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Public Health Act[1]

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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
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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

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23.02.2011	RT I, 15.03.2011, 14	01.01.2012
14.11.2012	RT I, 05.12.2012, 1	01.01.2013

Chapter 1
General Provisions

§ 1. Purpose of Act

(1) The purpose of this Act is to protect human health, prevent diseases and promote health, which is to be achieved through the performance of duties by the state, local governments, legal persons in public law, legal persons in private law and natural persons, and through the system of national and local measures.

(2) The provisions of the Administrative Procedure Act apply to administrative proceedings prescribed in this Act, taking account of the specifications provided for in this Act.
[RT I 2002, 61, 375 - entry into force 01.08.2002]

§ 2. Definitions used in this Act

In this Act, the following definitions are used:
1) "public health" means the science and art of disease prevention, extending life expectancy, promoting and improving mental and physical health through the organised efforts of society;
2) "health" means a state of physical, mental and social well-being of a person, not only the absence of disability or disease;
3) "health protection" means activities aimed at ensuring a physical and social environment which is safe for human health and at preventing health disorders and diseases associated with the physical and social environment;
4) "health promotion" means the creation of behaviour and lifestyles which value and enhance health, and the purposeful development of a physical and social environment which is conducive to health;
5) "disease prevention" means activities aimed at early detection of disease in persons and measures to prevent illness;
6) "health education" means the purposeful dissemination of information and formation of people's habits for the preservation and improvement of health;
7) "physical and social environment" means the aggregate of natural, artificial and social environmental factors with which people come into contact and which affects or may affect human health;
8) "public health emergency of international concern" for the purposes of this Act means an extraordinary event which poses danger to public health and other countries due to international spread of disease and which potentially requires internationally co-ordinated control measures.
[RT I 2009, 49, 331 - entry into force 01.01.2010]

§ 3. Primary objectives of health protection, disease prevention and health promotion

The primary objectives of health protection, disease prevention and health promotion are:
1) to value the health of individuals, families and the public;
2) to develop, legislate and implement measures for the healthy development of children, prevention and reduction of infectious, non-infectious, occupational and other diseases, to reduce incidents of premature death and disability, improve the quality of life and extend the duration of working life;
3) to study the physical and social environment and assess the risk factors thereof, and monitor and predict the state of human health depending on the state of the physical and social environment;
4) to inform the public of the deterioration or danger of deterioration of the physical and social environment;
5) to reduce disparities in the state of health in different regions of the country and different groups of people;
6) to develop and enact health protection legislation and state supervision over compliance therewith.

§ 4. Basic requirements for protection of physical and social environment and health

The basic requirements for protection of the physical and social environment and health are:
1) no person shall endanger the health of other persons by his or her direct action or by harming the physical and social environment;
2) the development and spread of infection and other health hazards shall be prevented in the manufacture, preparation, transport, preservation and sale of foodstuffs intended for sale;
3) drinking water and bathing water shall be safe for health;
3^1) packaged natural mineral water and spring water shall be safe for health;
[RT I 2007, 1, 1 - entry into force 01.02.2007]
4) consumer goods, in particular products for children, shall be produced from such materials and in such a way that ordinary use is safe for human health;

4[1]) cosmetic products shall be of such composition and be handled in such way that upon the intended use such products are safe for human health;
5) [Repealed - RT I 1999, 88, 804 – entered into force 10.12.1999]
6) the same requirements shall apply to goods produced in and imported to Estonia;
7) buildings, structures and means of transport shall be designed and built such that their intended use promotes the maintenance of health and considers the needs of persons with physical disabilities;
8) study and working conditions and study materials and work equipment shall be harmless to health; in areas of activity where health hazards may be present, persons shall undergo a medical examination prior to commencing studies or work and regular medical examinations thereafter;
9) the conditions for household and rest areas shall promote the maintenance of health;
10) provision of services at establishments providing accommodation, sports facilities, recreational institutions, child care institutions, educational institutions, health care institutions, personal services establishments and social welfare institutions shall not be harmful to health;
11) lighting in rooms shall not be harmful to vision and shall enable the performance of duties and doing study assignments;
12) the use of ultraviolet radiation, infra-red radiation, radio-frequency radiation, low-frequency radiation and static electric and magnetic fields (non-ionizing radiation) and visible light sources shall comply with the requirements, be safe for human health and comply with the established limits;
[RT I 2007, 1, 1 - entry into force 01.02.2007]
13) the level of noise, vibration, ultrasound or infrasound shall not cause health disorders and shall comply with the requirements established for rest and non-work areas;
[RT I 2007, 1, 1 - entry into force 01.02.2007]
14) [Repealed - RT I 2009, 49, 331 – entered into force 01.01.2010]
15) keeping, transport, burial and reburial of bodies shall be organised such that it would not endanger human health.

§ 5. Means of disease prevention

Means of disease prevention are:
1) preventive medical examinations for children in order to ensure the healthy development of children and early detection of disease;
2) implementation of measures for prevention of the spread of infectious diseases and vaccination for prevention of infectious diseases;
3) initial and regular medical examinations of the health of persons working in jobs which are hazardous to health, for prevention and early detection of health disorders and occupational diseases which may develop due to working conditions;
4) monitoring of risk factors for prevention of chronic non-communicable diseases, and development and implementation of such disease prevention programmes;
5) development of programmes for early detection of diseases and study of risk groups.

§ 6. Means of health promotion

Means of health promotion are:
1) health education as part of educational programmes;
2) dissemination of health information and promotion of healthy lifestyles;
3) development of health promotion services;
4) influencing of lifestyles and reduction of behavioural risks;
5) development of a health-enhancing physical and social environment.

Chapter 2
Duties of State, Local Governments, Legal Persons in Public Law, Legal Persons in Private Law and Natural Persons

§ 7. Duties of Government of the Republic

(1) The duties of the Government of the Republic are to:
1) general management of national health protection and health promotion policy;
2) ensure state supervision over health protection;
[RT I 2007, 1, 1 - entry into force 01.02.2007]
3) approve national programmes for prevention of health disorders and diseases, for health promotion and creation of a physical and social environment safe for health.

(2) The Government of the Republic shall enact health protection legislation on:
1) [Repealed - RT I 1999, 88, 804 – entered into force 10.12.1999]
2) [Repealed - RT I 2002, 32, 187 – entered into force 18.04.2002]

3) [Repealed - RT I 2007, 1, 1 – entered into force 01.02.2007]
4) [Repealed - RT I 1999, 88, 804 – entered into force 10.12.1999]
5) [Repealed - RT I 2007, 1, 1 – entered into force 01.02.2007]
6) [Repealed - RT I 2007, 1, 1 – entered into force 01.02.2007]
7) provision of consumer services to the public;
8) bathing water and beaches;
9) [Repealed - RT I 2007, 1, 1 – entered into force 01.02.2007]
10) pools and water parks, the premises thereof, safety, pool water and provision of service;
[RT I 2007, 1, 1 - entry into force 01.02.2007]
11) schools and preschool child care institutions, the land, buildings, premises, furnishings, indoor climate and maintenance thereof.
[RT I 2010, 41, 240 - entry into force 01.09.2010]

§ 8. Duties of Ministry of Social Affairs

(1) The duties of the Ministry of Social Affairs are to:
1) plan and implement plans for health protection, disease prevention and health promotion;
2) draft health protection, disease prevention and health promotion laws and other legislation;
3) concord draft legislation relating to health protection, disease prevention and health promotion prepared by other ministries;
4) propose to the Government of the Republic to establish an emergency situation in the state or in part of the state to eliminate an infectious disease, intoxication or radiation damage;
5) co-ordinate and analyse the efficiency of the activities of other ministries, agencies and inspectorates in the area of health protection and health promotion;
6) plan and organise implementation of national programmes, projects and other measures for creation of a physical and social environment which is safe for health, prevention of health disorders and disease, and health promotion;
7) organise health education and activities aimed at creating healthy lifestyles and health appreciation, and, in co-operation with the Ministry of Education and Research, to organise health education in educational institutions;
8) co-ordinate research relating to health protection, disease prevention and health promotion;
9) co-ordinate state supervision over health protection through the Health Board;
[RT I 2009, 49, 331 - entry into force 01.01.2010]
10) organise the monitoring of health hazards arising from environment;
11) evaluate the persons who take samples of drinking water;
12) collect information on the health of the population, and process personal data for the development and implementation of national health and health care policies in accordance with the Personal Data Protection Act and Public Information Act.
[RT I 2007, 24, 127 - entry into force 01.01.2008]

(2) The Minister of Social Affairs shall establish health protection legislation on the following areas:
1) [Repealed - RT I 2007, 1, 1 – entered into force 01.02.2007]
2) [Repealed - RT I 2003, 26, 160 – entered into force 01.11.2003]
3) daily schedules and study timetables in schools;
4) food service in preschool child care institutions, educational institutions, health care institutions and social welfare institutions;
5) babies' dummies;
6) health promotion and daily schedules in preschool child care institutions;
[RT I 2010, 41, 240 - entry into force 01.09.2010]
7) [Repealed - RT I 2009, 49, 331 – entered into force 01.01.2010]
8) permanent youth camps;
[RT I 2010, 44, 262 - entry into force 01.09.2010]
8^1) home child care service and substitute home service;
[RT I 2006, 55, 405 - entry into force 01.01.2007]
8^2) everyday life support service, supported living service, community living service and 24-hour special care service, and the premises where the given services are provided, the furnishings, maintenance and land thereof;
[RT I 2008, 58, 329 - entry into force 01.01.2009]
9) social welfare institutions for children and adults except for substitute home and special care home;
[RT I 2008, 58, 329 - entry into force 01.01.2009]
10) [Repealed - RT I 2002, 32, 187 – entered into force 18.04.2002]
11) [Repealed - RT I 2004, 75, 520 – entered into force 01.12.2004]
12) provision of beauty treatment and personal services;
13) verification of the safety of cosmetic products;
14) natural mineral water and spring water, handling thereof and recognition of natural mineral water placed on the market of the European Union;
15) [Repealed - RT I 2002, 32, 187 – entered into force 18.04.2002]
16) public transport vehicles and travel services;
17) limit values of levels of non-ionizing radiation, noise, vibration, ultrasound and infrasound in living and recreation areas, residential buildings and buildings in joint use, sanitary protection zones of stationary sources of pollution, study rooms and other places where people stay for a prolonged period of time, and methods of measurement of the levels of physical quantities listed in this clause;
18) [Repealed - RT I 2002, 32, 187 – entered into force 18.04.2002]

19) [Repealed - RT I 2007, 1, 1 – entered into force 01.02.2007]
20) [Repealed - RT I 2004, 45, 315 – entered into force 27.05.2004]
21) [Repealed - RT I, 15.03.2011, 14 – entered into force 01.01.2012]
22) rations in penal institutions;
23) marketing, preservation and use of medicinal mud;
24) cosmetic products and handling thereof.
[RT I 2007, 1, 1 - entry into force 01.02.2007]

(3) The Minister of Social Affairs shall establish the procedure for:
1) organisation of the activities of health promotion specialists who work at county governments.
2) [Repealed - RT I 2005, 24, 179 – entered into force 01.01.2006]
3) [Repealed - RT I 2009, 49, 331 – entered into force 01.01.2010]

§ 9. Duties of county governors

The duties of county governors are to:
1) ensure the implementation of health protection, disease prevention and health promotion measures in the territory of the county;
2) develop and organise implementation of programmes aimed at creation of a physical and social environment which is safe for health, prevention of health disorders and disease in the county;
3) co-ordinate co-operation between agencies dealing with health protection and health promotion and rural municipality medical officers and city medical officers.

§ 10. Duties of local governments

The duties of the local governments are to:
1) organise the implementation of health protection legislation and monitor compliance therewith in the territory of the local government;
2) organise the activities aimed at prevention of disease and health promotion among the population in the territory of the local government.

§ 11. Duties of rural municipality medical officers and city medical officers

(1) Rural municipality medical officers and city medical officers shall monitor compliance with health protection legislation in territories, buildings and structures in state, municipal or private ownership which are administered by or in the ownership of legal persons in public law, legal persons in private law or natural persons under their jurisdiction and, upon violation of legislation, shall make proposals to the management of enterprises, agencies or organisations or to natural persons for the elimination of violations.

(2) In the implementation of this Act, rural municipality medical officers and city medical officers have the rights of state health protection supervisory officials specified in clause 16 (1) 1) of this Act. Rural municipality medical officers and city medical officers shall notify state health protection supervisory agencies of violations of health protection legislation.

(3) It is the duty of rural municipality medical officers and city medical officers to make proposals to local governments or other competent bodies on improving the state of the physical and social environment and on health promotion in the rural municipality or city.

(4) The duties of rural municipality medical officers and city medical officers include co-operation with the Health Board.
[RT I 2009, 49, 331 - entry into force 01.01.2010]

§ 12. Duties of legal persons in public law, legal persons in private law and natural persons

(1) Prior to commencing manufacture of a product, legal persons in public law, legal persons in private law and natural persons shall ensure inspection of manufacturing conditions and the safety of the product or, in the absence of methods to determine hazards, develop such methods; in the absence of normative documents concerning the product prepare normative documents in the following areas of production:
1) manufacture of materials and products which come into contact with mineral water and drinking water;
[RT I 2007, 22, 114 - entry into force 01.07.2007]
2) preparation of synthetic materials and products containing synthetic materials;
3) manufacture of products for children, cosmetic products, consumer products which come into direct contact with persons and household effects;
4) manufacture of products which emit or cause radiation, noise or vibration which are potentially harmful to health.

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

(3) Legal persons in public law, legal persons in private law and natural persons shall submit to a state health protection supervisory agency, upon the request of a local government, the copy of building design documentation, including the maintenance instruction, of a school, child care institution, social welfare institution, an undertaking providing home child care services and an undertaking providing beauty treatment and personal services in order to verify compliance of the building with health protection requirements and assess the safety on health.
[RT I 2007, 1, 1 - entry into force 01.02.2007]

(3^1) [Repealed - RT I 2009, 49, 331 – entered into force 01.01.2010]

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

(5) Legal persons in public law, legal persons in private law and natural persons shall promptly notify state health protection supervisory agencies and local governments of accidents and situations which may harm human health or the physical and social environment.

(6) Legal persons in public law, legal persons in private law and natural persons shall not by word, print or other means disseminate ideas, opinions, beliefs or other information which could be hazardous to human health and the physical and social environment.

(7) Legal persons in public law, legal persons in private law and natural persons who are the owners or possessors of a building, part thereof or the land surrounding the building shall apply preventive measures and ensure the eradication of insect or rodent vermin and disinfection in order to decrease the number of noxious insects and rodents and other harmful organisms and to prevent the harmful effect.
[RT I 2007, 1, 1 - entry into force 01.02.2007]

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

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

(10) Legal persons in public law, legal persons in private law and natural persons who are the owners or possessors of a bathing area or who provide swimming or bathing service in a pool or water park shall:
1) ensure the safe conditions of use, compliance of the used water with requirements, inspection and surveys of the water in an accredited laboratory on the basis of the requirements established in this Act and in the legislation established on the basis thereof;
2) disclose information concerning the quality indicators of bathing water and the water used in pools and water parks according to the requirements of the convention on access to information, public participation in decision-making and access to justice in environmental matters pursuant to the procedure provided for in the Public Information Act.
[RT I 2007, 1, 1 - entry into force 01.02.2007]

§ 12^1. Duties of legal persons in public law, legal persons in private law and natural persons upon marketing natural mineral water and spring water and exploitation of spring

(1) Legal persons in public law, legal persons in private law and natural persons who are the manufacturers of natural mineral water or spring water for the purposes of Product Conformity Act shall be responsible for placing on the market and compliance with requirements of natural mineral water or spring water, and:
[RT I 2010, 31, 158 - entry into force 01.10.2010]
1) may exploit spring water or natural mineral water and bottle water only after it has been established on the basis of surveys by competent authorities that the water complies with the requirements established for spring water or natural mineral water pursuant to this Act and a permit for the special use of water has been issued for the exploitation of spring on the basis of the Water Act or a permit of a responsible authority of the country of origin concerning natural mineral water;
2) shall bottle natural mineral water and spring water at the place of extraction;
3) shall submit to the Health Board a written application for recognition of natural mineral water extracted and manufactured in Estonia or natural mineral water extracted from the ground of a country outside the European Economic Area (hereinafter third country) and placed on the market in Estonia, the survey data by competent authorities and detailed information pursuant to the requirements of this Act and the legislation established on the basis thereof;
[RT I 2009, 49, 331 - entry into force 01.01.2010]
4) may place on the market in Estonia, for the purposes of Product Conformity Act, natural mineral water recognised by the Health Board or a competent authority of another state and which has been entered in the list of natural mineral waters published in the Official Journal of the European Union;
[RT I 2010, 31, 158 - entry into force 01.10.2010]
5) may place natural mineral water extracted from the ground of a third country on the market in Estonia only if the responsible authority of the country of origin of water has certified that it performs regular checks over the compliance of water with the requirements and the water complies with the requirements established for natural mineral water in the European Union and the compliance therewith has been recognised by the Health Board;
[RT I 2009, 49, 331 - entry into force 01.01.2010]
6) shall not add any substances to natural mineral water other than carbon dioxide;
7) shall not market natural mineral water from the same source under different sales descriptions or name packaged drinking water, table water, spring water or other water as «natural mineral water» or «mineral water».

(2) The manufacturer of natural mineral water specified in subsection (1) of this section shall pay for the accommodation expenses of two representatives of a responsible authority connected with the evaluation of the place of extraction, the spring, extraction equipment and processing of natural mineral water and the travelling expenses of the representatives to and from the place of extraction.

(3) State fee shall be paid for the recognition procedure of natural mineral water, evaluation of the compliance of water extraction equipment and processing, issue and renewal of the recognition decision and for notification of the European Commission and Member States pursuant to the rates established in the State Fees Act.

(4) The term of validity of recognition of natural mineral water extracted from the ground of a third country and imported into the Community shall be five years. It shall not be necessary to repeat the recognition procedure if the responsible authority of the country of origin has renewed the compliance of natural mineral water before the passing of five years.
[RT I 2007, 1, 1 - entry into force 01.02.2007]

§ 12[2]. Duties of legal persons in public law, legal persons in private law and natural persons upon marketing and placing on market of cosmetic products
[RT I 2007, 1, 1 - entry into force 01.02.2007]

(1) Legal persons in public law, legal persons in private law and natural persons who are the manufacturers, importers or distributors of cosmetic products for the purposes of Product Conformity Act shall be liable for placing on the market and compliance with requirements of cosmetic products and shall ensure the handling, manufacture, evaluation of safety, packaging, labelling, transport, preservation and placing on the market of cosmetic products in a manner which ensures the safety of the cosmetic product for the consumers.
[RT I 2010, 31, 158 - entry into force 01.10.2010]

(2) Manufacturer who manufactures cosmetic products in Estonia or places cosmetic products on the market in Estonia for the purposes of Product Conformity Act shall notify to the Health Board its business name and seat in Estonia in written form prior to placing the cosmetic product on the market.
[RT I 2010, 31, 158 - entry into force 01.10.2010]

(3) The manufacturer of cosmetic products shall ensure the existence of the required information on the cosmetic products and the availability of information pursuant to the established legislation.
[RT I 2007, 1, 1 - entry into force 01.02.2007]

(4) In case of the need to maintain business secret, the manufacturer of cosmetic products shall submit to the Health Board a written application for labelling cosmetic products, the required data and information on replacement of a name of ingredient of cosmetic products manufactured or placed on the market in Estonia with a registration number and shall pay the state fee.
[RT I 2009, 49, 331 - entry into force 01.01.2010]

(5) The person responsible for placing a cosmetic product on the market in Estonia shall submit to the Health Board information on harmful ingredients of the cosmetic product which is necessary for the development and application of prevention and treatment methods of intoxication incidents.
[RT I 2009, 49, 331 - entry into force 01.01.2010]

(6) The manufacturer of cosmetic products shall ensure that upon manufacture of the products the quality system has been applied in order to ensure the compliance of the cosmetic products with requirements and the principles of good manufacturing practices of cosmetic products of the European Union have been observed.
[RT I 2007, 1, 1 - entry into force 01.02.2007]

§ 13. Institutions performing health protection, disease prevention and health promotion duties

(1) Health care institutions shall perform the primary objectives of health protection, disease prevention and health promotion according to their main areas of activity.

(2) Agencies of executive power, legal persons in public law and legal persons in private law and natural persons shall organise the implementation of health protection requirements according to their competence.

(3) The safety of objects in the physical and social environment shall be assessed by supervisory officials of the Health Board.
[RT I 2009, 49, 331 - entry into force 01.01.2010]

§ 13[1]. Duties of Health Board

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

(1) The competent authority in the area of drinking water and bathing water shall be the Health Board, who shall:
[RT I 2009, 49, 331 - entry into force 01.01.2010]
1) organise the surveillance of drinking water and bathing water and exercise state supervision;
2) participate in the development and application of surveillance and warning systems upon reaction in emergency situations connected with drinking water and bathing water;
3) collect and process data concerning compliance with the quality requirements of drinking water and bathing water;
4) publish information on the quality indicators of drinking water and bathing water;
5) advise consumers and handlers and give recommendations for elimination of health hazards;
6) decide on the use of drinking water and bathing water not complying with the quality requirements;
7) prepare an annual report on the compliance of bathing water with quality requirements and a report on compliance of drinking water with quality requirements once in every three years;
8) submit the reports specified in clause (1) 7) of this section for approval to the Ministry of Social Affairs and the Ministry of the Environment;
9) cooperate internationally upon elimination of health hazards caused by drinking water and bathing water;
10) organise the development, in cooperation with experts, of a programme for evaluation of health hazards and measures in case of exceeding the limit of substances and micro-organisms contained in drinking water, the costs of which shall be covered by the handler of drinking water if the deterioration in the quality of drinking water is caused by the activity of the handler of drinking water;
11) perform additional surveys to determine the substances and micro-organisms contained in drinking water which have not been regulated in legislation if there is reason to believe that the occurrence of such substances and micro-organisms or an excessive quantity thereof might be potentially harmful to human health.
[RT I 2007, 1, 1 - entry into force 01.02.2007]

(2) The responsible authority in the area of natural mineral water shall be the Health Board, who shall:
[RT I 2009, 49, 331 - entry into force 01.01.2010]
1) recognise the water extracted and manufactured in Estonia or water placed on the market in Estonia from a third country as natural mineral water;
2) within 180 days after the submission of all required data, make a decision on the recognition of natural mineral water with the term of validity of five years or a decision on refusal of recognition and shall justify the decision on recognition or refusal thereof;
3) check the compliance of the survey and analysis data submitted by the launcher on the market and, if necessary, also the water extraction equipment and processing of natural mineral water with the established requirements;
4) repeal a decision on recognition if the content of natural mineral water and other properties have hanged due to permanent circumstances;
5) exercise state supervision over compliance of natural mineral water and spring water with the requirements within the entire course of handling;
6) notify the European Commission of all recognitions of natural mineral water, renewal of recognition and revocation, publish the recognition data and forward the entire relevant information on the recognition of water and the results of regular checks upon the request of a Member State or the European Commission;
7) have the right to temporarily suspend or restrict trading with natural mineral water on the territory of Estonia if the water does not comply with the established requirements or endangers public health, by immediately notifying the European Commission and the responsible authorities of other Member States of the respective decision together with a justification.
[RT I 2007, 1, 1 - entry into force 01.02.2007]

(3) The competent authority in the area of cosmetic products shall be the Health Board who shall:
[RT I 2009, 49, 331 - entry into force 01.01.2010]
1) check the information on the cosmetic product from the manufacturer, if necessary, and assess the safety of the cosmetic product on health;
2) collect and process information submitted on cosmetic products placed on the market in Estonia;
3) collect information on undesirable side effects occurred upon the use of a cosmetic product;
4) process applications for labelling of cosmetic products submitted by the manufacturer in order to replace the name of an ingredient of cosmetic products manufactured in Estonia or placed on the market for the first time with a registration number in order to maintain business secrets;
5) make a written justified decision on the application specified in clause (3) 4) of this section within 180 days after the submission of an application and all the required data;
6) exchange information and cooperate with the competent authorities of other countries, European Commission and international organisations.
[RT I 2007, 1, 1 - entry into force 01.02.2007]

(4) The competent authority in the area of prevention, surveillance and control of communicable diseases and epidemiological risk analysis and risk assessment of communicable diseases shall be the Health Board on the basis provided for in the Communicable Diseases Prevention and Control Act.
[RT I 2009, 49, 331 - entry into force 01.01.2010]

(5) The competent authority in the area of chemical safety shall be the Health Board on the basis provided for in the Chemicals Act.

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

(6) The competent authority in the area of biocides shall be the Health Board on the basis provided for in the Biocides Act.
[RT I 2009, 49, 331 - entry into force 01.01.2010]

(7) For the performance of duties imposed on the Health Board by law, the Health Board shall:
1) organise and perform the risk analysis of health hazards in its field;
2) notify the European Commission and the World Health Organisation of public health emergencies of international concern.
[RT I 2009, 49, 331 - entry into force 01.01.2010]

§ 13[2]. Requirements for persons taking samples of drinking water

(1) Persons taking samples of drinking water shall use appropriate measuring devices and samplers and they shall be evaluated.

(2) The evaluation of persons taking samples of drinking water is the assessment of their know-how, training and experience, based on the requirements specified in the procedure of evaluation established under subsection (3) of this section.

(3) The evaluation of persons taking samples of drinking water shall be organised by the Ministry of Social Affairs. Persons taking samples of drinking water shall be evaluated once in every five years pursuant to the conditions and procedure of evaluation established by the Minister of Social Affairs.
[RT I 2009, 49, 331 - entry into force 01.01.2010]

§ 14. Availability of information relating to state of human health and physical and social environment

Authorities dealing with health protection, disease prevention and health promotion shall ensure the notification of the public of physical and social environment health hazards and the methods for prevention thereof and the availability of information intended for public use on the physical and social environment.
[RT I 2009, 49, 331 - entry into force 01.01.2010]

Chapter 2[1]
DATABASES

[RT I, 10.03.2011, 1 - entry into force 20.03.2011]

§ 14[1]. State databases related to public health

(1) State databases related to public health are the databases maintained with the aim of the development of health policy, organisation of health services, prevention of diseases, planning of control methods and analysing the efficiency thereof as well as for the organisation of health statistics and research dealing with public health.
[RT I, 10.03.2011, 1 - entry into force 20.03.2011]

(2) Health data shall be transferred to the databases specified in sections 14[2]–14[5] of this Act digitally through the health information system or other data exchange channel or on paper.
[RT I, 05.12.2012, 1 - entry into force 01.01.2013]

§ 14[2]. Estonian Cancer Registry

(1) Estonian Cancer Registry is a database belonging into the state information system which is maintained for analysing the occurrence of cancer and survival of cancer patients, organising health services, planning cancer control methods and evaluating the efficiency thereof as well as for organising statistics on morbidity and for epidemiological research.

(2) Health care providers who diagnose cancer cases within the patient's lifetime and after death and provide treatment to cancer patients, and forensic medical experts of state forensic institutions shall have the obligation to submit data to the Estonian Cancer Registry.

(3) The following data shall be processed in the Estonian Cancer Registry:
1) personal data – personal identification code, sex, family name and surname, date of birth, marital status, nationality, place of birth, place of residence;
2) data on malignant tumours diagnosed earlier;
3) data on examination results;

4) data on the diagnosis and spread of malignant tumour;
5) data on treatment;
6) data on permanent departure from Estonia of a person entered in the Registry;
7) data on death and cause of death;
8) data on the person submitting the data.

(4) The statutes on the maintenance of the Estonian Cancer Registry shall be established by a regulation of the Government of the Republic

(5) The chief processor of the Estonian Cancer Registry shall be the Ministry of Social Affairs.
[RT I, 10.03.2011, 1 - entry into force 01.06.2011]

§ 14[3]. Estonian Medical Birth Registry

(1) Estonian Medical Birth Registry (hereinafter the Birth Registry) is a database belonging into the state information system which is maintained on live and stillbirths, epidemiological research on perinatal illness and mortality, organisation of pregnancy and post-delivery health services and birth statistics.

(2) Health care providers providing obstetric services shall have the obligation to submit data to the Birth Registry.

(3) The following data shall be processed in the Birth Registry:
1) data on the born child – child's personal identification code or date of birth, sex;
2) data on delivery;
3) data on the new-born child's parents – personal identification code or date of birth, first name and surname, place of residence, nationality, education, area of activity and marital status of the child's parents;
4) data on the course of last pregnancy;
5) data on the previous pregnancy and delivery;
6) data on up to a 1-week-old child;
7) data on the person submitting the data.

(4) The statutes on the maintenance of the Birth Registry shall be established by a regulation of the Government of the Republic.

(5) The chief processor of the Birth Registry shall be the Ministry of Social Affairs.
[RT I, 10.03.2011, 1 - entry into force 01.06.2011]

§ 14[4]. Estonian Myocardial Infarction Registry

(1) Estonian Myocardial Infarction Registry is a database belonging into the state information system, which is maintained with the aim of improving the myocardial infarction diagnostics and treatment quality, organising health services and statistics on myocardial infarction cases and for epidemiological research.

(2) Health care providers who diagnose myocardial infarction cases within the patient's lifetime and after death and provide treatment to myocardial infarction patients shall have the obligation to submit data to the Estonian Myocardial Infarction Registry.

(3) The following data shall be processed in the Estonian Myocardial Infarction Registry:
1) personal data – personal identification code or date of birth, sex, first name and surname;
2) data on cardiovascular diseases and the risk factors thereof;
3) data on the patient's condition upon arrival at hospital;
4) data on the medicinal product, examination and complications within the hospitalisation period;
5) data on the myocardial infarction diagnosis;
6) data on out-patient treatment recommendations upon release of a patient from hospital;
7) data on departure from hospital;
8) data on the person submitting the data;
9) data on the observation period.

(4) The Estonian Myocardial Infarction Registry shall be founded and the statutes for the maintenance thereof shall be established by a regulation of the Government of the Republic.

(5) The chief processor of the Estonian Myocardial Infarction Registry shall be the Ministry of Social Affairs.
[RT I, 10.03.2011, 1 - entry into force 01.01.2012]

§ 14[5]. Estonian Tuberculosis Registry

(1) Estonian Tuberculosis Registry is a database belonging into the state information system, which is maintained for registration of tuberculosis cases, analysing the course of treatment and the efficiency thereof, development of tuberculosis control methods, organisation of health services and statistics on tuberculosis morbidity and for epidemiological research.

(2) Health care providers who diagnose tuberculosis cases within the patient's lifetime and after death and provide treatment to tuberculosis patients, and forensic medical experts of state forensic institutions shall have the obligation to submit data to the Estonian Tuberculosis Registry.

(3) The following data shall be processed in the Estonian Tuberculosis Registry:
1) personal data – personal identification code, sex, date of birth, first name and surname, country of birth and time of residing in Estonia, nationality, marital status, education and area of activity;
2) data on risk factors;
3) data on the tuberculosis diagnosis, location and related diagnoses;
4) data on examinations, treatment, medicinal products and results of treatment;
5) data on the observation period;
6) data on death and causes of death;
7) data on the person submitting the data.

(4) The statutes on the maintenance of the Estonian Tuberculosis Registry shall be established by a regulation of the Government of the Republic.

(5) The chief processor of the Estonian Tuberculosis Registry shall be the Ministry of Social Affairs.
[RT I, 10.03.2011, 1 - entry into force 01.06.2011]

§ 14[6]. Water and Health Safety Information System

(1) Water and Health Safety Information System is a database belonging into the state information system, which is maintained for the collection and processing of data on the quality of drinking water, bathing and pool water, natural mineral water and spring water.

(2) Handlers of drinking water, handlers of natural mineral water and spring water, possessors of a bathing area or pool shall have the obligation to submit data to the Water and Health Safety Information System or forward data through the regional service of the Health Board.

(3) The following data shall be collected into the Water and Health Safety Information System:
1) data on the handler of drinking water, water supply and quality of drinking water;
2) data on the possessor of pool and quality of pool water;
3) data on the possessor of bathing area and quality of bathing water;
4) data on the handler of natural mineral water and spring water and the quality of natural mineral water and spring water.

(4) The Water and Health Safety Information System shall be founded and the statutes for the maintenance thereof shall be established by a regulation of the Government of the Republic.

(5) The chief processor of the Water and Health Safety Information System shall be the Ministry of Social Affairs.
[RT I, 10.03.2011, 1 - entry into force 01.01.2012]

Chapter 3
State Supervision over Health Protection

§ 15. State supervisory authorities

State supervision over compliance with the requirements established in the relevant legislation of the European Union, in this Act and legislation established on the basis thereof, as well as over the handling of cosmetic products, submission of data and health safety and in the cases specified in subsection 6 (3) of Product Conformity Act and subsection 9[1](1) of Consumer Protection Act over health safety shall be exercised by the Health Board within the competence provided in this Act.
[RT I 2010, 31, 158 - entry into force 01.10.2010]

§ 16. Rights and obligations of supervisory officials

(1) Upon presentation of identification, supervisory officials have the right:
1) regardless of the form of ownership, to inspect without hindrance the territory, buildings, structures, manufacturing processes, products, means of transport and documentation of sites under inspection and to demand explanations in order to resolve health protection issues;
2) to take samples of materials and products without charge and samples of objects for the duration of the inspection from sites under inspection in order to monitor health protection, monitor health protection and assess the safety of an inspected site;

3) to require legal persons in public law, legal persons in private law and natural persons to restrict, suspend or terminate activities which are or may be a hazard to human health upon possession, use and disposal of assets; to issue precepts for elimination of violations of health protection legislation and impose deadlines for the performance thereof; and monitor the performance of such precepts.

(1^1) Upon failure to comply with a precept specified in clause (1) 3) of this section, a supervisory official may impose penalty payment pursuant to the procedure provided for in the Substitutive Enforcement and Penalty Payment Act.

(1^2) The maximum rate of penalty payment specified in subsection (1^1) of this section is 640 euros.
[RT I 2010, 22, 108 - entry into force 01.01.2011]

(2) [Repealed - RT I 2003, 26, 160 – entered into force 01.11.2003]

(3) Health protection supervisory officials are required to:
1) exercise their rights to terminate violations of health protection legislation and if necessary, inform the media;
2) maintain medical and business secrets and information regarding the private lives of persons that they become aware of in the performance of health protection supervision duties.

§ 17. Contestation of precepts or other acts of state health protection supervisory agencies or officials

(1) If a legal person in public law, legal person in private law or natural person does not agree with a precept or other act of a state health protection supervisory agency or official, the person has a right to file a challenge with the Director General of the Health Board within ten calendar days after the date of becoming aware of the precept or other act.
[RT I 2009, 49, 331 - entry into force 01.01.2010]

(2) Filing of a challenge does not relieve persons of the duty to comply with a precept of a state health protection supervisory agency or official.

(3) [Repealed - RT I 2002, 61, 375 – entered into force 01.08.2002]

(4) Upon reviewing a challenge, the Director General of the Health Board shall make one of the following decisions: to uphold, amend or repeal the precept or other act.
[RT I 2009, 49, 331 - entry into force 01.01.2010]

(5) A decision shall be communicated to the person who filed the challenge and issued against a signature or sent by post with advice of delivery. In the event of opposition, a decision may be contested in an administrative court.
[RT I 2002, 61, 375 - entry into force 01.08.2002]

§ 18. Appeal to court

(1) Regardless of an earlier filing of a complaint specified in § 17 of this Act, legal persons in public law, legal persons in private law and natural persons have a right to appeal a precept or other act of a state health protection supervisory agency or official to an administrative court.

(2) Filing of an appeal does not relieve persons of the duty to comply with a precept of a state health protection supervisory agency or official until a court declares it unlawful in part or in full.

Chapter 3^1
LIABILITY

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

§ 18^1. Liability for violation of health protection requirements

(1) Violation of the requirements of the Public Health Act and legislation established on the basis thereof is punishable by a fine of up to 200 fine units.

(2) The same act, if committed by a legal person, is punishable by a fine of up to 3200 euros.
[RT I 2010, 22, 108 - entry into force 01.01.2011]

(3) The provisions of the General Part of the Penal Code and the Code of Misdemeanour Procedure apply to the misdemeanours provided for in this section.

(4) A court may, pursuant to § 83 of the Penal Code, apply confiscation of a substance or object which was the direct object of the commission of a misdemeanour provided for in this section.

(5) The extra-judicial body conducting proceedings in matters of misdemeanours provided for in this section shall be the Health Board.
[RT I 2009, 49, 331 - entry into force 01.01.2010]

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

§ 20. [Repealed - RT I 2002, 53, 336 – entered into force 01.07.2002]

Chapter 4
Final Provisions

§ 21. Financing

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

(2) National programmes relating to health protection, disease prevention and health promotion are financed from the state budget.

(3) Local programmes relating to health protection, disease prevention and health promotion may be financed in part or in full from the state budget.

(4) Programmes relating to health protection, disease prevention and health promotion may be financed in part or in full from the health insurance budget.

(5) The Health Board provides, upon the request of a contracting entity, health protection services for a fee for determining chemical, biological and physical risk factors and for risk assessment pursuant to the procedure and price list established by a regulation of the Minister of Social Affairs. Activities directly connected with exercising state supervision over health protection shall not be provided as services for a fee.
[RT I 2009, 49, 331 - entry into force 01.01.2010]

(6) Legal persons in public law, legal persons in private law and natural persons shall bear the expenses relating to performance of functions and duties assigned by this Act.

§ 22. Amendments to previous legislation

[Omitted from this text.]

§ 23. Health protection requirements for schools and preschool child care institutions

The Government of the Republic shall establish health protection requirements for schools and preschool child care institutions, the land, buildings, premises, furnishings, indoor climate and maintenance thereof no later than by 31 December 2010. Until the establishment of the aforementioned health protection requirements by the Government of the Republic, the health protection requirements for schools and preschool child care institutions established by the Minister of Social Affairs under clause 8 (2) 6) of the Public Health Act in force prior to 1 September 2010 shall apply.
[RT I 2010, 41, 240 - entry into force 01.09.2010]

§ 24. Implementation of Act

(1) §§ 14^{2}, $14^{3}$and $14^{5}$of this Act enter into force on 1 June 2011.

(2) §§ $14^{4}$and $14^{6}$of this Act enter into force on 1 January 2012.

(3) Subsection 14^{1}(2) of this Act enters into force on 1 January 2013.

(4) Tartu University Hospital shall transfer the data collected on myocardial infarction to the Estonian Myocardial Infarction Registry established under subsection 14^{4}(4) of this Act no later than by 1 January 2012.
[RT I, 10.03.2011, 1 - entry into force 20.03.2011]

[1]Council Directive 80/777/EEC on the approximation of the laws of the Member States relating to the exploitation and marketing of natural mineral waters (OJ L 229, 30.08.1980, p. 1–10), last amended by Regulation (EC) No 1882/2003 of the European Parliament and of the Council (OJ L 284, 31.10.2003, p. 1–53); Council Directive 98/83/EC on the quality of water intended for human consumption (OJ L 330, 5.12.1998, p. 32–54), last amended by Regulation (EC) No 1882/2003 of the European Parliament and of the Council (OJ L 284, 31.10.2003, p. 1–53); Directive 2006/7/EC of the European Parliament and of the Council concerning

the management of bathing water quality and repealing Directive 76/160/EEC (OJ L 64, 4.03.2006, p. 37–51); Council Directive 76/768/EEC on the approximation of the laws of the Member States relating to cosmetic products (OJ L 262, 27.09.1976, p. 169–200), last amended by Commission Directive 2006/78 EC (OJ L 271, 30.09.2006, p. 56–57). [RT I 2007, 1, 1 – entered into force 01.02.2007]