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Text consolidated by Tulkošanas un terminoloģijas centrs (Translation and Terminology Centre) with amending laws of:

29 January 2004.

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*<sup>1</sup> has adopted  
and the President has proclaimed the following Law:

# Sexual and Reproductive Health Law

## Chapter I General Provisions

### Section 1. Purpose of this Law

The purpose of this law is to define legal relations within the field of sexual and reproductive health with the aim to protect unborn life and the sexual and reproductive health of every person.

### Section 2. Sexual and Reproductive Health

Sexual and reproductive health is the physical, mental and social wellbeing related to the human sexual and reproductive system.

### Section 3. Sexual and Reproductive Health Care

Sexual and reproductive health care is a set of measures for assistance in deliveries, and the prevention, diagnosis, treatment and observation of sexually transmitted diseases, human immunodeficiency virus (HIV) infection, AIDS, diseases of reproductive organs and infertility, birth control, pregnancy termination and medical impregnation performed by a health care practitioner.

### Section 4. Principles of Sexual and Reproductive Health Care

(1) The priority of sexual and reproductive health is assistance with deliveries, as well as the provision of information on sexual and reproductive health.

(2) The State shall implement the principles of sexual and reproductive health by providing free-of-charge assistance in deliveries and the possibility to obtain basic knowledge regarding sexual and reproductive health promotion and care at medical treatment and educational establishments.

### Section 5. The Competence of State and Local Governments in the Field of Sexual and Reproductive Health

(1) Programs for assistance in deliveries, infertility diagnosis and treatment, and for the prevention, diagnosis and treatment of sexually transmitted diseases, human immunodeficiency virus infection (HIV), AIDS and diseases of reproductive organs shall be approved by the Minister for Health.

(2) The Cabinet shall determine the organisational procedure for pregnancy termination, medical impregnation, restriction of the spreading of human immunodeficiency virus (HIV) and AIDS, and the treatment of HIV-infected persons and AIDS patients.

(3) Procedures for the establishment of an infertile families register, medical impregnation register and gamete donor register, as well as for the establishment of the gamete donor bank shall be determined by the Cabinet.

(4) Pregnant women and workers in a crisis situation who have recently given birth shall be provided with social care and social rehabilitation services by the local government.

*[29 January 2004]*

#### **Section 6. A Person's Rights and Duties in the Field of Sexual and Reproductive Health**

(1) Every person has the right to obtain information from a health care practitioner regarding the basic principles of sexual and reproductive health promotion and care, birth planning and contraception.

(2) The duty of a person, in the field of the sexual and reproductive health care, is to obtain a basic knowledge of sexual and reproductive health promotion and care; take care of his/her own sexual and reproductive health and that of his/her family, to plan for a birth, undergo health observation prior to the conception of a child, avoid the termination of a pregnancy and choose birth control means not detrimental to one's reproductive health.

(3) A person infected with a sexually transmitted disease must inform his/her sex partner of the risk of infection.

#### **Section 7. Financing of Sexual and Reproductive Health Promotion and Care**

Expenses resulting from sexual and reproductive health promotion and care services shall be covered from the State budget and the means of natural persons and legal persons in accordance with the procedures specified by regulatory enactments.

## **Chapter II Organisation/Provision of Assistance with Deliveries**

#### **Section 8. Assistance with Deliveries**

Assistance with deliveries is a set of measures for the promotion of family reproductive health, female health promotion and health care within the period of pregnancy, birth and the post-natal period (42 calendar days following birth), as well as for clinical monitoring, examination, health promotion and treatment measures for an unborn child prior to and during birth, as well as infant care during the post-natal period.

#### **Section 9. Provision of Assistance with Deliveries**

(1) Assistance with deliveries, within their competence, is provided by a gynaecologist (childbirth specialist), a midwife and a general practitioner.

(2) Assistance with deliveries during birth is provided by a gynaecologist (childbirth specialist) and a midwife in an in-patient medical treatment institution.

(3) The procedures for assistance with deliveries shall be determined by the Minister for Health.

*[29 January 2004]*

## **Chapter III Sexually Transmitted Diseases**

#### **Section 10. Prevention, Diagnosis, Treatment and Monitoring of Sexually Transmitted Diseases**

(1) Procedures for the prevention, diagnosis, treatment and monitoring of patients with sexually transmitted diseases [with the exclusion of syphilis, infection with human immunodeficiency syndrome (HIV) and acute immunodeficiency syndrome (AIDS)] shall be carried out by a dermatovenerologist, urologist or gynaecologist (childbirth specialist) according to the procedures determined by the Minister for Health.

(2) Diagnosis of sexually transmitted diseases is confirmed by laboratory investigations.

[29 January 2004]

#### **Section 11. Diagnosis of Syphilis, HIV and AIDS; the Treatment and Monitoring of Patients**

(1) Measures for the prevention of syphilis, diagnosis of the disease, the treatment and monitoring of a patient shall be carried out by a dermatovenerologist.

(2) The examination, treatment and monitoring of HIV-infected persons and AIDS patients shall be carried out by an infectiologist at a medical treatment institution.

### **Chapter IV Infertility**

#### **Section 12. Diagnosis and Treatment of Infertility**

(1) Infertility is the inability of two sexually mature persons of the opposite sex (hereinafter - heterosexual couple) to produce a child within a year whilst having a regular sex life without any contraception.

(2) Infertility shall be diagnosed and treated by a gynaecologist (childbirth specialist), urologist, sex-pathologist or a genetic expert according to the procedures determined by the Minister for Health.

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#### **Section 13. Medical Impregnation**

(1) Medical impregnation is an artificial fusion of male and female gametes.

(2) Medical impregnation is carried out upon the request of a heterosexual couple or a woman on the basis of a written application submitted to the medical treatment institution by that heterosexual couple or the woman.

(3) Medical impregnation is carried out by using the gametes of a donor or of the genetic parents.

(4) Prior to the medical impregnation, the duty of the gynaecologist (birth specialist) is to inform the potential parents on the nature of the medical impregnation and possible complications, as well as regarding genetic and medical complications, which could occur to the child.

#### **Section 14. Secrecy of Medical Impregnation**

(1) It is prohibited to disclose any data on potential parents to a gamete donor.

(2) Potential parents may only obtain information regarding a gamete donor's genetic and anthropometric data.

#### **Section 15. Restrictions on Medical Impregnation**

It is prohibited to:

1) fuse human and animal gamete nuclei with the aim to produce impregnation;

2) introduce a human embryo into the system of a primate or animal of any other class;

3) as a result of medical impregnation, obtain a human embryo for scientific research, as well as use it as a tissue and organ donor;

4) use gametes of the donor or the embryo for commercial purposes;

5) import or export a donor's gametes or embryos, if it is not otherwise provided for by international agreements ratified by the *Saeima*;

6) choose the sex of the child during medical impregnation, except in the case of a heritable genetic disease related to its sex; and

7) simultaneously implant more than three fertilised ovaries in a woman's body.

#### **Section 16. Prohibition of Human Cloning**

It is prohibited to use any medical impregnation and other technologies, which could result in the birth of a human being genetically identical to another living or deceased human.

#### **Section 17. Selection of a Gamete Donor**

(1) A gamete donor may be a healthy person: male in the age of 18 to 45 years and female in the age of 18 to 35 years.

(2) The potential gamete donor must be medically examined according to the procedures specified by the Minister for Health.

[29 January 2004]

#### **Section 18. Rights of a Gamete Donor**

(1) A gamete may be used for medical impregnation only upon the written consent of the donor.

(2) The donor may revoke his/her consent for use of the gamete prior to the initiation of the medical impregnation.

#### **Section 19. Restrictions on the Use of Donor Gametes**

There can be no more than three children born in the State as a result of medical impregnation with gametes from a single gamete donor, except in cases of multiple pregnancy.

#### **Section 20. Destruction of a Donor's Gametes**

A donor's gametes shall be destroyed in the following circumstances:

1) if the gametes have been stored in the gamete bank for more than 10 years; or have become defective during storage or for any other reason;

2) if, as a result of medical impregnation, three children have been born in the State, except in cases of multiple pregnancy, as well as in cases where gametes have been exported to other countries in conformity with international agreements ratified by the *Saeima*;

3) if a child born from such gametes, or an embryo created as a result of medical impregnation, has been diagnosed with a genetic disease or a congenital pathology;

4) in the event of the death of the donor, except in the case when the donor has given written consent to the use of the gametes after his/her death; and

5) upon the written request of the donor.

#### **Section 21. Legal Status of a Child Born as a Result of Medical Impregnation**

(1) A child born as a result of medical impregnation is considered to be born of the marriage, if the marriage of the potential parents at the time of medical impregnation has been duly registered.

(2) In cases where the marriage of the potential parents is not registered, for determination of the legal status of a child born as a result of medical impregnation, the provisions of the Civil Law shall be applied, insofar as they are not contrary to the provisions of this Law.

#### **Section 22. Non-recognition of Paternity Rights**

(1) Potential parents, their parents and guardians do not have the right to request the recognition of paternity of the gamete donor for a child conceived as a result of medical impregnation.

(2) A child born as a result of medical impregnation, his or her parents and guardians do not have the right to request recognition of paternity of the gamete donor.

(3) A gamete donor shall not have the right to recognition of paternity or to request the recognition of paternity of a child born as a result of medical impregnation. The parents and guardians of the gamete donor also cannot request recognition of paternity.

## **Chapter V Birth Control**

#### **Section 23. Contraception**

(1) Contraception is a set of medical means and techniques for the prevention of ovary fertilisation.

(2) Surgical contraception is the prevention of ovary fertilisation by means of an operation.

(3) The duty of a health care practitioner is to explain the importance of contraception in the field of birth control and the preservation of health to patients having reached childbearing age and to advise of contraception in order to

prevent undesirable pregnancy

#### **Section 24. Choice and Provision of Contraception**

(1) The use of contraception is a person's voluntary choice.

(2) Only a gynaecologist (childbirth specialist) or a general practitioner is permitted to prescribe any medicinal contraceptives or the use of contraceptive medical technologies (except for surgical contraception), and provide for the further medical observation of the patient.

(3) Surgical contraception is applicable in the following cases:

1) to a patient of more than 25 years of age - upon his or her written consent;

2) in the case of medical indications, to a patient (also less than 25 years of age) on the basis of an opinion of the council of doctors [the council consists of a gynaecologist (childbirth specialist) or a urologist, depending on the sex of the patient, and two doctors - specialists of the relevant field of medicine] and upon the written consent of the patient (if the patient is a person lacking a capacity to act - upon the written consent of a guardian) in cases prescribed by the Minister for Health.

(4) Surgical contraception may be administered to a patient by a gynaecologist (childbirth specialist), a urologist or a surgeon.

*[29 January 2004]*

## **Chapter VI Termination of Pregnancy**

#### **Section 25. Termination of Pregnancy at a Woman's Request**

(1) The termination of a pregnancy at a woman's request is an artificial termination of pregnancy upon the request of a woman prior the 12<sup>th</sup> week of the pregnancy.

(2) An appointment for the termination of a pregnancy at a woman's request, as well as written information approved by the Minister for Health on the moral aspects of pregnancy termination, possible medical complications and the possibility to preserve the life of the unborn child shall be issued by a gynaecologist (childbirth specialist) or a general practitioner, simultaneously informing the woman regarding the nature of pregnancy termination.

(3) The termination of a pregnancy may be performed by a gynaecologist (childbirth specialist) in an in-patient department of a medical treatment institution not earlier than 72 hours after the issue of the pregnancy termination appointment, and prior thereto the woman must be repeatedly informed on any possible complications resulting from the termination of the pregnancy.

*[29 January 2004]*

#### **Section 26. Termination of Pregnancy Due to Medical Indications or in the Case of a Pregnancy Resulting from Rape**

(1) Pregnancy termination due to medical indications or in cases of a pregnancy resulting from rape is an artificial termination of pregnancy on the grounds of medical indications or a certificate regarding a case of rape issued by a law enforcement institution.

(2) Termination of pregnancy due to medical indications shall be performed up to the 22<sup>nd</sup> week of the pregnancy. Termination of pregnancy resulting from rape shall be performed up to the 12<sup>th</sup> week of the pregnancy.

(3) Termination of pregnancy due to medical indications or in the case of a pregnancy resulting from rape is allowed only upon the written confirmation of the council of doctors and the written consent of the woman (in the case of a woman lacking the capacity to act - upon the written consent of a guardian).

(4) Termination of pregnancy due to medical indications or in the case of a pregnancy resulting from rape may be performed only by a gynaecologist (childbirth specialist) at an in-patient medical treatment institution.

#### **Section 27. Termination of Pregnancy for a Patient Younger than 16 Years**

(1) If a pregnant patient is younger than 16 years, the duty of a doctor who has established the fact of pregnancy is to consult the patient and pay full regard to her views, taking into account the age and maturity of the patient. The doctor has duty to inform the parents or guardian of the pregnant patient regarding the fact of pregnancy.

(2) An appointment for termination of pregnancy at her request may be issued to a patient younger than 16 years if

at least one of her parents or a guardian has given written consent for termination of the pregnancy.

(3) Termination of the pregnancy for a patient younger than 16 years due to medical indications or in the case of a pregnancy resulting from rape is allowed only if there is a confirmation by the council of doctors or a certificate on a case of rape issued by a law enforcement institution, and if at least one of the patient's parents or her guardian has given written consent.

(4) It is necessary to obtain a decision of the Orphans Court (Parish Court) in order to terminate the pregnancy if there is any dispute between a patient younger than 16 years and her parents or her guardian regarding the preservation of the pregnancy.

This Law shall come into force on 1 July 2002.

This Law has been adopted by the *Saeima* on 31 January 2002.

President V. Vīķe-Freiberga

Rīga, 19 February 2002

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<sup>1</sup> The Parliament of the Republic of Latvia

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