

CHAPTER 145

PROVISIONS RELATING TO PUBLIC HEALTH

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145.32 OLD RECORDS MAY BE DESTROYED.

Subdivision 1. **Hospital records.** The superintendent or other chief administrative officer of any public or private hospital, by and with the consent and approval of the board of directors or other governing body of the hospital, may divest the files and records of that hospital of any individual case records bearing dates more than three years prior to the date of the divestiture and, with that consent and approval, may destroy the records. The records shall first have been transferred and recorded as authorized in section 145.30.

Portions of individual hospital medical records that comprise an individual permanent medical record, as defined by the commissioner of health, shall be retained as authorized in section 145.30. Other portions of the individual medical record, including any miscellaneous documents, papers, and correspondence in connection with them, may be divested and destroyed after seven years without transfer to photographic film.

All portions of individual hospital medical records of minors shall be maintained for seven years following the age of majority.

Nothing in this section shall be construed to prohibit the retention of hospital medical records beyond the periods described in this section. Nor shall anything in this section be construed to prohibit patient access to hospital medical records as provided in section 144.335.

Subd. 2. **Responsibilities of the commissioner of health.** The commissioner of health shall define by rule the term "individual permanent medical record" by enumerating the specific types of records or other information which, at a minimum, must be maintained on a permanent basis by the hospital.

History: 1983 c 237 s 1

145.698 CONFINEMENT OF DRUG DEPENDENT PERSON.

[For text of subd 1, see M.S.1982]

Subd. 2. **Stay; commitment.** Upon conviction of a defendant for any crime, or following revocation of probation previously granted whether or not sentence has been imposed, if it appears to the court that the defendant may be a drug dependent person, or by reason of the repeated use of drugs may be in imminent danger of becoming addicted, the court may adjourn the proceedings or suspend imposition or execution of sentence and order the county attorney to file a petition for commitment of the defendant pursuant to chapter 253B until the court feels that the person is no longer in need of institutional care and treatment.

History: 1983 c 247 s 62

145.881 MATERNAL AND CHILD HEALTH ADVISORY TASK FORCE.

Subdivision 1. **Composition of task force.** The commissioner shall establish and appoint a maternal and child health advisory task force consisting of 15 members who will provide equal representation from:

- (1) professionals with expertise in maternal and child health services;
- (2) representatives of local health boards as defined in section 145.913; and
- (3) consumer representatives interested in the health of mothers and children.

No members shall be employees of the state department of health. Task force members shall be appointed and removed as provided in section 15.059, subdivision 6. Notwithstanding section 15.059, subdivisions 5 and 6, the maternal and child health advisory task force shall terminate on June 30, 1987.

Subd. 2. **Duties.** The advisory task force shall meet on a regular basis to perform the following duties:

(a) Review and report on the health care needs of mothers and children throughout the state of Minnesota;

(b) Review and report on the type, frequency and impact of maternal and child health care services provided to mothers and children under existing maternal and child health care programs, including programs administered by the commissioner of health;

(c) Establish, review, and report to the commissioner a list of program guidelines and criteria which the advisory task force considers essential to providing an effective maternal and child health care program to low income populations and high risk persons and fulfilling the purposes defined in section 145.88;

(d) Review staff recommendations of the department of health regarding maternal and child health grant awards before the awards are made;

(e) Make recommendations to the commissioner for the use of other federal and state funds available to meet maternal and child health needs;

(f) Make recommendations to the commissioner of health on priorities for funding the following maternal and child health services: (1) prenatal, delivery and postpartum care, (2) comprehensive health care for children, especially from birth through five years of age, (3) adolescent health services, (4) family planning services, (5) preventive dental care, (6) special services for chronically ill and handicapped children and (7) any other services which promote the health of mothers and children; and

(g) Make recommendations to the commissioner of health on the process to distribute, award and administer the maternal and child health block grant funds.

History: 1983 c 312 art 4 s 1

145.882 MATERNAL AND CHILD HEALTH BLOCK GRANT DISTRIBUTION.

Recipients of maternal and child health grants for special projects in state fiscal year 1983 shall continue to be funded at the same level as in state fiscal year 1983 until September 30, 1985, if they comply with the provisions of sections 145.881, and 145.882 to 145.888. These recipients are also eligible to apply for state grants under sections 145.883 to 145.888. Any decrease in the amount of federal funding to the state for the maternal and child health block grant shall be apportioned to reflect a proportional decrease for each recipient until September 30, 1985. Any increase in the amount of federal funding to the state shall be distributed for services to children with handicaps and to special projects as provided in sections 145.883 to 145.888, except that an amount not to exceed ten

percent may be retained by the commissioner of health to address cost of living increases and increases in supplies and services.

After September 30, 1985, the advisory task force shall review and recommend the proportion of maternal and child health block grant funds to be expended for indirect costs, direct services and special projects. The proportion of funds expended in direct services through special projects shall be maintained at not less than the level expended in state fiscal year 1984.

The commissioner shall prepare, with the advice of the advisory task force, an annual report to the legislature which details the distribution of maternal and child health block grant funds, including the amounts to be expended for indirect costs, direct services, and special projects. The report shall also identify the statewide needs of low income and high risk populations and the department of health's plans for meeting their needs. The legislature must receive the report no later than January of each year.

History: 1983 c 312 art 4 s 2

145.883 DEFINITIONS.

Subdivision 1. **Scope.** For purposes of sections 145.881, 145.882, and 145.883 to 145.888, the terms defined in this section shall have the meanings given them.

Subd. 2. **Commissioner.** "Commissioner" means the commissioner of health.

Subd. 3. **Qualified program.** "Qualified program" means a program with professional maternal and child health care staff which is established for the purpose of providing one or more essential services in maternal and child health care to target populations of low income and high risk persons. Nothing in this subdivision shall imply that every person served must take a means test.

Subd. 4. **Essential services.** "Essential services" means (a) prenatal, delivery, and post partum care; (b) comprehensive health care for children from birth through five years of age; (c) adolescent health services; (d) family planning services, as defined in section 145.912, subdivision 9; (e) preventive dental care; or (f) special services for chronically ill children and for handicapped children.

Subd. 5. **Low income.** "Low income" means an individual or family with an income determined to be at or below 175 percent of the income official poverty line defined by the office of management and budget and revised annually in accordance with United States Code, title 42, section 9902, as amended through December 31, 1982. With respect to an individual who is a high risk person, "low income" means that the income of the high risk person or the person's family is determined to be at or below 200 percent of the income official poverty line defined by the office of management and budget and revised annually in accordance with United States Code, title 42, section 9902, as amended through December 31, 1982. The commissioner shall establish the low income level for eligibility for services to children with handicaps.

Subd. 6. **High risk person.** "High risk person" means a mother or child with a condition which significantly increases the probability of disease, injury, death, or other adverse health-related problem. Determination that a condition results in high risk shall be based on well validated, scientific studies.

Subd. 7. **Special project.** "Special project" means a qualified program that receives maternal and child health block grant money and is administered by a public or private nonprofit agency other than the Minnesota department of health. A special project may not impose residency requirements, other than state residence, as a condition of receiving essential services. A special project that can

demonstrate a need to reduce services as a result of high demand for these services from outside the project's proposed service area may apply for additional funds. Any special project providing statewide essential services may serve a population that is low income or high risk.

Subd. 8. **Maternal and child health block grant money.** "Maternal and child health block grant money" means the money received by the state from the federal maternal and child health block grant. The commissioner shall carry forward from state fiscal year 1985, and succeeding years, only sufficient funds for qualified programs approved through the federal fiscal year.

History: 1983 c 312 art 4 s 3

145.884 GRANTS TO QUALIFIED PROGRAMS.

Subdivision 1. **Rules.** The commissioner shall, in the name of the state and within the limit of the federal maternal and child health block grant appropriation, make grants to public and private nonprofit agencies administering qualified programs of maternal and child health care services. The commissioner shall promulgate rules for the administration of grants authorized by this subdivision. The rules shall establish and contain as a minimum:

- (a) procedures for grant applications;
- (b) conditions and procedures for the administration of grants;
- (c) criteria of eligibility for grants; and
- (d) other matters the commissioner finds necessary for the proper administration of the grant program.

Subd. 2. **Priority criteria for grants.** Any public or private nonprofit agency providing or planning to provide services in maternal and child health care to an identified low income and high risk population may apply to the commissioner for a maternal and child health care grant. The commissioner shall, when making grants, give priority to qualified programs that provide essential services in maternal and child health care to a target population of low income and high risk persons. In distributing any increase in federal funding to special projects, the commissioner shall give priority to grant applications for special projects located outside the metropolitan area for at least 50 percent of the increased funding.

History: 1983 c 312 art 4 s 4

145.885 APPLICATION FOR A GRANT.

An application for a grant shall be submitted to the commissioner at a time and in a form and manner as the commissioner prescribes. Department of health technical staff shall be available to provide technical assistance in development of grant applications. The application must contain:

- (a) A complete description of the program and the manner in which the applicant intends to conduct the program;
- (b) A budget and justification for the amount of grant funds requested;
- (c) A description of the target population served by the qualified program and estimates of the number of low income or high risk patients the program is expected to serve;
- (d) The name or names of the person or persons who shall have primary responsibility for the administration and delivery of services of the qualified program; and

(e) The reporting and accounting procedures to be followed by the qualified agency to enable the commissioner to evaluate the activities of the qualified program.

History: 1983 c 312 art 4 s 5

145.886 GRANT REVIEW PROCESS.

Primary review of all grant applications shall be conducted by the department of health technical staff. All technically completed applications will be forwarded for secondary review to a grants review panel established by the commissioner. A majority of the grants review panel must be professionals with expertise in maternal and child health care. No member of the panel may be an employee of a public or private nonprofit agency receiving or applying for maternal and child health block grant money. The advisory task force shall review the recommendations of the grants review panel for comment to the commissioner. The commissioner shall award grants under section 145.885 and this section only after receiving the comments and recommendation of the grants review panel and the advisory task force on completed grant applications.

History: 1983 c 312 art 4 s 6

145.888 LIMITATIONS.

Grants awarded to qualified programs under sections 145.885, 145.886, and 145.888 shall not exceed 75 percent of the estimated annual cost of the qualified program for the fiscal year for which the grant is awarded.

History: 1983 c 312 art 4 s 7

145.889 RULES.

The commissioner may adopt temporary and permanent rules for the efficient administration of sections 145.881 to 145.886 and 145.888. The temporary rules need not be adopted in compliance with chapter 14 and shall be effective for 360 days or until the permanent rules are adopted, whichever occurs first. The temporary rules shall be effective upon adoption by the commissioner and shall be published in the State Register as soon thereafter as possible.

History: 1983 c 312 art 4 s 8

145.919 COMMUNITY HEALTH SERVICES ADVISORY COMMITTEE.

An advisory committee is established to advise, consult with, and make recommendations to the state commissioner of health on matters relating to the development, maintenance, funding and evaluation of community health services. Each board of health meeting the eligibility requirements of section 145.917 may appoint a member to serve on the committee. The terms shall be two years and no member shall serve more than three consecutive terms. Continuity of membership shall be assured by having an approximately equal number of terms expire each year. Members may receive a per diem and shall be reimbursed for travel and other necessary expenses while engaged in their official duties. The committee shall meet at least quarterly and special meetings may be called by the chairman or a majority of the members. The committee shall expire on the date provided by section 15.059, subdivision 5.

History: 1983 c 260 s 31

145.921 COMMUNITY HEALTH SERVICES SUBSIDY.

Subdivision 1. **Payment.** When a city, county, or group of cities or counties meets the requirements prescribed in section 145.917, the state commissioner of health shall pay the amount of subsidy to the city or county in accordance with applicable rules and regulations from the funds appropriated for the purpose. The commissioner of health shall make payments for community health services to each county in 12 installments per year. The commissioner shall ensure that the pertinent payment of the allotment for each month is made to each county on the first working day after the end of each month of the calendar year, except for the last month of the calendar year. The commissioner shall ensure that each county receives its payment of the allotment for that month no later than the last working day of that month. The payment described in this subdivision for services rendered during June, 1985 shall be made on the first working day of July, 1985.

[For text of subs 2 to 5, see M.S.1982]

History: 1983 c 312 art 1 s 19

NOTE: Subdivision 1, as amended by Laws 1983, chapter 312, article 1, section 19, is effective July 1, 1984. See Laws 1983, chapter 312, article 1, section 28.

145.93 MINNESOTA POISON INFORMATION CENTER; ESTABLISHMENT.

[For text of subd 1, see M.S.1982]

Subd. 2. **Advisory task force.** The commissioner of health may appoint an advisory task force consisting of, but not limited to, the following: one nurse; one pharmacist; one physician each from the fields of toxicology, pediatric medicine, emergency medicine, and internal medicine; and one person who has no past or present material financial interest or professional involvement in the provision of poison information or treatment services. No more than three members may be residents of the metropolitan area, as defined in section 473.02, subdivision 5; no more than one may be a resident of any single county; and none may be affiliated in any way with the currently designated poison information center. The task force shall expire and the terms, compensation, and removal of members shall be as provided in section 15.059.

Subd. 3. **Grant award; designation; payments under grant.** Each odd-numbered year the commissioner shall give reasonable public notice of the availability of moneys appropriated or otherwise available for the Minnesota poison information center. The commissioner shall select as grantee a nonprofit corporation or unit of government which applies for the moneys and best fulfills the criteria specified in subdivision 4. The grantee selected shall be designated the Minnesota poison information center. The grant shall be paid to the grantee quarterly beginning on July 1.

[For text of subs 4 to 6, see M.S.1982]

History: 1983 c 260 s 32,33

NOTE: Subdivision 3 was also amended by Laws 1983, chapter 248, section 3, to read as follows:

"Subd. 3. **Grant award; designation; payments under grant.** Every odd-numbered year the commissioner shall give reasonable public notice of the availability of money appropriated or otherwise available for the purposes of this section. After consulting with the advisory council, the commissioner shall select as grantee a nonprofit corporation or unit of government which applies for the moneys and best fulfills the criteria specified in subdivision 4. The grantee selected shall be designated the Minnesota poison information center. Money appropriated or otherwise available for the purposes of this section shall be paid to the grantee quarterly beginning on July 1."

145.98 COUNCIL ON HEALTH PROMOTION AND WELLNESS.

Subdivision 1. **Creation; membership.** The commissioner of health may appoint an advisory task force on health promotion and wellness. Members of the task force shall be experienced or interested in health promotion and wellness. There shall be at least one member from each congressional district. The task force shall expire, and the terms, compensation, and removal of members shall be governed by section 15.059.

Subd. 2. [Repealed, 1983 c 260 s 68]

Subd. 3. **Powers.** The task force may solicit, receive, and disburse funds made available for health promotion and wellness.

Subd. 4. [Repealed, 1983 c 260 s 68]

History: 1983 c 260 s 34,35