REPRODUCTIVE HEALTH LEGISLATION
in the Russian Federation

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POLICY

Russian Advocacy Network
for Reproductive Health
FOREWORD

This report contains abstracts from the Russian Federation legislative and regulatory acts (laws, decrees, executive orders, and instructions) governing the area of reproductive health, and also from draft laws currently under consideration by the State Duma of the Russian Federation.

Although reproductive health issues are inevitably closely related to various areas of law (ranging from work safety to environmental law), this report focuses on the area of healthcare.

Documents referenced in the report are grouped according to their topics, regardless of their chronology, legal nature, or industry they govern. Because of this method of presentation, some documents are listed in more than one section of this report. For example, the Russian Federation Health Code covers such areas as health sector finance, access to information, and birth control policy. However, even when listed under the same title, the excerpts from the same law do not duplicate each other, since each area of the report references different parts of the same law.

Each topic is accompanied by a legal analysis, and the entire compilation opens with a description of the Russian legal system and legislative procedure.

All laws are referenced as of March 1, 2000.

This report was intended as a reference material for anyone wishing to contribute to reproductive health legislation. The report gives a clear picture as to which areas of the law have been completely developed and adequately reflect the requirements of modern life, and which areas need additional work.

The reader should always remember, though, that provisions of the legislative or regulatory acts are not always properly enforced. This lack of enforcement can be explained by the wide variety of factors, including political, ideological, organizational, and—most often—economic. Whatever the reason, adoption of yet another similar law will do little to improve the situation in this area. Real improvements will come not just with new legislation, but also with the daily fight to protect existing rights.

Compilation and comments were done by Alla Tolmasova, Legal Counsel, Russian Office of Charities Aid Foundation. The opinions expressed within the Legal Analyses are those of the author, and not necessarily those of USAID, the POLICY Project or the Advocacy Network for Reproductive Health.
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II. GLOSSARY OF LEGAL AND REGULATORY TERMS

Advertising (реклама) – information about an individual, legal entity, commodity, service, idea, or project, which is disseminated by various means and targets an unlimited audience; designed to maintain certain level of interest in the said individual, legal entity, commodity, service, idea, or project and to facilitate sales of the said commodities or realization of said ideas/projects.

Budget (бюджет) – means of collecting and spending funds in support of the operations of federal or local governments.

Charitable contribution (пожертвование) – transfer of assets or property rights for the public good with no remuneration in return.

Detention (арест) – a punishment for a criminal offense. The convicted individual is isolated from society for a period of one to six months. This form of punishment is no longer used in practice.

Education (образование) – a systematic process of raising and educating an individual for his own benefit and for the benefit of society and the country in general, resulting in educational achievements established by the government (educational level). To receive an education means to reach a certain educational level and receive a document certifying that this level has been reached.

Educational institution (образовательное учреждение) – an institution carrying out one or several educational/training programs or hosting and educating students. Nongovernmental educational institutions can be set up as any type of a non-profit organization as provided for in the Civil Code of the Russian Federation.

Forced migrant (вынужденный переселенец) – a citizen of the Russian Federation who was forced to abandon his residence as a result of an act of violence committed against him, or threat of prosecution based on his race, ethnicity, religion, native language, political beliefs, or because of his associations with certain social groups, or as a result of public unrest.

Foreign investment (иностранные инвестиции) – all forms of tangible and intangible assets and intellectual property, invested by foreign legal entities and individuals into domestic businesses and other entities with a purpose of earning income on their investment.

Government contractor (государственный заказчик) – federal executive agency, federal business, or other government organization designated by the government to implement federal programs and to supply goods and services the government.

Government-funded institution (бюджетное учреждение) – a non-manufacturing entity set up by government and financed from the government budget.

House arrest (ограничение свободы) – a punishment for a criminal offense. The convicted individual is confined to a special institution without isolating him completely from society. This form of punishment is no longer used in practice.

Incarceration (лишение свободы) – a punishment for criminal offense. Convicted individual is isolated from society in a minimum or maximum security penal institution.

Juvenile (несовершеннолетний) – an individual less than 18 years of age.

Legally incompetent individual (недееспособный гражданин) – an individual unable, due to his age or disability, to exercise his civil rights or fulfill his civic duties.
Legal representative (законный представитель) – an individual representing civil and property rights of incompetent, partially incompetent, and disabled individuals. Legal representatives include parents, foster parents, and trustees.

License (лицензия) – permission issued by an authorized government agency to engage in certain types of activities requiring licensing under current legislation. For example, any activity in the area of public education and healthcare has to be licensed.

Local self-governance (органы местного самоуправления) – elected and other bodies having jurisdiction over local matters. Local self-governance is not part of the formal system of government.

Mandatory labor (исправительные работы) – a punishment for a criminal offense. The convicted individual is sentenced to perform his/her work duties for the period of two to 24 months. A court-mandated portion of the salary (between five and 20%) is paid directly to the government.

Mandatory medical insurance (обязательное медицинское страхование) – mandated medical insurance. Premiums are paid by the employer or government agency that have jurisdiction over the place of residence of the insured.

Mass media (средства массовой информации) – periodicals, radio, television and video broadcasts, documentaries, and all other forms of periodic dissemination of public information. Public information is defined as printed, audio, visual, and audio-visual messages and materials designed for an unlimited audience.

Medicinal drugs (лекарственные средства) – substances derived from human or animal blood, blood plasma, organs and tissues, or obtained from plants and minerals through chemical synthesis or biotechnology and used to diagnose, treat, and prevent diseases or prevent pregnancies. Medicinal drugs also include pharmaceutically active plant, animal, and synthetic substances used to produce drugs.

Minimal wage (минимальный размер заработной платы) – a minimum amount established by law and paid to an employee for a full month of work. This amount is used for calculations of fines and penalties. As of March 1, 2000 the minimal wage is Rbs 83.49.

Municipality (муниципальное образование) – any urban or rural settlement or several settlements with common territory, part of a settlement with local self-governance, municipal property, local budget, and elected local government.

Public education (просвещение) – dissemination of modern knowledge and ideas. As opposed to formal education, this process is not systematic and is not subject to direct regulation.

Russian Federation Accounting Office (Счетная палата) – a permanent government agency responsible for the financial auditing and monitoring on behalf of the government. The Accounting Office is established by the Federation Council and reports to the Federation Council of the Russian Federation.

Subsistence level (прожиточный минимум) – monetary valuation of the standard “basket” of consumer goods and services, combined with mandatory payments and fees. This indicator is used to assess the living standard of the Russian population and to develop social policies and programs for the federal government. The “basket” consists of a minimum set of food products and other goods and services required to maintain an individual’s life and health.

Unemployed (безработные) – employable individuals, having no work or work income, who are registered with the employment services with the purpose of obtaining jobs and who are ready to begin work.
III. MEMBERS OF THE COMMITTEES OF THE THIRD STATE DUMA OF THE RUSSIAN FEDERATION RESPONSIBLE FOR REPRODUCTIVE HEALTH ISSUES

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IV. INTRODUCTION

A. INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

In 1994, the United Nations sponsored the fourth International Conference on Population and Development in Cairo. Russia, along with more than 180 other countries, participated in this historical worldwide collaboration. The Programme of Action, negotiated and signed by nearly all nations, underscores the integral and mutually reinforcing linkages between population and development. A cornerstone of the Programme of Action is reproductive health. The definition of reproductive health is articulated in Chapter VII of the 1994 Programme of Action as follows:

"Reproductive Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant."

This internationally accepted definition of reproductive health provides the framework into which Russian policy-makers and civil society leaders currently strive for improvement. As a blueprint for action, the Programme of Action represents a powerful international consensus for universal access to a full range of reproductive healthcare services.

B. THE ADVOCACY NETWORK FOR REPRODUCTIVE HEALTH

The Advocacy Network for Reproductive Health was formed in 1998 by the initiative of a group of nongovernmental organizations (NGOs), which recognize the value of good reproductive health policies and practices as an essential foundation for prosperous social and economic development. The network’s mission is “to promote the creation of a favorable environment to achieve positive policy changes in the area of reproductive health among the population of the Russian Federation.” This burgeoning network includes over 20 member organizations working throughout the nation:

- Russia Family Planning Association (RFPA) affiliates in Moscow, Archangelsk, Perm, and Ulyanovsk;
- RFPA Interregional Centers in Ivanovo, Izhevsk, Krasnodar, Novosibirsk, St. Petersburg, and Khabarovsk;
- Obstetrician/gynecologist (OB/GYN) associations in Tver, Yekaterinberg, Moscow, and Izhevsk;
- Association of Gynecologists/Juvenologists;
- Newly Independent States/US Women’s Consortium;

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Hera Center;
International Women's Center “Woman’s Future”;
St. Petersburg Interregional Municipal counseling- diagnostic Center on Reproductive Health of Adolescents;
Russian Society on Contraception;
Education in Health; and
International Foundation for Mother and Child Healthcare

C. **The Purpose of this Report**

As its name implies, the Advocacy Network for Reproductive Health builds support among the NGO community and *advocates* to policy makers on critical reproductive health issues. Though there are many definitions of advocacy, one that is popular and commonly accepted is: “Advocacy is a set of targeted actions directed at decision makers in support of a specific policy issue.” Advocacy can be undertaken around a range of issues, and may be conducted at the national, regional, or local level.²

As practitioners know, advocacy is both an art and a science. The science of advocacy involves gathering accurate data and basing actions on careful analysis of the information. Thus, during the initial phase of the network’s formation, the members recognized a need to clarify the current state of reproductive health legislation in the Russian Federation so that they could identify legislative threats to and opportunities for furthering the Cairo Programme of Action in Russia.

This report is the end result of the research and analysis that has helped the network plan its advocacy efforts. The purpose of sharing this compilation outside the network is to assist other interested individuals and organizations in their efforts to ensure unconditional and full compliance with the laws already in existence, and also, where possible, to oppose the adoption of laws and regulations that could have a detrimental effect on the reproductive health in Russia.

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V. STRUCTURE OF LEGISLATION IN THE RUSSIAN FEDERATION

A legislative act is produced as a result of legislative activity by a competent authority and contains provisions of the law. Legislative acts govern an unlimited number of cases and have no expiration date. The legislative acts may include the Constitution, laws, decrees, executive orders, instructions etc.

These acts form a legislative and regulatory “pyramid” at the top of which is the Constitution of the Russian Federation, followed by federal constitutional laws and general federal laws. The higher the act on this pyramid, the higher the legal seniority of the law.

In case of the Russian Federation, this pyramid is especially complicated due to the principles of federalism embodied in its government.

At the federal level, the legislative and regulatory pyramid looks as follows:

- Constitution of the Russian Federation
- Federal constitutional laws
- Federal laws adopted within the jurisdiction of the Russian Federation
- Executive orders of the President of the Russian Federation
- Regulations of the Government of the Russian Federation
- Regulations, orders, and guidelines of the federal executive agencies

The Constitution of the Russian Federation is the supreme law of the country, governing the system of government and fundamental principles of federation. Most importantly, in terms of reproductive health, the Constitution defines an individual's rights and freedoms.

The provisions of the Constitution are applied directly, that is, despite broad wording, their application does not require specific supporting legislation. In the recent past, this direct application of Constitution’s provisions was reinforced by court rulings. Unfortunately, however, ministries and agencies frequently ignore, and even violate, provisions of the Constitution.
The Constitution is followed by federal laws. In legal terms, a law is a legislative act adopted by the supreme representative body in the country or by a public referendum and regulating the most important areas of public life. As a rule, regulatory acts are derived from laws.

Federal laws are divided into two groups: constitutional federal laws and general federal laws. Adoption of constitutional laws by the Federation Council follows a more stringent procedure compared to general laws. The reason being that constitutional laws are adopted on matters directly addressed in the Constitution that are extremely important to society, e.g. constitutional laws regarding the structure of the court system, emergency situations, constituent members of the Federation etc.

General laws are in turn divided into two groups: codified laws and current laws. Codified laws represent the core of the legal system (for example, the Russian Federation Healthcare Code and Codes (for example, Criminal Code of the Russian Federation). As a rule, codified laws govern entire areas of public life.

Executive orders of the President of the Russian Federation can define certain legal norms, but this tendency has been declining (especially compared to 1992-1996). Executive orders of the President are subordinate to the Constitution/constitutional laws, and cannot contradict the Constitution or constitutional laws of the Russian Federation. In the area of reproductive health, executive orders are most often issued on such topics as government policy on mothers and children, childcare, status of women, or specific presidential programs.

Decrees of the Government of the Russian Federation cover the most important areas of economic and cultural development. In many instances, such decrees provide details of certain provisions of current legislation. For example, the Federal Law On Combating HIV Infection in the Russian Federation requires mandatory HIV-testing of certain groups of population. Subsequently, a decree of the Government of the Russian Federation would establish procedures for performing such testing.

Government decrees contradicting the Constitution of the Russian Federation, current legislation of the Russian Federation, and executive orders of the President can be cancelled by the President.

Guidelines and regulations issued by federal executive agencies (ministries, committees, departments etc.) usually regulate their internal workings. Thus, most regulations issued by the Ministry of Health are addressed to its regional offices. At the same time, certain guidelines and regulations issued by executive agencies may interfere with rights and duties of Russian citizens and organizations. These guidelines and regulations should be registered in the Ministry of Justice. The Ministry of Justice ensures that such regulations do not contradict the Constitution, existing legislation, executive orders of the President, or federal constitutional laws.

Guidelines and orders deal with very specific issues. For example, the Russian Federation Healthcare Code grants women the right to make independent decisions on terminating pregnancies and establishes the maximum acceptable term for these procedures performed for social indications. A government order provides a list of social indications, while the Ministry of Health establishes guidelines for performing the procedure.

In addition to federal laws, local legislative and regulatory acts govern the constituent members of the federation (republics, districts, and oblasts). These acts may be adopted only regarding issues within the jurisdiction of the constituent members, and cannot restrict federal rights and freedoms. Among these acts are laws and decrees of local governments. Regulatory acts issued by local executive agencies seldom deal with rights and freedoms of individuals or independent organizations. In cases when this does happen, the acts most likely contradict current legislation.
No laws or regulatory acts are adopted at the local government level (cities, towns). Self-governance bodies are authorized to issue resolutions within their jurisdiction. These resolutions are located at the very bottom of the legislative pyramid, and therefore, do not contradict acts and laws above them.
VI. LEGISLATIVE PROCEDURE IN THE RUSSIAN FEDERATION

A. OVERVIEW

According to the Constitution, the Federal Assembly of the Russian Federation adopts federal laws. The Federal Assembly consists of two chambers.

The lower chamber, the State Duma, consists of 450 members. Out of 450, 225 members are elected from party lists (and represent political parties and organizations which won parliamentary elections). Their respective one-mandate districts elect the other 225 members.

The upper chamber, the Federation Council, consists of 178 members. This chamber is composed of two representatives of each constituent member of the Russian Federation, one representing the legislative (representative) body and the other the executive body of each constituent member of the federation.

The President of the Russian Federation is the third major participant in the legislative process. The President signs bills into law and executes them.

The legislative process goes through several stages. The first stage is the introduction of a bill to the State Duma. The President of the Russian Federation, the Federation Council and its members, members of the State Duma, and legislative bodies of the constituent members of the federation can sponsor bills. Limited rights to introduce bills are granted to the Constitutional Court, Supreme Court, and the Supreme Arbitration Court. These courts may only introduce bills within their respective competencies. Details of this process are outlined in the Legislative Procedure of the State Duma.

In addition to the bill itself, its sponsor submits a cover note, arguing for its adoption and outlining primary provisions of the bill. If the bill requires additional government spending, it should be accompanied by a feasibility study. In addition, a list of laws and other regulatory acts to be amended or repealed as a result of adopting the bill must be provided as well.

The bill with supporting documentation is reviewed by the Council of the State Duma, which decides whether return the bill to its sponsor, or accept it.

The second stage involves deliberations at the plenary meetings of the State Duma. Prior to the deliberations the bill must pass Duma committees. The Council of the State Duma appoints one of its committees to be responsible for taking the bill to the plenary hearing stage. On reproductive health issues, the bill will most likely be assigned to the Health and Sports Committee. However, depending on the contents of the bill, it could also be assigned to the Committee on Women’s Affairs, Family, and Youth. A bill on education and social protection issues would be assigned to the Committee on Science and Education, and to the Committee on Labor, Social Policy, and Veteran affairs. This list and the committee names are not permanent. Each newly elected Duma creates its own set of committees.

From the list of bills referenced in this report, one can see that some bills introduced more than two years ago have never been considered at a plenary meeting of the Duma. There could be several possible explanations, but the main one is that the committee failed to take the bill as far as the first reading. This could have been caused by negative feedback from the government, experts, legal
department, and individual agencies. Committees do not have the authority to reject a bill, however, when faced with a hostile committee, the sponsor has virtually no way of insisting on consideration at the plenary meeting of the Duma.

With few exceptions (not related to reproductive health issues), each bill has to pass three readings. The first reading focuses on the concept of the bill and its key provisions, as well as the need for the proposed law. The State Duma votes to either adopt the bill in its first draft, or reject it.

If the Duma votes to adopt the bill in its first draft, the bill is forwarded to the President, government, Federation Council, Duma factions and subjects of federation. At this point amendments may be introduced by all entities having a right to introduce bills to the Duma. The deadlines for submitting amendments are set by the Council of the State Duma. As a rule, this period is rather short.

A rejected bill is returned to the committee and may be reintroduced at the plenary meeting.

The second reading focuses on amendments. It concludes by either adopting or rejecting the bill in the second draft. In the latter case, the bill is returned to the committee and may be later reintroduced to the State Duma for a second reading. If the bill is adopted in its second draft, it is returned to the committee for editing and correction of any internal inconsistencies. In this process, the Legal Department plays an active role.

The third reading is pretty much a formality, since no amendments or deliberations are allowed at that stage. The Duma simply votes for or against.

A law adopted by the State Duma is subsequently forwarded to the Federation Council, which can accept or reject it. In the latter case, a conference committee may be established to overcome existing disagreements. The conference committee reviews each objection and works out mutually acceptable proposals. The State Duma then considers the law again.

If the conference committee fails to prepare a mutually acceptable version, or if this version fails to receive a sufficient number of votes, the Duma votes on the earlier version of the law. This version can be adopted if voted for by a two-thirds majority of the members of the State Duma.

The law is then submitted to the President within five days. The President may sign the law, or veto it. If vetoed, the law is returned to the Duma, where the Duma either accepts amendments made by the President, and adopts the law in the new version, or votes on overturning the presidential veto. A presidential veto can be overturned by a two-thirds majority of the members.

A simplified illustration of the legislative process is provided below. This chart omits certain elements, having no significance for bills on reproductive health issues (for example, courts are not listed as potential sponsors of the bill).
PARTICIPANTS IN THE LEGISLATIVE PROCESS IN THE RUSSIAN FEDERATION

President, Federation Council, Members of the Federation Council, Members of the State Duma, Government (Cabinet of Ministers), or Legislative (representative bodies of the Federation’s Constituent Members)

Sponsors Bills (introduces bills to the State Duma)

State Duma

Passes of rejects bills

Federation Council

Adopts or rejects laws approved by the State Duma

President

Signs a bill into law or rejects it
LEGISLATIVE PROCEDURE IN THE STATE DUMA

Sponsor introduces a bill to the State Duma

Council of the State Duma

Appropriate Committee prepares the bill for its first reading

Plenary Meeting of the State Duma adopts the bill in its first draft

Appropriate Committee prepares the bill for its second reading

Plenary Meeting of the State Duma adopts the bill in its second draft

Appropriate Committee prepares the bill for its third reading

Plenary Meeting of the State Duma adopts the law
Chairman of the State Duma forwards the bill to the Federation Council

Chairman of the Federation Council

Federation Council Meeting

ADOPT

The bill is sent to the President of the Russian Federation

REJECT

The bill is returned to the State Duma
REVIEW OF THE LAW BY THE PRESIDENT OF THE RUSSIAN FEDERATION

President of the Russian Federation

- Signs the bill into law
  - Sends the law to the media for public dissemination
- Rejects the bill
  - Returns the bill to the State Duma
VI. B. ABSTRACTS

Legislative Procedure for the State Duma of the Federation Council of the Russian Federation (Abstracts)
(Last amended November 26, 2000)

Section III
Chapter 12. Introduction of Bills to the State Duma and Preliminary Hearings

ARTICLE 103

The Constitution of the Russian Federation, Article 104, defines the right of legislative initiative and the procedure for submitting bills to the State Duma. According to Article 104 (Part 1) of the Constitution, bills can be sponsored by the following entities: the President of the Russian Federation; the Federation Council of the Russian Federation; Members of the Federation Council; Members of the State Duma; the Cabinet of Ministers of the Russian Federation; and legislative (representative) bodies of the constituent members of the Russian Federation. The same right is also granted to the Constitutional Court of the Russian Federation, the Supreme Court of the Russian Federation, and the Supreme Arbitration Court of the Russian Federation within their respective competencies.

ARTICLE 104

Sponsors can introduce to the State Duma the following pieces of legislation:

a) Draft amendments to the Constitution, draft federal laws on federal government systems, and other federal laws (hereinafter – bills);
b) Bills to amend existing laws of the Russian Federation and laws of the RSFSR; federal laws, and laws repealing earlier enacted legislation; laws restricting or limiting jurisdiction of USSR laws on the territory of the Russian Federation; and
c) Changes and amendments to submitted bills.

ARTICLE 105

1. When a bill is introduced to the State Duma by a sponsor, it must be accompanied by the following documentation:

a) Cover note, describing the regulatory area and essence of the proposed legislation;
b) Main text with the name of the sponsor on the front page of the document;
c) List of federal laws which would have to be repealed and/or amended as a result of adopting proposed legislation;
d) Feasibility study, if the bill provides for additional public spending; and
e) Position paper by the Cabinet of Ministers of Russian Federation (when required in compliance with Article 104 (Part 3) of the Constitution.

2. Bills introducing or repealing taxes, or providing tax exemptions; bills authorizing government borrowings, or changing the nature of financial liabilities of the Government, as well as any other
bills providing for public spending can be introduced only when accompanied by the position paper by the Cabinet of Ministers of the Russian Federation.

3. If a bill is introduced by a sponsor having the right of the legislative initiative (a collegiate body) a copy of the appropriate decision of that body must be submitted and its representative in the State Duma identified.

4. Bills introduced without a position paper by the Cabinet of Ministers of the Russian Federation can be submitted to the Cabinet of Ministers by the Council of the State Duma together with the feasibility studies. In this case, the Cabinet of Ministers has 30 days to prepare a position paper.

5. Copies of bills and all supporting documentation listed in Part I of this Article must be submitted in electronic form.

**ARTICLE 106**

1. The text of a bill must include the following provisions:

   a) Procedure and terms of effectiveness of a law of the Russian Federation and an amendment to the Constitution of the Russian Federation, a federal constitutional law, a federal law, or its individual provisions;

   b) Repeal or temporary suspension of earlier enabled acts or individual provisions of these acts as a result of adoption of the proposed law;

   c) Provisions mandating that the President and the Cabinet of Ministers of the Russian Federation bring their decrees and executive orders into compliance with the adopted law.

2. The proposed bill and all supporting documentation listed in Article 105 (1) must be submitted to the Chairman of the State Duma of the Russian Federation.

**ARTICLE 107**

1. A bill is considered to be submitted to the State Duma the moment it is registered with the Secretariat of the State Duma, where it is entered into an electronic database. Electronic registration keeps track of the date the bill was submitted to the State Duma, different stages of hearings, and whether the bill was adopted by the State Duma, Council of the Federation and the President of the Russian Federation. The Chairman of the State Duma submits the draft along with the supporting documentation to various factions and committees according to their jurisdiction, which make the determination (if necessary along with the Legal Services Department of the General Services Administration of the State Duma) as to whether the draft meets all the requirements of Article 104 of the Constitution of the Russian Federation and of Article 105 of this Procedure, and within 14 days submits the drafts to the Council of the State Duma of the Russian Federation. Any time spent by the State Duma members with their electorate (according to provisions of Article 40 of this Procedure) does not apply to the said time limit.

2. If a bill is introduced during parliamentary holidays, the appropriate committee is responsible for forwarding it to the Council of the State Duma no later than 14 days after the Duma is back in session.
ARTICLE 108

In cases where a bill does not meet the requirements of Article 104 of the Constitution and Article 105 of this Procedure, the Council of the State Duma may return the bill to the sponsor. Upon correcting the deficiencies, the sponsor may reintroduce the bill to the State Duma.

ARTICLE 109

1. The Council of the State Duma appoints a committee of the State Duma (hereinafter, a responsible committee) for each bill and includes them in the draft legislative agenda for the current parliamentary session, or in the project/issue calendar for the current month. The bill is simultaneously forwarded to various committees, commissions, and factions in the State Duma; to the President of the Russian Federation; to the Council of Federation; to the Government of Russian Federation; to the Supreme Court of the Russian Federation; Constitutional Court of the Russian Federation; and to the Supreme Arbitration Court of the Russian Federation for review within their respective areas of expertise and for submitting their comments and recommendations.

2. Bills on matters of joint jurisdiction of the Russian Federation and the constituent members of Federation (as described in Article 72 of the Constitution) are to be forwarded to the legislative assemblies of the constituent members of Federation no later then 45 days before the first reading of the bill in the State Duma. Based on the committee’s proposals, the Council of the State Duma sets the deadlines for submitting relevant comments and recommendations to the committee.

ARTICLE 110

1. The time frame for preparation of the bill to the first reading in the State Duma is set by the Council of the State Duma based on the recommendations of the committee.

2. If the State Duma receives a bill addressing the same issue as was addressed by another bill, which has already past the first reading, the former is returned to the sponsor on the grounds of having a similar bill approved in the first reading.

3. If the State Duma receives similar alternative bill(s) prior to the first reading of an earlier bill addressing the same issue as these alternative bills, the Council of the State Duma postpones the reading, assigns the alternative bill(s) to a committee that will be responsible for preparing the alternative bill(s) to be sent to the floor simultaneously with the earlier bill. Submission of alternative bill(s) is governed by Articles 105 and 106 of the Procedures.

4. Once a bill is included in the legislative agenda of the State Duma, alternative bills on the same subject matter are no longer accepted.

ARTICLE 111

1. Unless otherwise provided by the Council of the State Duma in accordance with this procedure as well as by the draft legislative agenda of the Federal Duma for the current session, the procedure and deadlines for comments, suggestions, notes, and recommendations (except for the comments by the Government of the Russian Federation) are established independently by the responsible committee.
2. Deadlines for preparing a bill introduced by a sponsor, having the right of legislative initiative, for the review by the State Duma, are set by the Council of the State Duma.

3. The responsible committee may create workgroups from its members to work on a bill.

4. Workgroups may also include other members of the State Duma who are not members of the responsible committee, representatives of the sponsor, representatives from government agencies, and other organizations, experts, and specialists.

5. Once a bill (or similar bills addressing the same issue) is received by the responsible committee, a coordinator is appointed from the members of the committee. This individual is responsible for coordination of activities of the workgroup and other stakeholders, and reporting on progress in the review of the bill.

ARTICLE 112

1. The responsible committee may vote to forward a bill to government agencies and other organizations for comments, suggestions, or technical evaluation. In such cases, the bill is forwarded with a cover letter signed by the chairman of the responsible committee.

2. If requested by the Council of the State Duma or the responsible committee, the Legal Department of the State Duma conducts a legal analysis of the bill to determine its compliance with the Constitution and existing federal laws. The Legal Department also reviews lists of federal laws, which have to be adopted, amended and/or repealed if the proposed bill becomes the law. The committee may also request that the Legal Department perform linguistic analysis of the bill.

3. Based on the legal analysis of the bill, the Legal Department of the State Duma prepares a report that provides answers to the following questions:

   a) Does or does not the bill contradict any of the provisions of the Constitution of the Russian Federation, federal laws of the Russian Federation, or applicable industry laws and regulations? If the bill contradicts any of the provisions of the Constitution of the Russian Federation, federal laws of the Russian Federation, or applicable industry laws and regulations, the Legal Department’s report must name such law/provision and describe the nature of the contradiction;

   b) Is the bill logically consistent? Are there any contradictions/inconsistencies between various parts, chapters, articles, or individual provisions of the bill? If yes, they should be named and possible amendments must be suggested in the report;

   c) Is the list of federal laws, which have to be adopted, amended, and/or repealed if the bill becomes law complete? If not, a complete list must be provided in the report.

4. The report must be signed and dated by the Head of the Legal Department of the State Duma or his/her deputy. In cases, when the Legal Department is unable to meet the deadline for finalizing its report, the Legal Department must provide a reason for such delay, and the Council of the State Duma may extend the deadline accordingly.

5. All comments and proposals by the State Duma members and other entities having the right of legislative initiative regarding the introduced bill are reviewed at the meeting of the responsible committee. The Legal Department’s staff who reviewed the bill may be invited to participate in the meeting.
6. Prior to the adoption of the bill in its first reading, the sponsor of the bill may:
   a) Amend or correct as suggested by the responsible committee; or
   b) Recall the bill (if requested in writing).

ARTICLE 113

1. Debates in the State Duma committees are conducted publicly in the presence of a representative(s) of the bill sponsor. Mass media may be invited to the meetings.

2. The meetings where a responsible committee reviews the bill are also open to other members of the State Duma who are not members of the responsible committee, members of the Federation Council, an authorized representative of the President, an authorized representative of the Cabinet of Ministers of the Russian Federation in the State Duma, representatives of the legislative assemblies of the constituent members of the Federation, as well as to representatives of all government agencies and organizations that have received the bill for comments and suggestions.

ARTICLE 114

1. After a bill is ready to be reviewed by the State Duma in its first reading, it is forwarded along with all applicable documentation to the Council of the State Duma, which puts it on the legislative agenda.

2. In addition to documents listed in Articles 105 and 106 of this procedure, the responsible committee submits the following items:
   a) Draft resolution of the State Duma on adopting the bill in the first reading;
   b) Opinion of the committee regarding adoption or rejection of the proposed bill and detailed rationale for accepting (rejecting) the bill;
   c) Report of the Legal Department of the State Duma; and
   d) Draft resolution of the Council of the State Duma stating the date of submitting the draft to the floor and the name of the appointed key presenter/co-presenters of the bill from the responsible committee.

3. The bill must be sent to the Council of the State Duma a minimum of 14 days prior to its first reading by the State Duma.

ARTICLE 115

The Secretariat of the State Duma prepares quarterly reports to all bill sponsors on all bills received by the State Duma and their status, including receipt of the position papers from the Russian Federation Cabinet of Ministers, and results of deliberations in the Federation Council, and decisions of the President of the Russian Federation.
Chapter 13. Readings in the State Duma

ARTICLE 116

Unless otherwise provided in this procedure or existing laws of the Russian Federation, all bills must pass three readings in the State Duma.

ARTICLE 117

1. After a bill and its supporting documentation has been prepared by the responsible committee and is ready to be reviewed in its first reading, it is forwarded by the State Duma Secretariat to the President of the Russian Federation, Federation Council, members of the State Duma, Cabinet of Ministers of the Russian Federation, and the bill sponsor, a minimum of three days prior to the first reading.

2. Except for those bills named in Article 104 (Part 3) of the Constitution, the State Duma can review bills in first reading without comments by the Cabinet of Ministers of the Russian Federation or comments, suggestions, or recommendations by other entities who have the right of legislative initiative, if such comments, suggestions, or recommendations have not been received by the deadline set by the Council of the State Duma.

ARTICLE 118

1. The first reading of a bill by the State Duma focuses on its concept, compliance with the Constitution, its practicality, and timeliness.

2. The reading begins with the report of the sponsor (or its representative) and a presentation of the responsible committee.

3. The first reading of a bill sponsored by the President of the Russian Federation, Federation Council, Cabinet of Ministers of the Russian Federation, legislative assembly of the constituent member of the Russian Federation, Constitutional Court of the Russian Federation, Supreme Court of the Russian Federation, or Supreme Arbitration Court of the Russian Federation begins with opening statements supporting the bill and arguing for its adoption. The reading concludes with an analysis of comments and proposals made during the reading.

4. If the majority of State Duma members votes for the bill, the State Duma can schedule a question and answer session directly relating to the adopted bill. After the session, State Duma factions, individual members of the State Duma, the State Duma representative of the President, the State Duma representative of the Cabinet of Ministers, representatives of the legislative assemblies of the constituent members of the Russian Federation, and other entities invited to the reading may share their comments and suggestions.

5. The reading of any bill requiring expenditures from the federal budget must include presentation of the opinion of the Cabinet of Ministers of the Russian Federation.
ARTICLE 119

1. After the first reading the State Duma can adopt a bill in its first draft, then consider changes and amendments to the bill, or reject it or pass it into law.

2. Adoption of a bill in the first draft is voted on after the review of the bill has been completed. If the proposal to adopt the bill in its first reading does not have enough votes, the bill is considered rejected by the State Duma and does not require any additional voting. The decision is recorded as a State Duma resolution, and the bill is returned to its sponsor.

3. In cases where alternative bills have been submitted, the State Duma conducts simultaneous readings with a “rating vote.” If several versions receive a sufficient number of votes for passage, the bill with the largest number of votes is considered to be adopted in the first draft. If none of the alternative bills receive sufficient votes, the bill with the largest number of votes is voted on again. If over half of the State Duma members vote for it, the bill is considered adopted in its first reading. Voting results are recorded as a resolution of the State Duma.

4. The remaining alternative bills are considered rejected by the State Duma, and no additional vote is conducted. A decision to reject alternative bills is recorded as the resolution of the State Duma. Copies of the resolution are sent to the sponsors along with the copies of the rejected bills.

5. When a bill is adopted in the first draft, the resolution of the State Duma also sets deadlines for submitting amendments and corrections to the bill. As a rule, the time frame is no less than 15 days and, for bills on matters of joint jurisdiction of the Russian Federation and its constituent members, 30 days. Members of the State Duma may vote on a different timetable for submission of amendments and corrections. If passed by majority vote, this decision is recorded as a resolution of the State Duma.

6. The State Duma may adopt a resolution on nation-wide debate of the bill that was adopted in the first reading.

7. A resolution of the State Duma on adopting bill in its first reading and the text of the bill must be forwarded to all entities listed in Article 104 (part 1) of the Constitution. The bill is forwarded to the Constitutional Court, Supreme Court, and Supreme Arbitration Court only when it deals with matters within their respective competencies. If the bill covers matters of joint jurisdiction between the Russian Federation and its constituent members, the bill is also forwarded to the legislative assemblies of the constituent members.

8. After the bill is adopted in its first reading and, provided that legal and linguistic analysis have been completed, the chair may initiate a vote on a proposal of the responsible committee to adopt the bill into law without second and third readings in the State Duma. The chair will assign up to three minutes to each objecting member of the State Duma to argue against this proposal of the responsible committee. If the proposal is not recalled by the appropriate committee, a vote is taken. The bill is adopted into law if the proposal receives majority vote in the State Duma. If the proposal is rejected, further review of the bill is conducted pursuant to these procedures.
ARTICLE 120

1. Amendments are introduced either as changes to the wording of specific articles or as suggestions to add specific provisions/articles or to strike out specific words, paragraphs, parts, or articles of the text.

2. Amendments may be introduced by the entities listed in Article 104 (part 1) of the Constitution.

ARTICLE 121

1. Amendments are reviewed by the responsible committee. The committee is authorized to conduct independent evaluation of the constitutionality of the proposed amendments (its correspondence to the Constitution of the Russian Federation and federal constitutional laws). If certain amendments are declared to be contradictory to the Constitution of the Russian Federation, the committee must inform the sponsor of the amendment. If the sponsor fails to comply with the provisions of Article 120 of this procedure, the appropriate committee is authorized to reject an amendment and return it to its sponsor. The sponsor can clarify amendments while they are being considered by the appropriate committee.

2. If a bill’s title is changed, the bill is introduced under the new title with the old one provided in parentheses below the new one. A bill introduced for the third reading must be submitted under the previously approved title. Similar requirements are in place regarding draft resolutions of the State Duma.

3. Any amendments to the bill must be reviewed by the appropriate committee. Sponsors of the bill and sponsors of the amendments or their representatives must be notified of the date and time of the committee meeting. The committee may accept amendments and recommend the State Duma adopt the list of accepted amendments, submit the list of amendments rejected by the committee, and submit the list of amendments with no recommendations by the committee. Members of the State Duma sponsoring the bill or amendments are invited to participate in the meetings.

4. The appropriate committee submits the draft resolution of the State Duma, the amended text of the bill (with the list of amendments accepted by the committee), the list of amendments rejected by the committee, and the list of amendments with no recommendations by the committee.

5. List No. 1 (accepted amendments) should include the wording of the original text, information about the sponsor of the proposed amendment, the nature of the amendment, the amended wording of the text, and a brief explanation of the committee’s decision. List No. 2 (rejected amendments) should include the wording of the original text, information about the sponsor of the proposed amendment, the nature of the amendment, the amended wording of the text, and a brief explanation of the committee’s decision. List No. 3 (no recommendations by the committee) should include the wording of the original text, information about the sponsor of the proposed amendment, the nature of the amendment, and the amended wording of the text.

6. As requested by the committee, the Legal Department of the State Duma Secretariat performs legal and linguistic analysis of each and every article of the bill as provided in Article 112 of this procedure. If the committee disagrees with the Legal Department findings, department staff may be invited to the meeting to clarify their findings.
7. Linguistic analysis consists of checking the text of the bill against the norms of the modern Russian literary language, while taking into consideration stylistic and functional characteristics of legal documents.

**ARTICLE 122**

1. The appropriate committee submits the following documentation to the Council of the State Duma:
   
a) The draft resolution of the State Duma;
b) A list of amendments recommended by the responsible committee for adoption;
c) A list of amendments recommended by the responsible committee for rejection;
d) A list of amendments with no recommendations from the responsible committee;
e) The amended text of the bill (with accepted amendments); changes from the text adopted in the first draft should be highlighted in the document;
f) The report of the Legal Department of the State Duma Secretariat.

2. The Council of the State Duma puts the bill prepared for its second reading on the legislative agenda and forwards the bill to the President of the Russian Federation, to the Council of Federation, to the Cabinet of Ministers of the Russian Federation, the bill sponsor, and the State Duma members. The council also appoints the presenter from the members of the responsible committee.

3. The bill with supporting documentation required by this article is forwarded to the President of the Russian Federation, to the Council of Federation, to the Cabinet of Ministers of the Russian Federation, to the bill sponsor, and members of the State Duma a minimum of 15 days prior to its second reading.

**ARTICLE 123**

1. The second reading is opened by the presentation of the responsible committee’s representative.

2. The representative reports on the results of committee deliberations, amendments received, and the results of their review. Then, the floor is given to the authorized State Duma representative of the President, the authorized State Duma representative of the Cabinet of Ministers, and the representative of the sponsor. The chair inquires whether there are any objections from the State Duma members’ factions or from the representatives of other entities who have the right of legislative initiative and who were invited to the meeting to amendments recommended by the committee to be accepted in the second reading. If there are no objections, the chair initiates a vote on the amendments that have been recommended by the responsible committee to be incorporated into the text of the bill.

3. If the State Duma representatives or other invitees who have the right of legislative initiative object to any amendments proposed by the responsible committee to be included into the text of the bill, the chair first initiates a vote on accepting the amendments with no objections and then each contested amendment is voted on individually. The sponsor of the amendment, committee representative, other members of the State Duma, and representatives of other entities who have the right of legislative initiative are given up to three minutes each to argue their position. After that, a vote on the proposed amendment is taken.
4. Next, the State Duma deliberates amendments rejected by the responsible committee.

5. The chair inquires whether the State Duma members or other invitees have any objections to the recommendations of the responsible committee. If there are none, the chair initiates a vote to reject all, and if there are objections, then all non-contested rejections are voted on first.

6. If the State Duma accepts the committee’s recommendations, then the chair initiates a vote on the contested rejections. The sponsor of the amendment and the committee representative are given up to three minutes each to argue their position. After that, a vote is taken.

7. If the State Duma disagrees with the committee’s recommendations to reject a list of amendments, the chair initiates a vote on each amendment individually. The sponsor of the amendment and the responsible committee representative are given up to three minutes each to argue their position. After that, a vote on the suggestion to adopt the amendments is taken.

8. Then, the chair initiates a vote on the proposal to adopt each of the amendments that are included in the list of amendments and that the responsible committee did not have any recommendations about. The sponsor of the amendment is given up to three minutes to argue for the amendment.

9. After the vote on all amendments is completed, the chair initiates a vote on adopting the bill in the second reading. If the proposal does not receive sufficient votes, the bill is returned to the responsible committee.

10. After the second round of deliberations within the framework of the second reading, the chair initiates a second vote on adopting the bill in the second reading. If the State Duma does not accept this, the bill is considered rejected and no further readings are required. The decision is then forwarded to the sponsor of the bill. The bill may be returned to the first reading by a majority vote of the members of the State Duma.

11. A bill rejected in the second reading cannot be put on the legislative agenda without a decision of the Council of the State Duma. The State Duma decides whether to reject the bill or to continue working on it. Any bill rejected at a repeated second reading is ineligible for further consideration by the State Duma.

12. Members of the State Duma may introduce a proposal to adopt the bill into law only if the final text is ready, and reports on the legal and linguistic analysis have been presented.

**ARTICLE 124**

1. A bill adopted in the second draft is returned to the committee to check for internal conflicts, correct sequence of the provisions, and editing, resulting from introducing changes and amendments to the body of the document in the second reading. This work is carried out in cooperation with the Legal Department.

2. Upon completion, the bill is forwarded by the responsible committee to the Council of the State Duma, where it is put on the legislative agenda.

3. Amendments to a regular bill require a simple majority vote of the members of the State Duma. Amendments to a constitutional bill require a super majority (at least two-thirds of the members of the State Duma).
ARTICLE 125

1. The Council of the State Duma schedules the third reading of the bill to adopt it into law. If the bill was amended during its second reading, the Council of the State Duma forwards the amended text along with the report of the Legal Department to the President of the Russian Federation, the Cabinet of Ministers of the Russian Federation, the Federation Council, and to the members of the State Duma.

2. No amendments or deliberations of the bill as a whole or its individual parts (sections, articles, or provisions) are allowed during the third reading.

3. If the bill is rejected by the State Duma at the third reading, the bill is removed from further consideration.

4. In exceptional circumstances, upon demand of the factions representing the majority of Duma members, the chair must initiate a vote on returning the bill to the second reading.

ARTICLE 126

1. Federal laws are adopted by majority vote of the State Duma members. Russian Federation laws on amendments to the Constitution of the Russian Federation and federal constitutional law are adopted by two-thirds majority votes of the State Duma.

2. Russian Federation laws and laws on amendments to the Constitution of the Russian Federation, federal constitutional laws, and federal laws adopted by the State Duma with all relevant resolutions of the State Duma, minutes of the State Duma meetings, position papers by the Cabinet of Ministers of the Russian Federation and other supporting documentation are jointly prepared by the responsible committee and the Legal Department of the State Duma Secretariat and forwarded to the Federation Council within five days.

Chapter 14. Additional Consideration of Laws Rejected by the Federation Council

ARTICLE 127

If the Federation Council rejects a federal law, the Council of the State Duma forwards it to the responsible committee of the State Duma. After reviewing the law, the committee may put forward one of the following recommendations:

a) Set up a conference committee to resolve disagreement between the two chambers;

b) Adopt the federal law as it was earlier passed by the State Duma, even though the Federation Council rejected it; or

c) Not to grant an additional reading of the law by the State Duma.
ARTICLE 128

1. A conference committee may be established at the initiative of the State Duma or the Federation Council. The conference committee is established with equal representation of the State Duma and Federation Council members.

2. The decision to form a conference committee, the election of the State Duma members to the conference committee, and the election of the co-chairman of the conference committee is recorded as a resolution of the State Duma. The draft resolution is introduced by the responsible committee to the Council of the State Duma, which puts it on the agenda of the next plenary meeting of the State Duma. Copies of the resolution are then sent to the Federation Council, President of the Russian Federation, and to the Cabinet of Ministers of the Russian Federation, if representatives of the above-mentioned agencies are invited. The State Duma’s delegation to the conference committee includes its co-chairman and elected members.

3. State Duma members elected to the conference committee must attend its meetings. If a member is unable to attend the meeting, advance notice must be given to the co-chairman of the conference committee and must contain a valid reason.

4. Other members of the State Duma who are not members of the conference committee have the right to attend the meetings and participate in the deliberations regarding federal laws. However, they do not have voting rights at the committee meetings.

5. Logistical and informational support to the conference committee is provided by the Logistics Department of the Secretariat of the State Duma, and other divisions of the Secretariat, if necessary. The State Duma delegation in the conference committee is authorized to use help of the Legal Department and other State Duma Secretariat staff in its work with the text of a federal law, as well as involve independent researchers and experts as necessary.

ARTICLE 129

1. In order to arrive at a mutually agreeable version of a federal law, the conference committee reviews each objection of the Federation Council individually. If the new wording suggested by the Federation Council and accepted by the conference committee requires changes to other articles or parts of the law, the conference committee is authorized to make such changes.

2. Resolutions of the conference committee are voted on by the State Duma delegation and Federation Council delegation independently from each other. The resolution passes if a majority of both delegations votes in favor of it. Unless otherwise provided by the conference committee, all voting is done by open ballot.

3. Proceedings of the conference committee are recorded by stenographer. At the end of each meeting, the conference committee prepares minutes of its deliberations and compiles a cross-reference list of articles that have been changed. The list includes brief recommendations on resolving differences between versions. The minutes and the list are signed by the co-chairmen from the State Duma and the Federation Council. Opinions presented by the representative of the President of the Russian Federation and representative of the Cabinet of Ministers of the Russian Federation are recorded in the minutes of the meeting on each decision made by the conference committee. Minutes of the conference committee meeting and the cross-reference list of changes, as well as the draft resolution of the State Duma, the amended text of the law as adopted by the conference committee and signed
by the co-chairman of the conference committee from the State Duma, and the report of the Legal
Department are submitted to the Council of the State Duma by the co-chairman of the conference
committee of the State Duma. The Council of the State Duma then schedules additional readings of
the law.

ARTICLE 130

1. Only changes listed in the minutes of the conference committee are considered at the additional
readings. No other changes and/or amendments are allowed to be considered by the State Duma.

2. Decisions regarding conference committee’s recommendations are made by majority vote of the State
Duma members.

3. If the State Duma rejects at least one of the recommendations of the conference committee, the State
Duma can request that the conference committee continue its work on the law in consideration of the
changes approved by the State Duma and submit new proposal.

4. New recommendations of the conference committee are considered by the State Duma in accordance
with the provisions of Parts 1 and 2 of this article.

ARTICLE 131

If the State Duma adopts a federal law as proposed by the conference committee, it is jointly
processed by the conference committee and the Secretariat of the State Duma and is then submitted to the
Federation Council within five days.

ARTICLE 132

1. If the State Duma rejects a federal law as proposed by the conference committee, but does not support
the Federation Council resolution to reject the law, the law may be voted on again in its original
version.

2. The law is considered adopted if voted for by a two-thirds majority of the members of the State
Duma.

3. Within five days, the federal law adopted as provided in this procedure is submitted by the Chairman
of the State Duma to the President of the Russian Federation. Chairman of the State Duma notifies
the Chairman of the Federation Council that the federal law has been forwarded to the President of
the Russian Federation.

4. If a federal law does not receive sufficient votes, either as proposed by the conference committee or
in its original version, it is considered rejected by the State Duma.
Chapter 15. Additional Consideration of Laws Rejected by the President of the Russian Federation

ARTICLE 133

If the President rejects a federal law within 14 days of its submission, the State Duma reconsiders the law once again.

ARTICLE 134

1. The Council of the State Duma forwards the law rejected by the President of the Russian Federation to the responsible committee. The committee has 10 days to review the justification of the President’s decision to reject the law.

2. Based on its analysis, the committee makes one of the following recommendations to the State Duma:
   a) Adopt the federal law as proposed by the President of the Russian Federation;
   b) Agree to the President’s reasoning, and stop further consideration of the law;
   c) Adopt the federal law, incorporating President’s recommendations;
   d) Establish a special commission to resolve the differences and ask the President and, if necessary, the Federation Council to send their representatives to participate in the commission’s work; or
   e) Adopt the law in its original version.

3. Upon receiving the recommendations of the committee, the Council of the State Duma schedules an additional priority reading of the federal law for the next plenary meeting of the State Duma.

4. The President is notified of the day and time of additional reading of the federal law rejected by the President of the Russian Federation a minimum of three days prior to the scheduled meeting of the State Duma, where the law will be reviewed.

ARTICLE 135

1. Additional readings of the federal law rejected by the President of the Russian Federation begin with a presentation by the official President’s representative to the State Duma or any other authorized representative of the President. Then, the State Duma is presented with the responsible committee recommendations and one of the resolutions named in Article 134 above is voted on.

2. If, prior to the vote, the State Duma decides to open deliberations, the floor is given to the representatives of the State Duma factions only. Closing remarks are made by the official representative of the President of the Russian Federation to the State Duma or any other authorized representative of the President.

3. After deliberations, the State Duma votes to either adopt the law as amended by the President or concur with the President and stop any further discussion of the federal law by the State Duma. Both resolutions must be passed by majority vote.
4. If the President’s version of the law does not receive sufficient votes in the State Duma, the official representative of the President in the State Duma or any other authorized representative of the President may recommend that the State Duma continue its work on the bill and return it to the first reading, and the State Duma may decide to act according to such recommendation.

5. If the State Duma votes to form a special commission to develop a mutually agreeable version of the law, the law is forwarded to such commission. Voting in the commission is based on the principle of “one party, one vote”. The position of the State Duma is determined by a majority vote of the State Duma representatives in the special commission. The decision of the special commission is considered adopted if all parties vote for each of the recommendations of the President of the Russian Federation. Once the commission has finished working on the law, it submits the law in its new version, minutes of commission meetings, and the cross-referenced list of changes and amendments made by the commission to the State Duma. The federal law is adopted in its new version if approved by a majority of the State Duma members.

6. The responsible committee may propose to the State Duma to adopt the federal law in the version earlier approved by the State Duma. This resolution has to be voted for by a two-thirds majority of the members of the State Duma.

7. If the State Duma accepts the version of the federal law that incorporates President’s recommendations, each of the recommendations (amendments) is voted on individually. Prior to each vote, the floor is given to the official representative of the President of the Russian Federation in the State Duma or any other authorized representative of the President, and subsequently to the representative of the responsible committee. In each case, in order to pass, the proposal must receive a majority vote.

8. If the President’s recommendations have not been submitted in the form of specific amendments, the State Duma may, by a simple majority vote, postpone the review of the federal law and the President’s recommendations, and ask the President to submit specific amendments.

9. When only part of the President’s recommendations (amendments) have been accepted by the State Duma, the final vote on the law is postponed. The Duma returns the law to the responsible committee, which, together with the Legal Department of the State Duma Secretariat, redrafts the law and includes those recommendations (amendments) by the President that have been accepted by the Duma. The federal law incorporating the President’s recommendations (amendments) is considered be adopted if voted for by a majority of members of the State Duma.

10. If the law is adopted in its present or earlier version, the Chairman of the State Duma forwards it to the Federation Council within five days of the final vote.

11. If the State Duma rejects at least one of the President’s recommendations (amendments), the State Duma may decide to continue working on the federal law and delegate this task to the responsible committee or a special commission.
VII. LEGISLATION ON REPRODUCTIVE HEALTH

A. FUNDING FOR REPRODUCTIVE HEALTHCARE SERVICES

i. Existing Regulations

Public Health Code of the Russian Federation (Excerpts)
No. 5487-1 of July 22, 1993
(Last revised on December 20, 1999)

Section II. Responsibilities in the Area of Public Health of the Russian Federation, the Constituent Republics of the Russian Federation, the Autonomous Province, the Autonomous Regions, the Krai and Oblast, the Cities of Moscow and St. Petersburg, and Local Government Authorities

ARTICLE 5. RESPONSIBILITIES OF THE RUSSIAN FEDERATION GOVERNMENT

The following public healthcare responsibilities shall be assigned to the Government of the Russian Federation:... 3

5. Determining the share of healthcare expenditures in the Russian Federation budget; forming special-purpose funds for public healthcare; formulating tax policy (including exemptions with respect to taxes, fees, and other payments to the budget) in the area of public healthcare;

6. Managing federally owned property used for public healthcare purposes;...

15. Establishing quality standards for medical care and monitoring compliance with said standards; formulating and approving a basic program of compulsory medical insurance for Russian Federation citizens; establishing the rates of insurance premiums for compulsory medical insurance for Russian Federation citizens; establishing medical care and prescription drugs benefits for certain population groups;...

20. Coordinating research and funding federal research programs in the area of public healthcare;...

ARTICLE 6. RESPONSIBILITIES OF THE GOVERNMENTS OF THE RUSSIAN FEDERATION CONSTITUENT REPUBLICS

The following public healthcare responsibilities shall be assigned to the governments of the Russian Federation’s constituent republics:...

4. Establishing the structure of the government administrative responsible for healthcare in the Russian Federation’s constituent republics and procedures governing their formation and operations; developing the network of institutions within the government healthcare system of the Russian Federation’s constituent republics; supplying materials and equipment to businesses, institutions, and organizations of the government healthcare system; monitoring compliance with medical care quality

3 The numbering under each Article reflects Paragraphs or Points, and may not be consecutive.
standards;

5. Determining the share of public health expenditures in the budgets of the Russian Federation’s constituent republics; forming special-purpose funds for public healthcare; approving compulsory medical insurance programs; establishing additional medical and prescription drug benefits for certain population groups;

6. Granting exemptions with respect to taxes, fees, and other payments to the budget according to the due procedure to businesses, institutions, and organizations involved in public healthcare;...

15. Coordinating research and funding research programs in the field of public health;...


The following public healthcare responsibilities shall be assigned to the autonomous province, the autonomous regions, the krai and oblast, and the cities of Moscow and St. Petersburg:

4. Establishing the government agencies responsible for healthcare in the autonomous province, the autonomous regions, the krai and oblast, and the cities of Moscow and St. Petersburg; developing the network of government and municipal healthcare facilities, as well as institutions of the social protection system; supplying materials and equipment to businesses, institutions, and organizations within the government healthcare system; monitoring compliance with medical care quality standards;

5. Determining the share of public health expenditures in local budgets; forming special-purpose funds for public healthcare; funding and supporting the development of primary medical care and other types of medical care and medication assistance; implementing the public medical insurance system; establishing additional medical, prescription drugs, and social benefits for certain population groups;

6. Granting exemptions with respect to taxes, fees, and other payments to the budget according to the due procedure for businesses, institutions, and organizations involved in public healthcare;...

ARTICLE 8. RESPONSIBILITIES OF LOCAL GOVERNMENT AUTHORITIES

The following public healthcare responsibilities shall be assigned to the local government authorities:

4. Forming their own budgets for public health expenditures;...

7. Forming special-purpose funds for public healthcare; implementing measures relating to compulsory medical insurance;...
Section III. Public Healthcare in the Russian Federation

ARTICLE 9. SCOPE OF AUTHORITY OF SUPREME GOVERNMENTAL AND ADMINISTRATIVE AUTHORITIES OF THE RUSSIAN FEDERATION IN THE AREA OF PUBLIC HEALTHCARE

The Russian Federation Government shall implement federal government policy in the area of public health; develop, adopt, and finance federal programs for healthcare development; and coordinate, within the authority given to them by law, the healthcare activities of executive agencies, businesses, institutions, and organizations, regardless of their type of ownership.

ARTICLE 10. PUBLIC HEALTHCARE FINANCING

Financing for public healthcare shall come from the following sources:
1. Funds from budgets of all levels;
2. Funds contributed to compulsory and voluntary medical insurance programs pursuant to the Russian Federation Law On Medical Insurance in the Russian Federation;
3. Special-purpose funds established for the provision of public healthcare;
4. Funds from government and municipal businesses, organizations, and other business entities, and from public associations;
5. Income from securities;
6. Loans from banks and other creditors;
7. Grants and/or charitable contributions and donations;
8. Other sources not prohibited by Russian Federation law....

Section IV. Citizens’ Rights in the Area of Healthcare

ARTICLE 20. CITIZENS’ RIGHT TO MEDICAL CARE AND SOCIAL ASSISTANCE

Upon becoming ill or disabled and in some other cases, citizens shall be entitled to medical care and social assistance, which shall include preventive, diagnostic, curative, rehabilitative, prosthetic-orthopedic, and prosthodontic services, as well as measures of a social nature relating to care for sick, disabled, and handicapped individuals, including the payment of temporary disability benefits.

Medical care and social assistance shall be provided by medical and social workers and other professionals at the government, municipal, and private healthcare institutions, as well as at institutions within the social protection system.

The citizens shall be entitled to free medical care in the government and municipal healthcare systems pursuant to the laws of the Russian Federation and the constituent republics of the Russian Federation and the laws of the autonomous province, the autonomous regions, the krai and oblast, and the cities of Moscow and St. Petersburg.

The guaranteed scope of free medical services available to the public shall be provided under compulsory medical insurance programs.
Citizens shall be entitled to additional medical and other services that are covered by voluntary medical insurance programs, as well as to additional services paid for by businesses, institutions, and organizations, by citizens themselves, and by other sources not prohibited by Russian Federation law.

Section V. Rights of Certain Population Groups in the Area of Healthcare

ARTICLE 22. RIGHTS OF FAMILIES

The government shall protect the health of family members.

Every citizen shall be entitled on the basis of medical indications to free consultation on matters of family planning, the existence of high social impact diseases and diseases that pose a danger to the general public, and the medical and psychological aspects of married life and family relationships, as well as to genetic and other types of consultation and examinations at government or municipal healthcare institutions with a goal of preventing potential hereditary diseases.

ARTICLE 23. RIGHTS OF PREGNANT WOMEN AND MOTHERS...

Every woman shall be eligible for specialized medical care during pregnancy and during and after childbirth at the government or municipal healthcare institutions to be financed by special-purpose public healthcare funds and by other sources not prohibited by Russian Federation law.

Section VIII. Guarantees of Medical Care and Social Assistance

ARTICLE 38. PRIMARY MEDICAL CARE

Primary medical care shall constitute a basic, accessible, and free type of medical service for every citizen and shall include treatment for the most common illnesses, as well as injuries, poisoning, and other emergency conditions; the implementation of sanitary and anti-epidemiological measures and the provision of preventive medical care with respect to serious diseases; public health education; and measures to protect families, mothers, fathers, and children, and other measures associated with the provision of medical services to citizens at their places of residence.

Municipal healthcare institutions and the epidemiological service shall provide primary medical care. Primary medical care may also be provided by institutions within the government and private healthcare systems on the basis of contracts with medical insurance companies.

The scope of primary medical care shall be established by local administrations in accordance with territorial compulsory medical insurance programs.

Procedures governing the provision of primary medical care shall be established by the administrative authorities of the municipal healthcare system pursuant to regulations of the Russian Federation Ministry of Public Health, the Russian Federation State Committee for Sanitary and Epidemiological Oversight, the public health ministries of the Russian Federation’s constituent republics, and the laws of the autonomous province, the autonomous regions, the krai and oblast, and the cities of Moscow and St. Petersburg.
Primary medical care shall be financed by municipal budgets, special-purpose funds for public healthcare, and other sources not prohibited by Russian Federation law.

ARTICLE 39. EMERGENCY MEDICAL CARE

Emergency medical care shall be provided in situations that require urgent medical intervention (accidents, injuries, poisoning, and other conditions and diseases) and shall be rendered without delay by treatment and preventive institutions irrespective of territorial and departmental subordination or types of ownership, as well as by medical personnel and individuals who are obligated to provide such care in the form of first aid by law or pursuant to special regulations.

Emergency medical care shall be provided by special emergency medical care services of the government or municipal healthcare system in accordance with procedures established by the Russian Federation Ministry of Public Health.

Emergency medical care shall be provided to Russian Federation citizens and other individuals on Russian territory free of charge and shall be financed by budgets of all levels.

In life-threatening situations, medical personnel shall have the right to use free of charge any available means of transportation to convey an individual to the nearest treatment and preventive-medicine institution. Any official or private vehicle owner who refuses to comply with a medical worker’s legitimate request to make a vehicle available to transport a patient shall be liable pursuant to Russian Federation law.

ARTICLE 40. SPECIALIZED MEDICAL CARE

Specialized medical care shall be provided to individuals suffering from diseases that require special diagnostic methods, special treatment, and the use of sophisticated medical technologies.

Specialized medical care shall be provided by medical professionals at treatment and preventive institutions licensed to provide this type of care.

The types, scope, and quality standards of specialized medical care provided at government or municipal healthcare institutions shall be established by the Russian Federation Ministry of Public Health and by the public health ministries of the Russian Federation’s constituent republics.

Specialized medical care shall be financed by budgets of all levels, special-purpose funds for public healthcare, by individuals themselves, and other sources not prohibited by Russian Federation law. Certain types of expensive specialized medical treatment, a schedule of which shall be drawn up each year by the Russian Federation Ministry of Public Health, shall be financed by the government healthcare system....

ARTICLE 44. PROVISION OF MEDICATIONS, MEDICAL APPLIANCES, IMMUNOBIOLOGICAL DRUGS, AND DISINFECTANTS TO THE PUBLIC

The Russian Federation Government in keeping with public needs shall ensure the manufacturing and purchase of medications and medical supplies. The quality of medications, immunobiological drugs,
disinfectants, and medical supplies shall be monitored by the Russian Federation Ministry of Public Health or by other duly authorized ministries and departments.

Categories of individuals to be provided with medications and personal medical products on preferential terms shall be established by the Russian Federation Government and the governments of the Russian Federation’s constituent members. Primary care physicians within the government, municipal, and private healthcare systems shall be authorized to prescribe medication to be provided on preferential terms.

Program of Government Guarantees of Free Medical Care for Russian Federation Citizens (Abridged)
Russian Federation Government Resolution No. 1096 of September 11, 1998
(With revisions of October 26, 1999)

I. General Provisions

The program of government guarantees of free medical care for Russian Federation citizens (hereinafter referred to as the “Program”) sets forth the types of medical care available to the public free of charge. The Program shall be financed by budgets of all levels, compulsory medical insurance programs, and other revenues.

The Program consists of a schedule of the types of medical care available to the public free of charge, a basic program of compulsory medical insurance, a description of medical care coverage, and procedures for calculating standard per-person amounts of healthcare financing that will support delivery of the guaranteed medical coverage.

The Program was based on the standard amounts of medical care coverage used to determine healthcare spending in budgets of all levels and in the budgets of compulsory medical insurance funds.

The Program shall be reviewed each year.

Based on the Program and on methodological recommendations concerning procedures for the establishment and economic substantiation of local programs of government guarantees of free medical care for Russian Federation citizens, recommendations that shall be approved by the Russian Federation Ministry of Public Health and the Federal Compulsory Medical Insurance Fund with the concurrence of the Russian Federation Ministry of Finance (hereinafter referred to as the “methodological recommendations”), the executive authorities of Russian Federation constituent members shall develop and adopt local programs of government guarantees of free medical care for Russian Federation citizens. These programs may provide for additional amounts of medical coverage and types of medical care to be financed by the Russian Federation constituent member.

II. Schedule of Types of Medical Care

Under the Program, the following types of medical care shall be provided to Russian Federation citizens free of charge:
a) Emergency medical care for conditions that threaten the life or health of an individual or the general public and that arise from sudden illness, flare-ups of chronic diseases, accidents, injuries or poisoning, and pregnancy complications and childbirth;

b) Outpatient care at clinics, including measures relating to the prevention (including clinical observation), diagnostics, and treatment of diseases both at healthcare clinics and in the home;

c) Inpatient care:
   • for acute illnesses, flare-ups of chronic diseases, injuries and poisoning that require intensive therapy, round-the-clock medical observation, and isolation based on epidemiological indications;
   • for pregnancy-related pathology, childbirth, and abortion;
   • for scheduled hospitalization stays for treatment and rehabilitation requiring round-the-clock medical observation.

In cases of emergency medical and inpatient care, medications shall be provided free of charge pursuant to Russian Federation law.

The Russian Federation Ministry of Public Health shall establish terms and procedures for the provision of medical care to the public with the concurrence of the Federal Compulsory Medical Insurance Fund.

III. Basic Program of Compulsory Medical Insurance

Under the basic program of compulsory medical insurance for Russian Federation citizens (hereinafter referred to as the “Basic Program”), outpatient care shall be provided at clinics and inpatient care at healthcare institutions, irrespective of their organizational and legal forms, for infectious and parasitic diseases (with the exception of sexually transmitted diseases, tuberculosis, and acquired immune deficiency syndrome), tumors, diseases of the endocrine system, nutrition and metabolic disorders, diseases of the nervous system, diseases of the blood and blood-forming organs and certain disorders involving the immune system, diseases of the eye and its auxiliary structures, diseases of the ear and the mastoid process, diseases of the circulatory system, diseases of the respiratory organs, diseases of the digestive organs, diseases of the urinary system, diseases of the skin and subcutaneous tissues, diseases of the skeletal and muscular system and connective tissues, and diseases of the teeth and oral cavity; for pregnancy, childbirth and postnatal care, including abortion; for injuries, poisoning, and certain other conditions caused by external factors; and for congenital abnormalities (developmental defects), deformities, and chromosomal disorders in adults.

The Basic Program shall be financed by compulsory medical insurance.

Russian Federation law shall regulate relations among the participants in compulsory medical insurance.

The Basic Program shall be implemented on the basis of contracts between the participants in compulsory medical insurance.

Medical care under the Basic Program shall be provided throughout the territory of the Russian Federation pursuant to compulsory medical insurance agreements.
Based on the Basic Program, the executive agencies of the constituent members of the Russian Federation shall develop and adopt local programs of compulsory medical insurance, in which the coverage may be expanded with financing from the Russian Federation constituent members.

IV. Public Medical Care Financed by Budgets of All Levels

The following financing sources shall be used to provide medical care to Russian Federation citizens on the territory of the Russian Federation:

a) federal budget funds—medical care provided at federal medical institutions, including expensive types of medical treatment, a schedule of which shall be approved by the Russian Federation Ministry of Public Health;

b) the budgets of Russian Federation constituent members and municipal entities:
   - emergency medical care provided by emergency medical care facilities (departments, centers etc.);
   - outpatient care at clinics and inpatient care at specialized clinics and hospitals (facilities, offices, etc.) for sexually transmitted diseases, tuberculosis, acquired immune deficiency syndrome, psychiatric and behavioral disorders, and drug addiction; for congenital abnormalities (developmental defects), deformities, and chromosomal disorders in children; for certain conditions in the perinatal period; and for expensive medical treatment, a schedule of which shall be approved by the public healthcare authority of the Russian Federation constituent member.

Funds from budgets of all levels shall be used to provide medications and prosthetic services (prosthodontics, ocular prostheses, and hearing aids) on preferential terms, as well as to finance medical care provided by facilities staffed by midwives and auxiliary health workers, hospices, nursing facilities, leprosy treatment centers, trachoma clinics, treatment centers for acquired immune deficiency syndrome, preventive medicine centers, physical therapy clinics, pathology wards and centers for occupational diseases, children’s sanatoriums, children’s homes, forensic medicine and pathoanatomical expert analysis bureaus, emergency medical care centers, blood-transfusion centers, wards and facilities, and medical airlift services....

Procedures for the Development and Implementation of Federal Special-purpose programs and International Special-purpose programs To Which the Russian Federation Is a Party (Excerpt)

VI. Financing of Special-Purpose Programs

22. The development of special-purpose programs and approaches to their design that are ordered by the Russian Federation Government shall be financed with funds provided in the Other Budgetary Items section of the federal budget.
23. The implementation of approved special-purpose programs shall be financed by federal budget funds, off-budget resources enlisted for the implementation of such programs, and from the budgets of Russian Federation constituent members.

Efforts to address problems that fall under the joint jurisdiction of the Russian Federation and its constituent members shall be financed primarily by the budgets of the Russian Federation’s constituent members.

24. Off-budget resources used to finance special-purpose programs shall include: contributions from the programs’ participants, including businesses and organizations of the government and private sectors of the economy; a portion from the profits of businesses that have an interest in the programs’ implementation; bank loans, foundations, public organizations, and foreign investors having an interest in the programs’ implementation (or in individual measures undertaken under the programs); and other revenues.

25. Special funds may be formed for the implementation of special-purpose programs. These funds may be formed from: profits of businesses and organizations, funds from the budgets of Russian Federation constituent members, off-budget funds of federal executive agencies, and other sources.

The government client of a special-purpose program may submit proposals regarding the formation of special funds that require authorization from the Russian Federation Government or the Federal Assembly.

26. Foreign investors may finance special-purpose programs on a share-ownership basis. The use of foreign capital in the implementation of program-related activities shall conform to legislation on foreign investments.

27. Investment or conversion loans, as well as special purpose bank loans under government guarantees, may be used to finance special-purpose programs. The Russian Federation Ministry of Finance shall issue government guarantees for loans extended by commercial banks. Government guarantees shall be issued to commercial banks for specific program activities.

28. In order to secure earmarked program financing from the federal budget, the Russian Federation Ministry of Economics, in conjunction with the Russian Federation Ministry of Finance and the government clients, shall propose a federally-financed list of federal and international special-purpose programs and the required amounts of such financing to the Russian Federation Government by the deadline set by the Russian Federation Government for the drafting of the federal budget for the subsequent fiscal year.

To this end, the government clients of special-purpose programs, with due regard for progress made in implementing their programs in the current year and for the status of pre-contractual consultations with contractors concerning the placement of orders for federal government needs, shall prepare precise estimates of the amounts of funding required by their programs in the following year and shall submit corresponding draft budget requests, together with supporting documentation, to the Russian Federation Ministry of Economics, the Russian Federation Ministry of Science and Technical Policy and the Russian Federation Ministry of Finance.

The Russian Federation Ministry of Science and Technical Policy and the Russian Federation Ministry of Finance shall forward to the Russian Federation Ministry of Economics their proposals
regarding the necessary amount of government financing in the next fiscal year for research, development, and other current expenses relating to the implementation of special-purpose programs.

In preparing the list of federal and international special-purpose programs to receive federal financing in the next fiscal year, the Russian Federation Ministry of Economics, in conjunction with the Russian Federation Ministry of Science and Technical Policy and the Russian Federation Ministry of Finance, shall determine the extent of government support for the special-purpose programs in terms of centralized capital investments, expenditures on research and development, and other expenses. Such determination shall take into account the draft budget requests submitted by the government clients of such special-purpose programs, as well as the progress made in implementing such programs, success in attracting off-budget financing, funds from the budgets of Russian Federation constituent members, and the overall resources of the federal budget.

29. The list of federal and international special-purpose programs to receive federal budget financing shall be submitted by the Russian Federation Government to the Federal Assembly for approval as a component of the federal budget for the subsequent fiscal year. The federal budget for the subsequent fiscal year shall appropriate funds to finance the aforementioned government clients for the purpose of capital investments, research and development, and other expenses. After amount of funding for the special-purpose programs has been approved, the Russian Federation Government may submit to the Federal Assembly proposals to grant protected status to the federal budget expenditures on these special-purpose programs.

30. Based on the federal and international special-purpose programs approved by the Russian Federation Government, federal budget financing shall be made available to the government clients in accordance with the amounts of centralized financing allocated for their special-purpose programs for the next fiscal year after the clients have signed government contracts with all of the program participants, which shall confirm or amend amounts of program financing from off-budget sources and from the budgets of constituent members of the Russian Federation.

31. If the amount of budget financing for a special-purpose program is reduced compared to the amount initially approved for the program, the government client shall take additional steps to enlist off-budget sources and funds from the budgets of constituent members of the Russian Federation in order to complete the special-purpose program on schedule.


In January through March 1997, the Russian Federation Accounting Office conducted an audit to verify the disbursed amounts, as well as proper and efficient use of federal funds allocated for implementation of the Family Planning, Maternal Welfare, and Handicapped Children federal special-purpose programs in 1996.

The audit revealed serious violations and deficiencies in the use of federal funds appropriated for these programs.
A report issued by the Russian Federation Accounting Office states that 6,783,330,000 rubles in federal budget funds allocated for the Family Planning and Maternal Welfare programs, or 26.9% of the total 1996 appropriation for these programs, was expended improperly or inefficiently....

In light of the financial risks involved, the Russian Federation Accounting Office seemed it unreasonable to give responsibility of financial transactions relating to the implementation of these programs to commercial and non-profit entities. This applies specifically to an agreement with the International Foundation for Maternal and Child Healthcare, whereby five billion rubles was extended to that foundation for the purchase of equipment for the manufacture of contraceptives for the Family Planning program.

The audit revealed that the Ministry had done a poor job of managing contracts and agreements and had not provided adequate oversight over their execution. Financial, accounting, and legal departments were not involved in this work. As a result, all contracts were prepaid in full. Goods were delivered over unjustifiably extended periods of time (180 to 190 days) and there were no specific provisions on contractor liability or fines for breach of contract.

The audit disclosed charges for undocumented expenses and transfers of funds in the absence of any contracts. For example, 658.6 million rubles was paid to the Russian Family Planning Association for the publication and distribution of booklets and 390 million rubles to the Vozvrashchenie Center for Child Health and Rehabilitation of the St. Petersburg Mayor’s Office. There were other such instances as well....

The audit also established that the ministry had made payments unrelated to the program. For example, 4.01 million rubles in funding provided for the Family Planning program was transferred to the Parus-Service-Plus company for servicing an automated accounting system, and 4.54 million rubles was paid to the Russian Central Bank’s Interregional Information Center for the compilation of a directory of cash settlement centers in the Russian Federation and the CIS countries.

585.6 million rubles allocated for the Family Planning program was collected by a bank without recourse pursuant to a banking order issued on behalf of the Ivanovo Sanatorium and Resort Association.

The violations and deficiencies revealed by the audit is a result of the absence of uniform procedures for contract procurement and monitoring the use of the budget funds allocated to finance the federal programs.

Efforts were made during the audit to improve the federal programs’ implementation procedures....

Regulation On Procedures Governing the Use of Federal Funding Allocated for the Implementation of Federal Special-Purpose Programs (Abridged)

1. Federal funding allocated for the implementation of federal special-purpose programs shall be used in strict accordance with the approved program plan and as provided for in contracts, agreements, and contracts of agency (hereinafter referred to as “contracts”) that shall be entered into by the Russian
Federation Ministry of Public Health (as client) with organizations, businesses, institutions, publishing houses, etc. (hereinafter referred to as “Contractors”).

2. In specific cases specified by federal programs, the Russian Federation Ministry of Public Health shall directly allocate budget funds to designated recipients (public health agencies and institutions) for the implementation of federal program by them.

3. Disbursements of federal budget funds for the implementation of federal special-purpose programs shall be made as such funds become available by the appropriate agencies (independent department) of the Russian Federation Ministry of Public Health in accordance with the federal program plans and shall be approved by the Russian Federation Deputy Minister of Public Health with oversight responsibility.

4. On the basis of an approved disbursement of funds, the agencies and independent departments of the Russian Federation Ministry of Public Health shall prepare the contracts.

The contracts shall be prepared in accordance with a standard format. The contracts shall be prepared with due regard for the economic interests of the Russian Federation Ministry of Public Health and with minimal financial risk to the ministry.

4.1. The agencies (independent departments), the Planning, Financing, and Development Administration, the Accounting and Reporting Administration, and the Legal Department shall sign off on all contracts without exception and the contracts shall be registered and stored with the Business Office.

5. Upon submission of the executed documents, the Planning, Financing, and Development Administration shall transfer federal budget funds to the contractors according to the established procedure and the approved disbursement plan.

6. When tangible goods (medical and other types of equipment, medications, publications etc.) purchased by the Russian Federation Ministry of Public Health with funds allocated for the implementation of federal programs are forwarded to healthcare agencies and institutions, the responsible agencies (independent departments) shall promptly notify the recipients and the healthcare authorities of the constituent members of the Russian Federation to that effect and inform them of the terms of delivery and of reporting requirements with respect to the receipt and use of the funds, as well as the reporting deadlines.

7. Contractors shall be required in a timely manner to furnish the Russian Federation Ministry of Public Health with detailed reports on the implementation of the various program tasks, including a breakdown of their costs, as well as Form No. 2, “Report on Use of Government Funding by Government Funded Organizations,” or Form No. 2-2, “Report on the Use of Government Funding by Organizations and Businesses,” accompanied by a cover sheet.

7.1. The responsible agency shall analyze the implemented program tasks and indicate its approval of the report on the cover sheet.

7.2. The Planning, Financing, and Development Administration shall analyze the breakdown of the costs incurred for the tasks listed in the report and shall indicate its approval of the report on the cover sheet.

7.3. The report shall be forwarded to the Accounting and Reporting Administration, which shall verify the information given on Form No. 2 or Form No. 2-2 and incorporate the information in a consolidated accounting statement. After indicating its approval of the report on the cover sheet, the administration shall retain the forms.
7.4. The detailed report shall be stored at the Planning, Financing, and Development Administration along with the contracts. Copies of the contracts shall be furnished to the responsible agencies (independent departments).

8. The Accounting and Reporting Administration shall be responsible for the accounting of federal funds transferred to contractors for the implementation of federal program.

9. The Accounting and Reporting Administration shall prepare consolidated quarterly and annual reports on the expenditure of federal funds allocated for the implementation of federal special-purpose programs and shall verify that the funds are expended properly.

10. After receiving tangible goods, the healthcare authorities of Russian Federation constituent members shall be required to jointly furnish the relevant agencies (independent departments) of the Russian Federation Ministry of Public Health with confirmation that the goods were received and that the types of goods and their quantity and quality were consistent with the information given in the notice by the Russian Federation Ministry of Public Health.

11. The contractors shall be liable for the proper and efficient use of federal funds allocated to healthcare agencies and institutions for the implementation of federal special-purpose programs.

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**On Liquidating the Russian Federation Ministry of Public Health’s Family Planning and Reproduction Center (Excerpt)**

**Russian Federation Ministry of Public Health Order No. 1 of January 8, 1998**

In connection with the completion of all tasks under the Family Planning Federal Special-Purpose Program for 1996-1997 and the termination of funding of the Russian Federation Ministry of Public Health’s Family Planning and Reproduction Center by the Family Planning program for 1998-2000 as approved by Russian Federation Government Resolution No. 1207 of September 19, 1997, I hereby order:

1. That the Russian Federation Ministry of Public Health’s Family Planning and Reproduction Center be liquidated as of January 1, 1998....
VII. A. ii. Draft Legislation

(Excerpt)

Submitted by Representatives to the Second State Duma N. F. Gerasimenko, G. R. Askerkhanov, V. A. Vorogushin, and S. N. Fyodorov and by Federation Council Member V. D. Chernykh. Accepted for reading pursuant to the Minutes of State Duma Council Session No. 144 of June 16, 1998. Adopted by the State Duma on first reading on January 27, 1999

Section III. Financing the Public Healthcare Sector
Chapter 6. General Principles of Financing the Public Healthcare Sector

ARTICLE 32. PUBLIC HEALTHCARE EXPENDITURES

1. The government shall guarantee its citizens constitutional rights to free medical care through funding of the public healthcare sector from budgets of all levels and from compulsory medical insurance necessary to finance the program of government guarantees.

2. The government shall ensure the priority development of public healthcare through the allocation of financial resources in the amount of at least six percent of gross domestic product, calculated in accordance with the methods established by the Russian Federation Government.

3. In the federal budget, financial resources in the amount of at least five percent of budgetary expenditures shall be allocated for public healthcare.

4. In the budgets of the Russian Federation’s constituent members, at least 20 percent of budgetary expenditures shall be allocated for public healthcare.

5. The public healthcare system shall be financed and appropriate adjustments made to budget appropriations in accordance with Russian Federation law.

6. When funds are received from off-budget sources, any reduction in the budget funds allocated for public healthcare shall be prohibited.

ARTICLE 33. FINANCING SOURCES IN THE PUBLIC HEALTHCARE SYSTEM

The following sources shall be used to finance the public healthcare system:

- budgets of all levels;
- compulsory medical insurance;
- special-purpose public healthcare funds;
- income from business operations of public healthcare institutions, in particular income from medical services provided for payment;
- a portion of revenues from excise taxes on vodka, wine, champagne, brandy, and tobacco products specifically earmarked for public healthcare; and
- other sources not in conflict with Russian Federation law.
ARTICLE 34. ANNUAL PER CAPITA FINANCING TO SUPPORT FREE MEDICAL CARE

1. Annual per capita financing (per capita standards) of free medical care may be used to:

   • Plan amounts of medical care to the public;
   • Assess payments for compulsory medical insurance for non-working individuals;
   • Distribute financial resources to equalize the provision of medical care throughout the Russian Federation; or
   • Pay medical services for medical care provided under the compulsory medical insurance system.

2. Procedures for calculating per capita standards for compulsory medical insurance for non-working individuals shall be approved by the Federal Compulsory Medical Insurance Fund with the concurrence of the federal executive authority for public healthcare and the federal executive authority for finances.

ARTICLE 35. FINANCING OF PREVENTIVE MEDICAL SERVICES

1. Public healthcare budgets at all levels shall specify the amount of funds to be allocated for public health education and disease prevention.

2. Employers shall pay medical institutions for conducting initial medical examinations (for hiring purposes) and periodic medical examinations pursuant to Russian Federation labor law.

3. The executive government authorities of Russian Federation constituent members shall set the rates charged for medical services relating to initial medical examinations (for hiring purposes) and periodic medical examinations.

4. Financing for the programs specified in Part 5 of Article 43 of this Federal Law shall be provided pursuant to Russian Federation law.

ARTICLE 36. OVERSIGHT OF FUNDING USE WITHIN THE PUBLIC HEALTHCARE SYSTEM

1. The Russian Federation Accounting Office and oversight agencies under Russian Federation executive government authorities, as well as local government authorities, shall oversee the use of budgetary funds in the federal and municipal sectors respectively. Oversight of the use of budgetary funds shall be exercised pursuant to Russian Federation law.

2. Public healthcare administrative authorities shall oversee public healthcare institutions as regards to the proper, effective, and efficient use of budget funds and the timely reporting required in accordance with Russian Federation law.

3. Oversight of the use of off-budgetary funds in the public healthcare sector shall be exercised in accordance with procedures established by Russian Federation law.
ARTICLE 37. PLANNING OF PUBLIC HEALTHCARE EXPENDITURES IN THE FEDERAL BUDGET AND IN THE BUDGETS OF RUSSIAN FEDERATION CONSTITUENT MEMBERS

1. Public healthcare expenditures shall be planned by the budgets of all levels in accordance with uniform principles, government social standards in public health, and standards for medical care financial outlays established by the Russian Federation Government, and shall be set forth in the expenditure sections of budgets at all levels under a separate subsection titled Public Healthcare.

2. The provision of the medical services specified in Parts 4 through 7, Article 27 of this Federal Law, shall be financed by the budgets of the corresponding federal executive authorities. These funds shall not be included in the Russian Federation’s overall expenditures on public health.

3. Lists of federal and regional special-purpose healthcare programs approved for financing from the budgets of the corresponding levels and of funding amounts allocated for their implementation shall be appended to the federal budget and to the budgets of Russian Federation constituent members.

ARTICLE 38. STRUCTURE OF PUBLIC HEALTHCARE EXPENDITURES IN BUDGETS AT ALL LEVELS

1. Budgets at all levels shall use the uniform Russian Federation budgetary classification system, which ensures the comparability of public healthcare expenditures for purposes of preparing the consolidated budget. The structure and breakdown of public healthcare expenditures shall conform to the aforesaid classification system and shall be approved by federal law each year.

2. Departmental classifications of federal budget expenditures shall designate the federal executive authority for public healthcare as the direct recipient of public healthcare funds.

3. The federal executive authority for public healthcare shall transfer federal budget funds for public healthcare to its subordinate budget fund administrators and to recipients as per a list approved by the Russian Federation Government.

ARTICLE 39. REGULATION OF INTERBUDGETARY RELATIONSHIPS IN PUBLIC HEALTHCARE

1. Not less than 20 percent of the Federal Financial Support Fund for Russian Federation Constituent Members shall be earmarked for public healthcare.

2. Financing standards for forming the Federal Support Fund for Russian Federation Constituent Members and the share of each Russian Federation constituent member in that fund shall be established each year by federal law on the basis of government social standards in public healthcare.

3. Financial assistance for public healthcare from the budget of a Russian Federation constituent member to a local budget shall be provided in the form of subsidies (transfers) from a local financial support fund for municipal entities whose revenue base is insufficient to finance expenditures in accordance with government social standards in public healthcare.
ARTICLE 40. BUDGET FINANCING WITHIN THE PUBLIC HEALTHCARE SYSTEM

1. Budget financing of public healthcare shall be based on financial outlay standards calculated as approved by the federal executive authority for public healthcare. Budget financing of public healthcare shall be provided in the amounts and on the terms set forth in federal and regional special-purpose healthcare programs, as well as in other government programs intended to meet government needs with respect to public health. Local compulsory medical insurance programs, as well as investment and innovation activity, shall be implemented in accordance with procedures established by Russian Federation law.

2. Regional and local financing standards in public healthcare shall be established with consideration for various public healthcare organizations, the types of services provided, the seriousness of the diseases afflicting the patients served, regional characteristics, and other circumstances, and shall be sufficient to cover the required expenditures.

3. Budget financing of public healthcare shall be provided through a budget fund chief administrator on the basis of a government (municipal) contract awarded on a competitive basis in accordance with procedures established by Russian Federation law. The government (municipal) contract shall set forth the obligations and liability of the parties. Healthcare administrative authorities shall ensure the appropriateness of program tasks and expenditure of funds.

4. Amounts of government financing shall be established in accordance with the tasks set by the government public healthcare programs.

5. If public healthcare organizations financed by the federal budget directly participate in the implementation of regional special-purpose healthcare programs, such activities shall be funded by the budgets of the Russian Federation’s constituent members and by off-budget sources.

ARTICLE 41. FINANCING OF NONPROFIT HEALTHCARE ORGANIZATIONS

1. The capital expenditures of nonprofit healthcare organizations shall be financed by their founders and by depreciation allowances.

2. If the government is a co-founder of a nonprofit healthcare organization, it shall be authorized to finance such expenditures as building renovation and major building repairs, as well as the operation and maintenance of costly equipment in accordance with government standards.

Chapter 8. Off-Budget Financing of Public Healthcare

ARTICLE 42. OFF-BUDGET FINANCING SOURCES FOR PUBLIC HEALTHCARE ORGANIZATIONS IN THE MUNICIPAL SECTOR

The funding for the municipal public healthcare organizations may come from the following off-budgetary sources:
• funds received by medical insurance organizations and compulsory medical insurance funds for medical care provided under local compulsory medical insurance programs and voluntary medical insurance programs;
• funds from organizations that have signed contracts with municipal public healthcare organizations for the delivery of medical services;
• funds from patients for medical services provided to them for payment;
• funds from individuals who are not insured under compulsory medical insurance programs or voluntary medical insurance programs;
• funds from investors financing innovation projects initiated by and/or implemented at the municipal healthcare facilities, grants, and patents in new medical technologies;
• funds from medical and pharmaceutical educational institutions that use municipal healthcare organizations as a clinical base;
• rent paid for the use of property assigned to public healthcare organizations with the right of operational management;
• funds received from the training of medical personnel in the use of medical technologies, as well as from public health education provided on the basis of contracts with clients;
• funds received in connection with legal claims for reimbursement of the costs of medical treatment for occupational diseases, industrial and traffic accidents, poisoning, and infectious diseases caused by violations of epidemiological regulations;
• funds received as a result of charitable activities in the form of grants (nonrepayable subsidies) or other assistance (support);
• other receipts not prohibited by Russian Federation law.

ARTICLE 43. SUPPLEMENTARY FINANCING FOR UNITARIAN FEDERAL AND MUNICIPAL HEALTHCARE ORGANIZATIONS

1. The following shall constitute supplementary financing sources for unitarian federal and municipal healthcare organizations:

• Profits realized from activities other than principal activities of such organizations, including the leasing of unused production facilities to individuals and companies for the use as stores, public catering facilities, or the provision of postal, banking, and other services to their employees, patients, and visitors and that remain at their disposal after taxes and mandatory payments;
• Bank loans and other borrowings;

4 According to Russian Civil Code, Part 4, Articles 113-115, a “unitarian” organization is a for-profit organization that uses government or municipal property, but does not have ownership rights to this property. – transl.
• Grants or charitable contributions or donations from individuals and corporate entities;

• Other sources not prohibited by Russian Federation law.

2. Unitarian federal and municipal healthcare organizations shall be authorized to form special-purpose, reserve, and other funds pursuant to Russian Federation law.

3. Unitarian federal and municipal healthcare organizations may participate in the sector and inter-sectoral off-budget funds for purposes of financing research and development work in accordance with Russian Federation law.

4. In situations that result in an objective increase in the production costs, clients shall be required, upon renegotiating contracts and at the organization’s request, to revise the prices for the ordered products on the basis of calculations furnished by the organization in order to ensure profitable production and the maintaining of current labor remuneration levels.

5. Organizations that are undergoing conversion and that produce medical and pharmaceutical products under conversion programs shall be reimbursed by the government for a portion of their overhead expenses in accordance with Russian Federation law in order to ensure that prices for said products do not exceed world prices.

ARTICLE 44. COMPULSORY MEDICAL INSURANCE

1. Compulsory medical insurance shall constitute a component of compulsory government social insurance and shall provide all citizens with equal opportunities to receive medical care financed by compulsory medical insurance in accordance with the basic compulsory medical insurance program whose financing is guaranteed by the government.

2. The financial resources of the compulsory medical insurance system shall be formed from compulsory medical insurance withholdings from insured parties.

3. For purposes of implementing government policy in compulsory medical insurance, a federal compulsory medical insurance fund and local compulsory medical insurance funds shall be established and shall constitute the system of compulsory medical insurance funds of nonprofit financial institutions. The system of compulsory medical insurance funds shall operate in accordance with Russian Federation law.

4. The rates of insurance premiums payable to compulsory medical insurance funds shall be approved by federal law each year.

5. Procedures and terms governing the payment of insurance premiums to compulsory medical insurance funds and the amounts of such payments shall be established by an authorized federal law with due regard for the amount of financial resources needed to provide medical care in keeping with the basic compulsory medical insurance program.

6. For purposes of ensuring steady financing for the basic compulsory medical insurance program, Russian Federation government authorities shall provide for annual phased increases in the rates of insurance premiums payable to compulsory medical insurance funds.

7. The rates of insurance premiums payable to compulsory medical insurance funds by employers as of January 1, 1999, shall be not be less than four percent; as of January 1, 2000, not less than five percent; as of January 1, 2001, not less than six percent; as of January 1, 2002, not less than seven percent.
percent; and as of January 1, 2003, not less than eight percent of payments to employees on all
grounds.

8. Implementation of the basic compulsory medical insurance program shall be guaranteed by the
government by means of earmarked revenue sources, the mechanism for providing subsidies
(transfers) to the budgets of the Russian Federation’s constituent members from the Federal Financial
Support Fund for Russian Federation Constituent Members, and the provision of subventions
pursuant to the federal budget law for a given year and available compulsory medical insurance
funds.

9. Russian Federation legislation on medical insurance shall establish procedures governing the use
of compulsory medical insurance funds by federal, municipal, and private public healthcare institutions
that shall ensure payment for medical services provided to individuals under compulsory medical
insurance programs, with the exception of those areas that are paid by different budget items.

10. Payments by individuals and corporate entities to compulsory medical insurance programs shall
qualify for tax relief pursuant to Russian Federation law.

11. Medical insurance organizations and healthcare providers within the medical insurance system shall
be financed by compulsory medical insurance on the basis of contracts for the financing and provision
of medical care (medical services) under compulsory medical insurance programs.

12. The operations of compulsory medical insurance funds, medical insurance organizations, and
healthcare providers within the compulsory medical insurance system shall be regulated by Russian
Federation law.

13. Healthcare providers participating in the medical insurance system shall operate in accordance with
Russian Federation medical insurance legislation on the basis of contracts with medical insurance
organizations (compulsory medical insurance funds).

14. Medical insurance organizations shall have the right to monitor healthcare providers’ compliance
with the terms of contracts for the provision of medical and preventive care (medical services) paid
by medical insurance.

15. Compulsory medical insurance funds and medical insurance organizations shall be required to
maintain individual records on all insured persons....

Memorandum on the Draft Federal Law

...The proposed draft law takes a novel approach in that it has to govern relations in the field of
public healthcare at this time of extremely unstable economic environment and, as such, it establishes a
set of rules to guide the development of the entire public healthcare sector for the immediate future and
over the long term.

The overall concept of the bill is based on a realistic view of established relationships in our
society, the history of our country and its public healthcare system, as well as the mentality of the Russian
public. The bill recognizes the need to make a number of significant revisions and amendments to
existing legislation. The law provides for equal opportunities for medical organizations irrespective of
their ownership type, on the one hand, and the ability of the government to exercise effective oversight
and management of the public healthcare system, on the other....
One of the amendments to the law suggests a mechanism to guarantee individuals’ inalienable right to medical care—namely, a federal program of government guarantees. The law establishes an overall legal foundation for the development and implementation of government public health programs. It establishes a new demarcation of authority that is based on current practice of healthcare agreements between the Russian Federation and its constituent members, as well as rules governing such agreements.

We have also introduced a number of provisions that will substantially alter the situation with respect to public healthcare financing. These provisions include an increase in insurance premiums payable for compulsory medical insurance, the establishment of a fixed percentage (20%) of public healthcare spending in budgets of all levels, and the prospect of raising public healthcare expenditures to five percent of gross domestic product....

**Draft Federal Law “The Regulatory Foundation for Bioethics and Ensuring Compliance With It” (Excerpt)**

*Revisions made by members of the Second State Duma V.F. Sharapov and V.I. Davidenko. Accepted for reading by the State Duma Council meeting of June 23, 1997, and recorded in Minutes No. 93.*

**ARTICLE 9. SAFEGUARDING THE LIVES AND HEALTH OF MOTHERS AND CHILDREN**

Safeguarding the lives and health of mothers and children is a factor of critical importance to the present and future of our society.

With a view to safeguarding the lives and health of mothers and children and protecting public reproductive health, the following shall be prohibited in the Russian Federation:

a) Abortions on the basis of social indications;

b) The use of human embryos and fetuses for diagnostic, therapeutic, experimental, production, commercial, and other purposes and trading in embryos and sex cells;

c) Reduction (artificially decreasing the number) of embryos in multiple pregnancies and other reproductive technologies associated with embryo manipulation;

d) Actions intended to deprive individuals of the right to natural reproduction, with the exception of case in which such intervention is necessary in order to save a life; and

e) Surrogate mother services.

Physicians shall be prohibited from taking the initiative in and insisting on abortion, sterilization, or contraception on the basis of nonmedical indications.

Issues relating to family planning (birth control) and sex education for children shall constitute private matters of the family and shall not be financed by the government.

Foreign organizations and investors shall be prohibited from participating in developing government policy in the area of reproductive health and demography and from engaging in any activities in this area....
VII. A. iii. Legal Analysis

The financial aspects of activities in the area of reproductive health are regulated by numerous laws, beginning with the Russian Federation Budget Code and ending with the Federal Law On Grant Assistance to the Russian Federation, which regulates technical and humanitarian assistance provided by foreign organizations. This report includes only those regulations having a direct bearing on the financing of reproductive health, primarily as part of public health.

It is difficult to classify all types of reproductive healthcare financing. Based on relationships to budgets of various levels, a distinction can be made between budget and off-budget financing. Off-budget financing, in turn, can be divided into government (or municipal) financing or financing based on decisions by government authorities and private financing, which is provided by individuals and NGOs (Russian and foreign).

Budget financing is often broken down into departmental and special-purpose (or program) financing, although this is not entirely consistent with the concepts used in the Russian Federation Budget Code. Departmental financing entails the allocation of funds from budgets of various levels, chiefly for various types of activity carried on by budget-funded institutions.

Budget and off-budget government financing is divided into federal, regional (by Russian Federation constituent members), and local financing.

The individual financing options are outlined below.

1. Federal departmental financing

Federal budget funds are used to maintain and operate federal public healthcare institutions and research organizations.

Russian Federation citizens are entitled to free medical services on the territory of Russian Federation financed by the federal budget at federal medical institutions, including expensive types of medical treatment, a schedule of which must be approved by the Russian Federation Ministry of Public Health.

2. Federal program financing

Federal programs are intended to provide comprehensive solutions to specific problems. The Family Planning and Maternal Welfare programs remain in effect at this time. The Anti-HIV/AIDS program ended in 2000.

Although the Regulation on Approving Government Special-Purpose Programs allows nongovernmental organizations, including private individuals, to develop such programs, in practice only programs developed by the government receive approval.

The value of special-purpose program financing is in its comprehensive approach to solving a problem. Only within a program framework is it possible to simultaneously address issues relating to development of medical services and new contraceptives, to education and the publication of educational materials. Departmental financing does not offer this option.

A decidedly negative feature of special-purpose programs is that their financing is extremely inadequate. When funds are in short supply, financing for special-purpose programs is terminated first. For example, financing for the Russian Federation Ministry of Public Health’s Family Planning and
Reproduction Center was put to a halt (see Russian Federation Ministry of Public Health Directive No. 1 of January 8, 1998).

In contrast to departmental financing, programs funds may be available to NGOs. In practice, however, this does not happen often, especially since government oversight agencies prefer not to involve NGOs in the implementation of such programs (see Russian Federation Ministry of Public Health Directive No. 182 of June 13, 1997, On the Findings of an Audit Conducted by the Russian Federation Accounting Office to Verify the Proper and Efficient Use of Federal Budget Funds Allocated for the Implementation of the Family Planning, Maternal Welfare, and Handicapped Children Federal Special-Purpose Programs in 1996).

3. Departmental financing by the budgets of Russian Federation constituent members and municipal entities

Funds from budgets at this level are used to maintain and operate public healthcare institutions under province (republic, territory) and local jurisdiction, as well as to provide outpatient care at clinics and inpatient care at specialized clinics and hospitals (wards, offices) for sexually transmitted diseases and Acquired Immune Deficiency Syndrome (see the Program of Government Guarantees of Free Medical Care for Russian Federation Citizens).

4. Special-purpose financing from the budgets of Russian Federation constituent members and municipal entities

Like the federal authorities, the Russian Federation’s constituent members may develop their own programs. These programs have the same advantage (their comprehensive nature) and the same shortcoming (an essential lack of funding) as their federal counterparts.

Significant progress has been made in the recent past in cooperation at the local level between NGOs and local governments. Such cities as Vladimir, Tver, Tyumen, Tomsk, Perm, and some others have developed competitive municipal grant programs. We have not seen any reproductive health projects participating in these awards, although the theoretical possibility exists.

5. Paying for services by compulsory medical insurance

Compulsory medical insurance funds can be divided into federal and regional funds. Regional funds are used to pay for the vast majority of free medical services, including free abortions for any reasons, medical sterilization, and contraceptive counseling.

The compulsory medical insurance system in Russia is such that the overwhelming majority of the population is insured. However, migrants and people without permanent places of residence encounter problems with access to medical services. Although a compulsory medical insurance policy is by law valid throughout the Russian Federation, poorly managed insurance companies make it virtually impossible (or at least very difficult) to obtain medical care in a region other than that in which an individual permanently resides.

6. Paying for services by voluntary medical insurance funds.

This type of financing is undeveloped in Russia, for all practical purposes. Only a few use this system.

7. Paying for services from donations and foreign grants
Donations for public healthcare purposes and for the support of public healthcare institutions are treated as charitable contributions (pursuant to the Federal Law On Charity and Charitable Organizations) and donors are eligible to deduct them from their corporate or individual income respectively (but only when supporting government-funded organizations).

At the present time, there are no restrictions on foreign assistance in the reproductive health area. However, the draft Federal Law On the Regulatory Foundation of Bioethics and Ensuring Compliance With It would impose such a prohibition, although the State Duma is relatively unlikely to adopt the draft law.
VII. B. INFORMATION ON REPRODUCTIVE HEALTH  
(Advertisement, Public Information Campaigns, and other Sources of Information)

i. Existing Regulations

Russian Federation Health Code (Excerpts) 
No. 5487-1 of July 22, 1993  
(Last revised on December 20, 1999)

Section IV. Rights of Individuals in the Area of Public Health

ARTICLE 19. RIGHT TO INFORMATION CONCERNING FACTORS AFFECTING HEALTH

Individuals shall have the right to be regularly provided with truthful and timely information concerning factors that promote or have harmful effect on health, including information about the epidemiological situation in the geographical areas where they reside; recommended nutritional standards; goods, work, and services and their compliance with health standards and regulations; and other factors. Such information shall be made available to the public by local governments through the news media or furnished directly to individuals upon request, in accordance with procedures established by the Russian Federation Government....

Section V. Special Healthcare Rights of Certain Population Groups

ARTICLE 22. RIGHTS OF FAMILIES

The government shall protect the health of family members.

Every individual shall be entitled on the basis of medical indications to free consultation on matters of family planning, socially high-impact diseases, diseases that pose a danger to the general public, and the medical and psychological aspects of married life and family relations, as well as to genetic and other types of consultation and testing at government or municipal healthcare institutions with a goal of preventing potential hereditary diseases in an individual’s children....

ARTICLE 24. RIGHTS OF MINORS

In the interests of protecting the health of minors, minors shall be entitled to:

3. Health education, as well as education and employment in an environment that is in keeping with their physiological characteristics and health and that preclude adverse effects on them;

4. Free medical consultation, to be financed by budgets of all levels, for purposes of determining occupational fitness;

5. Essential information concerning their health, provided in a readily understandable form....
ARTICLE 31. CITIZENS’ RIGHT TO INFORMATION CONCERNING THEIR STATE OF HEALTH

Every citizen shall be entitled to receive in a readily understandable form information concerning his or her health, including information pertaining to test results, the presence of disease and its diagnosis and prognosis, treatment methods and their associated risk, potential medical intervention options and their ramifications, and the outcome of a completed course of treatment.

Information concerning health shall be provided directly to the individual or, with respect to persons less than 15 years of age and individuals duly declared incompetent, to their legal guardians by treating physicians, department heads at treatment and preventive institutions, and other specialists directly involved in their examination and treatment.

Information concerning health may not be provided against the individual’s will. In cases of an unfavorable prognosis for a disease, information shall be communicated to the patient and members of his/her family in a tactful manner, provided that the patient has asked not to reveal this information to his/her family members or designated a party to whom such information is to be furnished.

A patient shall have the right to directly review medical records pertaining to his or her health and to consult other specialists regarding such records. A patient shall be furnished with copies of his/her medical records upon request, provided that such records do not contain information about third parties.

Information contained in a medical record shall be treated as confidential and may be furnished to other parties without the patient’s consent only on the grounds specified in Article 61 of these basic principles.

ARTICLE 32. CONSENT TO MEDICAL INTERVENTION

The informed voluntary consent shall be a necessary precondition for medical intervention.

In cases when the patient’s condition makes it impossible for the patient to express his or her will but in which medical treatment is urgently required, the issue of whether to provide such intervention in the patient’s interests shall be decided by a team of consulting physicians or, if it is impossible to assemble such a team, by the treating (on-duty) physician, with subsequent notification of the treatment/preventive institution’s management and legal representatives of the patient.

Consent to medical treatment with respect to persons under the age of 15 and individuals duly declared incompetent may be given by the legal guardians thereof after they have been furnished with the information specified in Part I of Article 31 of this Code. In the absence of the legal guardians, a decision to effect medical treatment shall be adopted by a team of consulting physicians or, if it is impossible to assemble such a team, by the treating (on-duty) physician directly, with subsequent notification of the treatment and preventive medicine institution’s administrators and the legal guardians....
ARTICLE 35. ARTIFICIAL INSEMINATION AND EMBRYO IMPLANTATION

A woman shall be entitled to information concerning the procedure of artificial insemination and embryo implantation, the medical and legal aspects of the procedure’s ramifications, and concerning the medical and genetic testing data, appearance and ethnicity of the donor, which shall be furnished by the physician effecting the medical procedure.

ARTICLE 43. PROCEDURES GOVERNING THE USE OF NEW PREVENTION, DIAGNOSTIC AND TREATMENT METHODS, MEDICATIONS, IMMUN-BIOLOGICAL DRUGS, AND DISINFECTANTS AND THE CONDUCT OF BIOMEDICAL RESEARCH

Upon consenting to participate in a biomedical research project, an individual shall be furnished with information concerning the purposes, methods, side effects, potential risk, duration and expected results of the research study. The individual shall have the right to decline to participate in a research study at any stage.

The promotion, including through the news media, of preventive, diagnostic, and treatment methods and medications that have not undergone clinical trials according to the established procedure shall be prohibited. Any violation of this provision shall entail liability pursuant to Russian Federation law.

The advertising of medications, medical appliances and equipment, as well as the advertising of treatment, preventive, diagnostic, and rehabilitative methods, shall comply with the procedures established by Russian Federation law on advertising practices.

On Basic Areas of Government Family Policy (Excerpts)

Russian Federation Presidential Decree No. 712 of May 14, 1996

IV. Basic Areas of Government Family Policy...

20. Fundamental improvements in protecting the health of the family, including:

e) Developing a system to protect family reproductive health and reinforcing the family planning service.

   High-quality health education, especially for adolescents, on issues of sex education, maternal welfare, and the prevention of sexually transmitted diseases.

21. Increased assistance to families with children through:

   a) Government financial support for the publication of large quantities of literature on parenthood, child care, and family relationships;

   b) Distribution of specialized literature on family issues among young people and young parents and the provision of such literature to public libraries;
c) A ban on the development, distribution, or advertising of publications, images, videocassettes, and other items that promote pornography or a cult of violence or cruelty;

d) Government coordination and financial support for the moral, ethical, and environmental education of the public and the introduction of such educational programs for children and young people at preschool institutions and at general education and vocational education institutions;

“Regarding Strategies for Improving the Position of Women in the Russian Federation” (Excerpt)
Russian Federation Government Resolution No. 6 of January 8, 1996

II. Strategic Objectives and Major Approaches to Achieving them

d) in maintaining women’s health:

• develop programs targeting the prevention, early diagnosis, and treatment of cancers of the reproductive system; efforts shall be made to decrease the number of abortions by implementing a federal Family Planning Program; provide quality public education, especially to adolescents, on topics of sex education, pre-and postnatal maternal health, and prevention of STDs; ensure development of the Russian medical industry through conversion programs, increase production of medical equipment and products for maternal and child healthcare services;

• develop informational and educational programs to inform women and adolescent girls of the dangers of alcohol and drugs, as well as rehabilitation and recovery services for alcohol and drug abusers;

• provide support to nongovernmental organizations involved with women’s health issues.

“Approval of the Statute on Marriage and Family Counseling and Recommendations for Its Provision” (Excerpt)
USSR Ministry of Health Order No. 465 of April 30, 1981

Recommendations for the Provision of Marriage and Family Counseling

...Healthcare education shall be provided on issues of marital relations, prevention of reproductive disorders, and genetic disorders. Such education shall mainly be provided in the form of individual and group discussions and presentations.

The worked performed shall be recorded in a Register of Educational Measures (Form 038-0/y).
On Advertising (Excerpt)

ARTICLE 16. SPECIAL REQUIREMENTS FOR ADVERTISEMENT OF PARTICULAR TYPES OF GOODS...

2. Advertisements of medical drugs, medical equipment, and supplies that have not been authorized for production and/or sale and also advertisement of methods of treatment, prevention, diagnosis, or rehabilitation without authorization to provide such services issued by an authorized federal healthcare agency are prohibited, including cases where patents have been obtained on inventions in these areas.

Advertisement of prescription drugs and also advertisement of medical equipment and supplies, the use of which requires special training, is permitted only if it conforms with requirements stipulated in the first paragraph of this clause and only in professional publications intended for medical and pharmaceutical personnel.
VII. B. ii. Draft Laws


Revisions made by members of the Second State Duma I.O. Malkov, A.M. Ponomarev, and V.I. Davidenko. Accepted for reading by the State Duma Council meeting of February 3, 1998 and recorded in Minutes No. 118.

2. In Article 11:
   the following shall be added to Clause 5 of the Article:

5. Radio and television advertisement of the following products is disallowed:
   ...medical drugs, and also advertisement of medical equipment and supplies....

(Excerpt 2)

Abstracts

Introduced by the Member of the Second State Duma S.I. Naichukova. Accepted and entered into the legislative agenda at the meeting of the Council of the State Duma of the Russian Federation February 3, 1998; Protocol No. 118.

ARTICLE 1. AMEND FEDERAL LAW ON ADVERTISING (1995 RUSSIAN FEDERATION CODE NO. 30 ARTICLE 2864) AS FOLLOWS:

1. Amend Article 5 (6) as follows: “Advertising shall not induce citizens to committing violent and aggressive acts, cause panic, intrude into private life, violate parents’ rights to raise their children; neither shall advertising motivate dangerous and/or impulsive acts, possibly resulting in threats to individuals’ health and/or safety.”

2. Insert the following paragraph after Article 6(1): “is dubious, intruding into areas not meant to be advertised.”...

4. Insert the following paragraph after Article 8(1): “intrudes into intimate relations, gender relations, and infringes on parents’ rights to raise their children.”

   The rest should follow as in the original version.

5. Open Article 16(1) as follows: “Advertising of sex items and sexual services is prohibited.”

   Rename Article 16(1) into 16(2) and amend it as follows:

   “Any form of advertising of items of personal hygiene, birth control devices, alcoholic beverages, tobacco, and tobacco products shall not:
• contain any demonstration of application or consumption of these items, nor shall it imply that application or consumption of these items may contribute in any form or fashion to personal, public, or any other forms of success, or to improvement of one’s physical or psychological wellbeing;

• discredit abstinence from these items”

The rest should follow as in the original version.

Amend the paragraph before last as follows: “be displayed or distributed in public transportation (including metro), child-care, educational, sport, or entertainment facilities, or at the distance of 500 meters from such facilities.”

Rename Article 16(2) into 16(3).

Amend second paragraph of Article 16(2) as follows:

“Advertising of prescription drugs, items of personal hygiene and birth control devices, as well as advertising of medical equipment and devices, the proper operation of which requires specialized training and skills, is permitted in accordance with provisions of first paragraph of this article, and only in publications distributed among medical and pharmaceutical personnel.”

6. After the words “is prohibited” in Article 20(1) enter the following: “drawing juveniles’ attention to the sexual relationships, “get-rich-quick” schemes, as well as any other type of activity not commonly associated with adolescence. Any messages suggesting that ownership of certain items gives them any advantage over their peers, or that lack of these items, accordingly, gives any disadvantage, are equally prohibited.”

**Explanatory Note to the Draft Bill on Amendments to the Federal Law On Advertising**

Radio, television, print media, and city streets, and facades of the buildings are overwhelmed with advertising messages of all form and fashion. In many instances, quality, content, and means of distribution of these messages do not comply with the provisions of the Federal Law On Advertising. TV commercials showing feminine personal hygiene items have become a regular part of television broadcasts. Public transportation is covered with alcoholic beverage advertisements of dubious content. The metro is full of posters under the heading Safe Sex Is My Choice that advertise, not the product per se (birth control), but rather a lifestyle and specific values for the youth, since these posters feature models barely older than high school students. These messages are in plain view of everyone, including children having just learned how to read. These constitute numerous violations of provisions of Article 16 (Advertising of certain items, i.e. alcoholic beverages, tobacco products, and drugs) and Article 20 (Protection of Juveniles In Producing, Displaying, and Distributing Advertising).

At the same time, there were only a handful of cases when violators were charged or their operations suspended by enforcement authorities because of their involvement with false, unfair, or unethical advertising in accordance with the law On Advertising.

This bill is designed to amend and clarify provisions of the existing law, provide for a clearer classification of goods and services, and stricter rules governing distribution of advertising...
A new provision, barring displaying of advertising of these products in public transportation, including the metro system, has been added. Articles restricting advertising of personal hygiene items and birth control tools to publications distributed among medical and pharmaceutical personnel have been included in the law as well.

Draft Federal Law “The Regulatory Foundation for Bioethics and Ensuring Compliance With It” (Excerpt)

Revisions made by members of the Second State Duma V.F. Sharapov and V.I. Davidenko. Accepted for reading by the State Duma Council meeting of June 23, 1997, and recorded in Minutes No. 93.

...ARTICLE 10. TO MINIMIZE RISK TO LIFE AND HEALTH ASSOCIATED WITH MARKETING AND ADVERTISEMENT OF METHODS AND MEANS OF HEALTH INTERVENTIONS.

Advertisement of anything that presents a risk of inducing a serious illness or injury, or can otherwise harm human health, shall not be permitted in the Russian Federation. This shall include:

a) devices and methods not authorized for use by a federal healthcare agency;
b) medical and pharmaceutical services offered by corporations and individuals, who have not been duly authorized or licensed to perform such services in accordance with Russian Federation law;
c) recreational drug, alcoholic beverages, or tobacco products;
d) psychotropic and high potency agents or other drugs capable of inducing serious side effects if not used under controlled conditions (such substances may be advertised only as medical information in professional medical publications);
e) announcements offering to buy or sell new-born babies;
f) announcements offering to buy or sell human organs and tissues, corpses, or organs and tissues from corpses;
g) mystic/occult and religious methods and devices intended for use for cure, prevention, diagnosis, treatment, and medical rehabilitation;
h) announcements offering abortions, contraceptive devices, or sterilization;
i) sexual services.

Section II. Regulatory Foundation for Bioethics In Healthcare Relationships

ARTICLE 11. CONSENT TO MEDICAL INTERVENTION

Medical intervention in an individual’s health may occur only after an individual’s voluntary consent has been obtained, based on sufficient information provided by the physician that allows the individual to make an informed decision whether to accept medical treatment or refuse it.

The information necessary to enable informed consent must describe the objectives and nature of the intervention, alternatives to it and consequences, as well as any potential risk.

A patient may take back consent at any time prior to the time of the medical intervention....
ARTICLE 16. INFORMATION CONCERNING HEALTH

A patient has the right to receive information about the state of his own medical health and the medical care he requires, including information about the presence of disease, its diagnosis, prospects, possible methods of diagnosis, treatment and prevention, risk associated with medical intervention, and also possible alternatives to this intervention.

Information shall be provided to the patient in a form accessible to his understanding regarding matters of health, either orally or in written form.

The patient has the right to refuse learning about the state of his own health.

In exceptional cases the right to receive such information may be restricted, if the physician has good reason to believe that such information could cause serious damage the health of the patient or that of members of his or her family.

When a treatment is prescribed, including treatment with drugs, or contraception for women of childbearing age, the physician shall warn the patient of the possible side effects that could potentially damage her reproductive health, the health of her fetus, or lead to a miscarriage....

ARTICLE 19. PROTECTION OF THE RELIGIOUS RIGHTS AND INTERESTS IN HEALTHCARE

...Out of respect for the feelings of religious believers professing the majority religions of the Russian Federation, teaching of subjects (courses) that would harm the spiritual and physical health of children, including sex education measures involving distribution of contraception to children, propaganda in favor of sexual liberation, or stimulation of premature desire for sexual contacts shall not allowed in any educational or other Russian Federation institution.


In accordance with the standards of international law and the traditions and mores of the peoples of the Russian Federation, this Federal Law is intended to stop traffic in pornography and also to prevent uncontrolled traffic in sexual products that have the potential to do harm to the morals and health of citizens of the Russian Federation, first and foremost of those who have not yet reached adolescence.
ARTICLE 1. OBJECTIVES OF THIS FEDERAL LAW

This Federal Law is intended to protect the morals and health of Russian citizens by introducing government regulation and monitoring of traffic in products of a sexual nature within the Russian Federation. Here “government regulation and monitoring of traffic in products of a sexual nature” means the procedures and conditions imposed on traffic in such products as prescribed by the law and corresponding regulations and government enforcement of such laws and regulations.

ARTICLE 2. SCOPE OF LAW

1. This law applies to the activities of government agencies, citizens, and corporations involving traffic in products of a sexual nature within the territory of the Russian Federation.
2. Traffic in scientific, popular scientific, educational, and news material on sexual issues, and also traffic in erotic works of art shall not be restricted.
3. Traffic in pornographic products shall not be permitted within the territory of the Russian Federation....

ARTICLE 4. DEFINITIONS

For the purposes of this Federal Law, the major terms used shall be defined as follows.

Sexual desire – the set of urges and emotions characteristic of an individual as the bearer of the genes of a certain gender;

Sex acts – the set of reactions, actions, and methods directed at the satisfaction of sexual desire;

Erotic works of art – representation of sexual desire and sex acts in artistic form in works of literature, painting, and other types of art;

Products of a sexual nature – any print or audiovisual products, including advertisements, and also messages and material transmitted and received by electronic means, that have as their purpose the depiction and/or description of sex acts and that serve to satisfy sexual desire, and also devices and means intended to be used to satisfy sexual desire;

Pornographic products – any print or audiovisual products, including advertisements, and also messages and material transmitted and received by electronic means that have as their purpose explicit or cynical depiction and/or description of sex acts involving minors, forced or violent sexual acts, and also sexual acts involving corpses or animals;

Sexual entertainment – public display in any form of products of a sexual nature and/or actions on the stage (or screen) the goal of which is to portray sex acts;

Specialized sexual medium of mass communications – a medium of mass communications which as a whole and systematically disseminates information and material of a sexual nature and for the registration or dissemination of products of which the law stipulates specific procedures;
Traffic in products of sexual nature – import of products of sexual nature onto the territory of the Russian Federation; manufacture and/or retention of such products for purposes of their distribution or advertisement, distribution of such products in any way including commercially, or delivering a sexual entertainment;

Specially designated area – an area and/or indoor facility designated for the advertisement and distribution of products of a sexual nature or delivering a sexual entertainment;

Draft Federal Law “Advertisement of Medical Services, Medical Equipment and Supplies, or Drugs” (Excerpt)


This Federal Law establishes the regulatory basis for advertising of medical services, medical equipment and supplies, or drugs.

Chapter 1. General Provisions

ARTICLE 1. SUBJECT OF REGULATION

1. This Federal Law regulates the relationships arising in connection with advertising and publicizing of medical services, medical equipment and supplies, or drugs.

2. This Federal Law classifies medical services, medical equipment and supplies, or drugs as a special category of products for purposes of advertisement and publicizing. Advertisement and publicizing of medical services, medical equipment and supplies, or drugs must comply with requirements established by Russian laws and regulations for safety and effectiveness with regards to medical services, equipment and supplies, or drugs.

ARTICLE 2. SCOPE OF LAW

1. This Federal Law applies to relationships arising in connection with the advertisement of medical services, equipment and supplies, or drugs, after this Federal Law goes into effect.

2. This Federal Law applies to advertising for the following:

1) prevention, diagnosis, treatment, and rehabilitation, including methods for prevention, diagnosis, treatment, and rehabilitation, medical procedures, other services relating directly to diagnosis, and treatment of conditions and diseases, illnesses, wounds, injuries, or pathologies in humans;
2) drugs;
3) medical devices;
4) other advertised objects relating to distribution of drugs and medical devices....
ARTICLE 4. DEFINITIONS USED IN THIS FEDERAL LAW.

1. This Federal Law uses terms defined in the Federal Law On Advertising, and also terms that are specially defined for the purposes of this Federal Law:

Advertisement of medical services, medical equipment and supplies, or drugs – dissemination for commercial purposes in any form or by any means of information about an individual or legal entity providing medical services, medical equipment and supplies, or drugs, or other advertised objects covered by this Federal Law;

Medical products – any of the objects covered by this Federal Law;

Marketing information on medical services, medical equipment and supplies, or drugs – advertisement of medical services, equipment and supplies, drugs, or other medical products intended for healthcare professionals and for distribution in the healthcare industry;

Participants in advertising – those who place, produce, design, and distribute advertising, executive branch federal and local agencies with jurisdiction over monitoring compliance with laws on advertising, public organizations, associations, and associations of legal entities (i.e., the advertising industry self-regulatory organizations);

Medical services – prevention, diagnosis, treatment, rehabilitation, medical procedures, counseling, expert opinions, and other services directly related to diagnosis, relief of symptoms, treatment of diseases, malaise, wounds, injuries, or pathologies in humans;

Drugs – substances administered to prevent, diagnose, and treat diseases and prevent pregnancy that have been obtained from blood, blood plasma, and human or animal tissues, plants, microorganisms, minerals, through methods of synthesis or using biological technology. Drugs also include substances of vegetable, animal, or synthetic origin that are pharmacologically active and are used in the production and manufacture of drugs;

Medical supplies – appliances, apparatus, instruments, devices, machines, equipment, reagents, accessories, standards, and samples used for medical purposes, separately or in combination that:

a) are intended for prevention, diagnosis, or treatment of diseases and other conditions, rehabilitation, or to facilitate performance of medical procedures or tests, replace or to modify parts of the human body or a physiological process, or for birth control;

b) are intended to have a functional effect on the human body that is achieved by means other than chemical, pharmacological, immunological, or metabolic interaction with the human body.

Chapter II. Advertising of Medical Services, Equipment and Supplies, or Drugs

ARTICLE 5. GENERAL PROVISIONS ON ADVERTISING OF MEDICAL SERVICES, MEDICAL EQUIPMENT AND SUPPLIES, OR DRUGS

1. All advertising of medical services, equipment and supplies, or drugs (hereinafter referred to as advertising) must clearly and understandably indicate that they are advertisements with a commercial purpose.
2. Marketing information contained in advertisements concerning medical services, equipment and supplies, or drugs (hereinafter referred to as marketing information) addressed to medical and research personnel working in healthcare and distribution of medical supplies or drugs shall be scientific in nature, shall be placed only in professional publications, and shall contain a direct statement that the marketing information is addressed to professionals only.

3. Marketing information addressed to medical and/or research personnel working in healthcare and distribution of medical supplies or drugs shall comply with the principles of scientific ethics and contain objective and valid information. All claims in the marketing information for professionals shall be accompanied by specific references to accessible sources of information.

4. Advertising addressed to individuals who are not professionals in healthcare shall not contain:

   1) expert conclusions or recommendations, references to scientific or professional publications;
   2) claims that [offered] medical services, equipment and supplies, drugs, or methods of treatment have been recommended, tested, or successfully used by physicians or other professional healthcare personnel;
   3) reference to specific instances of recovery, relief, or successful use of the advertised medical services, equipment and supplies, or drugs;
   4) an image of a physician, senior pharmacist, assistant pharmacist, or other professionals in healthcare or distribution of medical supplies or drugs shown in professional clothing or during the performance of their professional duties.
   5) depiction of changes in the human body or parts thereof as a result of disease, illness, or injury or of the effects of medical services, equipment and supplies, or drugs by means of illustrative comparison of the human body before and after the advertised treatment, and also of processes by means of which medical services, equipment and supplies, or drugs act on the human body or parts thereof;
   6) foreign or professional terminology that is not in general use in the Russian language;
   7) claims giving rise to or exacerbating fears of disease or worsened health as a result of failure to use the advertised medical services, equipment and supplies, or drugs;
   8) claims relating advertised medical services, equipment and supplies, or drugs to the potential self-diagnosis of particular diseases, sicknesses, injuries, or pathological states or their self-treatment;
   9) special expressions of gratitude and appreciation, letters, or excerpts from them containing recommendations of third parties;
   10) prices of the advertised medical services, equipment and supplies, or drugs.

5. Advertising shall not create the impression that a healthy person should use the advertised medical services, equipment and supplies, or drugs.

6. Advertising shall not give rise to unfounded hopes for a cure from the irreversible effects of aging by virtue of the use of the advertised medical services, equipment and supplies, or drugs.
7. If the provisions of this Federal Law are violated, an executive federal healthcare agency or a federal agency monitoring the quality of drugs and medical supplies may prohibit further advertising or warn the advertiser that it must change its approach to the advertising of the given medical service, equipment or supply, or drug. The executive federal health agency or the federal agency monitoring the quality of medical supplies and drugs may publish a counter advertisement in the mass media to eliminate or prevent the consequences occurring or potentially occurring as a result of the inappropriate advertisement. The cost of the counter advertisement shall be born by the original advertiser who has violated the provisions of this Federal Law.

**ARTICLE 6. ADVERTISING OF MEDICAL SERVICES.**

1. Advertising of medical services not authorized by a federal executive-branch healthcare agency is prohibited.

2. Advertising of diagnosis or treatment not based on examination and study of the disease, illness, wound, injury, or poor health involving direct contact between the physician and the patient is prohibited.

3. Advertising of medical services shall not contain recommendations on the treatment of tuberculosis, venereal diseases, AIDS, cancers, metabolic disease and diabetes, mental illness and chronic insomnia, or acute abdominal pain.

4. Methods of treatment, prevention, diagnosis, rehabilitation, or other medical services shall not be advertised if the advertising medical professional does not have authorization to perform such services issued by executive agencies with jurisdiction over licensing of medical services.

**ARTICLE 7. ADVERTISING OF MEDICAL EQUIPMENT AND SUPPLIES**

1. Advertising of medical equipment and supplies that have not been duly registered in the Russian Federation in accordance with Russian law is prohibited.

2. Advertising of medical equipment and supplies shall not mislead consumers regarding its preventive, diagnostic, or therapeutic characteristics or the methodology for using it.

   Advertising shall be considered misleading to the consumer with regards to these characteristics if:

   1) the medical equipment (supply) does not have the characteristics attributed to it by the advertisement;

   2) the advertisement creates a false impression:

   a) concerning certainty that a positive effect will occur from its use;

   b) concerning the absence of side effects if the device is used as recommended;

   3) the advertisement contains incorrect or misleading information about the expertise, education, qualifications, or success of the producers, developers, or other participants in the distribution of the medical devices.
ARTICLE 8. ADVERTISING OF DRUGS

1. Only drugs that do not require a physician’s prescription may be advertised in the mass media.

2. Advertisement of drugs containing narcotics or psychotropic substances is subject to the provisions of the Federal Law titled “Regarding Narcotics and Psychotropic Substances.”

3. Regardless of its form, an advertisement for drugs shall accord with pharmacological data on the drugs obtained through clinical trials and registered with a federal agency responsible for the quality control of drugs and shall conform with the requirements of the federal information standard. Advertising of drugs not registered in the Russian Federation is prohibited.

4. An advertisement for a drug must contain the following information:

   1) the name of the drug;
   2) the name of the firm producing the drug and its business address;
   3) information about the active ingredients;
   4) indications for use;
   5) contraindications for use;
   6) side effects;
   7) special notification or warning provided by legislation of the Russian Federation;
   8) for drugs prepared by pharmacies according to a prescription, the drug advertisement shall indicate that the drug is manufactured according to a prescription.

5. Advertising for a drug shall not represent the drug as unique, the most effective, the safest, the only one free of side effects, and shall not mislead consumers regarding its composition, origin, newness, or the patents held on the drug.

6. Drug advertisements shall not create the impression that the natural ingredients used to make a drug are a guarantee of its safety and efficacy.

7. Drug advertisements shall not undermine the reputation of other drug producers or the faith of consumers in the efficacy of other drugs.

8. It is prohibited to compare advertised drugs to others for the purpose of enhancing the marketing effect of the advertisement.

9. Drug advertisements shall not create the impression that medical consultation or surgical operations are unnecessary.

10. Drug advertisements shall indicate that it is essential to consult a doctor on issues relating to the use of the advertised drug and to carefully read the information about the drug printed in the interior and exterior package of the drug in accordance with Russian law; advertisements must not contain advice on a drug use that could be interpreted as effective treatment without contact between patient and healthcare provider.

11. Drug advertising shall not contain:

   a) claims that the drug is guaranteed to have a positive effect;
b) references to recommendations of government agencies, healthcare institutions, physicians, scientific medical organizations, or scientific medical personnel;

c) false claims or misleading information on the expertise, education, qualifications, or success of the manufacturer, developer, or other participants in the distribution of the advertised drug;

d) recommendations for the use of drugs for tuberculosis, venereal disease, AIDS, cancer, metabolic diseases and diabetes, mental illness and chronic insomnia, and acute abdominal pain;

e) suggestions that a person’s health might deteriorate if he did not take the drug;

f) claims that the drug is intended exclusively for children when it is not intended only for use against diseases of children;

g) claims that a food additive or cosmetic or personal hygiene product has the properties of a drug or that a drug is a food additive, cosmetic, or personal hygiene product.

12. The participation of physicians, senior pharmacists, medical researchers, or other professional healthcare or drug distribution personnel, and also government employees in the advertisement of drugs is prohibited.

13. The use of images of physicians, senior pharmacists, pharmacists, medical research personnel, and other medical professionals is prohibited in drug advertisements.

14. It is permitted to use information from professional medical publications in the form of texts, tables, and illustrations in drug advertisements provided this information is cited verbatim and accompanied by an accurate citation of the source of the material used.

15. The amount of fines and procedures for paying them as a result of violating the provisions of this Federal Law pertaining to the advertising of drugs on the part of mass media organizations or specialized advertising agencies shall be determined in accordance with Russian Federation laws regarding advertising.
Ensuring public access to information about reproductive health and services in this area may be divided into three categories:

1) advertisement;
2) public information campaigns and education; and
3) contact with those seeking medical care.

Advertisement

At the present time advertisement of medical services, drugs, or medical equipment and supplies associated with reproductive health does not differ from other similar goods (services).

All the medications, supplies, and equipment advertised in Russia must be registered and authorized for use. Advertising of prescription drugs and of medical supplies and equipment whose use requires special training is permitted in publications intended for medical and pharmacy personnel (cf. Russian Law “On Advertising.”)

However, the association of reproductive health with the intimate aspects of human life presents a potential threat of the introduction of more rigid restrictions on certain goods and services.

The State Duma is currently considering several draft laws containing such restrictions.

Thus, the draft Federal Law titled “Regarding the Regulatory Basis for Bioethics and Ensuring Compliance With It” proposed the prohibition of announcements offering abortions, contraception, and sterilization. The draft Federal Law titled “Revisions and Amendments of the Russian Federation Law On Advertising” (1) prohibits all radio and television advertising of all drugs, medical equipment, and supplies. Another draft with a similar title sets a new requirement on advertising, “no intrusion into intimate life, or in the relations between the sexes…Advertising of devices for intimate purposes or contraceptives shall not contain a demonstration of how to use such devices, and also shall not create the impression that their use is important for physical or psychological well-being, or criticize failure to use or employ them. Advertisement of devices for intimate purposes and contraceptives shall be permitted only in print media intended for medical and pharmaceutical personnel and institutions.”

None of these draft laws has yet been approved for a first reading by the State Duma. Prohibition of advertising of medical devices, including condoms, would create major problems in the prevention of HIV infections and other sexually transmitted diseases.

Unlike the above drafts, the Federal Law titled “Advertising of Medical Services, Medical Equipment and Supplies, and Drugs” contains no standards restricting advertising that are specific to drugs, equipment and supplies, or services related to reproductive health.

Public Information Campaigns and Education

Russian Federation legislation contains no special standards for the content of education. Educational institutions, both government and private, may freely choose the content of their curricula as long as they fulfill the minimum requirements formulated in Government Standards for various types of education.
There are no standards pertaining to the public information and education on sexual matters. Thus, each institution’s staff are free to decide the extent to which such information and education can be introduced into the syllabus. At the same time certain regulations emphasize the importance of this type of work.

According to Russian Presidential Decree No. 712 of May 14, 1996, titled “Regarding the Major Directions of Federal Policy on the Family,” the provision of high quality information on individual’s healthcare practices, especially to adolescents, including sex education topics, pre- and postnatal maternal health, and prevention of sexually transmitted diseases is one of the main directions of federal policy on the family. This government policy will be implemented through government support of public groups and of charitable foundations involved in family issues.

The Federal Government guarantees to provide regular information on accessible means of preventing HIV infection to the public, including by means of mass media; and to ensure inclusion of topics in moral and sexual education in the curricula of educational institutions (cf. Federal Law No. 38-FZ of March 30, 1995 titled “Regarding the prevention of the spread of diseases induced by the human immunodeficiency virus (HIV infections) in the Russian Federation.”

The Federal Government acknowledges that, in the interests of health protection, minors have the right to a healthcare education (Article 24 Legislative Principles Concerning Protection of Public Health).

Information Provided Directly to those Seeking Medical Care

An individual who seeks care at a medical institution has the right to obtain whatever information is available about the state of his/her own health, including information on the results of tests, the presence of disease, its diagnosis and prognosis, methods of treatment, associated risk, possible types of medical intervention, their consequences, and results of the treatment in a form that he/she can understand (cf. Public Health Code).
VII. C. METHODS OF CONTRACEPTION

i. Existing Regulations

**Russian Federation Public Health Code (Excerpt)**

*No. 5487-1 of July 22, 1993  
(Last revised December 20, 1999)*

*Section VII. Medical Services in Family Planning and Regulation of Human Reproductive Function*

**ARTICLE 37. MEDICAL STERILIZATION**

Medical sterilization, a special intervention performed with the goal of depriving a person of the ability to reproduce or as a method of contraception, may be performed only at the written request of an individual at least 35 years of age or having at least two children or if there are medical indications and if the individual agrees, regardless of age and whether he or she has children.

Medical indications for medical sterilization are defined by the Russian Federation Ministry of Health. Medical sterilization shall be performed in institutions of the federal or municipal healthcare system that have been licensed to perform this procedure. Illegal performance of medical sterilization shall be duly punished as a crime in accordance with law.

“The Use of Medical Sterilization” (Abridged)

**Russian Ministry of Health Order No. 303 of December 28, 1993**

In accordance with the Russian Federation Health Code (Article 37), medical sterilization as a special intervention with the goal of depriving a person of the ability to reproduce or as a method of contraception may be performed only at the written request an individual at least 35 years of age or having at least two children or if there are medical indications and the individual agrees, regardless of age and whether he or she has children.

To protect the public’s health and allow the individuals to exercise their right to specialized types of medical care and also to decrease the number of abortions and the mortality associated with them, I hereby approve:

1. Procedures for authorizing medical sterilization (Attachment 1);
2. List of medical indications for medical sterilization of women (Attachment 2);
3. Procedures for performing medical sterilization on women (Attachment 3); and

I hereby order:

1. The heads of the healthcare agencies of the administrative territories of Russia:

   1.1. To ensure that medical sterilization is performed in institutions of the federal or municipal healthcare system that have been licensed to perform this procedure;
1.2. To ensure that when an individual requests medical sterilization, it is performed in accordance with the medical indications and procedures approved in this order.
1.3. To develop a procedure for payment for medical sterilization and get it approved by executive agencies.

Attachment 1
to the Russian Ministry of Health Order No. 303 December 28, 1993
Procedures for authorizing medical sterilization

Medical sterilization as a method of contraception may be performed only at the written request of an individual at least 35 years of age or having at least two children.

In accordance with the Russian Federation Public Health Code, medical sterilization may also be performed on the basis of medical indications that have been established at out- or in-patient institutions by a commission consisting of at least three specialists: an obstetrician/gynecologist (for men - a urologist), a physician specializing in the area of the disease from which the citizen suffers, and the director of the healthcare institution (division).

If medical indications exist, the individual shall be provided with the expert opinion accompanied by the full clinical diagnosis signed by the experts and the seal of the institution.

Medical sterilization of individuals suffering from mental illness, if they have been declared to be incompetent, may only be performed on the basis of a court order.

When it has been established that medical indications for sterilization exist in a woman in a gynecological/obstetric hospital, the appropriate record shall be made in the woman’s chart, signed by the physician specializing in the disease from which she suffers, the attending physician, and the director of the healthcare institution (hospitals’ department).

Attachment 2
to Russian Ministry of Health Order No. 303 December 28, 1993

Medical sterilization may be performed with the agreement of a woman if the following medical indications are present:

1. Diffuse toxic goiter, in severe or moderate form.
2. Congenital or acquired hypothyroidism, uncompensated.
3. Diabetes mellitus, type 1.
4. Hyperparathyroidism.
5. Hypoparathyroidism.
6. Chronic renal insufficiency not amenable to corticosteroids.
7. Cushing’s syndrome.
8. Hypoplastic or aplastic anemia.
9. Sickle cell anemia.
10. Thalassemia.
11. Leukemia.
12. Lymphogranulomatosis, stage III-IV, including cases of prolonged remission.
13. All heart defects involving stage II-III circulatory insufficiency or pulmonary hypertension.
15. Congenital or acquired aortic or pulmonary artery aneurysm.
16. Fallot’s tetrad, triad, or pentalogy.
17. Ebstein’s anomaly.
20. Eisenmenger’s syndrome.
22. Chronic ischemic heart disease.
23. Pericarditis.
25. Paroxysmal tachycardia with frequent attacks.
27. Complete aterioventricular block with frequent attacks of Morgagni-Adams-Stokes syndrome and heart rate below 40.
28. After mitral commissurotomy—inappropriate dilation of the mitral foramen or recurrence of mitral stenosis.
29. After heart valve replacement.
30. After unsuccessful surgical correction of any heart defect.
31. After pacemaker implantation.
32. Arterial aneurysm anywhere, including after surgical correction.
33. Thromboembolism.
34. Essential hypertension stage IIb-III or malignant hypertension.
35. Chronic pneumonia in stage III.
36. Bronchoeactasis with cardiopulmonary insufficiency or degree II-III respiratory insufficiency.
37. Cardiopulmonary insufficiency subsequent to pneumoectomy or lobectomy.
38. Tracheal or bronchial stenosis.
39. Esophageal stenosis.
40. Chronic active hepatitis with signs of hepatic insufficiency.
41. Cirrhosis of the liver with signs of portal hypertension or hepatic insufficiency.
42. Chronic glomerulonephritis with hypertension of mixed type.
43. Any form of glomerulonephritis with chronic renal insufficiency.
44. Chronic pyelonephritis with hypertension or chronic renal insufficiency.
45. Hydronephrosis with azotemia or pyelonephritis.
46. Single kidney (congenital or after nephrectomy) with azotemia or hypertension, and also with tuberculosis, pyelonephritis, or hydronephrosis of the remaining kidney.
47. Polycytosis of the kidney, complicated by pyelonephritis, hypertension, or chronic renal insufficiency.
48. Diseases of the nervous system and sense organs: residual symptoms after inflammatory and toxic diseases of the CNS with severe disorders of functioning in the extremities; severe forms of degenerative and demyelinating diseases, progressive muscular dystrophy and other forms of myopathy; epilepsy; retinal detachment; glaucoma with elevated intraocular pressure; extreme myopia; retinal abiotrophy; retinal angiomatosis (Hippel-Lindau disease); hemianopsia; nephritis of the ocular nerve; vertigo and other diseases of the vestibulare system; diseases of the auditory nerve with progressive loss of hearing.
49. Psychological disorders (in remission): transient psychotic episodes resulting from organic diseases; schizophrenia, paranoia; other non-organic psychoses; neurotic disorders; personality disorders; chronic alcoholism (all forms), drug addiction, mental retardation.
50. Diseases of the musculoskeletal system and connective tissue: diffuse connective tissue disease; rheumatoid arthritis and other inflammatory arthropathies, ankylosing spondylitis, osteochondropathy.
51. Genetic diseases: heterozygotic carriage by parents of all multi-genetic diseases (disorders of amino acid, carbohydrate, glycolipid, glycoprotein metabolism). Previous birth of children with sex-linked genetic diseases (hemophilia, Duchenne’s disease, etc.)
52. Previous surgical removal of a vital organ (lung or lobe, kidney, etc.).
53. Previous history of malignant neoplasm anywhere in the body.
54. Repeated Caesarian section in a woman with living children.
55. Uterine scar after a conservative myomectomy.

If a woman shows other indications not stipulated in this list the question of sterilization shall be decided by a commission on a case by case basis.

This list of medical indications was prepared by personnel from the Russian Academy of Medical Sciences Scientific Center of Obstetrics, Gynecology, and Perinatology (M.M. Shekhtman, O.G. Frolova, V.F. Volgina), the Sechenov Moscow Medical Academy, and the Maternal and Child Health Board of the Russian Ministry of Sciences.


In response to the numerous appeals of healthcare and executive agencies of the Russian Social Security Fund concerning procedures for issuing a certificate of disability and payment of social security benefits when citizens undergo medical sterilization in accordance with Article 37 of the Russian Federation Public Health Code, the Russian Ministry of Health and the Russian Social Security Fund are providing the following explanation:

In cases of medical procedures that inhibit the reproduction function (medical sterilization) performed in facilities of the federal or municipal public health system licensed to perform these procedures and after an expert assessment of temporary disability, a certificate of disability shall be issued to individuals who have undergone medical sterilization either because of medical indications or for purposes of birth control, as well as in cases of complications arising as a result of this intervention.

In these cases, temporary disability benefits shall be paid in accordance with the *Procedure for the Provision of Social Security Benefits* approved by resolution of the Presidium of the Russian Central Council of Trade Unions of December 11, 1984 as subsequently revised and amended. The item on the disability certificate labeled “Type of Disability” should state “disabled due to medical indications.”

**Procedure for Termination of Pregnancy (Excerpt)**
Appendix 3 to Russian Ministry of Health and the Medical Industry Order No. 242 of June 11, 1996

...19. After her pregnancy has been terminated, a woman shall be advised to visit a women’s counseling facility (polyclinic, outpatient treatment center) for the requisite rehabilitation procedures and for selection of a personal method of contraception....
“Regarding Approval of Regulation on Marriage and Family Counseling Services (MFCS) and Approaches To Counseling at MFCS” (Excerpts)
USSR Ministry of Health Order No. 465 of April 30, 1981,

1. A Marriage and Family Counseling Service shall be included as part of the women’s counseling services and shall provide medical assistance (including counseling) relating to diseases and conditions caused by disruptions of marital and family relationships.

2. The counseling services shall be set up in the capitals of the Soviet republics (ASSR), in oblast (kray) centers, and in other cities with populations of over 500,000.

3. The main purposes of the Marriage and Family Counseling Service shall be:

2.1. Medical aid to the public in the area of:

- reproductive disorders;
- medical aspects of family planning;
- psychological aspects of intra-family communication;
- sexual disorders and their prevention;
- medical and genetic testing of families with high risk of genetic pathologies;

3.2. Information and education concerning family health and relationships.

4. In accordance with its main purposes, the counseling services shall:

4.1 See patients on outpatient basis, generally, referred by other medical institutions that shall provide supporting medical documentation and the results of patient’s examination;

4.2. Issue medical recommendations for treatment and follow-up monitoring by medical institutions near the patient’s place of residence;

4.3. Use specialized methods for examining and treating individuals with disorders of sexual or reproductive function and genetic pathologies; identify those requiring treatment at hospitals or medical resorts;

4.4. Select and recommend individually tailored modern methods of birth control to prevent unwanted pregnancies, including in cases where there is elevated risk of birth defects or high-risk pregnancies resulting in a sick child....

Recommendations for Approaches to Counseling at MFCS

The main objective of the Marriage and Family Counseling Service is to provide specialized healthcare and counseling on medical aspects of marital and family relations....

Patients are seen for specialized healthcare and counseling for:

- Infertility (male and female);
- In-depth outpatient examination and treatment of women and men suffering from reproductive disorders; identification of women requiring inpatient treatment at hospitals or medical resorts;
• Medical aspects of family planning: individual selection of birth control to prevent unwanted pregnancies in newlyweds and families with increased risk for giving birth to children with disorders;...
VII. C. ii. Draft Laws

Draft Federal Law “The Regulatory Basis for Bioethics and Ensuring Compliance With It”

Introduced by Second State Duma members V.F. Sharapov and V.I. Davidenko. Accepted for reading by the State Duma Council session of June 23, 1997 and recorded in minutes No. 93.

ARTICLE 9. SAFEGUARDING THE LIVES AND HEALTH OF MOTHERS AND CHILDREN.

Safeguarding the lives and health of mothers and children is critically important for the present and future of society.

To protect the life and health of mothers and children and maintain the reproductive health of the Russian Federation’s citizens it shall be prohibited to:

a) perform abortions because of social (i.e. nonmedical) indications;

b) use human embryos and fetuses for diagnostic, therapeutic, experimental, industrial, commercial, or other purposes; trade in embryos and germ cells;

c) reduce (intentionally decrease the number) of embryos in cases of multiple impregnation or other reproductive methods associated with embryo manipulations;

d) exercise any actions directed at depriving individuals of their right to normal childbearing, excluding cases where such intervention is essential for saving a human life;

e) offering of surrogate mother services (mothers carrying other women’s children);

The physician shall not take the initiative and insist on abortion, sterilization, or contraception for nonmedical indications.

Issues of family planning and sex education of children are the private business of families and shall not be financed by the government.

Foreign organizations and investors shall not participate in decisions involving government policy in the area of reproductive health or demography or be involved in any kind of activities in these areas.

ARTICLE 16. INFORMATION ON HEALTH

...In prescribing treatments, including medication or contraception to a woman of childbearing age, a physician shall warn her of possible side effects that may cause harm to her reproductive health or the health of a fetus or that could lead to a miscarriage.
Explanatory Note on the Draft Federal Law The Regulatory Basis for Bioethics and Ensuring Compliance With It

...Maintenance of reproductive health is an issue of enormous national importance and involves political, social, demographic, spiritual, and moral aspects.

Remembering this, this draft law introduces restrictions on the use of biological and medical technologies that pose a danger for the life and health of mother and child and go counter to standards of morality and traditional spiritual values. This applies in particular to the use of human embryos and fetuses for experimental, diagnostic, therapeutic, commercial, or industrial purposes. Thus, hereby we ban the use of fetal tissues for purposes of fetal therapy, which is prohibited in virtually all countries of the world, but in our country has become a business, including international business.

The particular attention, which in this draft law is devoted to moral aspects of reproductive health, is a result of the dramatic situation that has developed in this area in Russia.

The number of childless marriages among couples of childbearing age in a number of Russian regions is 25 percent. Total losses in the number of newborns in Russia as a result of the decreased birth rate have reached four million over the last five years.

Between 1991 and 1995 the number of normal births (with no complications) decreased from 46.8 percent to 36.0 percent.

In 1995, around 20,000 cases of syphilis were registered in patients less than 18 years of age (45 times greater than the same indicator in 1989, including a 30-fold increase in congenital syphilis).

Between 48 percent and 60 percent of women of childbearing age are registered as having gynecological disorders, primarily due to abortions.

And in this situation they are relaxing the restrictions on abortions and sterilization.

For example, among medical indications for sterilization are chronic pneumonia or any other disease if there is a physician’s recommendation.


Introduced by Second State Duma members N.F. Gerasimenko, G.R. Askerkhanov, V.A. Vorogushin, S.N. Fedorov, and Federations Council member V.D. Chernykh. Accepted for reading on June 16, 1999 as recorded in minutes No. 144 of the State Duma Council’s meeting. On January 27, 1999 accepted by the State Duma in its first reading.

ARTICLE 144. MEDICAL STERILIZATION

1. Medical sterilization as a procedure that inhibits the reproduction function or as a method of contraception may be performed only at the written request of a patient at least 35 years of age or one who has at least two children or if there are medical indications and the patient consents, regardless of age or number of children.
2. The list of medical indications for medical sterilization shall be determined by a federal healthcare agency.

3. Medical sterilization shall be performed in a federal or municipal medical facility.
VII. C. iii. Legal Analysis

Russian Federation laws permit medical sterilization as a method of contraception (cf. Article 37 of the Code of Public Health). The conditions under which this method is permitted include the age of the citizen (at least 35) and/or the number of his/her children (at least two).

Medical sterilization may be performed only in federal or municipal healthcare facilities. A patient’s consent to medical sterilization must be provided in written form.

There are general provisions for benefits for temporary disability during the surgery and postoperative recovery, which may be received as provided for in the procedures for the Provision of Social Security Benefits, approved by resolution of the All-Union Central Council of Trade Unions Presidium.

The draft Federal Law titled The Regulatory Basis for Bioethics and Ensuring Compliance With It proposes a ban on interventions intended to deprive people of the right to natural reproduction, excluding cases where such intervention is essential to save a human life.

The use of other methods of contraception is not regulated by law. These methods need only comply with general requirements, i.e. be registered and authorized for use in Russia.

The Ministry of Health requires that a woman who opts for the termination of her pregnancy visit a women’s counseling center (polyclinic or outpatient clinic) for the necessary rehabilitation measures and selection of personal method of contraception (cf. Procedure for Termination of Pregnancy).

The responsibility of selecting a personal method of contraception is also assigned to the Marriage and Family Counseling Services (cf. USSR Ministry of Health Order No. 465 of April 30, 1981 Regarding Approval of Regulation on Marriage and Family Counseling Services (MFCS) and Approaches To Counseling at MFCS).
VII. D. PROCEDURE FOR TERMINATION OF PREGNANCY

i. Existing Regulations

No. 5487-1 (Last revised December 20, 1999)

Section VI. Rights of Citizens Receiving Medical and Social Care

...ARTICLE 30. PATIENTS’ RIGHTS

When a patient seeks and obtains medical care, he/she has the right:

1. to be treated respectfully and humanely by medical and assistant personnel;
2. to choose his/her physician, including family and attending physician, with the physician’s consent, and also the medical facility where he/she shall be treated, in accordance with mandatory and voluntary insurance agreements;
3. to have examination, treatment, and health maintenance procedures provided in an environment compliant with sanitary and hygienic requirements;
4. to have a consultation, upon his or her request, with other specialists;
5. to obtain relief from the pain associated with the disease and/or medical intervention using available means and methods;
6. to nondisclosure of information that he/she has sought medical treatment, or concerning his/her state of health, diagnosis, and other information obtained during examination and treatment in accordance with article 61 of this Code;
7. to give voluntary informed consent to medical intervention in accordance with Article 32 of this Code;
8. to refuse medical intervention in accordance with Article 33 of this Code;
9. to obtain information about his/her rights and obligations and health status in accordance with Article 31 of this Code, and also to choose the individuals to whom information about his/her health status may be provided, if this is in the patient’s interest;...

If a patient’s rights are violated, he/she may submit a complaint directly to the director or other official of the medical facility in which he/she has been receiving medical care, or to the appropriate professional medical associations and licensing committee, or to a court....

ARTICLE 32. CONSENT TO MEDICAL INTERVENTION

A mandatory prerequisite to medical intervention is the voluntary informed consent of the citizen....
Consent to medical intervention involving an individual younger than 15 years of age who have been duly acknowledged incompetent in accordance with the law, is provided by their legal guardians after they have been given the information stipulated in Part I of Article 31 of this Code. If there is no legal guardian, the decision about medical intervention is made by a consultation commission and if it is not possible to convene such a commission by the attending physician (physician on duty) who shall subsequently inform the officials of the medical facility and the legal guardians.

Section VII. Medical Services Pertaining to Family Planning and Regulation of Human Reproductive Function

ARTICLE 36. TERMINATION OF PREGNANCY

Every woman has the right to decide for herself whether to become a mother. Termination of pregnancy is performed at the request of the woman at a term of pregnancy up to 12 weeks; or if social indications exist, up to 22 weeks; if medical indications exist and the woman consents, pregnancies may be terminated regardless of term.

Pregnancy terminations are covered by the mandatory medical insurance program and are performed at facilities licensed for this type of services and by physicians who have received special training.

The list of medical indications for pregnancy termination shall be defined by the Russian Federation Ministry of Health and the list of social indications by a statement approved by the Russian Federation Government.

Illegal performance of pregnancy termination is a crime in accordance with Russian Federation law.

Strategies for Improving the Position of Women in the Russian Federation (Excerpts)

Government Resolution No. 6 of January 8, 1996

I. The Most Important Characteristics of Women’s Status that are Cause for Particular Concern in the Russian Federation

Protecting Women’s Health

...The significant number of abortions performed in Russia, which has one of the highest (rates) in the world remains a serious issue. In 1994, 3.1 million officially recorded abortions were performed, almost twice the number of births. For every 1,000 women of childbearing age, there were an average of 83.4 abortions performed in 1994....

II. Strategic Objectives and Main Approaches to their Implementation...

d) in the women’s healthcare

... efforts shall be made to protect women’s health, foster the environment enabling women to exercise their reproductive rights, and to obtain pre-and postnatal healthcare, including services offered
by the Pre- and Postnatal Maternal Care Federal Program. A system shall be developed to protect women’s reproductive health, provide first line medical and healthcare services structured to address the health needs of women of different ages. Specialized medical services for women and girls shall be expanded;...

Foster the development and adoption of modern medical technologies that ensure the birth of healthy children, prevent disabilities, and aid in caring for premature babies, as well as increase abortion safety.

**Regarding Approval of the List of Medical Indications for Termination of Pregnancy (Abridged)**

**Russian Federation Ministry of Health Order No. 302 of December 28, 1993**

The Russian Federation Code of Public Health (Article 36) mandates that every woman has the right to decide for herself whether to become a mother. Induced termination of pregnancy for medical indications is performed with the consent of the woman, regardless of term of pregnancy.

To ensure that induced pregnancy termination for medical indications is performed in an efficient and orderly manner, I hereby approve:

1. Procedures for authorizing induced pregnancy termination for medical indications (Attachment 1).
2. List of medical indications for termination of pregnancy (Attachment 2).

I hereby order:

1. That the directors of public health agencies of the administrative territories of Russia and physicians at women’s medical counseling services and healthcare facilities when they refer women for termination of pregnancy for medical indications use the list of medical indications approved in this order.
2. That the procedures for authorizing induced pregnancy termination for medical indications approved by order of the USSR Ministry of Health No. 234 of March 16, 1982 is no longer in effect on the territory of the Russian Federation.

**Attachment 1 to Ministry of Health Order No. 302 of December 28, 1993**

**Procedures for authorizing induced pregnancy termination for medical indications**

The existence of medical indications to terminate pregnancy shall be acknowledged by a commission consisting of an obstetrician/gynecologist, a physician specializing in the pregnant women’s diseases, and the director of the medical facility or appropriate division thereof, in outpatient clinics or inpatient facilities.

If medical indications are confirmed, the pregnant woman is informed of the finding along with a complete clinical diagnosis, confirmed by the required signatures as indicated above and the institution’s seal.
Note: If the pregnant woman is diagnosed with a psychological or venereal disease, the aforementioned documentation shall be forwarded directly to the obstetric/gynecological institution. If medical indications are established in the pregnant women while she is in an ob/gyn hospital, the appropriate record is made in the patient’s chart, confirmed by the signature of a physician specializing in the disease or condition from which the woman is suffering, the attending physician, and the director of the medical institution (division).

**Regarding Approval of the List of Social Indications for Termination of Pregnancy (Abridged)**
*Government Resolution No. 567 of May 8, 1996*

1. Group I-II disability in the husband.
2. Husband’s death during the pregnancy.
3. Incarceration of the woman or her husband.
4. Duly established unemployment of the woman or her husband.
5. A court order depriving or restricting parental rights.
6. The woman is unmarried.
7. Dissolution of the marriage during the pregnancy.
8. Pregnancy is the result of rape.
9. Lack of a residence, place in a communal living facility, or private apartment.
10. Woman has the status of a fugitive or exile.
11. Multiple children (three or more).
12. Disabled child in the family.
13. Income per family member less than the minimum living standard established for that region.

**Regarding the List of Social Indications and Approval of the Procedures for Termination of Pregnancy (Abridged)**
*Russian Federation Ministry of Health and the Medical Industry Order No. 242 of June 11, 1996*

I hereby bring to your attention Government Resolution No. 567 of May 8, 1996, Regarding Approval of the List of Social Indications for Termination of Pregnancy.


1. To approve the list of social indications for induced termination of pregnancy (Attachment 1).
2. To charge the Ministry of Health and the Medical Industry of the Russian Federation to make the necessary changes in the departmental regulations within a one month’s period.

In compliance with Government Resolution No. 567 of May 8, 1996, Regarding Approval of the List of Social Indications for Termination of Pregnancy, I hereby approve:
1. Procedure for authorizing induced termination of pregnancy (Attachment 2).
2. Procedure for induced termination of pregnancy (Attachment 3).

I hereby order:

1. That the heads of healthcare agencies of Russian Federation subjects:
   1.1. Comply with the approved list when referring women for pregnancy termination for social indications (Attachment 1);
   1.2 Ensure that induced termination of pregnancy for social indications is performed in federal or municipal healthcare facilities that have been licensed to perform such operations.

2. That USSR Ministry of Health Orders No. 1342 of December 31, 1987 “Regarding approval of procedures for authorizing operations to terminate pregnancy for nonmedical indications” and No. 234 of March 16, 1982 “Regarding approval of procedures for performing operations to terminate pregnancy” no longer be considered to be in effect on the territories of the Russian Federation.

Attachment 2
To order of the Russian Ministry of Health and the Medical Industry
No. 242 of June 11, 1996

Procedures for Authorizing Induced Termination of Pregnancy for Social Indications

Pursuant to Article 36 of the Russian Federation Code of Public Health of July 22, 1993, termination of pregnancy for social indications shall be performed at the request of a woman who is no more than 22 weeks pregnant.

Termination of pregnancy shall be covered by mandatory medical insurance and be performed in facilities that have been licensed to perform this type of procedure by specially trained physicians.

The termination of pregnancy for social indications shall be considered by a commission of an outpatient or inpatient facility consisting of an obstetrician/gynecologist, the head of the institution (division thereof), and a lawyer, in response to the written request of the woman and upon presentation of an ob/gyn written certification of the term of pregnancy and the required legal documents (certificate of husband’s death, divorce etc.) confirming the social indications.

The list of social indications for terminating pregnancy are presented in Attachment 1.

If there are social indications, the pregnant woman is issued a finding with a complete clinical diagnosis, attested to by the signatures of the commission members and the seal of the institution.
Attachment 3  
To order of the Russian Ministry of Health and the Medical Industry  
No. 242 of June 11, 1996  

Procedure for Induced Termination of Pregnancy  

1. Termination of pregnancy shall be performed at the request of a woman at no more than 12 weeks of pregnancy; for social indications, up to 22 weeks of pregnancy; and if medical indications exist and the woman consents, regardless of term of pregnancy.  

2. Medical contraindications to induced pregnancy termination shall include: 

   a) acute and sub-acute inflammatory processes of the female reproductive organs, including sexually transmitted infections;  
   b) acute inflammatory processes of any localization;  
   c) acute infectious diseases.  

   If other contraindications exist, the issue shall be resolved on a case by case basis.  

   Note: Pregnancy may be terminated after recovery from such diseases in accordance with paragraph 1 of this procedure.  

3. To obtain authorization for an induced termination of pregnancy, a woman shall go to an obstetrician/gynecologist at a women’s counseling center, or a local clinic (outpatient facility), a family doctor in general practice, or, in a rural area, to a obstetrician/gynecologist in the regional hospital or the local hospital.  

4. The heads of the healthcare institutions receiving a request from a woman who, for some reason, does not want to terminate her pregnancy at a local facility shall authorize a physical examination, and outpatient examination, and the induced termination of pregnancy at a healthcare institution at another location.  

5. When an obstetrician/gynecologist receives a request from a woman for a referral for an induced termination of pregnancy, he/she shall conduct an examination to determine term of pregnancy and to establish that there are no medical contraindications to surgery.  

6. Before providing a referral, the physician shall perform a blood analysis for syphilis and a bacterioscopic analysis of a vaginal smear, the cervical canal, and the urethra. A primigravida shall also be tested for Rh factor.  

   Pregnant woman shall be tested for HIV only if the aborted fetus and placental blood are to be collected for subsequent use in production of immunological drugs.  

7. When a pregnancy is terminated late in the term, the complete clinical examination required for abdominal surgery shall be performed.  

8. Early term termination of a pregnancy (early term non-surgical abortion) is recommended after pregnancy has been confirmed with various tests and ultrasound scanning.
9. Results of the tests are entered in an Outpatient Medical History Chart (form 025/u-87).

10. If there are no medical contraindications for an operation pregnancy termination, the woman is issued a referral to a medical institution indicating the term of her pregnancy, the result of the examination, and the decision of the commission regarding termination of pregnancy for specific medical (diagnosis) or social indications.

Note: Consent for medical intervention for individuals less than 15 years old and individuals who have been duly declared incompetent shall be provided by their legal guardians (Article 32 Russian Federation Public Health Code).

11. Termination of pregnancy in outpatient facilities are allowed under the following conditions:

- early in the pregnancy, when the menstrual period is no more than 20 days late (so-called mini-abortion),
- for a pregnancy term of no more than 12 weeks with the patient spending part of the day in an inpatient facility at a specialized scientific research institute, clinical, or general city and regional hospitals.

Pregnancies of up to 12 weeks when the woman has a complicated obstetric history (uterine scarring, extrauterine pregnancy) uterine myomas, chronic inflammatory process with frequent acute outbreaks, developmental anomalies or the reproductive organs and other gynecological pathologies, if there are extragenital diseases, allergic conditions, and also later in the pregnancy, shall only be terminated under inpatient conditions.

Operations to terminate pregnancy in the second trimester are best performed in multi-specialty, well equipped hospitals.

12. To be hospitalized, the pregnant woman must have a referral to an inpatient facility, a copy of the commission’s decision, and results of tests.

13. The following forms must be completed for each woman admitted to an inpatient obstetric/gynecological facility:

- Pregnancy Termination Medical Chart (form 003-1/u), upon admittance for approved termination of pregnancy at a term of less than 12 weeks;
- Inpatient Medical Chart (form 003/u), for a term of less than 22 weeks in all other cases (pregnancy termination for social indications, possibility of miscarriage, onset of miscarriage etc.);
- at a term of 22 weeks or more:
  
  a) Labor History Chart (form 096/u), upon admission to an obstetric hospital in accordance with Ministry of Health Order No. 318 of December 04, 1992, titled Regarding Adoption of WHO Recommendations for Criteria of Live and Still Births (threat of miscarriage, beginning of premature labor); or
  
  b) Inpatient Medical History Chart (form 003/u), upon admission because of miscarriage to a gynecological hospital (in all cases aside from paragraph “a”).

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Information about termination of an early term pregnancy performed on an outpatient basis is recorded in the Outpatient Medical Chart (form 025/u-87) and Recording Log of Outpatient Surgeries (form 069/u).

14. Pregnancy termination shall be performed in accordance with the appropriate methodology recommendations and must utilize the mandatory analgesic.

15. After a pregnancy termination a woman with Rh-negative factor shall immunized with Rh₀ (D) human immune globulin.

16. The attending physician on an individual basis depending on the woman’s health condition shall determine duration of the hospital stay after a pregnancy termination surgery.

After a vacuum aspiration at an early term in the pregnancy in an outpatient facility or pregnancy termination at no more than 12 weeks in a daytime hospital without postoperative complications, the patients must remain under observation of medical personnel for at least four hours.

17. After termination of pregnancy in out- or inpatient facilities each woman must be given the required post-operative instructions, possible complications, and recommendations for preventing unwanted pregnancies.

18. Working women who undergo pregnancy termination shall be duly issued a disability certificate for a period of at least three days.

19. Following a pregnancy termination procedure, the woman shall be advised to visit a women’s counseling center (clinic or outpatient facility) for the requisite rehabilitation measures and selection of a personal birth control method.

Regulation On the Procedure for Obtaining Social Security Benefits
(Excerpt)
Approved by resolution No. 13-6 of the All-Union Central Council of Trade Unions Presidium on November 12, 1984
(revised and amended on April 15, 1994)

16. ...Social security benefits associated with a pregnancy termination procedure are issued for the first three days of temporary disability. Starting on the fourth day, benefits shall be extended for patients who underwent pregnancy termination for medical indications or had spontaneous abortion and also for women whose mean monthly wages for the two preceding calendar months (for women who are members of a kolkhoz, the mean monthly earnings for the calendar year preceding the start of disability period) did not exceed the established minimum amount. In all other cases, if the temporary disability associated with the termination of pregnancy exceeds 10 days, the payment of benefits shall be renewed staring with the 11th day of temporary disability....

In response to requests concerning procedures for issuing certificates of disability following pregnancy terminations for social indications and associated social security benefits, the Russian Federation Social Security Fund is providing the following explanation:

Government Resolution No. 567 dated May 8, 1996 (attached) approved a list of social indications for termination of pregnancy.

In compliance with Article 36 of the Russian Federation Code of Public Health, termination of pregnancy for social indications may be performed at the request of the woman up to a term of 22 weeks.

In accordance with order 242 of the Russian Ministry of Health and the Medical Industry of June 11, 1996, the surgery shall be performed in federal or municipal healthcare facilities that are licensed for this type of procedure.

After a pregnancy termination, including one for social indications, employed woman shall be issued a disability certificate for at least three days in accordance with paragraph 16 of the procedure for Providing Social Security Benefits, i.e. the benefits are paid for the first three days of temporary disability. If the disability associated with the pregnancy termination continues for longer than 10 days, payment of benefits is resumed on day 11 of temporary disability.

Russian Federation Criminal Code of June 13, 1996 (Excerpt)
No. 63-FZ

ARTICLE 123. ILLEGAL ABORTION

1. Performance of abortion by an individual who has not received higher medical training in the appropriate specialty shall be punished by a fine from 100 to 200 times the minimum wage or the amount of salary or other income of the accused for a period of one to two months, or 100 to 240 hours of mandatory community service labor, or labor while incarcerated for one to two years.

2. A repeat offense by an individual previously convicted of illegally performing an abortion, shall be punished by house arrest for a period up to three years or jail for from four to six months, or imprisonment for up to two years.

3. Acts described in items 1 and 2 of this Article that lead through negligence to the death of the woman on whom the abortion was performed or to severe damage to her health shall be punished by imprisonment for up to five years and loss of the right to hold certain offices or work in certain jobs for up to three years or for an indefinite period.
VII. D. ii. Draft Laws

Draft Federal Law
The Regulatory Basis for Bioethics and Ensuring Compliance With It (Excerpt)

Introductions by Second State Duma members V.F. Sharapov and V.I. Davidenko. Accepted for reading by the State Duma Council session of June 23, 1997 and recorded in minutes No. 93.


ARTICLE 2: DEFINITIONS

Abortion for social indications – induced termination of pregnancy at a term of 12-22 weeks.

ARTICLE 9. PROTECTING THE LIVES AND HEALTH OF MOTHERS AND CHILDREN

Protection of the life and health of mothers and children is critically important for the present and future of society.

To protect the life and health of mothers and children and maintain the reproductive health of Russian Federation citizens it is prohibited to:

a) Perform abortions for social (i.e. nonmedical) indications;

b) Use human embryos and fetuses for diagnostic, therapeutic, experimental, industrial, commercial, or other purposes; trade in embryos and germ cells;

c) Reduce (intentionally decrease the number of) embryos in cases of multiple births or other reproductive technologies associated with embryos’ manipulation;

d) Any actions directed at depriving individuals of their right to normal reproduction, excluding cases where such intervention is essential for saving a human life;

e) Offering of surrogate mother services (mother carrying other women’s children);

A physician may not take the initiative and insist on abortion, sterilization, or contraception for nonmedical indications.

Issues of family planning and sex education of children are the private business of families and shall not be financed by the government.

Foreign organizations and investors shall not participate in decisions involving government policy in the area of reproductive health or demography or be involved in any kind of activities in these areas.
ARTICLE 10. PROTECTION OF LIFE AND HEALTH IN MARKETING (ADVERTISING) OF DEVICES AND METHODS OF HEALTH INTERVENTION.

Marketing (advertising) of anything that presents a risk of a serious illness, or is capable of causing other damage to human health is prohibited in the Russian Federation, including:

h) Announcements offering abortions, contraception, or sterilization;

Section II. The Regulatory Foundation for Bioethics in Healthcare Relationships

ARTICLE 12. PROTECTION OF INDIVIDUAL UNABLE TO GIVE CONSENT...

When decisions are made on consent for medical intervention with regard to minors, their opinion (desires) shall be considered in proportion to their age and maturity.

Refusal of parents or other legal guardians of medical care essential to a child may not serve as a justification for failure to provide such care to that child. If such a refusal presents a danger to the life or health of a child or is counter to the child’s interests, the decision to intervene medically shall be made using the procedure mandated in Part I of Article 14 of this Federal Law.

The consent of parents or other guardians is mandatory for performance of medical procedures on minors in preschool or educational institutions, including promotion of devices and methods of affecting human physiology and health, and also the use of methods and devices of intervention directed at physical and mental health of minors.

Explanatory note about the draft Federal Law the Regulatory Basis for Bioethics and Ensuring Compliance With It

...Maintenance of reproductive health is an issue of enormous national importance involving political, social, demographic, spiritual, and moral aspects.

Remembering this, this draft law introduces restrictions on the use of biological and medical technologies that pose a danger for the life and health of mother and child and go counter to standards of morality and traditional spiritual values. This applies in particular to the use of human embryos and fetuses for experimental, diagnostic, therapeutic, commercial, or industrial purposes. Thus, hereby we ban the use of fetal tissues for purposes of fetal therapy, which is prohibited in virtually all countries of the world, but in our country has become a business, including international business.

The particular attention, which in this draft law is devoted to moral aspects of reproductive health, is a result of the dramatic situation that has developed in this area in Russia.

The number of childless marriages among couples of childbearing age in a number of Russian regions is 25 percent. Total losses in the number of newborns in Russia as a result of the decreased birth rate have reached four million over the last five years.

Between 1991 and 1995 the number of normal births (with no complications) decreased from 46.8 percent to 36.0 percent.
In 1995, around 20,000 cases of syphilis were registered in patients less than 18 years of age (45 times greater than the same indicator in 1989, including a 30-fold increase in congenital syphilis).

Between 48 percent and 60 percent of women of childbearing age are registered as having gynecological disorders, primarily due to abortions.

And in this situation they are relaxing the restrictions on abortions and sterilization.

For example, among medical indications for sterilization are chronic pneumonia or any other disease if there is a physician’s recommendation.

The number of abortions in Russia in 1995 was 2.7 million (in 1991 this indicator was 4.5 throughout the whole CIS).

Out of consideration of the above, this draft law prohibits abortion for social indications, i.e. later term abortions (from 12 to 22 weeks). This measure is based on the fact that the current regulations in effect allow the absolute majority of women to make unrestricted decisions to annihilate their babies. Late term abortions have extremely negative consequences for the psychological and reproductive health of a woman. After an abortion has been performed, there is a sharp increase in the probability of developing the so-called postabortion syndrome, which is a form of post-traumatic stress, such as is experienced by victims of catastrophes, wars, and natural disasters. Late term abortions have an extremely detrimental effect on a woman’s reproductive health, inducing serious complications and threatening infertility. Experience shows that half of all late term abortions end in complications. Abortions are one of the primary causes of death in childbirth. The danger of abortion to the life of a pregnant woman increases with increasing term of pregnancy. The likelihood of a woman losing her capacity to bear children increases sharply, including that due to hysterectomy.

There is no doubt that this situation would promote large-scale use of fetal tissue for fetal therapy. There is the possibility that the woman’s decision will be manipulated out of selfish motives involving the use of the fetus’ tissues and organs....


Introduced by Second State Duma deputies N.F. Gerasimenko, G.R. Askerkhanov, V. A. Vorogushin, S.N. Fedorov, and Federations Council member V.D. Chernykh. Accepted for reading on June 16, 1998, and recorded in minutes No. 144 of the State Duma Council session. On January 27, 1999, accepted by the State Duma in its first reading by Resolution No. 3571-II.

ARTICLE 143. TERMINATION OF PREGNANCY

1. Every woman has the right to decide for herself whether or not to be a mother. Termination of pregnancy shall be performed at the wish of the woman at a pregnancy term of up to 12 weeks, or if social indications exist up to 22 weeks, or if medical indications exist regardless of term of pregnancy.

2. Physicians who have received special training shall perform termination of pregnancy without charge as part of the mandatory medical insurance program in medical organizations.
3. Termination of abortion when medical indications exist shall be performed in medical organizations of the state or municipal sector. The list of medical indications for termination of pregnancy shall be defined by a federal public health agency, and the list of social indications by a statement approved by the Russian Government.
VII. D. iii. Legal Analysis

According to Russian law every woman has the right to decide for herself whether to be a mother.

Pregnancies may be terminated:

- if medical indications exist (regardless of term of pregnancy);
- if social indications exist (up to 22 weeks of pregnancy);
- at the wish of the woman (up to 12 weeks of pregnancy).

For the list of social indications for termination of pregnancy, see Russian Ministry of Health and the Medical Industry Order No. 242 of June 11, 1996.

For the list of medical indications for termination of pregnancy, see Russian Ministry of Health Order No. 302 of December 28, 1993.

Since abortion is a special case of medical care, a woman who has this operation possesses all the rights of a patient, namely:

- to be treated respectfully and humanely by medical and auxiliary personnel;
- to be maintained under conditions complying with sanitary and healthcare requirements;
- to obtain relief of the pain associated with the medical intervention; to nondisclosure of information that she has sought medical treatment, her state of health, diagnosis, and other information.

Pregnancy termination may be performed on minors without the consent of parents (legal guardians) if they are 15 years or older. In such cases, the physician not only is not obliged to inform the parents of the medical intervention, but also is obliged to keep the fact secret.

The Russian Criminal Code (Article 123) stipulates liability for illegal performance of abortion, i.e., performance of an abortion by an individual without the required specialized training. If the physician has the appropriate specialized training, performing an abortion at a term of, for example, 14 weeks if there are no social indications, is not considered a crime, and if the operation does not harm the health of the patient, results only in a disciplinary penalty (reprimand, firing). A physician in private practice could lose his license. Patients are not charged for services associated with termination of pregnancy; such services are paid for by mandatory insurance funds.

For the period of the surgery the woman is issued a medical certificate and is paid benefits for temporary disability (cf. Letter from the Russian Federation Social Insurance Fund No. 051/152-97).

An increase in the safety of abortions has been designated by the government as one of the ways to improve the position of women in Russia.

Draft Federal Law “On Healthcare in the Russian Federation” passed on the first reading by the State Duma does not change the government’s treatment of abortion. On the other hand, draft Federal Law The Regulatory Basis for Bioethics and Ensuring Compliance With It mandates a prohibition on abortion for social indications, and also demands that a minor’s parents consent to an abortion.
VII. E. SEXUALLY TRANSMITTED DISEASES AND HIV INFECTIONS

i. Existing Regulations

“Regarding Urgent Measures to Prevent Spread of Sexually Transmitted Diseases” (Abridged)
Russian Federation Ministry of Health Order No. 91 of March 27, 1998

In recent years the rate of infection with venereal and other sexually transmitted diseases in Russia has become a real threat. In 1996 alone there were records of 1.8 million people developing sexually transmitted diseases for the first time. The morbidity rate has reached 1,282.7 cases per 100 thousand people. In 1997 the tendency for the morbidity rate to increase continued.

The epidemiological situation is particularly acute with regard to syphilis, which has increased more than 60-fold compared to 1989 and in 1996 had reached 264.6 per 100 thousand people in the population. The highest rates were recorded in the republic of Tyva – 694.8, the Sakhalin Oblast – 639.0, the republic of Khakasiya – 607.1, and the Kalingrad Oblast – 520.0.

The 77-fold increase in syphilis in children, including an increase by a factor of 18.8 in congenital syphilis, is cause for extreme concern.

Among the so-called “new generation” infections the highest morbidity rates occur for urogenital candidiosis — 185.0, gardnerellosis – 153.0, and chlamydiosis — 106.1.

In recent years, the Ministry of Health and healthcare management agencies of Russian Federation administrative areas have been working to decrease the spread of and prevent sexually transmitted diseases and their consequences.

For purposes of early diagnosis of syphilis, the screening of certain population groups has been expanded.

To support emergency diagnosis and timely treatment of sexually transmitted diseases, and forestall self-treatment, approximately 300 anonymous examination and treatment offices have been set up. In 1996, these offices identified and treated more than 200 thousand patients with sexually transmitted diseases, including more than 26 thousand with syphilis (10% of all registered cases of syphilis), and approximately 54 thousand cases of gonorrhea (20%).

Medical facilities are incorporating modern standardized methods of diagnosing and treating sexually transmitted diseases, making it possible to decrease the need for expensive inpatient examination and treatment.

Efforts are underway to integrate the work of the dermatology and venereal disease services with that of obstetric/gynecological, urological, and epidemiological services by holding conferences and workshops and publishing methodological and instructional material for healthcare providers. To improve the professional knowledge of physicians working in the diagnosis and treatment of sexually transmitted diseases, a program has been developed for the postgraduate training of specialists in dermatology/venereal disease.

In a number of administrative territories of the Russian Federation dermatology/venereal disease clinics have entered into contract with local government healthcare agencies to implement a multi-
component preventive and treatment program tailored to the needs of different communities. Their experience has shown that, even in an environment of economic instability, a central stage-by-stage provision of resources for prevention, diagnosis, and treatment of sexually transmitted diseases is possible.

These measures have led to some decrease in the morbidity rates, but the problem of prevention has not yet been solved. There are still unresolved issues and unused resources in the implementation of anti-epidemiological programs.

Prevention of initial infection lags behind the changing social and economic conditions. Mass media are not being fully utilized to provide the public with the necessary knowledge to prevent these diseases; a mechanism for anti-epidemiological monitoring of groups showing high risk behaviors has not been developed; the possibilities for more accessible and adequate medical aid to patients have not been identified.

The number of domestically produced diagnostic test-kits and drugs does not meet the needs of healthcare, and their quality does not meet modern standards; this decreases the efficacy of medical care.

Nonprescription access to antibiotics and advertisements for their use has a negative effect on measures to combat sexually transmitted diseases.

To effect urgent measures to prevent the spread of sexually transmitted diseases, I hereby order that:

2. The Agency of Public Medical Care, the Department of Epidemiological Oversight, the Division of Legislative and Federal Assembly Relations shall, in the course of 1998, prepare proposals on incorporating revisions and amendments into current law on administrative infringements.

3. The Agency of Public Medical Care and the Department of Epidemiological Oversight shall:

3.2. Provide the public with information on ways to prevent sexually transmitted diseases within the framework of the Federal Program to Prevent the Spread of Diseases Caused by the Human Immunodeficiency (HIV) Virus in the Russian Federation in 1996-1997 and until year 2000.

4. The Agency of Public Medical Care and the Agency for Mother and Child Health shall:

4.1. In the second and third quarters of 1998, prepare recommendations:

4.1.1. Regarding effective methods for diagnosis and management of pregnant women in order to prevent congenital syphilis; and

4.1.2. Regarding the prevention of initial infection with sexually transmitted diseases in adolescents.

10. The directors of healthcare management agencies in administrative territories of the Russian Federation shall:

10.2. Regularly inform the public, including through the mass media, about the spread of sexually transmitted diseases and measures of preventing them;
10.3. Prohibit advertising of prescription drugs for the treatment of sexually transmitted diseases;

10.4. Set up centers for medical and social aid to children and adolescents with sexually transmitted diseases, using experience gained in the work of the Novosibirsk municipal counseling and diagnostic center;

10.5. Find internal resources to centrally provide dermatological and venereal disease facilities with the following:

10.5.1. Modern diagnostic tools and drugs for identification and treatment of sexually transmitted diseases, with special attention paid to the need to buy long-lasting penicillin G. benzathine;

10.5.2. Personal protection devices to supply high-risk groups of patients free of charge.

10.6. Create the conditions so that the public may acquire inexpensive personal protection devices, including at (railroad) stations, hotels, resorts, and public toilets, etc.

“Regarding Prevention of the Spread of Diseases Caused by the Human Immunodeficiency Virus (HIV) in the Russian Federation” (Abridged)
Federal Law No. 38-FZ of March 30, 1995
(most recent revisions January 9, 1997)

Chapter 1. General Provisions.

ARTICLE 1. DEFINITIONS

This Federal Law uses the following terms:

HIV infection – disease caused by the human immunodeficiency virus.
HIV-positive individuals – those infected with the HIV virus.

ARTICLE 2. RUSSIAN FEDERATION LAWS CONCERNING PREVENTION OF HIV INFECTION.

1. Russian Federation Laws concerning prevention of HIV infections include this Federal Law, other federal laws, and regulations adopted in association with such laws, including laws and other regulations of administrative territories of the Russian Federation.

2. Federal laws and regulations and also laws and regulations of administrative territories of the Russian Federation shall not weaken the guarantees mandated by this Federal Law.

3. If international agreements signed by the Russian Federation have established other provisions than those stipulated by this Federal Law, then the stipulation in the international agreements shall prevail.
ARTICLE 3. APPLICATION OF THIS FEDERAL LAW

This Federal Law applies to citizens of the Russian Federation, foreign citizens, and individuals with no citizenship on the territory of the Russian Federation, including permanent residents of the Russian Federation, as well as businesses, institutions, and organizations duly registered on the territory of the Russian Federation, regardless of their ownership type or status.

ARTICLE 4. FEDERAL GOVERNMENT GUARANTEES

1. The Federal Government guarantees:

   • to regularly inform the public, including via the mass media, about accessible means of preventing HIV infection;
   • to provide epidemiological oversight of the spread of HIV infection on the territory of the Russian Federation;
   • to manufacture the means for preventing, diagnosing, and treating HIV infections and also for monitoring the safety of drugs, biological fluids, and tissues used for diagnostic, therapeutic, and scientific purposes;
   • to ensure accessibility of medical testing for diagnosis of HIV infections (hereinafter referred to as “medical testing”) including anonymous testing, with preliminary and follow-up counseling and provisions to insure the safety of such testing both for those tested and those performing the tests;
   • to provide without charge all types of competent and specialized medical care to Russian citizens who are HIV positive; to provide drugs without charge during treatment under outpatient and inpatient conditions and also free transportation to and from a treatment facility within the Russian Federation;
   • to sponsor HIV related research;
   • to include moral and sex education topics in the curricula of educational institutions;
   • to provide social services to Russian citizens who are HIV positive, help them receive education, retraining, and job placement;
   • to train specialists for implementation of measures to prevent the spread of HIV infection;
   • to develop international collaboration and regular exchange of information within the framework of international programs to prevent the spread of HIV infections.

2. Responsibility for implementing these guarantees is assigned to executive federal agencies, executive agencies of administrative territories of the Russian Federation, and local governments in accordance with their authority.

ARTICLE 5. SAFEGUARDS OF RIGHTS AND FREEDOMS OF HIV-POSITIVE INDIVIDUALS

1. HIV-positive individuals who are citizens of the Russian Federation shall enjoy on its territories all rights and freedoms and obligations stipulated by the Russian Constitution, Russian law and laws of Russian Federation administrative territories.

2. The rights and freedoms of citizens of the Russian Federation may be restricted as a result of their infection with the HIV virus only by Federal Law.
ARTICLE 6. FUNDING OF MEASURES TO PREVENT THE SPREAD OF HIV INFECTIONS

1. Funding of federal and regional programs, and also businesses, institutions, and organizations that are involved in preventing the spread of HIV infection, as well as in treating HIV patients and providing social services to HIV-positive individuals shall come from:

- federal budget and the budgets of administrative territories of the Russian Federation;
- special funds;
- voluntary medical insurance;
- other source of funding not prohibited by Russian Federation law.

2. Federal government funding to prevent the spread of HIV infection shall be considered as a high-priority issue, giving due regard to the necessity to protect the personal safety of citizens and the safety of communities and the country.

Chapter II Medical Care of HIV-Positive Individuals

ARTICLE 7. MEDICAL TESTING

1. Medical testing shall be performed in facilities of the federal, municipal, and private healthcare systems and shall include the required laboratory tests, which shall be performed in accordance with licenses duly issued in accordance with Russian laws.

2. Official document attesting to the presence or absence of HIV infection in the individual tested shall only be issued by institutions of the federal or municipal healthcare systems.

3. Medical testing shall be performed on a voluntary basis with the exception of cases stipulated in Article 9 of this Federal Law, in which case testing is mandatory.

4. Individuals undergoing medical testing have the right to have their legal representative present during the procedure. Designation of this representation shall be accomplished in accordance with procedures established by Russian Federation civil law.

5. Medical testing of minors below the age of 14 and individuals duly designated incompetent in accordance with Russian law may be performed on the request of or with the consent of their legal representatives who have the right to be present when the medical testing is performed.

6. Medical testing shall be accompanied by preliminary and follow-up counseling on issues of HIV prevention.

7. Medical testing of Russian Federation citizens shall be performed without charge in institutions of the federal and municipal healthcare systems.
ARTICLE 8. VOLUNTARY MEDICAL TESTING

1. Medical testing in the federal, municipal, and private healthcare institutions shall be voluntary and performed at the request of the tested individual or with his consent or, in cases stipulated in paragraph 5 of Article 7, at the request of or with the consent of his/her legal representative.

2. If the tested individual so desires, voluntary medical testing may be anonymous.

ARTICLE 9. MANDATORY MEDICAL TESTING

1. Donors of blood, biological fluids, organs, and tissues shall be subject to mandatory medical testing.

2. Individuals refusing to undergo mandatory medical testing are prohibited from being donors of blood, biological fluids, organs or tissues.

3. Individuals employed in certain professions, manufacturing industries, businesses, institutions or organizations, the list of which shall be approved by the Government of the Russian Federation, shall undergo mandatory medical testing to diagnose HIV infection when they undergo mandatory preliminary (pre-employment) and periodic medical examinations.

4. The procedure for mandatory medical testing of individuals in order to protect public health and prevent the spread of HIV infections shall be established by the Government of the Russian Federation and revised at least once every five years.

5. The rules for mandatory medical testing of incarcerated individuals shall be established by the Government of the Russian Federation and revised at least once every five years.

ARTICLE 10. PROCEDURE FOR THE ENTRY OF FOREIGN CITIZENS AND INDIVIDUALS WITHOUT CITIZENSHIP INTO THE RUSSIAN FEDERATION

1. Diplomatic and consular institutions of the Russian Federation shall require a certification attesting to the absence of HIV infection in all foreign citizens or individuals without citizenship who request a visa to the Russian Federation for stays of more than three months, unless established otherwise by international agreements signed by the Russian Federation. This provision does not apply to foreign diplomatic and consular personnel, personnel of international intergovernmental organizations, or members of their families.

2. The Government of the Russian Federation shall establish the requirements for this certification.

ARTICLE 11. CONSEQUENCES OF DIAGNOSIS WITH HIV INFECTION

1. Citizens of the Russian Federation who are diagnosed as HIV positive are prohibited from being donors of blood, biological fluids, organs or tissues.
2. If HIV infection is diagnosed in foreign citizens and individuals without citizenship while on the territory of the Russian Federation, these individuals shall be subject to deportation from the Russian Federation in accordance with procedures established by Russian laws.

**ARTICLE 12. RIGHT TO REPEATED MEDICAL TESTING**

An individual who has undergone medical testing shall have the right to repeat the testing in the same facility or another facility of the federal, municipal, or private healthcare system of his choice, regardless of the time elapsed since the previous medical testing.

**ARTICLE 13. THE RIGHT OF HIV-POSITIVE INDIVIDUALS TO RECEIVE INFORMATION ON THE RESULTS OF THEIR MEDICAL TESTS**

1. Individuals who have been diagnosed as HIV positive shall be informed by an employee of the facility performing the medical testing of the results of the testing, the need to comply with preventive measures to stop the spread of the HIV infection, the rights and freedoms of HIV-positive individuals, and the criminal liability for endangering or infecting another individual.

2. If HIV infection is found in a minor under age of 18 or in an individual declared incompetent in accordance with the law, employees of the facilities designated in paragraph 1 of this article shall inform the parents or other legal guardian of these individuals.

3. Procedures for informing individuals designated in paragraphs 1 and 2 of this Article that they have been found to be HIV positive shall be established by the appropriate federal agencies.

**ARTICLE 14. RIGHTS OF HIV-POSITIVE INDIVIDUALS RECEIVING MEDICAL CARE**

HIV-positive individual shall receive all types of medical care as clinically indicated and in so shall have all the rights stipulated by Russian Federation law on public health.

**ARTICLE 15. PREVENTION, DIAGNOSIS AND TREATMENT OF HIV INFECTION**

The responsible federal executive agencies responsible for research shall support the development and incorporation of modern methods for preventing, diagnosing, and treating HIV infections, and shall submit for the approval of the Government of the Russian Federation a proposal for a federal program to prevent the spread of HIV infection in the Russian Federation.

**ARTICLE 16. RESPONSIBILITIES OF MANAGEMENT OF THE FEDERAL, MUNICIPAL, AND PRIVATE HEALTHCARE FACILITIES IN PROVISION OF MEDICAL CARE TO HIV-POSITIVE INDIVIDUALS.**

Management of the federal, municipal, and private healthcare facilities that provide out- and inpatient medical care shall ensure the rights of HIV-positive individuals as stipulated by this Federal Law and the prevention of the spread of HIV infections....
“On Approval of Guidelines for Conducting Mandatory Medical Testing to Diagnose Human Immunodeficiency Virus (HIV infection)"
Russian Federation Government Resolution No. 1017 of October 13, 1995

1. These guidelines establish a single procedure for mandatory medical testing of Russian citizens, foreign citizens, and stateless individuals for the purpose of preventing the spread of diseases caused by the human immune deficiency virus (HIV infections).

2. Those subject to mandatory medical testing for diagnosis of HIV infections are:
   - donors of blood, blood plasma, sperm and other biological fluids, tissues and organs each time they make a donation;
   - individuals in certain professions, manufacturing industries, businesses, institutions, and organizations the list of which shall be approved by the Government of the Russian Federation when they undergo initial pre-employment testing and at periodic medical examinations.

3. Individuals undergoing mandatory medical testing have the right to have their legal representative during the procedure. Designation of this representation shall be accomplished in accordance with procedures established by Russian Federation civil law.

4. Mandatory medical testing for HIV infection shall be performed at federal or municipal medical facilities that have been licensed to perform such tests.

5. Medical facilities conducting mandatory HIV testing shall ensure the safety of the testing both for the individual undergoing and those performing the testing in accordance with current regulations and standards.

6. The major method of mandatory medical testing shall be analysis of blood serum for the presence of antibodies to the HIV virus. For this purpose, only diagnostic preparations duly authorized for use on the territory of the Russian Federation shall be employed.

7. Analysis of blood serum for the presence of antibodies to the HIV virus shall be performed in two stages:
   - in the first stage a summary spectrum of antibodies against the HIV virus shall be identified using solid phase immunoenzyme analysis;
   - in the second stage immune blotting shall be performed to identify antibodies to specific proteins of the HIV virus.

     When a positive result is obtained at the first stage of analysis indicating the presence of antibodies to the HIV virus in the blood serum of tested individuals, performance of immune blotting analysis shall be mandatory.

8. The procedure and technology for performing mandatory medical testing to identify HIV virus shall be determined by the Russian Federation’s Ministry of Health and the Medical Industry.
9. Mandatory medical testing to identify HIV infections must be accompanied by preliminary and follow-up counseling on issues of prevention of this disease.

10. Only federal or municipal healthcare facilities shall issue official documents attesting to the presence or absence of HIV infection in a tested individual.

11. An individual who has undergone mandatory medical testing to identify HIV infection shall be informed by a staff member of the facility performing the medical testing of its results in accordance with procedures established by the Ministry of Health and the Medical Industry of the Russian Federation.

12. An individual who has undergone mandatory medical testing has the right to be medically tested again in the same or a different facility of the federal or municipal healthcare system of his choice regardless of time elapsed since he was previously tested.

13. Mandatory medical testing for HIV infection shall be performed free of charge.

14. Medical personnel and other individuals who in the course of performance of their work or professional duties are privy to information about the results of medical testing for HIV shall be obliged to keep this information secret.

15. Disclosure of confidential medical information by individuals who have been privy to this information as a result of their performance of their work or professional duties shall entail legal consequences established by Russian Federation law.

16. Individuals who have been identified as being HIV positive or who have refused mandatory medical testing may not be donors of blood, blood plasma, sperm, or other biological fluids, tissues, or organs.

17. If HIV infections are identified in individuals employed in certain professions, manufacturing industries, businesses, institutions, or organizations the list of which shall be approved by the Government of the Russian Federation, such individuals shall be subject to transfer to other jobs in accordance with Russian Federation laws that preclude the spread of HIV infections.

18. If such an individual refuses to undergo mandatory medical testing to identify HIV infections without compelling reasons, he/she shall be subject to disciplinary action in accordance with due procedure.
RSFSR Code of Administrative Violations (KoAP RSFSR) of June 20, 1984. (Excerpt)

ARTICLE 45. CONCEALMENT OF THE SOURCE OF VENEREAL INFECTION AND CONTACTS THAT CREATE RISK OF INFECTION

Concealment by those suffering from venereal disease of the source of their infection as well as those who have had contact with them, creating the risk of infection with venereal disease is punishable with a fine in the amount of up to 50 rubles.⁵

Russian Federation Criminal Code No. 63-FZ of June 13, 1996 (Excerpts)

ARTICLE 121. INFECTION WITH VENEREAL DISEASE

1. Infection of another individual with a venereal disease by an individual who knows he or she has the disease is punishable by a fine of 200 to 500 times the minimum wage or to the amount of salary or other income of the convicted for a period of two to five months, or corrective labor for a period of one to two years, or arrest for a term of three to six months.

2. The same action committed toward two or more individuals or to an individual known to the offender to be a minor is punishable by a fine of 500 to 700 times the minimum wage or to the amount of salary or other income of the convicted for a period of five to seven months, or corrective labor for a period of one to two years, or imprisonment for a period of up to two years.

ARTICLE 122. INFECTION WITH HIV VIRUS

1. Intentionally placing another individual at risk of infection with the HIV virus is punishable by house arrest for a period up to three years or detention for a period of three to six months or incarceration for up to one year.

2. Infection of another person with HIV virus by a person who knows he or she has the disease is punishable by incarceration for up to five years.

3. Actions stipulated in part two of this Article with respect to two or more individuals or one individual known to the offender to be a minor is punishable by imprisonment for up to eight years.

4. Infection of another person with HIV-virus as a result of negligence in performance of professional duties is punishable by incarceration for up to five years and loss of the right to practice certain professions or engage in certain activities for up to three years.

⁵ In accordance with Russian Federation Law No. 3293-1 Of July 14, 1992, titled Procedure for Recalculating Fines Mandated by the RSFSR Code of Administrative Violations, if the upper limit of the fine does not exceed 50 rubles, it should be recalculated to equal to one half of the minimum wage, but in any case no less than one tenth of the minimum wage.
VII. E. ii. Draft Laws

At the time this report was written, there were no draft laws regarding sexually transmitted diseases and HIV infections.
VII. E. iii. Legal Analysis

Prevention and treatment of sexually transmitted diseases (STDs) is governed at a regulatory level by a general document titled the Russian Federation Public Health Code. Because of the social danger of STDs, medical aid to patients is provided out of budgetary funds, and not mandatory medical insurance.

Certain specific regulatory issues of STDs involve advertising and criminal liability for certain acts.

In the opinion of the Ministry of Health, nonprescription availability of antibiotics and advertisement of their use have a negative effect on anti-STD measures, since they decrease the number of individuals seeking physician’s care.

On the other hand, the Ministry of Health also believes that the system for prevention of initial infection lags behind the changing social and economic conditions and does not make full use of the mass media for providing the public with the necessary knowledge to prevent these diseases. The draft legislation discussed in the chapter, “Information on Reproductive Health,” which places limits on the advertising and dissemination of condoms could have a particularly severe negative effect on prevention of STDs.

The laws stipulate administrative liability for concealment by someone with a venereal disease of the source of his/her infection and also individuals that have had contact with him/her that may spread infection to others. The Ministry of Health is developing a proposal to increase this liability.

The Federal Law on Prevention of the Spread of Diseases Caused by the Human Immunodeficiency (HIV) Virus in the Russian Federation mandates a broad spectrum of rights for those who are HIV positive and significant obligations of the government to prevent the spread of the infection. Thus, HIV-positive individuals receive all types of medical aid according to clinical indications, and enjoy all the rights mandated by Russian Federation laws on public health.

When the law is implemented, however, economic and legal problems arise. Economic problems include insufficient resources to provide HIV-positive individuals with expensive drugs, as stipulated by the law.

Aside from legal problems characteristic of all STDs, there are problems associated with criminal liability not only for infection, but also for placing others at the risk of infection. Given the general negative attitude society has toward HIV-positive individuals, unscrupulous officials from law enforcement agencies would have the opportunity of criminally accusing any HIV-infected person because of the vagueness of the statutes of the Criminal Code.

In addition to this problem, there is the lack of a tradition for confidentiality of medical records in Russia. Although the law considers liable those individuals who have violated confidentiality of medical information that they obtained in the course of their work or professional duties, in practice punishment of such individuals is very difficult.

Despite the fact that the law specifies a limited number of professions subject to mandatory HIV testing, in practice, The Russian NAMES fund has documented cases where individuals are required to submit to HIV testing (at times without their consent) when applying for other types of employment as well.

The Anti-HIV/AIDS Presidential Program was discontinued in 2000 and now a public awareness campaign is being financed from NGO resources.