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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:

## 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, commercial companies which are registered in the Register of Medical Treatment Institutions, conform with the mandatory requirements for medical treatment institutions and territorial units thereof specified in regulatory enactments 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;

6) **doctors' council** – a meeting of not less than three doctors in order to determine a diagnosis and the 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 - infectious disease);

8) **medical education** – the aggregate of knowledge and skills conforming to an educational programme accredited according to the procedures specified by law, which is certified by a educational document issued by an educational institution;

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

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) [16 June 2005];

16) **specialisation** – part of post-graduate education, which occurs in accordance with an accredited education programme, taking into account the professional standard and the speciality regulation;

17) **improvement of professional qualifications** – part of post-graduate education in a specific 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 legal relations 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** – taking into account medical principles based upon evidence, an established systematic description of the medical treatment process for a particular patient group in which are specified the necessary activities, the order of performance thereof and the essential criteria for the choice of tactics for the medical treatment of a patient to achieve the best medical treatment result;

21) **medical devices** – any instruments, apparatus, equipment, material or other articles,

which are used separately or together with any other devices, including software, which are necessary in order that a person may utilise the devices as intended by the manufacturer in order to diagnose, observe, medically treat, relieve or compensate traumas or physical defects, research, replace or transform the construction of a person's organism or physiological processes and control birth, and with which the intended effect upon a person cannot be achieved with pharmacological, immunological and metabolic means, but such means may assist him or her (articles, which are not medical devices, but which a manufacturer has specially intended for use together with a medical device, to ensure that such device is used in conformity with the purposes provided for by the manufacturer of the device, are also deemed to be medical devices);

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) **emergency and disaster medical system** – an aggregate of State co-ordinated measures, which are performed by medical treatment institutions and other health care sector institutions irrespective of the form of ownership in order that in emergency medical and emergency public health situations to save human lives and to reduce the destructive impact on public health;

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; and

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.

*[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]*

## **Section 2.**

The purpose of this Law is to regulate public relationships in medical treatment in order to ensure qualified prophylaxis and diagnosis of diseases or injury, as well as qualified medical treatment and rehabilitation of patients.

## **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 for ensuring and maintaining health.

(2) Health care is a set of measures implemented by health care service providers for the provision, maintenance and restoring of the health of patients.

*[8 May 2008; 10 December 2009]*

## **Section 4.**

(1) The procedures for the organisation and financing of health care, procedures for the establishment of queues of applicants for receipt of systematic health care services, the types and amounts of medical treatment services thereof, which are paid for from the State basic budget and from the resources of recipients of services, as well as the procedures for such payments shall be determined by the Cabinet.

(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 regarding 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.

*[25 March 2004; 27 May 2004; 16 June 2005; 8 June 2006; 1 December 2009]*

## **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 by regulatory enactments.

## **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; and

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 the development, supplementing and maintenance of registers of medical practitioners, medical treatment support persons, medical treatment institutions, and medical devices, and of patients who are ill with certain diseases, newborn and child diseases, as well as the approval of medical technologies to be utilised in medical treatment and the procedures for the introduction of new medical technologies.

(2) The procedures for the organisation of the emergency and 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 the ensuring of such training.

*[26 February 1998; 1 June 2000; 25 March 2004; 27 May 2004; 16 June 2005; 8 June 2006; 8 May 2008]*

## **Section 9.<sup>1</sup>**

(1) Medical treatment shall be performed in conformity with clinical guidelines or by methods used in medical treatment and an evaluation of the safety of use of medicinal products and the effectiveness of the medical treatment, which is performed taking into account medical principles based upon evidence.

(2) The Cabinet shall determine the procedures by which clinical guidelines shall be developed, evaluated, registered and implemented.

*[8 June 2006; 8 May 2008]*

## **Section 10.**

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

*[27 May 2004; 27 September 2007]*

## **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 specified by regulatory enactments.

## **Section 12.**

Persons who do not have a 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 a medical education or do not have the right to practice a speciality shall be subject to liability prescribed by law.

### Chapter III Medical Ethics Committee

#### **Section 13.**

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

#### **Section 14.**

Medical treatment institutions and professional organisations of medical practitioners shall establish medical ethics committees. 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 ethical issues of biomedical progress relating to social problems. The Cabinet upon recommendation from the Minister for Welfare shall approve members of the Central Medical Ethics Committee.

### Chapter IV Rights and Responsibilities of Persons with respect to Health Care

#### **Section 16.**

Everybody has the right to receive emergency medical care in accordance with procedures prescribed by the Cabinet.

*[26 February 1998]*

#### **Section 17.**

(1) The amount of medical treatment services paid from the State basic budget and from the funds

of the recipient of services in accordance with the procedures prescribed by the Cabinet shall be provided to:

1) Latvian citizens;

2) Latvian non-citizens;

3) citizens of Member States of the European Union, of European Economic Area states and Swiss Confederation who reside in Latvia in relation to employment or as self-employed persons, as well as the family members thereof;

4) third-country nationals who have a permanent residence permit in Latvia;

5) refugees and persons who have been granted alternative status; and

6) persons detained, arrested and sentenced with deprivation of liberty.

(2) Medical treatment services in the amount referred to in Paragraph one of this Section shall be provided at the time and place where it is necessary, in conformity with the medical practitioner's qualifications and the diagnostic, medical treatment and equipment for patient care level of the relevant medical treatment institution.

(3) The spouses of Latvian citizens and Latvian non-citizens who have a temporary residence permit in Latvia have the right to receive free of charge the care for pregnant women and birth assistance paid from the State basic budget and from the funds of the recipient of services according to the procedures specified by the Cabinet.

(4) The children of the persons referred to in Paragraph one of this Section have the right to receive free of charge the amount of medical treatment services paid from the State basic budget and from the funds of the recipient of services.

(5) Persons who are not referred to in Paragraphs one, three and four of this Section shall receive medical treatment services for a fee.

*[1 June 2000; 25 March 2004; 27 May 2004; 8 June 2006; 8 May 2008]*

## **Section 18.**

Other medical assistance to the persons referred to in Section 17 of this Law shall be provided for payment from insurance companies, employers, patients themselves or from other resources in accordance with regulatory enactments.

**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 in the medical practitioners register are permitted to independently engage in medical treatment in a specific basic speciality, sub-speciality or additional speciality in conformity with the competence specified by the Cabinet.

(3) A registered medical practitioner has the right to apply for a medical practitioners certificate in a specific profession or speciality, which has been acquired within the scope of an accredited further education programme specialisation or professional qualification improvement.

*[1 June 2000; 25 March 2004; 27 May 2004; 8 June 2006; 8 May 2008]*

**Section 27.**

The competence of medical practitioners in medical treatment, as well as the amount of theoretical and practical knowledge shall be determined by the Cabinet, taking into account the point of view expressed in conformity with their competence by the Latvian Medical Association, Union of Professional Organisations of Medical Practitioners of Latvia or Latvian Nurses Association.

*[26 February 1998; 1 June 2000; 25 March 2004; 8 June 2006]*

**Section 28.**

The acquisition of a diploma of medical education shall permit the medical practitioner, until registration in the medical practitioner's register, to engage in medical treatment only under the supervision or guidance of such medical practitioner as has a certificate and who is registered in accordance with the procedures specified by regulatory enactments regarding the medical practitioner's register.

*[1 June 2000; 8 June 2006]*

**Section 29.**



(1) The right to practice a speciality shall be certified by a medical practitioner's certificate and its registration in accordance with the procedures specified by regulatory enactments. The Cabinet shall specify the procedures for certification of medical practitioners.

(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, cosmetician, laboratory assistant and dental technician certification; and

3) Latvian Nurses Association – nurse, dental nurse, 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 pricelist 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) The competence, as well as the amount of theoretical and practical knowledge of a medical treatment support person in medical treatment shall be determined by the Cabinet.

*[1 June 2000; 8 May 2008; 8 April 2009]*

**Section 30.** [1 June 2000]

**Section 31.**

Persons with a diploma of foreign medical education shall acquire the right to engage in medical treatment in Latvia after expert examination and recognition of the diploma in accordance with the procedures prescribed by law. The persons referred to shall acquire the right to practice a speciality in accordance with the procedures prescribed by this Law.

*[20 June 2001]*

**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.

(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 specified qualification and competence requirements may take part in medical treatment. The qualification requirements and amount of competence shall be determined by the Cabinet.

*[1 June 2000; 8 June 2006; 8 May 2008]*

#### **Section 34.**

(1) The Cabinet shall specify the procedures for the sale, distribution, registration, operation and technical supervision of medical devices. The head of a medical treatment institution shall be directly responsible for compliance with the procedures specified for the medical treatment institution.

(2) The Cabinet shall determine the procedures for the clinical investigation of medical devices for provision to persons.

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

*[1 June 2000; 16 June 2005; 8 June 2006]*

#### **Section 35.**

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

*[1 June 2000; 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 specified in the Law On Regulated Professions and 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 to the body caused thereof, at the activity and participation level; and

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

(2) A doctor who is registered in the medical practitioners register, but is not certified in a specific medical practitioners speciality may independently work with medical treatment in conformity with the competence specified by the Cabinet.

*[1 June 2000; 25 march 2004; 8 June 2006]*

### **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 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 new-born baby 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.<sup>1</sup>**

A dentist is a medical practitioner who has acquired an education, which conforms to the requirements specified in the Law On Regulated Professions and Recognition of Professional Qualifications, and who within the scope of his or her professional activities:

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

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

*[25 March 2004]*

## **Chapter VII**

### **Nurses and Profession of Doctor's Assistant**

*[26 February 1998]*

#### **Section 44.**

(1) A nurse is a medical practitioner who has acquired an education, which conforms to the requirements specified in the Law On Regulated Professions and Recognition of Professional Qualifications.

(2) 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.

*[26 February 1998; 25 March 2004]*

#### **Section 45.**

(1) In his or her profession, a nurse in conformity with his or her qualifications 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; and
- 5) perform professional education work.

(2) A doctor's assistant shall perform the activities referred to in Paragraph one of this Section, as

well as examine patients, diagnose illnesses and in accordance with his or her qualifications carry out medical treatment.

*[26 February 1998]*

## **Chapter VII**

### **A Functional Specialist and Assistant to a Functional Specialist**

*[26 February 1998; 20 June 2001]*

#### **Section 45.<sup>1</sup>**

(1) A functional specialist (physiotherapist, occupational therapist, riding therapist, technical orthopaedist, audio speech therapist, or nutritional specialist) is a medical practitioner who has acquired a professional higher medical education at the second level and acts in accordance with the regulations of his or her speciality.

(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 in accordance with the regulations of his or her speciality.

*[8 June 2006; 8 May 2008]*

#### **Section 45.<sup>2</sup>**

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

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

2) performs medical treatment by using appropriate diagnostics, evaluation and medical technologies, and provides opinions; and

3) performs professional education work.

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

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

2) performs 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.<sup>3</sup>**

A midwife is a medical practitioner who has acquired an education, which conforms to the requirements specified in the Law On Regulated Professions and 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 new-born;
- 2) having determined health risk factors or possible pathology in the pregnant, natal and postnatal women or new-born 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.

*[25 march 2004]*

## 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 his or her professional qualifications and become educated in the provision of emergency medical care.

*[1 June 2000; 27 May 2004]*

### **Section 49.** [10 December 2009]

### **Section 50.** [10 December 2009]

### **Section 51.** [10 December 2009]

**Section 52.** [18 June 2009]

**Section 53.**

A doctor or a doctor's assistant shall determine temporary work disability of a person. The Cabinet shall determine the procedures for the issue of documents certifying temporary work disability.

*[26 February 1998]*

Section 53.<sup>1</sup>

(1) The norms of the regulatory enactments regulating employment legal relations shall be applicable to a medical practitioner insofar as it is not specified otherwise in this Law.

(2) Such extension to the normal working hours of a medical practitioner may be applied, which exceeds the normal working hours specified in the Labour Law, if the general principles of work safety and health protection are observed.

(3) In order to ensure the access to medical treatment, upon the initiative of a medical practitioner or a medical treatment institution, such extension to the normal working hours of a medical practitioner may be applied, which does not exceed 60 hours per week and 240 hours per month.

(4) It is prohibited to punish a medical practitioner or otherwise directly or indirectly cause unfavourable consequences thereto, if this person does not agree to the application of an extension to the normal working hours.

(5) If an extension to the normal working hours is applied to a medical practitioner, then it shall be necessary for a medical treatment institution to receive a written consent of the person to the application of the extension to the normal working hours not less than once every four months.

(6) A medical treatment institution shall perform the recording of those medical practitioners to whom an extension to the normal working hours has been applied, and shall provide the State Labour Inspectorate with the access to this information.

(7) If an extension to the normal working hours of a medical practitioner has been applied, work remuneration for the working hours, which exceed the normal working hours specified in the Labour Law, shall be determined in proportion to the increase in working hours not less than in the amount of the specified hourly or daily wage rate but, if a lump-sum payment has been agreed upon, in accordance with the piece-work rate for the amount of work performed.

*[8 April 2009; 18 June 2009]*

## 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; and

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

*[1 June 2000; 18 June 2009]*

#### **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.

*[26 February 1998; 1 June 2000; 8 April 2009]*

#### **Section 56.**

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

(2) The Cabinet shall specify the procedure for certification of 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 specified by the Cabinet, shall give the relevant medical treatment institution advantages when entering into a contract with the Health Payment Centre.

*[1 June 2000; 10 December 2009]*

#### **Section 57.**

The Cabinet shall specify the procedures for distribution of residents and for the financing of residency.

*[1 June 2000]*

#### **Section 58.** [25 march 2004]

#### **Section 59.**



The procedures for keeping medical documents in medical treatment institutions shall be specified by the Cabinet.

*[27 May 2004; 10 December 2009]*

### **Section 60.**

Regulations for the production of prescription forms and procedures for writing out prescriptions shall be regulated by Cabinet regulations and other regulatory enactments.

#### Chapter X

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

### **Section 60.<sup>1</sup>**

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 specified by the Cabinet.

*[27 may 2004]*

### **Section 62.**

In cases where as the 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 thereof, 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; and

3) a court adjudication regarding 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 alcoholism, narcotic, psychotropic addiction or toxic substance addiction, or is addicted to gambling or computer games with his or her consent, the duty to undergo treatment for alcohol, narcotic, psychotropic, toxic substances, gambling or computer game addiction at a social or 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 – psychiatric medical treatment institution) if due to the state of health of the patient such assistance can not be provided on an out-patient basis or at the place of residence.

(2) A patient may be admitted to a 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 a 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 him 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 him or herself or another person; or

2) the patient has indicated or indicates an inability to care for him 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 persons health.

(2) In providing psychiatric assistance without the consent of a patient in the cases specified in Paragraph one, Clauses 1 and 2 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 regarding his or her rights and duties.

(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 a decision regarding the provision of psychiatric assistance in the psychiatric medical treatment institution without his or her consent (hereinafter – decision regarding the provision of psychiatric assistance) or the suspension of such assistance.

(4) The doctors' council of psychiatrists shall without delay notify the patient of its decision. If the doctors' council of psychiatrists takes a decision regarding the provision of 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 regarding the provision of psychiatric assistance shall be notified, as far as possible the point of view of the patient shall be taken into account.

(5) If the doctors' council of psychiatrists has taken a decision regarding the provision of psychiatric assistance, the psychiatric medical treatment institution shall not later than within a period of 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 regarding the representative of the patient if there is such.

(6) A judge upon receipt of the decision and the documents appended thereto referred to in Paragraph five of this Section 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 (republican city) public 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 an advocate, the judge after receipt of the

documents referred to in Paragraph six of this Section shall without delay request that the Latvian Sworn Advocate Council for the representation of the interests of the patient assign a sworn advocate and at the same time inform the Latvian Sworn Advocate Council regarding the day, time and place for the examination of the submitted material.

(8) On the basis of a request from the public 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. The psychiatric medical treatment institution on the basis of a request from the representative of the patient or advocate 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 public 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 the 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 public 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 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 public prosecutor and shall take a decision to approve the decision of the doctors' council of psychiatrists regarding the provision of psychiatric assistance for a period up to two months or regarding a refusal 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 on his or her own initiative or also on the basis of a justified request from the public prosecutor, representative of the patient or advocate may hear also other persons who may provide information regarding important circumstances in the matter. The decision of the judge cannot be appealed.

(13) In the decision of the judge to approve the decision of the doctors' council of psychiatrists regarding the provision of psychiatric assistance for a period up to two months or regarding a refusal to approve the decision of the doctors' council of psychiatrists shall be indicated the name of the relevant court, the given name and surname of the judge, the date of the examination of the materials, information regarding the psychiatric medical treatment institution, regarding 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 adjudication, 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 public 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 chairperson of the court, but the public prosecutor – a protest. The written submitted appeal or protest shall be examined by the chairperson of the court 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 chairperson of the court shall evaluate only the arguments included in the appeal or protest.

(16) If the chairperson of the court 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 a decision regarding the setting aside thereof. The decision of the chairperson of the court shall without delay be notified to the psychiatric medical treatment institution and the public prosecutor, as well as to the submitter of the appeal. A true copy of the decision shall be sent to the public prosecutor, patient, representative of the patient or advocate, as well as the psychiatric medical treatment institution not later than the next working day after the day the decision was taken.

(17) Not later than seven day prior to the end of the time period specified by the decision of the judge, the doctors' council of psychiatrists shall again examine the patient and take a decision regarding the necessity to continue to provide to the patient without his or her consent psychiatric assistance in the psychiatric medical treatment institution or regarding 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 a decision regarding the necessity to continue to provide to the patient without his or her consent psychiatric assistance in the psychiatric medical treatment institution for a period of up to six months, the psychiatric medical treatment institution shall perform the activities indicated in Paragraph five of this Section.

(18) A judge shall examine the materials of the matter regarding the further provision of psychiatric assistance to the patient without his or her consent in the psychiatric medical treatment institution or regarding the discontinuance of such assistance according to the procedures specified in Paragraphs six – sixteen of this Section and shall take a decision regarding the approval of the doctors' council decision referred to in Paragraph seventeen of this Section or regarding a 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 has been placed for medical treatment in a psychiatric medical treatment institution according to the procedures specified in this Section has all the rights specified for a person in regulatory enactments, except the rights the restriction of which arise from the provision of psychiatric assistance in the psychiatric medical treatment institution without the consent of the patient. In respect of such rights the medical practitioner shall inform as soon as possible the patient who in the cases specified in Paragraph one of this Section has been conveyed to the psychiatric medical treatment institution for the provision of psychiatric assistance without his or her consent. The psychiatric medical treatment institution shall send to addressees without delay an appeal (submission) of the patient.

*[1 March 2007; 8 November 2007]*

## **Section 68.<sup>1</sup>**

(1) In the cases specified in Section 68 of this Law, payment for the legal assistance provided by the advocate assigned by the Latvian Sworn Advocates Council shall be performed, as well as compensatory expenditures associated with the provision of legal assistance shall be reimbursed in conformity with regulatory enactments, which determine the amount of payment for State ensured legal aid in civil matters, 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 the receipt of the notification submitted within the specified time period perform the payment in accordance with the submitted notification of the advocate regarding the legal assistance provided, from State budget funds intended for such purposes.

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

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

(4) The notification regarding the provided legal assistance – becoming acquainted with the materials of the matter, advocacy at the court sitting in the psychiatric medical treatment institution and preparation of appeals to the chairperson of the court – shall be approved the judge or in the case specified in Section 68, Paragraph fifteen of this Law, the chairperson of the court. 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 assistance, the date and time (number of hours) of the provision thereof, amount of payment (without value added tax), name of the bank and the account into which the payment shall be made, and appending to it documents, which certify other compensatory expenditures.

(5) The notification regarding the provided legal assistance – 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 assistance, the date and time (number of hours) of the provision thereof, amount of payment (without value added tax), name of the bank and the account into which the payment shall be made, and appending to it documents, which certify other compensatory expenditures.

*[8 November 2007]*

## **Section 69.**

(1) If a person due to a mental disorder or mental disease disturbs public order, his or her detention, conveyance to and supervision at the psychiatrist shall be performed by police officers in accordance with the Law On the 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 70. [1 March 2007]**

Chapter XII  
Health and Ability to Work, Forensic and Legal Psychiatric Expert-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 expert-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 Commission shall be regulated by regulatory enactments.

*[8 June 2006]*

**Section 72.**

Court forensic and court psychiatric expert-examination shall be performed in accordance with a decision taken by the investigative authority, the prosecutor or the court (judge) in accordance with the procedures prescribed by law. The Cabinet shall specify procedures for the performance of court forensic and court psychiatric expert-examination.

**Section 73.** [1 June 2000]

Chapter XIII

Suspension of the Operations of Medical Treatment Institutions or the Structural Units thereof  
*[8 May 2008]*

**Section 74.**

A decision regarding the suspension of the operations of a medical treatment institution or the structural units thereof if the regulatory enactments regulating the field of medical treatment have been violated shall be taken by the manager of the Health Inspectorate and his or her deputies, as well as the manager of the territorial office of the Health Inspectorate and his or her deputies.

*[8 May 2008]*

**Section 75.**

(1) If the Health Inspectorate inspector has determined such a violation of the regulatory enactments regulating 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. In the warning shall be indicated all the determined violations of the regulatory enactments regulating the field of medical treatment and shall provide recommendations, as well as shall determine the time period for the rectification of the violations.

(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 not shorter than:

- 1) two years if for the rectification of the violation capital construction is necessary; and
  - 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 violations indicated in the warning are not rectified in the specified time period, the official referred to in Section 74 of this Law shall take a decision regarding the suspension of the operations of the relevant medical treatment institution or the structural units thereof.
- (5) The suspension of the operation of medical treatment institutions or the structural units thereof shall be ensured by the manager of the institution with the participation of the official who took the decision regarding the suspension of the operations, or his or her authorised official.
- (6) The suspension of the operation of medical treatment institutions or the structural units thereof 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; and
  - 3) the operations of other structural units and equipment is disturbed as little as possible.
- (7) Control of the suspension of operations shall be ensured by the official who took the decision regarding the suspension of the operations, or his or her authorised official.
- (8) The operation of medical treatment institutions or the structural units thereof may be suspended without previous warning if due to violation of the regulatory enactments regulating the field of medical treatment there is created a threat to human health and life.
- (9) The official who has the right to take the decision referred to in Paragraph eight of this Section regarding the suspension of the operation of medical treatment institutions shall take such decision not later than three working days after it became known to him or her regarding the violation of the regulatory enactments regulating the field of medical treatment referred to in Paragraph eight of this Section, and it is to be implemented without delay.

*[8 May 2008]*

## **Section 76.**

- (1) In respect of the rectification of violations of the regulatory enactments regulating the field of medical treatment, the relevant medical treatment institution shall notify in writing to the official who took the decision regarding the suspension of operations. Such official shall within a period of five working days after receipt of the notification verify whether the relevant violations have been rectified.
- (2) If all the violations referred to in the written warning or decision regarding the suspension of operations have been rectified, the relevant official shall within a period of five working days after the performance of the verification issue a written permit for the renewal of operations.
- (3) If all the violations referred to in the written warning or decision regarding the suspension of operations have not been rectified, the relevant official shall refuse the renewal of operations.



[8 May 2008]

## Section 77.

(1) A submission disputing the decision of the Health Inspectorate regarding the suspension of operations without a previous warning shall be examined and a decision taken within a period of 10 working days after receipt of the submission.

(2) The disputation and appeal of the decision of the Health Inspectorate referred to in this Chapter shall not suspend the operation thereof.

[8 May 2008]

### 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, On 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 issue by 1 November 2004 the regulations referred to in Section 4; Section 9, Paragraph one; Section 17, Paragraph one (text as at 27 May 2004); Sections 59 and 60.<sup>1</sup> of this Law.

[25 March 2004; 27 May 2004; 16 June 2005; 8 June 2006]

7. The Cabinet shall issue by 1 October 2005 the regulations referred to in Section 9, Paragraph two and Section 34, Paragraph three in the text 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.<sup>1</sup>, Paragraph two and Section 33 in the text of 8 June 2006 of this Law.

*[8 June 2006; 8 May 2008]*

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

*[8 June 2006]*

10. The new text 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 within the scope of his or her professional activities shall evaluate illnesses and the consequences caused thereof.

*[8 June 2006]*

11. The new text 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 Sworn Advocates Council by 1 March 2008 shall submit to the Legal Aid Administration completed notifications according to the procedures specified in Section 68.<sup>1</sup>, Paragraphs four and five of this Law, and appending to them documents, which certify other compensatory expenditures.

*[8 November 2007]*

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

*[8 May 2008]*

14. The new text 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]*

# Informative Reference to European Union Directives

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); and

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.

[8 June 2006; 8 April 2009]

This Law shall come into force on 1 October 1997.

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

President

G. Ulmanis

**Rīga, 1 July 1997**