications according to the procedures specified in Section 68.1, Paragraphs four and five of this Law, and appending to them documents which certify other compensatory expenditures.

[*8 November 2007*]

13. The new wording of Section 17, Paragraph three of this Law shall come into force on 1 July 2008.

[*8 May 2008*]

14. The new wording of Section 26, Paragraphs one and two, Section 29, Paragraphs two and three, and Section 33, Paragraph three of this Law shall come into force on 1 January 2009.

[*8 May 2008*]

15. Section 29, Paragraph five of this Law shall come into force on 1 January 2010.

[*8 April 2009*]

16. The amendment to Section 50 of this Law in relation to the Health Payment Centre and the amendment regarding the deletion of Section 52 shall come into force on 1 October 2009.

[*18 June 2009*]

17. [1 December 2016]

18. The Cabinet shall, by 1 December 2013, issue the regulations referred to in Section 53.2, Paragraph four of this Law. Until the day of coming into force of the abovementioned Cabinet regulations, an opinion on whether a person has lost the ability to understand the meaning of his or her actions and to control them due to mental or health disorders shall be provided by a commission established by the head of the medical treatment institution in the composition of at least three doctors one of whom is a psychiatrist. The costs of the opinion and the statements issued on the basis thereof shall be covered according to the price list of paid services of the medical treatment institution:

1) by the future authorised person who requested the statement on the basis of Section 53.2, Paragraph two, Clause 1 of this Law;

2) by the Court Administration within one month after request of the medical treatment institution on the basis of Section 53.2, Paragraph two, Clause 2 of this Law.

[*18 April 2013*]

19. The Cabinet shall, by 1 December 2014, issue the regulations referred to in Section 69.1, Paragraph three of this Law.

[*11 September 2014*]

20. The Cabinet shall, by 1 January 2015, issue the regulations referred to in Section 69.1, Paragraph nine of this Law. Until the day of coming into force of the abovementioned Cabinet regulations, the confinement of patients by using confining means shall be carried out in conformity with the medical technologies approved in accordance with the laid down procedures.

[*11 September 2014*]

21. Provisions of Section 81 of this Law shall not be applicable to the agreements entered into until the day of coming into force of Section 81 of this Law and to the agreements that have been entered into in accordance with the laws and regulations in the field of granting of public procurements or concessions after the day of coming into force of Section 81, if procurements or concession procedures in accordance with the procedures laid down in the laws and regulations have been commenced until the day of coming into force of Section 81 of this Law.

[*11 September 2014*]

22. The amendment to Section 45.1, Paragraph one of this Law regarding the deletion of the word “riding therapist” shall come into force on 1 January 2018.

[*1 December 2016*]

23. The amendment to Section 45.1, Paragraph one of this Law regarding the addition of the word “optometrist” thereto shall come into force on 1 January 2020.

[*1 December 2016*]

24. Section 54.1, Paragraph two of this Law shall come into force on 1 January 2020.

[*1 December 2016*]

25. The Cabinet shall, by 1 April 2017, issue the regulations referred to in Section 70.1, Paragraph two of this Law.

[*1 December 2016*]

26. The Cabinet shall draw up and submit amendments to the Medical Treatment Law to the *Saeima* in the package of the draft State budget law for 2018 which provides for a gradual withdrawal from the extended normal working time referred to in Section 53.1 of this Law for medical practitioners and persons of the team of emergency medical assistance who are not medical practitioners, ensuring access to medical treatment.

[*8 June 2017*]

27. Until the date of the coming into force of the law referred to in Paragraph 26 of the Transitional Provisions for the medical practitioners and persons of the team of emergency medical assistance who are not medical practitioners:

1) an extended normal working time may be specified which shall not exceed 55 hours a week;

2) in the case of an extended normal working time, the work remuneration for a working time which exceeds the normal working time specified in the Labour Law shall be determined in proportion to the increase in working time in the amount of not less than 1.10 hourly wages specified.

[*8 June 2017*]

28. In order to ensure the fulfilment of the requirements of Section 53.1 of this Law and Paragraph 27 of the Transitional Provisions, the additional expenditure necessary:

1) for 2017 shall be covered by programme 02.00.00 “Funds for Unforeseen Events” of the State budget unit 74 “Funding to be Reallocated in the Process of Implementation of the Annual State Budget”;

2) for 2018 and subsequent years shall be incorporated by the Cabinet into the base expenditure budget of the Ministry of Health.

[*8 June 2017*]

29. Section 53.1 of this Law is repealed on 1 January 2022.

[*20 December 2018*]

30. In order to ensure access to medical treatment, medical practitioners and persons of the team of emergency medical assistance who are not medical practitioners:

1) from 1 January 2018 to 31 December 2018 may be prescribed an extended normal working time which shall not exceed 50 hours a week;

2) [20 December 2018].

[*22 November 2017; 20 December 2018*]

31. [Declared null and void from 1 January 2019 by the judgment of the Constitutional Court of 15 May 2018]

32. The amendment to Section 4 of this Law regarding the deletion of Paragraph one and the amendment regarding the deletion of Chapter IV shall come into force simultaneously with the coming into force of the Health Care Financing Law.

[*22 November 2017*]

33. Section 10.1 and Chapter XVI of this Law shall come into force simultaneously with the Law on Administrative Liability.

[*21 May 2020*]

34. The Cabinet shall, by 31 December 2022, issue the regulations referred to in Section 34, Paragraph two, Clauses 1, 2, 3, 4, and 5 of this Regulation. Until the day of coming into force of the abovementioned Cabinet regulations, Cabinet Regulation No. 689 of 28 November 2017, Procedures for the Registration, Conformity Assessment, Distribution, Operation and Technical Supervision of Medical Devices, and Cabinet Regulation No. 891 of 21 September 2010, Procedures for the Clinical Trial of Medical Devices Intended for Human Use, shall be applicable, insofar as they are not in contradiction with this Law.

[*13 January 2022*]

35. A nurse who has not obtained an educational document certifying that the specific speciality of a nurse or the relevant medical treatment or diagnostic method has been acquired in practice as a nurse but who, on 24 January 2022, held a valid certificate of a medical practitioner in the specific speciality of a nurse or the relevant medical treatment or diagnostic method in practice as a nurse may continue to independently engage in medical treatment in the specific speciality of a nurse and the relevant medical treatment or diagnostic method in practice as a nurse.

[*13 January 2022*]

36. Section 9.2 of this Law shall come into force on 1 January 2024.

[*21 April 2022*]

37. Section 9, Paragraph 3.1 of this Law shall come into force on 2 January 2024.

[*6 December 2023*]

38. Section 1, Clause 34 and Section 9, Paragraph six of this Law shall come into force on 1 April 2024.

[*6 December 2023*]

39. The Cabinet shall, by 1 June 2024, issue the Cabinet regulations referred to in Section 69.1, Paragraph nine of this Law. Until the day of coming into force of these regulations, Cabinet Regulation No. 453 of 12 July 2016, Regulations Regarding the Procedures for Confining Patients and the Objects Prohibited to be Kept in a Psychiatric Medical Treatment Institution, shall be applicable insofar as it is not in contradiction with this Law.

[*6 December 2023*]

40. Amendment to Section 9, Paragraph one of this Law regarding the deletion of the words “medical practitioners, medical treatment support persons” and also amendment regarding the supplementation of this Section with Paragraph 1.1 shall come into force on 1 October 2024.

[*6 December 2023* / *The abovementioned amendments shall be included in the wording of the law as of 1 October 2024*]

41. The Cabinet shall, by 1 October 2024, issue the Cabinet regulations referred to in Section 29, Paragraph one of this Law. Until the day of coming into force of these regulations, Cabinet Regulation No. 943 of 18 December 2012, Procedures for Certification of Medical Practitioners, shall be applicable insofar as it is not in contradiction with this Law.

[*6 December 2023*]

42. The new wording of Section 33, Paragraph three of this Law shall come into force on 1 October 2024.

[*6 December 2023* / *The abovementioned amendment shall be included in the wording of the law as of 1 October 2024*]

43. Section 1, Clauses 32, 33, and 35, Section 9, Paragraph seven, and Section 10.2 of this Law shall come into force on 1 July 2025.

[*6 December 2023* / *The abovementioned amendments shall be included in the wording of the law as of 1 July 2025*]

44. The Cabinet shall, by 1 July 2025, issue the Cabinet regulations referred to in Section 9.1, Paragraph two of this Law. Until the day of coming into force of these regulations, Cabinet Regulation No. 469 of 25 May 2010, Procedures for the Development, Evaluation, Registration and Implementation of Clinical Guidelines, shall be applicable insofar as it is not in contradiction with this Law.

[*6 December 2023*]

**Informative Reference to the European Union Directives**

[*8 June 2006; 8 April 2009; 11 September 2014*]

This Law contains legal norms arising from:

1) Council Directive 93/42/EEC of 14 June 1993 concerning medical devices;

2) Council Directive 2004/83/EC of 29 April 2004 on minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection and the content of the protection granted;

3) Directive 2004/38/EC of the European Parliament and of the Council of 29 April 2004 on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States amending Regulation (EEC) No 1612/68 and repealing Directives 64/221/EEC, 68/360/EEC, 72/194/EEC, 73/148/EEC, 75/34/EEC, 75/35/EEC, 90/364/EEC, 90/365/EEC and 93/96/EEC (Text with EEA relevance);

4) Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time;

5) Directive 2007/47/EC of the European Parliament and of the Council of 5 September 2007 amending Council Directive 90/385/EEC on the approximation of the laws of the Member States relating to active implantable medical devices, Council Directive 93/42/EEC concerning medical devices and Directive 98/8/EC concerning the placing of biocidal products on the market;

6) Directive 2011/7/EU of the European Parliament and of the Council of 16 February 2011 on combating late payment in commercial transactions;

7) Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients’ rights in cross-border healthcare.

The Law shall come into force on 1 October 1997.

The Law has been adopted by the *Saeima* on 12 June 1997.

President G. Ulmanis

Rīga, 1 July 1997