

LAW OF THE KYRGYZ REPUBLIC

On Protection of the Health of Citizens in the Kyrgyz Republic

Law No. 14 of 12 January 2024

COMPLETE ENGLISH TRANSLATION

Source edition: amended by Law No. 163 of 7 August 2024, Law No. 195 of 6 December 2024, and Law No. 22 of 21 January 2025.

Translated from the entire 107-page Russian PDF supplied by the user. All 184 articles, definitions, amendment notes and concluding provisions are included. Source-page references appear throughout for comparison with the supplied PDF.

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On Protection of the Health of Citizens in the Kyrgyz Republic

(As amended by Laws of the Kyrgyz Republic No. 163 of 7 August 2024, No. 195 of 6 December 2024, and No. 22 of 21 January 2025)

Chapter 1. General provisions

Article 1. Subject of regulation of the Law

1. This Law defines the legal, economic, social and medical foundations, guarantees and measures to protect the health of citizens in the Kyrgyz Republic.
2. This Law applies to citizens of the Kyrgyz Republic, foreign citizens and stateless persons permanently or temporarily residing in the territory of the Kyrgyz Republic (hereinafter referred to as citizens), all legal entities and individuals whose activities are related to health protection.

Article 2. Legislation of the Kyrgyz Republic on the protection of the health of citizens

1. The legislation of the Kyrgyz Republic on the protection of the health of citizens is based on the Constitution of the Kyrgyz Republic and consists of this Law, other laws and other normative legal acts of the Kyrgyz Republic adopted in accordance with them.
2. Generally recognized principles and norms of international law, as well as international treaties that have entered into force in accordance with the legislation of the Kyrgyz Republic, are an integral part of the legal system of the Kyrgyz Republic.

Article 3. Basic concepts and definitions used in this Law

1. This Law uses the following concepts:
 - 1) habilitation is a process whose purpose is to help acquire or develop unformed functions and skills, which offers restoration of lost functions as a result of injury or disease;

- 2) opioid agonists - substances whose pharmacological effects develop due to the activation of opioid receptors and which include all opioids;
- 3) accreditation - an official procedure for recognizing the competence of healthcare organizations to carry out professional activities in accordance with accreditation standards;
- 4) certification of the professional competence of a specialist - a procedure for determining the compliance of a person who has received a medical, pharmaceutical or other education with the requirements for carrying out medical activities in a certain medical specialty or pharmaceutical activity;
- 5) audit of maternal mortality - an in-depth systematic review of cases of maternal mortality in order to identify their causes, underlying medical, social and other factors contributing to death, in order to develop recommendations for preventing these cases in the future;
- 6) doctor - a specialist with a higher medical education who has received training in the field of diagnosis, treatment and prevention of diseases;
- 7) general practitioner - a doctor who has undergone special training in providing medical care to patients;
- 8) intern doctor, resident doctor - studying as part of an internship or residency program and working in a medical organization under the guidance of a mentor;
- 9) assisted reproductive technologies - methods of treating infertility (artificial insemination, artificial insemination and embryo implantation), in the use of which some or all stages of conception and early development of embryos are carried out outside the mother's body (including using donor and/or cryopreserved germ cells, tissues of reproductive organs and embryos, as well as surrogacy);
- 10) hematopoietic stem cells - bone marrow cells, from which, as a result of differentiation and maturation, all types of blood cells are obtained: red blood cells, platelets and various types of leukocytes;
- 11) young children - children aged from 12 months to 36 months;
- 12) infant formula - milk or a milk-like product of animal or plant origin, manufactured on an industrial basis in accordance with the requirements established by technical regulations for this product, and intended to meet the nutritional needs of infants from birth and/or during the first six months of life, and includes products that continue to partially satisfy the child's nutritional needs after the first six months;
- 13) remote medical services - the provision of medical services for the purposes of diagnosis, treatment, medical rehabilitation and prevention of diseases and injuries, conducting research and assessments through digital

technologies that ensure remote interaction of medical workers among themselves, with individuals and (or) their legal representatives, identification of these individuals, as well as documentation of the actions they perform;

14) distributor or distributor of designated products - an individual or legal entity engaged in the wholesale or retail sale of designated products;

15) donor function - a voluntary act of a donor, including a medical examination and the procedure for donating blood and its components for medical purposes;

16) surrogacy contract - an agreement between persons/persons wishing/wishing to have a child and a woman who has consented to the use of the method of artificial insemination or implantation of an embryo and carrying it to birth;

17) donation - the procedure for donating blood by a person, before which the candidate goes through the "donor path", which includes six stages (registration, taking tests, seeing a doctor, eating or drinking, donating blood, obtaining a certificate);

18) donor - individual:

a) who voluntarily gave blood and its components for medical purposes;

b) providing part of their blood, other tissues or an organ for transfusion or transplantation to a patient;

19) Single payer - the executive body for implementing policy in the field of compulsory health insurance, authorized to finance compulsory health insurance programs;

20) diseases that pose a danger to others - diseases, the sources of which can lead to infection and (or) death of a large number of people in the shortest possible time;

21) dependence on psychoactive substances (dependence syndrome) - a complex of symptoms consisting of mental and physical dependence that arise as a result of prolonged and intensive use of psychoactive substances. Dependency syndrome is established according to the criteria of international classifications;

22) health claim - any statement that states, suggests or implies that there is a relationship between a product or its components and health. Such statement includes, but is not limited to the following:

a) a nutritional function statement that describes the physiological role of a nutrient for growth, development, and normal body functions;

b) any other functional effect statement that relates to specific beneficial effects of consuming the food or its

components that are associated with a positive effect on health or improvement of function, or change or maintenance of health;

c) a claim to reduce the risk of disease associated with consumption of the product or a component thereof, in the context of a general diet, or to reduce the risk of developing a disease or health-related condition;

23) malignant neoplasm (tumor) - a formation that has infiltrative growth, grows into surrounding tissues, destroys them, and is capable of metastasis;

24) a person with disabilities (hereinafter - PWD) - a person who has a health disorder with a persistent disorder of body functions, caused by diseases, consequences of injuries or defects leading to limitation of life activities, and causing the need for his social protection and rehabilitation;

25) a person with mental and behavioral disorders caused by the use of a psychoactive substance - a person who is in a state of physical and/or mental dependence on any psychoactive substance and who has been diagnosed in accordance with the established procedure by a medical institution according to the International Classification of Disease;

26) implantation - a method of artificial insemination by introducing a fertilized egg into the uterine cavity;

27) insemination - a method of artificial insemination by artificially introducing male germ cells into the uterine cavity for the purpose of fertilization;

28) insulin - a pancreatic hormone as the main drug for the treatment of type 1 diabetes;

29) artificial feeding - feeding with any industrially produced food product that partially or completely replaces breast milk;

30) clinical base - a health care organization designated by the authorized state body as a clinical base, providing training, retraining and advanced training of medical personnel and providing health care to patients, as well as being accredited by the authorized state body in the field of health care;

31) clinical protocol - a document establishing general requirements for the provision of medical care to a patient for a certain disease or clinical situation on an evidence-based basis, which medical workers must follow;

32) comprehensive integrated healthcare system of the Kyrgyz Republic - a system of medical and social services throughout a person's life for prevention, timely detection, treatment and rehabilitation, represented by state, municipal and private healthcare and social service organizations providing

implementation of state policy for the implementation of national and state programs in the field of protecting the health of citizens on the principles of continuity, development of medical education and medical science of the Kyrgyz Republic;

33) blood components - blood components used for medicinal purposes (red blood cells, leukocytes, platelets, plasma, plasma components), which can be prepared from whole blood by various methods;

34) blood conservation - the preparation of donor blood in a preservative agent in order to create conditions for preserving its composition and properties for a long time;

35) bottle feeding - feeding liquid or semi-solid food from a bottle with a nipple;

36) consultation - a meeting of doctors of one or different specialties with the aim of developing a conclusion about the state of health of the patient, establishing a diagnosis of the disease, determining its prognosis, tactics of examination and treatment of the patient;

37) the consolidated budget of the healthcare system of the Kyrgyz Republic - the totality of funds from the state budget, compulsory health insurance, external borrowings and grant assistance from donors, as well as funds accumulated in special treasury accounts, funds received from co-payments by the population and other funds not prohibited by the budget legislation of the Kyrgyz Republic;

38) contraception - methods and means of preventing unwanted pregnancy;

39) blood - whole blood collected from a donor and processed either for transfusion or for further production;

40) cryopreservation - storage of biomaterial at low temperatures with the possibility of its subsequent recovery;

41) critical cases are cases where childbirth occurred with complications or there were life-threatening situations and complications of pregnancy, the study of which helps to assess the quality of emergency interventions;

42) logo - an emblem, image or symbol by which a company or product is identified;

43) labeling of food products - information about food products applied in the form of inscriptions, drawings, signs, symbols, other designations and (or) their combinations on consumer packaging, transport packaging or other type of information carrier attached to consumer packaging and (or) transport packaging, or placed in them or attached to them;

44) marketing - promotion, distribution, sale of designated products and means, including public relations, as well as information support;

- 45) materials and equipment - medical or other equipment, means for providing health care and other materials used by healthcare organizations and social security institutions;
- 46) maternal health - the health of a woman during pregnancy, childbirth, and the postpartum period, which includes preparation for pregnancy, family planning, prenatal and postnatal care, in order to ensure a safe birth for the woman and newborn, reducing maternal morbidity and mortality;
- 47) maternal mortality - the death of a woman caused by pregnancy (regardless of its duration and location) and occurring during pregnancy or within 42 days after its end from any cause related to pregnancy, aggravated by it or its management, but not from an accident or a random cause;
- 48) medical-biological research - research based on the reproduction (modeling) of the structural-functional complex of the condition or disease being studied in a simplified form on laboratory animals to determine the causes, conditions and mechanisms of the occurrence of the condition or development of the disease, development of methods of treatment and prevention;
- 49) medical and social protection of persons with non-communicable diseases - a system of special economic, social, legal and medical measures guaranteed by the state, providing persons with non-communicable diseases with health protection and living conditions;
- 50) health care - a set of medical and other measures aimed at protecting, strengthening and restoring the health of citizens;
- 51) medical and social care - a type of medical care if a patient has chronic diseases that require constant round-the-clock medical supervision and care, but do not require intensive medical care;
- 52) medical information system - an information system that ensures the management of processes of healthcare entities in electronic format;
- 521) medical activity - professional activity in the provision and provision of health care, medical and medical preventive services;
- 53) medical prevention - a set of medical services based on the patient's personal interest aimed at reducing the likelihood of diseases occurring, identifying the causes and conditions that contribute to their occurrence and spread;
- 54) medical rehabilitation - a complex of medical services aimed at restoring the normal functioning of the patient's body and compensating for its functionality impaired as a result of the disease;

- 55) medical service - a service aimed at improving health or diagnosing, treating and rehabilitating patients, providing for reimbursement of costs incurred in accordance with the budget legislation of the Kyrgyz Republic;
- 56) medical ethics - a set of ethical standards and principles of behavior of a medical worker in relationships with the patient, society, and other medical workers in the process of providing health care, sanitary and preventive care;
- 57) medical and pharmaceutical workers - persons with higher, secondary vocational medical, pharmaceutical and other education, operating in healthcare organizations;
- 58) medical intervention - any examination, treatment and consultation that has a preventive, diagnostic, therapeutic, rehabilitation or research focus, performed by a doctor or other medical professional in relation to a specific patient;
- 59) methods of artificial insemination - methods of treating infertility used in the implementation of individual or all stages of conception and early development of the embryo outside the body;
- 60) infant - a child under twelve months of age;
- 61) mother's milk - milk or a milk-like product of animal or plant origin, manufactured on an industrial basis in accordance with the requirements established by technical regulations for this product, intended for pregnant and breastfeeding women;
- 62) multidisciplinary team - a team of specialists from different areas of primary health care (family doctors, paramedics, midwives, nurses, social workers, health psychologists), created to work together to provide medical services to families for the prevention, diagnosis and treatment of diseases, regardless of their location;
- 63) drug treatment organizations - organizations (departments or offices) that provide drug treatment assistance in accordance with the procedure established by law;
- 64) narcotic drugs - substances of synthetic or natural origin, their preparations, as well as plants classified as such in the relevant international conventions, as well as other substances and plants, by virtue of their action or abuse, included in the national lists of narcotic drugs, psychotropic substances and precursors subject to control in the Kyrgyz Republic;
- 65) disorders and delays in the development of children - any significant deviations from normal development in infancy or childhood, which are characterized by a delay compared to the average development of children in society and are the result of certain changes in health or adverse environmental influences;

- 66) non-communicable diseases - a group of diseases that includes diabetes, cardiovascular diseases, cancer, chronic respiratory diseases and mental disorders, which are largely preventable and are associated with common risk factors, underlying determinants and opportunities for intervention;
- 67) newborn - a child from the moment of birth until he reaches the age of 28 days (4 weeks);
- 68) sample of designated products - a portion or small amount of a designated product provided free of charge;
- 69) oncology - a field of medicine and biology that studies the causes of occurrence, mechanisms of development, clinical manifestations of neoplasms (tumors) and develops methods for their diagnosis, treatment, and prevention;
- 70) opioid - a general term applied to poppy alkaloids, their synthetic analogues and compounds synthesized in the body that interact with the same specific receptors in the brain, have the ability to relieve pain and cause a feeling of well-being (euphoria);
- 71) organ - a part of the body, which is an evolutionarily developed complex of tissues, united by a common function, structural organization and development;
- 72) health care organizations - state, municipal and private health care organizations created by the founder (owner) to provide health care to citizens in the Kyrgyz Republic;
- 73) residency - the level of postgraduate medical education, the purpose of which is to acquire or change the professional qualifications of a doctor in the relevant specialty for admission to independent clinical practice;
- 74) complications of diabetes mellitus - vascular complications of diabetes mellitus leading to retinal detachment and complete or partial loss of vision (diabetic retinopathy), kidney damage, which is one of the main causes of end-stage chronic renal failure (diabetic nephropathy), pathological condition of the lower extremities leading to the appearance of trophic ulcers, infection, gangrene, possible amputations and resulting in disability (diabetic foot syndrome);
- 75) protecting the health of citizens - a set of political, economic, legal, social, cultural, scientific, environmental, medical, sanitary, hygienic and anti-epidemic measures aimed at preserving and strengthening the physical and mental health of each person, providing him with medical care in case of loss of health;
- 76) palliative care - a set of measures, including medical interventions, psychological measures and care, carried out in order to improve the quality of life of terminally ill citizens and aimed at alleviating pain and other severe manifestations of the disease;

77) batches of designated products - a certain number of designated products provided by a manufacturer or distributor over an extended period of time free of charge or at a low price for social purposes;

78) “diabetic passport” or identification code - a document with data on the disease, issued by health care organizations at the patient’s place of permanent residence, for the timely provision of qualified, specialized, emergency medical care to a patient with diabetes;

79) patient - a person who receives medical care in health care organizations, or from private medical workers with the preparation of appropriate medical documentation;

80) cross-promotion - the use of similar brand names, packaging designs, labels, text, images, color schemes, symbols or slogans, or other means when promoting another product;

81) perinatal mortality - all cases of death of the fetus and newborn from 22 weeks of pregnancy to 7 days after birth;

82) perinatal audit - the process of assessing factors associated with perinatal mortality that could have been avoided;

83) personal medical data - personal data containing information about the health of an individual and the medical services provided to him, recorded on electronic, paper or other tangible media;

84) family planning - a system of social, medical and legal measures aimed at citizens’ conscious choice of having and raising a certain number of children, observing the intervals between their births, as well as preserving the reproductive health of citizens;

85) germ cells - male germ cells (sperm) and female germ cells (eggs);

86) six-month supply of insulin - a strategic supply of insulin necessary to ensure the life of persons with diabetes mellitus, the absence of which leads to the inevitable death of persons with diabetes mellitus;

87) subsequent mixture - means:

a) milk or a milk-like product of animal or vegetable origin which is manufactured on an industrial basis and sold or otherwise represented as suitable for feeding infants over 6 months to three years of age;

b) any nutritional formula for special medical purposes or dietary requirements, as well as any therapeutic product for acutely malnourished children over 6 months to three years of age;

88) State guarantee program for providing citizens with health care (hereinafter referred to as the State Guarantee Program) - guaranteed volume, types and conditions for the provision of health care

assistance to citizens, ensuring the implementation of their rights to receive health care in health care organizations, regardless of their form of ownership, in accordance with the legislation of the Kyrgyz Republic in the field of health care, compulsory health insurance at the expense of compulsory health insurance;

89) enterprises and charitable institutions - non-profit organizations created to carry out charitable activities in the interests of certain categories of citizens;

90) precursors - substances and their salts classified in international conventions as chemical materials used for the manufacture of narcotic drugs and psychotropic substances, as well as chemical substances and their salts used for the same purpose and subject to control in the Kyrgyz Republic;

91) blood product - a medicinal product obtained from human blood or plasma using various technologies;

92) applied biomedical research - biomedical research aimed at achieving specific goals in the field of diagnosis, treatment or prevention of diseases;

93) complementary feeding - any product (hereinafter referred to as complementary feeding product), produced (manufactured) industrially or otherwise, used as a supplement to breast milk, infant formula or subsequent formula for infants aged from 6 months to the age of 36 months;

94) producer (manufacturer) of designated products - an organization, regardless of its legal form, or an individual entrepreneur, including foreign ones, carrying out on its own behalf the production (manufacturing) of designated products for sale to purchasers (consumers) and bearing responsibility for the compliance of these products with the requirements of technical regulations;

95) products and means for artificial nutrition of children (hereinafter referred to as the designated products):

a) baby formula;

b) any other product marketed or otherwise presented as suitable for feeding to infants under six months of age;

c) subsequent mixture;

d) formula for young children;

e) ready-to-use medicinal product/ready-made medicinal food;

e) complementary feeding;

g) feeding bottles, nipples (nipples), pacifiers;

h) milk for mothers, produced on an industrial basis;

i) any other products recognized by the decision of the Cabinet of Ministers of the Kyrgyz Republic (hereinafter referred to as the Cabinet of Ministers) as products and means for artificial nutrition of children and subject to this Law;

96) promotion of designated products includes:

- a) advertising of designated products;
- b) holding special exhibitions, using special displays, providing various methods of discounts on the prices of the designated product (sale, selling below cost, selling with load), providing the designated product as a prize or gift;
- c) providing one or more samples of the designated product to any person;
- d) donation and distribution of any information and educational materials on idealizing the consumption of designated products;
- e) the use of health claims on the labels of designated products, or in any information and educational materials relating to the nutrition of infants and young children, except as provided for in Article 111 of this Law;
- f) cross-promotion of the designated product;

97) professional error of medical workers - an error in the performance of their professional duties, under circumstances beyond their control, which is the result of an honest mistake and does not contain a crime or a sign of misconduct;

98) psychotropic substances - substances of synthetic or natural origin, as well as their preparations classified as such in the relevant international conventions, as well as other substances or any natural materials, by virtue of their action or abuse, included in the national lists of narcotic drugs, psychotropic substances and precursors subject to control in the Kyrgyz Republic;

99) psychiatry - a branch of clinical medicine that studies mental disorders through the prism of medical methodology, methods of their diagnosis, prevention and treatment;

100) mental health is a state of psychological and social well-being in which a person realizes his potential, effectively resists life's difficulties and stress, carries out productive conscious activities and contributes to the development of society;

101) psychiatric organizations - organizations (departments or offices) that provide psychiatric care in accordance with the procedure established by law;

102) psychiatric care - examination of the mental health of citizens on the grounds and in the manner established by this Law and other laws of the Kyrgyz Republic, prevention, diagnosis of mental disorders, treatment, care, medical and social rehabilitation of persons with mental disorders;

103) mental disorder (disease) of a non-psychotic level - a disorder of mental activity not accompanied by a disorder of consciousness, implying the preservation of the intellectual-mnemonic sphere

patient and excluding the presence of acute mental disorders in the form of delusions, hallucinations and aggressive tendencies in behavior caused by the presence of painful experiences;

104) psychoactive substance - a substance that affects the functioning of the central nervous system and leads to a change in mental state, up to an altered state of consciousness, including substances from the national lists of narcotic drugs, psychotropic substances and precursors subject to control in the Kyrgyz Republic;

105) blood donation point - a place where blood and its components are collected in inpatient and outpatient settings;

106) employees of healthcare organizations - individuals working in healthcare organizations, as well as service personnel and other persons working on a voluntary basis;

107) distributors of designated products - an individual or legal entity engaged in the wholesale or retail sale of designated products;

108) rehabilitation in medicine - a set of medical, pedagogical and social measures aimed at restoring (or compensating) impaired body functions, as well as social functions and working ability of patients and people with disabilities;

109) register of people with diabetes mellitus - registration and automated recording of people with diabetes mellitus in order to create a data bank and develop a strategy for their further monitoring and treatment;

110) advertising of a designated product - presentation of information about a designated product for the purpose of facilitating its sale or transfer, including, but not limited to:

a) use of print, electronic media, telecommunications and other means of communication (written publications, television, radio, films, electronic transmission, including the Internet, social networks, video clips, telephone or mobile application);

b) presentation of emblems, signs, billboards, advertisements, notices, illustrations or other designs;

111) reproductive health - a state of complete physical, mental health and social well-being of a person, which determines his ability to reproduce offspring;

112) reproductive organs and tissues - organs and tissues involved in the process of reproduction, ensuring continuity and continuity of life; these include, but are not limited to, ovum, sperm, ovaries, testes or embryos;

113) reproductive rights - the rights of citizens to reproduce offspring, protect their reproductive health and freely make decisions regarding the birth or refusal to have children within or outside of marriage, methods of conception and

the birth of children, as well as medical, social, information and advisory assistance in this area;

114) recipient - a patient who receives a transfusion of donor blood or its components and preparations, an organ or tissue transplantation from a donor;

115) sanitary and preventive assistance - organizational, administrative, sanitary and hygienic, anti-epidemic and other measures aimed at eliminating or reducing the harmful effects of environmental factors on humans, preventing the occurrence and spread of infectious diseases and mass non-infectious diseases;

116) sanitary and epidemiological well-being of the population - the state of health of the population, the human environment, in which there is no harmful impact of environmental factors on a person and favorable conditions for his life are provided;

117) diabetes mellitus - a group of metabolic diseases characterized by hyperglycemia due to impaired secretion and/or effectiveness of insulin, which over time leads to damage to various organs - eyes, kidneys, nerves, heart and blood vessels;

118) sexual health - a state of physical, mental and social well-being that defines a positive and respectful approach to sexual relationships, free from coercion, discrimination and violence;

119) sexuality education - knowledge that provides reliable and scientifically based information on reproductive health issues and develops skills related to decision-making, communication and reducing the risk of diseases of the reproductive system;

120) sexual rights are an integral part of human rights, based on the principles of freedom, dignity and equality, the observance of which is necessary to achieve and maintain sexual health for all people;

121) a family doctor is a doctor who has undergone special multidisciplinary training to provide primary health care to citizens, regardless of gender, age and place of residence;

122) harm reduction is methods and programs aimed at reducing negative consequences among individuals with substance use disorders;

123) Single Payer system - consolidation of compulsory medical insurance funds for the purpose of subsequent financing of payments for medical, sanitary and pharmaceutical services provided to the population insured under compulsory medical insurance by health care organizations;

124) school health care system - a set of measures aimed at maintaining and strengthening the health of individuals during the period of receiving school education;

- 125) health care services - bodies, state and municipal health care organizations operating in a certain area of health care;
- 126) blood service - a branch of healthcare, the purpose of which is to provide medical and preventive organizations with high-quality components and blood products, which is a set of specialized medical organizations of the state healthcare system for the procurement, processing, storage of donor blood and its components;
- 127) infant formula - milk or a milk-like product, manufactured on an industrial basis, of animal or plant origin, which is sold or otherwise represented as suitable for feeding small children over 12 months of age;
- 128) co-payment - participation of a citizen in paying the cost of medical services received by him, provided in excess of the amount of funding of the State Guarantees Program;
- 129) self-monitoring means - diagnostic test strips and devices (glucometers) that allow people with diabetes to independently determine the level of glucose in the blood, glucose and ketone bodies in the urine;
- 130) sponsorship - any financial assistance or assistance in kind to a person or group of persons, or an organization, public or private, where the sponsor has appropriate intentions;
- 131) surrogacy - a type of assisted reproductive technology, which includes the bearing and birth of a child under an agreement between the surrogate mother and the potential parents/parent;
- 132) surrogate mother - a woman who, under a surrogacy contract, bears and gives birth to a child who is not a carrier of her genotype;
- 133) telemedicine network - a network of stationary and mobile telemedicine centers equipped with medical equipment and combined through information and communication technologies into a single information space for the provision of remote medical services, training and exchange of medical information in electronic format;
- 134) terminal stage - a state of extinction of body functions that precedes the biological death of terminally ill citizens suffering from malignant neoplasms;
- 135) tissue - a system of cells and non-cellular structures united by a common function, structure and (or) origin;
- 136) traditional (folk) medicine - a set of medical knowledge, skills and abilities, established in folk experience, which can be used both for the purpose of promoting health and treatment, and for the purpose of diagnosing and preventing diseases;

- 137) transplantation - replacement of tissues or organs that are missing or damaged by a pathological process with one's own tissues or organs, or taken from another organism;
- 138) corpse - the body of a person after his biological death;
- 139) evasion of medical examination, medical examination or treatment - deliberate failure to comply with the order of an employee of internal affairs bodies regarding a medical examination, as well as failure to comply with the prescriptions and recommendations of a doctor by a person who abuses narcotic drugs or psychotropic substances;
- 140) health promotion is a process that allows you to strengthen control over the determining factors (determinants) of health and thus improve your health;
- 141) packaging - a product that is used for placement, protection, transportation, loading and unloading, delivery and storage of designated products;
- 142) social security institutions - children's boarding schools, orphanages (nurseries), children's homes and other similar institutions based on state, municipal and private ownership;
- 143) risk factors common to major non-communicable diseases - smoking, alcohol, diet, lack of physical activity, obesity, high blood pressure, blood glucose, blood lipids;
- 144) pharmaceutical activities - types of activities carried out in the field of circulation of medicines and medical devices, for production, wholesale (distribution), retail sales, manufacturing and dispensing of medicines and/or medical devices related to the import, export, acquisition, labeling, transportation, storage, distribution (dispensing), use and destruction/disposal of medicines and medical devices;
- 145) pharmaceutical service - activities of entities in the field of circulation of medicines and medical devices related to preferential drug provision to the population at the outpatient level within the framework of the State Guarantees Program and/or in the compulsory health insurance system;
- 146) brand name - the name given by the manufacturer for a product or product range;
- 147) fundamental biomedical research - biomedical research conducted with the aim of expanding basic knowledge and understanding of the physical, chemical and functional mechanisms of life processes and diseases;
- 148) surgical sterilization - a surgical intervention as a result of which a person is deprived of the ability to reproduce;

149) cytological examination - a study using microscopic methods for studying individual cellular elements in preparations obtained from organs and tissues;

150) euthanasia - the voluntary death of an incurable patient, agreed with a doctor, using special painkillers, including the cessation of artificial life-sustaining measures;

151) in vitro fertilization - a type of assisted reproductive technologies that consists in the union of a sperm and an egg outside the woman's body, the development of the embryo formed as a result of this union and the further transfer of this embryo into the uterus;

152) label - a carrier of information on which marking is applied and which is attached to consumer packaging and (or) transport packaging, including by gluing.

2. The content of other terms is determined by individual articles of this Law and in the by-laws of the Kyrgyz Republic.

(As amended by the Laws of the Kyrgyz Republic dated August 7, 2024 No. 163, December 6, 2024 No. 195)

Article 4. Main objectives of this Law

The main objectives of this Law are:

- 1) implementation of the inalienable right of citizens to protect and protect their health, life and health of other persons, guaranteed by the Constitution of the Kyrgyz Republic;
- 2) determination of the powers of state authorities, local governments on issues of protecting the health of citizens in the Kyrgyz Republic;
- 3) legal regulation of the activities of healthcare organizations, regardless of their form of ownership, in the field of protecting the health of citizens;
- 4) determining the rights and responsibilities of citizens, certain groups of the population in the field of health care and establishing guarantees of their observance;
- 5) determination of professional rights, duties and responsibilities of medical, pharmaceutical workers and their professional associations, establishment of guarantees for their social protection.

Article 5. Basic principles of state policy in the field of protecting the health of citizens in the Kyrgyz Republic

The main principles of state policy in the field of protecting the health of citizens in the Kyrgyz Republic are:

- 1) respect for the rights of citizens to health care and non-discrimination in the provision of health care, taking into account the gender and age needs of different social groups and providing social protection in the event of loss of health by citizens;
- 2) accessibility of health care and sanitary care for all groups of the population, creation of equal opportunities for persons with disabilities to receive health care;

- 3) development of the healthcare sector in accordance with the needs of all groups of the population by the formation of a comprehensive integrated system for the provision of health care and the creation of equal conditions for the functioning of healthcare organizations regardless of their form of ownership;
- 4) free/preferential use by citizens of health and sanitary and preventive services within the framework of the State Guarantees Program;
- 5) responsibility of citizens for maintaining and strengthening their health, the health of children, parents and others;
- 6) scientific validity of medical and sanitary measures;
- 7) preventive focus of healthcare with the formation of the population's commitment to a healthy lifestyle with the active participation of the population and public organizations in addressing health issues;
- 8) responsibility of state authorities and local governments, legal entities and officials for failure to provide state guarantees in preserving and strengthening the health of citizens;
- 9) responsibility of persons providing health care for failure to ensure its safety and quality;
- 10) voluntary donation of blood and its components, as well as a guarantee of maintaining the health and respect for the rights of the donor when performing the donor function, with the provision of state guarantees and social protection;
- 11) priority of respecting human rights and freedoms in the implementation of sexual and reproductive rights;
- 12) focus of government programs on improving the demographic development of the Kyrgyz Republic;
- 13) implementation of generally recognized principles and norms of international law, as well as international obligations of the Kyrgyz Republic.

Article 6. State policy in the field of health protection

State policy in the field of protecting the health of citizens is aimed at:

- 1) development and improvement of the system of protecting the health of citizens;
- 2) ensuring a multi-sectoral approach to addressing public health issues, strengthening partnerships between state and local governments, international and non-governmental organizations, public and local communities, and the private healthcare sector;
- 3) determination of the list of state-guaranteed health services;
- 4) development, adoption and financing of targeted government programs, monitoring and coordinating their implementation, development and implementation of standards for protecting the health of citizens;
- 5) creating conditions for training, retraining and advanced training of specialists providing health care;
- 6) providing legal, social, information and methodological support within the framework of government programs;
- 7) creation of equal conditions for fair competition for health care organizations of all forms of ownership providing services in the field of health care;

- 8) the use of information technologies in health care, aimed at providing citizens in the Kyrgyz Republic with accessible and high-quality health care;
- 9) focus on the practical implementation of the law and an effective monitoring and evaluation system, using health information systems with disaggregation of all data by sex and age, in order to improve results and accountability, as well as the use of existing data for the analysis and development of policies and health programs;
- 10) conducting scientific research in the field of protecting the health of citizens, introducing modern methods and technologies to improve health;
- 11) comprehensive strengthening of the family institution;
- 12) prevention, early detection and treatment of diseases, reduction of maternal and infant mortality, formation of motivation for a healthy lifestyle in children and their parents;
- 13) conducting a confidential audit of maternal and perinatal mortality and studying critical cases in perinatology;
- 14) protection of the health of children, regardless of their social status, as well as proper provision of legal protection of their interests in the provision of health care and medical and social services, including the right to breastfeeding and adequate nutrition;
- 15) formation of a conscious attitude of men and women towards the birth of healthy, desired children by creating equal responsibility among parents for their birth, preventing early and unplanned pregnancies;
- 16) creating conditions that ensure equality of opportunity for women and men, including minors, in the exercise of their sexual and reproductive rights;
- 17) ensuring the safety of donor blood and its components.

Chapter 2. Complex integrated system

health care of the Kyrgyz Republic

Article 7. Integrity of the healthcare system

1. On the territory of the Kyrgyz Republic there is a comprehensive integrated healthcare system, consisting of the public and private healthcare sectors, designed to provide comprehensive health services, from health promotion to prevention, treatment, rehabilitation and palliative care, received at all stages of the life cycle for prevention, timely detection, treatment and reduction of the risk of developing complications of the disease.
2. The public health sector is represented by state and municipal health care organizations, departmental medical, health care and state public health organizations.
3. The private healthcare sector is represented by private healthcare organizations, as well as individuals engaged in private medical practice and pharmaceutical activities.

Article 8. Powers of the Cabinet of Ministers in the field of protecting the health of citizens

The powers of the Cabinet of Ministers in the field of protecting the health of citizens include:

- 1) ensuring the constitutional rights of citizens of the Kyrgyz Republic in the field of health care;
- 2) approval of a unified state policy in the field of protecting the health of citizens and measures for its implementation, as well as a strategy for the development of healthcare;
- 3) development, adoption, financing and control of the implementation of national, state, targeted programs for protecting the health of citizens and developing the public health care system, aimed at realizing the rights of citizens in the field of health care, including prevention, treatment and social protection of the population;
- 4) approval of regulatory legal acts in the field of health care, including issues of management of health care organizations;
- 5) approval of the list of state-guaranteed health care services and the provision of health care free of charge and on preferential terms within the framework of the State Guarantees Program;
- 6) development, management and coordination of scientific research on public health issues and provision of healthcare organizations with high-tech medical products;
- 7) coordination and management of the activities of public authorities on issues of protecting the health of citizens;
- 8) implementation of measures aimed at saving people's lives and protecting their health in emergency situations, preventing their occurrence, informing citizens about the situation in the emergency zone and the measures taken;
- 9) creation of institutions providing out-of-hospital, inpatient, rehabilitation and palliative care, as well as assistance in the creation and operation of enterprises and charity institutions;
- 10) implementation of information and digital technologies in the activities of healthcare organizations and telemedicine technologies (distance learning) in educational organizations of pre- and postgraduate medical education;
- 11) creation of conditions for training, retraining and advanced training of specialists providing medical care to the population;
- 12) creating conditions for increasing the level of awareness of the population, primarily among people at risk, about measures to prevent NCDs;
- 13) providing financing for the creation of a six-month supply of insulin, free provision of necessary glucose-lowering drugs and preferential provision of self-control means for persons with diabetes mellitus;
- 14) preferential provision for persons with diabetes mellitus, if indicated: orthopedic shoes and insoles, prostheses and mobility aids; carrying out laser photocoagulation of the retina, stenting of blood vessels (for stenosis of the arteries of the heart and legs), etc.;
- 15) creation and strengthening of the material and technical base of health care organizations to provide medical care to the population;
- 16) provision of complete and reliable information about the state of the living environment, the potential danger to human health of the work and services performed;

17) free provision of narcotic and painkillers to patients in the terminal stage of the disease.

Article 9. Powers of local state administrations and local self-government bodies in the field of protecting the health of citizens

The powers of local state administrations and local self-government bodies in the field of protecting the health of citizens include:

- 1) assistance in the implementation of a unified state policy in the field of protecting the health of citizens;
- 2) assistance from civil society, the media, and public organizations to improve the educational level of the population and responsibility in creating a healthy lifestyle;
- 3) development and implementation of territorial programs in the field of protecting the health of citizens;
- 4) creating conditions for the development and functioning of the material and technical base of healthcare organizations, medical and pharmaceutical industries in the territories entrusted to them;
- 5) formation of the health care budget and ensuring its execution, taking into account the geographical characteristics of the territory and the age and sex composition of the population;
- 6) involving civil society, the media, public organizations to improve the educational level of the population and responsibility in creating a healthy lifestyle;
- 7) providing housing for medical and pharmaceutical workers of municipal and state healthcare organizations working in high mountain and remote rural areas and providing benefits for its maintenance;
- 8) provision of living space, land plots and other property to young specialists sent to work;
- 9) free provision of the necessary premises and creation of conditions for taking blood and its components;
- 10) ensuring the disposal of biological materials and medical waste, burial of unclaimed corpses;
- 11) coordination of the activities of healthcare organizations in the implementation of national, state and target programs in the field of health protection;
- 12) providing support to legal entities and individuals engaged in private medical practice and pharmaceutical activities and operating on a non-profit basis, in the form of:
 - a) provision of temporary possession or use of property owned by them on the basis of lease agreements;
 - b) other forms provided for by the legislation of the Kyrgyz Republic in the areas of local self-government and healthcare;

- 13) coordination and control of activities carried out by state educational, health and social welfare organizations, non-governmental organizations in the field of strengthening the reproductive health of citizens;
- 14) providing conditions for citizens to exercise their reproductive rights by providing material and technical assistance to state and non-state health care organizations;
- 15) ensuring annual funding provided for in the law or agreement on the delegation of state powers, aimed at protecting the reproductive rights of citizens;
- 16) making a decision on providing additional incentives to donors;
- 17) making decisions on providing various social benefits to persons with complications of non-communicable diseases;
- 18) providing social support to persons who have become ill with and have recovered from tuberculosis;
- 19) ensuring protection of breastfeeding.

(As amended by the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

Article 10. Authorized state body in the field of healthcare

1. The main tasks of the authorized state body in the field of healthcare are:

- 1) implementation of a unified state policy in the field of protecting the health of citizens;
- 2) development and implementation of the State Guarantees Program, comprehensive targeted health care programs and other regulatory legal acts of the Kyrgyz Republic in the field of protecting the health of citizens;
- 3) organization of state registration and accounting of medical and pharmaceutical personnel, carrying out activities for the selection of heads of healthcare organizations;
- 4) development of regulatory legal acts in the field of health care, including issues of management of health care organizations;
- 5) taking measures to develop healthcare, medical and pharmaceutical science;
- 6) implementation of intersectoral and intersectoral coordination, as well as interaction with public organizations for the implementation of national, state and targeted programs to protect the health of citizens;
- 7) management of the activities of medical, educational, research, sanitary-epidemiological and other organizations of the healthcare system;

- 8) quality management of health care and sanitary care, including the development, approval and implementation of standards for the prevention and treatment of diseases;
 - 9) coordination of the quality of pre- and postgraduate medical education in educational organizations, regardless of the form of ownership and departmental subordination;
 - 10) ensuring quality control, safety and effectiveness of medicines and medical devices;
 - 11) providing conditions for the continuous operation of high-tech medical equipment and the introduction of the latest technologies in healthcare organizations;
 - 12) exercising control over the activities of health care organizations, regardless of their form of ownership, through the regional health authorities of the regions, the cities of Bishkek and Osh, coordination commissions on health care under the plenipotentiary representatives of the President of the Kyrgyz Republic in the regions, and the mayor's offices of the cities of Bishkek and Osh;
 - 13) analysis of the health status of the population;
 - 14) carrying out preventive measures aimed at reducing the incidence of the population;
 - 15) conducting all types of examination in connection with diseases to the extent guaranteed by the state;
 - 16) keeping secret from others information about the state of health, diagnosis and other information obtained during the examination and treatment of the patient, if this is in his interests;
 - 17) creation of a state reserve stock of antidiabetic drugs (mainly insulin) with means of delivery in the amount of six-month needs, purchase of reagents for diagnosing and monitoring glucose levels in patients with diabetes;
 - 18) financial support for healthcare organizations implementing the State Guarantees Program from the republican budget on a non-item basis;
 - 19) ensuring financial stability and minimizing financial risks of healthcare organizations implementing the State Guarantees Program.
2. The authorized state body in the field of healthcare annually reports on the health status of citizens of the Kyrgyz Republic to the Cabinet of Ministers.
 3. The services of the authorized state body in the field of healthcare provide methodological guidance for the organization of providing specialized health care to citizens in the Kyrgyz Republic.
- (As amended by the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

Article 11. Health care organizations

1. Health care organizations in the Kyrgyz Republic are classified by types, levels and types of health care provision.
2. The classification of healthcare organizations by type is based on the form of ownership and departmental affiliation.
3. The following types of healthcare organizations are distinguished:
 - 1) state organizations created by the authorized state body in the field of healthcare;
 - 2) state health care organizations created by other state authorities and departments;
 - 3) municipal health care organizations created by local state administrations and local governments;
 - 4) healthcare organizations based on private ownership.
4. The classification of healthcare organizations by level and type (main and additional) is based on the areas of their activities. The organizational and legal form, levels and types of healthcare organizations are determined by the authorized state body in the field of healthcare, approved by the Cabinet of Ministers and reflected in the constituent documents.
5. Model charters (regulations) of a healthcare organization are developed and approved by the authorized state body in the field of healthcare.
6. Health care organizations enter into contractual relations with each other in accordance with the civil legislation of the Kyrgyz Republic.

Article 12. State and municipal healthcare organizations

1. State and municipal healthcare organizations may be created by the owner in the following organizational and legal forms:
 - 1) state and municipal institutions;
 - 2) state and municipal enterprises.
2. The founders (owners) of state healthcare organizations may be:
 - 1) Cabinet of Ministers;
 - 2) authorized state body in the field of healthcare;
 - 3) other government authorities and departments.
3. The founders (owners) of municipal healthcare organizations may be:
 - 1) local state administrations;
 - 2) local government bodies.

Article 13. Rights and obligations of healthcare organizations

1. Health care organizations providing health care have the right:
 - 1) participate in the implementation of national and state programs;
 - 2) receive timely and complete financial settlement in the Single Payer system in accordance with concluded agreements;

- 3) receive from citizens who have applied for medical care the necessary information about their state of health, the results of treatment carried out by other organizations carrying out medical activities;
 - 4) request, with the consent of the citizen, information from other organizations that conducted his examination or treatment;
 - 5) issue certificates of temporary disability, certificates of birth, death and other medical documents in the manner established by the legislation of the Kyrgyz Republic in the field of health protection;
 - 6) receive information about the harmful effects of the environment on humans;
 - 7) create or join professional medical public organizations;
 - 8) receive the necessary reliable information from health care organizations, regardless of their form of ownership, about the number of identified persons suffering from infectious and non-infectious diseases;
 - 9) introduce the achievements of modern medical science into healthcare practice.
2. Health care organizations providing health care are obliged to:
- 1) carry out activities in accordance with its charter (regulations);
 - 2) provide accessible, timely, qualified medical care of the required volume in accordance with the allocated material and financial resources;
 - 3) provide emergency and emergency medical care;
 - 4) timely redirect and ensure transportation of the patient in adequate condition to the appropriate level of medical care;
 - 5) ensure readiness to work in extreme conditions (epidemics, emergencies, martial law, natural disasters, work in hard-to-reach and dangerous conditions);
 - 6) carry out special preventive medical measures to prevent, diagnose and treat diseases that pose a danger to others;
 - 7) observe the sanitary-hygienic and anti-epidemic regime;
 - 8) interact and ensure continuity between allied health services;
 - 9) conduct propaganda of a healthy lifestyle and measures for sanitary and hygienic education of the population;
 - 10) conduct fluorographic examination of the population within the appropriate time frame;
 - 11) conduct a cytological examination;
 - 12) conduct dynamic monitoring of persons at risk for infectious and non-infectious diseases, and if signs of disease are detected, refer them for further examination to appropriate specialists;
 - 13) provide palliative care;
 - 14) ensure correct recording and reporting of diseases;

15) conduct a systematic analysis of the epidemiology of infectious and non-infectious diseases, as well as the effectiveness of measures to reduce morbidity among the population;

16) participate in the development and implementation of state policy on the protection and promotion of exclusive breastfeeding of children, especially children under the age of thirty-six months, in the manner established by this Law;

17) conduct an audit of perinatal, infant and maternal mortality.

3. The administration and medical staff of a psychiatric/narcological hospital are obliged to create conditions for the exercise of the rights of patients and their legal representatives provided for by this Law, including:

1) provide conditions for correspondence, sending complaints and statements of patients to the bodies of representative and executive power, the court, the prosecutor, as well as the lawyer;

2) within 24 hours from the moment the patient is admitted to a psychiatric hospital in an involuntary manner, take measures to notify his relatives, legal representative or other person at his direction;

3) inform the patient's relatives or legal representative, as well as another person at his direction, about changes in his health status and emergency incidents with him;

4) ensure the safety of hospitalized patients, control the contents of parcels and deliveries;

5) perform the functions of a legal representative in relation to patients recognized as legally incompetent, but who do not have such a representative;

6) establish and explain to religious patients the rules that must, in the interests of other patients in a psychiatric hospital, be observed during the performance of religious rites, the procedure for inviting a clergyman, and assist in the exercise of the right to freedom of conscience of believers and atheists;

7) fulfill other duties established by this Law.

4. The administration of a psychoneurological institution for social security or special education is obliged to conduct an examination of persons living in it at least once a year by a medical commission with the participation of a psychiatrist in order to decide on their further maintenance in this institution, as well as on the possibility of revising the decision on their incapacity.

Article 14. Property of state and municipal healthcare organizations

1. The property of state and municipal healthcare organizations acquired at the expense of the state budget, compulsory health insurance, as well as property acquired in the course of their activities, is state and municipal property.

2. State and municipal healthcare organizations do not have the right to lease, alienate or otherwise dispose of this property without the consent of the founders (owners).

Article 15. Privatization of healthcare facilities that are state or municipal property

Privatization of healthcare facilities - buildings, structures, other property that is in state or municipal ownership, is carried out in the manner established by the legislation of the Kyrgyz Republic on privatization.

Article 16. Management of healthcare organizations with state and municipal forms of ownership

1. Health care organizations with state and municipal forms of ownership have financial and managerial autonomy in accordance with the civil legislation of the Kyrgyz Republic and this Law.

2. The appointment of heads of state health care organizations is carried out by the authorized state body in the field of health care from the personnel reserve to the positions of heads of health care organizations.

The procedure for appointing heads of state healthcare organizations from the personnel reserve to the positions of heads of healthcare organizations is determined by the Cabinet of Ministers.

3. The authorized state body in the field of healthcare creates a reserve of personnel for appointment to positions of heads of healthcare organizations.

4. The procedure, conditions for the formation and functioning of the personnel reserve for the positions of heads of healthcare organizations, the appointment and certification of heads of healthcare organizations are determined by the Cabinet of Ministers.

5. The head of a healthcare organization with state and municipal forms of ownership is appointed to the position for a period of 5 years. The head of a healthcare organization with state and municipal forms of ownership cannot be appointed to the position of manager in the same organization for more than two consecutive terms.

The head and head of a department of a health care organization with state and municipal forms of ownership cannot engage in medical practice in health care organizations with a private form of ownership on a part-time basis.

Failure by the head or head of a department of a healthcare organization with state and municipal forms of ownership to comply with the requirements specified in this part shall entail their dismissal from their position within 10 working days.

6. The appointment of heads of state health care organizations of the health care system of the Kyrgyz Republic is carried out by the authorized state body in the field of health care exclusively from the personnel reserve for the positions of heads of health care organizations, with the exception of the appointment of heads of certain types of health care organizations, whose appointment

carried out in a different manner provided for by the legislation of the Kyrgyz Republic in the field of healthcare.

7. The appointment of heads of departmental healthcare organizations is carried out by the relevant authorized state bodies.

8. The appointment of heads of municipal health care organizations is carried out by local state administrations or relevant local government bodies in agreement with the authorized state body in the field of health care.

9. Regulation, coordination, and control of the medical activities of healthcare organizations, regardless of their departmental subordination and forms of ownership, are carried out by the authorized state body in the field of healthcare.

10. Departmental medical and health services interact with state and municipal organizations and health services on the basis of concluded agreements.

(As amended by the Law of the Kyrgyz Republic dated January 21, 2025 No. 22)

Article 17. Coordination of the activities of healthcare organizations

1. Coordination of the activities of state and municipal health care organizations is carried out by regional health authorities of the regions, the cities of Bishkek and Osh, coordinating commissions on health care under the authorized representatives of the President of the Kyrgyz Republic in the regions, and the mayors of the cities of Bishkek and Osh.

2. Coordination commissions on health care under the plenipotentiary representatives of the President of the Kyrgyz Republic in the regions, the mayors of the cities of Bishkek and Osh, headed by the chairmen - plenipotentiary representatives of the President of the Kyrgyz Republic in the regions, the mayors of the cities of Bishkek and Osh or their deputies, carry out their activities in accordance with the provisions approved by the plenipotentiary representatives of the President of the Kyrgyz Republic in the regions, the mayors of the cities of Bishkek and Osh. Osh.

(As amended by the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

Article 18. Medical and pharmaceutical education and medical and pharmaceutical science

1. In the Kyrgyz Republic, the training of medical workers is carried out in accordance with the state order of the authorized state body in the field of healthcare, which annually monitors the use and movement of medical personnel in healthcare organizations, regardless of their departmental subordination and forms of ownership.

2. Heads of state educational organizations of higher professional medical and pharmaceutical education are appointed and dismissed by the authorized state body in the field of education in agreement with the authorized state body in the field of healthcare.

3. Management of the quality of training of medical and pharmaceutical workers in educational organizations, regardless of their departmental subordination and forms of ownership, is carried out by the authorized state body in the field of healthcare.
4. The relationship between educational organizations of professional medical and pharmaceutical education and healthcare organizations in the process of training future healthcare specialists is carried out in the manner established by the Cabinet of Ministers.
5. Scientific activities in the field of healthcare are carried out by scientific research organizations (research institutes, scientific and practical centers and other scientific organizations), higher medical and pharmaceutical educational institutions, organizations for advanced training of medical and pharmaceutical workers.
6. Management of subordinate medical research organizations, higher medical and pharmaceutical educational institutions, organizations for advanced training of medical and pharmaceutical workers, coordination of research work in the field of healthcare, organization of training of highly qualified scientific personnel for the healthcare system is carried out in the manner established by the Cabinet of Ministers.

Article 19. Subjects of educational activities in the field of healthcare and conditions for its implementation

1. Educational activities in the field of healthcare are carried out in medical and pharmaceutical education organizations, scientific organizations in the field of healthcare and other educational organizations implementing educational programs in the field of healthcare.
2. Health education includes:
 - 1) medical education programs implemented in medical specialties;
 - 2) pharmaceutical education programs implemented in pharmaceutical specialties;
 - 3) training programs for public health specialists and other healthcare professionals.
3. Mandatory conditions for the implementation of educational programs in the field of healthcare in medical specialties are:
 - 1) the presence in the structure of the organization of education in the field of health care of a simulation room (center);
 - 2) in the training of doctors - implementation in the organization of higher and (or) postgraduate education of programs of integrated and postgraduate medical education (residency, doctoral studies);
 - 3) attracting mentors from among qualified medical workers during the training of students at clinical sites;
 - 4) the formation in organizations of higher and (or) postgraduate education of integrated academic medical centers operating on the basis of agreements with scientific organizations in the field of health care and health care organizations.
4. The scientific and practical bases of educational organizations in the field of healthcare are clinical bases, clinics of educational organizations in

healthcare field. Clinical bases are subject to an accreditation procedure in order to recognize the compliance of the medical services provided with established requirements and standards in the field of healthcare, as well as the requirements for clinical bases.

The regulations on the clinical base and the requirements for them are developed and approved by the authorized government body in the field of healthcare.

5. Associations of educational organizations in the field of health care, accredited by the authorized state body in the field of health care to coordinate actions to ensure the quality of educational activities in the field of health care, have the right:

1) develop state educational standards for levels of education in the field of health care, standard curricula and programs, guidelines and recommendations aimed at ensuring the quality of educational activities in the field of health care;

2) represent the interests of subjects of educational activities in the field of healthcare in advisory, advisory and expert bodies, working groups formed by the authorized body.

Article 20. Licensing and accreditation of medical and pharmaceutical activities

1. Licensing of medical and pharmaceutical activities is carried out in the manner established by the Law of the Kyrgyz Republic "On the licensing and permitting system in the Kyrgyz Republic".

2. Accreditation of individuals and legal entities, regardless of their form of ownership, engaged in medical activities, is carried out in order to improve the quality of medical care in the manner determined by the Cabinet of Ministers.

3. Accreditation of state and municipal healthcare organizations is mandatory.

Article 21. Private medical practice and pharmaceutical activities

1. Private medical practice and pharmaceutical activities are carried out in accordance with the legislation of the Kyrgyz Republic in the field of healthcare based on the principles of legality, guarantees of fulfillment of obligations to provide medical, preventive and pharmaceutical services; compliance with ethical standards and safety of medical, preventive and drug care.

2. Healthcare organizations based on private ownership, as well as individuals engaged in private medical practice or pharmaceutical activities, carry out their activities on the basis of a license issued by the authorized state body in the field of healthcare.

3. Healthcare organizations based on private ownership, as well as individuals engaged in private medical practice or pharmaceutical activities, can participate in the implementation of the State Guarantee Program on the basis of agreements concluded with the body authorized to perform the functions of the Single Payer. Healthcare organizations based on private ownership

working in the Single Payer system carry out medical activities on the basis of mandatory accreditation.

4. The activities of healthcare organizations based on private ownership may be terminated by decision of the founder (owner) of the organization and/or the court.

5. Healthcare organizations based on private ownership, as well as individuals engaged in private medical practice or pharmaceutical activities, have the right:

- 1) provide medical and other services on the basis of agreements with citizens, organizations, local governments, health authorities;
- 2) participate in the implementation of state guarantee programs, health insurance, and targeted health care programs;
- 3) receive from healthcare organizations, regardless of their departmental subordination and forms of ownership, medical information necessary to provide medical care to patients.

6. Healthcare organizations based on private ownership, as well as individuals engaged in private medical practice, have the right to issue medical documents, including temporary disability certificates, and use strict reporting forms of medical documents in the manner established by the Cabinet of Ministers.

7. Healthcare organizations based on private ownership, as well as individuals engaged in private medical practice or pharmaceutical activities, are required to maintain all statistical records provided for by the legislation of the Kyrgyz Republic and submit them to the authorized state body in the field of healthcare, submit reports to healthcare authorities on the medical, sanitary and sanitary care they provide, and bear responsibility for their accuracy.

8. Interaction between healthcare organizations based on private ownership, as well as individuals engaged in private medical practice or pharmaceutical activities, with state and municipal organizations and healthcare services is carried out on the basis of concluded agreements.

9. Quality control of health care provided by private medical entities is carried out by the authorized state body in the field of health care, organizations for the protection of patients' rights in accordance with their statutory activities.

10. Control of the activities of individuals and legal entities engaged in private medical or pharmaceutical activities is carried out in accordance with the legislation of the Kyrgyz Republic in the field of healthcare and on the licensing and permitting system.

(As amended by the Law of the Kyrgyz Republic dated December 6, 2024 No. 195)

Article 22. Traditional (folk) medicine

1. Citizens of the Kyrgyz Republic who have a higher medical diploma have the right to practice traditional (folk) medicine

education and have undergone special training in the field of traditional (folk) medicine.

2. The procedure for training persons in the field of traditional (folk) medicine is determined by the Cabinet of Ministers.

3. Conducting mass healing sessions is prohibited.

4. Advertising, including through the media, of healing methods and means is prohibited.

Article 23. Support for civil society institutions

Citizens and non-profit organizations have the right to:

1) take part in the development and adoption of decisions on health issues;

2) take part in monitoring the implementation of the legislation of the Kyrgyz Republic regulating health care;

3) take part in organizing the donation of blood and its components, its financing, as well as in promoting and developing free voluntary donation of blood and its components among the population;

4) draw the attention of manufacturers and distributors of designated products, medicines, medical devices and other products specified in this Law to activities that are incompatible with its requirements.

Article 24. Professional medical and pharmaceutical public organizations

1. Medical and pharmaceutical workers have the right to create professional medical and pharmaceutical public organizations in order to protect the rights of medical and pharmaceutical workers, develop medical and pharmaceutical activities, promote scientific research, and resolve other issues related to the professional activities of medical and pharmaceutical workers.

2. Professional medical and pharmaceutical public organizations are created and operate in accordance with the legislation of the Kyrgyz Republic and are non-profit organizations based on the voluntary association of medical and pharmaceutical workers of healthcare organizations.

3. State authorities provide all possible assistance to the activities of professional medical and pharmaceutical public organizations.

4. Professional medical, pharmaceutical and other public organizations take part in ensuring the protection and promotion of the health of citizens, promoting a healthy lifestyle in accordance with their charters, as well as this Law.

Article 25. Associations (unions) of healthcare organizations, professional medical and pharmaceutical public organizations

1. Health care organizations, professional medical and pharmaceutical public organizations, in order to coordinate activities, as well as represent and protect common interests, may, by agreement

create associations among themselves in the form of non-profit associations (unions).

2. By decision of the authorized state body in the field of healthcare, certain powers may be delegated to professional medical and pharmaceutical public organizations, associations (unions).

3. Support for associations (unions) is carried out in the form of state targeted funding of individual socially useful programs, membership fees of health care organizations at their own expense, as well as in other forms not prohibited by the legislation of the Kyrgyz Republic.

Chapter 3. Organization of provision of comprehensive

integrated health and sanitary

preventive assistance to citizens in the Kyrgyz Republic

Republic

Article 26. State guarantee program to provide citizens in the Kyrgyz Republic with health care

1. The program of state guarantees to provide citizens in the Kyrgyz Republic with health care ensures the implementation of the rights of citizens in the Kyrgyz Republic to receive health care in health care organizations, regardless of the form of ownership participating in this program.

2. The state guarantee program determines the volume, types and conditions for the provision of health care free of charge and on preferential terms, including the provision of medicinal care in accordance with the legislation of the Kyrgyz Republic in the field of health care and compulsory health insurance.

3. The amount of funding for the implementation of the State Guarantees Program is established by the budget legislation of the Kyrgyz Republic when approving the relevant budgets.

4. Medical services not included in the State Guarantees Program are paid for from the personal funds of citizens.

(As amended by the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

Article 27. Types of health care

Citizens in the Kyrgyz Republic are provided with the following types of health care:

- 1) pre-hospital medical care;
- 2) primary health care;
- 3) specialized medical care;
- 4) medical and social assistance;
- 5) medical rehabilitation and habilitation;
- 6) medical examination;
- 7) palliative care.

Article 28. Forms of medical care

Medical assistance is provided in the following forms:

- 1) emergency - medical care provided for sudden acute diseases and conditions, exacerbation of chronic diseases that require immediate medical intervention to prevent significant harm to health and (or) eliminate the threat to life;
- 2) emergency - medical care provided for sudden acute diseases and conditions, exacerbation of chronic diseases that do not pose a clear threat to the patient's life;
- 3) planned - medical care provided for diseases and conditions that are not accompanied by a threat to the patient's life, delaying the provision of which for a certain time will not entail a deterioration in the patient's condition, as well as during preventive measures.

Article 29. Emergency and urgent medical care

Emergency and emergency medical care is provided to citizens by healthcare organizations regardless of their form of ownership:

- 1) pre-hospital emergency care service at the expense of medical workers available on site (pre-hospital medical care, as well as assistance with patient transportation and medical care on the way to the hospital (emergency medical care with paramedics or medical teams));
- 2) in interdisciplinary emergency medical care departments (EMD) created and equipped in each hospital at the district, regional, republican level to provide emergency hospital care;
- 3) consultations, including with the help of telemedicine and other information technologies, air ambulance service, rescue service of the authorized state body in the field of emergency situations, providing emergency advisory medical assistance.

Article 30. Pre-hospital medical care

Pre-hospital medical care is provided by paramedics independently or as part of a multidisciplinary team, which includes assessing the patient's condition, making a pre-medical diagnosis, prescribing a plan of pre-medical interventions, performing pre-medical manipulations and procedures and caring for injured, sick, disabled and dying people.

Article 31. Primary health care

1. Primary health care is the main type of health care available to every citizen.
2. Primary health care includes:
 - 1) diagnosis, treatment and management of the most common diseases, preventive examinations of target population groups, early detection and training in skills to reduce identified risk factors, immunization, monitoring of pregnant women and postpartum women in the postpartum period, newborns and young children, for early detection of delays and disorders in the development of children;
 - 2) protection and promotion of the health of every citizen, every family throughout the entire life cycle, community and is based on the work of a family doctor or general practitioner, integrated with the activities of a multidisciplinary team;

3) provision of pre-hospital emergency medical care (pre-hospital and/or emergency medical care with assistance and transportation);

4) ensuring the interconnection of various health care services, regardless of the form of ownership, referring patients to specialists providing specialized health care, to services for providing medical and social assistance and rehabilitation.

3. To receive primary health care, individuals are assigned to health care organizations providing primary health care. Attaching an individual to a primary health care organization is the basis for exercising the right to receive medical care and fulfilling the obligations of health care organizations to provide medical care within the framework of the guaranteed volume of free medical care.

Article 32. Specialized medical care

1. Specialized medical care is provided to citizens in the Kyrgyz Republic in health care organizations, regardless of the form of ownership, providing primary health care, and specialized health care organizations for diseases that require special diagnostic methods, treatment, and the use of complex medical technologies.

2. The provision of specialized medical care is provided free of charge or on preferential terms for categories of citizens and for diseases established by the State Guarantees Program.

3. Medical care using high technologies is provided to citizens at the expense of the fund for high-tech (expensive) types of medical care in the manner established by the Cabinet of Ministers.

4. The volume of provision of medical care at the expense of the fund for high-tech (expensive) types of medical care is determined annually by the authorized state body in the field of healthcare, depending on the amount of funding provided for these purposes.

Article 33. Medical and social assistance

1. Medical and social assistance includes rehabilitation, prosthetic and orthopedic and dental care, as well as social measures to care for the sick, disabled and people with disabilities.

2. Medical and social assistance is provided by medical, social workers and other specialists in health care organizations of the state, municipal and private systems, as well as in institutions of the social protection system.

Article 34. Medical rehabilitation and habilitation

Citizens suffering from congenital and acquired diseases, as well as citizens with health problems caused by acute, chronic diseases and the consequences of injuries, are provided with medical rehabilitation and habilitation in healthcare organizations and social welfare institutions in the manner determined by the Cabinet of Ministers.

Article 35. Palliative care

1. Palliative care includes palliative pre-hospital medical care, palliative primary medical care and palliative specialized medical care.
2. Palliative medical care is provided in an outpatient setting, including at home, in a day hospital and in an inpatient setting.
3. Palliative medical care is provided by healthcare organizations and medical and social institutions, regardless of the form of ownership, in order to improve the quality of life of terminally ill citizens and is aimed at relieving pain and other severe manifestations of the disease (medical procedures, psychological assistance, care, as well as the provision of social services).
4. The procedure for providing palliative care and free provision of narcotic and painkillers to patients in the terminal stage of the disease is determined by the Cabinet of Ministers.
5. Sources of funding for providing palliative care to incurable patients are budget funds, funds from charitable organizations and voluntary donations from citizens and organizations.

Article 36. Sanitary and preventive care

1. Sanitary and preventive care in the Kyrgyz Republic includes:
 - 1) sanitary and hygienic supervision;
 - 2) epidemiological surveillance;
 - 3) formation of a healthy lifestyle.
2. Sanitary and preventive care is provided by state sanitary and epidemiological surveillance services, health promotion and primary health care organizations in order to protect and strengthen the health of the population.
3. Sanitary and epidemiological well-being and public health of the population are ensured by a set of measures aimed at eliminating or reducing the harmful effects on humans of environmental factors, extreme natural and climatic phenomena, preventing the occurrence and spread of infectious diseases and mass non-infectious diseases and their elimination, hygienic training and education of citizens, the formation of a healthy lifestyle and the dissemination of hygienic knowledge among the population, carried out in accordance with the legislation of the Kyrgyz Republic in public health.

Article 37. Sanatorium-resort treatment

1. Citizens of the Kyrgyz Republic have the right to receive treatment in sanatoriums and sanatoriums at the expense of their own funds, state social insurance funds, funds of the republican and local budgets, funds of individuals and legal entities.
2. Treatment of children in children's sanatoriums and sanatoriums for parents with children is free of charge. Indications and contraindications for sanatorium and resort treatment, as well as the procedure for selecting and referring citizens for sanatorium and resort treatment are determined by the Cabinet of Ministers.

Article 38. Health care system for educational organizations studying

1. The activities of medicine are aimed at protecting the health and dynamic monitoring of the health status of students in educational organizations.
2. Preventive measures to protect the health of students in educational organizations are carried out in accordance with the legislation of the Kyrgyz Republic in the field of public health.
3. The organization of medical care for students of educational organizations is carried out by health care organizations providing primary health care, in the service territory of which educational organizations are located.

Article 39. Features of the organization of medical care at the level of rural healthcare

1. Health promotion, prevention, treatment and rehabilitation services should be available to the rural population at all levels of rural health care.
2. To ensure accessibility of primary health care and specialized medical care at the rural health care level, groups of family doctors and first aid stations, emergency medical care, mobile medical complexes and means of providing remote medical services are used close to the population.
3. When planning the volume of medical care for rural healthcare, geographical remoteness, population density, demographic indicators, characteristics of the gender and age composition and other criteria affecting the availability of medical care are taken into account.
4. Ensuring the availability of medical care to the rural population at all levels of medical care is carried out by the authorized body in the field of healthcare.

Article 40. Quality management of health care

Management of the quality of health care as a set of measures aimed at meeting the needs of the population is carried out by an authorized state body in the field of health care, which sets standards for the quality of health care and monitors their compliance.

Article 41. Provision of health care to citizens involved in physical education and sports

1. Medical and sanitary care for citizens involved in physical education and sports is provided by the relevant health services.
2. Bodies and organizations of the sanitary and epidemiological service of the Kyrgyz Republic exercise control over the sanitary and technical condition of premises, territories and equipment used for physical education and sports in accordance with the legislation of the Kyrgyz Republic in the field of public health.

Article 42. Provision of medical and sanitary care to military personnel, employees of internal affairs bodies, national security bodies and other executive authorities in which the legislation of the Kyrgyz Republic provides for military service

Military personnel, employees of internal affairs bodies, national security bodies and other executive authorities, in which military service is provided for by the legislation of the Kyrgyz Republic, are provided with health care by departmental health services. If they are absent at their place of service or place of residence, or if there are no relevant specialists or special equipment in the departmental medical and health care services, health care for these persons is provided in state or municipal health care organizations on the basis of concluded agreements in the manner established by the Cabinet of Ministers.

Article 43. Provision of medical and sanitary care to persons whose freedom is limited

1. For persons whose freedom is legally limited without a court verdict, serving a sentence by a court sentence outside places of deprivation of liberty, placed in temporary detention centers, special institutions of the penal system, health care is provided by departmental health services or state or municipal health care organizations on the basis of concluded agreements in the manner established by the Cabinet of Ministers.
2. The procedure and organization of oncological care for persons suffering from malignant neoplasms in places of deprivation of liberty is carried out in accordance with the procedure and conditions determined by the authorized state body in the field of execution of punishment and the authorized state body in the field of healthcare.
3. Persons suffering from malignant neoplasms in the terminal stage are released from prison.
4. The procedure and organization of psychological and psychiatric assistance to persons whose freedom is legally limited is provided by departmental medical and sanitary services, or by state or municipal health care organizations on the basis of concluded agreements in the manner established by the Cabinet of Ministers.

Article 44. Biomedical research

1. Biomedical research can be conducted on living people and animals, biological samples of living and deceased humans and animals, as well as based on the use of clinical and epidemiological data and other medical information.

Biomedical research includes basic and applied biomedical research. Applied biomedical research includes (biomedical research, preclinical (non-clinical) research, clinical research and public health research).

2. The creation of human embryos for the purposes of biomedical research and human cloning are prohibited.
3. Biomedical research on human embryos or human fetuses during or after which the human embryo or human fetus is destroyed is prohibited.

4. Clinical studies are carried out subject to the receipt of positive results from biomedical studies and preclinical (non-clinical) studies.

5. Applied biomedical research may be carried out subject to the following requirements:

1) biomedical research is aimed at obtaining new scientific data and introducing them into practical healthcare;

2) the protection of the interests of the research subject and the confidentiality of his medical information are ensured;

3) the consent of the research subject or his legal representative to participate in the study or use his biological samples and medical information for scientific purposes has been obtained in writing on paper or in the form of an electronic document signed with an electronic signature in accordance with the legislation of the Kyrgyz Republic in the field of personal data protection;

4) interventional clinical studies of medicines and medical devices are carried out with the permission of the authorized body.

6. It is prohibited to conduct biomedical research on:

1) minors who do not have legal representatives;

2) pregnant women, with the exception of cases where clinical studies of medical technologies and medicines intended for pregnant women are conducted, when the necessary information can only be obtained through clinical studies on pregnant women and when the risk of harm to the pregnant woman and the fetus is completely excluded;

3) military personnel;

4) persons serving sentences in places of deprivation of liberty, and persons held in temporary detention centers and pre-trial detention centers;

5) persons recognized by the court as legally incompetent, with the exception of clinical trials of medical technologies and medicines intended for the treatment of mental disorders (diseases), on patients with mental disorders (diseases).

7. When receiving written consent to participate in a biomedical research, a volunteer or patient, a legal representative of a minor, or a guardian of an incapacitated person must be provided with the following information:

1) about medical technology, medicine, nature and duration of medical research;

2) about the degree of safety, risks and expected effectiveness of medical technology, medicine;

3) on actions in case of unforeseen effects of the use of medical technology or medicine on health;

4) about the conditions of health insurance.

Moreover, before the start of research, a volunteer or patient, a legal representative of a minor, or a guardian of an incapacitated person must be informed of the possibility of refusing biomedical research at any stage of the research.

The written consent is drawn up in three or more copies: one copy for each of the parties and one copy is sent to

authorized state body in the field of healthcare. The authorized state body in the field of healthcare is obliged to maintain a register of written consents, as well as determine the procedure and form for their preparation.

8. Biomedical research is terminated at any stage:

1) at the request of a minor participating in research, his legal representative, guardian of an incapacitated person, patient or volunteer;

2) in the event of a threat to the life or health of a volunteer or patient, a minor, or an incapacitated person.

9. Mandatory conditions for conducting biomedical research are a positive opinion from an ethical expert body, and for interventional clinical trials, also the execution of documents on life and health insurance of the research participant.

10. The procedure for conducting clinical and medical-biological research, applying new diagnostic and treatment methods is determined by the Cabinet of Ministers.

Article 45. Digital health

1. Activities in the field of digital health include legal regulation, development and approval of digital health standards, development of information and communication infrastructure of the health care industry, collection, processing, storage, protection of personal medical data and the transition to paperless medicine.

2. The authorized state body in the field of healthcare processes, stores and protects personal medical data stored at the national level.

3. The collection, processing and storage of personal medical data for the formation of electronic medical records containing personal medical data are carried out as part of the provision of medical care, taking into account the patient's informed consent to receive medical care.

4. The right of access to the personal medical data of an individual, with his consent, is granted to healthcare organizations providing medical and sanitary care, the authorized state body in the field of healthcare and the organization responsible for financial reimbursement of the costs of providing medical care, as well as organizations carrying out scientific research and monitoring the implementation and development of strategic programs that ensure the preservation and strengthening of the health of citizens.

These organizations receive the right to access personal medical data only to the extent necessary to provide the relevant services.

5. Healthcare organizations are obliged to ensure the transfer of data in the manner, volume and frequency determined by the Cabinet of Ministers. Individuals and legal entities, government bodies carrying out activities or entering into public relations in the field of digital health, form, store, protect electronic medical records in accordance with the rules approved by the authorized body.

6. Information obtained from electronic information resources containing personal medical data of individuals is used exclusively as part of the performance of official duties. For

For analytical, statistical activities, scientific and other research, medical data is used in anonymized form.

7. The regulations on the unified medical information system, including the procedure for accessing the information contained in it, the procedure and timing for submitting information to the unified system, and the procedure for exchanging information using the unified system are approved by the Cabinet of Ministers.

Article 46. Remote medical services

1. Remote medical services are provided for:

- 1) provision of advisory assistance by leading specialists of research centers, employees of clinical departments of universities and colleges; specialists from national and republican healthcare organizations;
- 2) assessing the effectiveness of diagnostic and treatment measures, medical monitoring of the patient's health status;
- 3) clarifying the diagnosis, adjusting and determining further tactics for patient management and prescribing therapeutic and diagnostic measures;
- 4) organizing remote consultations.

2. The conclusion of doctors on the health status and diagnosis of the patient providing remote medical services is an official document and must be entered into the patient's medical record.

3. Remote medical services are carried out in compliance with the requirements established by legislation in the field of personal data protection and maintaining the confidentiality of the medical worker.

4. The organization, procedure for providing and paying for remote medical services are determined by the authorized state body in the field of healthcare.

Article 47. Change, correction of gender

Changes and corrections of gender identity are carried out in healthcare organizations through medical intervention at the request of a patient over 25 years of age who has full legal capacity, in accordance with medical, biological and socio-psychological indications in the manner determined by the Cabinet of Ministers.

Article 48. Use, storage and disposal of biological material and medical waste

The use, storage and disposal of biological material and medical waste are carried out in the manner established by the legislation of the Kyrgyz Republic on industrial and consumer waste and the Cabinet of Ministers.

Article 49. Prohibition of euthanasia

1. Medical personnel are prohibited from carrying out euthanasia - satisfying the patient's request to hasten his death by any actions or means, including the cessation of artificial life-sustaining measures.
2. A person who deliberately induces a patient to euthanasia and (or) carries out euthanasia shall bear criminal liability in accordance with the legislation of the Kyrgyz Republic.

Article 50. Determination of the moment of death. Conditions for disconnecting life-sustaining equipment

1. Death is certified by a medical professional (doctor or paramedic).
2. The criteria and procedure for determining the moment of death of a person and cessation of resuscitation measures are established by regulations approved by the Cabinet of Ministers.

Article 51. Carrying out pathological autopsies

1. A pathoanatomical autopsy is performed by doctors in order to obtain data on the cause of death and diagnosis of the disease.
2. The procedure and cases of mandatory conduct of a pathological autopsy are determined by the Cabinet of Ministers. In other cases, in the absence of suspicion of violent death and in the presence of a written statement from family members, close relatives or the legal representative of the deceased, or the will of the deceased himself expressed during his lifetime, a pathological autopsy is not performed.
3. A conclusion on the cause of death and diagnosis of the disease is issued to family members, and in their absence - to close relatives or the legal representative of the deceased, as well as to law enforcement agencies at their request.

Article 52. Anatomical donation

Anatomical donation is the voluntary donation of the body (parts, organs and tissues) of a capable person to a healthcare organization or organization of higher professional medical education for use in the educational process and scientific research. A citizen has the right to have his decision on anatomical donation notarized and to cancel his decision. The right to use anatomical donation arises after the biological death of the citizen who has drawn up a will on anatomical donation has been established. The procedure and conditions for performing an anatomical drawing are determined by the Cabinet of Ministers.

Chapter 4. Rights and obligations of citizens in the field of security

health

Article 53. The right of citizens to health care

1. Citizens, regardless of gender, race, age, ethnicity, language, disability, marital status, religion, political or other beliefs, education, origin, property or other status, place of residence in the Kyrgyz Republic have an inalienable right to health care, which is ensured by:
 - 1) protection of the natural environment, creation of favorable conditions for work, life, recreation, education and training of citizens, production and sale of safe food and medicines;
 - 2) providing equal opportunities to exercise the right to receive medical care in state health care organizations, as well as medical and social care for persons engaged in private medical practice;
 - 3) providing citizens with medical and sanitary care throughout the republic;
 - 4) granting the right to protect one's life and health;

- 5) providing citizens with the right to freely choose a family doctor, general practitioner, as well as to choose an attending physician in hospitals;
 - 6) provision of free and preferential health care under the State Guarantees Program and provision of medicines included in the list of vital medicines in the amount approved by the Cabinet of Ministers;
 - 7) provision of emergency and urgent medical care for medical reasons;
 - 8) providing information on issues of preventive medicine, hygiene, the formation of a healthy lifestyle, taking into account gender and age characteristics;
 - 9) provision of other rights provided for by the legislation of the Kyrgyz Republic.
2. Citizens of the Kyrgyz Republic infected with HIV have the right to adopt children on an equal basis with other citizens and to use assisted reproductive methods and technologies.

Article 54. The right of citizens of the Kyrgyz Republic located outside its borders to health care

Citizens of the Kyrgyz Republic located outside its borders are ensured the right to health care in accordance with international treaties of the Kyrgyz Republic, in other cases - in accordance with the legislation of the host country.

Article 55. The right of foreign citizens, stateless persons and refugees to health care

1. Foreign citizens located on the territory of the Kyrgyz Republic, stateless persons permanently residing in the Kyrgyz Republic, and refugees are guaranteed the right to health care in accordance with the legislation of the Kyrgyz Republic in the field of healthcare and compulsory health insurance and international treaties of the Kyrgyz Republic.
2. The procedure for providing health care to foreign citizens, stateless persons and refugees is determined by the Cabinet of Ministers.

(As amended by the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

Article 56. Citizens' right to information

1. Citizens have the right to humane, respectful treatment, non-discrimination and confidentiality in the provision of medical care and to maintain medical confidentiality.
2. Citizens have the right to regularly receive reliable and timely information about factors that contribute to the preservation of health or have a harmful effect on it.
3. Citizens have the right to receive information about the nature of the disease, the methods of diagnosis and treatment used in accordance with medical ethics.

Article 57. Reproductive rights of citizens

1. Everyone has the right to comprehensive, accessible sexual and reproductive health services as an integral part of health care.
2. Citizens, regardless of marital status, have the right to control and make free, responsible decisions regarding the number of children, the time of their birth, the intervals between births, including using modern methods of birth control.
3. Citizens have the right to access existing safe technologies to protect reproductive health, including contraception, family planning, termination of pregnancy, as well as diagnosis and treatment for infertility, sexually transmitted diseases, including HIV.
4. Citizens have the right to use methods of artificial insemination: insemination, implantation and in vitro fertilization.
5. Citizens, regardless of medical conditions and marital status, have the right to parenthood using the surrogacy method.
6. Citizens have the right to cryopreservation and storage of their germ cells, tissues of reproductive organs and embryos. In the event of a person's death, a spouse, father, mother, children, and siblings have the right to use sex cells in storage for the purpose of reproducing offspring.
7. Adult citizens, somatically and mentally healthy, who have undergone a medical genetic examination, have the right to be anonymous and non-anonymous donors of germ cells. Anonymous donors do not have the right to information about the fate of their germ cells.
8. Women, regardless of marital status, have the right to independent reproductive choices, including the choice of safe abortion.
9. Citizens who have reached marriageable age have the right to voluntarily use the surgical method of sterilization.

Article 58. Obligations of citizens

Citizens of the Kyrgyz Republic are obliged to:

- 1) take care of your own health, the health of children, close relatives and people around you, bear joint responsibility for the preservation and strengthening of individual and public health.
- 2) carry out the assignments of medical workers related to individual and public health;
- 3) take part in the process of managing one's own health, including in chronic disease management programs, if any, and be interested in obtaining information about the disease and methods of its treatment, possible risks and complications;
- 4) undergo examination and treatment at the request of healthcare entities, inform medical personnel and close relatives, spouses about the presence of infectious and other diseases that pose a danger to others;
- 5) protect the people around them from contracting infectious diseases, and not interfere with the implementation of anti-epidemic and sanitary measures in their places of permanent residence.

Chapter 5. Rights of certain population groups in the region

health protection

Article 59. Family rights

1. The family (each of its members) has the right to health care, which is ensured through sanitary and preventive measures, the provision of accessible health care, medical rehabilitation in the volumes and under the conditions determined by the State Guarantees Program.
2. The family (each of its members) has the right to choose a family doctor who provides medical care at the place of residence.
3. One of the parents (legal representatives) or other family members is given the right to stay together with a child under five years of age in a health care organization when providing him with medical care in an inpatient setting during the entire period of treatment, and, if necessary, to care for a child for medical reasons and for a child with a disability - regardless of the child's age.
4. Parents or legal representatives in the family are responsible for compliance with treatment, as well as for increasing the educational level of minors in the field of health.

Article 60. Rights of pregnant women and mothers

1. Every woman in the period of preparation for pregnancy, during pregnancy, during and after childbirth has the right to receive the necessary medical and sanitary care in health care organizations free of charge within the framework of the State Guarantees Program.
2. Pregnant women have the right to work in conditions that meet their physiological characteristics and state of health, and are provided with prenatal and postnatal leave.
3. A woman has the right to social support from the state during pregnancy and after childbirth, as well as while caring for sick children in the manner established by the legislation of the Kyrgyz Republic on labor and state benefits.
4. Women have the right to breastfeeding support, including protection and promotion of breastfeeding, including:
 - 1) providing conditions for the preparation and implementation of breastfeeding of children under six months of age and the subsequent continuation of breastfeeding of children for two or more years (additional breaks during the working day for feeding young children, part-time work, emergency services in health care organizations, use of the services of mother and child rooms, etc.);
 - 2) providing nursing mothers (parents) with qualified support, counseling by medical professionals trained in exclusive breastfeeding and complementary feeding;
 - 3) support for breastfeeding practices implemented by child-friendly health organizations;
 - 4) education about the benefits of exclusive breastfeeding for children under six months of age and continued breastfeeding with healthy complementary foods for up to two years of age or beyond;

5) free transportation of infants and young children by air, water, rail, city passenger transport and public road transport.

5. In order to create favorable conditions for nursing mothers, state and local government bodies, as well as enterprises, institutions and organizations, regardless of their form of ownership, provide special premises for mothers and children. Requirements for the organization of such premises are determined by the Cabinet of Ministers.

Article 61. Rights of children and minors

1. Every child and minor has the right to preventive medical examinations, vaccinations, dynamic observation, treatment, medication provision, health improvement and organized recreation in the manner determined by the Cabinet of Ministers.

2. Children and minors have the right to information and education, to the protection and protection of their sexual, reproductive rights and health, and preparation for family life.

3. Educational and health organizations are responsible for ensuring that minors have access to information and sexuality education. Training is carried out according to approved programs developed jointly with health care organizations, taking into account the needs of minors in accordance with their age, and is conducted by specialists with appropriate training.

4. Children and minors, with their consent or the consent of their legal representatives, have the right to receive free drug treatment in specialized drug treatment healthcare organizations (narcology departments, offices, children's crisis or rehabilitation centers and others) for children and adolescents.

5. Drug testing, examination and drug testing of children and adolescents is carried out with the mandatory participation of their parents or legal representatives.

Article 62. Rights of senior citizens

Elderly citizens have the right to health care at home, in state and municipal health care organizations, in institutions of the social protection system, as well as to drug provision, including on preferential terms under the State Guarantees Program. Health care for senior citizens, including single senior citizens and members of families consisting only of pensioners, is aimed at treating their existing diseases, providing care, maintaining their active lifestyle and social protection in case of illness and inability to meet their basic life needs.

Article 63. Rights of persons with disabilities (PWDs)

1. Persons with disabilities, including children with disabilities and people with disabilities since childhood, have the right to health care, rehabilitation and habilitation, provision of medicines, prostheses, prosthetic and orthopedic products, vehicles, consumables for artificial lung ventilation, consumables for

ostomy people (gastrostomy, tracheostomy, calostomy) on preferential terms, as well as for vocational training and retraining.

2. Disabled persons with disabilities have the right to receive medical and sanitary care in health care organizations within the framework of the State Guarantee Program, care at home, and in case of inability to satisfy the basic needs of life - to be kept in institutions of the social protection system.

3. The procedure for providing health care to persons with disabilities and the list of benefits for them are determined by the legislation of the Kyrgyz Republic in the field of healthcare and compulsory health insurance.

(As amended by the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

Article 64. Rights of persons with non-communicable and infectious diseases

1. Persons with non-communicable and infectious diseases, in addition to the general rights of citizens and patients, have the right to:

- 1) medical supervision in healthcare organizations, regardless of their departmental subordination and forms of ownership;
- 2) receiving palliative care under the direction of a physician in medical institutions or in the form of outpatient care;
- 3) receiving free specialized, qualified medical care for patients with infectious diseases and complications of non-infectious diseases within the framework of the State Guarantee Program;
- 4) free access to laboratory diagnostic tests in accordance with the State Guarantees Program for patients with infectious and non-infectious diseases;
- 5) receiving drugs from the list of vital medicines free of charge and on preferential terms for patients with infectious diseases and complications of non-infectious diseases in accordance with the State Guarantee Program;
- 6) free travel (round trip) at the expense of the republican and local budgets when referring people with tuberculosis for treatment to specialized healthcare organizations.

2. In addition, persons with diabetes have the right:

- 1) training in diabetes self-control;
- 2) access to insulin if it is necessary to administer it;
- 3) to provide the necessary time to receive insulin injections and timely meals during the learning process;
- 4) provision of self-monitoring and diagnostic tools.

3. All persons with mental disorders, as well as with disorders caused by the use of psychoactive substances, when providing them with medical care, in addition to the general rights of citizens and patients, have the right to:

- 1) psychiatric and drug treatment for persons with mental and behavioral disorders based on the principles of legality, mercy,

humanity and respect for human and civil rights and freedoms in the least restrictive conditions, if possible - at the place of residence;

2) inviting, at their request, any specialist involved in the provision of psychiatric care, with the consent of the latter, to work on the medical commission;

3) application of restrictions on the rights and freedoms of citizens related to mental and behavioral disorders only in cases provided for by the legislation of the Kyrgyz Republic. Restriction of the rights and freedoms of persons with mental disorders solely on the basis of a psychiatric diagnosis, facts of being under dynamic observation in a psychiatric or drug treatment hospital, in a social hospital institution or special training is not allowed;

4) selection of methods and types of psychiatric and drug treatment included in national clinical guidelines and protocols;

5) receiving drugs from the list of vital medicines free of charge and on preferential terms in accordance with the State Guarantees Program;

6) obtaining reliable information about the procedure for psychiatric, drug addiction examination, examination, treatment, psychiatric, psychological-psychiatric, drug addiction examinations and their results; about the reasons and legality of their referral for treatment, this or that examination;

7) inviting your legal representative of your choice when protecting your rights and legitimate interests on issues of conducting a medical examination and drug testing.

4. Persons undergoing inpatient treatment for mental disorders and disorders caused by the use of psychoactive substances retain the right to residential premises at the place of their permanent residence during the entire period of their stay there.

5. Persons suffering from malignant neoplasms have the right to discounted travel once a year to specialized healthcare organizations providing oncological care in the territory of the Kyrgyz Republic to receive advisory or therapeutic assistance.

6. Persons infected with tuberculosis have the right to treatment in specialized hospitals. Persons who become ill with tuberculosis for the first time, or with a relapse of tuberculosis, have the right to a certificate of temporary incapacity for work, the duration of which is determined according to medical, social and epidemiological indications within a period of up to 12 months from the time of onset of incapacity for work. Extension of a certificate of temporary disability beyond the specified period or establishment of permanent disability is carried out in the manner determined by the Cabinet of Ministers.

7. Children receiving treatment for tuberculosis in state and municipal health care organizations are given the opportunity to study in educational programs of preschool, general (primary, basic and secondary) education in the manner and volume determined by the authorized state bodies in the field of health care and education.

Article 65. Rights of citizens affected by emergency situations and living in environmentally unfavorable areas

Citizens affected by emergency situations living in environmentally unfavorable areas have the right to medical and sanitary care, as well as compensation for damage to their health in the manner determined by the civil legislation of the Kyrgyz Republic.

Chapter 6. Rights and responsibilities of patients during the provision of

health care

Article 66. Patient's rights

1. When applying for medical help and receiving it, the patient has the right to:

- 1) hospital stay for the period necessary for examination and treatment;
- 2) receiving preferential medical, medicinal, orthopedic and other services in healthcare organizations in the manner established by the Cabinet of Ministers;
- 3) respectful and humane attitude on the part of medical and service personnel;
- 4) examination, prevention, treatment, medical rehabilitation and maintenance in conditions that meet sanitary and hygienic requirements;
- 5) holding consultations and consultations of other specialists;
- 6) participation in scientific and medical experiments with his written consent and in the manner established by the Cabinet of Ministers;
- 7) access to a lawyer or other legal representative to protect his rights;
- 8) admission to a clergyman, and in a hospital - to provide conditions for the performance of religious rites, including the provision of a separate room, if this does not violate the internal regulations of the hospital;
- 9) refusal of participation of students of medical educational organizations in the process of diagnosis and treatment;
- 10) other rights provided for by the legislation of the Kyrgyz Republic.

2. In the event of a violation of the patient's rights, he can file a complaint directly with the head or other official of the health care organization in which he is provided with medical care, with the relevant professional medical public organizations, the prosecutor's office, or in court.

Article 67. Rights and obligations of patients in psychiatric or drug treatment hospitals

1. The patient must be explained the reasons and purposes of his placement in a psychiatric hospital, his rights and the rules established in the hospital in the language he speaks, which is recorded in the medical documentation.

2. Patients have the right:

- 1) subscribe to newspapers and magazines;

2) receive education according to the program of a general education school or a special school for children with intellectual disabilities, if the patient is under 18 years of age;

3) receive, on an equal basis with other citizens, remuneration for work in accordance with its quantity and quality, if the patient participates in productive work.

3. The following rights of patients may be limited on the recommendation of the attending physician by the head of the department or chief physician in the interests of the health or safety of patients, as well as in the interests of the health or safety of others:

1) conduct correspondence without censorship;

2) receive and send parcels, parcels and money transfers;

3) use the telephone;

4) receive visitors;

5) have and purchase basic necessities, use their own clothes.

Article 68. Patients' right to information about their health status

1. Each patient has the right, in an accessible form, to receive available information about the state of his health, including information about the results of the examination, the presence of the disease, its diagnosis and prognosis, treatment methods, the associated risk, possible options for medical intervention, their consequences and the results of the treatment.

2. Information about the patient's health status is provided to him, and in relation to persons under the age of 16 years and patients recognized as legally incompetent, to their legal representatives by the attending physician, the head of the department of the healthcare organization or other specialists directly involved in the examination and treatment. If such a patient is capable of making rational decisions, health information is provided personally to him and he has the right to prohibit the disclosure of information.

3. Information about the state of health cannot be provided to the patient against his will. In the event of an unfavorable prognosis for the development of the disease, information should be communicated to the patient and his family members in compliance with medical and ethical standards, unless the patient has prohibited telling them about this and (or) has not appointed a person to whom such information should be conveyed.

4. The information contained in the patient's medical documents constitutes a medical secret and can be provided without the patient's consent only on the grounds provided for in Article 168 of this Law.

5. When a citizen exercises his rights and freedoms, demands to provide information about the state of his mental health or to be examined by a psychiatrist are allowed only in cases established by the laws of the Kyrgyz Republic.

6. Patients have the right to receive reliable information from a medical professional:

1) about the types and procedure of medical services provided;

2) on the availability of a certificate of accreditation of a healthcare organization;

3) about the name, surname, position and qualifications of the medical personnel involved in his examination and treatment;

4) about the work and nutrition regime, physical education and sports, rehabilitation measures in connection with his illness;

5) about the procedure for taking medications, possible side effects.

Article 69. Consent to medical intervention

1. A necessary precondition for medical intervention is the informed, voluntary written consent of a citizen of the Kyrgyz Republic or a legal representative.

2. In cases where a citizen's condition does not allow him to express his will, and medical intervention is necessary due to emergency indications, the question of its implementation in the interests of the citizen is decided by a council, and if it is impossible to assemble a council, by the attending (duty) doctor directly, with subsequent notification of officials of the health care organization.

3. Consent to medical intervention in relation to persons under the age of 16 and citizens recognized as legally incompetent is given by their legal representatives after providing them with the information provided for in Part 1 of Article 67 of this Law. In the absence of legal representatives, the decision on medical intervention is made by a council, and if it is impossible to assemble a council, the attending (duty) doctor directly, with subsequent notification of officials of the health care organization and legal representatives.

4. For surgical intervention, transplantation of human organs and (or) tissues, blood transfusions and the use of complex invasive diagnostic methods, written consent of the citizen is required. At the same time, he must be warned about possible complications for his health in connection with the upcoming surgical intervention.

5. Consent may be revoked except in cases where doctors have already begun medical intervention and its termination or return is impossible due to a threat to the life and health of the person.

Article 70. Consent to treatment and refusal to treat a person with a mental disorder

1. Treatment of a person with a mental and behavioral disorder is carried out after receiving his written informed consent, except for the cases provided for in part 4 of this article.

2. A doctor is obliged to provide a person with a mental and behavioral disorder, in a form accessible to him and taking into account his mental state, information about the nature of the mental disorder, goals, methods, including alternative ones, and the duration of recommended treatment, as well as possible risks, side effects and expected results. The information provided is recorded in the medical documentation.

3. Consent to the treatment of a minor under the age of 18, as well as a person recognized as legally incompetent, is given by their legal representatives after providing them with the information provided for in Part 2 of this article.

4. Treatment can be carried out without the consent of a person with a mental and/or behavioral disorder, or without the consent of his legal representative, only when compulsory medical measures are applied on the grounds provided for by the criminal legislation of the Kyrgyz Republic, as well as in case of involuntary hospitalization on grounds

provided for in Part 1 of Article 90 of this Law. In these cases, except for emergencies, treatment is applied according to the decision of a commission of psychiatrists.

5. In relation to the persons specified in part 4 of this article, the use of surgical and other methods that cause irreversible consequences for the treatment of mental and behavioral disorders, as well as testing of medical devices and methods is not permitted.

6. A person suffering from a mental and behavioral disorder, or his legal representative, has the right to refuse the proposed treatment or terminate it, except for the cases provided for in Part 1 of Article 90 of this Law.

7. The person refusing treatment or his legal representative must be explained the possible consequences of stopping treatment. Refusal of treatment, indicating information about possible consequences, is formalized by an entry in the medical documentation signed by the person refusing treatment, or his legal representative and a psychiatrist.

Article 71. The patient's right to make proposals regarding the work of personnel and the activities of a healthcare organization

1. The patient has the right to make proposals, orally or in writing, about the work of the staff and the improvement of the activities of the healthcare organization.

2. Suggestions and reviews from patients are analyzed by the administration of the healthcare organization and taken into account when assessing the work of the relevant personnel and structural units.

Article 72. The patient's right to care (supervision)

1. In the event of illness, injury or injury, including stay in the intensive care unit, the patient has the right to the presence of family members, parents, close relatives and care (supervision) by them or a person hired by them.

2. The procedure for care (supervision) for a patient undergoing inpatient treatment is determined by the administration of the healthcare organization.

Article 73. Responsibilities of the patient

The patient is obliged:

- 1) take measures to preserve and strengthen your health;
- 2) treat medical workers and other persons involved in the provision of medical care with respect;
- 3) provide the person providing medical care with information known to him about his state of health, including contraindications to the use of medications, previously suffered and hereditary diseases;
- 4) comply with medical instructions;
- 5) comply with the internal regulations of the healthcare organization for patients and take care of the property of the healthcare organization.

Chapter 7. Providing comprehensive services

health care for non-communicable diseases,

rare (orphan) diseases, in the field

reproductive health, maternal health and

baby, breastfeeding

Article 74. Main objectives and principles of providing medical care for non-communicable diseases, rare (orphan) diseases, in the field of reproductive health, maternal and child health, breastfeeding

1. The main objectives of providing medical care for non-communicable diseases and rare (orphan) diseases include:

- 1) creation of an effective system of intersectoral cooperation and partnership to increase the priority of prevention and control of non-communicable diseases;
- 2) study and assess the prevalence of major non-communicable diseases and their risk factors within the framework of primary health care;
- 3) improving the quality of medical care for non-communicable diseases in healthcare organizations, using available interventions that comply with the principles of evidence-based medicine;
- 4) reducing inequality in the population's access to medical care, regardless of geographic living conditions, transport accessibility and income level;
- 5) inclusion of thematic sections on non-communicable diseases in the curricula of educational organizations;
- 6) information about confidentiality in relation to persons undergoing treatment in psychiatric/narcological healthcare organizations;
- 7) ensuring access to all types of health care and drug provision for persons with mental disorders and disorders caused by the use of psychoactive substances in health care organizations free of charge in accordance with the State Guarantee Program;
- 8) purchase of medications for maintenance therapy for persons with disorders caused by psychoactive substance use.

2. The basic principles of providing medical care for non-communicable diseases, rare (orphan) diseases, as well as in the field of reproductive health and breastfeeding include:

- 1) the priority importance of preventive measures within the framework of primary health care and the availability of measures for the prevention and control of non-communicable diseases, regardless of the social status of citizens, their level of income and place of residence;
- 2) continuity of actions to promote health and preventive interventions throughout a person's life, state and public control over the development, implementation and compliance with standards in the field of prevention, treatment and social services for people with non-communicable diseases;
- 3) strengthening the role of the community and patients, increasing individual responsibility for their health and the health of their loved ones;

- 4) intersectoral approach - consolidation of actions of government agencies, public organizations, local governments and citizens themselves in strengthening social justice in the prevention and control of non-communicable diseases;
- 5) social justice, equality, accessibility of prevention, treatment and rehabilitation for people with non-communicable diseases;
- 6) responsibility of the authorized body in the field of healthcare and officials for ensuring state guarantees in the field of prevention and treatment of persons with non-communicable diseases;
- 7) legality, mercy, humanity, respectful attitude, respect for human rights and freedoms, confidentiality of information in the provision of medical care for non-communicable diseases, in the implementation of sexual and reproductive rights, as well as at all stages of organizing the protection of sexual and reproductive health;
- 8) the focus of government programs on improving the demographic development of the Kyrgyz Republic.

(As amended by the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

Article 75. Provision of health care for rare (orphan) diseases

1. Rare (orphan) diseases include severe chronic progressive diseases that lead to a reduction in human life expectancy or permanent disability, the frequency of which does not exceed an officially defined level.
2. The criteria and procedure for classifying them as rare diseases, as well as the procedure for providing citizens suffering from rare diseases with health care, including medications, are determined by the Cabinet of Ministers.
3. A list of rare diseases and a list of medicines and medical products for their treatment are developed and approved by the authorized state body in the field of healthcare.

§ 1. Provision of psychiatric and drug treatment

help

Article 76. Types of psychiatric and drug treatment and social protection guaranteed by the state

1. The state guarantees:
 - 1) emergency psychiatric and drug treatment;
 - 2) consultative and diagnostic, therapeutic, psychoprophylactic, rehabilitation assistance in out-of-hospital and inpatient settings according to the list of diseases approved by the Cabinet of Ministers;
 - 3) all types of psychiatric, medical-psychological and drug addiction examinations, determination of temporary disability;
 - 4) social and legal assistance and assistance in employment of persons suffering from mental disorders;
 - 5) resolving issues of guardianship;

6) consultations on legal issues and other types of legal assistance in psychiatric, drug treatment organizations and social inpatient institutions;

7) social and living arrangements for persons with disabilities and elderly citizens with mental and behavioral disorders, as well as care for them;

8) training of persons with disabilities and minors with mental and behavioral disorders;

9) psychiatric and psychological assistance during natural disasters and catastrophes.

2. To provide for persons with mental and behavioral disorders and their social protection, the state:

1) creates all types of organizations providing out-of-hospital and inpatient psychiatric, drug addiction and medical-psychological care, if possible at the place of residence of patients;

2) organizes general educational and vocational training for minors with mental and behavioral disorders;

3) creates medical and production enterprises for occupational therapy, training in new professions and employment in these enterprises of persons with mental and behavioral disorders, including persons with disabilities, as well as special production, workshops or areas with easier working conditions for such persons;

4) establishes mandatory quotas of jobs at enterprises, institutions and organizations of various profiles for the employment of persons with mental and behavioral disorders;

5) applies methods of economic incentives for enterprises, institutions and organizations that provide jobs for persons with mental and behavioral disorders;

6) creates hostels for persons suffering from mental and behavioral disorders who have lost social ties;

7) takes other measures necessary for social support of persons with mental and behavioral disorders.

Article 77. Organizations, institutions and persons providing psychiatric/narcological assistance

1. The subjects of prevention, treatment, rehabilitation and psychosocial assistance to persons with mental and behavioral disorders caused by the use of psychoactive substances are:

1) healthcare organizations, regardless of type of ownership;

2) medical and sanitary services of the penal system;

3) public and non-governmental organizations.

2. Types of psychiatric/narcological care provided by psychiatric, drug treatment organizations and inpatient social institutions or private practicing psychiatrists are indicated in statutory documents or licenses; information about them should be available to visitors.

3. Psychiatric and drug addiction care is provided by health care organizations providing primary health care,

multidisciplinary teams consisting of a psychiatrist, psychologist, health visitor and nurse, and groups of family doctors (FGPs).

Article 78. Restrictions on the performance of certain types of professional activities and activities associated with a source of increased danger

1. A citizen may be temporarily (for a period of no more than five years and with the right of subsequent re-examination) declared incapable, due to a mental disorder, of performing certain types of professional activities and activities associated with a source of increased danger. This decision is made by a medical commission, an authorized state body in the field of healthcare, based on an assessment of the citizen's mental health in accordance with the list of medical psychiatric contraindications. The decision of the medical commission can be appealed in the manner prescribed by the legislation of the Kyrgyz Republic on the fundamentals of administrative activities and administrative procedures.

2. The list of medical contraindications for carrying out certain types of professional activities and activities associated with a source of increased danger is approved by the Cabinet of Ministers and periodically (at least once every five years) is revised taking into account accumulated experience and scientific achievements.

Article 79. Voluntariness of seeking psychiatric and drug treatment help

1. Psychiatric and drug treatment assistance is provided upon voluntary application of a person, with informed voluntary consent, except for the cases provided for by this Law.

2. A minor under the age of 18, as well as a person recognized as legally incompetent, is provided with psychiatric care at the request or with the consent of their legal representatives in the manner prescribed by this Law.

3. Voluntary treatment, at the request of the patient, can be carried out on an anonymous basis with his informed consent to the use of certain methods of examination or treatment.

4. The time spent on voluntary treatment does not interrupt the patient's work experience.

5. After treatment, at the request of the patient, a certificate of temporary incapacity for work is issued.

Article 80. Representation of the rights and legitimate interests of citizens who receive psychiatric care

1. When providing psychiatric or drug treatment assistance, a citizen has the right to invite a representative of his choice to protect his rights and legitimate interests. Registration of a representative office is carried out in the manner established by the civil and civil procedural legislation of the Kyrgyz Republic.

2. The protection of the rights and legitimate interests of a minor under the age of 18 and a person recognized as legally incompetent when providing them with psychiatric and drug treatment is carried out by them

legal representatives (parents, adoptive parents, guardians), and in cases of their absence - the administration of a psychiatric, drug treatment hospital or inpatient social institution or special education.

3. A lawyer can protect the rights and legitimate interests of a citizen when providing him with psychiatric and drug treatment assistance. The administration of an institution providing psychiatric and drug treatment services provides the opportunity to invite a lawyer, with the exception of urgent cases provided for in Part 4 of Article 84 and Part 1 of Article 90 of this Law.

4. A citizen, when providing him with psychiatric, drug treatment, mental health and medical examination, has the right to undergo an independent psychiatric and drug examination, which is carried out in the manner established by the civil and civil procedural legislation of the Kyrgyz Republic.

5. Akyikatchy (Ombudsman) of the Kyrgyz Republic protects the rights of patients in psychiatric hospitals, accepts their complaints and statements, which he resolves with the administration of this psychiatric institution or forwards, depending on their nature, to the bodies of representative and executive power, the prosecutor's office or the judiciary.

(As amended by the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

Article 81. Service for protecting the rights of patients in psychiatric hospitals

1. The state shall create a service for the protection of patients in psychiatric hospitals, independent of the health authorities.

2. Representatives of this service protect the rights of patients in psychiatric hospitals, accept their complaints and statements, which are resolved with the administration of the given psychiatric institution or sent, depending on their nature, to the bodies of representative and executive power, the prosecutor or the court.

Article 82. Diagnostics, outpatient care and dynamic observation of persons with mental and behavioral disorders

1. The diagnosis of a mental and/or behavioral disorder is made in accordance with generally accepted international standards and classifications and cannot be based solely on the citizen's disagreement with the moral, cultural, political or religious values accepted in society or on other reasons not directly related to the state of his mental health.

2. To diagnose and treat a person with a mental and behavioral disorder, medical means and methods are used that are permitted in the manner established by the legislation of the Kyrgyz Republic on healthcare.

3. Outpatient psychiatric care for a person with a mental and/or behavioral disorder, depending on medical indications, is provided in the form of consultative and therapeutic care or dynamic observation. Consultative and therapeutic assistance is provided by a psychiatrist,

a narcologist upon independent treatment of a person with a mental and behavioral disorder, at his request or with his consent, and in relation to a minor under the age of 18 years - at the request or with the consent of his parents or other legal representative.

4. Dynamic observation can be established regardless of the consent of a person with a mental and/or behavioral disorder or his legal representative, in the presence of a chronic and protracted mental and/or behavioral disorder with severe persistent or often exacerbating painful manifestations and involves monitoring the person's mental health through regular examinations by a psychiatrist and providing him with the necessary medical and social assistance.

5. The decision on the need to establish dynamic observation and its termination is made by a commission of psychiatrists appointed by the administration of a psychiatric, drug treatment organization providing outpatient psychiatric and drug treatment, or by a commission of psychiatrists appointed by a health authority. The previously established dynamic observation is terminated upon recovery or significant and persistent improvement in the mental state of the person. After the termination of dynamic observation, outpatient psychiatric and drug treatment assistance, at the request or with the consent of the person or at the request or with the consent of his legal representative, is provided in a consultative and therapeutic form. If there is a change in mental state, a person with a mental and/or behavioral disorder may be examined without his consent or without the consent of his legal representative on the grounds and in the manner provided for in Part 4 of Article 84, Articles 85 and 88 of this Law. Dynamic observation can be resumed in such cases by decision of a commission of psychiatrists and narcologists.

6. Medical means and methods are used only for diagnostic and therapeutic purposes in accordance with the nature of the disease disorders and should not be used to punish a person with a mental or behavioral disorder or for the benefit of other persons.

Article 83. Compulsory medical measures

1. Compulsory medical measures against persons with mental and/or behavioral disorders who have committed socially dangerous acts are applied by court decision on the grounds and in the manner established by the Criminal and Criminal Procedure Codes of the Kyrgyz Republic.

2. Compulsory medical measures are carried out in psychiatric institutions. Persons placed in a psychiatric hospital by a court decision to apply compulsory medical measures enjoy the rights provided for in Article 66 of this Law. They are recognized as incapacitated for work for the entire period of stay in a psychiatric hospital and have the right to state social insurance benefits or a pension on a general basis.

Article 84. Psychiatric examination to resolve the issue of a citizen's suitability for service as a military personnel

The grounds and procedure for outpatient and inpatient examinations when deciding on a citizen's fitness for service as a military serviceman based on the state of his mental health are determined by this Law and the legislation of the Kyrgyz Republic on military service.

Article 85. Psychiatric and drug addiction medical examination

1. A psychiatric examination is carried out in order to determine whether the person being examined has a mental disorder, whether he needs psychiatric help, and also to decide on the type of such help.
2. Psychiatric examinations, as well as preventive examinations, are carried out at the request or with the consent of the person being examined; in relation to a minor under the age of 18 - at the request or with the consent of his parents or other legal representative; in relation to a person recognized as legally incompetent - at the request or with the consent of his legal representative. In the event of an objection from one of the parents or in the absence of parents or another legal representative, the examination of the minor is carried out by decision of the territorial unit of the authorized state body for the protection of children, which can be appealed in the manner prescribed by the legislation of the Kyrgyz Republic on the basics of administrative activities and administrative procedures.
3. A doctor conducting a psychiatric examination must introduce himself to the subject and his legal representative as a psychiatrist, except for the cases provided for in part 4 of this article.
4. A psychiatric examination of a person may be carried out without his consent or without the consent of his legal representative in cases where, according to available data, the person being examined commits actions that give reason to assume that he has a severe mental disorder, which causes:
 - 1) his immediate danger to himself or others;
 - 2) his helplessness, that is, his inability to independently satisfy the basic needs of life;
 - 3) significant harm to his health due to a deterioration in his mental state if the person is left without psychiatric help.
5. A psychiatric examination of a person may be carried out without his consent or without the consent of his legal representative if the person being examined is under dynamic observation on the grounds provided for in Part 4 of Article 81 of this Law.
6. Data from a psychiatric examination and a conclusion about the state of mental health of the subject are recorded in medical documentation, which also indicates the reasons for contacting a psychiatrist and medical recommendations.
7. Medical examination of persons who abuse psychoactive substances is carried out on an outpatient basis in order to establish or exclude the state of intoxication with a psychoactive substance for the current period of time.
8. Mandatory medical examination in order to establish a diagnosis of dependence on a psychoactive substance is carried out when hiring persons in accordance with the List of specialties and positions subject to mandatory medical examination, approved by the Cabinet of Ministers.
9. Employers do not have the right to require employees to provide an official medical report indicating that they are dependent on a psychoactive substance, unless this is provided for by law.

of the Kyrgyz Republic, regulating issues of hiring in law enforcement agencies and individual government bodies.

10. Expenses for medical examination, medical examination or treatment in state institutions of persons abusing psychoactive substances are made at the expense of the republican budget, and if additional medical services are necessary - at the expense of the person in respect of whom the medical examination, medical examination or treatment is being carried out.

11. The procedure for conducting medical examinations and medical examinations is determined by the Cabinet of Ministers.

Article 86. Psychiatric examination of a person without his consent or without the consent of his legal representative

In the cases provided for in parts 4 and 5 of Article 84 of this Law, the decision to conduct a psychiatric examination of a person without his consent or without the consent of his legal representative is made by a psychiatrist independently or as determined by a judge.

Article 87. Examination of minors and persons declared incompetent, placed in a psychiatric, drug treatment hospital at the request or with the consent of their legal representatives

1. A minor under the age of 18 and a person recognized as legally incompetent, placed in a psychiatric or drug treatment hospital at the request or with the consent of their legal representatives, are subject to mandatory examination by a commission of psychiatrists, narcologists of a psychiatric, drug treatment institution in the manner prescribed by Part 1 of Article 87 of this Law. During the first six months, these persons are subject to examination by a commission of psychiatrists and narcologists at least once a month to decide on the extension of hospitalization. When hospitalization is extended beyond six months, examinations by a commission of psychiatrists are carried out at least once every six months.

2. If a commission of psychiatrists, narcologists or the administration of a psychiatric hospital discovers abuses committed during the hospitalization of a minor under the age of 18 or a person recognized as legally incompetent in the established manner, the administration of the psychiatric hospital notifies the territorial unit of the authorized state body for the protection of children at the place of residence of the ward.

Article 88. Examination of persons hospitalized in a psychiatric hospital involuntarily

1. A person hospitalized in a psychiatric hospital on the grounds provided for in Part 4 of Article 84 of this Law is subject to mandatory examination within 72 hours by a commission of psychiatrists of a psychiatric institution, which makes a decision on the validity of hospitalization. In cases where hospitalization is recognized as unfounded and the hospitalized person does not express a desire to remain in a psychiatric hospital, he is subject to immediate discharge.

2. If hospitalization is considered justified, then the conclusion of the commission of psychiatrists is sent to the court at the location within 24 hours

psychiatric institution to resolve the issue of the person's further stay there.

Article 89. The procedure for filing an application and making a decision on a psychiatric examination of a person without his consent or without the consent of his legal representative

1. A decision on a psychiatric examination of a person without his consent or without the consent of his legal representative, except for the cases provided for in Part 5 of Article 84 of this Law, is made by a psychiatrist upon an application containing information about the existence of grounds for such an examination listed in Part 4 of Article 84 of this Law.
2. An application may be submitted by relatives of a person subject to a psychiatric examination, a doctor of any medical specialty, officials and other citizens.
3. In urgent cases, when, according to information received, a person poses an immediate danger to himself or others, the statement may be oral. The decision on a psychiatric examination is made immediately by a psychiatrist and is recorded in the medical documentation.
4. If there is no immediate danger of a person to himself or others, the application for a psychiatric examination must be in writing, contain detailed information justifying the need for such an examination, and an indication of the refusal of the person or his legal representative to consult a psychiatrist. The psychiatrist has the right to request additional information necessary to make a decision. If the application does not contain data indicating the presence of circumstances provided for in Part 4 of Article 84 of this Law, the psychiatrist, in writing, with reasons, refuses a psychiatric examination.

Article 90. Inpatient care for mental and behavioral disorders

1. Inpatient psychiatric and drug treatment is used if outpatient treatment is not effective enough due to the person's health condition or if the person becomes dangerous to himself or other people due to a mental disorder.
2. The grounds for hospitalization in a psychiatric, narcological hospital are the presence of a mental disorder and behavioral disorder in a person, the decision of a psychiatrist, narcologist to conduct an examination or treatment in an inpatient setting, or a judge's decision, as well as the need to conduct a psychiatric, drug addiction, psychological and psychiatric examination in the cases and in the manner established by this Law.
3. Hospitalization of a person in a psychiatric hospital, with the exception of cases provided for in Part 1 of Article 90, is carried out voluntarily - at his request or with his consent. A person recognized as legally incompetent is placed in a psychiatric hospital at the request or with the consent of his legal representative.
4. A minor under the age of 18 is hospitalized in a psychiatric or drug treatment hospital at the request or with the consent of his parents or other legal representative. If one of the parents objects or in the absence of parents or other legal representative,

hospitalization of a minor in a psychiatric or drug treatment hospital is carried out by decision of the territorial unit of the authorized state body for the protection of children, which can be appealed in the manner prescribed by the legislation of the Kyrgyz Republic on the basics of administrative activities and administrative procedures.

5. The received consent for hospitalization is documented by an entry in the medical documentation signed by the person or his legal representative and a psychiatrist or narcologist.

6. Discharge of a patient who is voluntarily staying in a psychiatric or drug treatment hospital is carried out upon his personal application, the application of his legal representative or by decision of the attending physician.

7. A patient hospitalized in a psychiatric hospital involuntarily is discharged based on the conclusion of a commission of psychiatrists or a judge's decision to refuse to extend such hospitalization.

8. Discharge of a patient to whom compulsory medical measures have been applied by court decision is carried out only by court decision.

9. A patient hospitalized in a psychiatric or drug treatment hospital voluntarily may be refused discharge if a commission of psychiatrists of a psychiatric or drug treatment organization establishes the grounds for involuntary hospitalization provided for in Part 1 of Article 90. In this case, the issues of his stay in a psychiatric hospital, extension of hospitalization and discharge from the hospital are resolved in the manner established by Article 84, parts 2-4 of Article 90 of this Law, as well as Part 7 of this article.

10. Inpatient psychiatric and drug treatment is provided in the least restrictive conditions that ensure the safety of the hospitalized person and other persons, while medical personnel respect his rights and legitimate interests.

11. Measures of physical restraint and isolation during involuntary hospitalization and stay in a psychiatric, drug treatment hospital are applied only in those cases, forms and for that period of time when, in the opinion of a psychiatrist, it is impossible to prevent by other methods the actions of a hospitalized person that pose an immediate danger to him or other persons, and are carried out under the constant supervision of medical personnel. The forms and time of application of physical restraint or isolation measures are recorded in the medical documentation.

12. Employees of internal affairs bodies are obliged to assist medical workers during involuntary hospitalization and provide safe conditions for access to the hospitalized person and his examination. In cases where it is necessary to prevent actions that threaten the life and health of others on the part of the person being hospitalized or other persons, as well as if it is necessary to search for and detain a person subject to hospitalization, employees of internal affairs bodies act in the manner established by the legislation of the Kyrgyz Republic on internal affairs bodies of the Kyrgyz Republic.

Article 91. Providing inpatient care for mental and/or behavioral disorders without the patient's consent

1. A person with a mental and/or behavioral disorder may be hospitalized in a psychiatric/narcological hospital without his consent or without the consent of his legal representative until a judge's decision, if his examination or treatment is possible only in an inpatient setting, and the mental disorder is severe and causes:

1) his immediate danger to himself or others;

2) his helplessness, that is, his inability to independently satisfy the basic needs of life;

3) significant harm to his health due to a deterioration in his mental state if the person is left without psychiatric help.

2. A person's involuntary stay in a psychiatric/narcological hospital continues only as long as the grounds for which the hospitalization was carried out persist.

3. A person placed in a psychiatric/narcological hospital involuntarily, while maintaining the grounds for which the hospitalization was carried out, during the first six months, at least once a month, is subject to examination by a commission of psychiatrists of the psychiatric institution to decide on the extension of hospitalization. If hospitalization is extended beyond six months and the grounds on which hospitalization was carried out remain, examinations by a commission of psychiatrists are carried out at least once every six months.

4. After six months from the date of involuntary placement of a person in a psychiatric/narcological hospital, the conclusion of a commission of psychiatrists on the need to extend such hospitalization is sent by the administration of the psychiatric hospital to the court at the location of the psychiatric organization. The judge, in accordance with the procedure provided for by civil procedure legislation, may extend hospitalization. In the future, the decision to extend the hospitalization of a person placed in a psychiatric hospital involuntarily is made by a judge annually.

Article 92. Medical and social assistance to patients with mental and/or behavioral disorders

1. The grounds for placement in a social inpatient institution for social security are a personal application of a person suffering from a mental and behavioral disorder, the conclusion of a medical commission with the participation of a psychiatrist, and for a minor under the age of 18 years or a person recognized as legally incompetent - a decision of the territorial unit of the authorized state body for the protection of children, adopted on the basis of the conclusion of a medical commission with the participation of a psychiatrist. The conclusion must contain information about the presence of a mental and behavioral disorder that deprives him of the opportunity to stay in a non-specialized institution for social security, and in relation to a competent person - also about the absence of grounds for raising the question of declaring him incompetent before the court.

2. The territorial unit of the authorized state body for the protection of children is obliged to take measures to protect the interests of minors placed in a social residential institution for social security.

3. Grounds for placing a minor under 18 years of age suffering from a mental disorder in a social inpatient institution

for special education are an application from his parents or other legal representative and a mandatory conclusion of a commission consisting of a psychologist, teacher and psychiatrist. The conclusion must contain information about the need to educate the minor in a special school for children with intellectual disabilities.

4. The basis for transferring a person from a social inpatient institution for social security or special education to a similar general institution is the conclusion of a medical commission with the participation of a psychiatrist about the absence of medical indications for living or studying in a specialized psychoneurological institution.

5. The scope of medical and social assistance, medications used in detoxification and maintenance therapy for persons with disorders caused by the use of psychoactive substances is determined by the Cabinet of Ministers.

6. Discharge from a social inpatient institution for social security or special education is carried out:

1) upon a personal application of a person in the presence of a conclusion from a medical commission with the participation of a psychiatrist stating that for health reasons the person is capable of living independently;

2) at the request of parents, other relatives or a legal representative who undertake to care for a discharged minor under the age of 18 years or for a person recognized as legally incompetent.

Article 93. Prevention of negative consequences from the use of psychoactive substances

1. Harm reduction programs for substance use include the following strategies: information and education, opioid agonist treatment, syringe exchange, overdose prevention, treatment of comorbidities, rehabilitation and social programs.

2. The provision of opioid agonist therapy to persons with substance use disorders is carried out in accordance with clinical guidelines and protocols approved by the authorized government agency in the field of health care.

3. Medicines used for emergency conditions caused by the use of psychoactive substances are provided free of charge within the framework of the State Guarantee Program and from other sources that do not contradict the legislation in the field of healthcare financing.

Article 94. Control and prosecutorial supervision over the provision of psychiatric care

1. Control over the activities of institutions and persons providing mental health care is carried out by local government bodies within the framework of delegated state powers.

2. Control over the activities of psychiatric and social inpatient institutions is carried out by the republican authorities of health care, social security and education, as well as ministries and administrative departments that have such institutions.

3. Supervision over compliance with the law in the provision of psychiatric care is carried out by the Prosecutor General of the Kyrgyz Republic and the prosecutors subordinate to him.

Article 95. Control of public associations over compliance with the rights and legitimate interests of citizens in the provision of psychiatric/narcological care

1. Public associations of psychiatrists and other public associations, in accordance with their charters (regulations), may exercise control over compliance with the rights and legitimate interests of citizens at their request or with their consent when providing them with psychiatric and drug treatment. The right to visit psychiatric, drug treatment and social inpatient institutions must be reflected in the charters (provisions) of these associations and agreed upon with the bodies in charge of psychiatric and psychoneurological institutions.

2. Representatives of public associations are required to agree on the terms of the visit with the administration of a psychiatric or social inpatient institution, familiarize themselves with the rules in force there, comply with them and sign an obligation of non-disclosure of medical confidentiality.

§ 2. Providing oncological care

Article 96. Subjects of cancer care in the Kyrgyz Republic

1. Subjects of cancer care in the Kyrgyz Republic are:

1) specialized and other healthcare organizations, regardless of ownership, providing oncological care;

2) medical and social institutions of all forms of ownership to provide palliative care to incurable patients in the last stage of the disease. Sources of financing for government institutions are budgetary funds, funds from charitable organizations and voluntary donations from citizens and organizations.

2. In accordance with the charter approved by the Cabinet of Ministers, the lead health care organization for providing specialized oncological care to persons suffering from malignant neoplasms and for organizing scientific and methodological work is the National Center for Oncology and Hematology under the authorized state body in the field of health care.

Article 97. Provision of medical and sanitary care to persons suffering from malignant neoplasms

1. Health care measures aimed at reducing the incidence of malignant neoplasms include diagnostic, therapeutic and rehabilitation measures.

2. Oncological care is provided by health care organizations, regardless of form of ownership, providing primary health care and consultative and diagnostic care, consultative and diagnostic departments of city/regional hospitals, as well as providing oncology care at the republican level and includes:

1) conducting medical examinations upon entry to work associated with health risks;

- 2) information and educational work among the assigned population on issues of cancer alertness, preventive (screening) examinations for early detection of cancer;
- 3) forming groups of people at risk of developing cancer and conducting timely treatment of diseases that may be complicated by the development of malignant neoplasms.

If a patient is diagnosed or suspected of having a malignant neoplasm identified in healthcare organizations, regardless of their form of ownership, the patient should be consulted by an oncologist, who will verify the diagnosis and refer him for inpatient treatment. They also carry out dynamic monitoring of cancer patients with determination of tactics for the management and treatment of the patient, and conduct outpatient antitumor therapy.

3. Inpatient care for persons suffering from malignant neoplasms is provided in specialized oncological healthcare organizations, regardless of the form of ownership, and divisions of general healthcare organizations in the manner approved by the Cabinet of Ministers. In hospitals, patients with malignant neoplasms are provided with specialized medical care, including the use of high-tech medical services: surgical treatment, treatment with antitumor drugs, radiation and radionuclide therapy, palliative care.

4. Foreign citizens and stateless persons suffering from malignant neoplasms, who have applied for routine medical care in a health care organization, regardless of their form of ownership, and who are not insured under compulsory health insurance, are examined and treated on a paid basis or in accordance with international treaties that have entered into force in accordance with the procedure established by law, to which the Kyrgyz Republic is a party.

5. For persons suffering from malignant neoplasms, including persons who are not citizens of the Kyrgyz Republic, emergency and emergency medical care is provided free of charge.

§ 3. Providing medical care to persons with disabilities

diabetes mellitus

Article 98. Subjects of prevention, treatment and social protection of persons with diabetes mellitus

The subjects of prevention, treatment and social protection of people with diabetes are:

- 1) healthcare organizations;
- 2) educational organizations;
- 3) social protection authorities;
- 4) public and non-governmental organizations;
- 5) local state administrations;
- 6) local government bodies in accordance with delegated state powers;
- 7) other executive authorities.

Article 99. Prevention of diabetes mellitus

1. Primary prevention of diabetes mellitus is regulated by public health legislation. The objects of secondary prevention are all persons with diabetes.
2. Teaching a patient with diabetes mellitus the basics of self-control of their disease is mandatory, for which medical workers are trained, a network of schools is organized and expanded to teach patients self-help methods in the fight against diabetes, with the involvement of village health committees, initiative groups, and public associations in the work.
3. The procedure for training people with diabetes in the basics of self-control is determined by the authorized state body in the field of healthcare.
4. Prevention of severe complications of diabetes mellitus, leading to early disability and premature death, is carried out in accordance with the standards approved by the authorized government body in the field of healthcare.
5. The procedure for providing persons with diabetes who are at risk for amputation of the lower extremities with orthopedic shoes and insoles, and persons with amputated limbs with prosthetics and mobility aids is determined by the Cabinet of Ministers.

Article 100. Provision of health care to persons with diabetes mellitus

1. Health care for persons with diabetes mellitus is provided in health care organizations, as well as in specialized centers for providing endocrinological care.
2. The scope of health care for persons with diabetes mellitus (including high-tech care), means of administering insulin, other glucose-lowering drugs and means of self-control is determined by the authorized state body in the field of health care.

Article 101. Register of persons with diabetes mellitus

1. A register of people with diabetes mellitus is created by the authorized state body in the field of health care in order to ensure automatic recording and recording of data on people with diabetes mellitus, obtaining systematic and reliable information about the facts of diabetes mellitus, complications of diabetes mellitus, disability and mortality, the effectiveness of treatment and preventive measures, determining the need of people with diabetes mellitus for antidiabetic drugs, means of administering insulin, means of self-control and mobility, prostheses, orthopedic shoes and insoles.
2. The register of people with diabetes mellitus provides:
 - 1) creation in the current period of the necessary data bank on the condition of patients with diabetes mellitus;
 - 2) drawing up reliable requests for the purchase of expensive antidiabetic drugs, means of their administration, diagnostics and self-control.

Article 102. Document certifying that a person has diabetes mellitus

1. In order to provide timely qualified specialized emergency medical care to a patient with diabetes

diabetes, health care organizations issue a document “diabetic passport” or an identification code with data on the disease at the place of his permanent residence.

2. The form and content of the document are established by the authorized state body in the field of healthcare.

Article 103. Health improvement for minor children with diabetes mellitus

In accordance with this Law, minor children with diabetes mellitus under the age of eighteen are provided free of charge:

- 1) sanatorium-resort treatment in children's sanatoriums and sanatoriums for parents with children of the Kyrgyz Republic;
- 2) treatment with insulin using modern methods of its administration;
- 3) means of self-control.

§ 4. Reproductive health of the population and protection of maternal and child health

Article 104. Assisted reproductive methods and technologies

1. Artificial fertilization (in vitro fertilization, embryo transfer and artificial insemination) shall be performed in healthcare organizations with the written consent of the spouses or of an unmarried woman. Selection of the sex of the unborn child is prohibited, except where a high probability of inheriting a disease is identified. Where medically indicated, reduction may be performed, consisting of a medical intervention to reduce the number of embryos.

2. Citizens have the right, on medical grounds, to become parents through surrogacy. Surrogacy may be used only on the basis of a notarized agreement.

3. The agreement shall be concluded between the person/persons wishing to have a child and the woman (surrogate mother) who has consented to embryo implantation for the purpose of carrying the fetus and giving birth to the child. If the surrogate mother is married, her husband's consent to the conclusion of the agreement is required. A healthcare organization holding the appropriate license shall conclude a notarized agreement with the surrogate mother, under which it undertakes obligations concerning the surrogate mother's health during pregnancy, childbirth and the postpartum period.

4. A surrogate mother may be a woman aged 20 to 35 who has at least one healthy child of her own, has undergone medical and genetic counseling, and has provided written, informed and voluntary consent to medical intervention.

5. The surrogate mother shall register for antenatal care early in pregnancy (before 12 weeks), attend regular medical follow-up and strictly comply with the doctor's recommendations, continuously monitor her health, and comply with the other terms of the agreement.

6. The person/persons who consented to embryo implantation in the surrogate mother shall bear the expenses related to her health during pregnancy, childbirth and the postpartum period, in accordance with the agreement.

For these purposes, a bank account shall be opened into which funds intended for the surrogate mother's health-related and other expenses shall be deposited.

7. Upon the birth of the child, the person/persons who concluded an agreement for embryo implantation in another woman for the purpose of carrying the pregnancy shall be entered as the child's parent/parents in the register of civil status records.

8. The person/persons who concluded an agreement with the surrogate mother may not refuse the child before the child is registered in their name in the register of civil status records.

9. In the event of a stillbirth or refusal of the child by the person/persons who concluded the agreement with the surrogate mother, they may not demand that the surrogate mother reimburse any expenses relating to payment for her medical services or any remuneration paid, where applicable.

10. Human gametes, reproductive organ tissues and embryos may not be used for commercial, military or industrial purposes.

11. The procedures and conditions for using assisted reproductive technologies, contraindications and restrictions on their use, and gamete donation shall be approved by the Cabinet of Ministers; these activities shall be performed by healthcare organizations licensed for this type of medical activity.

12. The following are prohibited within the territory of the Kyrgyz Republic and on the Internet:

1) advertising healthcare organizations, other organizations and individuals providing surrogacy support that are not registered in the Kyrgyz Republic and do not hold licenses for this type of activity;

2) recruiting citizens to act as surrogate mothers for foreign citizens residing outside the Kyrgyz Republic.

Article 105. Use of contraception

1. Medical and social assistance in the individual selection of methods to prevent unwanted pregnancy is carried out taking into account the state of health, age and individual characteristics with a warning about any possible undesirable consequences.

2. If there are medical indications, citizens can receive means to prevent unwanted pregnancy within the framework of existing programs in the field of sexual and reproductive health.

Article 106. Methods of termination of pregnancy

1. Termination of pregnancy is the realization of a woman's right to free reproductive choice, which is ensured on the basis of her consent through the provision of medical services in health care organizations.

2. The operation of artificial termination of pregnancy (abortion) is carried out using safe technologies, by a trained and certified medical specialist with prior counseling and provision of information to the woman, in:

1) healthcare organizations, regardless of form of ownership, up to 12 weeks;

2) state and municipal healthcare organizations up to 22 weeks.

3. Artificial termination of pregnancy for persons under 16 years of age is carried out with their consent, the consent of their parents or other legal representative. In the absence of legal representatives or failure to achieve

unanimous consent, the decision on artificial termination of pregnancy is made by a council, and if it is impossible to assemble a council, by the attending (duty) doctor directly, with subsequent notification of officials of the health care organization and legal representatives based on the best interests of the minor.

4. The list of medical indications for artificial termination of pregnancy is determined by the authorized state body in the field of healthcare.

Article 107. Surgical sterilization

1. Medical sterilization as a medical intervention in order to deprive the ability to reproduce offspring or as a method of contraception is carried out in health care organizations only with mandatory prior notification of the irreversibility of this operation upon the written application of an adult capable citizen.

2. At the request of the legal representative of an adult person recognized as legally incompetent, if such person is unable to express his will due to his condition, medical sterilization is possible by a court decision made with the participation of an adult person recognized as incompetent in the manner established by law.

3. The conditions and procedure for surgical sterilization, as well as the list of medical indications and contraindications for sterilization, are determined by the Cabinet of Ministers.

Article 108. Providing prenatal care and assistance during childbirth and the postpartum period for women and newborns

1. Every woman during the period of preparation for pregnancy, pregnancy, during and after childbirth is provided with the necessary health care in primary health care organizations and obstetric departments of hospitals.

2. A woman must register before 12 weeks of pregnancy for observation in primary health care organizations at her place of residence or registration, which significantly reduces the risks to her health and the fetus during pregnancy and the postpartum period.

3. A woman can plan a pregnancy if there are contraindications for pregnancy, but in this case she takes full responsibility for all risks of complications of pregnancy and childbirth for both the mother and the newborn.

4. Development, revision, approval and strict adherence to clinical protocols on an evidence-based basis when identifying complications of pregnancy and childbirth, as well as timely redirection and safe transportation of newborns and postpartum women to the appropriate hospital for emergency medical care, is carried out by the heads of healthcare organizations and controlled by the authorized government body in the field of healthcare.

5. A confidential maternal and perinatal audit tool for identifying and analyzing the causes of maternal and child mortality is developed and approved by the authorized government agency in the field of healthcare and is a mandatory quality improvement tool for all healthcare organizations.

6. The presence of the child's father or another family member at the birth of a child is allowed free of charge with the consent of the woman (partner birth) if the health care organization has the appropriate conditions (individual delivery rooms) and the father or other family member does not have infectious diseases, with the exception of cases of surgical delivery.

7. Health care organizations are required to ensure:

- 1) availability of necessary medical personnel, equipment and sanitary conditions for prenatal care and assistance during childbirth;
- 2) provision of care in a health care facility for at least 24 hours after an uncomplicated vaginal birth and postpartum examination by an experienced health care provider (at home or in a health care facility) after delivery;
- 3) if a pregnant woman has infectious diseases, take all available measures to prevent the transmission of infection from mother to child.

Article 109. Providing medical care to children and minors

1. Caring for physical, spiritual, moral education and instilling a healthy lifestyle in children is the responsibility of parents, and government bodies and employers ensure the development of a network of special medical and children's rehabilitation and health organizations and create the necessary conditions for their activities.
2. Children and minors are under active periodic medical supervision, medical care is provided to them by medical, sanitary and medical and social institutions, on preferential terms within the framework of the State Guarantees Program of the Kyrgyz Republic in the form of preventive medical examinations and dynamic observation, treatment, drug provision, health improvement and vaccination.
3. Young children are provided with baby food in the prescribed manner, including free ones, children are provided with free vouchers to sanatoriums, and a nursing mother of a child up to one year of age is provided with free meals in a medical organization for the entire period of stay to care for the child.
4. Children and minors with disabilities in physical or mental development are kept at the expense of the state in children's homes, orphanages and other specialized children's institutions, and the list of medical indications for sending children and adolescents to children's homes, orphanages and educational institutions is approved by the authorized state body in the field of health care.
5. Children of school age during a long stay in health care organizations (rehabilitation, rehabilitation, sanatorium treatment) receive continuous education in the manner determined by the authorized state body in the field of health care together with the authorized state body in the field of education. Health care organizations providing medical care to children create conditions for games, recreation and educational work.

§ 5. Breastfeeding

Article 110. Requirements for designated products

1. Designated products must comply with the safety requirements established in technical regulations.
2. Any designated product may be distributed only if the information on its packaging or label complies with the requirements of this Law for designated products. Each batch of imported designated product is subject to conformity assessment (confirmation).
3. Photographs, drawings or other graphic images, as well as text on the labels of the indicated products are intended only to familiarize you with the methods of their preparation.
4. Packaging and information on the labels of designated products, except for bottles and pacifiers, must meet the following requirements:
 - 1) availability of instructions for proper preparation and use in verbal and easily understandable graphic form;
 - 2) indication in numbers of the age from which the designated product is recommended for consumption;
 - 3) a warning about health hazards in cases of improper use, preparation or storage, as well as administration of the product before reaching the recommended age;
 - 4) list of ingredients and declaration of nutritional value in accordance with relevant technical regulations or in accordance with international standards;
 - 5) storage conditions before and after opening, taking into account climatic conditions;
 - 6) batch number, date of manufacture and date by which the product must be consumed, taking into account climatic conditions and storage conditions;
 - 7) name of the country, name, location (address) of the manufacturer, packer, exporter, importer.
5. Other requirements for packaging and information on the labels of designated products are established by the Cabinet of Ministers.
6. A manufacturer or distributor shall not offer for sale or sell a designated product if its labeling contains any health or nutritional claim, or any representation that states or suggests that there is a relationship between the product or a component thereof and health, including the physiological role of the nutrient in growth, development and normal functions of the body.

Article 111. Restriction on marketing of designated products

1. Manufacturers and distributors of designated products are prohibited from:
 - 1) promote the designated products, including in places of wholesale and retail trade, as well as in healthcare organizations;
 - 2) fund or sponsor events, competitions, meetings, seminars, training courses, conferences, campaigns or programs related to reproductive health, pregnancy, childbirth, infant and young child feeding or related topics;
 - 3) advise by any means on activities intended for pregnant and lactating women;
 - 4) provide free services to healthcare organizations related to the use of the designated product;

- 5) donate the designated products to healthcare organizations, with the exception of social security institutions;
 - 6) sell the designated products to health care organizations and social welfare institutions at a price lower than eighty percent of the retail price;
 - 7) provide pregnant women, mothers of infants and young children or other members of their families with samples of designated products or other items that could facilitate the use of these products;
 - 8) transfer to healthcare organizations, as a gift or donation, materials and equipment on which the name of the manufacturer or its symbol, as well as the name of the trademark of the designated products may be indicated;
 - 9) offer or provide any gift, donation, sponsorship, allowance, financial or other means of any value to a health professional or association of health professionals involved in maternal and child health;
 - 10) directly or indirectly establish relationships with parents and other persons caring for children.
2. Health workers or associations of health workers involved in maternal and child health are prohibited from:
- 1) accept any gifts, donations, sponsorship, benefits - financial or any other value, from a manufacturer or distributor, or any person on his or her behalf;
 - 2) accept or give samples of designated products to any person;
 - 3) distribute the designated products, as well as receive remuneration for this in cash or in any other form;
 - 4) demonstrate the use of designated products.

Demonstration of designated products to legal representatives of children and other family members can only be carried out by medical or social workers in cases where, for medical and social reasons, designated products are recommended for children. In such cases, the risks of using infant formula must be clearly explained.

3. The sale or other disposal of designated products in pharmacies at healthcare organizations is prohibited.
4. The designated products are provided and used in health care organizations and social welfare institutions only for those children who are forced to receive artificial nutrition.

Article 112. Information and education in the field of breastfeeding

1. The authorized state body in the field of healthcare ensures the conduct of appropriate information and educational courses for pregnant women and nursing mothers.
2. Information and educational materials on infant and young child nutrition, presented in written, audio or visual form and intended for distribution to pregnant women, mothers of infants and young children, must be written in the state and official languages and must:

- 1) contain only accurate and up-to-date information and must not use any images or text that encourage formula feeding or bottle feeding, or discourage breastfeeding;
- 2) not create the impression or belief that the product listed is equivalent, comparable or superior to breast milk or breastfeeding;
- 3) not contain the trade name or logo of any designated product or any manufacturer or distributor of the designated product, and clearly and conspicuously explain each of the following:
 - a) the benefits and priority of breastfeeding;
 - b) the value of exclusive breastfeeding for 6 months followed by continued breastfeeding for two years or more;
 - c) how to initiate and maintain exclusive breastfeeding;
 - d) difficulties encountered when returning to breastfeeding;
 - e) the importance of introducing complementary foods at the age of six months;
 - g) the reasons for the negative impact of the introduction of artificial nutrition or early introduction of complementary foods on breastfeeding, as well as the possibility of preparing complementary foods at home from local products;
- 4) provide the following information about bottle feeding or bottle feeding:
 - a) instructions for the proper preparation, storage and use of the product, including cleaning and sterilization of feeding utensils;
 - b) explanations on feeding children from a cup;
 - c) health risks associated with artificial feeding, the use of feeding bottles and improper preparation of the product;
 - d) a warning about the lack of sterility of the powder mixture and the possibility of its contamination by pathogenic microorganisms during the production process or during the preparation process.
3. Medical educational organizations may use scientific and factual data on designated products provided by manufacturers and distributors in educational programs after assessing the quality of the data by the authorized body.

Article 113. Providing assistance to injured persons during emergency situations with products and means for artificial nutrition of children

1. Assistance to affected persons during emergency situations with products and means for artificial nutrition of children is provided in accordance with the legislation of the Kyrgyz Republic on civil protection.
2. The provision of humanitarian assistance must meet the real needs of the affected population for products and means for artificial nutrition of children.

Chapter 8. Providing comprehensive services

healthcare for the treatment of infectious diseases
diseases

Article 114. State guarantees for the treatment of infectious diseases

1. The state guarantees:

- 1) carrying out comprehensive measures for the treatment of infectious diseases;
 - 2) medical care and drug provision free of charge and on preferential terms in accordance with the State Guarantees Program;
 - 3) social and legal protection, as well as the prevention of any forms of discrimination due to the nature of the disease.
2. For persons suffering from tuberculosis, the state guarantees free provision of anti-tuberculosis drugs in accordance with the State Guarantee Program.

Article 115. Provision of health care to persons suffering from ID

1. The provision of medical care to infectious patients (adults and children) is organized in accordance with the procedures for providing medical care by type and form of medical care based on clinical protocols.
2. The procedure for providing medical care is developed for individual diseases or conditions (groups of diseases or conditions).
3. Clinical protocols are developed by medical professional non-profit organizations for individual diseases or conditions (groups of diseases or conditions) indicating medical services provided for in the nomenclature of medical services.
4. For each disease, condition (group of diseases, conditions) for adults and children, no more than one clinical protocol can be approved and approved, respectively, which is reviewed at least once every three years.

Article 116. Providing medical care to persons infected with HIV infection and contact persons

1. Citizens of the Kyrgyz Republic, foreigners, stateless persons, refugees infected with HIV, permanently residing in the territory of the Kyrgyz Republic, and children born to mothers infected with HIV with an unknown diagnosis are subject to dynamic observation and provision of medicines in health care organizations free of charge and on preferential terms in accordance with the State Guarantees Program.
2. Medical care for persons infected with HIV infection, including foreigners and stateless persons whose freedom is limited, serving a court sentence in places of deprivation of liberty, detained, taken into custody and placed in special institutions, is provided within the framework of the guaranteed volume of free medical care by departmental health services or state or municipal health care organizations on the basis of concluded agreements in the manner established by the Cabinet of Ministers.

Article 117. Mandatory isolation of persons sick with tuberculosis

1. A person who has contracted tuberculosis, poses a risk of infecting others and refuses treatment is subject to mandatory, including forced isolation by court decision.

2. The procedure for isolation of persons refusing treatment is determined by the Cabinet of Ministers.

Chapter 9. Donation of blood and its components,

transplantation of human organs and (or) tissues

§ 1. Donation of blood and its components

Article 118. Donation of blood and its components

1. Donation of blood and its components is the voluntary participation of donors in protecting the health of citizens by performing the donor function.

2. Attracting donors to carry out the donor function is carried out free of charge or for a fee. Attracting donors on a reimbursable basis is carried out in the absence of donors performing the donor function on a free basis.

Article 119. Guarantees of ensuring the rights of the donor by the state

1. The state guarantees the donor the protection of his rights, the preservation of life and health when he performs the donor function, and also provides him with social guarantees.

2. Officials carrying out activities in the field of blood services are obliged to inform the donor about the conditions and procedure for taking blood and its components, about guarantees of preserving his health when donating blood and its components.

3. A medical examination of the donor before giving blood and its components and the issuance of certificates about his state of health are carried out free of charge.

4. Compensation for harm to life and health received during the performance of the donor function is carried out in the manner established by the civil legislation of the Kyrgyz Republic, including the costs of treatment, medical and social examination, social, labor and professional rehabilitation.

5. The donor's disability that occurs in connection with his performance of donor functions is equal to the disability that occurs as a result of a work injury.

Article 120. Rights and obligations of the donor, social guarantees

1. A donor has the right to be an individual capable of action between the ages of eighteen and sixty years, including a person with foreign citizenship or a stateless person permanently residing in the Kyrgyz Republic, who has undergone an appropriate medical examination and has no contraindications for donating blood, who has expressed a voluntary desire to give blood and its components for medical purposes.

2. The donor has the right:

- 1) donate blood and its components free of charge;
- 2) donate blood and its components for a fee;
- 3) get acquainted with the results of the medical examination.

3. The donor is obliged to provide information known to him about the diseases he has suffered and existing, as well as about his use of narcotic drugs, psychotropic substances and precursors.

4. A person who deliberately concealed or distorted information known to him about the state of his health, preventing the use of his blood and its

components, bears responsibility established by the legislation of the Kyrgyz Republic on offenses.

5. When donating blood and (or) its components (free of charge and in the case of paid donation), the donor is given monetary compensation for food in the manner and amount established by the Cabinet of Ministers.

6. Compensation to the donor is paid by state health care organizations operating in the field of blood services.

7. An employee who is a donor, on the day of the medical examination, as well as on the day of giving blood and its components, is released from work at the enterprise, institution, organization, regardless of the form of ownership, while maintaining his average earnings. A soldier who is a donor, on the day of the medical examination, as well as on the day of giving blood and its components, is exempt from duty, watches and other forms of service. Students who are donors are exempt from the educational process on the day of the medical examination, as well as on the day of giving blood and its components.

8. In cases where, by agreement with the employer, the employee who is a donor went to work on the day of blood donation, he is given, at his request, another day of rest while maintaining his average earnings. In case of blood donation during the period of annual leave, on a weekend or a non-working holiday, the donor, at his request, is given another day of rest.

9. After each day of blood donation and after the eighth consecutive donation of blood components, the donor is given an additional day of rest while maintaining his average earnings. The specified day of rest, at the request of the donor, can be added to the annual leave or used at another time during the calendar year after the day of donation of blood and its components. A military personnel who is a donor is given an additional day of rest after each day of donation of blood and its components. On the day of blood donation, the donor is provided with free food at the expense of the budget of the health care organization engaged in the procurement of donor blood.

10. Donors who systematically donate blood and its components free of charge (men - at least four times a year, women - at least three times a year) are provided with temporary disability benefits for all types of diseases in the amount of one hundred percent of earnings, regardless of length of service, for twelve months after the last donation of blood and its components.

11. Donors who are citizens of the Kyrgyz Republic, who have donated blood free of charge thirty or more times, who have given blood for a fee forty-five or more times, who have given plasma sixty or more times, are awarded the "Honorary Donor of the Kyrgyz Republic" badge. Citizens of the Kyrgyz Republic awarded with the badge "Honorary Donor of the Kyrgyz Republic", "Honorary Donor of the USSR", "Honorary Donor of the Kyrgyz SSR" have the right:

- 1) for free provision of prosthetic and orthopedic products;
- 2) for the purchase of medicines according to prescriptions from state health care organizations on preferential terms;
- 3) for the next vacation at a convenient time;
- 4) a fifty percent increase in pension from the calculated indicator;
- 5) for medical care in state health care organizations on preferential terms;

- 6) for the purchase of components and blood products with fifty percent payment of their cost;
- 7) for monetary compensation in return for benefits in the manner and amount established by the Cabinet of Ministers.

Article 121. Responsibilities of administrations of enterprises, institutions and organizations, commanders (chiefs) of military units to promote the donation of blood and its components

1. Heads of enterprises, institutions, organizations, regardless of their form of ownership, commanders (chiefs) of military units:
 - 1) assist the blood service in attracting citizens into the ranks of donors;
 - 2) on the days of the on-site blood collection, the necessary premises for blood collection are provided free of charge.
2. An employee who is a donor is provided with guarantees and benefits established by labor legislation.

Article 122. Organization of donation of blood and its components

1. The procurement, processing, storage of donor blood and its components is carried out by the blood service.

The collection of blood and its components is carried out after a medical examination of the donor in accordance with the standards and procedures established by the authorized government body in the field of healthcare. It is mandatory for the donor to undergo a medical examination.

The result of the donor examination should be documented and any abnormalities reported to the donor.

2. The safety of donated blood, its components and preparations is ensured by compliance with established requirements for medical examination of donors, safety and quality in the production of blood products for medical use, approved by the authorized government body in the field of healthcare.

The quality of blood and its components is controlled by the quality department of the healthcare organization, which procures, processes, and stores donated blood and its components. An assessment of the quality of laboratory tests performed in organizations operating in the field of blood services is carried out by the Republican Laboratory of Blood Services.

3. Health care organizations and medical workers transfusions of donor blood, its components and preparations are obliged to ensure compliance with the relevant requirements for their safe use, as well as the procedure for providing transfusion assistance.
4. Donor blood, its components and preparations cannot be used or transferred for sale before passing quality control.
5. In cases of natural disasters, epidemics, epizootics and other emergency circumstances throughout the territory of the Kyrgyz Republic or in its individual localities, the organization of donation of blood and its components is carried out in the manner established by the Cabinet of Ministers.
6. Financing of all activities for organizing the donation of blood and its components in such cases is carried out from the reserve fund of the Cabinet of Ministers.

Article 123. Export and import of donor blood and its components, donated blood products

1. Export of donor blood and its components, blood products outside the Kyrgyz Republic is permitted in the following cases:

- 1) exchange for components and blood products that are not produced in the Kyrgyz Republic;
- 2) providing emergency assistance to citizens of the Kyrgyz Republic who are abroad;
- 3) provision of humanitarian assistance by the Kyrgyz Republic to other states.

2. The sale of donated blood and its components to other states is prohibited.

3. The procedure for the export of donor blood and its components outside the Kyrgyz Republic and the import of donor blood and its components into the territory of the Kyrgyz Republic is approved by the Cabinet of Ministers.

§ 2. Transplantation of human organs and (or) tissues

Article 124. Rights of the donor and recipient of organs (parts of an organ) and (or) tissues (parts of tissue)

1. Every citizen over 18 years of age, recognized as healthy by a council of medical specialists, has the right to be a lifetime donor of organs and (or) tissues.

2. A donor who has expressed consent to transplant his organs and (or) tissues has the right:

- 1) demand from healthcare organizations full information about possible complications for his health in connection with the upcoming intervention to remove organs (parts of an organ) and (or) tissues (parts of tissue);
- 2) undergo a medical examination to be included in the register of organ (part of an organ) and (or) tissue (part of tissue) donors within the framework of the guaranteed volume of free medical care and (or) in the compulsory health insurance system;
- 3) receive treatment, including medication, in healthcare organizations in connection with the intervention carried out to remove organs (parts of an organ) and (or) tissues (parts of tissue) within the framework of the guaranteed volume of free medical care in the compulsory health insurance system;
- 4) refuse before the start of surgery for transplantation.

3. The recipient has the right:

- 1) demand from the healthcare organization complete information about possible complications for his health in connection with the upcoming intervention for transplantation of organs (parts of an organ) and (or) tissues (parts of tissue);
- 2) undergo a medical examination to be included in the register of potential recipients of organs (parts of an organ) and (or) tissues (parts of tissue);
- 3) receive treatment, including medication, in a healthcare organization in connection with the transplantation of donor organs (parts of an organ) and (or) tissues (parts of tissue) within the framework of the guaranteed volume of free medical care;

4) refuse before the start of surgery for transplantation.

Article 125. List of human organs and (or) tissues used for transplantation

1. The list of transplant objects is determined by the Cabinet of Ministers.
2. This paragraph does not apply to organs, their parts and tissues related to the process of human reproduction, including reproductive organs and tissues (egg, sperm, ovaries, testicles or embryos), blood and its components, hematopoietic stem cells, human and (or) animal cells for use for biomedical purposes.

Article 126. Conditions and procedure for transplantation of human organs and (or) tissues

1. Transplantation of organs (parts of an organ) and (or) tissues (parts of tissue) is carried out from a donor to a recipient and consists of the following stages: removal, preservation, storage, transportation and transplantation of organs (parts of an organ) and (or) tissues (parts of tissue).
2. Removal of organs (parts of an organ) and (or) tissues (parts of tissue) for the purpose of further transplantation to a person (potential recipient) is carried out from a living person (living donor) and can be used only if other medical means and methods have proven ineffective and cannot guarantee the preservation of the life of the patient (recipient) or the restoration of his health.
3. Removal of organs and (or) tissues from a living donor is permissible only if there is a legally formalized consent of the donor, taking into account that his health, according to the conclusion of a council of medical specialists, will not cause significant harm.
4. Transplantation operations of organs and (or) tissues to recipients are carried out on the basis of medical indications in accordance with the general rules for conducting surgical operations. A medical opinion on the need for transplantation of human organs and (or) tissues is given by a council of doctors from a health care organization performing transplantation of human organs and (or) tissues, in the manner approved by the Cabinet of Ministers.
5. When transplanting organs (parts of an organ) and (or) tissues (parts of tissue), it is prohibited:
 - 1) forced removal from a person and coercion of a person to provide his organ (part of an organ) and (or) tissue (part of tissue);
 - 2) purchase and sale of human organs (parts of an organ) and (or) tissues (parts of tissue), with the exception of drugs and transplant materials for the preparation of which tissue components are used;
 - 3) removal of organs (parts of an organ) and (or) tissues (parts of tissue) from a lifetime donor who is a minor or incompetent person (except for cases of bone marrow transplantation).
6. If the donor's health is harmed due to the operation of organ and (or) tissue retrieval, he is provided with free inpatient and (or) outpatient treatment.
7. List of infectious diseases for which transplantation of organs (parts of an organ) and (or) tissues (parts of tissue) from a donor is permitted,

approved by the authorized state body in the field of healthcare.

8. To ensure transplantation of organs (parts of an organ) and (or) tissues (parts of tissue), a register is formed:

- 1) potential recipients of organs (parts of an organ) and (or) tissues (parts of tissue);
- 2) donors of organs (parts of an organ) and (or) tissues (parts of tissue);
- 3) donors of hematopoietic stem cells (bone marrow).

9. The procedure for creating and maintaining a register, as well as the procedure for searching and activating a donor of hematopoietic stem cells, including from international registries, and transporting hematopoietic stem cells to the recipient are determined by the Cabinet of Ministers.

Article 127. Conditions for the removal of organs and (or) tissues from a living donor

1. Removal of organs and (or) tissues from a living donor for transplantation to a recipient is permitted subject to the following conditions:

- 1) if the donor is warned about possible complications for his health in connection with the upcoming surgical intervention to remove organs and (or) tissues;
- 2) if the donor has undergone a comprehensive medical examination and there is a conclusion from a council of medical specialists on the possibility of removing his organs and (or) tissues for transplantation.

2. Removal of organs from a living donor is permitted if he is in a genetic relationship with the recipient (except in cases of bone marrow transplantation).

In this Law, a genetic relationship is understood as a family relationship between persons who have common ancestors up to their great-grandparents (parents, children, full and half-siblings, grandfather, grandmother, great-grandfather, great-grandmother, grandchildren, great-grandchildren, other blood relatives), confirmed on the basis of relevant documents in the manner determined by the Cabinet of Ministers.

3. One of the paired organs, part of an organ or tissue may be removed from a living donor for transplantation, the absence of which does not entail an irreversible health disorder.

Article 128. Transplantation of artificial organs (parts of an organ) and (or) tissues (parts of tissue)

1. Transplantation of artificial organs (parts of an organ) and (or) tissues (parts of tissue) is carried out when:

- 1) organ failure;
- 2) absence of donor organs (parts of an organ) and (or) tissues (parts of tissue);
- 3) the absence of contraindications for transplantation of artificial organs and tissues.

2. A list of indications and contraindications for transplantation of artificial organs (parts of an organ) and (or) tissues (parts of tissue) is developed and approved by the authorized state body in the field of healthcare.

3. Citizens of the Kyrgyz Republic with artificial organs (parts of an organ) and (or) tissues (parts of tissue), if necessary, are included in the register of potential recipients of organs (parts of an organ) and (or) tissues (parts of tissue) in the manner determined by the authorized state body in the field of healthcare.

Article 129. Health care organizations that remove organs and (or) tissues from a living donor, procure and transplant human organs and (or) tissues

1. Removal of organs and (or) tissues from a living donor, procurement and transplantation of human organs and (or) tissues is permitted only in state healthcare organizations.
2. Transplantation of human organs and (or) tissues is permitted in specialized state healthcare organizations and private healthcare organizations.
3. The list of healthcare organizations that carry out the removal of organs and (or) tissues from a living donor, the procurement and transplantation of human organs and (or) tissues, as well as the rules of their activities are approved by the Cabinet of Ministers.

Chapter 10. Medical examination

Article 130. Examination of temporary disability

1. Examination of temporary disability of citizens in connection with their illness, injury, pregnancy, childbirth, caring for a sick family member, prosthetics, sanatorium-resort treatment and in other cases is carried out by health care organizations, regardless of their form of ownership, in the manner established by the Cabinet of Ministers.
2. The procedure for conducting an examination of temporary disability of military personnel is determined by the regulations on the procedure for military service.

Article 131. Medical and social examination

1. Medical and social examination is carried out in order to determine the degree of citizens' loss of ability to work, the causes and groups of disability, as well as measures of social protection of citizens, including medical rehabilitation. Medical and social examination is carried out by medical and social examination organizations. In institutions of the penal system, medical and social examination of persons sentenced to imprisonment is carried out in the manner determined by the Cabinet of Ministers. The procedure for the creation and operation of medical and social examination organizations is determined by the Cabinet of Ministers.
2. The decision of medical and social examination organizations is binding for execution by the relevant government bodies, local government bodies, and other persons.
3. A citizen or his legal representative has the right to invite, upon his application, any medical specialist with his consent to participate in a medical and social examination.
4. The conclusion of a medical and social examination may be appealed to a higher organization or court by a citizen or his legal representative in the manner established by the legislation of the Kyrgyz Republic on administrative activities and administrative procedures.

Article 132. Military medical examination

1. A military medical examination of citizens subject to conscription for military service is carried out to establish the category of suitability of these citizens for military service, as well as to determine the causal relationship of injuries (wounds, injuries, concussions), diseases of citizens with their military or special service or participation in military training.
2. The organization and conduct of a military medical examination is carried out in the manner established by the Cabinet of Ministers.
3. If he disagrees with the conclusion of the military medical commission, the citizen has the right to conduct an alternative military medical examination in the manner prescribed by Article 134 of this Law.

Article 133. Forensic medical examination of mental health

1. Forensic psychiatric, forensic drug addiction and forensic psychological examinations of citizens are carried out in state and (or) municipal healthcare organizations intended for this purpose.
2. A citizen or his legal representative has the right to petition the body that appointed the forensic psychiatric, forensic drug addiction and forensic psychological examination to include a relevant medical specialist in the expert commission with his consent.
3. The procedure for conducting forensic psychiatric, forensic drug addiction and forensic psychological examinations is established by the Cabinet of Ministers.

Article 134. Forensic medical examination

1. Forensic medical examination of citizens, corpses and material evidence is carried out in state and (or) municipal health care organizations by experts from the forensic medical examination bureau, and in the absence of such experts - by medical specialists involved in conducting the said examination, on the basis of decisions of the persons conducting the inquiry, investigator, prosecutor, judge or court ruling.
2. A citizen or his legal representative has the right to petition the body that ordered the forensic medical examination to include a relevant medical specialist in the expert commission with his consent.
3. The procedure for conducting a forensic medical examination is established by the Cabinet of Ministers.

Article 135. Alternative medical examination

1. If a citizen appeals to the court the conclusions of the examinations provided for in Articles 131 and 132 of this Law, an alternative medical examination may be ordered by decision of the judge. In the event of the death or illness of a citizen, depriving him of the opportunity to file a complaint in person, his spouse, close relatives or legal representative have the right to file a complaint.
2. An alternative medical examination cannot be entrusted to experts who participated in a medical and social examination or a military medical examination, the results of which are appealed by a citizen, as well as to experts who are in official or other dependence on bodies, organizations, officials and citizens interested in the results of an alternative medical examination. A citizen who has filed a complaint under Part 1 of this article has the right to petition

a court ordering an alternative medical examination by a certain healthcare organization or a certain expert.

3. Legal costs when conducting an alternative medical examination are reimbursed in the manner established by the civil procedural legislation of the Kyrgyz Republic.

Article 136. Examination of the quality of health care provision

Examination of the quality of health care (medical, preventive and other services) in health care organizations, regardless of their form of ownership, is carried out in the manner established by the legislation of the Kyrgyz Republic in the field of health care.

Chapter 11. Financing the public system

health

Article 137. Sources of financing of healthcare organizations

1. Sources of financing for healthcare organizations are:

- 1) funds from the republican budget;
- 2) compulsory medical insurance;
- 3) local budget funds;
- 4) voluntary contributions - independent contributions of legal entities and individuals, including foreign ones;
- 5) grants, loans received from international organizations, donor countries;
- 6) funds from the provision of paid state and municipal services;
- 7) means of co-payment;
- 8) other means that do not contradict the legislation of the Kyrgyz Republic.

2. The balances of unused funds in the accounts of healthcare organizations operating in the Single Payer system are transferred to the next budget year as a balance at the beginning of the next budget year.

3. Activities aimed at reducing cancer incidence can be additionally financed through:

- 1) agreements with enterprises, institutions and organizations, regardless of their form of ownership and departmental affiliation;
- 2) personal funds of citizens of the Kyrgyz Republic, foreign citizens and stateless persons;
- 3) state and non-state institutions, including foreign ones;
- 4) foreign investment;
- 5) public organizations, associations, foundations.

4. Funds allocated to finance oncological care to the population are provided as a separate line in the republican and local budgets and are used, first of all, for treatment

diagnostic measures, purchase of antitumor and painkillers in full.

5. Formation of the budget of health care organizations operating in the Single Payer system can be carried out from the budget of the executive body implementing the policy in the field of compulsory health insurance, authorized to finance compulsory health insurance programs on the basis of financing standards for types of health care, taking into account projected indicators for financing and volumes of health care.

6. Funds received from the activities of state and municipal healthcare enterprises are directed to the provision of health care, maintenance and development of the organization.

7. State and municipal health care organizations operating in the Single Payer system independently plan and approve the cost structure and cost estimates, make current changes to the approved cost estimate, structure and staffing levels, based on the projected receipts of funds for the medical care provided.

(As amended by the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

Article 138. Consolidated healthcare facilities of the Kyrgyz Republic

(Name of the article as amended by the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

1. Consolidated healthcare funds of the Kyrgyz Republic are annually formed from funds coming from all sources of healthcare financing.

2. The report on the execution of the healthcare budget is provided in accordance with the budget legislation of the Kyrgyz Republic.

(As amended by the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

Article 139. Basic principles of financing the healthcare system

The basic principles of financing the health care system are:

1) equal access of the population to guaranteed types of health care, regardless of gender, age, place of residence, social origin;

2) financing and provision of health care on a contractual basis using compulsory medical insurance funds;

3) the principle of effectiveness and efficiency in the formation and execution of budgets is carried out based on the need to achieve the goals envisaged for the coming period using a minimum amount of funds or achieve maximum results using the available budget funds;

- 4) the principle of responsibility of participants in the budget process for violation of budget legislation provides for the responsibility of each participant in the budget process for their activities, the reliability of financial information and the misuse of allocated budget funds;
 - 5) a unified procedure for the formation and execution of income estimates for funds in special accounts and the implementation of expenditure obligations of the estimates of healthcare organizations, accounting and reporting;
 - 6) crediting all resources coming to the health sector from international donors and other types of sources to a single treasury account and making all budget expenditures from a single treasury account.
- (As amended by the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

Article 140. Use of healthcare system funds

Healthcare system funds are used:

- 1) to provide health care to the population;
- 2) for targeted comprehensive health care programs;
- 3) for the development and maintenance of the material and technical base of public health services;
- 4) for training and advanced training of healthcare personnel;
- 5) for the development and implementation of achievements in medical and pharmaceutical science;
- 6) to prevent and eliminate epidemics of infectious diseases and the consequences of emergency situations;
- 7) carrying out preventive measures;
- 8) carrying out diagnostic measures;
- 9) treatment of persons suffering from chronic forms of infectious and non-infectious diseases and carrying out rehabilitation measures;
- 10) conducting scientific research in priority areas of health care;
- 11) training of specialists in the field of oncology, including abroad;
- 12) purchase of medicines and medical products;
- 13) for other expenses not prohibited by the budget legislation of the Kyrgyz Republic.

Article 141. Co-payment

1. The population takes part in paying for medical services provided by health care organizations in excess of the funding of the State Guarantees Program.
2. The level of co-payment is established depending on the amount of funding for the public health sector and is approved by the Cabinet of Ministers.
3. The procedure for making and using co-payment funds is determined by the Cabinet of Ministers.

4. Co-payment funds made by the population are used directly for activities related to the diagnostic and treatment process and nutrition of patients, and are not subject to withdrawal or taxation.

Article 142. Formation of funds in special treasury accounts

1. Special treasury accounts of state and municipal healthcare organizations are formed from paid state and municipal services.
2. Types of paid services are determined by the Cabinet of Ministers depending on the amount of funding for the republic's healthcare system.
3. Price lists for paid services are developed and approved by the authorized state body in the field of healthcare in agreement with the authorized state body for antimonopoly policy.

Article 143. Administration of financing of the State Guarantees Program

1. Financing of the State Guarantee Program is carried out:
 - 1) by the authorized state body in the field of healthcare at the expense of the republican budget and other sources of financing not prohibited by the legislation of the Kyrgyz Republic;
 - 2) the executive body implementing the policy in the field of compulsory health insurance, at the expense of compulsory health insurance funds.
2. The amount of funding for the State Guarantees Program is determined by the budget legislation of the Kyrgyz Republic.

(As amended by the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

Article 144. Financial and economic activities of healthcare organizations in the Single Payer system

1. Health care organizations provide medical and other services under implemented programs in the field of health care and compulsory health insurance in the Single Payer system on the basis of contracts.
2. Health care organizations:
 - 1) develop and approve estimates of income and expenses, taking into account the projected volumes of funds received in the Single Payer system;
 - 2) with funds from the republican budget and compulsory health insurance, comply with the regulations of treasury procedures in accordance with the budget legislation of the Kyrgyz Republic;
 - 3) (lost force in accordance with the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

(As amended by the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

Article 145. Financing of health care provided by state and municipal health care organizations

Financing of health care provided by state and municipal health care organizations is carried out by the founder at the expense of the republican budget, its own or other sources.

(As amended by the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

Article 146. Financing of health care provided by state and municipal health care organizations in the Single Payer system

Financing of health care provided by state and municipal health care organizations is carried out by the Single Payer on the basis of concluded agreements for the provision of medical and other services at the expense of the Single Payer budget.

Article 147. Pricing in state and municipal healthcare organizations

Pricing in state and municipal health care organizations is carried out by the authorized state body in the field of health care according to a unified methodology in agreement with the authorized state body for antimonopoly policy.

Article 148. Participation of privately owned organizations in the implementation of the Program of State Guarantees and programs in the field of healthcare

Private health care organizations can, on the basis of concluded agreements, take part in the implementation of the Program of State Guarantees and programs in the field of health care and compulsory health insurance with payment for the services provided from the budget of the authorized state body in the field of health care and the budget of the executive body implementing the policy in the field of compulsory health insurance.

(As amended by the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

Chapter 12. Status of medical and pharmaceutical

employee

Article 149. Persons having the status of a medical or pharmaceutical worker

1. The status of a medical worker is granted to persons with higher and secondary medical and biological education, as well as persons who have undergone professional retraining with the qualification "Healthcare Management", carrying out their activities in healthcare organizations, regardless of their form of ownership, and private practitioners.
2. The status of pharmaceutical worker is granted to persons with higher and secondary specialized pharmaceutical education, carrying out their activities in healthcare organizations, regardless of their form of ownership, and individuals engaged in pharmaceutical activities.

3. The status of a medical or pharmaceutical worker is granted to persons who have received a medical or pharmaceutical education in foreign countries, after recognition in the Kyrgyz Republic of education and (or) qualifications received in a foreign state, in the manner established by the legislation of the Kyrgyz Republic on education, and passing certification of a specialist, unless otherwise provided for by international treaties of the Kyrgyz Republic.
4. The status of a medical and pharmaceutical worker is determined by the conditions and nature of the activities of the medical and pharmaceutical worker, and includes their rights, duties and responsibilities.
5. Medical and pharmaceutical workers carry out their activities, guided by the humane principles of medical ethics and deontology, regulating the moral relationships of medical and pharmaceutical workers with patients, their relatives, and each other.

Article 150. Admission of medical and pharmaceutical workers to practice

1. Medical and pharmaceutical workers carry out practical activities in healthcare organizations, regardless of their form of ownership, after they have passed certification and registration in the manner established by the Cabinet of Ministers.
2. Students of higher and secondary medical educational organizations are allowed to participate in the provision of medical care to citizens according to training programs under the supervision of medical workers responsible for their professional training.
3. Lack of access to practical activities entails exclusion from medical and pharmaceutical activities.
4. Suspension from medical and pharmaceutical activities is carried out in the manner established by the Cabinet of Ministers.
5. Persons deprived of the right to engage in medical and pharmaceutical activities have the right to appeal this decision in the manner established by the legislation of the Kyrgyz Republic in the field of administrative activities and administrative procedures.
6. Medical and pharmaceutical workers who have not worked in their specialty for more than five years may be allowed to carry out medical or pharmaceutical activities in accordance with their specialty after completing training in additional professional programs (advanced training, professional retraining) and passing specialist certification.
7. Persons who have received a medical, biological, pharmaceutical education or have completed a master's degree in the specialty "Health Care Management" or "Health Care Management" or have received another similar specialty/qualification in foreign countries, as well as foreign citizens, are allowed to engage in medical or pharmaceutical activities in the manner established by the Cabinet of Ministers or international treaties to which the Kyrgyz Republic is a party that have entered into force in the manner prescribed by law.
8. Pedagogical and scientific workers who have a specialist certificate and have passed specialist certification, carrying out practical training of students in accordance with the legislation on education, as well as

scientific workers who have a specialist certificate and have passed specialist certification, carrying out scientific research in the field of health protection, have the right to carry out medical activities. When carrying out medical activities, teaching and research workers are subject to the rights, duties and responsibilities of medical workers.

9. Persons illegally engaged in medical and pharmaceutical activities are liable in accordance with criminal law.

Article 151. Certification and registration of medical and pharmaceutical workers

1. In order to maintain professional qualifications, improve the level of training, suitability for the position held, determine business qualities and promote careers, medical and pharmaceutical workers, including teachers of clinical departments, are subject to periodic certification, but at least once every five years, which is carried out by the relevant authorized body or professional associations, associations in the case of delegation of certification functions to them by the authorized state body in the field of healthcare.

2. The procedure and conditions for certification of medical and pharmaceutical workers, including teachers of clinical departments, with the exception of heads of health care organizations with state and municipal forms of ownership, are determined by the authorized state body in the field of health care.

3. Foreign citizens and stateless persons who have the right to engage in medical or pharmaceutical activities in the Kyrgyz Republic, when passing professional certification, have equal rights and obligations with citizens of the Kyrgyz Republic.

4. Registration of medical and pharmaceutical workers is carried out by the authorized state body in the field of healthcare. The procedure and conditions for registration, as well as maintaining a register of medical and pharmaceutical workers, are determined by the authorized state body in the field of healthcare.

Article 152. Contents of medical activities

1. Medical activities include:

1) provision of medical care to a person regardless of gender, age, nationality and race, social status, political and religious views, religion, language and worldview;

2) popularization of a healthy lifestyle;

3) organization of preventive measures;

4) improvement of professional qualities and accumulation of medical experience;

5) management of healthcare organizations;

6) teaching activities in medical educational organizations;

7) research activities in medical research organizations.

2. Regardless of the form of ownership of the medical institution in which the medical worker works, he can cooperate with professional and

public organizations in the field of public health, social partners and authorities.

3. Medical workers do not have the right to engage in pharmaceutical activities, except for cases provided for by legislation in the field of circulation of medicines and medical devices.

Article 153. Respect for the human person

Human health is the highest personal and social value. Using all their professional knowledge and skills, medical workers are obliged to help protect public health, combat any forms of cruelty and humiliation of human dignity, and demonstrate respect for people.

Article 154. Restrictions on the implementation of medical or pharmaceutical activities

1. Medical and pharmaceutical activities are incompatible with the use of professional knowledge to the detriment of the patient's health or for criminal purposes.

2. Cannot engage in medical or pharmaceutical activities:

1) a person previously convicted of intentionally committing a crime while carrying out medical or pharmaceutical activities, until the criminal record is fully expunged in accordance with the criminal legislation of the Kyrgyz Republic;

2) a person who has been sentenced to deprivation of the right to engage in medical or pharmaceutical activities for a period established by a court decision;

3) a person recognized by the court as partially or completely incompetent;

4) a person who does not have a medical, biological, pharmaceutical education and a person who has not undergone professional retraining in the qualification "Healthcare Management".

Article 155. Continuity of education in the field of healthcare

1. The training of medical and pharmaceutical personnel is carried out according to programs of continuous integrated medical and pharmaceutical education. In the process of medical and pharmaceutical activities, continuity of medical and pharmaceutical education is carried out by:

1) continuous professional training according to the programs of medical or pharmaceutical educational organizations;

2) systematic replenishment of medical and pharmaceutical workers' knowledge and improvement of practical skills;

3) state support for medical and pharmaceutical workers who want to improve their professional knowledge.

2. Postgraduate medical and pharmaceutical education includes residency, master's and doctoral studies.

3. Health care professionals obtain additional knowledge and skills through additional and non-formal education:

1) additional education is carried out in organizations implementing educational programs of additional education and

accredited by the authorized state body in the field of healthcare;

2) additional education in medical specialties and non-formal education of medical workers is carried out by organizations of higher and (or) postgraduate education, national and scientific centers, research institutes, higher medical colleges on the basis of accredited clinical bases;

3) the procedure for additional and non-formal education of specialists in the field of healthcare, qualification requirements for organizations implementing educational programs of additional and non-formal education in the field of healthcare, as well as the rules for recognizing learning results obtained by specialists in the field of healthcare through additional and non-formal education, are determined by the Cabinet of Ministers.

Article 156. Medical postgraduate education

1. Internship - implementation of internship programs is carried out in accredited educational organizations that have a license to conduct educational activities, and in healthcare organizations designated by the authorized government body as clinical institutions. Internship programs are implemented in medical specialties, their list is approved by the authorized state body in the field of healthcare. After completing the internship, the graduate who has passed the professional training assessment will be assigned a specialty.

Accredited educational organizations independently develop educational practice programs in accordance with the requirements for their qualification levels established by professional standards in the field of healthcare.

The rules for issuing a state order, admission to training and internship training of medical personnel are approved by the authorized state body in the field of healthcare.

2. Residency - implementation of residency programs is carried out in accredited clinics of educational organizations in the field of healthcare, as well as in republican and (or) scientific centers accredited as residency bases, research institutes. Residency programs are implemented in medical specialties, their list is approved by the authorized state body in the field of healthcare.

After completing the residency, the graduate who has passed the professional training assessment will be assigned a specialty.

Accredited clinics of educational organizations in the field of health care, national and (or) scientific centers, research institutes independently develop educational residency programs in accordance with the requirements for skill levels established by professional standards in the field of health care.

The rules for issuing a state order, admission to education and training of medical personnel in residency are approved by the authorized state body in the field of healthcare.

Article 157. Attending physician

1. Attending physician - a doctor who provides medical care to a patient during the period of his observation and treatment in healthcare organizations. The attending physician may be a doctor who has been certified and registered in the manner prescribed by this Law.
2. The attending physician is appointed at the choice of the patient or the head of the healthcare organization (its department). If a patient requests a change in attending physician, the head of the healthcare organization must facilitate the selection of another doctor.
3. The attending physician may, in agreement with the relevant official of the healthcare organization, refuse to observe and treat the patient, if this does not threaten the life of the patient and the health of others, in cases of non-compliance by the patient with the instructions or internal regulations of the healthcare organization.
4. Relatives of patients do not have the right to unjustified interference in issues that, by their nature, fall within the scope of the professional duties of the attending physician.
5. If necessary, the attending physician may convene a medical council.

Article 158. Obligation to assist medical workers

1. Officials and citizens are obliged to assist medical workers in the provision of medical care. In the event of a threat to human life, medical workers have the right to:
 - 1) use any type of transport available in the given situation to travel to the patient's location or to transport him to the nearest health care organization;
 - 2) freely and freely use communication means belonging to enterprises, institutions, organizations or citizens.
2. In case of refusal to comply with the legal requirement of a medical worker to provide transport, means of communication, the official or owner of the vehicle bears responsibility established by the legislation of the Kyrgyz Republic on offenses.
3. The procedure for compensation of expenses associated with the provision of medical care in the event of a threat to human life is determined by the Cabinet of Ministers.

Article 159. Rights of medical and pharmaceutical workers

1. When carrying out their professional duties to protect the health of citizens, medical and pharmaceutical workers have the right:
 - 1) on working conditions that ensure high-quality provision of health care;
 - 2) to make a decision on the choice of methods of examination and treatment of patients based on clinical protocols approved by the authorized state body in the field of healthcare;
 - 3) to introduce modern diagnostic methods into medical practice;
 - 4) for individual medical activities in the manner established by the legislation of the Kyrgyz Republic in the field of healthcare;
 - 5) for part-time work in accordance with the legislation of the Kyrgyz Republic in the field of healthcare;
 - 6) to other rights provided for by the legislation of the Kyrgyz Republic in the field of healthcare.

2. Medical and pharmaceutical workers have the right to insurance for professional errors that may result in harm or damage to the health of a citizen, not related to the careless or negligent performance of their professional duties.
3. Medical workers have the right to be exempt from liability if they commit a professional error.
4. Medical workers have the right to write prescriptions for medicines, issue certificates and certificates of temporary disability in the manner established by the legislation of the Kyrgyz Republic in the field of healthcare.
5. Establishing a diagnosis of mental illness, making a decision to provide psychiatric care on an involuntary basis, or giving an opinion to consider this issue are the exclusive right of a psychiatrist or a commission of psychiatrists.

Article 160. Independence of medical workers when providing medical care

1. When providing medical care, a medical worker is independent in his decisions and is guided only by medical indications, medical duty and the law.
2. A medical worker whose opinion does not coincide with the decision of the medical commission has the right to give his opinion, which is attached to the medical documentation.
3. In the event of a threat to the life and health of the patient, another medical worker may intervene in the actions of a medical worker in order to correct the medical care provided.
4. When carrying out their professional activities, medical workers are irreplaceable. No one has the right to exclude medical workers from providing medical care, except in cases provided for by legislation in the field of healthcare.

Article 161. Rights of health care workers to material support

1. Healthcare workers have the right to guaranteed wages. The conditions for remuneration of medical workers are determined by the Cabinet of Ministers.
2. For health care workers who have an academic degree of doctor or candidate of science, the honorary title “Honored Doctor of the Kyrgyz Republic” or “Honored Health Worker of the Kyrgyz Republic,” as well as for length of service, bonuses are established:
 - 1) for the academic degree of doctor or candidate of sciences - in accordance with the legislation of the Kyrgyz Republic in the field of science and education;
 - 2) for work experience from 5 to 10 years - in the amount of ten percent, from 10 to 15 years - in the amount of twenty percent, over 15 years - in the amount of thirty percent of wages;
 - 3) (Repealed in accordance with the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

3. Healthcare workers working in high mountains and remote areas are guaranteed payment of the regional coefficient.
4. (Repealed in accordance with the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)
5. (Repealed in accordance with the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)
6. Healthcare organizations, within the limits of funds for wages, depending on the volume and quality of medical services provided by such organizations, can independently establish differentiated bonuses to official salaries for medical and pharmaceutical workers, apply various progressive forms of remuneration and incentives.
7. (Repealed in accordance with the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)
8. Medical and pharmaceutical workers working in government bodies, if their activities are related to healthcare, retain professional allowances provided for by the legislation of the Kyrgyz Republic in the field of healthcare.
9. The wages of medical and pharmaceutical workers operating in healthcare organizations with private ownership are established in accordance with the employment contract, taking into account the allowances established by the labor legislation of the Kyrgyz Republic for medical and pharmaceutical workers.
10. Medical and pharmaceutical workers and members of their families working and living in high mountains and remote areas, in the absence of their own housing, are provided with official housing in accordance with the legislation of the Kyrgyz Republic in the field of social security. In the absence of official housing, local governments are required to pay the costs associated with renting housing by a medical worker.
11. Psychiatrists, other specialists, medical and other personnel involved in the provision of mental health care have the right to additional leave of 28 calendar days and a salary supplement in the amount of fifty percent of the official salary.
12. Employees of state and municipal healthcare organizations working in conditions of an outbreak (epidemic) of especially dangerous infections and/or infections have the right to guaranteed payment of compensation in the manner and amount established by the Cabinet of Ministers.

(As amended by the Law of the Kyrgyz Republic dated August 7, 2024 No. 163)

Article 162. Formation of the needs of healthcare organizations for specialists, their distribution

1. The authorized state body in the field of healthcare annually forms the need of the healthcare system for specialists based on applications from healthcare organizations, as well as local governments.
2. The distribution (direction) of graduates of medical educational institutions who have completed training on a budgetary basis is carried out by the authorized state body in the field of healthcare, according to applications received from healthcare organizations and local governments. The procedure for distribution (direction) is determined by the Cabinet of Ministers.
3. Graduates of medical educational institutions who have completed training on a budgetary basis are required to work for at least two years in the regions upon the direction of the authorized state body in the field of healthcare.
4. For graduates of medical educational organizations of higher and secondary vocational education who come to work in healthcare organizations as directed, local state administrations are obliged to provide living space or land for individual construction and a one-time allowance in the amount of ten times the official salary.
5. In case of refusal to work under assignment (direction), the graduate has the right to free employment after reimbursement of the cost of his education in the manner determined by the Cabinet of Ministers. The reimbursement amount is calculated according to the direct costs of the medical school.

Article 163. Rights of employees of healthcare organizations during an emergency or state of emergency

1. In conditions of an emergency or state of emergency, the authorized state body in the field of healthcare is obliged to:
 - 1) organize transport delivery of medical workers of state and municipal healthcare organizations from their place of residence to their place of work and back;
 - 2) provide medical workers of state and municipal healthcare organizations with the necessary personal protective equipment (protective masks, goggles, medical gloves, protective suits, medical shoe covers, antiseptics and other personal protective equipment) to the extent necessary for the safe performance of their professional duties;
 - 3) provide medical workers of state and municipal healthcare organizations with appropriate working conditions necessary for carrying out professional activities.
2. Medical workers of state and municipal healthcare organizations performing their professional duties and exposed to a high risk of harm to their health during the period of an emergency or state of emergency are paid compensation, the amount of which is determined by the Cabinet of Ministers, but not less than 4 salaries for their position.
3. Medical workers of state and municipal healthcare organizations performing their professional duties in

sanitary-quarantine zone, a regime of heavy work and work with harmful and dangerous working conditions is established, and compensation is paid, the amount of which is determined by the Cabinet of Ministers, but not less than 10 salaries for the position held.

4. In the event of the death of a medical worker of state and municipal healthcare organizations as a result of a disease acquired in the performance of work duties and professional duties under conditions of an emergency or state of emergency, his family is paid a one-time cash benefit in the amount of at least 20 average annual earnings of the victim.

5. If a medical worker of state and municipal health care organizations receives diseases acquired in the performance of work duties and professional duties under conditions of an emergency or state of emergency, excluding him from the possibility of further work, or until 1 year has passed after receiving the diseases under these circumstances, he is paid a one-time cash benefit in the following amounts:

- 1) Group I PWD - at least 10 average annual earnings of the victim;
- 2) Group II PWD - at least 8 average annual earnings of the victim;
- 3) Group III PWD - at least 5 average annual earnings of the victim.

6. Amounts of one-time cash benefits are paid by the Compulsory Medical Insurance Fund upon the proposal of a healthcare organization at the expense of the republican budget.

7. The average salary for determining the size of a one-time cash benefit is determined in accordance with the norms of labor legislation.

8. If, during the period of work or before the expiration of 2 years after dismissal, a medical worker during re-examination at the institution of a medical and social expert commission (MSEC) due to the reasons specified in this article, the disability group is increased, the amount of the one-time cash benefit is increased by an amount equal to the difference between the number of average annual earnings of the victim on the day of initial receipt of the disease, due under the newly established disability group, and the number of average annual earnings of the victim, due under the previous group disability.

9. If, during the period of work in state and municipal healthcare organizations or before the expiration of 1 year after dismissal, disability was established due to the reasons specified in this article, and then the death of a medical worker occurred during the same period, the amount of a one-time cash benefit is increased by an amount equal to the difference between the number of average annual earnings of the victim on the day of initial receipt of the disease, due on the occasion of death, and the number of average annual earnings of the victim, due for disability.

10. The basis for payment of a one-time cash benefit are documents determined by labor legislation.

11. One-time cash benefits in the amount of at least 15 times the salary for the position held are also paid when a medical worker receives injuries, illnesses related to the performance of official duties and professional duties under the regime

emergency situation or state of emergency, but not giving the right to establish disability.

12. In the event of a medical worker being demoted due to an illness resulting from the performance of professional duties during an emergency or state of emergency, he retains the salary for the last position before the demotion at the expense of healthcare organizations.

13. Payments provided for in parts 10 and 11 of this article are made at the expense of the budget of the relevant healthcare organization.

14. When determining the amount of a one-time cash benefit, mixed liability established by labor legislation is applied.

15. The provisions of this article also apply in full to medical workers of healthcare organizations based on private and mixed forms of ownership, if they were hired by the authorized state body in the field of healthcare to perform professional duties in an emergency situation or state of emergency.

16. Decisions, actions (inaction) of authorized bodies and persons arising during the implementation of the provisions of this article may be appealed in the manner prescribed by the legislation of the Kyrgyz Republic on the fundamentals of administrative activities and administrative procedures.

Article 164. Right to rest

1. The right of medical and pharmaceutical workers to rest is ensured by rational planning and organization of work, provision of annual paid leaves provided for by the labor legislation of the Kyrgyz Republic.

2. The duration of the working day and working week of medical and pharmaceutical workers is established within the limits provided for by the labor legislation of the Kyrgyz Republic.

Article 165. Right to health care

1. Medical and pharmaceutical workers have the right to protect their health, implemented by carrying out sanitary and hygienic, anti-epidemic, treatment and preventive measures in accordance with the legislation of the Kyrgyz Republic in the field of healthcare.

2. State and municipal health care organizations from their own funds pay medical workers the costs of vaccination, treatment of diseases associated with professional activity, in the amount determined by the legislation in the field of health care, and also ensure periodic mandatory medical examinations.

3. Medical, pharmaceutical and other workers carrying out their activities in healthcare organizations, work in which is associated with harmful conditions and the possibility of causing damage to the health of workers, have the right to dynamic observation at the expense of the specified organization.

4. In case of harm to the health of medical and pharmaceutical workers during the performance of their work duties or professional

debt they are compensated for damage in the amount and manner established by the legislation of the Kyrgyz Republic in the field of labor protection.

5. In the event of the death of employees of state and (or) municipal healthcare organizations while performing their job duties or professional duty during the provision of medical care or conducting scientific research, the families of the deceased are paid a one-time cash benefit in accordance with the legislation of the Kyrgyz Republic in the field of labor protection.

6. Medical workers performing labor duties or professional duties in emergency situations, military operations, as well as in the event of harm to health, in the event of death in these conditions, are paid compensation in the amount and manner determined by the Cabinet of Ministers.

Article 166. The right to provision of land plots

Medical and pharmaceutical workers living in rural areas are provided with land plots, real estate and other property on an equal basis with members of peasant and farm enterprises in accordance with the land legislation of the Kyrgyz Republic.

Article 167. Right to incentives

For achieving high results in the field of protecting the health of citizens, medical, pharmaceutical and other healthcare workers may be nominated for awards from the authorized government body in the field of healthcare, departments and state awards.

Article 168. Protection of honor, dignity and professional reputation of medical and pharmaceutical workers

The honor, dignity, and professional reputation of medical and pharmaceutical workers are protected by the legislation of the Kyrgyz Republic. No one has the right to cause physical, moral and material harm to a medical and pharmaceutical worker in the performance of his professional activities.

Article 169. Medical confidentiality

1. Information about the fact of seeking medical help, the state of health of a citizen, the diagnosis of his disease, and other information obtained during his examination and treatment, as well as information about artificial insemination, constitute a medical secret. The citizen must be assured of a guarantee of confidentiality of the information transmitted to him.

2. Disclosure of information constituting medical secrets by persons to whom they became known during training, performance of professional, official and other duties, including by showing an image of the patient or individual parts of his body, allowing his identification, is not allowed, except for the cases established by parts 3 and 4 of this article.

3. With the consent of a citizen or his legal representative, it is permitted to transfer information constituting medical confidentiality to other citizens, including officials, in the interests of examining and treating the patient, for conducting scientific research, publishing in scientific literature, using this information in the educational process and for other purposes.

4. To realize the rights and legitimate interests of a person suffering from a mental disorder, at his request or at the request of his legal representative, he may be provided with information about the state of mental health of this person and about the psychiatric care provided to him in an accessible form and taking into account the mental state of the patient.

5. Providing information constituting medical confidentiality without the consent of a citizen or his legal representative is permitted:

- 1) for the purpose of examining and treating a citizen who is unable, due to his condition, to express his will;
- 2) when there is a threat of the spread of infectious diseases, mass poisonings and injuries;
- 3) at the request of the bodies of inquiry and investigation, the prosecutor and the court in connection with an investigation or trial;
- 4) in the case of providing assistance to a minor under the age of 16 to inform his parents or legal representatives, except for cases established by the legislation of the Kyrgyz Republic on public health;
- 5) if there are grounds to believe that harm to a citizen's health was caused as a result of illegal actions;
- 6) in the case of providing assistance to a minor, aged 16 to 18 years, against whom a crime against sexual integrity was committed, precluding voluntary sexual intercourse.

6. Persons to whom information constituting medical confidentiality was transferred in accordance with the procedure established by law, bear, on an equal basis with medical and pharmaceutical workers, in proportion to the damage caused to the citizen, responsibility for the disclosure of medical confidentiality in accordance with civil legislation, legislation on offenses and criminal legislation of the Kyrgyz Republic.

Article 170. Doctor's oath

1. Persons who have graduated from higher medical educational institutions of the Kyrgyz Republic, upon receiving a doctor's diploma, take the oath of a doctor with the following content:

"Receiving the high title of doctor and embarking on the medical practice chosen by vocation, as well as being deeply aware of the responsibilities associated with it, I solemnly swear:

- devote all knowledge and energy to preserving and restoring the health of our people;
- to the extent of strength, knowledge and skills, alleviate the suffering of the patient;
- provide medical care to patients, regardless of nationality, social status, political views and religion, respecting their human dignity;
- do not abuse the trust of your patients and maintain medical confidentiality;
- observe the ethical principles of the medical profession and do not tarnish the high title of a doctor;
- constantly improve your knowledge and skills, based on modern achievements of medical science and practice, preserve and develop the noble traditions of domestic medicine;

- seek advice from colleagues, if the interests of the patient require it, and always be ready to provide them with help and advice;

- sacredly honor the Hippocratic oath, the covenants of Ulukman, Umai-Ene and the great Manas, the traditions of the people of Kyrgyzstan.

I swear allegiance to my mentors and people and assure that I will fulfill my professional and civic duty with honor and will carry the purity of my thoughts and actions throughout my life."

2. The doctor's oath is taken in a solemn atmosphere. The fact of the doctor's oath is certified by a personal signature and a corresponding note in the doctor's diploma indicating the date.

Article 171. Relations between a medical professional and a patient

1. The relationship between a medical professional and a patient is based on mutual respect and trust, on the patient's right to express his will.

2. A medical professional is obliged to inform the patient or his legal representative about the possible risks during medical intervention, as well as when refusing medical intervention.

3. Any medical intervention can be carried out with the consent of the patient, except for cases where the patient's physical and mental condition does not allow him to make an informed decision, or in other cases provided for by legislation in the field of healthcare.

Article 172. Relations between medical workers

1. Relations between medical professionals are based on correctness, interaction, and mutual respect.

2. Only the professional actions and ethical behavior of a medical worker can be criticized.

3. The doctor should not prevent the patient from choosing another attending physician. The professional reputation of a doctor is based on the results of his activities.

4. The patient or his legal representative is responsible for refusing mandatory medical intervention that results in complications.

Chapter 13. Responsibilities of health protection subjects

citizens

Article 173. Obligations of individuals and legal entities engaged in private medical activities

Individuals and legal entities engaged in private medical activities are obliged to:

- 1) have a license for the relevant type of activity;
- 2) provide emergency medical care to all citizens in conditions that threaten their lives;
- 3) provide qualified medical care in accordance with the profile of their work;
- 4) comply with sanitary and hygienic and anti-epidemic norms and rules;
- 5) interact with other health services regardless of ownership;

- 6) contribute to raising awareness and promoting a healthy lifestyle for patients;
- 7) provide citizens with complete and reliable information about their health status;
- 8) maintain medical documentation for patients and provide notifications and reports within the established time limits on forms approved by the authorized state body in the field of healthcare;
- 9) keep medical confidentiality.

Article 174. Responsibilities of healthcare workers

1. Medical and pharmaceutical workers carry out their activities, guided by the humane principles of medical ethics that regulate the moral relationships of medical workers with patients, their relatives, among themselves, in accordance with the doctor's oath.
2. Medical and pharmaceutical workers are required to carry out their professional activities in accordance with the legislation of the Kyrgyz Republic in the field of healthcare.
3. Medical and pharmaceutical workers are obliged to improve their professional knowledge and skills.
4. Health care workers are required to comply with sanitary and hygienic and anti-epidemic standards, as well as the rules established for this health care organization.
5. Medical and pharmaceutical workers, as well as scientific pedagogical workers, as well as students admitted to work with the population, are required to submit reliable information and reporting to higher healthcare organizations and government bodies in accordance with the regulatory legal acts of the Kyrgyz Republic.
6. Health care workers authorized to work with biomaterials for scientific, educational, and clinical purposes are required to comply with the rules approved by the Cabinet of Ministers.
7. Medical workers are obliged to:
 - 1) strictly observe the rights and legitimate interests of the patient;
 - 2) ensure adequate and effective treatment of the patient until complete recovery or the maximum possible improvement in his health condition, if complete recovery is impossible for objective reasons;
 - 3) keep secret personal information obtained in the performance of their professional activities, except for the cases provided for in Article 168 of this Law;
 - 4) provide first emergency medical aid regardless of time and place, with the exception of circumstances that, for objective reasons, impede the provision of emergency care;
 - 5) obtain the patient's consent for any proposed medical intervention in accordance with this Law;
 - 6) know and strictly fulfill their official duties;
 - 7) comply with professional and ethical standards;
 - 8) prevent the unreasonable prescription of medications and examinations.

8. When performing their professional duties, medical workers do not have the right to expose the patient to unreasonable risk, even with his consent, except in cases that pose a threat to the patient's life.

9. Health care workers should promote and protect exclusive breastfeeding of children up to six months of age, as well as inform pregnant and lactating women, other members of their families and other individuals about the benefits of continuing to breastfeed children for two years or more.

Article 175. Responsibilities of employers in the field of protecting the health of citizens

Employers are obliged to provide safe working conditions for workers, protect them from harmful or hazardous environments, protect the health of workers, as well as all other persons who may be adversely affected by work.

Article 176. Responsibilities of educational organizations

Educational organizations are obliged to create conditions for the protection and promotion of the health of children and students, determine the educational workload, and the work schedule of students in accordance with the legislation of the Kyrgyz Republic in the field of education.

Chapter 14. Responsibility of subjects of health protection

citizens

Article 177. Liability for illegal medical treatment

Practicing healing as a profession, including traditional healing, carried out by a person who does not have the appropriate medical education and a license from an authorized state body in the field of healthcare, conducting mass healing sessions, including using the media, entails liability in accordance with the legislation of the Kyrgyz Republic on offenses and the criminal legislation of the Kyrgyz Republic.

Article 178. Responsibility of citizens

Citizens bear responsibility in accordance with the legislation in the field of health care, legislation on offenses and criminal legislation of the Kyrgyz Republic:

- 1) for violation of sanitary and hygienic, anti-epidemic norms and rules, environmental pollution, resulting in harm to their health or the health of others;
- 2) for evading observation and treatment if they have contagious and dangerous diseases that can harm the health of others;
- 3) for failure to comply with medical instructions regarding their health and the health of minor children and pregnant women;
- 4) for falsely calling an ambulance.

Article 179. Liability of medical and pharmaceutical workers

Medical and pharmaceutical professionals under health law, civil law, tort law and criminal law

of the Kyrgyz Republic are responsible for violation of medical ethics, damage caused to the health of citizens, and disclosure of medical time.

Article 180. Responsibility of healthcare organizations

1. Health care organizations, regardless of their form of ownership, providing health care, are responsible for damage caused to the health of citizens in the manner and extent determined by the legislation on health care, civil legislation, legislation of the Kyrgyz Republic on offenses and criminal legislation of the Kyrgyz Republic.
2. The responsibility of state and municipal healthcare organizations does not extend to funds and property allocated for activities related to the provision of medical and preventive services to the population.
3. Healthcare organizations are not responsible for damage caused to the patient's health if he fails to comply with the instructions of the attending physician.
4. Decisions, actions (inaction) of medical workers, other specialists, social security and education workers, medical commissions that infringe on the rights and legitimate interests of citizens when providing them with medical care can be appealed in the manner prescribed by the legislation of the Kyrgyz Republic on the fundamentals of administrative activities and administrative procedures and on the prosecutor's office of the Kyrgyz Republic.

Article 181. Liability insurance of healthcare organizations

1. Health care organizations voluntarily enter into agreements with insurance organizations to insure the risk of harm to the life and health of citizens when providing them with medical services.
2. The procedure and conditions for insuring the risk of harm are carried out in accordance with the legislation of the Kyrgyz Republic in the field of insurance.
3. If harm is caused to the life or health of citizens during the provision of medical services to them, insurance organizations shall reimburse citizens or their families for expenses incurred as a result of a medical error.

Chapter 15. Final provisions

Article 182. Liability for violation of this Law

For violation of this Law, liability is established in accordance with the legislation in the field of health care, civil legislation, legislation on offenses and criminal legislation of the Kyrgyz Republic.

Article 183. International cooperation in the field of protecting the health of citizens

1. Cooperation of the Kyrgyz Republic with other states in the field of protecting the health of citizens is carried out on the basis of international treaties of the Kyrgyz Republic.
2. The procedure for international cooperation is established by the legislation of the Kyrgyz Republic and other states.

3. Agreements concluded by the authorized state body in the field of health care within the framework of international cooperation of the Kyrgyz Republic in the field of protecting the health of citizens should not limit the rights of citizens to health care and medical care in accordance with generally recognized principles and norms of international law, the provisions of this Law and other regulatory legal acts of the Kyrgyz Republic.

Article 184. Entry into force of this Law

1. This Law comes into force after fifteen days from the date of official publication.
2. The following shall be declared invalid from the date of entry into force of this Law:
 - 1) Law of the Kyrgyz Republic "On psychiatric care and guarantees of the rights of citizens during its provision" dated June 17, 1999 No. 60 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 1999, No. 12, Art. 531);
 - 2) Law of the Kyrgyz Republic "On transplantation of human organs and (or) tissues" dated January 13, 2000 No. 2 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2000, No. 5, Art. 227);
 - 3) Law of the Kyrgyz Republic "On cancer care to the population" dated October 4, 2000 No. 83 (Erkin-Too newspaper dated October 13, 2000);
 - 4) Article 4 of the Law of the Kyrgyz Republic "On Amendments and Additions to Certain Legislative Acts of the Kyrgyz Republic" dated March 20, 2002 No. 41 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2002, No. 5, Art. 200);
 - 5) Law of the Kyrgyz Republic "On introducing amendments to the Law of the Kyrgyz Republic "On psychiatric care and guarantees of the rights of citizens during its provision" dated July 15, 2003 No. 150 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2003, No. 10, Art. 460);
 - 6) Law of the Kyrgyz Republic "On Amendments to the Law of the Kyrgyz Republic "On Psychiatric Care and Guarantees of the Rights of Citizens in Its Provision" dated December 18, 2003 No. 236 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2004, No. 3, Art. 131);
 - 7) Law of the Kyrgyz Republic "On healthcare organizations in the Kyrgyz Republic" dated August 13, 2004 No. 116 (Erkin-Too newspaper dated August 27, 2004 No. 73-74);
 - 8) Law of the Kyrgyz Republic "On the protection of the health of citizens in the Kyrgyz Republic" dated January 9, 2005 No. 6 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2005, No. 3, Art. 187);
 - 9) Law of the Kyrgyz Republic "On introducing amendments to the Law of the Kyrgyz Republic "On psychiatric care and guarantees of the rights of citizens during its provision" dated June 8, 2005 No. 73 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2005, No. 9, Art. 631);
 - 10) Law of the Kyrgyz Republic "On introducing amendments to the Law of the Kyrgyz Republic "On psychiatric care and guarantees of the rights of citizens during its provision" dated July 4, 2005 No. 88 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic. 2013, No. 10, Art. 734);
 - 11) Law of the Kyrgyz Republic "On diabetes mellitus in the Kyrgyz Republic" dated August 9, 2006 No. 166 (Erkin-Too newspaper dated August 22, 2006 No. 62);
 - 12) Law of the Kyrgyz Republic "On Amendments to the Law of the Kyrgyz Republic "On the Protection of the Health of Citizens in the Kyrgyz Republic" dated December 28

2006 No. 224 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2006, No. 12, Art. 1109);

13) Law of the Kyrgyz Republic “On the donation of blood and its components” dated July 2, 2007 No. 96 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2007, No. 7-9, Art. 665);

14) Law of the Kyrgyz Republic “On the protection of breastfeeding of children and regulation of the marketing of products and means for artificial nutrition of children” dated December 17, 2008 No. 263 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2008, No. 10, Art. 1091);

15) Law of the Kyrgyz Republic “On Amendments and Additions to the Law of the Kyrgyz Republic “On the Protection of the Health of Citizens in the Kyrgyz Republic” dated February 17, 2009 No. 53 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2009, No. 2, Art. 126);

16) Law of the Kyrgyz Republic “On Amendments to the Law of the Kyrgyz Republic “On Donation of Blood and Its Components” dated March 11, 2009 No. 81 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2009, No. 3, Art. 212);

17) Law of the Kyrgyz Republic “On Amendments to the Law of the Kyrgyz Republic “On the Protection of the Health of Citizens in the Kyrgyz Republic” dated April 17, 2009 No. 129 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2009, No. 4, Art. 351);

18) Article 8 of the Law of the Kyrgyz Republic “On Amendments and Additions to Certain Legislative Acts of the Kyrgyz Republic” dated December 30, 2009 No. 319 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2009, No. 11, Art. 1033);

19) Law of the Kyrgyz Republic “On Amendments to the Law of the Kyrgyz Republic “On the Protection of the Health of Citizens in the Kyrgyz Republic” dated July 25, 2012 No. 137 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2012, No. 7, Art. 2748);

20) Article 3 of the Law of the Kyrgyz Republic “On Amendments and Additions to Certain Legislative Acts of the Kyrgyz Republic” dated October 11, 2012 No. 171 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2012, No. 9, Art. 2863);

21) Law of the Kyrgyz Republic “On the status of medical workers” dated May 28, 2013 No. 81 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2013, No. 5, Art. 478);

22) Law of the Kyrgyz Republic “On introducing amendments to the Law of the Kyrgyz Republic “On the protection of the health of citizens in the Kyrgyz Republic” dated June 27, 2013 No. 108 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2013, No. 6, Art. 614);

23) Article 1 of the Law of the Kyrgyz Republic “On introducing amendments to certain legislative acts of the Kyrgyz Republic” dated April 23, 2014 No. 63 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2014, No. 4, Art. 243);

24) Law of the Kyrgyz Republic “On the reproductive rights of citizens and guarantees of their implementation” dated July 4, 2015 No. 148 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2015, No. 7, Art. 951);

25) Law of the Kyrgyz Republic “On Amendments to the Law of the Kyrgyz Republic “On the Protection of the Health of Citizens in the Kyrgyz Republic” dated December 18, 2015 No. 228 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2015, No. 9, Art. 1093);

- 26) Articles 1, 2, 4 and 5 of the Law of the Kyrgyz Republic "On Amendments to Certain Legislative Acts of the Kyrgyz Republic on the Protection of Citizens' Health" dated April 29, 2016 No. 52 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2016, No. 4, Art. 303);
- 27) Law of the Kyrgyz Republic "On Amendments to the Law of the Kyrgyz Republic "On Cancer Care to the Population" dated April 29, 2016 No. 53 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2013, No. 4, Art. 304);
- 28) Law of the Kyrgyz Republic "On Amendments to the Law of the Kyrgyz Republic "On Donation of Blood and Its Components" dated June 30, 2016 No. 95 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2016, No. 6, Art. 544);
- 29) Articles 3, 4, 5, 6, 8 and 9 of the Law of the Kyrgyz Republic "On Amendments to Certain Legislative Acts in the Sphere of Delegation of State Powers" dated July 6, 2016 No. 99 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2016, No. 7, Art. 817);
- 30) Law of the Kyrgyz Republic "On Amendments to the Law of the Kyrgyz Republic "On Psychiatric Care and Guarantees of the Rights of Citizens in Its Provision" dated February 20, 2017 No. 29 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2017, No. 2, Art. 89);
- 31) Articles 5 and 6 of the Law of the Kyrgyz Republic "On Amendments to Certain Legislative Acts on the Circulation of Medicines and Medical Devices" dated August 2, 2017 No. 167 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2017, No. 8, Art. 769);
- 32) Articles 6 and 11 of the Law of the Kyrgyz Republic "On Amendments to Certain Legislative Acts in Connection with the Adoption of the Constitutional Laws of the Kyrgyz Republic "On Amendments to the Constitutional Law of the Kyrgyz Republic "On Martial Law" dated May 20, 2015 No. 106 and "On Amendments and Amendments to Certain Legislative Acts of the Kyrgyz Republic" dated July 14 2015 No. 163" dated December 1, 2017 No. 197 (2) (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2017, No. 12, Art. 1013);
- 33) Law of the Kyrgyz Republic "On Amendments to the Law of the Kyrgyz Republic "On Cancer Care to the Population" dated January 9, 2018 No. 1 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2018, No. 1, Art. 1);
- 34) Law of the Kyrgyz Republic "On amendments to the Law of the Kyrgyz Republic "On the reproductive rights of citizens and guarantees of their implementation" dated January 15, 2019 No. 5 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2019, No. 1, Art. 5);
- 35) Article 4 of the Law of the Kyrgyz Republic "On Amendments to Certain Legislative Acts in the Field of Budget Legislation" dated May 17, 2019 No. 64 (Gazette of the Jogorku Kenesh of the Kyrgyz Republic, 2019, No. 5, Art. 260);
- 36) Law of the Kyrgyz Republic "On Amendments to the Law of the Kyrgyz Republic "On the Status of Medical Workers" dated June 29, 2020 No. 67 (Erkin-Too newspaper dated June 30, 2020 No. 50);
- 37) Article 7 of the Law of the Kyrgyz Republic "On amendments to certain legislative acts of the Kyrgyz Republic on the legal status of compatriots with foreign citizenship" dated July 24, 2020 No. 89 (Erkin-Too newspaper dated August 4, 2020 No. 61);
- 38) Articles 3 and 4 of the Law of the Kyrgyz Republic "On Amendments to Certain Legislative Acts in the Field of Health and Medical

Insurance" dated August 22, 2020 No. 142 (Erkin-Too newspaper dated September 1, 2020 No. 69);

39) Article 2 of the Law of the Kyrgyz Republic "On amendments to certain legislative acts of the Kyrgyz Republic (to the laws of the Kyrgyz Republic "On HIV/AIDS in the Kyrgyz Republic", "On the protection of the health of citizens in the Kyrgyz Republic")" dated September 15, 2021 No. 119 (Erkin-Too newspaper dated September 24 2021 No. 99).

3. The Cabinet of Ministers, within six months, shall bring its regulatory legal acts into compliance with this Law.

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President of the Kyrgyz Republic S. N. Zhaparov

Adopted by the Jogorku Kenesh of the Kyrgyz Republic on 22 November 2023