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## Public Health Act

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 RT I 1995, 57, 978  
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### Amended by the following acts

Reception	Publication	Enforcement
19.12.1995	RT I 1996, 3, 56	01.04.1996
26.06.1996	RT I 1996, 49, 953	26.07.1996
23.04.1997	RT I 1997, 37, 569	26/05/1997
25/02/1999	RT I 1999, 30, 415	01.01.2000
10.01.1999	RT I 1999, 88, 804	10.12.1999
14.02.2001	RT I 2001, 23, 128	16.03.2001
20.03.2002	RT I 2002, 32, 187	18.04.2002, partially 01.09.2002
05.06.2002	RT I 2002, 53, 336	01.07.2002
19.06.2002	RT I 2002, 61, 375	01.08.2002
19.06.2002	RT I 2002, 63, 387	01.09.2002
16.10.2002	RT I 2002, 90, 521	01.01.2003
12.02.2003	RT I 2003, 26, 156	21.03.2003
12.02.2003	RT I 2003, 26, 160	01.11.2003
12.05.2004	RT I 2004, 45, 315	27.05.2004
13.10.2004	RT I 2004, 75, 520	01.12.2004
08.12.2004	RT I 2004, 87, 593	01.01.2005
13.04.2005	RT I 2005, 24, 179	01.01.2006
01.06.2006	RT I 2006, 28, 211	01.07.2006
15.11.2006	RT I 2006, 55, 405	01.01.2007
06.12.2006	RT I 2007, 1, 1	01.02.2007
14.02.2007	RT I 2007, 22, 114	01.07.2007
15.02.2007	RT I 2007, 24, 127	01.01.2008
15.11.2007	RT I 2007, 63, 397	01.06.2008
17.12.2008	RT I 2008, 58, 329	01.01.2009
30.09.2009	RT I 2009, 49, 331	01.01.2010
22.04.2010	RT I 2010, 22, 108	01.01.2011 shall enter into force on the day specified in the decision of the Council of the European Union on the annulment of the exception established for the Republic of Estonia on the basis of Article 140(2) of the Treaty on the Functioning of the European Union, Council of the European Union 13.07.2010. a decision No. 2010/416/EU (OJ L 196, 28.07.2010, pp. 24–26).
20.05.2010	RT I 2010, 31, 158	01.10.2010
09.06.2010	RT I 2010, 41, 240	01.09.2010
17.06.2010	RT I 2010, 44, 262	01.09.2010
17.02.2011	RT I, 10.03.2011, 1	20.03.2011, partially enters into force on 01.06.2011, 01.01.2012 and 01.01.2013
23.02.2011	RT I, 15.03.2011, 14	01.01.2012
14.11.2012	RT I, 05.12.2012, 1	01.01.2013
20.06.2013	RT I, 11.07.2013, 1	01.09.2013
06.11.2013	RT I, 20.11.2013, 1	30.11.2013, partially 01.01.2014; effective date changed 01.07.2014 [RT I, 22.12.2013, 1]
19.02.2014	RT I, 13.03.2014, 4	01.07.2014
19.06.2014	RT I, 12.07.2014, 1	01.01.2015
19.06.2014	RT I, 29.06.2014, 109	01.07.2014, titles of ministers replaced on the basis of § 107 <sup>3</sup> subsection 4 of the Government of the Republic Act.
18.12.2014	RT I, 31.12.2014, 3	10.01.2015
09.12.2015	RT I, 30.12.2015, 5	01.01.2016
09.12.2015	RT I, 31.12.2015, 1	01.03.2016
14.06.2017	RT I, 04.07.2017, 1	01.01.2018
15.11.2017	RT I, 28.11.2017, 2	01.01.2018

Reception	Publication	Enforcement
21.11.2018	RT I, 12.12.2018, 3	01.01.2019
30.01.2019	RT I, 22.02.2019, 1	01.10.2019
20.02.2019	RT I, 13.03.2019, 2	15.03.2019
16.12.2020	RT I, 04.01.2021, 1	01.05.2021
18.01.2023	RT I, 03.02.2023, 2	01.06.2023

## Chapter 1 General settings

### § 1. Purpose of the Act

(1) The purpose of this Act is to protect human health, prevent diseases and promote health, which is achieved by the obligations of the state, local government, public and private legal entities and natural persons, and the system of national and local government measures.

(2) The provisions of the Administrative Procedure Act apply to the administrative procedure prescribed in this Act, taking into account the specifics of this Act.

[ RT I 2002, 61, 375 - entry into force. 01.08.2002]

### § 2. Definitions used in the law

In this law, the terms are used in the following sense:

1) public health – a cross-sectoral field that includes all organized activities that improve the health of the population and prevent and reduce undesirable health effects with the aim of extending the life of the population, improving their quality of life and reducing health inequality;

[ RT I, 04.07.2017, 1 - enters into force. 01.01.2018]

2) health – the state of a person's physical, mental and social well-being, not only the absence of disabilities and diseases;

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2 ) population health – the state of physical, mental and social well-being of the inhabitants of a certain territory and its distribution among different population groups;

[ RT I, 04.07.2017, 1 - enters into force. 01.01.2018]

3) health protection – activities aimed at ensuring a safe living environment for human health and preventing health disorders and diseases related to the living environment;

4) health promotion – shaping behavior and lifestyle that values and promotes human health and targeted development of a health-supporting living environment;

5) disease prevention - activities aimed at early detection of pre-disease states of a person and measures to prevent illness;

6) health education - targeted dissemination of information and formation of human habits to maintain and strengthen health;

7) living environment - a set of factors of the natural, man-made and social environment in contact with a person, which affects or can affect a person's health;

8) public health emergency of international importance – within the meaning of this Act, an emergency event that poses a threat to public health and other countries due to the international spread of a disease and potentially requires internationally coordinated control measures;

[ RT I 2009, 49, 331 - entry into force. 01.01.2010]

9) health and well-being profile – a basic document for strategic planning, in which the state of health and well-being of the inhabitants of a specific territory and the factors affecting them are described and analyzed;

[ RT I, 04.07.2017, 1 - enters into force. 01.01.2018]

10) health factor – a socio-economic, behavioral, psychosocial or environmental factor that may have a desirable or undesirable effect on the health of the population;

[ RT I, 04.07.2017, 1 - enters into force. 01.01.2018]

11) health-supporting service - any service that has a direct or indirect positive effect on the health of the population or is necessary to maintain the health status of the population.

[ RT I, 04.07.2017, 1 - enters into force. 01.01.2018]

### § 3. Basic tasks of health protection, disease prevention and health promotion

The main tasks of health protection, disease prevention and health promotion are:

1) valuing the health of individuals, families and the nation;

2) development, legalization and implementation of a system of measures to ensure the healthy development of children, to prevent and reduce infectious and non-infectious, occupational and other diseases, to reduce early mortality and disability, to improve the quality of life and to extend the working age;

3) study of the living environment and assessment of its risk factors, monitoring and forecasting of human health status depending on the state of the living environment;

4) informing the public about the deterioration of the living environment or the threat of deterioration;

5) reduction of differences in the health status of different regions of the country and different groups of people;

6) development, introduction and state supervision of health protection legislation.

### § 4. Basic requirements for living environment and health protection

The basic requirements for the protection of the living environment and health are:

1) a person must not endanger the health of another person by his direct actions or by deteriorating the living environment;

2) during the production, preparation, transportation, storage and sale of foodstuffs intended for sale, the emergence and spread of infectious or other health hazards must be avoided;

3) drinking and bathing water must be safe for health;

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3 ) packaged natural mineral water and spring water must be safe for health;

[ RT I 2007, 1, 1 - entry into force. 01.02.2007]

4) consumer goods, especially children's goods, must be made of such materials and in such a way that their normal use would be safe for human health;

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4 ) cosmetic products must have such a composition and be handled in such a way that they are safe for human health when used as intended;

5) [repealed - RT I 1999, 88, 804 - entry into force. 10.12.1999] 6) The same requirements are applied to goods manufactured and imported in Estonia; 7) buildings, facilities and means of transport must be designed and built in such a way that their purposeful use promotes the preservation of health and takes into account the needs of people with mobility disabilities; 8) study and work conditions and study and work tools must be harmless to health, and in those areas of activity where health-damaging factors may occur, a person must pass a health check before starting to study or work and periodically thereafter; 9) housing and recreation conditions must promote the preservation of health; 10) the provision of services in accommodation, sports, recreation, children's, education, healthcare, personal service and welfare institutions must not harm health; 11) the lighting of the premises must not damage vision and must enable the performance of work and study tasks; 12) the use of ultraviolet radiation, infrared radiation, radio-frequency radiation, low-frequency radiation, static electric and magnetic fields (non-ionizing radiation) and visible light sources must be proper, safe for human health and meet the established limit values; [ RT I 2007, 1, 1 - entry into force. 01.02.2007] 13) the level of noise, vibration, ultrasound and infrasound must not cause health disorders and must meet the requirements established for rest and living conditions; [ RT I 2007, 1, 1 - entry into force. 01.02.2007] 14) [invalidated - RT I 2009, 49, 331 - entry into force. 01.01.2010] 15)

keeping, transporting, burying and reburial of the dead must be organized in such a way that it does not endanger people's health.

## **§ 5. Means of disease prevention**

The means of disease prevention are:

- 1) preventive medical examination of children to ensure the healthy development of children and early detection of health disorders;
- 2) implementation of measures to prevent the spread of infectious diseases and vaccination to prevent infectious diseases;
- 3) prior and periodic medical examination of the health of people working in health-damaging work for the prevention and early detection of health disorders and occupational diseases that may arise due to working conditions;
- 4) control of risk factors for the prevention of chronic non-communicable diseases and development and implementation of programs to prevent them;
- 5) development of early disease detection programs and study of risk groups.

## **§ 6. Means of health promotion**

Health promotion tools are:

- 1) health education and health education as part of educational programs;
- 2) spreading health information and motivating healthy lifestyles;
- 3) development of health services;
- 4) influencing lifestyle and reducing behavioral risk;
- 5) designing a health-promoting living environment.

## **Chapter 2**

### **Tasks of the state, local government, public and private legal entities and natural persons**

## **§ 7. Duties of the Government of the Republic**

(1) The tasks of the Government of the Republic are:

- 1) general management of the state's health protection and health promotion policy;
  - 2) ensuring state supervision of health protection;
- [ RT I 2007, 1, 1 - entry into force. 01.02.2007]
- 3) approval of national programs aimed at creating a healthy living environment, preventing health disorders and diseases, and promoting health.

(2) The Government of the Republic establishes health protection legislation:

- 1) [repealed - RT I 1999, 88, 804 - entry into force. 10.12.1999] 2) [invalidated - RT I 2002, 32, 187 - entry into force. 18.04.2002] 3) [invalidated - RT I 2007, 1, 1 - entry into force. 01.02.2007] 4) [invalidated - RT I 1999, 88, 804 - entry into force. 10.12.1999] 5) [invalidated - RT I 2007, 1, 1 - entered into force. 01.02.2007] 6) [invalidated - RT I 2007, 1, 1 - entry into force. 01.02.2007] 7) to provide household services to residents; 8) [invalid - RT I, 22.02.2019, 1 - entry into force. 01.10.2019] 9) [invalidated - RT I 2007, 1, 1 - entry into force. 01.02.2007] 10) swimming pools, swimming pools and water centers , their premises, safety, pool water and service provision; [ RT I 2007, 1, 1 - entry into force. 01.02.2007] 11) for the land area, buildings, premises, furnishings, indoor climate and maintenance of preschools, elementary schools and high schools . [ RT I, 11.07.2013, 1 - enters into force. 01.09.2013]

## § 8. Duties of the Ministry of Social Affairs

(1) The task of the Ministry of Social Affairs is:

- 1) planning and implementation of health protection, disease prevention and health promotion;
- 2) development of draft laws and other legislation on health protection, disease prevention and health promotion;
- 3) coordination of draft legislation related to health protection, disease prevention and health promotion prepared by other ministries;
- 4) Making proposals to the Government of the Republic to establish a state of emergency in the country or to eradicate infectious diseases, poisonings and radiation damage;
- 5) coordinating the activities of other ministries, agencies and inspections and analyzing performance in the field of health protection and health promotion;
- 6) planning and organizing the implementation of national programs and projects and other measures aimed at creating a health-safe living environment, preventing health disorders and diseases, and promoting health;
- 7) organizing activities aimed at shaping health education and a healthy lifestyle and valuing health, as well as organizing health education in educational institutions in cooperation with the Ministry of Education and Science;
- 8) coordination of research on health protection, disease prevention and health promotion;
- 9) coordination of national supervision of health protection through the Health Board; [ RT I 2009, 49, 331 - entry into force. 01.01.2010]
- 10) organizing monitoring of environmental health hazards;
- 11) [invalid - RT I, 22.02.2019, 1 - entry into force. 01.10.2019]
- 12) collection of data related to the health of the population and processing of personal data for the development and implementation of the national health and healthcare policy in accordance with the Personal Data Protection Act and the Public Information Act. [ RT I 2007, 24, 127 - entry into force. 01.01.2008]

(2) The minister responsible for the field establishes health protection legislation for the following fields:

- 1) [repealed - RT I 2007, 1, 1 - entry into force. 01.02.2007]
- 2) [invalidated - RT I 2003, 26, 160 - entry into force. 01.11.2003]
- 3) daily plans and study organization of elementary schools and high schools ; [ RT I, 11.07.2013, 1 - enters into force. 01.09.2013]
- 4) catering in preschools, elementary schools and high schools, health care and welfare institutions ; [ RT I, 11.07.2013, 1 - enters into force. 01.09.2013]
- 5) [repealed - RT I, 03.02.2023, 2 - entry into force. 01.06.2023]
- 6) health promotion and agenda of preschool institutions ; [ RT I 2010, 41, 240 - entry into force. 01.09.2010]
- 7) [invalidated - RT I 2009, 49, 331 - entry into force. 01.01.2010]
- 8) permanent youth camps ; [ RT I 2010, 44, 262 - entry into force. 01.09.2010]
- 8<sup>1</sup>) childcare service and foster care service in foster home and family home; [ RT I, 28.11.2017, 2 - enters into force. 01.01.2018]
- 8<sup>2</sup>) everyday life support service, supported living service, community living service and 24-hour special care service, as well as the premises for the provision of said services, the furnishings and maintenance of the premises and the land area; [ RT I 2008, 58, 329 - entry into force. 01.01.2009]
- 9) welfare institutions for children and adults, with the exception of foster homes, family homes and institutions providing special welfare services; [ RT I, 28.11.2017, 2 - enters into force. 01.01.2018]
- 10) [invalidated - RT I 2002, 32, 187 - entry into force. 18.04.2002]
- 11) [invalidated - RT I 2004, 75, 520 - entered into force. 01.12.2004]
- 12) provision of beauty and personal services ;
- 13) checking the health safety of cosmetic products ;
- 14) [invalid - RT I, 22.02.2019, 1 - entry into force. 01.10.2019]
- 15) [invalidated - RT I 2002, 32, 187 - entry into force. 18.04.2002]
- 16) public vehicles and travel services ;
- 17) limit values of non-ionizing radiation, noise, vibration, ultrasound and infrasound levels

in the living and recreation area, in residential and communal buildings, in the sanitary protection area of a local pollution source, in study rooms and other places where a person stays for a long time, as well as the methods of measuring the level of physical quantities listed in this point;

18) [invalidated - RT I 2002, 32, 187 - entry into force. 18.04.2002] 19) [invalid - RT I 2007, 1, 1 - entry into force. 01.02.2007] 20) [invalidated - RT I 2004, 45, 315 - entered into force. 27.05.2004] 21) [invalidated - RT I, 15.03.2011, 14 - entered into force. 01.01.2012] 22) food standards in detention facilities ; 23) distribution, storage and use of therapeutic mud . 24) [invalidated - RT I, 20.11.2013, 1 - entered into force. 30.11.2013]

(3) [Repealed - RT I, 04.07.2017, 1 - entry into force. 01.01.2018]

### **§ 9. Tasks of the county governor**

[Repealed - RT I, 04.07.2017, 1 - entered into force. 01.01.2018]

### **§ 10. Tasks of the local self-government unit**

[ RT I, 04.07.2017, 1 - entered into force. 01.01.2018]

(1) The tasks to be performed jointly by local self-government units are:

- 1) designing a living environment that supports the health, well-being and safety of residents;
- 2) preparing a health and well-being profile of a county or region and taking into account the information contained in it when preparing a county or regional development strategy;
- 3) implementing activities that support the health of the population and providing health-supporting services in the county or region at least to manage the priority health factors reflected in the health and well-being profile;
- 4) supporting national public health activities in the county or region;
- 5) creation of networks necessary for managing public health and closely related fields at the county or regional level and organizing their work.

(2) The tasks of the local government unit are:

- 1) organizing the implementation of health protection legislation and checking their compliance on the land area of the local government;
- 2) organization of activities aimed at the prevention of diseases and health promotion of the population on the land area of the local government.

[ RT I, 04.07.2017, 1 - enters into force. 01.01.2018]

### **§ 11. Health and well-being profile**

[ RT I, 04.07.2017, 1 - entered into force. 01.01.2018]

(1) The following information is presented in the health and well-being profile:

- 1) general data of the inhabitants of the administrative unit or region and an overview of the state of health and well-being of the population of the administrative unit or region and health factors;
- 2) analysis of the data specified in point 1 of this paragraph;
- 3) a summary of the priority health and well-being indicators and the main health determinants of the administrative unit or region.

(2) The creator of the health and well-being profile updates the health and well-being profile at least once every four years.

[ RT I, 04.07.2017, 1 - enters into force. 01.01.2018]

### **§ 12. Duties of public and private legal entities and natural persons**

(1) Legal entities under public and private law and natural persons shall, before starting production, ensure the investigation of production conditions and the health safety of the product, in the absence of methods for determining harmful factors, their development, in the absence of a technical normative document for the product, its formalization in the following areas of production:

- 1) materials and objects intended for contact with mineral and drinking water production;
- 2) manufacture of artificial materials and articles containing them;
- 3) manufacture of children's goods, cosmetic products and other consumer goods that come into direct contact with people or are used indoors;
- 4) manufacturing radiation, noise and vibration sources that can harm health.

(2) [Repealed - RT I 2002, 32, 187 - entry into force. 01.09.2002]

(3) At the request of the local government, a legal entity under public or private law and a natural person shall submit the construction project of a school, children's institution, welfare institution, company providing childcare services, and company providing beauty and personal services, including a copy of the maintenance manual, to the national health protection supervisory authority for checking the

compliance of the building with health protection requirements and providing a health safety assessment.

[ RT I 2007, 1, 1 - entry into force. 01.02.2007]

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(3 ) [Repealed - RT I 2009, 49, 331 - entry into force. 01.01.2010]

(4) [Repealed - RT I 1999, 88, 804 - entry into force. 10.12.1999]

(5) Public and private legal entities and natural persons shall immediately inform the health protection state supervisory authority and the local government of accidents and situations that may worsen people's health and the living environment.

(6) Public and private legal entities and natural persons may not disseminate ideas, opinions, beliefs and other information that may harm human health and the living environment in words, in print or in other ways.

(7) A public and private legal entity and a natural person who is the owner or occupier of a building, its part or the surrounding land shall implement preventive measures and ensure disinfection, deratization and disinfection to reduce the number of pest insects, rodents and other harmful organisms and to prevent the effect.

[ RT I 2007, 1, 1 - entry into force. 01.02.2007]

(8) [Repealed - RT I 2002, 32, 187 - entry into force. 18.04.2002]

(9) [Repealed - RT I 2007, 63, 397 - entry into force. 01.06.2008]

(10) Public and private legal entity and natural person who is a swimming or bathing service provider in a swimming pool, swimming pool or water center:

1) ensures safe conditions of use, appropriateness of the water used, and water control and testing in an accredited laboratory in accordance with the requirements of this Act and the legislation established on the basis thereof according to;

2) publishes information on the quality indicators of the water used in swimming pools, swimming pools and water centers in accordance with the requirements of the Convention on the availability of environmental information and public participation in decision-making on environmental matters, and the procedure provided for in the Public Information Act.

[ RT I, 22.02.2019, 1 - enters into force. 01.10.2019]

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## **§ 12 . Duties of public and private legal entities and natural persons in the distribution of natural mineral water and spring water and in the use of the spring**

[Repealed - RT I, 22.02.2019, 1 - entered into force. 01.10.2019]

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## **§ 12 . Duties of public and private legal entities and natural persons in the production, making available and use of cosmetic products**

[ RT I, 20.11.2013, 1 - entered into force. 30.11.2013]

(1) A person who is responsible for the production, placing on the market or making available a cosmetic product must ensure that they comply with Regulation (EC) No. 1223/2009 of the European Parliament and of the Council on cosmetic products (OJ L 342, 22.12.2009, pp. 59–209 ) (hereinafter referred to as *the cosmetics regulation* ) the relevant requirements set forth.

[ RT I, 20.11.2013, 1 - enters into force. 30.11.2013]

(2) [Repealed - RT I, 20.11.2013, 1 - entered into force. 30.11.2013]

(3) [Repealed - RT I, 20.11.2013, 1 - entered into force. 30.11.2013]

(4) [Repealed - RT I, 20.11.2013, 1 - entered into force. 30.11.2013]

(5) [Repealed - RT I, 20.11.2013, 1 - entered into force. 30.11.2013]

(6) [Repealed - RT I, 20.11.2013, 1 - entered into force. 30.11.2013]

(7) Regarding cosmetic products specified in Article 19(4) of the Cosmetics Regulation, the person responsible for making the product available shall provide the information required in Article 19(1) of the same Regulation on the product container or packaging or on the information sheet supplied with the product.

[ RT I, 20.11.2013, 1 - enters into force. 30.11.2013]

(8) According to Article 23 of the Cosmetic Regulation, manufacturers, importers, distributors and professional users of cosmetic products, as well as health care providers, must immediately inform the Health Board of any serious adverse effects that have occurred during the use of the cosmetic product.

[ RT I, 20.11.2013, 1 - enters into force. 30.11.2013]

(9) Cosmetic products that are intended for teeth whitening or bleaching and that contain hydrogen peroxide or release hydrogen peroxide in the range  $> 0.1\% \leq 6\%$  (hereinafter *teeth whitening products* ) are allowed to be sold only to dentists in the wholesale trade.

[ RT I, 20.11.2013, 1 - enters into force. 01.01.2014; effective date amended 01.07.2014 [RT I, 22.12.2013, 1]]

(10) An entrepreneur who wants to sell teeth whitening products must submit an economic activity notification in accordance with the general part of the Code of Economic Activities.

[ RT I, 20.11.2013, 1 - enters into force. 01.01.2014; effective date amended 01.07.2014 [RT I, 22.12.2013, 1]]

(11) In addition to the data provided in the law of the general part of the Code of Economic Activities, the following shall be noted in the economic activity notice:

1) place of business or places of business;

[ RT I, 20.11.2013, 1 - enters into force. 01.01.2014; effective date amended 01.07.2014 [RT I, 22.12.2013, 1]]

2) in case of e-commerce, website address.

[ RT I, 20.11.2013, 1 - enters into force. 01.01.2014; effective date changed 01.07.2014 [RT I, 22.12.2013, 1]]

3) [invalid - RT I, 04.01.2021, 1 - entry into force. 01.05.2021]

### **§ 13. Institutions performing the tasks of health protection, disease prevention and health promotion**

(1) The main tasks of health protection, disease prevention and health promotion are carried out by healthcare institutions according to the direction of their main activity.

(2) The implementation of health protection requirements is organized by executive state authorities, public and private legal entities and natural persons in accordance with their competence.

(3) The health safety of living environment objects is evaluated by the supervisory officers of the Board of Health.

[ RT I 2009, 49, 331 - entry into force. 01.01.2010]

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#### **§ 13 . Tasks of the Board of Health**

[ RT I 2007, 1, 1 - entry into force. 01.02.2007]

(1) [Repealed - RT I, 22.02.2019, 1 - entry into force. 01.10.2019]

(2) [Repealed - RT I, 22.02.2019, 1 - entry into force. 01.10.2019]

(3) In the field of cosmetic products, the competent authority is the Board of Health, which:

1) manages and uses the information made available by the European Commission in accordance with Article 13 of the Cosmetics Regulation;

2) if necessary, checks the compliance of the product data sheet with the requirements set forth in Article 11, Paragraph 2 of the Cosmetics Regulation;

3) collects and processes data on serious unwanted effects that have occurred when using a cosmetic product in accordance with Article 23 of the Cosmetics Regulation;

4) exchanges information and cooperates with the competent authorities of other countries, the European Commission and international organizations;

5) regularly evaluates the performance of supervision at least every four years, communicates the results to other member states and the European Commission in accordance with Article 22 of the Cosmetics Regulation, and makes them available to the public.

[ RT I, 20.11.2013, 1 - enters into force. 30.11.2013]

(4) In the field of prevention, monitoring and control of infectious diseases and epidemiological risk analysis and risk assessment of infectious diseases, the competent authority is the Health Board on the basis provided in the Prevention and Control of Infectious Diseases Act.

[ RT I 2009, 49, 331 - entry into force. 01.01.2010]

(5) In the field of chemical safety, the Board of Health is the competent authority on the basis provided in the Chemicals Act.

[ RT I 2009, 49, 331 - entry into force. 01.01.2010]

(6) In the field of biocides, the Board of Health is the competent authority on the basis provided in the Biocides Act.

[ RT I 2009, 49, 331 - entry into force. 01.01.2010]

(7) In order to fulfill the tasks assigned to the Health Board by law, the board:

1) organizes and carries out a risk analysis of health hazards in its field of activity;

2) informs the European Commission and the World Health Organization about a public health emergency of international importance.

[ RT I 2009, 49, 331 - entry into force. 01.01.2010]

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#### **§ 13 . Requirements for the drinking water sampler**

[Repealed - RT I, 22.02.2019, 1 - entered into force. 01.10.2019]

### **§ 14. Availability of information on the state of human health and living environment**

Institutions dealing with health protection, disease prevention and health promotion ensure that the population is informed about the health risks of the living environment and ways to avoid them, as well as the availability of data designated for the general use of the living environment.

[ RT I 2009, 49, 331 - entry into force. 01.01.2010]

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## **2 . chapter DATA COLLECTIONS**

**[ RT I, 10.03.2011, 1 - enters into force. 20.03.2011]**

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### **§ 14 . National databases related to population health**

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(1) The statutes of the database or information system specified in §§ 14 - 14 of this Act stipulate:

1) the authorized processor, if the authorized processor has been appointed, and the tasks of the processors;

2) more precise composition of the data to be collected and the procedure for entering the data into the database;

3) data providers, the data sent from them and the method of data submission;

4) data access and data release procedure;

5) if necessary, a more precise data storage procedure;

6) other organizational matters.

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(2) The data of the database or information system specified in §§ 14 - 14 and 14 of this Act shall be issued in non-personalized form. Personalized data is issued with the consent of the data subject or for scientific and historical research and statistics or to find out

the truth in criminal proceedings.

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(3) In order to fulfill the purpose of maintaining the databases or information systems specified in §§ 14<sup>2</sup> - 14<sup>5</sup> and 14<sup>7</sup> of this Act, the database keeper may process the previous general data of a person, such as first and last name, personal identification number and gender.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

## 2

### § 14 . Cancer registry

(1) The cancer registry is a database that is used to analyze cancer incidence, cancer prevalence, and the life expectancy of cancer patients, to organize health services and cancer control, to develop health policy, to evaluate the approach to diagnostics and treatment, and to perform statistics and scientific research, including epidemiological studies.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

(2) The healthcare service provider who diagnoses cancer cases both during life and after death and provides treatment to cancer patients and the forensic medical expert of the national expertise institution have the obligation to submit data to the cancer registry.

[ RT I, 10.03.2011, 1 - enters into force. 01.06.2011]

(3) The following data are processed in the cancer registry:

- 1) general data of the person – personal identification number, date of birth, gender, first and last name, patronymic, nationality, place of birth and place of residence;
- 2) data on the person's arrival in and departure from Estonia;
- 3) health data of the cancer patient - the examination performed, its result and the person who performed it, the diagnosis and spread of the malignant tumor, including the malignant tumor diagnosed during the screening and the treatment provided;
- 4) the time and cause of the person's death;
- 5) data provider.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

## 1

(3 ) The cancer registry stores data indefinitely. Logs and basic data are stored in accordance with the regulations of the cancer registry.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

(4) The cancer registry is established and its statutes are established by a regulation of the minister responsible for the field .

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

(5) The responsible processor of the cancer registry is the Health Development Institute.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

## 3

### § 14 . Pregnancy information system

[ RT I, 13.03.2019, 2 - entered into force. 15.03.2019]

(1) The pregnancy information system is considered to be used to analyze the progress, interruption and termination of pregnancy, and the morbidity and mortality of the mother and newborn, to organize health services, to develop health policy, to evaluate the approach to diagnostics and treatment, and to perform statistical and scientific research, including epidemiological studies.

(2) A health care service provider who provides obstetrics and gynecology or pediatrics services on the basis of a specialist medical care license and home birth care on the basis of an independently provided midwifery license is obliged to submit data to the pregnancy information system.

(3) The following data are processed in the pregnancy information system:

- 1) personal identification number, date of birth, gender, first and last name, nationality, place of residence, marital status, starting date of marriage or cohabitation, field of activity and education of the pregnant and biological mother;
- 2) general data of the child - personal identification number, date of birth, gender and first and last name;
- 3) father's general data - personal identification number, date of birth, gender, first and last name, place of residence, field of activity and education;
- 4) data on the course of the biological mother's pregnancy and childbirth, including miscarriage or termination of pregnancy and contraceptive methods, as well as risk factors;
- 5) other health data of the pregnant woman, the biological mother and the child - medical condition, diagnosis, treatment provided and its duration, and medications;
- 6) time and cause of death of biological mother and child;
- 7) data provider.

(4) The pregnancy information system is established and its statutes are established by a regulation of the minister responsible for the field .

(5) Data are stored indefinitely in the pregnancy information system. Logs and basic data are stored in accordance with the regulations of the pregnancy information system.

(6) The responsible processor of the pregnancy information system is the Health Development Institute.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

## 4

### § 14 . Myocardial Infarction Registry

(1) Myocardial infarction register is a database that is used to analyze the incidence of myocardial infarction and the life expectancy of myocardial infarction patients, to organize health care services, to develop health policy, to evaluate the approach to diagnostics and

treatment, and to conduct statistics and scientific research, including epidemiological studies.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

(2) The health care provider who diagnoses myocardial infarction cases both during life and after death and provides treatment to myocardial infarction patients has the obligation to submit data to the myocardial infarction registry.

(3) The following data are processed in the myocardial infarction register:

- 1) general data of the person – personal identification number, date of birth, gender, first and last name and place of residence;
- 2) data on the person's arrival in and departure from Estonia;
- 3) health data of the myocardial infarction patient - pre-hospitalization, during hospital stay and post-hospitalization examination and its result, cardiovascular diseases, including diagnosis of myocardial infarction, concomitant diagnoses and risk factors, myocardial infarction patient's condition, treatment and medications, and complications;
- 4) time and cause of the person's death and place of death;
- 5) data provider.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

1

(3 ) Data are stored indefinitely in the myocardial infarction register. Logs and basic data are stored in accordance with the regulations of the Myocardial Infarction Registry.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

(4) The myocardial infarction registry is established and its statutes are established by the minister responsible for the field by regulation.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

(5) The responsible processor of the myocardial infarction register is the Ministry of Social Affairs.

[ RT I, 10.03.2011, 1 - enters into force. 01.01.2012]

**5**

#### **§ 14 . Tuberculosis register**

(1) The tuberculosis register is a database that is used to register tuberculosis cases, prevent tuberculosis, analyze the incidence of tuberculosis, the prevalence of tuberculosis and the life expectancy of tuberculosis patients, organize healthcare services and tuberculosis control, develop health policy, evaluate the approach to diagnostics and treatment, and conduct statistics and scientific research, including epidemiological studies.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

(2) The healthcare service provider who diagnoses cases of tuberculosis both during life and after death and provides treatment to a tuberculosis patient and the forensic medical expert of the national expert examination institution have the obligation to submit data to the tuberculosis registry.

[ RT I, 10.03.2011, 1 - enters into force. 01.06.2011]

(3) The following data are processed in the tuberculosis register:

- 1) general data of a person – personal identification code, date of birth, gender, first and last name, patronymic, place of birth, nationality, place of residence, contact details, marital status, education, field of activity and place of work and existence of health insurance;
- 2) data on the person's arrival in and departure from Estonia;
- 3) health data of the tuberculosis patient - the examination performed, its result and the person who performed it, diagnosis, including co-diagnoses and risk factors, the condition of the tuberculosis patient before treatment, the treatment provided and its result, and the reasons for termination of treatment, including treatment and medication regardless of will;
- 4) the time and cause of the person's death;
- 5) data provider.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

1

(3 ) The tuberculosis register stores data indefinitely. Logs and basic data are stored in accordance with the regulations of the tuberculosis registry.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

(4) The tuberculosis register is established and its statutes are established by a regulation of the minister responsible for the field .

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

(5) The responsible processor of the tuberculosis register is the Health Development Institute.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

**6**

#### **§ 14 . Water health safety information system**

(1) The water health safety information system is considered for collecting data on the quality of drinking, bathing and pool water, natural mineral water and spring water, health safety analysis, statistics and scientific research, including epidemiological studies.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

(2) The handler of drinking water, the handler of natural mineral water and spring water, the owner of a bathing place and a swimming pool have the obligation to submit data to the water health safety information system or to transmit the data through the Health Board.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

(3) The water health safety information system collects data on:

- 1) drinking water handler, water supply and drinking water quality;
- 2) about the owner of the swimming pool and the quality of the pool water;
- 3) about the owner of the bathing place and the quality of the bathing water;

4) on the operator of natural mineral water and spring water and the quality of natural mineral water and spring water.

[ RT I, 10.03.2011, 1 - enters into force. 01.01.2012]

(4) The water health safety information system is established and its statutes are established by a regulation of the minister responsible for the field .

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

(5) The responsible processor of the water health safety information system is the Board of Health.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

## 7

### § 14 . Cancer Screening Registry

(1) The Cancer Screening Register is a database that is kept for the purpose of organizing cancer screenings, analyzing data from screening-related studies and treatment following studies, early detection of cancer, evaluating the quality and effectiveness of screenings, as well as developing health policy and conducting statistical and scientific research, including epidemiological studies.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

(2) All health care providers performing cancer screening and health care providers who have performed examinations and treated participants in the screening have the obligation to submit data to the cancer screening registry through the health information system.

[ RT I, 31.12.2014, 3 - enters into force. 10.01.2015]

(3) The following data is processed in the cancer screening register:

1) general data of the person – personal identification number, date of birth, gender, first and last name, place of residence, contact information and availability of health insurance;

2) data on the person's arrival in and departure from Estonia;

3) sent screening invitation and re-invitation;

4) health data of the person belonging to the target group of the screening - previously diagnosed malignant tumors, the basic and additional examination of the screening performed, analysis or procedure and its result, the person who performed the screening and the evaluator, and the diagnosis and spread of the malignant tumor, including the previously diagnosed malignant tumors and the treatment provided after the screening;

5) data on the main examination, analysis or procedure of the screening performed on persons belonging to the target group of the screening outside of the screening;

6) the time and cause of the person's death;

7) data provider.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

## 1

(3 ) Data are kept indefinitely in the cancer screening register. Logs and basic data are stored in accordance with the regulations of the Cancer Screening Registry.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

(4) The cancer screening registry is established and its statutes are established by the minister responsible for the field by regulation.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

(5) The responsible processor of the cancer screening register is the Health Development Institute.

[ RT I, 13.03.2019, 2 - enters into force. 15.03.2019]

## Chapter 3 State supervision of health protection

### § 15. State supervision

[ RT I, 13.03.2014, 4 - entered into force. 01.07.2014]

(1) State supervision over compliance with the requirements set forth in the relevant legislation of the European Union, this Act and legislation established on its basis, and health safety in the cases specified in § 6 subsection 3 of the Product Compliance Act and § 10 subsection 2 of the Consumer Protection Act is performed by the Health Board.

[ RT I, 31.12.2015, 1 - enters into force. 01.03.2016]

(2) [Repealed - RT I, 03.02.2023, 2 - entered into force. 01.06.2023]

### § 16. Special measures of state supervision

[ RT I, 13.03.2014, 4 - entered into force. 01.07.2014]

The law enforcement body may apply the special measures of state supervision provided for in §§ 30, 31, 32, 49, 50 and 51 of the Law Enforcement Act on the basis and according to the procedure provided for in the Law Enforcement Act to carry out the state supervision provided for in this Act.

[ RT I, 13.03.2014, 4 - enters into force. 01.07.2014]

### § 17. Extortion money rate

[ RT I, 13.03.2014, 4 - entered into force. 01.07.2014]

In the case of failure to comply with the order, the law enforcement body may apply coercive money in accordance with the procedure provided for in the substitute enforcement and coercive money law. The maximum amount of extortion money is 640 euros.

[ RT I, 13.03.2014, 4 - enters into force. 01.07.2014]

### § 18. Complaining to the court

[Repealed - RT I, 13.03.2014, 4 - entered into force. 01.07.2014]

**1**  
**3 . chapter**  
**RESPONSIBILITY**

**[ RT I 2002, 63, 387 - entry into force. 01.09.2002]**

**1**

**§ 18 . Liability for violation of health protection requirements**

[Repealed - RT I, 12.07.2014, 1 - entered into force. 01.01.2015]

**2**

**§ 18 . Liability for violation of the requirements established for the cosmetic product, its production and making available**

**2**

(1) Violation of the requirements listed in § 12 of this Act and Article 25 of the Cosmetics Regulation - shall be punished with a fine of up to 200 fine units.

(2) For the same act, if it has been committed by a legal entity, - shall be punished with a fine of up to 3,200 euros.

[ RT I, 20.11.2013, 1 - enters into force. 30.11.2013]

**3**

**§ 18 . Procedure**

(1) [Repealed - RT I, 12.07.2014, 1 - entered into force. 01.01.2015]

(2) The court may apply the confiscation of the substance or object that was the direct object of the commission of the misdemeanor

**2**

provided for in § 18 of this Act in accordance with § 83 of the Penal Code.

[ RT I, 12.07.2014, 1 - entered into force. 01.01.2015]

(3) [Repealed - RT I, 12.07.2014, 1 - entered into force. 01.01.2015]

**2**

(4) The out-of-court procedure for the misdemeanor provided for in § 18 of this Act is the Health Board.

[ RT I, 03.02.2023, 2 - enters into force. 01.06.2023]

**§ 19. Liability for violation of health protection legislation**

[Repealed - RT I 2002, 63, 387 - entered into force. 01.09.2002]

**§ 20. Compensation for damage caused by violation of the Public Health Act**

[Repealed - RT I 2002, 53, 336 - entry into force. 01.07.2002]

**Chapter 4**  
**Final provisions**

**§ 21. Financing**

(1) The activities of the state supervisory bodies for health protection are financed from the state budget.

(2) State programs related to health protection, disease prevention and health promotion are financed from the state budget.

(3) Local programs related to health protection, disease prevention and health promotion may be partially or fully financed from the state budget.

(4) Programs related to health protection, disease prevention and health promotion may be partially or fully financed from the health insurance budget.

(5) The Health Board shall, at the customer's request, provide paid health protection services for the determination of chemical, biological and physical risk factors and risk assessment in accordance with the procedure and price list established by the regulation of the minister responsible for the field . Actions directly related to the state supervision of health protection may not be provided as a paid service.

[ RT I 2009, 49, 331 - entry into force. 01.01.2010]

(6) Public and private legal entities and natural persons shall bear the costs of fulfilling the tasks and obligations assigned to them by this Act.

**§ 22. Changes in previous legislation**

[Omitted from this text.]

**§ 23. Health protection requirements for schools and preschool institutions**

The Government of the Republic shall establish health protection requirements for schools and pre-school children's institutions, their land area, buildings, premises, furnishings and indoor climate and maintenance by December 31, 2010 at the latest. Until the aforementioned health protection requirements are established by the Government of the Republic, the health protection requirements established by the Minister of Social Affairs on the basis of § 8 (2) point 6 of the Public Health Act valid before September 1, 2010 shall apply to schools and preschool institutions.

[ RT I 2010, 41, 240 - entry into force. 01.09.2010]

**§ 24. Implementation of the Act**

(1) §§ 14<sup>2</sup>, 14<sup>3</sup> and 14<sup>5</sup> of this Act shall enter into force on June 1, 2011.

(2) §§ 14<sup>4</sup> and 14<sup>6</sup> of this Act shall enter into force on January 1, 2012.

(3) Section 14 subsection 2 of this Act shall enter into force on January 1, 2013.

(4) The Tartu University Hospital foundation shall transfer the collected myocardial infarction data to the myocardial infarction registry<sup>4</sup> established on the basis of § 14 subsection 4 of this Act by January 1, 2012 at the latest.  
[ RT I, 10.03.2011, 1 - enters into force. 20.03.2011]

(5) The health and well-being profile specified in § 10 (1) point 2 of this Act must be prepared by local government units by January 15, 2019 at the latest.  
[ RT I, 04.07.2017, 1 - enters into force. 01.01.2018]

1  
[Omitted - RT I, 22.02.2019, 1 - entered into force. 01.10.2019]