

Health

CHAPTER 144

DEPARTMENT OF HEALTH

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STATE BOARD OF HEALTH

144.01 MEMBERSHIP. Subdivision 1. The department of health ^{as} created under the supervision and control of the state board of health. The state board of health shall consist of 15 members, nine of whom shall be broadly representative of the licensed health professions and six of whom shall be public members as defined by section 214.02. The members of the board of health shall be appointed by the governor with the advice and consent of the senate.

Subd. 2. The membership terms, compensation, removal of members, and filling of vacancies on the board shall be as provided in section 15.0575.

[*RL s 2127; 1925 c 426 art 9 s 1; 1963 c 395 s 1; 1973 c 638 s 1; 1976 c 134 s 41; 1976 c 239 s 51*] (5333, 5336)

144.02 MEETINGS; OFFICERS; QUORUM. The state board of health shall hold an annual meeting during the first quarter of every year at a time and place designated by the board at which time it shall elect from its members a president. Regular meetings, one of which shall include the annual meeting, shall be held not less than four times a year. At least one such regular meeting shall be held each quarter. The time and place of all such meetings shall be determined by the board, and all board members shall be notified thereof by mail seven days in advance. Special meetings may be held at such times and places as the secretary or any two members of the board shall appoint upon three days' notice to the members by mail. The board shall elect a secretary, with the advice and consent of the senate, to serve during its pleasure, who may or may not be one of its members. A majority shall be a quorum and any meeting may be adjourned from time to time.

[*RL s 2128; 1973 c 142 s 1; 1975 c 310 s 2*] (5337)

144.03 GENERAL DUTIES OF OFFICERS. The president shall preside at the meetings when present. The secretary shall be the executive officer of the state board of health and shall see that all lawful rules and orders of the board and all duties laid upon it by law, are enforced and performed, and that every law enacted in the interests of human health is obeyed. The secretary shall be the custodian of the official records and documents of the board and shall be the chief administrator of the Minnesota department of health in which capacity he shall be known as the commissioner of health.

[*RL s 2129; 1973 c 356 s 1*] (5338)

144.04 EMPLOYMENT OF AGENTS, EXPERTS AND OTHER ASSISTANTS; COMPENSATION; EXPENSES. Subject to the provisions of Laws 1939, Chapter 441, the board may employ, and at pleasure dismiss, such agents, experts, and other assistants as it may deem necessary and fix their compensation, prescribe their duties, and allow their necessary expenses. All such salaries, compensation, and expenses shall be paid by the state upon vouchers; but the total for any year shall not exceed the appropriation of the year therefor.

[*RL s 2150; 1951 c 713 s 14; 1973 c 638 s 2; 1976 c 134 s 42*] (5378)

144.05 GENERAL DUTIES OF BOARD; REPORTS. The state board of health acting through its secretary shall have general authority as the state's official health agency and shall be responsible for the development and maintenance of an organized system of programs and services for protecting, maintaining, and improving the health of the citizens. This authority shall include but not be limited to the following:

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(a) Conduct studies and investigations, collect and analyze health and vital data, and identify and describe health problems;

(b) Plan, facilitate, coordinate, provide, and support the organization of services for the prevention and control of illness and disease and the limitation of disabilities resulting therefrom;

(c) Establish and enforce health standards for the protection and the promotion of the public's health such as quality of health services, reporting of disease, regulation of health facilities, environmental health hazards and manpower;

(d) Affect the quality of public health and general health care services by providing consultation and technical training for health professionals and paraprofessionals;

(e) Promote personal health by conducting general health education programs and disseminating health information;

(f) Coordinate and integrate local, state and federal programs and services affecting the public's health;

(g) Continually assess and evaluate the effectiveness and efficiency of health service systems and public health programming efforts in the state; and

(h) Advise the governor and legislature on matters relating to the public's health.

[*RL s 2130; 1973 c 356 s 2*] (5339)

144.053 RESEARCH STUDIES CONFIDENTIAL. Subdivision 1. All information, records of interviews, written reports, statements, notes, memoranda, or other data procured by the state board of health, in connection with studies conducted by the state board of health, or carried on by the said board jointly with other persons, agencies or organizations, or procured by such other persons, agencies or organizations, for the purpose of reducing the morbidity or mortality from any cause or condition of health shall be confidential and shall be used solely for the purposes of medical or scientific research.

Subd. 2. Such information, records, reports, statements, notes, memoranda, or other data shall not be admissible as evidence in any action of any kind in any court or before any other tribunal, board, agency or person. Such information, records, reports, statements, notes, memoranda, or other data shall not be exhibited nor their contents disclosed in any way, in whole or in part, by any officer or representative of the state board of health, nor by any other person, except as may be necessary for the purpose of furthering the research project to which they relate. No person participating in such research project shall disclose, in any manner, the information so obtained except in strict conformity with such research project. No officer or employee of said board shall interview any patient named in any such report, nor a relative of any such patient, unless the consent of the attending physician and surgeon is first obtained.

Subd. 3. The furnishing of such information to the state board of health or its authorized representative, or to any other cooperating agency in such research project, shall not subject any person, hospital, sanitarium, nursing home or other person or agency furnishing such information, to any action for damages or other relief.

Subd. 4. Any disclosure other than is provided for in this section, is hereby declared to be a misdemeanor and punishable as such.

[*1955 c 769 s 1-4; 1976 c 173 s 31*]

144.055 HOME SAFETY PROGRAMS. Subdivision 1. The state board of health is authorized to develop and conduct by exhibit, demonstration and by health education or public health engineering activity, or by any other means or methods which the board may determine to be suitable and practicable for the purpose, a program in home safety designed to prevent accidents and fatalities resulting therefrom. The board shall cooperate with local and county boards of health, the Minnesota Safety Council, and other interested voluntary groups in its conduct of such programs.

Subd. 2. For the purpose of assisting local and county boards of health to develop community home safety programs and to conduct such surveys of safety hazards in municipalities and counties, the board may loan or furnish exhibit, demonstration, and educational materials, and may assign personnel for a limited period to such local and county boards of health.

[*1957 c 290 s 1*]

144.06 STATE BOARD OF HEALTH TO PROVIDE INSTRUCTION. The state board of health, hereinafter referred to as the board, is hereby authorized to provide instruction and advice to expectant mothers during pregnancy and confinement and to mothers and their infants after childbirth; and to employ such persons as may be necessary to carry out the requirements of sections 144.06 and 144.07. Such instruction, advice, and care shall be given only to applicants residing within the state. No woman receiving aid under sections 144.06, 144.07, and 144.09 shall for this reason be affected thereby in any civil or political rights, nor shall her identity be disclosed except upon written order of the board.

[1921 c 392 s 1-3] (5340, 5341, 5342)

144.065 VENEREAL DISEASE TREATMENT CENTERS. The state board of health shall assist local health agencies and organizations throughout the state with the development and maintenance of services for the detection and treatment of venereal diseases. These services shall provide for diagnosis, treatment, case finding, investigation, and the dissemination of appropriate educational information. The state board of health shall promulgate regulations relative to the composition of such services and shall establish a method of providing funds to local health agencies and organizations which offer such services. The state board of health shall provide technical assistance to such agencies and organizations in accordance with the needs of the local area.

[1974 c 575 s 6]

144.07 POWERS OF BOARD. The board may:

(1) Make all reasonable rules and regulations necessary to carry into effect the provisions of sections 144.06, 144.07, and 144.09, and may amend, alter, or repeal such rules or regulations;

(2) Accept private gifts for the purpose of carrying out the provisions of those sections;

(3) Cooperate with agencies, whether city, state, federal, or private, which carry on work for maternal and infant hygiene; and

(4) Make investigations and recommendations for the purpose of improving maternity care.

The board shall include in its report to the legislature a statement of the operation of those sections.

[1921 c 392 s 4] (5343)

144.071 MERIT SYSTEM FOR LOCAL EMPLOYEES. The board may establish a merit system for employees of county or municipal health departments or public health nursing services or health districts, and may promulgate rules and regulations governing the administration and operation thereof. In the establishment and administration of the merit system authorized by this section, the board may utilize facilities and personnel of any state department or agency with the consent of such department or agency. The board may also, by rule or regulation, cooperate with the federal government in any manner necessary to qualify for federal aid.

[1969 c 1073 s 1]

144.072 IMPLEMENTATION OF SOCIAL SECURITY AMENDMENTS OF 1972. The state board of health shall implement by rule, pursuant to the administrative procedures act, those provisions of the social security amendments of 1972 (P. L. 92-603) required of state health agencies, including rules which:

(a) establish a plan, consistent with regulations prescribed by the secretary of health, education, and welfare, for the review by appropriate professional health personnel, of the appropriateness and quality of care and services furnished to recipients of medical assistance; and

(b) provide for the determination as to whether institutions and agencies meet the requirements for participation in the medical assistance program, and the certification that those requirements, including utilization review, are being met.

[1973 c 717 s 1]

144.073 USE OF DUPLICATING EQUIPMENT. The state board of health is authorized to maintain and operate mimeograph or similar type of stencil duplicating

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equipment in its Minneapolis office to expedite the issuance of communicable disease bulletins and public health information circulars to health officers and other public health workers.

[1957 c 274 s 1]

144.074 FUNDS RECEIVED FROM OTHER SOURCES. The state board of health may receive and accept money, property, or services from any person, agency, or other source for any public health purpose within the scope of its statutory authority. All money so received is annually appropriated for those purposes in the manner and subject to the provisions of law applicable to appropriations of state funds.

[1975 c 310 s 9]

144.075 CUP VENDING AND OTHER MACHINES; INSPECTION. The state board of health shall provide for the inspection of cup vending machines, and similar dispensing devices where food or beverages are dispensed for sale to the public. The purpose of such inspection shall be protection of the public health, and the elimination of hazards to health resulting from dispensing devices that are operated in an unsanitary manner or designed so that the public health may be injured. Such inspection shall be made at such times and under circumstances as the board of health may determine.

[1953 c 674 s 1]

144.076 MOBILE HEALTH CLINIC. The state board of health may establish, equip, and staff with its own members or volunteers from the healing arts, or may contract with a public or private nonprofit agency or organization to establish, equip, and staff a mobile unit, or units to travel in and around poverty stricken areas and Indian reservations of the state on a prescribed course and schedule for diagnostic and general health counseling, including counseling on and distribution of dietary information, to persons residing in such areas. For this purpose the state board of health may purchase and equip suitable motor vehicles, and furnish a driver and such other personnel as the department deems necessary to effectively carry out the purposes for which these mobile units were established or may contract with a public or private nonprofit agency or organization to provide the service.

[1971 c 940 s 1; 1975 c 310 s 3]

144.08 POWERS AND DUTIES OF HOTEL INSPECTORS AND AGENTS; INSPECTIONS AND REPORTS. The department of health shall have and exercise all of the authority and perform all the duties imposed upon and vested in the state hotel inspector. With the advice and consent of the department of administration, the department of health shall appoint and fix the compensation of a hotel inspector and such other inspectors and agents as may be required for the efficient conduct of the duties hereby imposed. These inspectors, by order of the department of administration, may be required to inspect any or all food products subject to inspection by the department of agriculture and to investigate and report to such department violations of the pure food laws and the regulations of the department of agriculture pertaining thereto. The reports of these inspectors to the department of agriculture shall have the force and effect of reports made or required to be made by the inspectors of such department.

[1925 c 426 art 9 s 2; 1961 c 113 s 1] (53-34)

144.09 COOPERATION WITH FEDERAL AUTHORITIES. The state of Minnesota, through its legislative authority:

(1) Accepts the provisions of any act of congress providing for cooperation between the government of the United States and the several states in public protection of maternity and infancy;

(2) Empowers and directs the board to cooperate with the federal children's bureau to carry out the purposes of such acts; and

(3) Appoints the state treasurer as custodian of all moneys given to the state by the United States under the authority of such acts and such money shall be paid out in the manner provided by such acts for the purposes therein specified.

[1921 c 392 s 5] (5344)

144.10 FEDERAL AID FOR MATERNAL AND CHILD WELFARE SERVICES; CUSTODIAN OF FUND; PLAN OF OPERATION; LOCAL APPROPRIATIONS. The state treasurer is hereby appointed as the custodian of all moneys received, or which may hereafter be received, by the state by reason of any federal aid granted for maternal and child welfare service and for public health services, including the purposes as declared in Public Law 725 enacted by the 79th Congress of the United States, Chapter 958-2d Session and all amendments thereto, which moneys shall be expended in accordance with the purposes expressed in the acts of congress granting such aid and solely in accordance with plans to be prepared by the state board. The plans so to be prepared by the board for maternal and child health service shall be approved by the United States children's bureau; and the plans of the board for public health service shall be approved by the United States public health service. Such plans shall include the training of personnel for both state and local health work and conform with all the requirements governing federal aid for these purposes. Such plans shall be designed to secure for the state the maximum amount of federal aid which is possible to be secured on the basis of the available state, county, and local appropriations for such purposes. The board shall make reports, which shall be in such form and contain such information as may be required by the United States children's bureau or the United States public health service, as the case may be; and comply with all the provisions, rules, and regulations which may be prescribed by these federal authorities in order to secure the correction and verification of such reports.

[*Ex1936 c 70 s 1; 1947 c 485 s 1*] (5391-1)

144.11 RULES AND REGULATIONS. The board may make such reasonable rules and regulations as may be necessary to carry into effect the provisions of section 144.10 and alter, amend, suspend, or repeal any of such rules and regulations.

[*Ex1936 c 70 s 2*] (5391-2)

144.12 REGULATION, ENFORCEMENT, LICENSES, FEES. Subdivision 1. The board may adopt, alter, and enforce reasonable regulations of permanent application throughout the whole or any portion of the state, or for specified periods in parts thereof, for the preservation of the public health. Upon the approval of the attorney general and the due publication thereof, such regulations shall have the force of law, except insofar as they may conflict with a statute or with the charter or ordinance of a city of the first class upon the same subject. The board may control, by adoption of regulations, by requiring the taking out of licenses or permits, or by other appropriate means, any of the following matters:

- (1) The manufacture into articles of commerce, other than food, of diseased, tainted, or decayed animal or vegetable matter;
- (2) The business of scavenging and the disposal of sewage;
- (3) The location of mortuaries and cemeteries and the removal and burial of the dead;
- (4) The management of lying-in houses and boarding places for infants and the treatment of infants therein;
- (5) The pollution of streams and other waters and the distribution of water by private persons for drinking or domestic use;
- (6) The construction and equipment, in respect to sanitary conditions, of schools, hospitals, almshouses, prisons, and other public institutions, and of lodging houses and other public sleeping places kept for gain;
- (7) The treatment, in hospitals and elsewhere, of persons suffering from communicable diseases, including all manner of venereal disease and infection, the disinfection and quarantine of persons and places in case of such disease, and the reporting of sicknesses and deaths therefrom;

Provided, that neither the board nor any local board of health nor director of public health shall have authority to make or adopt any rule or regulation for the treatment in any penal or correctional institution of any person suffering from any such communicable disease or venereal disease or infection, which rule or regulation requires the involuntary detention therein of any person after the expiration of his period of sentence to such penal or correctional institution, or after the expiration of the period to which the sentence may be reduced by good time allowance or by the lawful order of any judge or magistrate, or of any parole board;

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(8) The prevention of infant blindness and infection of the eyes of the newly born by the designation, from time to time, of one or more prophylactics to be used in such cases and in such manner as the board may direct, unless specifically objected to by the parents or a parent of such infant;

(9) The furnishing of vaccine matter; the assembling, during epidemics of smallpox, with other persons not vaccinated, but no rule of the board or of any public board or officer shall at any time compel the vaccination of a child, or exclude, except during epidemics of smallpox and when approved by the local board of education, a child from the public schools for the reason that such child has not been vaccinated; any person thus required to be vaccinated may select for that purpose any licensed physician and no rule shall require the vaccination of any child whose physician shall certify that by reason of his physical condition vaccination would be dangerous;

(10) The accumulation of filthy and unwholesome matter to the injury of the public health and the removal thereof;

(11) The collection, recording, and reporting of vital statistics by public officers and the furnishing of information to such officers by physicians, undertakers, and others of births, deaths, causes of death, and other pertinent facts;

(12) The construction, equipment, and maintenance in respect to sanitary conditions of lumber camps, migratory or migrant labor camps, and other industrial camps;

(13) The general sanitation of tourist camps, summer hotels, and resorts in respect to water supplies, disposal of sewage, garbage, and other wastes and the prevention and control of communicable diseases; and, to that end, may prescribe the respective duties of county and local health officers; and all county and local boards of health shall make such investigations and reports and obey such directions as the board may require or give and, under the supervision of the board, enforce such regulations;

(14) Atmospheric pollution which may be injurious or detrimental to public health; and

(15) Sources of radiation, and the handling, storage, transportation, use and disposal of radioactive isotopes and fissionable materials.

Subd. 2. The board may regulate the general sanitation of mass gatherings by promulgation of rules in respect to, but not limited to, the following areas: water supply, disposal of sewage, garbage and other wastes, the prevention and control of communicable diseases, the furnishing of suitable and adequate sanitary accommodations, and all other reasonable and necessary precautions to protect and insure the health, comfort and safety of those in attendance. No permit, license, or other prior approval shall be required of the board for a mass gathering. A "mass gathering" shall mean an actual or reasonably anticipated assembly of more than 1,500 persons which will continue, or may reasonably be expected to continue, for a period of more than ten consecutive hours and which is held in an open space or temporary structure especially constructed, erected or assembled for the gathering. For purposes of this subdivision, "mass gatherings" shall not include public gatherings sponsored by a political subdivision or a nonprofit organization.

Subd. 3. Applications for licenses or permits issued pursuant to this section shall be submitted with a fee prescribed by the board pursuant to section 144.122. Licenses or permits shall expire and be renewed as prescribed by the board pursuant to section 144.122.

[*RL s 2131; 1917 c 345 s 1; 1923 c 227 s 1; 1951 c 537 s 1; 1953 c 134 s 1; 1957 c 361 s 1; 1975 c 310 s 4; 1975 c 351 s 1*] (5345)

144.121 X-RAY MACHINES AND FACILITIES USING RADIUM; FEES; PERIODIC INSPECTIONS. Subdivision 1. The fee for the registration for x-ray machines and radium required to be registered under regulations adopted by the state board of health pursuant to section 144.12, shall be in an amount prescribed by the board pursuant to section 144.122. The first fee for registration shall be due on January 1, 1975. The registration shall expire and be renewed as prescribed by the board pursuant to section 144.122.

Subd. 2. Periodic radiation safety inspections of the sources of ionizing radiation shall be made by the state board of health. The frequency of safety inspections shall be prescribed by the board on the basis of the frequency of use of the source of ionizing radiation; provided that each source shall be inspected at least once every four

years.

[1974 c 81 s 1; 1975 c 310 s 35]

144.122 LICENSE AND PERMIT FEES. The state board of health, by rule and regulation, may prescribe reasonable procedures and fees for filing with the board as prescribed by statute and for the issuance of original and renewal permits, licenses, registrations and certifications issued under its authority. The expiration dates of the various licenses, permits, registrations and certifications as prescribed by the rules and regulations shall be plainly marked thereon. Fees may include application and examination fees and a penalty fee for renewal applications submitted after the expiration date of the previously issued permit, license, registration, and certification. The board may also prescribe, by rule and regulation, reduced fees for permits, licenses, registrations, and certifications when the application therefor is submitted during the last three months of the permit, license, registration, or certification period. Fees proposed to be prescribed in the rules and regulations shall be first approved by the department of finance. All fees proposed to be prescribed in rules and regulations shall be reasonable. The fees shall be in an amount so that the total fees collected by the board will, where practical, approximate the cost to the board in administering the program. All fees collected shall be deposited in the state treasury and credited to the general fund unless otherwise specifically appropriated by law for specific purposes.

[1974 c 471 s 1; 1975 c 310 s 36]

144.125 TESTS OF INFANTS FOR INBORN METABOLIC ERRORS CAUSING MENTAL RETARDATION. It is the duty of (1) the administrative officer or other person in charge of each institution caring for infants 28 days or less of age and (2) the person required in pursuance of the provisions of section 144.159, to register the birth of a child, to cause to have administered to every such infant or child in its or his care tests for phenylketonuria and other inborn errors of metabolism causing mental retardation in accordance with rules or regulations prescribed by the state board of health. Testing and the recording and reporting of the results of such tests shall be performed at such times and in such manner as may be prescribed by the state board of health. The provisions of this section shall not apply to any infant whose parents object thereto on the grounds that such tests and treatment conflict with their religious tenets and practices.

[1965 c 205 s 1]

144.13 REGULATIONS, NOTICE PUBLISHED. Three weeks published notice of such regulations, if of general application throughout the state, shall be given at the seat of government; if of local application only, as near such locality as practicable. Special rules applicable to particular cases shall be sufficiently noticed when posted in a conspicuous place upon or near the premises affected. Fines collected for violations of regulations adopted by the board shall be paid into the state treasury; and of local boards and officers, into the county treasury.

[RL s 2132] (5346)

144.14 QUARANTINE OF INTERSTATE CARRIERS. When necessary the board may establish and enforce a system of quarantine against the introduction into the state of any plague or other communicable disease by common carriers doing business across its borders. Its members, officers, and agents may board any conveyance used by such carriers to inspect the same and, if such conveyance be found infected, may detain the same and isolate and quarantine any or all persons found thereon, with their luggage, until all danger of communication of disease therefrom is removed.

[RL s 2133] (5347)

144.145 FLUORIDATION OF MUNICIPAL WATER SUPPLIES. For the purpose of promoting public health through prevention of tooth decay, the person, firm, corporation, or municipality having jurisdiction over a municipal water supply, whether publicly or privately owned or operated, shall control the quantities of fluoride in the water so as to maintain a fluoride content prescribed by the state board of health. In the manner provided by law, the state board of health shall promulgate rules and regulations relating to the fluoridation of public water supplies which shall include, but not be limited to the following: (1) The means by which fluoride is controlled; (2) the methods of testing the fluoride content; and (3) the records to be kept

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relating to fluoridation. The state board of health shall enforce the provisions of this section. In so doing it shall require the fluoridation of water in all municipal water supplies on or before January 1, 1970. The state board of health shall not require the fluoridation of water in any municipal water supply where such water supply in the state of nature contains sufficient fluorides to conform with the rules and regulations of such board.

[1967 c 603 s 1]

144.146 TREATMENT OF CYSTIC FIBROSIS. Subdivision 1. **Program.** The board of health shall develop and conduct a program including medical care and hospital treatment for persons aged 21 or over who are suffering from cystic fibrosis.

Subd. 2. **Appropriation.** There is appropriated annually from the general fund in the state treasury the sum of \$40,000 or as much of that amount as is necessary for the year to the department of health for the development of the program of treatment for cystic fibrosis.

[1975 c 409 s 1,2]

144.15 [Repealed, 1945 c 512 s 37]

VITAL STATISTICS

144.151 DEFINITIONS. Subdivision 1. Unless the language or context clearly indicates that a different meaning is intended, the following words, terms, and phrases, for the purposes of sections 144.151 to 144.204, shall be given meanings ascribed to them.

Subd. 2. "Vital statistics" includes the registration, preparation, transcription, collection, compilation and preservation of data pertaining to births, adoptions, legitimations, deaths, fetal deaths, marriages, divorces, annulments, and data incidental thereto.

Subd. 3. "Live birth" means the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born.

Subd. 4. "Fetal death" or "stillbirth" shall have such meaning, in terms of the duration of pregnancy, as the state board of health may from time to time by regulation ascribe to such words.

Subd. 5. "Dead body" means lifeless human body or such parts of the human body or the bones thereof from the state of which it reasonably may be concluded that death recently occurred.

Subd. 6. "Person in charge of interment" means any person who places or causes to be placed a stillborn child or dead body or the ashes, after cremation, in a grave, vault, urn or other receptacle, or otherwise disposes thereof.

Subd. 7. "Vital record" means a record of a birth, death, fetal death, marriage, divorce, or annulment.

[1945 c 512 s 1; 1955 c 437 s 1; 1969 c 1145 s 1,2]

144.152 DIVISION OF VITAL STATISTICS. The state board of health shall:

Establish a division of vital statistics with suitable offices properly equipped for the preservation of its official records;

Install a statewide system of vital statistics;

Make and may amend necessary regulations, according to section 144.12, give instructions and prescribe and furnish at the expense of the state forms for collecting, transcribing, compiling and preserving vital statistics provided that the book of record for the local registrar shall be paid for by the city or town comprising the registration district; and

Enforce sections 144.151 to 144.204 and the regulations made pursuant thereto.

[1945 c 512 s 2; 1973 c 123 art 5 s 7]

144.153 REGULATIONS; EFFECTIVE DATE. The regulations of the board, upon the approval of the attorney general, shall take effect 30 days after publication and filing with the secretary of state.

[1945 c 512 s 3]

144.154 PRIMARY REGISTRATION DISTRICTS, CITIES, COUNTIES. For the purposes of sections 144.151 to 144.204, each home rule charter city which by ordinance elects to maintain local registration of vital statistics and each county shall constitute a primary registration district. The state registrar may establish registration districts on United States government reservations and appoint local registrars for them.

[1945 c 512 s 4; 1953 c 309 s 1; 1976 c 44 s 2]

144.155 STATE REGISTRAR; COMPENSATION. The board shall appoint a qualified state registrar of vital statistics whose compensation shall be fixed under such provisions as may be provided by other provisions of the statutes.

[1945 c 512 s 5]

144.156 SUPERVISION; ENFORCEMENT; EMPLOYEES. The state registrar, under the supervision of the board, shall have charge of the division of vital statistics and be the custodian of all its files and records, and perform the duties prescribed by the board. He shall enforce sections 144.151 to 144.204 and the regulations of the board and have supervisory power over local registrars. He shall submit to the board reports of the administration of such sections. He may appoint and, at his pleasure, remove one or more employees of the board as deputy state registrars who shall render such aid as he may require of them.

[1945 c 512 s 6]

144.157 LOCAL REGISTRARS; SUB-REGISTRARS; DESIGNATION; DUTIES; FEES. Subdivision 1. In the cities which by ordinance elect to maintain local registration of vital statistics the health officer shall be the local registrar. In counties the clerk of the district court shall be the local registrar.

Subd. 2. When in any registration district there occurs any violation of sections 144.151 to 144.204 or any violation of any regulation of the board, the local registrar of such registration district shall immediately report such violation to the state registrar. Under the supervision of the state registrar, the local registrars shall enforce all the provisions of such sections and such regulations.

Subd. 3. Upon the recommendation of the state registrar, the board may appoint and remove sub-registrars who may receive certificates of death, issue burial permits, and issue transportation permits within designated territory. These sub-registrars are subject to the supervision of the state registrar.

[1945 c 512 s 7; 1953 c 309 s 2]

144.158 BOARD TO PROVIDE ASSISTANCE. The board shall provide other necessary assistance and determine the status, compensation and duties of persons thus employed in conformance with the provisions of the state civil service law.

[1945 c 512 s 8]

144.159 FILING OF BIRTH CERTIFICATES. Within the time prescribed by the board a certificate of every birth shall be filed with the local registrar of the district in which the birth occurred, by the physician, midwife, or other legally authorized person in attendance at the birth; or if not so attended, by one of the parents.

Provided that the birth certificate of an illegitimate child shall be filed by the attending physician, midwife, parent, or other, directly with the state registrar.

[1945 c 512 s 9]

144.16 [Repealed, 1945 c 512 s 37]

144.161 DELAYED OR ALTERED CERTIFICATES. If neither parent of the newborn child whose birth is unattended as above provided is able to prepare a birth certificate, the local registrar shall secure the necessary information from any person having knowledge of the birth and prepare, record, and file the certificate. In such cases the board shall prescribe the time within which a supplementary report furnishing information omitted from the original certificate may be returned for the purpose

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of completing the certificate. Certificates of birth completed by such a supplementary report shall not be considered "delayed" or "altered."

[1945 c 512 s 10]

144.162 CONTENTS OF CERTIFICATES. Subdivision 1. Whoever first assumes the custody of a child of unknown parentage shall immediately report to the local registrar who shall immediately make and file a certificate stating: (a) the date and place of finding or assumption of custody; (b) sex; color or race; and approximate age of child; (c) name and address of the person or institution with whom the child has been placed for care, and (d) name given to the child by the finder or custodian.

Subd. 2. The place where the child was found or custody assumed shall be known as the place of birth and the date of birth shall be determined by approximation.

Subd. 3. The report shall constitute the certificate of birth.

Subd. 4. If the child is identified and a regular certificate of birth is found or obtained, the report shall be sealed and filed and may be opened only by court order.

[1945 c 512 s 11]

144.163 CERTIFICATE OF DEATH OR STILLBIRTH. A certificate of every death or stillbirth shall be filed before interment or in any case within five days after the occurrence is known with the local registrar of the district in which the death or stillbirth occurred or with a sub-registrar; or if the place of death or stillbirth is not known then with the local registrar of the district in which the body is found, or a sub-registrar, within 24 hours thereafter. In every instance a certificate shall be filed prior to interment or other disposition of the body.

[1945 c 512 s 12]

144.164 DEATH CERTIFICATES. Subdivision 1. **Time of filing.** The funeral director or other person taking charge for preparation of a dead human body for interment or other disposal shall file with the local registrar of the district in which the death or stillbirth occurred or the body was found, or with a sub-registrar, a certificate of death or stillbirth before interment or in any case within five days after the occurrence.

Subd. 2. **Statement as to autopsy; statement of physician.** In preparing a certificate of death or stillbirth the person in charge of such preparation shall obtain and enter on the certificate the personal data required by the board and a statement as to whether or not an autopsy was performed on such body from the persons best qualified to supply them and which persons shall sign the certificate as the informants. He shall present the certificate of death to the physician last in attendance upon the deceased or to the coroner having jurisdiction who shall thereupon certify the cause of death according to his best knowledge and belief. He shall present the certificate of stillbirth to the physician, midwife, or other person in attendance at the stillbirth, who shall certify the stillbirth and such medical data pertaining thereto as he can furnish.

Subd. 3. **Procedure prior to burial.** Thereupon the funeral director or person in charge for such preparation shall notify the appropriate local registrar if death occurred without medical attendance, or in case he is unable to secure such certification by the physician last in attendance. In such event the local registrar shall inform the local health officer and refer the case to him for immediate investigation and certification of the cause of death prior to issuing a permit for burial, cremation, transportation or other disposition of the body. When there is no medical health officer for such registration district, the local registrar may complete the certificate on the basis of information received from relatives of the deceased or others having knowledge of the facts. If the circumstances suggest that the death or stillbirth was caused by other than natural causes, the local registrar shall refer the case to the coroner for investigation and certification.

[1945 c 512 s 13]

144.165 DELAYED CERTIFICATION. If the cause of death cannot be determined before interment or other disposition of the body, or in any case within five days, the certification of its cause may be filed after the prescribed period, but the attending physician or coroner shall give the local registrar of the district in which the

death occurred, or the sub-registrar, written notice of the reason for the delay in order that a permit for the disposition of the body may be issued.

[1945 c 512 s 14]

144.166 FORM AND USE OF CERTIFICATE. The form of certificates shall include as a minimum the items required by the respective standard certificates as recommended by the United States Bureau of the Census subject to approval of and modification by the board. The form and use of such certificate shall be subject to the provisions of section 144.175.

[1945 c 512 s 15]

144.167 PRIMA FACIE EVIDENCE. Certificates filed within six months after the time prescribed therefor shall be prima facie evidence of the facts therein stated. Data therein pertaining to the father of a child are prima facie evidence only if the alleged father is the husband of the mother; if not, the data pertaining to the father of a child are not evidence in any proceeding adverse to the interests of the alleged father, or of his heirs, next of kin, devisees, legatees or other successors in interest, if the paternity is controverted.

[1945 c 512 s 16]

144.168 CERTIFICATES FURNISHED TO PUBLIC. Subdivision 1. Subject to the requirements of sections 144.172, 144.174, and 144.175, the state registrar, any clerk of district court, or any local registrar shall, upon request, furnish to any applicant a certified copy of any certificate, or any part thereof.

Subd. 2. Copies of the contents of any certificate on file in the division of vital statistics or in the office of any clerk of district court or on file with any local registrar, or any part of any such certificate, certified by the state registrar, a clerk of the district court, or a local registrar, as the case may be, shall be considered for all purposes the same as the original, subject to the requirements of sections 144.172, 144.174 and 144.175.

[1945 c 512 s 17]

144.169 FEES; DEPOSITED WITH STATE TREASURER. Subdivision 1. The fees for any of the services described in this section shall be in an amount prescribed by the state board of health pursuant to section 144.122, except that section 357.021, subdivision 2, shall, to the extent inconsistent herewith, govern the fees to be charged and collected for such services. The services are: (a) a search of the files under one name and for issuance of a certified copy or certification of a vital record, or a certification that the record cannot be found, provided that a fee shall not be charged for any certified copy needed in connection with service in the armed forces or the Merchant Marine of the United States or in the presentation of claims to the United States Veterans Administration or the official veterans administration of any state or territory of the United States, or for any copy needed by the commissioner of public welfare in connection with the needs of state wards, and no fee shall be charged for verification of information requested by official agencies of (1) this state, (2) local governments in this state, or (3) the federal government; (b) the replacement of a birth certificate under the provisions of sections 144.171, subdivision 2, 144.176, or 144.177, such fee to be payable at the time of application; (c) filing a delayed registration of birth or death, such fee to be payable to the registrar to whom application is made at the time of application; and (d) the alteration, correction, or completion of any vital record provided that no fee shall be charged for such alteration, correction, or completion within one year after the filing of the certificate, such fee to be payable to the registrar to whom application is made at the time of application.

Subd. 2. When the salary of the officer issuing a certified copy under sections 144.151 to 144.204 consists in whole or in part of fees authorized by law, such officer shall be paid the legal fee therefor by the governmental subdivision of which he is an officer, and the governing body thereof is authorized and directed to order such payment made from the general revenue funds thereof.

Subd. 3. The state registrar shall keep an account of all fees received and turn the same over to the state treasurer according to law.

Subd. 4. All money received from the national office of vital statistics for micro-

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filmed transcripts of vital statistics records shall be deposited in the general fund.

[1945 c 512 s 18,19; 1961 c 244 s 1; 1969 c 776 s 1; 1969 c 1148 s 26; 1974 c 471 s 2; 1976 c 163 s 29]

144.17 [Repealed, 1945 c 512 s 37]

144.171 PROOF OF DELAYED CERTIFICATE. Subdivision 1. **Filing or amendment proof.** A birth certificate of a person born in this state or a death certificate of a person who died in this state may be filed or amended after the time herein prescribed upon submitting such proof as shall be required by the board, but the board shall not make a determination of paternity when disputed on a birth record.

Subd. 2. **Court findings, new certificate.** When a court of competent jurisdiction shall make findings as to the facts of birth of a person whose birth certificate is incomplete, inaccurate or false, the state registrar upon receipt of a certified copy of such findings shall prepare and file a new certificate setting forth the true information. When such findings relate to the fact of legitimacy, said findings shall be deemed to be the original from thenceforth, and the original filed in the first instance shall be preserved by the state registrar as in cases hereinafter provided.

[1945 c 512 s 20; 1951 c 631 s 1]

144.172 DELAYED OR ALTERED CERTIFICATES. Subdivision 1. Certificates accepted subsequent to six months after the time prescribed for filing and certificates which have been altered after being filed with the state registrar shall contain the date of the delayed filing and the date of the alteration and be marked "delayed" or "altered."

Subd. 2. All alterations made on birth and death records shall be in red ink.

Subd. 3. A summary statement of the evidence submitted in support of the acceptance for delayed filing or alteration shall be endorsed on the certificate.

Subd. 4. Such evidence shall be preserved in such manner as the board may prescribe.

[1945 c 512 s 21]

144.173 BEFORE DISTRICT COURT. Subdivision 1. **Petition; hearing; evidence.** Any person born or residing in this state may also petition the district court of the county in which he resides or was born for an order establishing a public record of the time and place of his birth and his parentage. The petition shall be verified by him and shall allege the facts which he claims entitled him to such an order. The court shall fix the time and place of hearing the petition. At least ten days before the hearing, notice thereof shall be mailed to the county attorney of the county and to the state division of vital statistics and shall be published once in a newspaper of general circulation in the county. Proof of the mailing and publication shall be filed at the hearing. The oral testimony shall be transcribed and together with the other proofs shall be filed in the proceeding.

Subd. 2. **Court order.** If the court is satisfied from the evidence received at the hearing of the truth of the allegations of the petition and of the facts as to the time and place of the petitioner's birth and of his parentage, and that he resides in the county or was born there, the court shall make and enter an order reciting the jurisdictional facts and determining the time and place of the petitioner's birth and the names of his parents, and any other facts deemed relevant by the court.

Subd. 3. **Certified copy.** A certified copy of the order of the court may be filed in the office of the county recorder of the county and shall be filed in the office of the state division of vital statistics.

Subd. 4. **Admissible as proof.** The order, the record thereof, and certified copies of the order or of the records shall be evidence of the truth of their contents and be admissible as proof thereof at all times and places the same as certificates of birth mentioned in section 144.167.

[1945 c 512 s 22; 1976 c 181 s 2]

144.174 PROBATIVE VALUE. The probative value of a "delayed" or "altered" certificate shall be determined by the judicial or administrative body or official before whom the certificate is offered as evidence.

[1945 c 512 s 23]

144.175 ACCESS TO RECORDS. Subdivision 1. **Open to inspection.** The birth and death records and files of the division of vital statistics, the local registrars and clerks of the district court are open to inspection, subject to the provisions of sections 144.151 to 144.204 and regulations of the board; but it is unlawful for any officer or employee of the state or any local registrar or clerk of district court to disclose data contained in vital statistical records except as authorized by such sections or by the board.

Subd. 2. **Procedure in case of illegitimacy.** Except as provided in this section and section 144.176, disclosure of illegitimacy of birth or of information from which it can be ascertained may be made, or a certified copy of the birth certificate issued, only to the guardian of such person, the person to whom the record pertains when such person is 18 years of age or over, or upon order of a court of competent jurisdiction in a case where such information is necessary for the determination of personal or property rights and then only for such purpose. The birth and death records of the state board of health shall be opened to inspection by the commissioner of public welfare, and it shall not be necessary for him to obtain an order of the court in order to inspect records of illegitimate children or to secure certified copies thereof.

Subd. 3. [Repealed, 1947 c 517 s 8]

Subd. 4. **Purposes of research.** The board may permit the use of data contained in vital statistical records for research purposes only, but no identifying use thereof shall be made. The board may charge for expenses authorized by this subdivision for searching vital statistics records for research purposes. All of the money collected by the board under this subdivision for searching vital records shall be deposited in the state treasury and is annually appropriated to the board of health to pay the costs of researching vital statistics records.

Subd. 5. **Direction to local registrars.** Subject to the provisions of this section the board may direct local registrars to make a return upon the filing of birth, death, and stillbirth certificates with them of certain data shown thereon to federal, state, or municipal agencies. Payment by such agencies for such services may be made through the state registrar to local registrars as the board shall direct.

[1945 c 512 s 24; 1965 c 738 s 1; 1969 c 776 s 2; 1973 c 725 s 6]

144.176 ADOPTION. Subdivision 1. **Supplementary birth certificate.** In cases of adoption the state registrar upon receipt of a certified copy of an order or decree of adoption shall prepare a supplementary certificate in the new name of the adopted person, and seal and file the original certificate of birth with said certified copy attached thereto. Such sealed documents may be opened only upon order of the court or, if otherwise found necessary, by the state registrar. Upon the receipt of a certified copy of a court order of annulment of adoption the state registrar shall restore the original certificate to its original place in the file.

Subd. 2. **Person born in foreign country.** In proceedings for the adoption of a person who was born in a foreign country, the court having jurisdiction of adoptions in the county, upon evidence presented by the commissioner of public welfare from information secured at the port of entry, or upon evidence from other reliable sources, may make findings of fact as to the date and place of birth and parentage of such person. Upon receipt of a certified copy of such findings of such court, together with a certified copy of the order or decree of adoption, the state registrar shall prepare a birth certificate in the new name of the adopted person and shall seal and file the certified copy of the findings of the court and the certified copy of the order and decree of adoption. The birth certificate shall show specifically the true or probable country, island or continent of birth, and that the certificate is not evidence of United States citizenship.

Any adopted person born in a foreign country who has been issued a birth certificate under the provisions of Laws 1949, Chapter 466 or his adoptive parents, may apply to the court in which the adoption decree was granted for the issuance of an order to the state registrar to prepare and issue a new birth certificate in accordance with this subdivision.

Subd. 3. **Validation of certain adoption proceedings.** The following acts and instruments are hereby legalized and made valid:

1. The findings of fact as to the date of birth and parentage of person born in a foreign country made by a juvenile court having jurisdiction of adoptions following the enactment of Laws 1959, Chapter 685, in proceedings for the adoption of a person

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who was born in a foreign country, based upon evidence and testimony presented by the commissioner of public welfare from information secured at the port of entry, or based upon evidence from other reliable sources;

2. A birth certificate in the new name of the adopted person prepared by the state registrar of vital statistics upon receipt of a certified copy of the findings mentioned in clause 1 of this subdivision, together with the court's order or decree of adoption.

[1945 c 512 s 25; 1949 c 466 s 1; 1951 c 175 s 1; 1953 c 595 s 1; 1955 c 874 s 1,2; 1961 c 2 s 1,2]

144.177 LEGITIMATION; PROOF. In cases of legitimation the state registrar upon receipt of proof thereof shall prepare a new certificate of birth in the new name of the legitimated child. The evidence upon which the new certificate is made and the original certificate shall be sealed and filed and may be opened only upon order of court or if the state registrar finds it necessary.

[1945 c 512 s 26]

144.178 INSTITUTIONS. Persons in charge of institutions for care or correction or for treatment of disease, injury, or childbirth shall record and report all statistical data required by sections 144.151 to 144.204 relating to their inmates or patients under regulations of the board.

[1945 c 512 s 27]

144.18 [Repealed, 1945 c 512 s 37]

144.181 BURIAL PERMIT; REMOVAL OF BODY FROM DISTRICT. When a death or stillbirth occurs or a dead body is found, the body shall not be disposed of or permanently removed from the registration district until a permit has been issued by the local registrar of the place of death or a sub-registrar or, if necessary to avoid delay, by the state registrar.

The sexton or other person acting as such shall not permit the interment or cremation of a dead human body until a burial permit issued under the provisions of sections 144.151 to 144.204 has been filed with him. He shall keep a record of all interments and cremations stating the name of deceased, place of death, date of burial or cremation, and name and address of the attending funeral director.

[1945 c 512 s 28]

144.182 DEATH OUTSIDE STATE, BURIAL PERMIT. When death or stillbirth occurs outside this state and the body is accompanied by a permit for burial, removal, or other disposition issued in accordance with the law and regulations in force where the death or stillbirth occurred, the permit shall authorize the transportation of the body into or through this state but before the burial, cremation or other disposal of the body within this state a local burial permit shall be issued by the local registrar of the district where disposal is to be made, or by a sub-registrar or, if necessary to avoid delay, by the state registrar. The permit accompanying the body into this state shall, together with the local burial permit, be filed with the sexton who shall keep a record thereof as provided in section 144.181.

[1945 c 512 s 29; 1951 c 482 s 1]

144.183 REGULATIONS MANDATORY. No permit under section 144.181 shall be issued until a certificate of death or stillbirth as far as it can be completed under the circumstances of the case has been filed and until all the regulations of the board in respect to the issuance of such permit have been complied with.

[1945 c 512 s 30]

144.19 [Repealed, 1945 c 512 s 37]

144.191 DUTIES OF REGISTRAR. Subdivision 1. **Endorsement on certificate; record; transmit to clerk.** The local registrar shall endorse on each certificate of birth or death filed with him the number of his district, the number of the certificate in consecutive numbers beginning with number one for the first birth or the first death of each calendar year, the date when filed with him, his post office address, and subscribe the same. He shall record such certificates in a suitable record book and, except in cities of the first class shall, forthwith transmit to the clerk of district court of the county in which such birth or death occurred all original certificates of births and

deaths received by him.

Subd. 2. Fees. The local registrar of a city which by ordinance elects to maintain local registration of vital statistics shall be paid by said city the sum of 50 cents for each birth, death or stillbirth certificate transmitted by him to the clerk of district court.

Subd. 3. Auditor to pay clerk. Upon certification by the clerk of district court on or before March 1 of each calendar year, the fees of local registrars for the registration and transmittal of birth and death certificates and reports of no birth, death or stillbirth shall be paid by the county auditor out of the general revenue fund of the county.

Subd. 4. In cities having 100,000 inhabitants. Local registrars of cities of 100,000 or more population shall transmit to the state registrar on or before the 10th of each month all original birth, death, and stillbirth certificates received for the preceding month.

Subd. 5. Removal of local registrar; new appointment. Any local registrar who neglects or fails to discharge his duties as provided by sections 144.151 to 144.204 may, after notice and opportunity to be heard, be removed from office by the state registrar, and thereupon the state registrar may appoint another for the unexpired part of his term. If any local registrar or clerk of district court fails to file or transmit birth, death, or stillbirth certificates according to such sections, the state registrar shall obtain them by other means at the expense of the town, city or county concerned, and the necessary expense so incurred shall be paid to the state registrar and by him deposited with the state treasurer who shall credit it to the account of the board from which such expenses were paid.

[1945 c 512 s 31; 1947 c 517 s 1-4; 1953 c 309 s 3; 1973 c 123 art 5 s 7]

144.20 [Repealed, 1945 c 512 s 37]

144.201 CLERK OF COURT, BIRTH CERTIFICATES. Subdivision 1. **Notify parents; correct certificate.** The clerk of district court, upon receipt of birth certificates from any local registrar, shall date and sign such certificate, shall immediately notify either parent of the child of the exact spelling of names certified to, age, residence and place of birth of parents, and date of birth of child, and compare the correctness of the certificate with the facts as stated. If found incorrect or incomplete, he shall correct such certificate in a manner acceptable to the state registrar.

Subd. 2. Parents notified; certificate corrected. Upon being satisfied that the certificate is correct, the clerk of district court shall prepare an exact duplicate of the original certificate and record in a suitable book, in form approved by the state registrar and furnished at the expense of the county, which shall be designated the county birth record, the following facts as they appear on each certificate:

1. Birth number;
2. Name of child;
3. Date of birth;
4. Place of birth;
5. Sex;
6. Usual residence of mother;
7. Name of father;
8. Age of father;
9. Color or race of father;
10. Birthplace of father;
11. Maiden name of mother;
12. Age of mother;
13. Color or race of mother;
14. Birthplace of mother;
15. Date of filing;

which shall constitute a legal birth record, and a certified copy of facts contained in such record shall be evidence in any court to the extent of the original certificate. The clerk of district court shall index such record in a suitable manner at the expense

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of the county.

[1945 c 512 s 32; 1947 c 517 s 5; 1951 c 27 s 1]

144.202 CLERK OF COURT, DEATH CERTIFICATES. The clerk of district court, upon receipt of death certificates from any local registrar, shall date and sign such certificate, shall ascertain from available documents or from persons who know the correct spelling of name, date of birth, age, residence, and date of death, the correctness of such facts on the certificate. If found incomplete or in error, he shall correct the certificate in a manner acceptable to the state registrar. When the clerk of district court is satisfied (that) the spelling of name, date of birth, age, date of death, place of death, and place of residence are correct, he shall prepare an exact duplicate of the original certificate and record in a suitable book, in form approved by the state registrar, the following facts as they appear on the certificate;

1. Name of deceased;
2. Date of death;
3. Sex;
4. Place of death;
5. Color or race;
6. Usual residence;
7. Marital status;
8. Date of birth;
9. Place of birth;
10. Name of spouse;
11. Social Security number;
12. Name of father;
13. Maiden name of mother;
14. Date of filing.

The clerk of district court shall index such record in a suitable manner at the expense of the county. Such record shall constitute a legal death record, and a certified copy of the facts contained in such record shall be evidence in any court to the extent of the original certificate.

The clerk of district court shall file and index all duplicate certificates prepared by him of births and deaths.

[1945 c 512 s 33; 1951 c 27 s 2]

144.203 TRANSMISSION. Subdivision 1. **Transmit to state registrar.** On the eleventh day of each month the clerk of district court shall transmit to the state registrar all reports of no births or deaths and all original birth and death certificates received by him on or before the tenth day of that month for births and deaths which occurred during the previous month, and certify the number of birth and death certificates and "no report" cards received from each local registrar. The clerk of district court shall, upon receipt, prepare a certified transcript of birth and death certificates received by him for births and deaths occurring in his county on which the place of residence of the mother of a child or that of the decedent is shown to be in another county of the state and, upon being satisfied that they are correct, shall immediately transmit such certified transcript to the clerk of district court of the county shown on the original birth and death certificates to be the place of residence of the mother or the decedent except where a city of the first class shall be such residence. But in any event, he shall transmit such certified transcripts to the clerk of the district court of the county of residence not later than the eleventh day of the following month. All such certified transcripts received by a clerk of the district court shall be filed and indexed. The facts appearing thereon shall be recorded in the county birth and death record as provided for original certificates by section 144.201, subdivision 2, and section 144.202, which shall constitute a legal birth and death record, and a certified copy of the facts contained in such record shall be evidence in any court to the extent of the original certificate. All duplicates filed under sections 144.201 and 144.202 and certified transcripts filed under this section shall be considered for all purposes the same as the original and copies of same certified to by the clerk of district court shall be evidence in any court to the extent of the original certificates.

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Subd. 2. Cities of the first class; fees. Registrars of cities of the first class shall transmit to the clerks of district court of the counties in Minnesota stated to be the residence of the mother of a child or of a decedent, a transcript of such certificate. Such county stated to be the residence shall pay to the local registrar of a city of the first class a fee of 50 cents for each such transcript, payment to be made monthly by the county auditor of the proper county upon certification to him by the clerk of district court the number of such transcripts received.

Subd. 3. Clerk's fees. The county auditor, upon certification to him by the clerk of district court of the number of birth and death certificates and transcripts received during the preceding month, shall issue his warrant in the sum of \$1 to said clerk of district court for each certificate and transcript received, checked, recorded, and indexed, except those certificates on which the residence of the mother of a child or that of the decedent is shown to be in another county of the state, which sum shall be full compensation for all services rendered as provided herein, and shall be in addition to said clerk's other compensation prescribed by law.

[1945 c 512 s 34; 1947 c 517 s 6,7; 1957 c 280 s 1]

144.204 CITATION, UNIFORM VITAL STATISTICS ACT. Sections 144.151 to 144.204 may be cited as the uniform vital statistics act.

[1945 c 512 s 36]

144.205 DEATH IN ARMED FORCES; NOTICE; FILING. Any person receiving notice from any branch of the armed services of the United States of the death of any person serving as a member of such armed services may file such notice of death with the local registrar of the district in which the deceased last resided. The person filing such notice of death shall submit by sworn affidavit to the local registrar as much additional information relative to the deceased as would be otherwise required on a death certificate as is available to such person. The notice of death together with the additional information, if any, submitted shall be deemed a death certificate and may be recorded and used for any purpose for which a valid death certificate may be used. The term death certificate as used in the Minnesota Statutes shall be deemed to include a notice of death together with the additional information submitted therewith as prescribed by this section.

[1971 c 400 s 1]

144.21-144.28 [Repealed, 1945 c 512 s 37]

HEALTH RECORDS AND REPORTS

144.29 HEALTH RECORDS; CHILDREN OF SCHOOL AGE. It shall be the duty of every school nurse, school physician, school attendance officer, superintendent of schools, principal, teacher, and of the persons charged with the duty of compiling and keeping the school census records, to cause a permanent public health record to be kept for each child of school age. Such record shall be kept in such form that it may be transferred with the child to any school which the child shall attend within the state and transferred to the board when the child ceases to attend school. It shall contain a record of such health matters as shall be prescribed by the board, and of all mental and physical defects and handicaps which might permanently cripple or handicap the child. Nothing in sections 144.29 to 144.32 shall be construed to require any child whose parent or guardian objects in writing thereto to undergo a physical or medical examination or treatment. A copy shall be forwarded to the proper department of any state to which the child shall remove.

[1929 c 277 s 1] (5356-1)

144.30 COPIES OF RECORDS EVIDENCE IN JUVENILE COURT. When any child shall be brought into juvenile court the court shall request, and the custodian of the record shall furnish, a complete certified copy of such record to the court, which copy shall be received as evidence in the case; and no decision or disposition of the pending matter shall be finally made until such record, if existing, shall be considered.

[1929 c 277 s 2] (5356-2)

144.31 [Repealed, 1969 c 1082 s 2]

144.32 FALSE STATEMENTS TO BE CAUSE FOR DISCHARGE. Any intentionally false statement in such certificate and any act or omission of a superintendent

or superior officer to connive at or permit the same shall be deemed good cause for summary discharge of the person at fault regardless of any contract.

[1929 c 277 s 4] (5356-4)

144.33 [Repealed, 1961 c 27 s 1]

144.34 INVESTIGATION AND CONTROL OF OCCUPATIONAL DISEASES.

Any physician having under his professional care any person whom he believes to be suffering from poisoning from lead, phosphorus, arsenic, brass, silica dust, carbon monoxide gas, wood alcohol, or mercury, or their compounds, or from anthrax or from compressed-air illness or any other disease contracted as a result of the nature of the employment of such person shall within five days mail to the department of health a report stating the name, address, and occupation of such patient, the name, address, and business of his employer, the nature of the disease, and such other information as may reasonably be required by the department. The department shall prepare and furnish the physicians of this state suitable blanks for the reports herein required. No report made pursuant to the provisions of this section shall be admissible as evidence of the facts therein stated in any action at law or in any action under the worker's compensation act against any employer of such diseased person. The department of health is authorized to investigate and to make recommendations for the elimination or prevention of occupational diseases which have been reported to it, or which shall be reported to it, in accordance with the provisions of this section. The department is also authorized to study and provide advice in regard to conditions that may be suspected of causing occupational diseases. Information obtained upon investigations made in accordance with the provisions of this section shall not be admissible as evidence in any action at law to recover damages for personal injury or in any action under the worker's compensation act. Nothing herein contained shall be construed to interfere with or limit the powers of the department of labor and industry to make inspections of places of employment or issue orders for the protection of the health of the persons therein employed. When upon investigation the board reaches a conclusion that a condition exists which is dangerous to the life and health of the workers in any industry or factory or other industrial institutions it shall file a report thereon with the department of labor and industry.

[1939 c 322; 1975 c 359 s 23] (4327-1)

CONSENT OF MINORS FOR HEALTH SERVICES

144.341 LIVING APART FROM PARENTS AND MANAGING FINANCIAL AFFAIRS, CONSENT FOR SELF. Notwithstanding any other provision of law, any minor who is living separate and apart from his parents or legal guardian, whether with or without the consent of a parent or guardian and regardless of the duration of such separate residence, and who is managing his own financial affairs, regardless of the source or extent of his income, may give effective consent to medical, dental, mental and other health services for himself, and the consent of no other person is required.

[1971 c 544 s 1]

144.342 MARRIAGE OR GIVING BIRTH, CONSENT FOR HEALTH SERVICE FOR SELF OR CHILD. Any minor who has been married or has borne a child may give effective consent to medical, mental, dental and other health services for his or her child, and for himself or herself, and the consent of no other person is required.

[1971 c 544 s 2]

144.343 PREGNANCY, VENEREAL DISEASE AND ALCOHOL OR DRUG ABUSE. Any minor may give effective consent for medical, mental and other health services to determine the presence of or to treat pregnancy and conditions associated therewith, venereal disease, alcohol and other drug abuse, and the consent of no other person is required.

[1971 c 544 s 3]

144.344 EMERGENCY TREATMENT. Medical, dental, mental and other health services may be rendered to minors of any age without the consent of a parent or legal guardian when, in the professional's judgment, the risk to the minor's life or health is of such a nature that treatment should be given without delay and the requirement of consent would result in delay or denial of treatment.

[1971 c 544 s 4]

144.345 REPRESENTATIONS TO PERSONS RENDERING SERVICE. The consent of a minor who represents that he may give effective consent for the purpose of receiving medical, dental, mental or other health services but who may not in fact do so, shall be deemed effective without the consent of the minor's parent or legal guardian, if the person rendering the service relied in good faith upon the representations of the minor.

[1971 c 544 s 5]

144.346 INFORMATION TO PARENTS. The professional may inform the parent or legal guardian of the minor patient of any treatment given or needed where, in the judgment of the professional, failure to inform the parent or guardian would seriously jeopardize the health of the minor patient.

[1971 c 544 s 6]

144.347 FINANCIAL RESPONSIBILITY. A minor so consenting for such health services shall thereby assume financial responsibility for the cost of said services.

[1971 c 544 s 7]

WATER POLLUTION

144.35 POLLUTION OF WATER. No sewage or other matter that will impair the healthfulness of water shall be deposited where it will fall or drain into any pond or stream used as a source of water supply for domestic use. The board shall have general charge of all springs, wells, ponds, and streams so used and take all necessary and proper steps to preserve the same from such pollution as may endanger the public health. In case of violation of any of the provisions of this section, the board may, with or without a hearing, order any person to desist from causing such pollution and to comply with such direction of the board as it may deem proper and expedient in the premises. Such order shall be served forthwith upon the person found to have violated such provisions.

[*RL s 2147*] (5375)

144.36 APPEAL TO DISTRICT COURT. Within five days after service of the order, any person aggrieved thereby may appeal to the district court of the county in which such polluted source of water supply is situated; and such appeal shall be taken, prosecuted, and determined in the same manner as provided in section 145.19. During the pendency of the appeal the pollution against which the order has been issued shall not be continued and, upon violation of such order, the appeal shall forthwith be dismissed.

[*RL s 2148*] (5376)

144.37 OTHER REMEDIES PRESERVED. Nothing in sections 144.36 and 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.

[*RL s 2149*] (5377)

144.371 [Renumbered 115.01]

144.372 [Renumbered 115.02]

144.373 [Renumbered 115.03]

144.374 [Renumbered 115.04]

144.375 [Renumbered 115.05]

144.376 [Renumbered 115.06]

144.377 [Renumbered 115.07]

144.378 [Renumbered 115.08]

144.379 [Renumbered 115.09]

144.38 [Repealed, 1967 c 882 s 11]

144.39 [Repealed, 1967 c 882 s 11]

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144.40 [Repealed, 1967 c 882 s 11]

144.41 [Repealed, 1967 c 882 s 11]

SMOKING IN PUBLIC PLACES

144.411 CITATION. Sections 144.411 to 144.417 may be cited as the Minnesota clean indoor air act.
[1975 c 211 s 1]

144.412 PUBLIC POLICY. The purpose of sections 144.411 to 144.417 is to protect the public health, comfort and environment by prohibiting smoking in public places and at public meetings except in designated smoking areas.
[1975 c 211 s 2]

144.413 DEFINITIONS. Subdivision 1. As used in sections 144.411 to 144.416, the terms defined in this section have the meanings given them.

Subd. 2. "Public place" means any enclosed, indoor area used by the general public or serving as a place of work, including, but not limited to, restaurants, retail stores, offices and other commercial establishments, public conveyances, educational facilities, hospitals, nursing homes, auditoriums, arenas and meeting rooms, but excluding private, enclosed offices occupied exclusively by smokers even though such offices may be visited by nonsmokers.

Subd. 3. "Public meeting" includes all meetings open to the public pursuant to section 471.705, subdivision 1.

Subd. 4. "Smoking" includes carrying a lighted cigar, cigarette, pipe, or any other lighted smoking equipment.
[1975 c 211 s 3]

144.414 PROHIBITIONS. No person shall smoke in a public place or at a public meeting except in designated smoking areas. This prohibition does not apply in cases in which an entire room or hall is used for a private social function and seating arrangements are under the control of the sponsor of the function and not of the proprietor or person in charge of the place. Furthermore, this prohibition shall not apply to factories, warehouses and similar places of work not usually frequented by the general public, except that the department of labor and industry shall, in consultation with the state board of health, establish rules to restrict or prohibit smoking in those places of work where the close proximity of workers or the inadequacy of ventilation causes smoke pollution detrimental to the health and comfort of nonsmoking employees.

[1975 c 211 s 4]

144.415 DESIGNATION OF SMOKING AREAS. Smoking areas may be designated by proprietors or other persons in charge of public places, except in places in which smoking is prohibited by the fire marshal or by other law, ordinance or regulation.

Where smoking areas are designated, existing physical barriers and ventilation systems shall be used to minimize the toxic effect of smoke in adjacent nonsmoking areas. In the case of public places consisting of a single room, the provisions of this law shall be considered met if one side of the room is reserved and posted as a nonsmoking area. No public place other than a bar shall be designated as a smoking area in its entirety. If a bar is designated as a smoking area in its entirety, this designation shall be posted conspicuously on all entrances normally used by the public.

[1975 c 211 s 5]

144.416 RESPONSIBILITIES OF PROPRIETORS. The proprietor or other person in charge of a public place shall make reasonable efforts to prevent smoking in the public place by

- (a) posting appropriate signs;
- (b) arranging seating to provide a smoke-free area;
- (c) asking smokers to refrain from smoking upon request of a client or employee suffering discomfort from the smoke; or

(d) any other means which may be appropriate.

[1975 c 211 s 6]

144.417 BOARD OF HEALTH, ENFORCEMENT, PENALTIES. Subdivision 1. **Rules and regulations.** The state board of health shall adopt rules and regulations necessary and reasonable to implement the provisions of sections 144.411 to 144.417, except as provided for in section 144.414.

The state board of health may, upon request, waive the provisions of sections 144.411 to 144.417 if it determines there are compelling reasons to do so and a waiver will not significantly affect the health and comfort of nonsmokers.

Subd. 2. **Penalties.** Any person who violates section 144.414 is guilty of a petty misdemeanor.

Subd. 3. **Injunction.** The state board of health, a local board of health, or any affected party may institute an action in any court with jurisdiction to enjoin repeated violations of section 144.416.

[1975 c 211 s 7]

TUBERCULOSIS

144.42 PHYSICIANS TO REPORT. Subdivision 1. When any physician has a person under his treatment for tuberculosis he shall report to the state board of health, on forms furnished by the board, full particulars as to such person, within seven days after the date on which the diagnosis is made.

Subd. 2. If any municipality requires that any physician therein report any person under his treatment for tuberculosis to the board of health of the municipality, the local board shall make a report to the state board of health, on forms furnished by the state board, not later than the fifth day of each month showing full particulars of such reports made during the preceding month.

[1913 c 434 s 1; 1949 c 471 s 1] (5381)

144.421 TUBERCULOSIS CONTROL UNIT. The state board of health shall hereby carry out the duties imposed under Minnesota Statutes 1969, Section 251.10 which heretofore have been duties of the commissioner of public welfare.

[1971 c 961 s 25]

144.422 TUBERCULOSIS SUSPECTS. Subdivision 1. **Patient defined.** The word "patient" as used in subdivisions 1 to 7, means any person suspected of being afflicted with tuberculosis in the infectious stage.

Subd. 2. **Reports of suspects.** Any health officer who has information that a patient does by his conduct or mode of living, endanger the health and well-being of his family or other persons, may make a report thereof to the county board of the county in which such patient resides or is found. The report shall state the name and address of the patient and a summary of the health officer's information. If upon the examination of said report the county board shall have reasonable cause to believe that the patient is infected with tuberculosis in the infectious stage and does by his conduct or mode of living, endanger the health and well-being of his family or other persons it shall so find, and may by resolution direct that the patient be committed to the tuberculosis sanatorium or public hospital designated in the resolution where he shall remain until discharged by the superintendent or chief medical officer of the institution. A copy of said resolution shall be served upon the patient in the manner of service of a summons in a civil action. If the patient refuses to enter such institution, a copy of said resolution with such findings and with proof of the service aforesaid, certified by the county auditor, shall be filed with the clerk of the district court of the county in which such proceedings were had, and upon presentation thereof to a judge of said court, such judge shall order the sheriff or other person to apprehend the patient and deliver him to the superintendent or chief medical officer of the institution designated in the resolution.

Subd. 3. **Health officer party to proceedings; appeals.** The health officer making the report referred to in subdivision 2, and his successor in office, shall be deemed a party to all proceedings had in connection therewith. Any party aggrieved by the resolution of the county board in committing or refusing to commit the patient, may appeal therefrom to said district court. If an appeal is taken by the health officer, the no-

tice of appeal shall be served upon the patient and filed with the county auditor with proof of such service, within 20 days after the adoption of said resolution. If an appeal is taken by the patient, the notice of appeal shall be filed with the county auditor within 20 days after the service of a copy of said resolution as provided for in subdivision 2, but such appeal shall not stay the commitment unless a stay is granted by order of court.

Subd. 4. Papers filed with clerk of district court. Within five days after receipt of the notice of appeal, the county auditor shall certify and file with the clerk of said court a copy of the health officer's report, a transcript of the proceedings had by the county board thereon, and a copy of the notice of appeal showing the date of the filing of same in his office, together with the required proofs of service.

Subd. 5. Hearing appeal; determination. Upon three days notice to the adverse party the court shall set a date for hearing the appeal, which hearing may be had at any general or special term of court, or by the court in chambers; and the court may, if it deems advisable, appoint three duly licensed doctors of medicine as a board to examine the patient to determine whether or not he is afflicted with tuberculosis in the infectious stage. The patient shall be entitled to have his physician present at the time of the examination. The board so appointed shall examine the patient at the time and place designated by the court and shall make a written report of its findings. If said findings are positive, at least one of such examiners shall appear at the hearing and give testimony. The court shall summarily hear and determine said appeal, and at the trial thereof all technicalities and matters of form not affecting substantial merits shall be disregarded.

Subd. 6. Findings, commitment. If the patient be found to be afflicted with tuberculosis in the infectious stage and the court shall find that the patient does by his conduct or mode of living, endanger the health and well-being of his family or other persons, and finds and determines it to be for the best interests of the patient, his family or the public, the court shall issue to the sheriff a warrant, in duplicate, committing the patient to the custody of the superintendent of the tuberculosis sanatorium or public hospital named in its findings and determination, where the patient shall remain until discharged therefrom by said superintendent or chief medical officer when his discharge will not endanger the health of any other person, or by the court upon petition of the patient. The court may, upon consent of the commissioner of public welfare, order the patient confined at the tuberculosis unit at Anoka State Hospital or at such other tuberculosis unit as the commissioner may designate until such time as the commissioner determines he may be safely cared for at the sanatorium or hospital named in the court's findings or may be discharged. The commissioner of public welfare may transfer such patient to such sanatorium or hospital, and at any time prior to his discharge the commissioner, upon request of the superintendent of such sanatorium or the officer in charge of such hospital, may return the patient to such unit.

Subd. 7. Health officer may petition for commitment. Any health officer who has the information referred to in subdivision 2, may, in the first instance, file in the district court of the county in which the patient resides or is found a petition for commitment of the patient to a tuberculosis sanatorium or public hospital, setting forth the name and address of the patient and the reasons for the petition. Upon filing such petition proceedings shall be had thereon as provided for in subdivisions 5 and 6. In such cases reference in those subdivisions to "adverse party" shall be understood as referring to the patient, and reference to "appeal" as referring to the petition.

Subd. 8. County attorney as attorney for health officer. In all proceedings had under the provisions of subdivisions 3 to 7, the county attorney shall be the attorney for the health officer.

Subd. 9. Expenses and cost, payment. The expense of the proceedings had under the provisions of subdivisions 1 to 7, and the cost of the care, treatment and maintenance furnished to such committed person, is a charge against the county of his residence. If such person resided in the state throughout the year preceding his commitment under the provisions of said subdivisions, exclusive of the time spent in a hospital or sanatorium, but did not reside continuously in any one county during said time, then the cost of his care, treatment and maintenance shall be paid by the county in which he longest resided during the year preceding his commitment hereunder. If such person did not reside in the state throughout the year preceding his commitment, exclusive of the time spent in a hospital or sanatorium, then his care, treatment and maintenance shall be provided by the state of Minnesota at the Glen Lake Sanatorium

or if committed by the district court at the tuberculosis unit at Anoka State Hospital, or at such other tuberculosis unit as the commissioner may designate, and the county of commitment shall pay an amount not to exceed 20 percent of the cost of such care. The county in which such person is present at the time of commitment shall conduct an investigation of his residence and financial circumstances and shall submit such information to the commissioner of public welfare within one month of the date of commitment. The commissioner of public welfare shall pay out of aid to county sanatoria funds, aid in the maintenance of each committed patient treated in any public sanatorium at the expense of any county and aid for surgery to effect treatment of tuberculosis of a committed patient who is a nonresident of the county or group of counties maintaining the sanatorium, the amounts authorized by provisions of sections 376.31 and 376.33, as amended. Any question arising between counties as to the place of residence of a committed person shall be determined in accord with the provisions of section 376.18.

Subd. 10. Liability of patient for expenses and cost. Any patient committed under the provisions of subdivisions 1 to 7, who at the time of his commitment has financial ability to pay, or who prior to his discharge shall become financially able to pay, shall be liable for the cost of his care, treatment and maintenance to the county paying the same, or to the commissioner of public welfare, as the case may be.

[1951 c 314 s 1-5; 1955 c 479 s 1; 1957 c 317 s 1; 1957 c 654 s 1; 1963 c 703 s 1; 1967 c 34 s 1,2]

NOTE: Laws 1959, Chapter 297, Section 6, applying to Hennepin county, reads: "Minnesota Statutes 1957, Sections 376.28 to 376.42, Section 144.422 and Section 144.424 are amended to conform with the provisions of this act."

144.423 [Repealed, 1951 c 314 s 8]

144.424 REGULATIONS; VIOLATIONS; RELEASE. Subdivision 1. [Repealed, 1951 c 314 s 8]

Subd. 2. [Repealed, 1951 c 314 s 8]

Subd. 3. [Repealed, 1951 c 314 s 8]

Subd. 4. [Repealed, 1951 c 314 s 8]

Subd. 5. [Repealed, 1951 c 314 s 8]

Subd. 6. [Repealed, 1951 c 314 s 8]

Subd. 7. [Repealed, 1951 c 314 s 8]

Subd. 8. Any person entering any public sanatorium or hospital for tuberculous care and treatment under the provisions of any law of this state, shall observe all regulations of the sanatorium or hospital. When any person fails to obey such regulations, he may be placed and confined in quarters apart from the other patients. Any person admitted upon application to the state sanatorium or to any county sanatorium or hospital under the provisions of Minnesota Statutes 1949, Section 251.02 or Sections 376.33 and 376.34, who is afflicted with tuberculosis in the infectious stage, and who repeatedly violates such regulations or attempts or threatens to leave the institution without the consent of the superintendent or chief medical officer thereof, may be restrained by reasonable force, if necessary, and thereupon, said superintendent or chief medical officer may institute proceedings to commit such person as a public health menace under the provisions of section 144.422, subdivisions 1 to 7. In such cases the said superintendent and the said chief medical officer shall have all the powers of sections 144.422, 144.424 and 144.425 vested in health officers.

Subd. 9. Any person who is confined to any sanatorium or hospital for tuberculous care and treatment, whether committed under the provisions of section 144.422, subdivisions 1 to 7, or entering the same voluntarily, and who is refused discharge upon written demand therefor to superintendent or chief medical officer thereof, may petition the district court of the county in which such institution is located for an order directing his release, and if it shall appear to the court after a trial on the merits that said patient is not afflicted with tuberculosis in the infectious stage and has progressed in the cure of the disease with which he is afflicted to a point where if he is released he will not endanger the health and well-being of his family or other persons, the court may direct his release. Such petition shall not be renewed oftener than once every six months.

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Subd. 10. The county sanatorium commission or other governing body in charge of such sanatorium shall adopt regulations governing the conduct of patients in the institution under its control. Such regulations shall be approved by the commissioner of public welfare and permanently posted in the main corridor on each floor of such institution, and a printed copy furnished to each patient. The commissioner of public welfare shall adopt, and likewise promulgate, regulations governing the conduct of the patients at the state sanatorium.

Subd. 11. If any person committed under the provisions of section 144.422, subdivisions 1 to 7, wilfully violates any regulation adopted pursuant to subdivision 10 of this section, or leaves a sanatorium or hospital without consent of the superintendent or officer in charge thereof, the superintendent of the sanatorium or the chief medical officer of the hospital may file an affidavit with the committing court setting forth such facts. Upon such notice and hearing as the court may order and upon consent of the commissioner of public welfare, the court may amend its commitment and order such person to be confined in the tuberculosis unit at Anoka State Hospital or at such other tuberculosis unit as the commissioner may designate, as provided by section 144.422, subdivision 6.

[1949 c 471 s 3; 1951 c 314 s 6; 1957 c 317 s 2,3; 1967 c 34 s 3]

NOTE: Laws 1959, Chapter 297, Section 6, applying to Hennepin county reads: "Minnesota Statutes 1957, Sections 376.28 to 376.42, Section 144.422 and Section 144.424 are amended to conform with the provisions of this act."

144.425 PATIENTS; FACILITIES, TRANSFER. The commissioner of public welfare is hereby authorized and directed to provide adequate facilities at one of the state institutions under his control where proper care can be provided and where proper precautions can be taken to detain and safely keep any person committed thereto under the provisions of sections 144.422 or 144.424. When it is deemed necessary or desirable, any such person may be transferred from another institution to the institution providing such facilities with the approval of the commissioner of public welfare. The commissioner of public welfare shall establish the rates to be charged for care and treatment at such facilities. Where the patient is committed or transferred to such facility from the state sanatorium or a county sanatorium, the cost of his transportation to and from the facility and his care and treatment therein shall be paid as provided in section 144.422, subdivision 9, provided such costs may be paid from the county sanatorium fund of the county of his residence.

Where it is deemed necessary or desirable, the commissioner of corrections, with the consent of the commissioner of public welfare, may authorize the transfer of any inmate afflicted with tuberculosis from any of the state penal institutions under his control and management to said tuberculosis detention facility to be held until his disease is arrested or his sentence expires whereupon he shall be returned to the institution from which he came unless his sentence to such institution shall have expired. The state hospital receiving such patients from the state penal institutions shall make no charge for such care.

[1949 c 471 s 4; 1951 c 314 s 7; 1955 c 780 s 1; 1957 c 317 s 4; 1961 c 750 s 1; 1963 c 703 s 2; 1967 c 34 s 4]

144.426 [Repealed, 1951 c 314 s 8]

144.427 SPUTUM, SALIVA. It is a nuisance for any person having tuberculosis to dispose of his sputum, saliva, or other secretion or excretion in a manner that the health or well-being of any other person is endangered. When complaint is made to the board of health of the municipality or the county board of the county in which such acts are committed, the board receiving such complaint shall investigate and, if the nuisance is such as to be dangerous, shall serve a notice upon the person so complained of requiring him to dispose of his sputum, saliva, or other bodily secretion or excretion in a manner as to remove all such danger.

[1949 c 471 s 6]

144.428 HOUSEHOLD SAFEGUARDS. Any physician attending a person having tuberculosis shall give proper instructions to the patient and members of his household on methods and procedures to safeguard the health and well-being of the members of said household as recommended by the state board of health.

[1949 c 471 s 7]

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144.429 REPORTS OF ATTENDING PHYSICIANS; FILED. The attending physician of any person having tuberculosis, when arrested condition is had, as defined by the state board of health, shall report that fact to the local board of health and the board shall file such report in the records of its office.

[1949 c 471 s 8]

144.43 TUBERCULOSIS IN INSTITUTIONS. It is unlawful for any inmate known to be afflicted with tuberculosis in the infectious stage to be cared for in a penal or charitable institution in the same room or ward with other inmates not themselves afflicted with tuberculosis.

[1913 c 434 s 2; 1949 c 471 s 9] (5382)

144.44 [Renumbered 144.423]

144.45 TUBERCULOSIS IN SCHOOLS; CERTIFICATE. No teacher, pupil, or employee about a school building who is afflicted with tuberculosis shall remain in or about such building unless he has a certificate issued by the local board of health stating that he does not endanger the health of other persons by his presence in such building.

[1913 c 434 s 4; 1949 c 471 s 10] (5384)

NOTE: See also section 123.69.

144.46 DISINFECTING OF PREMISES. Subdivision 1. Within 24 hours after any apartment or premises are vacated by reason of the death, or the removal of a person having tuberculosis, person or physician in charge shall notify the local board of health thereof. The apartment or premises shall not again be occupied until renovated and disinfected as provided in subdivision 2.

Subd. 2. Upon receipt of such notice of vacation, the local board of health shall forthwith order the apartment or premises and all infected articles therein effectively renovated and disinfected as recommended by the state board of health. If the apartment or premises are not occupied after such death or removal, the local board of health shall serve written notice upon the owner, of the apartment or premises or his agent requiring the apartment or premises to be renovated or disinfected in accordance with the regulations of the board.

[1913 c 434 s 5; 1949 c 471 s 11] (5385)

144.47 PLACARD POSTED ON INFECTED PREMISES. If any apartment or premises so vacated are not effectively renovated and disinfected within 36 hours after the order or direction of the board of health is given to the owner or his agent the board shall place a placard upon the door of the infected apartment or premises, which placard shall read:

“NOTICE

TUBERCULOSIS IS A COMMUNICABLE DISEASE. THESE APARTMENTS HAVE BEEN OCCUPIED BY A CONSUMPTIVE AND MAY BE INFECTED. THEY MUST NOT BE OCCUPIED UNTIL THE ORDER OF THE HEALTH OFFICER DIRECTING THEIR RENOVATION AND DISINFECTION HAS BEEN COMPLIED WITH. THIS NOTICE MUST NOT BE REMOVED UNDER A PENALTY OF LAW, EXCEPT BY THE HEALTH OFFICER OR AN AUTHORIZED OFFICER.”

[1913 c 434 s 6; 1949 c 471 s 12] (5386)

144.471 LOCAL BOARD OF HEALTH; DUTIES. When any person having tuberculosis is not attended by any physician or when the physician attending any such person fails to perform any duty required of him by any provision of sections 144.42 and 144.424 to 144.47, the duties required to be so performed by any such physician shall be performed by the local board of health.

[1949 c 471 s 13]

144.48 [Renumbered 144.427]

144.49 VIOLATIONS; PENALTIES. Subdivision 1. Any person violating any regulation of the board or any lawful direction of a board of health or a health officer is guilty of a misdemeanor.

Subd. 2. Any person who wilfully makes or alters any certificate or certified copy thereof provided for in sections 144.151 to 144.204, except in accordance with the provisions of such sections, upon conviction, shall be punished by a fine of not more than \$1,000, or by imprisonment for not to exceed six months, or by both such fine and imprisonment.

Subd. 3. Any person who knowingly transports or accepts for transportation, interment, or other disposition a dead body without an accompanying permit issued in accordance with the provisions of sections 144.151 to 144.204, upon conviction, shall be fined not more than \$500.

Subd. 4. Unless a different penalty is provided in this section, any person violating any provision of sections 144.151 to 144.204, or any regulation of the board, or who refuses to perform any duty imposed upon him by such sections or by any regulation of the board is guilty of a misdemeanor.

Subd. 5. Any person violating any of the provisions of sections 144.42 and 144.424 to 144.47 is guilty of a misdemeanor.

Subd. 6. Any person, partnership, association, or corporation establishing, conducting, managing, or operating any hospital, sanatorium, or other institution in accordance with the provisions of sections 144.50 to 144.56, without first obtaining a license therefor is guilty of a misdemeanor.

Subd. 7. Any person, partnership, association, or corporation which establishes, conducts, manages or operates any hospital, sanatorium or other institution required to be licensed under sections 144.50 to 144.56, in violation of any provision of sections 144.50 to 144.56 or any regulation established thereunder, is guilty of a misdemeanor.

Subd. 8. Any person lawfully engaged in the practice of healing who wilfully makes any false statement in any report required to be made by him pursuant to sections 144.42 and 144.424 to 144.47 or who certifies falsely as to any precautions taken or instructions given to safeguard the health and well-being of any person pursuant to section 144.427 is guilty of a misdemeanor.

[*RL s 2132; 1913 c 434 s 8; 1913 c 579; 1917 c 220 s 6; 1939 c 89 s 1; 1941 c 549 s 10; 1943 c 649 s 1; 1945 c 512 s 35,37; 1949 c 471 s 14; 1976 c 173 s 32,33*] (5346, 5356, 5367, 5388)

HOSPITALIZATION

144.50 HOSPITALS, LICENSES; DEFINITIONS. No person, partnership, association, or corporation, nor any state, county, or local governmental units, nor any division, department, board, or agency thereof, shall establish, operate, conduct, or maintain in the state any hospital, sanatorium or other institution for the hospitalization or care of human beings without first obtaining a license therefor in the manner provided by law.

Hospital, sanatorium or other institution for the hospitalization or care of human beings, within the meaning of sections 144.50 to 144.56 shall mean any institution, place, building, or agency, other than a diagnostic or treatment center, a clinic, or a physician's office, in which any accommodation is maintained, furnished, or offered for the hospitalization of the sick or injured or for the institutional care of human beings. Nothing in sections 144.50 to 144.56 shall apply to hotels or other similar places that furnish only board and room, or either, to their guests.

"Hospitalization" means the reception and care of persons for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of such persons.

The term "hospital" includes the term "sanatorium" unless the context clearly indicates otherwise.

Nothing in sections 144.50 to 144.56 shall authorize any person, partnership, association, or corporation, nor any state, county, or local governmental units, nor any division, department, board, or agency thereof, to engage, in any manner, in the practice of healing, or the practice of medicine, as defined by law.

[*1941 c 549 s 1; 1943 c 649 s 1; 1951 c 304 s 1; 1969 c 358 s 1; 1976 c 173 s 34*]

144.51 LICENSE APPLICATIONS. Before a license shall be issued under sections 144.50 to 144.56, the person applying shall submit evidence satisfactory to the state board of health that he is not less than 18 years of age and of reputable and re-

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sponsible character; in the event the applicant is an association or corporation or governmental unit like evidence shall be submitted as to the members thereof and the persons in charge. All applicants shall, in addition, submit satisfactory evidence of their ability to comply with the provisions of sections 144.50 to 144.56 and all rules, regulations, and minimum standards adopted thereunder.

[1941 c 549 s 2; 1943 c 649 s 2; 1951 c 304 s 2; 1973 c 725 s 7; 1976 c 173 s 35]

144.52 APPLICATION. Any person, partnership, association, or corporation, including state, county, or local governmental units, or any division, department, board, or agency thereof, desiring a license under sections 144.50 to 144.56 shall file with the state board of health a verified application containing the name of the applicant desiring said license; whether such persons so applying are 18 years of age; the type of institution to be operated; the location thereof; the name of the person in charge thereof, and such other information pertinent thereto as the state board of health by regulation may require. Application on behalf of a corporation or association or other governmental unit shall be made by any two officers thereof or by its managing agents.

[1941 c 549 s 3; 1943 c 649 s 3; 1951 c 304 s 3; 1973 c 725 s 8]

144.53 FEES. Each application for a license, or renewal thereof, to operate a hospital, sanatorium or other institution for the hospitalization or care of human beings, within the meaning of sections 144.50 to 144.56, except applications by the Minnesota veterans home, the commissioner of public welfare for the licensing of state institutions or by the administrator for the licensing of the university of Minnesota hospitals, shall be accompanied by a fee to be prescribed by the state board of health pursuant to section 144.122. No fee shall be refunded. Licenses shall expire and shall be renewed as prescribed by the board pursuant to section 144.122.

No license granted hereunder shall be assignable or transferable.

[1941 c 549 s 4; 1945 c 192 s 1; 1951 c 304 s 4; 1959 c 466 s 1; 1974 c 471 s 3; 1975 c 63 s 1; 1975 c 310 s 5; 1976 c 173 s 36; 1976 c 239 s 69]

144.54 INSPECTIONS. Every building, institution, or establishment for which a license has been issued shall be periodically inspected by a duly appointed representative of the state board of health under the rules and regulations to be established by the state board of health. No institution of any kind licensed pursuant to the provisions of sections 144.50 to 144.56 shall be required to be licensed or inspected under the laws of this state relating to hotels, restaurants, lodging houses, boarding houses, and places of refreshment.

[1941 c 549 s 5; 1951 c 304 s 5]

144.55 LICENSES; ISSUANCE, SUSPENSION AND REVOCATION BY STATE BOARD OF HEALTH. The state board of health is hereby authorized to issue licenses to operate hospitals, sanatoriums or other institutions for the hospitalization or care of human beings, which after inspection are found to comply with the provisions of sections 144.50 to 144.56 and any reasonable regulations adopted by the state board of health. All decisions of the state board of health thereunder may be reviewed in the district court in the county in which the institution is located or contemplated.

The state board of health may refuse to grant, refuse to renew, or may suspend or revoke a license on any of the following grounds:

- (1) Violation of any of the provisions of sections 144.50 to 144.56 or the rules, regulations, or standards issued pursuant thereto;
- (2) Permitting, aiding, or abetting the commission of any illegal act in the institution;
- (3) Conduct or practices detrimental to the welfare of the patient; or
- (4) Obtaining, or attempting to obtain a license by fraudulent means or misrepresentation.

Before any license issued thereunder is suspended, or revoked, or its renewal refused, 30 days written notice shall be given the holder thereof of the date set for hearing of the complaint. The holder of the license shall be furnished with a copy of the complaint and be entitled to be represented by legal counsel at the hearing. The notice may be given by the state board of health by registered mail. The board may appoint, in writing, any competent person to preside at the hearing who shall take tes-

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timony, administer oaths, issue subpoenas, and compel the attendance of witnesses and transmit the record of the hearing to the board. The decision of the board shall be based on the testimony and records.

If a license is revoked as herein provided a new application for license may be considered by the state board of health if, when, and after the conditions upon which revocation was based have been corrected and evidence of this fact has been satisfactorily furnished. A new license may then be granted after proper inspection has been made and all provisions of sections 144.50 to 144.56 and rules promulgated thereunder have been complied with and recommendation has been made therefor by the hospital inspector as an agent of the state board of health.

[1941 c 549 s 6; 1951 c 304 s 6; 1976 c 173 s 37]

144.56 STANDARDS. Subdivision 1. The state board of health shall, in the manner prescribed by law, adopt and enforce reasonable rules, regulations, and standards under sections 144.50 to 144.56 which it finds to be necessary and in the public interests and may rescind or modify them from time to time as may be in the public interest, insofar as such action is not in conflict with any provision thereof.

Subd. 2. In the public interest the board, by such rules, regulations, and standards, may regulate and establish minimum standards as to the construction, equipment, maintenance, and operation of the institutions insofar as they relate to sanitation and safety of the buildings and to the health, treatment, comfort, safety, and well-being of the persons accommodated for care. Construction as used in this subdivision means the erection of new buildings or the alterations of or additions to existing buildings commenced after the passage of this act.

Subd. 3. The board shall, with the advice of the commissioner of public welfare, prescribe such general regulations and rules for the conduct of all institutions receiving maternity patients as shall be necessary to effect the purposes of all laws of the state relating to maternity patients and newborn infants so far as the same are applicable.

Subd. 4. The board of health may classify the institutions licensed under sections 144.50 to 144.56 on the basis of the type of care provided and may prescribe separate rules, regulations, and minimum standards for each class.

[1941 c 549 s 7; 1943 c 649 s 7; 1951 c 304 s 7]

144.57 [Repealed, 1951 c 304 s 8]

144.571 ADVISORY COUNCIL. An advisory council of nine members shall be appointed in the following manner to make recommendations to the state board of health and to assist in the establishment and amendment of rules and standards authorized by sections 144.50 to 144.58. This council shall consist of four members to be appointed annually from the membership of the Minnesota hospital association by the board of trustees thereof, one of whom shall be the superintendent of a hospital operated by a county or other local governmental unit. Two members shall be doctors of medicine appointed annually from the Minnesota state medical association by the council of the Minnesota state medical association. The commissioner of public welfare, or a person from the department of public welfare designated by him, shall be a member of the council, and the commissioner of public welfare shall designate a member who will represent the Minnesota county welfare boards. The ninth member of the council shall be a public member as defined in section 214.02, and shall be appointed by the governor to serve at his pleasure.

[1951 c 304 s 9; 1975 c 234 s 1; 1976 c 173 s 38]

144.572 INSTITUTIONS EXCEPTED. No regulation nor requirement shall be made, nor standard established under sections 144.50 to 144.56 for any sanatorium, conducted in accordance with the practice and principles of the body known as the Church of Christ, Scientist, except as to the sanitary and safe condition of the premises, cleanliness of operation, and its physical equipment.

[1951 c 304 s 10; 1976 c 173 s 39]

144.58 INFORMATION, CONFIDENTIAL. Information of a confidential nature received by the state board of health through inspections and authorized under sections 144.50 to 144.56 shall not be disclosed except in a proceeding involving the ques-

tion of licensure.

[1941 c 549 s 9; 1951 c 304 s 11]

144.583 [Repealed, 1973 c 139 s 2]

144.584 [Repealed, 1976 c 173 s 64]

144.59 HOSPITAL HEADS TO REGISTER. No person shall act as an administrator of a hospital licensed under sections 144.50 to 144.56, inclusive, without first registering with the state board of health in the manner hereinafter provided.

[1947 c 240 s 1; 1961 c 197 s 1]

144.60 REGISTRATION PROCEDURE. Subdivision 1. The applicant for registration shall make a verified application therefor on a form furnished by the state board of health. Such application shall be accompanied by affidavits from at least two reputable residents of the county in which the applicant resides or proposes to act as such administrative head, certifying that the applicant is of good moral character. Such application shall be accompanied by a fee in an amount prescribed by the state board of health pursuant to section 144.122. No person shall be granted any such registration unless such person be at least 18 years of age, of good moral character and has had at least two years experience in an administrative position, and in a hospital of such size as the state board of health may prescribe, in this state, or one of equal standing in another state, or has successfully completed one year of formal training in an approved course in hospital administration, together with an internship if the particular course requires. Where the experience is gained in an institution of a size smaller than that for which registration is sought, the board may require such additional experience as it may prescribe. Where the administrative experience of the applicant has not been acquired in a hospital, and the state board of health upon investigation approves the applicant's qualifications, the state board of health may issue a license to any applicant employed in a hospital of 25 beds or fewer for a probationary period not to exceed two years.

Subd. 2. Every person who, on the date Laws 1949, Chapter 93, takes effect, is actually engaged as superintendent or administrative head of a hospital or sanatorium in this state, shall be granted registration by the state board of health, provided, however, that on or before October 1, 1949, every such person shall apply to the said board for such registration, accompanying such application with sufficient and satisfactory proof that such applicant was on said date actually engaged as such superintendent or administrative head and a fee in an amount prescribed by the state board of health pursuant to section 144.122.

Subd. 3. Every person who on the date this section takes effect is actually engaged as the administrative head of a hospital in this state, shall be granted registration by the state board of health, provided, however, that on or before October 1, 1961, every such person shall apply to the board for such registration, accompanying such application with a fee in an amount prescribed by the state board of health pursuant to section 144.122 and sufficient and satisfactory proof that the applicant was on the above mentioned date actually engaged as the administrative head.

[1947 c 240 s 2; 1949 c 93 s 1; 1961 c 197 s 2,3; 1969 c 684 s 1; 1973 c 725 s 9; 1974 c 471 s 4,5]

144.61 ANNUAL REGISTRATION. Every such person so registered with the state board of health shall register with the board on dates specified by the board and pay a registration fee in an amount prescribed by the board pursuant to section 144.122. All fees received under sections 144.59 to 144.65 shall be deposited by the state board of health to the credit of the general fund in the state treasury. The expenses of the state board of health in carrying out the provisions of sections 144.59 to 144.65 shall be paid out of the appropriations made to the state board of health.

[1947 c 240 s 3; 1959 c 602 s 1; 1974 c 471 s 6; 1975 c 204 s 75]

144.62 GROUNDS FOR REFUSAL. The state board of health may refuse to grant registration, to renew registration, or may suspend or revoke registration of any registrant for the following:

- (1) The obtaining of or attempting to obtain registration by fraud or deceit.
- (2) Conviction of a crime involving moral turpitude.

(3) Habitual indulgence in the use of narcotic drugs.

(4) Conduct unbecoming a person registered under sections 144.59 to 144.65 or detrimental to the best interests of the public.

Before any such registration is suspended or revoked, 30 days written notice shall be given the registrant of the date set for hearing of the charges. The registrant shall be furnished with a copy of the charges and shall be entitled to be represented by legal counsel at such hearing. Such notice may be given by registered mail. Any action of the board in refusing to grant or renew registration or in suspending or revoking registration, may be reviewed by a writ of certiorari issued by the district court.

[1947 c 240 s 4]

144.63 RULES AND REGULATIONS. Subdivision 1. The state board of health shall have the power to adopt such rules and regulations as it finds to be necessary to carry into effect the provisions of sections 144.59 to 144.65 and may rescind, modify or revise such rules and regulations, from time to time, insofar as such action is not in conflict with the provisions of sections 144.59 to 144.65.

Subd. 2. An advisory council of six members shall be appointed in the following manner to make recommendations to the state board of health concerning the establishment and amendment of rules authorized by sections 144.59 to 144.65. This council shall consist of three members to be appointed annually from the membership of the Minnesota Hospital Association by the board of trustees thereof. One of these three members shall be a hospital administrator of a hospital located outside of a city of the first class; one of these three members shall be a hospital administrator of a state, county or municipal hospital; and one of these three members shall be a hospital administrator selected at large. One member of the council shall be the director of the course of hospital administration at the University of Minnesota or his designated representative. One member of the council shall be a duly licensed and registered doctor of medicine to be appointed annually from the Minnesota State Medical Association by the council thereof. One member shall be a public member as defined in section 214.02, and shall be appointed by the governor to serve at his pleasure.

[1947 c 240 s 5; 1976 c 173 s 40; 1976 c 239 s 70]

144.64 EXCEPTIONS. Nothing in sections 144.59 to 144.65 shall be construed as requiring the registration of a duly licensed and registered doctor of medicine who operates a licensed hospital or sanatorium, owned by him, in this state.

[1947 c 240 s 6]

144.65 VIOLATIONS; PENALTIES. Any person violating any of the provisions of sections 144.59 to 144.65 shall be guilty of a misdemeanor.

[1947 c 240 s 7]

144.651 PATIENTS AND RESIDENTS OF HEALTH CARE FACILITIES; BILL OF RIGHTS. It is the intent of the legislature and the purpose of this section to promote the interests and well being of the patients and residents of health care facilities. No health care facility may require a patient or resident to waive these rights as a condition of admission to the facility. Any guardian or conservator of a patient or resident or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient or resident. It is the intent of this section that every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.

For the purposes of this section, "patient" means a person who is admitted to an acute care inpatient facility for a continuous period longer than 24 hours, for the purpose of diagnosis or treatment bearing on the physical or mental health of that person. "Resident" means a person who is admitted to a non-acute care facility including extended care facilities, nursing homes, and board and care homes for care required because of prolonged mental or physical illness or disability, recovery from injury or disease, or advancing age. It is declared to be the public policy of this state that the interests of each patient and resident be protected by a declaration of a patients' bill of rights which shall include but not be limited to the following:

- (1) Every patient and resident shall have the right to considerate and respectful care;
- (2) Every patient and resident can reasonably expect to obtain from his physician or the resident physician of the facility complete and current information concerning his diagnosis, treatment and prognosis in terms and language the patient can reasonably be expected to understand. In cases in which it is not medically advisable to give the information to the patient or resident the information may be made available to the appropriate person in his behalf;
- (3) Every patient and resident shall have the right to know by name and specialty, if any, the physician responsible for coordination of his care;
- (4) Every patient and resident shall have the right to every consideration of his privacy and individuality as it relates to his social, religious, and psychological well being;
- (5) Every patient and resident shall have the right to respectfulness and privacy as it relates to his medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly;
- (6) Every patient and resident shall have the right to expect the facility to make a reasonable response to his requests;
- (7) Every patient and resident shall have the right to obtain information as to any relationship of the facility to other health care and related institutions insofar as his care is concerned;
- (8) Every patient and resident shall have the right to expect reasonable continuity of care which shall include but not be limited to what appointment times and physicians are available;
- (9) Every resident shall be fully informed, prior to or at the time of admission and during his stay, of services available in the facility, and of related charges including any charges for services not covered under medicare or medicaid or not covered by the facility's basic per diem rate;
- (10) Every patient and resident shall be afforded the opportunity to participate in the planning of his medical treatment and to refuse to participate in experimental research;
- (11) No resident shall be arbitrarily transferred or discharged but may be transferred or discharged only for medical reasons, for his or other residents' welfare, or for nonpayment for stay unless prohibited by the welfare programs paying for the care of the resident, as documented in the medical record. Reasonable advance notice of any transfer or discharge must be given to a resident;
- (12) Every resident may manage his personal financial affairs, or shall be given at least a quarterly accounting of financial transactions on his behalf if he delegates this responsibility in accordance with the laws of Minnesota to the facility for any period of time;
- (13) Every resident shall be encouraged and assisted, throughout his period of stay in a facility, to understand and exercise his rights as a patient and as a citizen, and to this end, he may voice grievances and recommend changes in policies and services to facility staff and outside representatives of his choice, free from restraint, interference, coercion, discrimination or reprisal;
- (14) Every resident shall be free from mental and physical abuse, and free from chemical and physical restraints, except in emergencies, or as authorized in writing by his physician for a specified and limited period of time, and when necessary to protect the resident from injury to himself or to others;
- (15) Every patient and resident shall be assured confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except as otherwise provided by law or a third party payment contract;
- (16) No resident shall be required to perform services for the facility that are not included for therapeutic purposes in his plan of care;
- (17) Every resident may associate and communicate privately with persons of his choice, and send and receive his personal mail unopened, unless medically contraindicated and documented by his physician in the medical record;

(18) Every resident may meet with representatives and participate in activities of commercial, religious, and community groups at his discretion; provided, however, that the activities shall not infringe upon the right to privacy of other residents;

(19) Every resident may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients or residents, and unless medically contraindicated and documented by his physician in the medical record;

(20) Every resident, if married, shall be assured privacy for visits by his or her spouse and if both spouses are residents of the facility, they shall be permitted to share a room, unless medically contraindicated and documented by their physicians in the medical record; and

(21) Every patient or resident shall be fully informed, prior to or at the time of admission and during his stay at a facility, of the rights and responsibilities set forth in this section and of all rules governing patient conduct and responsibilities.

[1973 c 688 s 1; 1976 c 274 s 1]

144.652 POLICY STATEMENT TO PATIENT OR RESIDENT; VIOLATION.

Subdivision 1. The policy statement contained in section 144.651 shall be posted conspicuously in a public place in all facilities licensed under the provisions of sections 144.50 to 144.58, or 144A.02 or any law providing for the licensure of nursing homes. Copies of the policy statement shall be furnished the patient or resident and the patient or resident's guardian or conservator upon admittance to the facility. The policy statement shall include the address and telephone number of the board of medical examiners and/or the name and phone number of the person within the facility to whom inquiries about the medical care received may be directed. The notice shall include a brief statement describing how to file a complaint with the nursing home complaint team of the health department or any division or agency of state government which succeeds it concerning a violation of section 144.651 or any other state statute or rule.

Subd. 2. A substantial violation of the rights of any resident as defined in section 144.651, shall be grounds for issuance of a correction order pursuant to section 144.653. The issuance of a correction order shall not preclude private action by or on behalf of a resident to enforce his rights.

[1973 c 688 s 2; 1976 c 173 s 41; 1976 c 222 s 28; 1976 c 274 s 2]

144.653 RULES; PERIODIC INSPECTIONS; ENFORCEMENT. Subdivision 1.

Rules. The state board of health is the exclusive state agency charged with the responsibility and duty of inspecting all facilities required to be licensed under the provisions of sections 144.50 to 144.58. The state board of health shall enforce its rules subject only to the authority of the department of public safety respecting the enforcement of fire and safety standards in licensed health care facilities and the responsibility of the commissioner of public welfare pursuant to sections 245.78; 252.28; and 257.081 to 257.123.

Subd. 2. **Periodic inspection.** All facilities required to be licensed under the provisions of sections 144.50 to 144.58 shall be periodically inspected by the state board of health to insure compliance with its rules, regulations and standards. Inspections shall occur at different times throughout the calendar year. The state board of health may enter into agreements with political subdivisions providing for the inspection of such facilities by locally employed inspectors.

Subd. 3. **Enforcement.** With the exception of the department of public safety which has the exclusive jurisdiction to enforce state fire and safety standards, the state board of health is the exclusive state agency charged with the responsibility and duty of inspecting facilities required to be licensed under the provisions of sections 144.50 to 144.58 and enforcing the rules, regulations and standards prescribed by it.

Subd. 4. **Without notice.** One or more unannounced inspections of each facility required to be licensed under the provisions of sections 144.50 to 144.58 shall be made annually.

Subd. 5. **Correction orders.** Whenever a duly authorized representative of the state board of health finds upon inspection of a facility required to be licensed under the provisions of sections 144.50 to 144.58 that the licensee of such facility is not in compliance with an applicable regulation promulgated under the administrative procedures act by the state board of health pursuant to section 144.56, a correction order shall be issued to the licensee. The correction order shall state the deficiency, cite the

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specific regulation violated, and specify the time allowed for correction.

Subd. 6. Reinspections; fines. If upon reinspection it is found that the licensee of a facility required to be licensed under the provisions of sections 144.50 to 144.58 has not corrected deficiencies specified in the correction order, a notice of noncompliance with a correction order shall be issued stating all deficiencies not corrected. Unless a hearing is requested under subdivision 8, the licensee shall forfeit to the state within 15 days after receipt by him of such notice of noncompliance with a correction order up to \$1,000 for each deficiency not corrected. For each subsequent reinspection, the licensee may be fined an additional amount for each deficiency which has not been corrected. All forfeitures shall be paid into the general fund. The board of health shall promulgate by rule and regulation a schedule of fines applicable for each type of uncorrected deficiency.

Subd. 7. Recovery. Any unpaid forfeitures may be recovered by the attorney general.

Subd. 8. Hearings. A licensee of a facility required to be licensed under the provisions of sections 144.50 to 144.58 is entitled to a hearing on any notice of noncompliance with a correction order issued to him as a result of a reinspection, provided that he makes a written request therefor within 15 days of receipt by him of the notice of noncompliance with a correction order. Failure to request a hearing shall result in the forfeiture of a penalty as determined by the board in accordance with subdivision 6. A request for a hearing shall operate as a stay during the hearing and review process of the payment of any forfeiture provided for in this section. Upon receipt of the request for a hearing, a hearing officer, who shall not be an employee of the state board of health, shall be appointed by the state board of health, and the hearing officer shall promptly schedule a hearing on the matter, giving at least ten days notice of the date, time, and place of the hearing to the licensee. Upon determining that the licensee of a facility required to be licensed under sections 144.50 to 144.58 has not corrected the deficiency specified in the correction order, the hearing officer shall impose a penalty as determined by the board in accordance with subdivision 6. The hearing and review thereof shall be in accordance with the relevant provisions of the administrative procedures act.

Subd. 9. Nonlimiting. Nothing in this section shall be construed to limit the powers granted to the state board of health in section 144.55.

[1973 c 688 s 3; 1975 c 310 s 6,7,37; 1976 c 173 s 42]

144.654 EXPERTS MAY BE EMPLOYED. The state board of health may employ experts in the field of health care to assist the staffs of facilities required to be licensed under the provisions of sections 144.50 to 144.58, or 144A.02, in programming and providing adequate care of the patients and residents of the facility. Alternate methods of care for patients and residents of the facilities shall be researched by the state board of health using the knowledge and experience of experts employed therefor.

[1973 c 688 s 4; 1976 c 173 s 43]

144.655 PROGRAM FOR VOLUNTARY MEDICAL AID. Licensed physicians may visit a facility required to be licensed under the provisions of sections 144.50 to 144.58, or 144A.02, and examine patients and residents thereof under a program which shall be established by the state board of health and regulated and governed by rules promulgated by the state board of health pursuant to the administrative procedures act. The rules shall protect the privacy of patients and residents of facilities. No patient or resident of any facility shall be required to submit to an examination under the program. The state board of health shall consult with medical schools and other experts for the purpose of establishing the program. The state board of health shall encourage the active participation of all licensed physicians on a voluntary basis in the program.

[1973 c 688 s 5; 1976 c 173 s 44]

144.656 EMPLOYEES TO BE COMPENSATED. All employees of facilities required to be licensed under the provisions of sections 144.50 to 144.58, or 144A.02, participating in orientation programs or in inservice training provided by the facility shall be compensated therefor at their regular rate of pay, provided, however, that this section will be effective only to the extent that facilities are reimbursed for the compensation by the commissioner of public welfare in the proportion of welfare to

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total residents and patients in the facility.

[1973 c 688 s 6; 1976 c 173 s 45]

144.657 VOLUNTEER EFFORTS ENCOURAGED. The state board of health, through the dissemination of information to appropriate organizations, shall encourage citizens to promote improved care in facilities required to be licensed under the provisions of sections 144.50 to 144.58, or 144A.02, throughout the state.

[1973 c 688 s 7; 1976 c 173 s 46]

144.66 CANCER STATISTICAL RESEARCH. The state board of health may establish a cancer statistical research service and may make and amend regulations and furnish forms for collecting, transcribing, compiling, and preserving the information received by the board, pursuant to sections 144.66 to 144.69.

[1949 c 350 s 1]

144.67 INFORMATIONAL AND STATISTICAL RESEARCH. The state board of health shall collect, transcribe, compile, classify, and preserve information received by it, analyze this information, and make studies therefrom showing the incidence of tumors of various types, the procedures in the care of these tumors, and the effectiveness of the different methods of treatment on tumors. The informational and statistical results of these studies shall be available to the physicians and surgeons in the state. A follow-up information service may be made available to assist in completing hospital case records when subsequent data on a tumor case is obtained.

[1949 c 350 s 2]

144.68 RECORDS AND REPORTS. Subdivision 1. **Person practicing healing arts.** Every person licensed to practice the healing arts in any form, upon request of the state board of health, shall prepare and forward to the board, in the manner and at such times as it designates, a detailed record of each case of malignant disease treated or seen by him professionally.

Subd. 2. **Hospitals and similar institutions.** Every hospital, sanatorium, nursing home or other institution for the hospitalization or care of human beings, upon request of the state board of health, shall prepare and forward to the board, in the manner and at the times that it designates, a detailed record of each case of malignant disease having been therein.

Subd. 3. **Information without liability.** The furnishing of the information required under subdivisions 1 and 2 shall not subject the person, hospital, sanatorium, nursing home, or other place furnishing the information, to any action for damages or other relief.

[1949 c 350 s 3; 1976 c 173 s 47,48]

144.69 INFORMATION NOT AVAILABLE TO THE PUBLIC. No such report, or part thereof, nor any copy of the same or part thereof, shall be open to the public, nor shall any of the contents thereof be disclosed, in any manner, by any official or clerk or other employee or person having access thereto, but all such information shall be confidential and may only be used for the purposes set forth in sections 144.66 to 144.69. And any such disclosure other than is provided for in sections 144.66 to 144.69, is hereby declared to be a misdemeanor and punishable as such. No officer or employee of the board shall interview any patient named in any such report, nor a relative of any such patient, unless the consent of the attending physician and surgeon is first obtained.

[1949 c 350 s 4]

144.691 GRIEVANCE PROCEDURES. Subdivision 1. **Facilities.** Every hospital licensed as such pursuant to sections 144.50 to 144.56, and every outpatient surgery center shall establish a grievance or complaint mechanism designed to process and resolve promptly and effectively grievances by patients or their representatives related to billing, inadequacies of treatment, and other factors which may have an impact on the incidence of malpractice claims and suits.

For the purposes of sections 144.691 to 144.693, "outpatient surgery center" shall mean a free standing facility organized for the specific purpose of providing elective outpatient surgery for preexamined prediagnosed low risk patients. Services provided at an outpatient surgery center shall be limited to surgical procedures which uti-

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lize local or general anesthesia and which do not require overnight inpatient care. "Outpatient surgery center" does not mean emergency medical services, or physician or dentist offices.

Subd. 2. **Patient notice.** Each patient receiving treatment at a hospital or an outpatient surgery center shall be notified of the grievance or complaint mechanism which is available to him.

Subd. 3. **Rules.** The state board of health shall, by January 1, 1977, establish by rule promulgated pursuant to chapter 15:

- (a) Minimum standards and procedural requirements for grievance and complaint mechanism;
- (b) A list of patient complaints which may be processed through a complaint or grievance mechanism;
- (c) The form and manner in which patient notices shall be made; and
- (d) A schedule of fines, not to exceed \$200 per offense, for the failure of a hospital or outpatient surgery center to comply with the provisions of this section.

Subd. 4. **Reports.** Each hospital and outpatient surgery center, and every health maintenance organization required under section 62D.11 to implement a complaint system, shall at least annually submit to the state board of health a report on the operation of its complaint or grievance mechanism. The frequency, form, and content of each report shall be as prescribed by rule of the state board of health. Data relating to patient records collected by the state board of health pursuant to this section shall be summary data within the meaning of section 15.162, subdivision 9. The state board of health shall collect, analyze and evaluate the data submitted by the hospitals, health maintenance organizations, and outpatient surgery centers; and shall periodically publish reports and studies designed to improve patient complaint and grievance mechanisms.

[1976 c 325 s 8]

144.692 IN-SERVICE TRAINING. The state board of health shall study and publish recommendations for in-service personnel training programs designed to reduce the incidence of malpractice claims and suits against hospitals, outpatient surgery centers and health maintenance organizations regulated under chapter 62D.

[1976 c 325 s 9]

144.693 MEDICAL MALPRACTICE CLAIMS; REPORTS. Subdivision 1. On or before September 1, 1976, and on or before March 1 and September 1 of each year thereafter, each insurer providing professional liability insurance to one or more hospitals, outpatient surgery centers, or health maintenance organizations, shall submit to the state board of health a report listing by facility or organization all claims which have been closed by or filed with the insurer during the period ending December 31 of the previous year or June 30 of the current year. The report shall contain, but not be limited to, the following information:

- (a) The total number of claims made against each facility or organization which were filed or closed during the reporting period;
- (b) The date each new claim was filed with the insurer;
- (c) The allegations contained in each claim filed during the reporting period;
- (d) The disposition and closing date of each claim closed during the reporting period;
- (e) The dollar amount of the award or settlement for each claim closed during the reporting period; and
- (f) Any other information the board of health may, by rule, require.

Any hospital, outpatient surgery center, or health maintenance organization which is self insured shall be considered to be an insurer for the purposes of this section and shall comply with the reporting provisions of this section.

A report from an insurer submitted pursuant to this section is private data, as defined in section 15.162, subdivision 5a, accessible to the facility or organization which is the subject of the data, and to its authorized agents. Any data relating to patient records which is reported to the state board of health pursuant to this section shall be reported in the form of summary data, as defined in section 15.162, subdivision 9.

Subd. 2. The state board of health shall collect and review the data reported pursuant to subdivision 1. On December 1, 1976, and on January 2 of each year thereafter, the state board of health shall report to the legislature its findings related to the incidence and size of malpractice claims against hospitals, outpatient surgery centers, and health maintenance organizations, and shall make any appropriate recommendations to reduce the incidence and size of the claims. Data published by the state board of health pursuant to this subdivision with respect to malpractice claims information shall be summary data within the meaning of section 15.162, subdivision 9.

Subd. 3. The state board of health shall have access to the records of any insurer relating to malpractice claims made against hospitals, outpatient surgery centers, and health maintenance organizations in years prior to 1976 if it determines the records are necessary to fulfill its duties under Laws 1976, Chapter 325.

[1976 c 325 s 10]

144.695 CITATION. Sections 144.695 to 144.703 may be cited as the Minnesota hospital administration act of 1976.

[1976 c 296 art 2 s 1]

144.696 DEFINITIONS. Subdivision 1. Unless the context clearly indicates otherwise, for the purposes of sections 144.695 to 144.703, the terms defined in this section have the meanings given them.

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

Subd. 3. "Hospital" means any acute care institution licensed pursuant to sections 144.50 to 144.58, but does not include any health care institution conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any church or denomination.

Subd. 4. "Commissioner" means the commissioner of insurance.

Subd. 5. "Insurer" means a person selling policies of accident and health insurance pursuant to chapter 62A, or nonprofit health service plan subscriber contracts pursuant to chapter 62C.

[1976 c 296 art 2 s 2]

144.697 GENERAL POWERS AND DUTIES OF STATE BOARD. Subdivision 1. The board may contract with third parties for services necessary to carry out its activities where this will promote economy, avoid duplication of effort, and make best use of available expertise.

Subd. 2. The board may apply for and receive grants and gifts from any governmental agency, private entity or other person.

Subd. 3. To further the purposes of sections 144.695 to 144.703, the board may create committees from its membership and may appoint ad hoc advisory committees.

Subd. 4. The board shall coordinate regulation and inspection of hospitals to avoid, to the extent possible, conflicting rules and duplicative inspections.

[1976 c 296 art 2 s 3]

144.698 REPORTING REQUIREMENTS. Subdivision 1. Each hospital, which has not filed the financial information required by this section with a voluntary, nonprofit rate review organization pursuant to section 144.702, shall file annually with the board after the close of its fiscal year:

(a) A balance sheet detailing the assets, liabilities, and net worth of the hospital;

(b) A detailed statement of income and expenses; and

(c) A copy of its most recent cost report filed pursuant to requirements of Title XVIII of the United State Social Security Act.

Subd. 2. If more than one licensed hospital is operated by the reporting organization, the board may require that the information be reported separately for each hospital.

Subd. 3. The board may require attestation by responsible officials of the hospital that the contents of the reports are true.

Subd. 4. All reports, except privileged medical information, filed pursuant to this section, section 144.701 or section 144.702, subdivision 3 or 4 shall be open to public inspection.

Subd. 5. The board shall have the right to inspect hospital books, audits, and records as reasonably necessary to verify hospital reports.

[1976 c 296 art 2 s 4]

144.699 CONTINUING ANALYSIS. Subdivision 1. The board may:

- (a) Undertake analyses and studies relating to hospital costs and to the financial status of any hospital subject to the provisions of sections 144.695 to 144.703; and
- (b) Publish and disseminate the information relating to hospital costs.

Subd. 2. The board shall prepare and file summaries and compilations or other supplementary reports based on the information filed with or made available to the board, which reports will advance the purposes of sections 144.695 to 144.703.

[1976 c 296 art 2 s 5]

144.70 ANNUAL REPORT. The board shall prepare and prior to each legislative session transmit to the governor and to the members of the legislature an annual report of the board's operations and activities for the preceding fiscal year as they relate to the duties imposed on the board by sections 144.695 to 144.703. This report shall include a compilation of all summaries and reports required by sections 144.695 to 144.703 together with any findings and recommendations of the board.

[1976 c 296 art 2 s 6]

144.701 INVESTIGATIVE POWER. Subdivision 1. The board may initiate reviews or investigations as necessary to assure all purchasers of hospital health care services that the total costs of a hospital are reasonably related to the total services offered, that the hospital's aggregate revenues as expressed by rates are reasonably related to the hospital's aggregate costs, and that rates are set equitably. The board shall prohibit hospitals from discriminating among insurers in its rates.

Subd. 2. In order to properly discharge these obligations, the board may review projected annual revenues and expenses of hospitals and comment on them.

Subd. 3. In the interest of promoting the most efficient and effective use of hospitals, the board may promote experimental alternative methods of budgeting, cost control, rate determination and payment.

Subd. 4. The board shall begin to compile relevant financial and accounting data concerning hospitals in order to have statistical information available for legislative policy making.

Subd. 5. The board shall obtain from each hospital a current rate schedule. Any subsequent amendments or modifications of that schedule shall be filed with the board at least 60 days in advance of their effective date. The board may, by rule, exempt from this requirement rate increases which have a minimal impact on hospital costs. If the hospital has not agreed to submit to a voluntary rate review in accordance with section 144.702, the board may hold a public hearing pursuant to chapter 15, on any increase which it determines is excessive and may publicly comment on any increase.

Subd. 6. Each report which is required to be submitted to the board pursuant to subdivision 5 and which is not to be reviewed by a voluntary nonprofit rate review organization in accordance with section 144.702 shall be accompanied by a filing fee in an amount prescribed by rule of the board. Filing fees shall be set at a level sufficient to cover the costs of any reviews undertaken pursuant to subdivision 5, and may take into consideration the length or complexity of the report being filed. Fees received pursuant to this subdivision shall be deposited in the general fund of the state treasury.

[1976 c 296 art 2 s 7]

144.702 VOLUNTARY REPORTING AND RATE REVIEW OF HOSPITAL COSTS. Subdivision 1. A hospital may agree to submit its financial reports to, and be subject to a review of its rates by, a voluntary, nonprofit rate review organization whose reporting and review procedures have been approved by the board in accordance with this section.

Subd. 2. The board may approve voluntary reporting and rate review procedures which are substantially equivalent to reporting requirements and rate review procedures adopted by the board for reporting and rate reviews conducted pursuant to sections 144.698 and 144.701. The board shall, by rule, prescribe standards for approval of voluntary rate review procedures, which standards shall provide for:

- (a) The filing of appropriate financial information with the rate review organization;
- (b) Adequate analysis and verification of that financial information; and
- (c) Timely publication of the review organization's findings and comments prior to the effective date of any proposed rate increase. The board shall annually review the procedures approved pursuant to this subdivision.

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Subd. 3. Any voluntary, nonprofit rate review organization which conducts a review of the rates of a hospital located in this state shall file a copy of its findings and comments with the board within 30 days of completion of the review process, together with a summary of the financial information acquired by the organization during the course of its review.

Subd. 4. Any voluntary, nonprofit rate review organization which receives the financial information required in section 144.698 shall make the information available to the board in accordance with procedures prescribed by the board.

Subd. 5. If the reporting and rate review procedures of a voluntary, nonprofit rate review organization have been approved by the board those reporting and rate reviewing activities of the organization shall be exempt from the provisions of sections 325.8011 to 325.8028.

Subd. 6. For the purposes of this section "rate review organization" means an association or other organization which has as one of its primary functions the peer review of hospital rates.

[1976 c 296 art 2 s 8]

144.703 ADDITIONAL POWERS. Subdivision 1. In addition to the other powers granted to the board and the commissioner by law, the board and the commissioner may each:

(a) Adopt, amend, and repeal rules in accordance with chapter 15;

(b) Hold public hearings, conduct investigations, and administer oaths or affirmations in any hearing or investigation.

Subd. 2. Any person aggrieved by a final determination of the board or the commissioner as to any rule or determination under sections 144.695 to 144.703; or 62A.02, subdivision 3; or 62C.15, subdivision 2, shall be entitled to an administrative hearing and judicial review in accordance with the contested case provisions of chapter 15.

[1976 c 296 art 2 s 9]

CHILDREN'S CAMPS

144.71 PURPOSE; DEFINITIONS. Subdivision 1. **Health and safety.** The purpose of sections 144.71 to 144.76 is to protect the health and safety of children in attendance at children's camps.

Subd. 2. **Definition.** For the purpose of such sections a children's camp is defined as a parcel or parcels of land with permanent buildings, tents or other structures together with appurtenances thereon, established or maintained as living quarters where both food and lodging or the facilities therefor are provided for ten or more people, operated continuously for a period of five days or more each year for educational, recreational or vacation purposes, and the use of the camp is offered to minors free of charge or for payment of a fee.

Subd. 3. **What not included in definition.** This definition does not include cabin and trailer camps, fishing and hunting camps, resorts, penal and correctional camps, industrial and construction camps, nor does it include homes operated for care or treatment of children and for the operation of which a license is required under the provisions of chapter 257.

[1951 c 285 s 1; 1974 c 406 s 21]

144.72 OPERATION. Subdivision 1. **Permits.** The state board of health is authorized to issue permits for the operation of such children's camps and such camps are required to obtain such permits.

Subd. 2. **Application.** On or before June first annually, every person, partnership or corporation, operating or seeking to operate a children's camp, shall make application in writing to the board for a permit to conduct a children's camp. Such application shall be in such form and shall contain such information as the board may find necessary to its determination that the children's camp will be operated and maintained in such a manner as to protect and preserve the health and safety of the persons using the camp. Where a person, partnership or corporation operates or is seeking to operate more than one children's camp, a separate application shall be made for each camp.

Subd. 3. **Issuance of permits.** If the board should determine from the application that the health and safety of the persons using the camp will be properly safeguarded, it may, prior to actual inspection of the camp, issue the permit in writing. No

fee shall be charged for the permit. The permit shall be posted in a conspicuous place on the premises occupied by the camp.

[1951 c 285 s 2]

144.73 STATE BOARD OF HEALTH, DUTIES. Subdivision 1. **Inspection of camps.** It shall be the duty of the state board of health to make an annual inspection of each children's camp, and where, upon inspection it is found that there is a failure to protect the health and safety of the persons using the camp, or a failure to comply with the camp regulations prescribed by the board, the board shall give notice to the camp operator of such failure, which notice shall set forth the reason or reasons for such failure.

Subd. 2. **Revocation of permit.** The camp operator shall have a reasonable time after receiving said notice in which to correct such failure and to comply with the requirements and regulations of the board. In the event the camp operator shall fail to comply with the requirements of said notice within a reasonable time, the board may revoke the permit of such children's camp.

Subd. 3. **Hearings.** The camp operator shall be entitled to a hearing before the board on the revocation of his permit. A request for such hearing shall be made by the camp operator in writing. The hearing shall be held at the time and place designated by the board and at least five days written notice of such hearing shall be given to the camp operator. The notice may be served by registered mail. The camp operator shall be entitled to be represented by legal counsel and shall have the right to produce evidence and testimony at such hearing. The board may appoint in writing any competent person to preside at such hearing. Such person shall take testimony, administer oaths, issue subpoenas, compel the attendance of witnesses, and transmit the record of the hearing to the board. The decision of the board shall be based on the evidence and testimony presented at such hearing.

Subd. 4. **Reinstatement of permit.** Where a permit has been revoked by the board it shall be reinstated upon compliance with the requirements and regulations of the state board of health.

[1951 c 285 s 3]

144.74 REGULATIONS, STANDARDS. The state board of health is authorized to adopt and enforce such reasonable regulations and standards as it determines necessary to protect the health and safety of children in attendance at children's camps. Such regulations and standards may include reasonable restrictions and limitations on the following:

(1) Camp sites and buildings, including location, layout, lighting, ventilation, heating, plumbing, drainage and sleeping quarters;

(2) Sanitary facilities, including water supply, toilet and shower facilities, sewage and excreta disposal, waste and garbage disposal, and the control of insects and rodents, and

(3) Food service, including storage, refrigeration, sanitary preparation and handling of food, the cleanliness of kitchens and the proper functioning of equipment.

[1951 c 285 s 4]

144.75 [Repealed, 1973 c 250 s 2]

144.76 VIOLATION, PENALTY. Any person violating any of the provisions of sections 144.71 to 144.76 or of the regulations or standards promulgated hereunder shall be guilty of a misdemeanor.

[1951 c 285 s 6]

AMBULANCE SERVICES

144.801 DEFINITIONS. Subdivision 1. Unless the context requires otherwise, the definitions in this section govern the construction of sections 144.801 to 144.806.

Subd. 2. "Ambulance" means a vehicle or other form of transportation which is designed or intended to be used in providing transportation of wounded, injured, sick, invalid, or incapacitated human beings, or expectant mothers.

Subd. 3. "Ambulance service" means:

(a) Transportation for a wounded, injured, sick, invalid, or incapacitated human being, or expectant mother, which is regularly provided, or offered to be provided, to the public by any person or public or private agency; and

(b) Treatment which is rendered or offered to be rendered by any person employed to provide or assist in providing the transportation referred to in clause (a), whether such treatment is rendered or offered to be rendered preliminary to, during, or after such transportation.

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Subd. 3a. "Non-emergency ambulance service" means transportation in an ambulance for individuals not requiring treatment while in the ambulance.

Subd. 4. "License" means authority granted by the state board of health for the operation of ambulance service in the state of Minnesota.

Subd. 5. "Operator" means a person, firm, partnership, corporation, service club, volunteer fire department, municipality or other organization which has a license from the state board of health to provide ambulance service.

[1969 c 773 s 1; 1973 c 220 s 1,2]

144.802 LICENSING. No operator shall operate an ambulance service within this state unless it possesses a valid license to do so issued by the state board of health. The cost of the license shall be in an amount prescribed by the board pursuant to section 144.122. Licenses shall expire and be renewed as prescribed by the board pursuant to section 144.122. The state board of health shall not issue licenses for the operation of a newly established ambulance service in the state unless the service meets the standards required by sections 144.801 to 144.806 and the applicant has demonstrated to the satisfaction of the state board of health at a public hearing that the public convenience and necessity require the proposed ambulance service.

[1969 c 399 s 1; 1969 c 773 s 2; 1973 c 220 s 3; 1974 c 471 s 7; 1975 c 310 s 8]

144.803 LICENSING; SUSPENSION AND REVOCATION. The state board of health may, after hearing upon reasonable notice, suspend or revoke the license of an operator upon finding that the licensee has violated sections 144.801 to 144.806. Proceedings by the state board of health pursuant to this section and review thereof shall be subject to the provisions of chapter 15.

[1969 c 773 s 3]

144.804 STANDARDS. Subdivision 1. No publicly or privately owned ambulance service shall be operated in the state unless the drivers and attendants possess a current advanced American Red Cross first aid certificate or an advanced first aid certificate issued by the United States bureau of mines or other first aid certificate authorized by the state board of health.

Subd. 2. Every ambulance offering emergency service shall be equipped with a stretcher and after July 1, 1975, a two-way communications system and carry the minimal equipment recommended by the American College of Surgeons.

Subd. 3. All ambulances offering emergency service, whether publicly or privately owned, shall offer ambulance service 24 hours per day every day of the year and shall be staffed by a driver and attendant. An ambulance operated by a nonprofit entity and limiting its operation exclusively to providing emergency ambulance service by contract for specific events and meetings need not offer emergency service 24 hours per day every day of the year but shall meet all other legal standards for ambulance services offering emergency service. Whenever an ambulance service shall find it impossible to arrange for an attendant to accompany the driver, the driver may proceed to answer an emergency call without an accompanying attendant, provided that the ambulance service shall make all reasonable efforts to arrange for an attendant to be present at the site of the emergency. Drivers and attendants are authorized to use only such equipment for which they are qualified by training.

All ambulances offering non-emergency service shall be equipped with oxygen and resuscitation and aspiration equipment. No ambulance offering only non-emergency services shall be equipped with emergency warning lights or siren.

Subd. 4. Nothing in sections 144.801 to 144.806 shall prevent operation of a police emergency vehicle by one person nor affect any statute or regulatory authority vested in the department of transportation concerning automotive equipment and safety requirements.

[1969 c 773 s 4; 1973 c 220 s 4-6; 1976 c 166 s 7; 1976 c 202 s 1]

144.805 CHAUFFEURS LICENSES. Any person driving an ambulance shall have a valid Minnesota driver's license. A chauffeur's license issued under sections 168.39 to 168.44 is not required to drive an ambulance in Minnesota except that any person other than a fireman or law enforcement officer shall be required to possess a chauffeur's license to drive an ambulance based within a city of the first class.

[1969 c 773 s 5]

144.806 PENALTIES. Any person who violates a provision of sections 144.801 to 144.806 is guilty of a misdemeanor.

[1969 c 773 s 6]

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144.807 REPORTS. Subdivision 1. **Reporting of information.** Operators of ambulance services licensed pursuant to sections 144.801 to 144.806 shall report information about emergency service to the state board of health as the board may require, excluding data relative to patient identification, cost of the service rendered, or charges for the service provided. No reports shall be required for non-emergency service. All information shall be reported on forms prescribed by the board for that purpose. In determining the nature, scope, use, and form of the information to be reported, the board shall consult with its designated ambulance service subcommittee.

Subd. 2. **Failure to report.** Failure to report all information required by the board shall constitute grounds for licensure revocation.

Subd. 3. **Reports confidential.** No reports made pursuant to this section shall be used as evidence in any trial, civil or criminal, nor in any other proceeding except a proceeding involving the question of licensure. Information contained in the reports may only be disseminated to the extent prescribed by the board.

[1974 c 300 s 1]

ALCOHOLISM

144.81 [Repealed, 1973 c 572 s 18]

144.82 [Repealed, 1973 c 572 s 18]

144.83 [Repealed, 1967 c 893 s 5]

144.831 [Repealed, 1973 c 572 s 18]

144.832 [Repealed, 1973 c 572 s 18]

144.833 [Repealed, 1973 c 572 s 18]

144.834 [Repealed, 1973 c 572 s 18]

144.84 CIVIL SERVICE CLASSIFICATION. The commissioner of personnel and the civil service commission shall establish a classification to be known as "counselor on alcoholism" the qualifications of which shall give recognition to the value and desirability of recovered alcoholics in performing the duties of their employment.

[1953 c 705 s 4; 1973 c 507 s 45]

HUMAN GENETICS

144.91 POWERS AND DUTIES. The state board of health is authorized to develop and carry on a program in the field of human genetics which shall include the collection and interpretation of data relating to human hereditary diseases and pathologic conditions: the assembly, preparation and dissemination of informational material on the subject for professional counselors and the lay public; the conduct of such research studies as may stimulate reduction in the frequency of manifestation of various deleterious genes, and the provision of counseling services to the public on problems of human genetics. It shall consult and cooperate with the University of Minnesota, the public health service and the children's bureau of the department of health, education and welfare, and with nationally recognized scientific and professional organizations engaged in studying the problems of human genetics.

[1959 c 572 s 1]

144.92 GRANTS OR GIFTS. The board is authorized to receive and expend in accordance with approved plans such funds as may be granted by the public health service or any other federal agency which may appropriate funds for this purpose, or such funds as may be received as gifts from private organizations and individuals to the state for carrying out the purposes of sections 144.91 to 144.93.

[1959 c 572 s 2]

144.93 [Repealed, 1973 c 250 s 2]

144.94 CYTOGENETICS LABORATORY. The state board of health is hereby required to maintain, staff, and operate a cytogenetics laboratory for the study of human chromosomes for the diagnosis and investigation of hereditary diseases. The laboratory services shall be available without charge to the patient upon recommendation of the referring physician if in the judgment of the board the patient is without adequate funds to pay the cost. In other cases the board shall charge and bill the patient for the cost of the diagnosis and investigation at the prevailing rate.

[1969 c 481 s 1]

144.951 [Repealed, 1976 c 173 s 64]

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NURSING HOME ADMINISTRATORS

144.952 COMPOSITION OF THE BOARD. Subdivision 1. There is hereby created the state board of examiners for nursing home administrators which shall consist of the following members:

- (a) A designee of the state board of health who shall be a non-voting member;
- (b) the commissioner of public welfare, or his designee who shall be a non-voting member; and the following members appointed by the governor;
- (c) two members actively engaged in the management, operation, or ownership of proprietary nursing homes;
- (d) two members actively engaged in the management or operation of non-profit nursing homes or hospitals caring for chronically ill or infirm-aged patients;
- (e) one member actively engaged in the practice of medicine;
- (f) one member actively engaged in the practice of professional nursing; and
- (g) three public members as defined by section 214.02.

— Subd. 2. [Repealed, 1976 c 173 s 64] *leave as is*

Subd. 3. The provision of staff, administrative services and office space, the review and processing of complaints; the setting of board fees; and other provisions relating to board operations shall be as provided in chapter 214 and Laws 1976, Chapter 222, Sections 2 to 7.

[1969 c 770 s 2; 1973 c 638 s 3; 1976 c 222 s 29; 1976 c 239 s 52]

144.953 [Repealed, 1976 c 173 s 64]

144.954 [Repealed, 1976 c 173 s 64]

144.955 [Repealed, 1976 c 173 s 64]

NOTE: Section 144.955 was also amended by Laws 1976, Chapter 222, Section 30, to read as follows:

"144.955 LICENSE FEES. Each person licensed as a nursing home administrator shall be required to pay initial and renewal license fees in amounts to be fixed by the board. In addition each person who takes an examination as prescribed by section 144.953 shall be required to pay a fee, the amount to be fixed by the board. An initial license shall expire on June 30 of the year following its issuance, and shall be renewable pursuant to the relevant provisions of section 144.96."

144.9555 [Repealed, 1976 c 173 s 64]

144.956 [Repealed, 1976 c 173 s 64; 1976 c 222 s 209]

144.957 [Repealed, 1976 c 173 s 64]

144.958 [Repealed, 1976 c 173 s 64; 1976 c 222 s 209]

144.959 [Repealed, 1976 c 173 s 64]

NOTE: Section 144.959 was also amended by Laws 1976, Chapter 222, Section 31, to read as follows:

"144.959 DUTIES OF THE BOARD. The board shall have the duty and responsibility to:

- (1) Develop, impose and enforce standards which must be met by individuals in order to receive a license as a nursing home administrator, which standards shall be designed to insure that nursing home administrators shall be individuals who are of good character and are otherwise suitable, and who, by training or experience are qualified to serve as nursing home administrators.
- (2) Develop and apply appropriate techniques, including examination and investigations, for determining whether individuals meet such standards.
- (3) Issue licenses to individuals, after application of such techniques, determined to meet such standards, and for cause, to revoke or suspend licenses previously issued by the board in any case where the individual holding such license is determined substantially to have failed to conform to the requirements of such standards.
- (4) Establish and implement procedures designed to insure that individuals licensed as nursing home administrators will, during any period that they serve as such, comply with the requirements of such standards.
- (5) Take appropriate action with respect to, and including the revocation of a license, if necessary, for cause, on any charge or complaint filed with the board to the effect that any individual licensed as a nursing home administrator has failed to comply with the requirements of such standards.
- (6) Conduct a continuing study and investigation of nursing homes, and administrators of nursing homes within the state with a view to the improvement of the standards imposed for the licensing of such administrators and of procedures and methods for the enforcement of such standards with respect to administrators of nursing homes.
- (7) Recognize, or cause to be conducted, one or more courses of instruction and training sufficient to meet the requirements of sections 144.951 to 144.964, and make provisions for the conduct of such courses and their accessibility to residents of this state. The board may approve courses conducted within and without this state as sufficient to meet the education and training requirements hereof."

144.96 [Repealed, 1976 c 173 s 64; 1976 c 222 s 209]

144.961 [Repealed, 1976 c 173 s 64]

144.962 [Repealed, 1976 c 173 s 64]

144.963 [Repealed, 1976 c 173 s 64]

144.964 [Repealed, 1976 c 173 s 64]

144.965 [Repealed, 1976 c 173 s 64; 1976 c 222 s 209]