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PROVISIONS RELATING TO PUBLIC HEALTH 145.01

CHAPTER 145

PROVISIONS RELATING TO PUBLIC HEALTH

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HEALTH BOARDS AND OFFICERS

145.01 LOCAL HEALTH BOARDS; HEALTH OFFICERS. Every town board shall be a board of health within and for the town and have jurisdiction over every statutory city within its boundaries wherein no organized board of health exists. Every statutory city may, and every city shall, provide by ordinance for the establishment of a board of health therefor. In the absence of such provision in any city, the state board of health, hereinafter called the state board, may appoint three or more persons to act as such until a local board is established and organized and may fix their compensation, which the city shall pay. Two members of each county board, chosen by it yearly at its annual meeting, and one resident physician elected at the same time, shall constitute the county board of health, with jurisdiction over

all unorganized towns therein, and with such other powers and duties in reference to the public health as the state board shall, by its published regulations, prescribe. All local health boards of each county shall cooperate so far as practicable and the state board by written order may require any two or more local boards to act together for the prevention or suppression of epidemic diseases. At least one member of every local board shall be a physician, who shall be the local health officer and executive of the board. If no member of a town board is a physician, it shall appoint a health officer for the town. The compensation of all local health officers shall be prescribed by the body appointing him or to which he belongs and the same, together with his necessary expenses, shall be paid by the county or municipality in which he serves.

[*R. L. s. 2134; 1973 c. 123 art. 5 s. 7*] (5348)

145.02 DEPUTY HEALTH OFFICER IN CITIES OF THE THIRD CLASS. The governing body of any city of the third class in this state shall have authority to appoint a deputy local health officer with power to exercise, under the supervision of the local health officer, all of the powers and duties of such officer and to be paid such compensation as the governing body of the city shall determine. The total compensation for the local health officer and the deputy local health officer shall not exceed that now or hereafter authorized to be paid to the local health officer.

[*1925 c. 215*] (5348-1)

145.03 DUTIES OF LOCAL BOARDS OF HEALTH; PENALTIES. All local boards of health and health officers shall make such investigations and reports and obey such directions concerning communicable diseases as the state board may require or give; and, under the general supervision of the state board, they shall cause all laws and regulations relating to the public health to be obeyed and enforced. When the state board shall have reason or cause to believe, from its records or any other information in its possession, that the provisions of this section are being or have been violated, the state board shall advise the attorney general thereof, giving the information in support of such belief, and the attorney general or, under his direction, the county attorney of any county in which the violation occurs, shall forthwith institute proceedings for the enforcement of the provisions of this section and for the punishment of the violation thereof.

[*R. L. s. 2135; 1923 c. 92 s. 1*] (5349)

145.04 ENTRY FOR INSPECTION. For the purposes of performing their official duties, all members, officers, and employees of the state and local boards of health and all health officers shall have the right to enter any building, conveyance, or place where contagion, infection, filth, or other source or cause of preventable disease exists or is reasonably suspected.

[*R. L. s. 2136*] (5350)

145.05 POWERS OF HEALTH OFFICER IN ASSUMING JURISDICTION OVER COMMUNICABLE DISEASES. The health officer in a municipality or the chairman of the board of supervisors in a town shall employ, at the cost of the health district over which his local board of health has jurisdiction and in which the person afflicted with a communicable disease is located, all medical and other help necessary in the control of such communicable disease, or for carrying out, within such jurisdiction, the lawful regulations and directions of the state board, its officers or employees, and, upon his failure so to do, the state board may employ such assistance at the expense of the district involved. Any person whose duty it is to care for himself or another afflicted with a communicable disease shall be liable for the reasonable cost thereof to the municipality or town paying such cost, excepting that the municipality or town constituting such district shall be liable for all expense incurred in establishing, enforcing, and releasing quarantine, half of which may be recovered from the county, as provided for under sections 145.06 and 145.07.

[*R. L. s. 2137; 1907 c. 327 s. 1; 1917 c. 427 s. 1*] (5351)

145.06 ALLOWANCE AND PAYMENT OF EXPENSES. All claims arising under section 145.05 against any town or city, if not paid by persons liable therefor, shall be presented to the town board or council for audit and allowance as in the case of other claims. If any such claim be deemed excessive, or the whole or any part of the services or expenses charged for unnecessary, the items or parts objected to shall not be allowed without the approval of two disinterested physicians, given in the presence of the board or council. Upon the allowance of any such claim, the amount thereof shall be paid, and a certified statement shall be transmitted to

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the county auditor, embracing a copy of the claim as allowed, the date of such allowance, and showing for what purpose and to whom the allowance was made. The auditor shall lay such statement before the county board at its meeting next following the receipt thereof. One-half the amount so allowed and paid shall be a claim against the county and, if deemed just and reasonable by the board, the same shall be allowed and paid.

[R L s 2138; 1973 c 123 art 5 s 7] (5352)

145.07 APPEAL FROM DISALLOWANCE; COSTS. Within ten days after written notice by the auditor to the clerk of the town or city of the disallowance of the whole or any part of the half of any such claim chargeable upon the county, the claimant may appeal from such disallowance to the district court by giving notice of appeal as in other cases and without giving any bond or other security thereon. Such appeal shall be noticed, tried, and determined as in other appeals from the disallowance of claims by the county board. Unless the appellant shall recover more than the amount allowed by the county board, he shall be liable for costs and disbursements; otherwise the county shall be liable.

[R L s 2139; 1973 c 123 art 5 s 7] (5353)

PUBLIC HEALTH NURSES AND HOME HEALTH SERVICES

145.08 EMPLOYMENT, APPROPRIATION. Subdivision 1. **Appropriation for compensation and expenses; exception.** Every board of county commissioners, except in counties now or hereafter having a population of 550,000 or more, and every city council, school board and town board is hereby authorized and empowered to employ and to make appropriations for the compensation and necessary expenses of public health nurses and home health service personnel, for such duties as may be deemed necessary.

Subd. 2. **Expenses defined.** The term "expenses" may cover and include suitable furnished office rooms, records, stationery, postage, necessary public health and home health service supplies and equipment, transportation, including the purchase and maintenance of automobiles, meals and lodging of personnel when on duty away from their places of residence, telephone, rent and tolls, administrative and clerical assistance, and such other actual expenses as shall be necessarily incidental to the carrying out of these purposes.

Subd. 3. **Nursing district in rural Hennepin County.** In each county now or hereafter having a population of 550,000 or more, every city council and every school and town board is hereby vested with the authority and power provided for and imposed by provisions of subdivision 1. In such counties two or more municipalities, school districts and towns may by written agreement of their respective governing bodies, form a nursing district within the territory comprising the contracting municipalities, school districts and towns for the purposes set out in subdivisions 1 and 2. All such agreements shall contain provisions for the apportionment of the cost and expenses incident to the carrying out of the hereinbefore mentioned purposes. Once formed, no such nursing district shall be discontinued, nor shall any municipality, school district or town withdraw from same, within three years from the effective date of formation.

Public health nurses employed by nursing districts as provided for in this subdivision shall be considered public health nurses in accordance with Minnesota Statutes 1949, Sections 145.08 to 145.125. The board of county commissioners in each county as provided for in this subdivision shall act as the certifying agency in accordance with Minnesota Statutes, Section 145.125, and all monies received from the State of Minnesota, the Federal Government or any monies provided for public health nurses shall be made available to such nursing districts in the same relation to the total sum available as the population of such districts bears to the total population of such county, exclusive of the population of any cities of the first class located in such county.

Subd. 4. **Home nursing care services.** Every board of county commissioners as authorized in subdivision 1, or every nursing district formed under the provisions of subdivision 3, which employs public health nurses may employ and make appropriations for the compensation and necessary expenses of licensed practical nurses, registered nurses, and home aides who will provide under the supervision of such public health nurses such home nursing care services as may be deemed necessary. Every board of county commissioners as authorized in subdivision 1, or

every nursing district formed under the provisions of subdivision 3, also may contract for or employ, and make appropriations for the compensation and necessary expenses of medical social workers, occupational therapists, speech therapists, physical therapists, and other home health services personnel, who will provide such home health services as may be deemed necessary. Every board of county commissioners as authorized in subdivision 1, or every nursing district formed under the provisions of subdivision 3, also may make arrangements for such home health services with another provider agency approved by the social security administration for participation under Public Law 89-97, Titles XVIII and XIX, or may contract for such home health services with a hospital, nursing home facility, or rehabilitation facility provider agency not approved by social security administration for participation in Public Law 89-97, Titles XVIII and XIX, and may make appropriations for the payment of the costs of such services. Physical therapists who provide physical therapy as part of the home health services program shall provide such services in conformity with sections 148.65 to 148.78.

[1919 c 38 s 1; 1921 c 138 s 1, 2; 1925 c 196 s 1; 1951 c 563 s 1; 1955 c 284 s 1; 1963 c 27 s 1; 1967 c 694 s 1-3; 1973 c 123 art 5 s 7] (5353-1, 5353-2)

145.085 THROAT CULTURES OF SCHOOL CHILDREN AND FAMILY, NURSES QUALIFIED. Subdivision 1. A school nurse or, if a school does not have a nurse, a public health nurse assigned to the school or a nurse with whom the school district has contracted to provide health care services may take throat cultures of school children for the purpose of detecting streptococcus infection. If the student has a positive culture, the entire family may also have cultures taken by the aforementioned person. A nominal charge may be made by the school board to cover the cost of materials and laboratory fees.

Subd. 2. This section shall not apply to any child who has been reared as an adherent of a religious denomination whose teachings are opposed to such health care procedures.

[1974 c 334 s 1, 2]

145.09 [Repealed, 1965 c 45 s 73]

145.10 STATE BOARD TO FURNISH LIST OF NURSES. There shall be available from the state board, for the use of councils and boards included in sections 145.08 to 145.12, employing such nurses, a list of nurses certified for public health duties by the state board.

[1925 c 196 s 1; 1955 c 284 s 2; 1973 c 250 s 1] (5353-4)

145.11 STATE BOARD TO ASSIST HEALTH NURSES. Such nurses shall receive upon request the aid and advice of the state board in regard to nursing problems and make written reports through the board employing them to the state and local boards of health in such form and at such times as shall be prescribed by the state board. The state board shall by rules and regulations require that local agencies submit a plan for the delivery of public health nursing and home health agency services commensurate with the health needs of the residents of the county and the maintenance of qualified personnel to implement such plan.

[1925 c 196 s 1; 1971 c 895 s 1] (5353-5)

145.12 COUNTY PUBLIC HEALTH AND HOME HEALTH SERVICE PERSONNEL; PUBLIC HEALTH NURSING COMMITTEE. Subdivision 1. **Members; expenses and payments.** The board of county commissioners of any county, except counties now or hereafter having a population of 550,000 or more, and except Cook, Isanti, and Kanabec counties, shall detail county public health nurses and home health service personnel to act under the direction of the county board of health or a public health nursing committee composed of at least five members, as follows:

(1) The county superintendent of schools if there be one, otherwise the county commissioners shall appoint one from among the superintendents of independent school districts in such county;

(2) The county health officer or a physician appointed by the county commissioners;

(3) A county commissioner appointed by the board of county commissioners;

(4) Two residents of the county appointed by the county commissioners.

The public health nursing committee of each county shall effect a permanent organization and meet at regular intervals with the nurses. The public health

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nursing and home health services shall be available to the entire population and shall not be restricted to persons eligible for public assistance.

The county board of each county having a county board of health or nursing committee may allocate in its annual budget a sum not to exceed \$2,000, which sum may be used by such county board of health or nursing committee for the purpose of purchasing supplies and for the payment of necessary mileage at the legal rate, for the members of such board or committee when attending regular or special meetings of said board or committee such meetings not to exceed 12 in number annually, or for the payment of a per diem of \$5 to members of such board or committee not on any other public payroll for each such meeting necessarily attended; said expenses and payments to be made on verified accounts and payable out of the general revenue fund of such county by auditor's warrant after allowance by the county board.

Subd. 2. Nursing committee, Hennepin county. In Hennepin county, when a nursing district is formed under the provisions of section 145.08, subdivision 3, the governing bodies of the municipalities, school districts and towns comprising such nursing district, meeting in a joint session, shall detail the district public nurses to act under the direction of a nursing committee of nine members appointed by representatives of such governing bodies meeting in joint session, as follows:

Four from the membership of said governing bodies; and,

Four residents of the nursing district who do not hold any other elective public office, at least one of whom shall be a physician; and one superintendent of an independent school district within Hennepin county.

The nursing committee shall have power to employ nurses and make all other commitments and expenditures necessary to carry out the purposes of this act, and may arrange with one of the participating public units in the district for the keeping and disbursements of its fund. Expenditures shall be by warrant or order signed by the chairman of the committee and countersigned by its secretary.

The nursing committee shall be a permanent organization and meet at regular intervals with the nurses. At its first meeting each year, the committee shall elect from its members a chairman and secretary. All appointments to membership of the nursing committee shall be for one year and until successors are appointed. The committee shall fill vacancies in its membership for the unexpired term.

[1921 c 138 s 1; 1925 c 196 s 1; 1951 c 563 s 2; 1953 c 460 s 1; 1955 c 65 s 1; 1967 c 694 s 4; 1969 c 546 s 1; 1973 c 678 s 1] (5353-6, 5353-7)

145.123 PUBLIC HEALTH AND HOME HEALTH SERVICES. Subdivision 1. **Charging of fees.** The county board of any county providing public health and home health services under sections 145.08 and 145.12, and the governing body of a nursing district formed under section 145.08, subdivision 3, may charge and collect fees for such health services furnished to persons within the county or the nursing district. Payment, in whole or in part, for such services may be accepted from any person. Payment of any charges due may be billed to and accepted either from a local, county, state or federal public assistance agency or any combination thereof; or from any individual, governmental agency, or corporation, public or private, when such services are provided any person, including but not limited to a recipient of any type of social security aids administered by the federal or state governments, or a recipient of direct relief.

Subd. 2. Schedule of fees. The county board or the nursing district, as the case may be, shall set up an equitable schedule of fees, taking into consideration the ability of some of the ill or disabled persons to pay fully for the services received, the ability of others to pay only a part of the fee, and the inability of others to pay any part thereof. Public health and home health services shall not be denied to any person who is in need of such services and lacks means, either personally or as a beneficiary under a health or accident insurance policy, to pay either in whole or in part for the cost of the services he has received. These fees may not exceed the costs of the actual service furnished, as determined by a study of costs which the county board or the nursing district will make each year. The results of this study, together with a schedule of such fees, shall be filed with the state board of health.

Subd. 3. Collection of fees. The county board or the nursing district, as the case may be, shall set up a procedure for the collection of these fees and may assign the duty of collection to the public health nursing service.

Subd. 4. Fees paid into county revenue fund or home health services fund. Fees so collected in any county shall be paid into the revenue fund of the county and shall be used for such purposes as the county board determines after giving due consideration to the total needs of the public health and home health service. Fees so collected in any nursing district shall be paid to the special nursing fund of the nursing district and used for the purposes of carrying out the program of public health and home health services therein.

[1955 c 456 s 1-4; 1961 c 397 s 1; 1967 c 694 s 5; 1969 c 19 s 1; 1974 c 355 s 60]

145.125 COUNTY PUBLIC HEALTH NURSING SERVICE. Subdivision 1. **State aid quota; employment of nurse.** A county shall be paid from the appropriation to the state board of health for that purpose the sum of \$375 a quarter to aid in the payment of the cost of public health nursing. Each county with less than 20,000 population, which on May 1, 1971 had not established both a public health nursing service and a home health agency service shall receive \$7,500 in the biennium ending June 30, 1973, to establish those services. Each county with less than 20,000 population, which on May 1, 1971, had established only a public health nursing service shall receive \$2,500 in the biennium ending June 30, 1973, to establish a home health agency service. The money appropriated to the counties in this section shall be used only for the purposes of this section. Those moneys not expended shall be deposited in the general fund of the state treasury. Two or more counties who by a joint powers agreement establish public health nursing or home health agency services or both, shall also qualify for payments under Laws 1971, Chapter 895. County boards shall certify to the state board of health within 60 days from a quarter ending September 30, December 31, March 31, or June 30 respectively, the following facts:

(1) That the county is complying with the provisions of sections 145.08 to 145.12.

(2) That during the preceding quarter, stating the last date thereof, the county had employed a public health nurse who was approved and certified pursuant to section 145.10 and other qualified home health agency personnel.

(3) The name and address of each public health nurse and other qualified home health agency personnel employed during the preceding quarter, and the amount paid to such persons during each month of such quarter.

If a public health nurse was employed for less than a full quarter, the county shall be paid only the proportion of \$375 which the period of time for which such nurse was actually paid is to the full period of the quarter.

Subd. 2. Certificate by county board; certificate to commissioner of finance. At the end of each 60 day period provided for in subdivision 1, the state board of health shall certify to the commissioner of finance, in the manner prescribed by law, the name of each such county, the amount to be paid to it, and that there are funds available for the payment thereof. Such certificate shall be supported by the certificate of the county board of such county. Thereupon, the commissioner of finance shall draw his warrant upon the state treasurer payable to the county for the amount so certified.

[1947 c 54 s 1; 1971 c 895 s 2; 1973 c 492 s 14]

OTHER PROVISIONS

145.13 DISINFECTION OF PREMISES AFTER CONTAGIOUS DISEASES THEREIN. No wall, partition, or ceiling of any room in which there has been contagious disease in any tenement house, hotel, or dwelling shall be repapered, calcimined, or have any other covering placed thereupon, unless the old paper or other covering shall have first been disinfected and removed therefrom and the wall, partition, or ceiling cleaned, disinfected, and freed from bugs, insects, or vermin.

[1919 c. 479 s. 1] (5388-1)

145.14 DELIVERY OF SUBJECTS FOR DISSECTION. Except as otherwise provided in section 145.15, the bodies of all persons dying within the state and not claimed for burial within 36 hours after death shall be delivered by the person in charge thereof for purposes of anatomical study. The deans of the medical colleges of the state shall appoint a committee to receive such bodies, which committee shall apportion the same to the several colleges according to the numbers of their students. Any body so received shall be surrendered on demand of a relative entitled to its possession. The remains of any such body, after it has answered the purposes,

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shall be decently buried in a public cemetery and the expense of transporting and burying such body shall be borne by the college receiving the same.

[R. L. s. 2152] (5392)

145.15 WHAT BODIES EXCEPTED. No body shall be so delivered:

- (1) After it has been regularly interred;
- (2) After it has been claimed for burial or cremation by any person entitled to receive it for such purpose;
- (3) Without the consent of all known relatives of the person deceased;
- (4) If such person in his last sickness requested that his remains be buried;
- (5) If he died while detained as a witness or under suspicion of crime; or
- (6) If by any provision of the law another disposition thereof be required.

[R. L. s. 2153] (5393)

145.16 DELIVERY OF BODIES. Every official or other person in possession or control of any such body shall forthwith notify the committee and deliver the same according to its request.

[R. L. s. 2154] (5394)

145.161 DISSECTION; WHEN PERMITTED. The right to dissect the dead body of a human being shall be limited to: (a) cases specially provided by statute, or by the direction or will of the deceased; (b) cases where a coroner is authorized to hold an inquest upon the body, and then only so far as he may authorize dissection; (c) cases where the husband or wife shall authorize dissection for the purpose of ascertaining the cause of death, and then only to the extent so authorized; and (d) cases where one of the next of kin, charged by law with the duty of burial, shall authorize dissection for the purpose of ascertaining the cause of death and then only to the extent so authorized, provided no dissection shall be performed pursuant to this clause if there is objection by anyone of such next of kin. Every person who shall make, cause or procure to be made, any dissection of the body of a human being, except as hereinbefore provided, shall be guilty of a gross misdemeanor.

[R L s 4975; 1967 c 220 s 1] (10227)

145.162 BURIAL OR CREMATION. Except in cases of dissection provided for in section 145.161, and where a dead body shall rightfully be carried through or removed from the state for the purpose of burial elsewhere, every dead body of a human being lying within this state, and the remains of any dissected body after dissection, shall be decently buried, or cremated, within a reasonable time after death.

[R L s 4976] (10228)

145.163 INTERFERING WITH DEAD BODY OR FUNERAL. Every person who shall arrest or attach the dead body of a human being upon a debt or demand, or shall detain or claim to detain it for any debt or demand, or upon any pretended lien or charge, or who, without authority of law, shall obstruct or detain a person engaged in carrying or accompanying the dead body of a human being to a place of burial or cremation, shall be guilty of a misdemeanor.

[R L s 4978] (10230)

145.17 OFFENSIVE TRADES. No person, without the written permission of the board of health of the town or city, shall engage therein in any trade or employment which is hurtful to the inhabitants, or dangerous to the public health, or injurious to neighboring property, or from which noisome odors arise. Any person so doing shall forfeit \$50 for each day of which such trade or employment is exercised, to be recovered by the local board of health by suit in its name and for its benefit.

[R L s 2143; 1973 c 123 art 5 s 7] (5371)

145.18 ASSIGNMENT OF PLACES. Such local boards, from time to time, may designate places within their respective jurisdictions wherein such trades or employments may be carried on, by orders filed with the town or city clerk, and may revoke the same by like orders. Within 24 hours after written notice of any such revocation, every person exercising such trade or employment in the locality to which it relates shall cease to do so or forfeit \$100 for each day thereafter on which the same is continued, to be recovered as provided in section 145.17.

[R L s 2144; 1973 c 123 art 5 s 7] (5372)

145.19 APPEAL TO DISTRICT COURT. Within five days after service of such notice, any party aggrieved by an order made under sections 145.17 and 145.18 may appeal therefrom to the district court of the county by giving notice of appeal as in other cases, together with a bond of not less than \$500, to be approved by the judge of the court, conditioned for the prosecution of the appeal to judgment and for payment of all costs and expenses that may be awarded against the appellant. If the appeal be taken within 20 days before the time for holding any general term of the court within the county, it shall be heard at such time and, at either party's request, may be tried by a jury; if taken more than 20 days before any such term, the judge shall appoint a time and place for hearing the same and, if demanded, direct the sheriff of the county to summon a jury of 12 persons to serve in the cause, any of whom may be challenged as in civil cases, and talesmen may be called and the appeal tried as in other civil cases. During the pendency of the appeal such trade or employment shall not be exercised contrary to the order of the board; and, upon violation of any such order, the appeal shall forthwith be dismissed. Upon the return of the verdict the court may either alter or amend the order of the board or confirm or amend it in full, to conform to such verdict. If the matter be tried by the court, it shall have and exercise the same power.

[R. L. s. 2145] (5373)

145.20 STATE BOARD; POWERS; APPEAL. Upon written complaint made to the state board that any person is occupying or using any building or premises within any town or city for the exercise of any such trade or employment, it shall appoint a time and place for hearing and give notice, of not less than ten days, to the complainant and the person complained of, and after such hearing, if, in its judgment, the public health or comfort and convenience require, it may order such person to cease from further carrying on such trade or employment in such building or premises; and, after written notice of such order, any person thereafter exercising such trade or employment in this building or premises shall forfeit \$100 for each day after the first, to be recovered as provided in sections 145.17 to 145.19. Any person aggrieved by such order may appeal, and the appeal shall be taken and determined, in the same manner as prescribed in section 145.19. During its pendency such trade or employment shall not be exercised contrary to the orders of the state board; and, upon the violation of any such order, the appeal shall forthwith be dismissed.

[R L s 2146; 1973 c 123 art 5 s 7] (5374)

145.21 OTHER REMEDIES PRESERVED. Nothing in section 145.17 shall curtail the power of the courts to administer the usual legal and equitable remedies in cases of nuisances or of improper interference with private rights.

[R. L. s. 2149] (5377)

145.22 HEALTH OFFICER; DUTIES RELATIVE TO FILTH AND CAUSES OF SICKNESS. Nuisance, source of filth, or cause of sickness; duty of health officer; notice; privy vaults. When any nuisance, source of filth, or cause of sickness is found on any property, the health officer of the city or town shall order the owner or occupant thereof to remove the same, at his expense, within a time not to exceed ten days, the exact time to be specified in the notice. This notice shall be served by the sheriff, marshal, or other peace officer by delivering a copy thereof to the owner, occupant, or agent of the property. If the owner of the property is unknown or absent, with no known representative or agent upon whom notice can be served, then the sheriff, marshal, or other peace officer shall post a written or printed notice upon the property or premises, setting forth that unless the nuisance, source of filth, or cause of sickness is abated or removed within ten days, the sheriff, marshal, or other peace officer will abate or remove, or cause to be abated or removed, at the expense of the owner, the nuisance, source of filth, or cause of sickness complained of and found to exist. In carrying out the provisions of sections 145.22 and 145.23, no debt or claim against any individual owner, or any one piece of real property, shall exceed the sum of \$100. In all cities of the first class in this state, the collection and disposal of night soil from privy vaults and contents of cesspools shall be under the charge and supervision of, and shall be done by, the department of health of such cities.

[1907 c 425 s 1; 1949 c 80 s 1; 1951 c 235 s 1; 1973 c 123 art 5 s 7] (5379)

145.23 ABATEMENT; COSTS ASSESSED ON PROPERTY. If the owner,

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occupant, or agent fail or neglect to comply with the requirement of the notice, then the health officer shall proceed to have the nuisance, source of filth, or cause of sickness described in the notice removed or abated from the lot or parcel of ground and report the cost thereof to the city clerk, or other like officer, and the cost of such removal or abatement shall be assessed and charged against the lot or parcel of ground on which the nuisance, source of filth, or cause of sickness was located, and the city clerk, or other like officer, shall, at the time of certifying their taxes to the county auditor, certify these costs and the county auditor shall extend the same on the tax roll of the county against the lot or parcel of ground, and it shall be collected by the county treasurer and paid to the city or town as other taxes are collected and paid.

[1907 c 425 s 2; 1973 c 123 art 5 s 7] (5380)

145.24 VIOLATIONS; PENALTIES. Subdivision 1. Every member of any local board of health or any health officer refusing or neglecting to perform any duty imposed upon him by any statute, ordinance, or by-law relating to the public health shall be guilty of a misdemeanor.

Subd. 2. Every person who wilfully prevents or hinders any member, officer, or employee of the state board or any member, officer, or employee of any local board of health, or any health officer from entering any building, conveyance, or place where contagion, infection, filth, or other source or cause of preventable disease exists or is reasonably suspected, or otherwise interferes with the performance of their duties, shall be guilty of a misdemeanor.

Subd. 3. Every person who shall fail to comply with the provisions of sections 145.15 and 145.16 shall be guilty of a misdemeanor, the minimum punishment whereof shall be a fine of \$25. Every person who shall use any body mentioned in sections 145.15 and 145.16 for a purpose other than that contemplated therein, or who shall remove it from the state, or in any manner traffic therein, or refuse to deliver the same upon proper demand, shall be guilty of a gross misdemeanor.

Subd. 4. Any person, firm, or corporation violating any of the provisions of section 145.13 shall be guilty of a misdemeanor.

[R. L. ss. 2135, 2136, 2154; 1919 c. 479 s. 2; 1923 c. 92 s. 1; 1941 c. 475 s. 6] (5349, 5350, 5388-2, 5394)

145.30 SUPERINTENDENT OF HOSPITALS TO TRANSFER RECORDS. The superintendent or other chief administrative officer of any public or private hospital, by and with the consent and approval of its board of directors or other governing body, is authorized to transfer and record, or cause to be transferred and recorded, upon photographic film of convenient size for the preservation thereof as evidence, any or all of the original files and records of any such hospital dealing with the case history, physical examination, and daily hospital records of the individual patients thereof, including any miscellaneous documents, papers, and correspondence in connection therewith.

[1941 c. 229 s. 1]

145.31 PHOTOSTATIC COPIES TO BE USED AS EVIDENCE. Upon the transferring and recording of any such original hospital files and records in the manner hereinbefore provided, such photographic film records thereof shall have the same force and effect, when offered in evidence in any proceeding in this state, as the original records from which the same were so transferred and recorded, and any photographic or photostatic copy made therefrom, when duly certified in writing, attached thereto, by the officer or employee of such hospital in charge of the records, to be such correct and complete photographic or photostatic copy thereof, shall be admitted and received in evidence, without further foundation, in any proceeding in this state with the same force and effect as the original record of such hospital from which such film recording was originally made, whether the original is in existence or not.

[1941 c 229 s 2; 1971 c 231 s 1]

145.32 OLD RECORDS MAY BE DESTROYED. The superintendent or other chief administrative officer of any such public or private hospital, by and with the consent and approval of such board of directors or other governing body thereof, is authorized to divest the files and records of such hospital of any such individual case records bearing dates more than three years prior to the date of such divesti-

ture and, with such consent and approval, to destroy the same. Such records shall first have been transferred and recorded as authorized in section 145.30.

[1941 c 229 s 3; 1971 c 231 s 2]

145.33 CONSTRUCTION. Sections 145.30 to 145.33 shall not be construed as requiring any such public or private hospital to retain among its files and records, during the period hereinbefore specified or otherwise, any such individual hospital case records, miscellaneous documents, papers, or correspondence, except as the preservation and retention thereof is otherwise required by law.

[1941 c. 229 s. 4]

145.34 IMPURE WATER. Every owner, agent, manager, operator, or any one having charge of any water-works, furnishing water for public or private use, who knowingly permits the appliances of the same to become in a filthy condition, or in such condition that the purity and healthfulness of the water supplied by reason thereof becomes impaired shall be guilty of a felony and punished by imprisonment in the state prison for not more than ten years.

[R L s 5012] (10274)

145.35 COMMON DRINKING CUP IN PUBLIC PLACES. Subdivision 1. **Prohibited.** In order to prevent the spread of communicable diseases, the use of common drinking cups in public places, public conveyances and public buildings, is hereby prohibited.

Subd. 2. **Penalty.** Whoever violates the provisions of this section shall be guilty of a misdemeanor and be liable to a fine of not exceeding \$25 for each offense.

[1913 c 61 s 1, 2] (10277, 10278)

145.36 EXPOSING PERSON WITH CONTAGIOUS DISEASE. Every person who shall wilfully expose himself or another affected with any contagious or infectious disease, in any public place or thoroughfare, except upon his necessary removal in a manner not dangerous to the public health, shall be guilty of a misdemeanor.

[R L s 5008] (10270)

145.37 MANUFACTURE OF CERTAIN PRODUCTS WHICH MAY BE INJURIOUS. Subdivision 1. It shall be unlawful for any person to manufacture for sale or distribution within the state any product to be used in water-proofing or curing cement which product may be injurious to the skin or eyes of the user unless there is specified on the container of such product the chemical composition thereof, a warning of possible injurious effect, and the antidote in the event of injury.

Subd. 2. Violation of this section shall constitute a misdemeanor.

[1957 c 67 s 1]

145.38 SALE AND DISPLAY OF TOXIC GLUE. Subdivision 1. No person shall sell to a person under 19 years of age any glue or cement containing toluene, benzene, zylene, or other aromatic hydrocarbon solvents, or any similar substance which the state board of health has, by rule adopted pursuant to sections 15.0411 to 15.0417, declared to have potential for abuse and toxic effects on the central nervous system. This section does not apply if the glue or cement is contained in a packaged kit for the construction of a model automobile, airplane, or similar item.

Subd. 2. No person shall openly display for sale any item prohibited in subdivision 1.

[1969 c 296 s 1]

145.39 USE OF TOXIC GLUE. Subdivision 1. No person under 19 years of age shall use or possess any glue, cement or any other substance containing toluene, benzene, zylene, or other aromatic hydrocarbon solvents, or any similar substance which the state board of health has, by rule adopted pursuant to sections 15.0411 to 15.0417, declared to have potential for abuse and toxic effects on the central nervous system with the intent of inducing intoxication, excitement or stupefaction of the central nervous system, except under the direction and supervision of a medical doctor.

Subd. 2. No person shall intentionally aid another in violation of subdivision 1.

[1969 c 296 s 2]

145.40 PENALTY. Each violation of sections 145.38 to 145.40 is a misdemeanor.

[1969 c 296 s 3]

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145.41 BLOOD DONATIONS, AGE OF DONOR. Any person of the age of 18 years or over shall be eligible to donate blood in any voluntary and noncompensatory blood program without the necessity of obtaining parental permission or authorization.

[1969 c 685 s 1]

145.411 REGULATION OF ABORTIONS; DEFINITIONS. Subdivision 1. **Terms.** As used in sections 145.411 to 145.416, the terms defined in this section have the meaning given to them.

Subd. 2. **Viable.** "Viable" means able to live outside the womb even though artificial aid may be required. During the second half of its gestation period a fetus shall be considered potentially "viable".

Subd. 3. **Hospital.** "Hospital" means an institution licensed by the state board of health; adequately and properly staffed and equipped; providing services, facilities and beds for the reception and care of one or more nonrelated persons for a continuous period longer than 24 hours for diagnosis, treatment or care of illness, injury or pregnancy; and regularly providing clinical laboratory services, diagnostic x-ray services and treatment facilities for surgery, obstetrical care or other definitive medical treatment of similar extent. "Hospital" shall not include diagnostic or treatment centers, physicians' offices or clinics, or other facilities for the foster care of children licensed by the commissioner of welfare.

Subd. 4. **Abortion facility.** "Abortion facility" means those places properly recognized and licensed by the state board of health under lawful rules and regulations promulgated by the board for the performance of abortions.

Subd. 5. **Abortion.** "Abortion" includes an act, procedure or use of any instrument, medicine or drug which is supplied or prescribed for or administered to a pregnant woman which results in the termination of pregnancy.

[1974 c 177 s 1]

145.412 CRIMINAL ACTS. Subdivision 1. It shall be unlawful to wilfully perform an abortion unless the abortion is performed:

(1) by a physician licensed to practice medicine pursuant to chapter 147, or a physician in training under the supervision of a licensed physician;

(2) in a hospital or abortion facility if the abortion is performed after the first trimester;

(3) in a manner consistent with the lawful rules and regulations promulgated by the state board of health; and

(4) with the consent of the woman submitting to the abortion after a full explanation of the procedure and effect of the abortion.

Subd. 2. It shall be unlawful to perform an abortion upon a woman who is unconscious except if the woman has been rendered unconscious for the purpose of having an abortion or if the abortion is necessary to save the life of the woman.

Subd. 3. It shall be unlawful to perform an abortion when the fetus is potentially viable unless:

(1) the abortion is performed in a hospital;

(2) the attending physician certifies in writing that in his best medical judgment the abortion is necessary to preserve the life or health of the pregnant woman; and

(3) to the extent consistent with sound medical practice the abortion is performed under circumstances which will reasonably assure the live birth and survival of the fetus.

Subd. 4. A person who performs an abortion in violation of this section is guilty of a felony.

[1974 c 177 s 2]

145.413 RECORDING AND REPORTING HEALTH DATA. Subdivision 1. The state board of health shall promulgate regulations to effect a reporting system on terminated pregnancies in order that statistical data is obtained that will relate to maternal health. The regulations and reporting system shall not interfere with the right of a pregnant woman to seek an abortion before the fetus is potentially viable. No such report, or any part thereof, shall be disclosed, in any manner, by any official or clerk or other employee or person having access thereto, and all such information shall be confidential.

Subd. 2. If any woman who has had an abortion dies from any cause within

30 days of the abortion or from any cause potentially related to the abortion within 90 days of the abortion, that fact shall be reported to the state board of health.

Subd. 3. A physician who performs an abortion and who fails to comply with subdivision 1 and transmit the required information to the state board of health within 30 days after the abortion is guilty of a misdemeanor.

[1974 c 177 s 3]

145.414 ABORTION NOT MANDATORY. No person and no hospital or institution shall be coerced, held liable or discriminated against in any manner because of a refusal to perform, accommodate, assist or submit to an abortion for any reason.

[1974 c 177 s 4]

145.415 LIVE FETUS AFTER ABORTION, TREATMENT. Subdivision 1. A potentially viable fetus which is live born following an attempted abortion shall be fully recognized as a human person under the law.

Subd. 2. If an abortion of a potentially viable fetus results in a live birth, the responsible medical personnel shall take all reasonable measures, in keeping with good medical practice, to preserve the life and health of the live born person.

Subd. 3. (1) Unless the abortion is performed to save the life of the woman or child, or, (2) unless one or both of the parents of the unborn child agrees within 30 days of the birth to accept the parental rights and responsibilities for the child if it survives the abortion, whenever an abortion of a potentially viable fetus results in a live birth, the child shall be an abandoned ward of the state and the parents shall have no parental rights or obligations as if the parental rights had been terminated pursuant to section 260.221. The child shall be provided for pursuant to sections 256.12(14) and 256.72 to 256.87.

[1974 c 177 s 5]

145.416 LICENSING AND REGULATION OF FACILITIES. The state board of health shall license and promulgate regulations for facilities as defined in section 145.411, subdivision 4, which are organized for purposes of delivering abortion services.

[1974 c 177 s 6]

145.42 ABORTIONS; NON-LIABILITY FOR REFUSAL TO PERFORM. Subdivision 1. No physician, nurse, or other person who refuses to perform or assist in the performance of an abortion, and no hospital that refuses to permit the performance of an abortion upon its premises, shall be liable to any person for damages allegedly arising from the refusal.

Subd. 2. No physician, nurse, or other person who refuses to perform or assist in the performance of an abortion shall, because of that refusal, be dismissed, suspended, demoted, or otherwise prejudiced or damaged by a hospital with which he is affiliated or by which he is employed.

[1971 c 693 s 1, 2]

145.421 HUMAN CONCEPTUS, EXPERIMENTATION, RESEARCH OR SALE; DEFINITIONS. Subdivision 1. **Terms.** As used in this section and section 145.422, the terms defined in this section shall have the meanings given them.

Subd. 2. **Human conceptus.** "Human conceptus" means any human organism, conceived either in the human body or produced in an artificial environment other than the human body, from fertilization through the first 265 days thereafter.

Subd. 3. **Living.** "Living", as defined for the sole purpose of this section and section 145.422, means the presence of evidence of life, such as movement, heart or respiratory activity, the presence of electroencephalographic or electrocardiographic activity.

[1973 c 562 s 1]

145.422 EXPERIMENTATION OR SALE. Subdivision 1. Whoever uses or permits the use of a living human conceptus for any type of scientific, laboratory research or other experimentation except to protect the life or health of the conceptus, or except as herein provided, shall be guilty of a gross misdemeanor.

Subd. 2. The use of a living human conceptus for research or experimentation which verifiable scientific evidence has shown to be harmless to the conceptus shall be permitted.

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Subd. 3. Whoever shall buy or sell a living human conceptus shall be guilty of a gross misdemeanor, provided that nothing herein shall prohibit the buying and selling of a cell culture line or lines taken from a non-living human conceptus.

[1973 c 562 s 2]

145.43 HEARING AIDS; RESTRICTIONS ON SALES. Subdivision 1. **Definition.** "Hearing Aid" means any instrument or device designed for or represented as aiding defective human hearing, and its parts, attachments, or accessories, including but not limited to ear molds. Batteries and cords shall not be considered parts, attachments, or accessories of a hearing aid.

Subd. 2. **Prescription or written recommendation required.** No hearing aid shall be sold by any person in this state except upon the prescription or other written and signed recommendation of an authorized person who is neither employed by, or in a business relationship with, a seller of hearing aids. For purposes of this section, "authorized person" means an audiologist, otolaryngologist, otologist, or licensed medical doctor. "Audiologist" means an individual who holds a master's degree or doctor's degree in audiology from a college or university that is fully accredited by the North Central Association of Colleges and Secondary Schools or an equivalent accrediting association. Any person selling a hearing aid as provided in this section shall maintain for not less than one year, in a file under the name of the person to whom the hearing aid was sold, a true copy of the prescription or other written recommendation, as provided herein, upon which such sale was made. Nothing in this section or section 145.44 shall apply to a sale solely limited to either repair services or replacement parts, or both, for a hearing aid already owned by a consumer or to the sale of a replacement hearing aid to an aid already owned by a consumer.

Subd. 3. **Penalty.** The violation of this section is a misdemeanor.

[1973 c 383 s 1]

145.44 CONDITIONS REQUIRING CONSULTATION OF DOCTOR OR AUDIOLOGIST; WAIVER OF SALE RESTRICTIONS. Subdivision 1. When a hearing aid vendor finds the following conditions in any person either by observation or being told by said person, said vendor shall not fit or sell a hearing aid until that person has consulted with a licensed medical doctor or audiologist:

- (1) Visible congenital or traumatic deformity of the ear.
- (2) History of, or active drainage from the ear within the previous 90 days.
- (3) History of sudden or rapidly progressive hearing loss within the previous 90 days.
- (4) Acute or chronic dizziness.
- (5) Unilateral hearing loss of sudden or recent onset within the previous 90 days.
- (6) Significant air-bone gap.

Subd. 2. Adults under 60 years who are legally competent may be exempted from the provisions of section 145.43, subdivisions 2 and 3, if they sign a waiver acknowledging that they have been provided a copy of this law printed in large typeface (at least 14-point) and that the law has been read aloud to them by the hearing aid vendor. A copy of the signed waiver will be kept on file for three years from the date of sale.

[1973 c 383 s 2]

COUNTY HEALTH DEPARTMENTS

145.47 HEALTH DEPARTMENT DEFINED. The term health department, as used in sections 145.47 to 145.54, is defined as a health department organized and supported by one or more counties.

[1949 c 405 s 1]

145.48 ESTABLISHMENT OF COUNTY HEALTH DEPARTMENTS. Subdivision 1. Any county or two or more adjacent counties are hereby authorized and empowered, by resolution adopted by a majority of the members of the county board or county boards of the respective counties, to establish and maintain a health department as herein defined. The county commissioners of any two or more adjacent counties may submit, and on petition of qualified electors equal to 10 percent of the total vote at the last general election, shall submit such action to a vote of the people. If the majority of the voters voting thereon favor the action, it shall go into effect on the date specified.

Subd. 2. A city of the first, second, or third class located within a county in which a health department is established under sections 145.47 to 145.54, shall not come within the jurisdiction of the board of health of such health department until such city, by ordinance of its governing body, shall take action to be included within the jurisdiction of such health department subject to the referendum provided in the following subdivision. In counties containing a city of the first class and wherein the majority of the county commissioner districts lie within the city of the first class, it shall require the unanimous vote of the county board to establish a county health department as provided for in sections 145.47 to 145.54.

Subd. 3. The governing body of a city of the first, second, or third class may submit, and on petition of qualified electors equal to 10 percent of the total vote at the last regular municipal election, shall submit such action to a vote of the people. If the majority of the voters voting thereon favor the action, it shall go into effect on the date specified.

[1949 c 405 s 2; 1959 c 604 s 1, 2]

145.49 POWERS TRANSFERRED. All powers and duties now or hereafter vested in or imposed upon the local health boards defined in Minnesota Statutes 1945, Section 145.01, shall, in all areas included in the jurisdiction of any health department established under sections 145.47 to 145.54, be transferred to, vested in and imposed upon such health department from the date when the health officer of such health department assumes the responsibilities of his appointment or such later date as may be determined by such health department; provided, however, that nothing herein shall affect the registration of vital statistics, except that when any city comes within the jurisdiction of any health department established under sections 145.47 to 145.54 and is without a city health officer, the state registrar of vital statistics shall appoint a local registrar therein.

[1949 c 405 s 3]

145.50 RESPONSIBLE TO LOCAL BOARD OF HEALTH. Subdivision 1. Every health department shall be responsible to a local board of health as hereinafter provided for.

Subd. 2. The board of health of a health department embracing one county shall consist of five members appointed by the board of county commissioners. Where two or more counties combine to form a health department, each such county shall, by the same method, appoint two members to the board of health, except that the county having the largest population shall appoint three such members. In each such board of health, one member from each county shall be selected from the largest participating municipality located within such county. In each such board of health, one of the members so appointed shall be a doctor of medicine and one shall be a doctor of dental surgery, each licensed to practice in Minnesota. The remaining members of the board shall be laymen, representative of the people served by the health department.

Subd. 3. At the first meeting of any board of health appointed under this section, the members thereof shall determine by lot the respective original terms to be served by each member, whether one, two, or three years. The same number of such members shall be chosen for each such length of term as nearly as may be. All subsequent appointments, except to fill vacancies in unexpired terms, shall be for three year terms.

Subd. 4. The officers of the board shall be a chairman and a vice chairman, to be elected annually by the members thereof for a term of one year.

[1949 c 405 s 4]

145.51 FUNDS APPROPRIATED AND FEES COLLECTED. Subdivision 1. Every health department established under sections 145.47 to 145.54 shall be operated and maintained from funds appropriated and fees collected within the counties included in the area covered by such health department, together with such state and federal funds and private grants which may be appropriated or granted to it or to any of its participating county or other political subdivisions. The cost of maintenance of every such health department shall be borne by the several participating counties on the basis of the ratio of the population of each such county to the total population served by the said health department, and the amount thus required of each of the participating counties for such health department purposes shall be spread as a separate tax levy against all of the taxable property of each of such counties. When a city of the first or second class does not come within

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the jurisdiction of such health department its population shall not be considered in such computation, and the health department tax levy of such county shall not apply to the property within such city.

Subd. 2. The health officer and board of health of every health department created under sections 145.47 to 145.54 shall annually prepare a budget of its proposed expenditures for the ensuing fiscal year and determine the proportionate cost to each participating county. A certified copy of such budget, which shall include a statement of the amount required from each such county, shall be delivered to the board of county commissioners of each participating county. The county boards of all participating counties in each such health department shall meet in joint session, prior to the regular annual July meetings of such boards, for due hearing and agreement on such health department budget. The budget adopted shall be effective when approved by a majority of the members of each such county board in attendance at such joint meeting. A majority of each county board shall be in attendance to constitute a quorum for a joint meeting. At its regular meeting in July, each such county board shall include in its annual levy of county taxes, such amount as may be necessary for the health department purposes provided for in sections 145.47 to 145.54, as a separate levy over and above the limits now imposed for the general fund of the county. Such amount, when collected, shall be credited to the "health department fund" of the county.

Subd. 3. In the accounts and treasury of the county wherein is located the principal office of each multicounty health department there shall be created a "joint health department fund." The treasurer of each county participating in such health department shall pay or cause to be paid into this joint fund from the county "health department fund" all tax monies, fees, grants-in-aid, gifts, or bequests designated for public health department purposes by drawing a warrant in favor of the "joint health department fund" payable to the treasurer of the county selected as the place of deposit of such fund. The said fund shall be used only for the purposes of said health department in accordance with the adopted budget, and shall be expended in the manner prescribed by such board of health pursuant to properly authenticated vouchers of such health department signed by its health officer.

[1949 c 405 s 5; 1957 c 470 s 1; 1973 c 583 s 9, 10]

145.52 BOARDS; ORGANIZATION, DUTIES. Subdivision 1. The board of health of every health department organized under sections 145.47 to 145.54 shall hold regular meetings at least quarterly at such time and place as may be provided by such board, and such special meetings as may be called by its chairman or a majority of its members. Members shall serve without compensation, but shall be entitled to statutory travel and other necessary expenses while engaged in their official duties.

Subd. 2. The board of health shall employ a health officer who shall be a doctor of medicine duly licensed and registered in the state of Minnesota who shall have the approval of the state board of health. He shall be appointed for a term of five years subject to removal for cause after a hearing before the board of health. He shall be the executive officer of the board of health, shall select subordinate personnel subject to the approval of the board and shall have general supervision of all work conducted by such health department.

Subd. 3. In all counties containing a city of the first class the county health nurse in each of said counties shall be under the supervision and jurisdiction of such county or multiple county health department.

Subd. 4. Every such board of health shall enter into a joint agreement with the boards of county commissioners of the counties and the governing bodies of participating cities of the first, second, and third class within its jurisdictional area to regulate such matters as salary scales, merit systems, the acquisition of property and personnel of previously existing health departments, the distribution of assets upon withdrawal of any county or city and other matters wherein practices may vary in different participating counties and cities.

Subd. 5. Every such health officer and board of health shall annually prepare a budget of the proposed expenditures of such health department for the ensuing year and the proportionate cost thereunder to each participating county; provided, however, that for the first year of operation of any such health department this function may be performed by the said board alone.

Subd. 6. Each such board of health shall prepare and cause to be published for free public distribution an annual report of the work of its health department.

Subd. 7. Each such board of health may make recommendations to the boards of county commissioners for local legislation pertaining to the public health and generally applicable throughout their counties. It may also recommend to any municipality within its jurisdiction local legislation having specific application to health problems peculiar to such municipality.

[1949 c 405 s 6; 1951 c 530 s 1; 1959 c 604 s 3]

145.53 RULES AND REGULATIONS. Subdivision 1. The board of county commissioners of any county within the jurisdiction of any health department created under sections 145.47 to 145.54 shall have the power to adopt and to alter by resolution, and to enforce reasonable regulations for the preservation of the public health, applicable throughout the whole or any portion of the county. Proposed regulations shall be published at least once in a newspaper of general circulation throughout the county or counties served by the health department before adoption. In counties containing a city of the first class and wherein a majority of the county commissioner districts lie within a city of the first class, it shall require the unanimous vote of the county board to adopt such rules and regulations, and no county regulation shall supersede or conflict with higher standards established by statute, the regulations of the state board of health, or the provisions of the charter or ordinances of any city pertaining to the same subject matter.

Subd. 2. Nothing in sections 145.47 to 145.54 shall prohibit any municipality from adopting ordinances or resolutions for the regulation of the public health setting higher standards than those of the state board of health, the board of county commissioners, or the statutes.

[1949 c 405 s 7]

145.54 ENFORCEMENT; WITHDRAWAL. Subdivision 1. Every health department created under sections 145.47 to 145.54, subject to the general supervision of the state board of health, shall cause all laws and regulations relating to public health to be obeyed and enforced within its jurisdictional area.

Subd. 2. After any two or more counties shall have taken action to establish a joint health department under sections 145.47 to 145.54, any participating county may withdraw therefrom not earlier than one year from the beginning of the next fiscal year following written notice to its board of health and the boards of county commissioners of all other participating counties of its intention so to do.

Subd. 3. Any city of the first, second, or third class participating in a health department established under sections 145.47 to 145.54 may withdraw therefrom in the manner provided for the withdrawing of a participating county. Thereafter its population shall not be considered in the computation of apportionment of taxes for health department purposes and the health department tax levy of the county thereof shall not include the taxable property within such city.

Subd. 4. Whenever any county or city of the first, second, or third class shall withdraw from any health department established under sections 145.47 to 145.54, all provisions of law relating to local health boards and officers as defined in Minnesota Statutes 1945, Section 145.01, shall immediately become applicable within such county or city.

[1949 c 405 s 8; 1959 c 604 s 4, 5]

145.55 AGREEMENT TO PERFORM FUNCTIONS OF STATE BOARD. Subdivision 1. The state board of health hereafter called the state agency may enter into an agreement with any county which has established a health department, hereafter called the county agency, under the provisions of Laws 1969, Chapter 235, or Minnesota Statutes, Sections 145.47 to 145.54, under which agreement such county agency may agree to perform all or part of the licensing, inspection and enforcement duties authorized under the provisions of Minnesota Statutes, Sections 144.075 and 144.12 and Chapter 157. Such agreement may set out requirements that the county agency comply with rules and regulations promulgated by the state agency for the performance of duties under the provisions of Minnesota Statutes, Sections 144.075 and 144.12 and Chapter 157. It may also set forth criteria under which the state agency will determine that the performance by the county agency complies with state standards and shall be deemed sufficient to replace licensing by the state board of health.

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The agreement may further specify minimum staff requirements and qualifications and may provide for procedures for termination if the state agency finds that the county agency fails to comply with the terms and requirements of the agreement.

Subd. 2. No county agency may perform any licensing, inspection or enforcement duties pursuant to an agreement entered into under the authority of subdivision 1, in any territory outside of the county boundary.

Subd. 3. The scope of agreements entered into under the provisions of subdivision 1 shall be limited to such duties and responsibilities as agreed upon between the parties and may provide a basis for automatic renewal and provisions for notice of intent to terminate by either party.

Subd. 4. During the life of an agreement under this section the state agency shall not perform any licensing, inspection or enforcement duties which the county agency is required to perform under the agreement, except for inspections necessary to determine compliance with the agreement and this section. The state agency shall consult with, advise, and assist a county agency in the performance of its duties under the agreement.

[1971 c 630 s 1-4]

HEALTH CARE INFORMATION, REVIEW ORGANIZATION

145.61 DEFINITIONS. Subdivision 1. As used in sections 145.61 to 145.67 the terms defined in this section have the meanings given them.

Subd. 2. "Professional" means a person licensed to practice a healing art under Minnesota Statutes 1969, Chapter 147, or Chapter 148, to practice dentistry under Minnesota Statutes 1969, Chapter 150A, to practice as a pharmacist under Minnesota Statutes 1969, Chapter 151, or to practice podiatry under Minnesota Statutes 1969, Chapter 153.

Subd. 3. "Professional service" means service rendered by a professional of the type such professional is licensed to perform.

Subd. 4. "Health care" means professional services rendered by a professional or an employee of a professional and services furnished by a hospital, sanatorium, rest home, nursing home, boarding home or other institution for the hospitalization or care of human beings.

Subd. 4a. "Administrative staff" means the staff of a hospital or clinic.

Subd. 5. "Review organization" means a committee whose membership is limited to professionals and administrative staff, except where otherwise provided for by state or federal law, and which is established by a hospital, by a clinic, by one or more state or local associations of professionals, by an organization of professionals from a particular area or medical institution, by a health maintenance organization as defined in Minnesota Statutes, Chapter 62D, by a nonprofit health service plan corporation as defined in Minnesota Statutes, Chapter 62C or by a professional standards review organization established pursuant to 42 U.S.C., Section 1320c-1 et seq. to gather and review information relating to the care and treatment of patients for the purposes of:

(a) Evaluating and improving the quality of health care rendered in the area or medical institution;

(b) Reducing morbidity or mortality;

(c) Obtaining and disseminating statistics and information relative to the treatment and prevention of diseases, illness and injuries;

(d) Developing and publishing guidelines showing the norms of health care in the area or medical institution;

(e) Developing and publishing guidelines designed to keep within reasonable bounds the cost of health care;

(f) Reviewing the quality or cost of health care services provided to enrollees of health maintenance organizations;

(g) Acting as a professional standards review organization pursuant to 42 U.S.C., Section 1320c-1 et seq; or

(h) Reviewing, ruling on, or advising on controversies, disputes or questions between:

(1) health insurance carriers or health maintenance organizations and their insureds or enrollees;

(2) professional licensing boards acting under their powers including discipli-

nary, license revocation or suspension procedures and health providers licensed by them when the matter is referred to a review committee by the professional licensing board;

(3) professionals and their patients concerning diagnosis, treatment or care, or the charges or fees therefor;

(4) professionals and health insurance carriers or health maintenance organizations concerning a charge or fee for health care services provided to an insured or enrollee; or

(5) professionals or their patients and the federal, state, or local government, or agencies thereof.

No party shall be bound by a ruling of a review organization pursuant to this clause on a controversy, dispute or question unless he agrees in advance, either specifically or generally, to be bound by the ruling.

[1971 c 283 s 1; 1974 c 295 s 1, 2]

145.62 LIMITATION ON LIABILITY FOR PERSONS PROVIDING INFORMATION TO REVIEW ORGANIZATION. No person, firm, or corporation providing information to a review organization shall be subject to any action for damages or other relief, by reason of having furnished such information, unless such information is false and the person providing such information knew, or had reason to believe, such information was false.

[1971 c 283 s 2]

145.63 LIMITATION ON LIABILITY FOR MEMBERS OF REVIEW ORGANIZATIONS. No person who is a member or employee of, who acts in an advisory capacity to or who furnishes counsel or services to, a review organization shall be liable for damages or other relief in any action brought by a person or persons whose activities have been or are being scrutinized or reviewed by a review organization, by reason of the performance by him of any duty, function or activity of such review organization, unless the performance of such duty, function or activity was motivated by malice toward the person affected thereby. No person shall be liable for damages or other relief in any action by reason of the performance of him of any duty, function, or activity as a member of a review committee or by reason of any recommendation or action of the review committee when the person acts in the reasonable belief that his action or recommendation is warranted by facts known to him or the review organization after reasonable efforts to ascertain the facts upon which the review organization's action or recommendation is made.

[1971 c 283 s 3; 1974 c 295 s 3]

145.64 CONFIDENTIALITY OF RECORDS OF REVIEW ORGANIZATION. All data and information acquired by a review organization, in the exercise of its duties and functions, shall be held in confidence, shall not be disclosed to anyone except to the extent necessary to carry out one or more of the purposes of the review organization, and shall not be subject to subpoena or discovery. No person described in section 145.63 shall disclose what transpired at a meeting of a review organization except to the extent necessary to carry out one or more of the purposes of a review organization. The proceedings and records of a review organization shall not be subject to discovery or introduction into evidence in any civil action against a professional arising out of the matter or matters which are the subject of consideration by the review organization. Information, documents or records otherwise available from original sources shall not be immune from discovery or use in any civil action merely because they were presented during proceedings of a review organization, nor shall any person who testified before a review organization or who is a member of it be prevented from testifying as to matters within his knowledge, but a witness cannot be asked about his testimony before a review organization or opinions formed by him as a result of its hearings.

[1971 c 283 s 4; 1974 c 295 s 4]

145.65 GUIDELINES NOT ADMISSIBLE IN EVIDENCE. No guideline established by a review organization shall be admissible in evidence in any proceeding brought by or against a professional by a person to whom such professional has rendered professional services.

[1971 c 283 s 5]

145.66 PENALTY FOR VIOLATION. Any disclosure other than that authorized by section 145.64, of data and information acquired by a review committee or of what transpired at a review meeting, is a misdemeanor.

[1971 c 283 s 6]

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145.67 PROTECTION OF PATIENT. Nothing contained in sections 145.61 to 145.67 shall be construed to relieve any person of any liability which he has incurred or may incur to a patient as a result of furnishing health care to such patient.

[1971 c 283 s 7]

CONFINEMENT OF DRUG DEPENDENT

145.696 [Repealed, 1973 c 572 s 18]

145.697 [Repealed, 1973 c 572 s 18]

145.698 CONFINEMENT OF DRUG DEPENDENT PERSON. Subdivision 1. When a person has been accused of violating any state or local law or ordinance in district or municipal court, and if it appears to the court that the defendant may be a drug dependent person, or by reason of the repeated use of drugs may not be responsible for his actions, the court may adjourn the proceedings and order the county attorney to file a petition for commitment of the defendant pursuant to the Minnesota hospitalization and commitment act for confinement in a hospital, a mental health center, the Willmar state hospital or other drug treatment facility until such time as the court feels that such person can be returned to the court.

Subd. 2. Upon conviction of a defendant for any crime in district court or any municipal court from which an appeal lies directly to the supreme court, or following revocation of probation previously granted whether or not sentence has been imposed, if it appears to the court that the defendant may be a drug dependent person, or by reason of the repeated use of drugs may be in imminent danger of becoming addicted, the court may adjourn the proceedings or suspend imposition or execution of sentence and order the county attorney to file a petition for commitment of the defendant pursuant to the Minnesota hospitalization and commitment act for confinement in a hospital, a mental health center, the Willmar state hospital, or other drug treatment facility until such time as the court feels that such person is no longer in need of institutional care and treatment.

[1971 c 892 s 11]

145.699 [Repealed, 1973 c 572 s 18]

CERTIFICATES OF NEED FOR HEALTH CARE FACILITIES

145.71 PURPOSE; CITATION. Subdivision 1. The legislature finds that the unnecessary construction or modification of health care facilities increases the cost of care and threatens the financial ability of the public to obtain necessary medical services. The purposes of sections 145.71 to 145.83 are to promote comprehensive health planning; to assist in providing the highest quality of health care at the lowest possible cost; to avoid unnecessary duplication by ensuring that only those health care facilities which are needed will be built; and to provide an orderly method of resolving questions concerning the necessity of construction or modification of health care facilities.

It is the policy of sections 145.71 to 145.83 that decisions regarding the construction or modification of health care facilities should be based on the maximum possible participation on the local level by consumers of health care and elected officials, as well as the providers directly concerned.

Subd. 2. Sections 145.71 to 145.83 may be cited as the Minnesota certificate of need act.

[1971 c 628 s 1]

145.72 DEFINITIONS. Subdivision 1. As used in sections 145.71 to 145.83, unless the context otherwise requires the terms defined in this section have the meaning ascribed to them.

Subd. 2. "Health care facility" means any hospital licensed as such under Minnesota Statutes 1969, Sections 144.50 to 144.56; any nursing home licensed as such under Minnesota Statutes 1969, Sections 144.50 to 144.56 or Minnesota Statutes 1969, Section 144.583; or any boarding care home licensed as such under Minnesota Statutes 1969, Sections 144.50 to 144.56.

Subd. 3. "Construction or modification" means the erection, building, alteration, reconstruction, modernization, improvement, extension, or purchase or acquisition of diagnostic or therapeutic equipment, by a health care facility, which

(1) requires a total capital expenditure in excess of \$50,000; and

(2) will either (a) expand or extend the scope or type of service rendered, or (b) increase the bed complement of the facility.

Subd. 4. "Certificate of need" means a certificate issued in accordance with sections 145.71 to 145.83.

Subd. 5. "Area wide comprehensive health planning agency" means an agency established to meet the requirements of the Partnership for Health Act, P.L. 89-749, as amended, and designated as such by the Minnesota state planning agency; provided that in the metropolitan area the area wide comprehensive health planning agency shall be the metropolitan council, if it has appointed a health board to advise it meeting the requirements of section 145.74.

Subd. 6. "Consumer" means any person other than a person (a) whose occupation involves, or before his retirement involved, the administration of health activities or the providing of health services, (b) who is, or ever was, employed by a health care facility, as a licensed professional, or (c) who has, or ever had, a material financial interest in the rendering of health service.

[1971 c 628 s 2]

145.73 COMMENCEMENT OF CONSTRUCTION. No construction or modification of a health care facility, whether public, non-profit, or proprietary, shall be commenced unless a certificate of need has been issued therefor in accordance with sections 145.71 to 145.83.

[1971 c 628 s 3]

145.74 HEALTH PLANNING AGENCIES; MEMBERSHIP REGULATIONS. The state planning agency shall, subject to chapter 15, after consulting with the state board of health promulgate regulations concerning the membership of area wide comprehensive health planning agencies. The regulations shall include, but not be limited to, the following factors. The regulations shall:

- (1) comply with the provisions of the Partnership for Health Act, P.L. 89-749, as amended;
- (2) provide that a majority of the membership be composed of consumers;
- (3) provide for representation of providers of each of the following: hospital, nursing home and boarding care;
- (4) provide for representation of licensed medical doctors and other health professionals;
- (5) provide for a fixed term of membership; and
- (6) provide that members of an area wide comprehensive health planning agency shall not select their successors.

No existing area wide comprehensive health planning agency shall exercise the functions provided in sections 145.71 to 145.83 until it is in compliance with regulations issued pursuant to this section.

If there is no area wide comprehensive health planning agency in a designated area of the state in compliance with sections 145.71 to 145.83, the Minnesota state planning agency shall perform the functions and duties of an area wide comprehensive health planning agency for that area.

[1971 c 628 s 4]

145.75 HEALTH PLANNING AGENCIES; REGULATION OF DUTIES. The state planning agency, in accordance with chapter 15, shall, after consulting with the area wide comprehensive health planning agencies and the state board of health, make regulations to guide the area wide comprehensive health planning agencies in the performance of their duties. The regulations shall provide for the consideration of at least the following factors:

- (a) the need for health care facilities and services in the area and the requirements of the population of the area;
- (b) maximum and minimum hospital, nursing home, and boarding care home bed ratios per 1,000 inhabitants of the area, subject to differences in requirements of the various designated areas;
- (c) the possible economies and improvement in service that may be derived from operation of joint, cooperative, or shared health care resources;
- (d) the relationship of proposed construction or modification to overall plans for the development of the area;
- (e) the availability and adequacy of the area's existing hospitals, nursing homes, and boarding care homes currently conforming to state and federal standards; and
- (f) the availability and adequacy of other health services in the area such as out-patient, ambulatory or home care service which may serve as alternates

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or substitutes for the whole or any part of the service to be provided by any proposed health care facility construction or modification.

The fact that a health care facility serves more than a local area constituency or population or is engaged in educational or research activities shall be taken into consideration in the decision making process with respect to any proposal.

[1971 c 628 s 5]

145.76 PROCEDURE PRIOR TO PROPOSAL. No health care facility, or person, group, corporation or association intending to embark upon a program of construction or modification of a health care facility, shall engage architectural, professional consultation, or fund raising services with respect to the project until it has notified the area wide comprehensive health planning agency of its intention to engage such services. The notice shall state simply the nature of the architectural, professional consultation, or fund raising services to be engaged and the nature of the construction or modification contemplated. Upon receipt of notice under this section, the area wide comprehensive health planning agency shall promptly notify the state board of health and the state planning agency. No area wide comprehensive health planning agency shall be required to accept or act upon a proposal if the notice required by this section has not been given. Nothing in this section shall be construed to limit in any way the right to engage architectural, professional consultation, or fund raising services.

[1971 c 628 s 6]

145.77 CONTENT OF PROPOSALS. Each proposal shall contain information concerning, but not limited to, the following:

- (a) the geographic area likely to be served;
- (b) the population likely to be served;
- (c) the reasonably anticipated need for the facility or service to be provided by the proposal;
- (d) a description of the construction or modification in reasonable detail, including
 - (1) the capital expenditures contemplated; and
 - (2) the estimated annual operating cost, including the anticipated salary cost and numbers of new staff necessitated by the proposal;
- (e) the anticipated effect of the proposal on the per day cost charged by an existing health care facility;
- (f) so far as is known, existing institutions within the area to be served that offer the same or similar service; the extent of utilization of existing facilities or services; and the anticipated effect that the proposal will have on existing facilities and services;
- (g) the anticipated benefit to the area that will result from the proposal;
- (h) so far as is known, the relationship of the proposed construction to any priorities which have been established for the area to be served; and
- (i) the availability and manner of financing of the proposed construction or modification, and the estimated date of commencement and completion of the project.

[1971 c 628 s 7]

145.78 PROPOSAL PROCEDURE. Proposals for health care facility construction or modification shall be made to the area wide comprehensive health planning agency serving the area in which the proposed construction or modification is to take place. Prior to acting on the proposal, the area wide comprehensive health planning agency shall send a copy to the state board of health and to the state planning agency. In reviewing each proposal, the area wide comprehensive health planning agency shall:

- (1) hold a public hearing;
- (2) provide notice of the public hearing by publication in a legal newspaper of general circulation in the area for two successive weeks at least ten days before the date of such hearing;
- (3) allow any interested person the opportunity to be heard, to be represented by counsel, to present oral and written evidence, and to confront and cross-examine opposing witnesses at the public hearing;
- (4) provide a transcript of the hearing at the expense of any individual requesting it, if the transcript is requested at least three days prior to the hearing;
- (5) make findings of fact and recommendations concerning the proposal

which findings and recommendations shall be available to any individual requesting them; and

(6) follow any further procedure not inconsistent with sections 145.71 to 145.83 or Minnesota Statutes 1969, Chapter 15, which it deems appropriate.

Within 90 days after receiving the proposal, the area wide comprehensive health planning agency shall make its recommendation to the state board of health. The area wide comprehensive health planning agency shall either recommend that the state board of health issue, or refuse to issue, a certificate of need. The reasons for the recommendation shall be set forth in detail.

[1971 c 628 s 8]

145.79 DETERMINATION. Within 60 days after receiving the recommendation of the area wide comprehensive health planning agency, the state board of health shall review the recommendations and make one of the following decisions:

(a) issue a certificate of need;

(b) reject the application for a certificate of need; or

(c) refer the application back to the area wide comprehensive health planning agency with comments and instructions for further consideration and recommendations.

If the decision of the state board of health is contrary to the recommendation of the area wide comprehensive health planning agency, the state board of health shall set forth in detail the reasons for reversing the recommendation.

[1971 c 628 s 9]

145.80 EXPIRATION OF CERTIFICATE. A certificate of need shall expire if the construction or modification is not commenced within one year following the issuance of the certificate.

[1971 c 628 s 10]

145.81 APPEALS. Any person aggrieved by an order of the state board of health denying a certificate of need may, within 30 days of such action, appeal in accordance with this section. Notice of appeal and the reasons therefor shall be filed with the governor, who shall appoint a board to hear the appeal. The board shall be composed of three consumers of health services, at least two of whom shall reside outside the area from which the appeal is made, who shall serve without compensation. The board shall proceed in accordance with the provisions of Minnesota Statutes 1969, Chapter 15.

[1971 c 628 s 11]

145.82 EVASIONS. No health care facility shall separate portions of a single project into components in order to evade the \$50,000 cost limitation of section 145.72, subdivision 3.

[1971 c 628 s 12]

145.83 ENFORCEMENT. The district court in the county where an alleged violation occurs shall have jurisdiction to enjoin violations of sections 145.71 to 145.83. At the request of the state board of health, the attorney general may bring an action to enjoin an alleged violation. At the request of an area wide comprehensive health planning agency, the county attorney of the county where an alleged violation occurs may bring an action to enjoin the alleged violation. The state board of health shall not issue a license for any portion of a health care facility in violation of section 145.73 until a certificate of need has been issued. No health care facility in violation of section 145.73 shall be eligible to apply for or receive public funds under Minnesota Statutes 1969, Chapters 245 to 256B, or from any other source, until a certificate of need has been issued.

[1971 c 628 s 13]

UNIFORM DUTIES TO DISABLED PERSONS ACT

145.851 DEFINITIONS. In sections 145.851 to 145.858:

(a) "disabled condition" means the condition of being unconscious, semiconscious, incoherent, or otherwise incapacitated to communicate;

(b) "disabled person" means a person in a disabled condition;

(c) "the emergency symbol" means the caduceus inscribed within a six-barred cross used by the American Medical Association to denote emergency information;

(d) "identifying device" means an identifying bracelet, necklace, metal tag, or similar device bearing the emergency symbol and the information needed in an emergency;

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(e) "medical practitioner" means a person licensed or authorized to practice medicine, osteopathy, and the healing arts.

[1973 c 428 s 1]

145.852 IDENTIFYING DEVICES FOR PERSONS HAVING CERTAIN CONDITIONS. Subdivision 1. A person who suffers from epilepsy, diabetes, a cardiac condition, or any other type of illness that causes temporary blackouts, semiconscious periods, or complete unconsciousness, or who suffers from a condition requiring specific medication or medical treatment, is allergic to certain medications or items used in medical treatment, wears contact lenses, or is unable to communicate coherently or effectively in the English language, is authorized and encouraged to wear an identifying device.

Subd. 2. Any person may carry an identification card bearing his name, type of medical condition, physician's name, and other medical information.

Subd. 3. By wearing an identifying device a person gives his consent for any law enforcement officer or medical practitioner who finds him in a disabled condition to make a reasonable search of his clothing or other effects for an identification card of the type described in subdivision 2.

[1973 c 428 s 2]

145.853 DUTY OF LAW ENFORCEMENT OFFICER. Subdivision 1. A law enforcement officer shall make a diligent effort to determine whether any disabled person he finds is an epileptic or a diabetic, or suffers from some other type of illness that would cause the condition. Whenever feasible, this effort shall be made before the person is charged with a crime or taken to a place of detention.

Subd. 2. In seeking to determine whether a disabled person suffers from an illness, a law enforcement officer shall make a reasonable search for an identifying device and an identification card of the type described in section 145.852, subdivision 2 and examine them for emergency information. The law enforcement officer may not search for an identifying device or an identification card in a manner or to an extent that would appear to a reasonable person in the circumstances to cause an unreasonable risk of worsening the disabled person's condition.

Subd. 3. A law enforcement officer who finds a disabled person without an identifying device or identification card is not relieved of his duty to that person to make a diligent effort to ascertain the existence of any illness causing the disabled condition.

Subd. 4. A cause of action against a law enforcement officer does not arise from his making a reasonable search of the disabled person to locate an identifying device or identification card, even though the person is not wearing an identifying device or carrying an identification card.

Subd. 5. A law enforcement officer who determines or has reason to believe that a disabled person is suffering from an illness causing his condition shall promptly notify the person's physician, if practicable. If the officer is unable to ascertain the physician's identity or to communicate with him, the officer shall make a reasonable effort to cause the disabled person to be transported immediately to a medical practitioner or to a facility where medical treatment is available. If the officer believes it unduly dangerous to move the disabled person, he shall make a reasonable effort to obtain the assistance of a medical practitioner.

[1973 c 428 s 3]

145.854 DUTY OF MEDICAL PRACTITIONERS. Subdivision 1. A medical practitioner, in discharging his duty to a disabled person whom he has undertaken to examine or treat, shall make a reasonable search for an identifying device or identification card of the type described in section 145.852, subdivision 2 and examine them for emergency information.

Subd. 2. A cause of action against a medical practitioner does not arise from his making a reasonable search of a disabled person to locate an identifying device or identification card, even though the person is not wearing an identifying device or carrying an identification card.

[1973 c 428 s 4]

145.855 DUTY OF OTHERS. Subdivision 1. A person, other than a law enforcement officer or medical practitioner, who finds a disabled person shall make a reasonable effort to notify a law enforcement officer. If a law enforcement officer or medical practitioner is not present, a person who finds a disabled person may

(1) make a reasonable search for an identifying device, and (2) if the identifying device is found may make a reasonable search for an identification card of the type described in section 145.852, subdivision 2. If a device or card is located, the person making the search shall attempt promptly to bring its contents to the attention of a law enforcement officer or medical practitioner.

Subd. 2. A cause of action does not arise from a reasonable search to locate an identifying device or identification card as authorized by subdivision 1.

[1973 c 428 s 5]

145.856 FALSIFYING IDENTIFICATION OR MISREPRESENTING CONDITION; PENALTY. A person who with intent to deceive provides, wears, uses, or possesses a false identifying device or identification card of the type described in section 145.852, subdivision 2 is guilty of a misdemeanor.

[1973 c 428 s 6]

145.857 OTHER DUTIES. The duties imposed by sections 145.851 to 145.858 are in addition to, and not in limitation of, other duties existing under the law of this state.

[1973 c 428 s 7]

145.858 CITATION. Sections 145.851 to 145.858 may be cited as the "Uniform Duties to Disabled Persons Act."

[1973 c 428 s 8]

ALLIED HEALTH MANPOWER

145.861 LEGISLATIVE INTENT. It is the intention of the legislature to promote the establishment of such allied health manpower as may be useful in the health care delivery system and to coordinate the development of credentialing policy with the existing licensing boards. To this end the state board of health is encouraged to establish reasonable procedures for the identification and credentialing of categories of allied health manpower as such are determined by the board of health to constitute a useful new category of health care responsibility and important to regulate in the public interest. The decision of the board of health to credential a specific category of allied health manpower shall include detailed consultation with the professional health licensing boards to define the scope and range of delegation authorized. The board of health shall exercise care to prevent the proliferation of unessential allied health manpower categories.

[1973 c 709 s 1]

145.862 DEFINITIONS. Subdivision 1. As used in sections 145.861 to 145.866, the terms herein defined shall have the meanings given them unless the context clearly requires otherwise.

Subd. 2. "Board" means the state board of health.

Subd. 3. "Committee" means the advisory committee on allied health manpower credentialing.

Subd. 4. "Existing state health licensing boards" means the existing professional health licensing boards provided for in Minnesota Statutes 1971, Sections 144.952, 146.02, 147.01, 148.02, 148.52, 148.79, 148.181, 148.296, 150A.02, 151.02, 153.02, 156.01, as well as any other professional health licensing boards that may be created hereafter unless specifically exempted therefrom.

Subd. 5. "Public member" means a person who is not, or never was, a member of a health care delivery profession, or the spouse of any such person, or a person who has not, nor never has had, a material financial interest in either the providing of health care or a directly related activity.

[1973 c 709 s 2]

145.863 DUTIES OF THE BOARD. The board shall carry out the following duties:

(a) Review all laws, regulations, guidelines and policies promulgated by and applicable to and administered by the existing licensing boards with the purpose of making recommendations for appropriate changes.

(b) Receive and review annual reports from each existing licensing board, summarizing actions taken relating to the enforcement of the licensing statutes, rules and regulations under the authority of such boards.

(c) Initiate, receive and review proposals for credentialing of new health

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manpower categories. Recommend credentialing of new categories as deemed appropriate, wherever possible through appropriate licensing boards.

[1973 c 709 s 3]

145.864 CREDENTIALING; REGULATIONS AND PROCEDURES. The board, pursuant to chapter 15, may promulgate rules and regulations establishing procedures for the credentialing of categories of allied health manpower which do not duplicate categories including, but not limited to, the following: credentialing requirement; scope of practice authorized; supervision required; continuing education; career progression; and disciplinary procedures. The board also may establish such procedures as are necessary to the administration of sections 145.861 to 145.866 including, but not limited to, the development, administration, and grading of examinations to verify the qualifications of applicants for credentialing an allied health manpower categories authorized by the board. Such rules and regulations may provide for the credentialing by the board or by such existing licensing board as the board may designate. Before promulgating any such rule or regulation the board shall consult with the licensing board, in the concerned health area as to the scope and range of the activities and tasks to be authorized and the extent of supervision to be required.

[1973 c 709 s 4]

145.865 ADVISORY COMMITTEE. Subdivision 1. The board shall establish an advisory committee to assist in formulating policies pursuant to sections 145.861 to 145.866. The board shall determine the duties of the committee, shall establish procedures for the proper functioning of the committee including, but not limited to the following, the method of selection of membership, the terms of membership, the selection of a committee chairman and methods of communicating recommendations and advice to the board for its consideration. Each of the existing state health licensing boards, the consumer services section of the department of commerce, the state comprehensive health planning advisory council and the higher education coordinating commission shall have a representative selected by such boards, section or commission. The governor shall appoint the remaining members which shall not exceed eleven and shall include six persons broadly representative of health care services particularly allied health professions not presently licensed, registered or certified pursuant to existing law and five public members unrelated to any health care delivery profession.

Subd. 2. The committee members shall receive \$35 per day spent on the activities of the committee and shall be reimbursed for reasonable expenses necessitated by the performance of their committee duties in the same manner and amount as state employees.

Subd. 3. The secretary of the board or his designee shall serve as secretary to the committee and shall provide such additional assistance as is necessary to facilitate the work of the committee.

[1973 c 709 s 5]

145.866 FEES. The board, subject to the approval of the department of administration shall establish reasonable fees for the processing of applications, for the administration of the examination and for the issuance of original and renewal credentialing certificates. All fees received shall be deposited with the state treasurer to be credited to the general fund.

[1973 c 709 s 6]