

CHAPTER 145

PUBLIC HEALTH PROVISIONS

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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 sections 144.291 to 144.298.

[For text of subd 2, see M.S.2006]

History: 2007 c 147 art 10 s 15

145.4235 POSITIVE ABORTION ALTERNATIVES.

[For text of subds 1 and 2, see M.S.2006]

Subd. 3. **Privacy protection.** (a) Any program receiving a grant under this section must have a privacy policy and procedures in place to ensure that the name, address, telephone number, or any other information that might identify any woman seeking the services of the program is not made public or shared with any other agency or organization without the written consent of the woman. All communications between the program and the woman must remain confidential. For purposes of any medical care provided by the program, including, but not limited to, pregnancy tests or ultrasonic scanning, the program must adhere to the requirements in sections 144.291 to 144.298 that apply to providers before releasing any information relating to the medical care provided.

(b) Notwithstanding paragraph (a), the commissioner has access to any information necessary to monitor and review a grantee's program as required under subdivision 4.

[For text of subds 4 to 6, see M.S.2006]

History: 2007 c 147 art 10 s 15

145.4711 DEFINITIONS.

Subdivision 1. **Application.** For purposes of sections 145.4711 to 145.4713, the following definitions apply.

Subd. 2. **Commissioner.** “Commissioner” means the commissioner of health.

Subd. 3. **Emergency care to sexual assault victims.** “Emergency care to sexual assault victims” means medical examinations, procedures, and services provided at a hospital to a sexual assault victim following an alleged sexual assault.

Subd. 4. **Emergency contraception.** “Emergency contraception” means a drug, drug regimen, or device approved by the federal Food and Drug Administration to prevent pregnancy when administered after sexual contact, including prescription and over-the-counter hormonal emergency contraception and intrauterine devices.

Subd. 5. **Sexual assault.** “Sexual assault” means criminal sexual conduct in the first degree under section 609.342, criminal sexual conduct in the second degree under section 609.343, criminal sexual conduct in the third degree under section 609.344, criminal sexual conduct in the fourth degree under section 609.345, or incest under section 609.365.

Subd. 6. **Sexual assault victim.** “Sexual assault victim” means a woman or man who alleges, or is alleged to have been, sexually assaulted and who presents at a hospital as a patient.

History: 2007 c 42 s 1

145.4712 EMERGENCY CARE TO SEXUAL ASSAULT VICTIMS.

Subdivision 1. **Emergency care to female sexual assault victims.** (a) It shall be the standard of care for all hospitals that provide emergency care to, at a minimum:

(1) provide each female sexual assault victim with medically and factually accurate and unbiased written and oral information about emergency contraception from the American College of Obstetricians and Gynecologists and distributed to all hospitals by the Department of Health;

(2) orally inform each female sexual assault victim of the option of being provided with emergency contraception at the hospital; and

(3) immediately provide emergency contraception to each sexual assault victim who requests it provided it is not medically contraindicated and is ordered by a legal prescriber. Emergency contraception shall be administered in accordance with current medical protocols regarding timing and dosage necessary to complete the treatment.

(b) A hospital may administer a pregnancy test. If the pregnancy test is positive, the hospital does not have to comply with the provisions in paragraph (a).

Subd. 2. **Emergency care to male and female sexual assault victims.** It shall be the standard of care for all hospitals that provide emergency care to, at a minimum:

(1) provide each sexual assault victim with factually accurate and unbiased written and oral medical information about prophylactic antibiotics for treatment of sexually transmitted diseases;

(2) orally inform each sexual assault victim of the option of being provided prophylactic antibiotics for treatment of sexually transmitted diseases at the hospital; and

(3) immediately provide prophylactic antibiotics for treatment of sexually transmitted diseases to each sexual assault victim who requests it, provided it is not medically contraindicated and is ordered by a legal prescriber.

History: 2007 c 42 s 2

145.4713 COMPLAINTS.

The commissioner shall accept and investigate complaints regarding hospital compliance with section 145.4712. The commissioner shall periodically determine whether hospitals are in compliance with section 145.4712. Failure to comply with section 145.4712 may be grounds for the suspension or revocation of a hospital’s license under section 144.55, subdivision 6.

History: 2007 c 42 s 3

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 community health boards as defined in section 145A.02, subdivision 5; and
- (3) consumer representatives interested in the health of mothers and children.

No members shall be employees of the state Department of Health. Section 15.059 governs the Maternal and Child Health Advisory Task Force. Notwithstanding section 15.059, the Maternal and Child Health Advisory Task Force expires June 30, 2011.

[For text of subd 2, see M.S.2006]

History: 2007 c 85 s 4

145.901 MATERNAL DEATH STUDIES.

[For text of subd 1, see M.S.2006]

Subd. 2. **Access to data.** (a) The commissioner of health has access to medical data as defined in section 13.384, subdivision 1, paragraph (b), medical examiner data as defined in section 13.83, subdivision 1, and health records created, maintained, or stored by providers as defined in section 144.291, subdivision 2, paragraph (h), without the consent of the subject of the data, and without the consent of the parent, spouse, other guardian, or legal representative of the subject of the data, when the subject of the data is a woman who died during a pregnancy or within 12 months of a fetal death, a live birth, or other termination of a pregnancy.

The commissioner has access only to medical data and health records related to deaths that occur on or after July 1, 2000.

(b) The provider or responsible authority that creates, maintains, or stores the data shall furnish the data upon the request of the commissioner. The provider or responsible authority may charge a fee for providing the data, not to exceed the actual cost of retrieving and duplicating the data.

(c) The commissioner shall make a good faith reasonable effort to notify the parent, spouse, other guardian, or legal representative of the subject of the data before collecting data on the subject. For purposes of this paragraph, "reasonable effort" means one notice is sent by certified mail to the last known address of the parent, spouse, guardian, or legal representative informing the recipient of the data collection and offering a public health nurse support visit if desired.

(d) The commissioner does not have access to coroner or medical examiner data that are part of an active investigation as described in section 13.83.

[For text of subds 3 and 4, see M.S.2006]

History: 2007 c 147 art 10 s 15

145.9266 FETAL ALCOHOL SYNDROME CAMPAIGN AND EDUCATION.

[For text of subd 1, see M.S.2006]

Subd. 2. **Statewide network of fetal alcohol syndrome diagnostic clinics.** A statewide network of regional fetal alcohol syndrome diagnostic clinics shall be developed between the Department of Health and the University of Minnesota. This collaboration shall be based on a statewide needs assessment and shall include involvement from consumers, providers, and payors. By the end of calendar year 1998, a plan shall be developed for the clinic

network, and shall include a comprehensive evaluation component. Sites shall be established in calendar year 1999. The commissioner shall not access or collect individually identifiable data for the statewide network of regional fetal alcohol syndrome diagnostic clinics. Data collected at the clinics shall be maintained according to applicable data privacy laws, including sections 144.291 to 144.298.

[For text of subs 3 to 5, see M.S.2006]

Subd. 6. [Repealed, 2007 c 133 art 2 s 13]

Subd. 7. [Repealed, 2007 c 133 art 2 s 13]

History: 2007 c 147 art 10 s 15

145.9269 FEDERALLY QUALIFIED HEALTH CENTERS.

Subdivision 1. **Definitions.** For purposes of this section, “federally qualified health center” means an entity that is receiving a grant under United States Code, title 42, section 254b, or, based on the recommendation of the Health Resources and Services Administration within the Public Health Service, is determined by the secretary to meet the requirements for receiving such a grant.

Subd. 2. **Allocation of subsidies.** The commissioner of health shall distribute subsidies to federally qualified health centers operating in Minnesota to continue, expand, and improve federally qualified health center services to low-income populations. The commissioner shall distribute the funds appropriated under this section to federally qualified health centers operating in Minnesota as of January 1, 2007. The amount of each subsidy shall be in proportion to each federally qualified health center’s amount of discounts granted to patients during calendar year 2006 as reported on the federal Uniform Data System report in conformance with the Bureau of Primary Health Care Program Expectations Policy Information Notice 98–23, except that each eligible federally qualified health center shall receive at least two percent but no more than 30 percent of the total amount of money available under this section.

History: 2007 c 147 art 10 s 12

145.94 EXPOSURE TO HAZARDOUS SUBSTANCE.

[For text of subd 1, see M.S.2006]

Subd. 2. **Disclosure of information.** The commissioner may disclose to individuals or to the community, information including data made nonpublic by law, relating to the hazardous properties and health hazards of hazardous substances released from a workplace if the commissioner finds:

(1) evidence that a person requesting the information may have suffered or is likely to suffer illness or injury from exposure to a hazardous substance; or

(2) evidence of a community health risk and if the commissioner seeks to have the employer cease an activity which results in release of a hazardous substance.

Nonpublic data obtained under subdivision 1 is subject to handling, use, and storage according to established standards to prevent unauthorized use or disclosure. If the nonpublic data is required for the diagnosis, treatment, or prevention of illness or injury, a personal physician may be provided with this information if the physician agrees to preserve the confidentiality of the information, except for patient health records subject to sections 144.291 to 144.298. After the disclosure of any hazardous substance information relating to a particular workplace, the commissioner shall advise the employer of the information disclosed, the date of the disclosure, and the person who received the information.

History: 2007 c 147 art 10 s 15

145.985 HEALTH PROMOTION AND WELLNESS.

Community health boards as defined in section 145A.02, subdivision 5, may work with schools, health care providers, and others to coordinate health and wellness programs in their

communities. In order to meet the requirements of this section, community health boards may:

- (1) provide instruction, technical assistance, and recommendations on how to evaluate project outcomes;
- (2) assist with on-site health and wellness programs utilizing volunteers and others addressing health and wellness topics including smoking, nutrition, obesity, and others; and
- (3) encourage health and wellness programs consistent with the Centers for Disease Control and Prevention's Community Guide and goals consistent with the Centers for Disease Control and Prevention's Healthy People 2010 initiative.

History: 2007 c 147 art 15 s 14