SENATE STATE OF MINNESOTA EIGHTY-SEVENTH LEGISLATURE

A bill for an act

relating to health; modifying minor consent for health procedures and records;

amending the retention of blood or tissue samples related to testing of infants

S.F. No. 1017

(SENATE AUTHORS: HANN and Limmer)

1.1

1.2

1.3

1.24

DATE	D-PG	OFFICIAL STATUS
03/23/2011	634	Introduction and first reading
		Referred to Judiciary and Public Safety
03/28/2011	761a	Comm report: To pass as amended and re-refer to Health and Human Services
	767	Rule 12.10: report of votes in committee

1.4 1.5 1.6 1.7	for heritable and congenital disorders; amending Minnesota Statutes 2010, sections 121A.22, subdivision 2; 144.125, subdivisions 1, 3; 144.128; 144.291, subdivision 2; proposing coding for new law in Minnesota Statutes, chapter 144; repealing Minnesota Statutes 2010, sections 144.343; 144.3441.
1.8	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.9	Section 1. Minnesota Statutes 2010, section 121A.22, subdivision 2, is amended to
1.10	read:
1.11	Subd. 2. Exclusions. In addition, this section does not apply to drugs or medicine
1.12	that are:
1.13	(1) purchased without a prescription;
1.14	(2) used by a pupil who is 18 years old or older;
1.15	(3) used in connection with services for which a minor may give effective consent,
1.16	including section 144.343, subdivision 1, and any other law 144.3433;
1.17	(4) used in situations in which, in the judgment of the school personnel who are
1.18	present or available, the risk to the pupil's life or health is of such a nature that drugs or
1.19	medicine should be given without delay;
1.20	(5) used off the school grounds;
1.21	(6) used in connection with athletics or extra curricular activities;
1.22	(7) used in connection with activities that occur before or after the regular school day;
1.23	(8) provided or administered by a public health agency to prevent or control an

illness or a disease outbreak as provided for in sections 144.05 and 144.12;

Section 1. 1

2.1

2.2

2.3

2.4

2.5

2.6

2.7

2.8

2.9

2.10

2.11

2.12

2.13

2.14

2.15

2.16

2.17

2.18

2.19

2.20

2.21

2.22

2.23

2.24

2.25

2.26

2.27

2.28

2.29

2.30

2.31

2.32

2.33

2.34

(9) prescription asthma or reactive airway disease medications self-administered by a pupil with an asthma inhaler if the district has received a written authorization from the pupil's parent permitting the pupil to self-administer the medication, the inhaler is properly labeled for that student, and the parent has not requested school personnel to administer the medication to the pupil. The parent must submit written authorization for the pupil to self-administer the medication each school year; or

(10) prescription nonsyringe injectors of epinephrine, consistent with section 121A.2205, if the parent and prescribing medical professional annually inform the pupil's school in writing that (i) the pupil may possess the epinephrine or (ii) the pupil is unable to possess the epinephrine and requires immediate access to nonsyringe injectors of epinephrine that the parent provides properly labeled to the school for the pupil as needed.

Sec. 2. Minnesota Statutes 2010, section 144.125, subdivision 1, is amended to read:

Subdivision 1. **Duty to perform testing.** 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, (2) the person required in pursuance of the provisions of section 144.215, to register the birth of a child, or (3) the nurse midwife or midwife in attendance at the birth, to arrange to have administered to every infant or child in its care tests for heritable and congenital disorders according to subdivision 2 and rules prescribed by the state commissioner of health. Testing and the recording and reporting of test results shall be performed at the times and in the manner prescribed by the commissioner of health. The commissioner shall charge a fee so that the total of fees collected will approximate the costs of conducting the tests and implementing and maintaining a system to follow-up infants with heritable or congenital disorders, including hearing loss detected through the early hearing detection and intervention program under section 144.966. The fee is \$101 per specimen. Effective July 1, 2010, the fee shall be increased to \$106 per specimen. The increased fee amount shall be deposited in the general fund. Costs associated with capital expenditures and the development of new procedures may be prorated over a three-year period when calculating the amount of the fees.

Sec. 3. Minnesota Statutes 2010, section 144.125, subdivision 3, is amended to read:

Subd. 3. **Objection of parents to test.** Persons with a duty to perform testing under subdivision 1 shall advise parents of infants (1) that the blood or tissue samples will be used to perform testing thereunder as well as the results of such testing may be retained by the Department of Health, (2) the benefit of retaining the blood or tissue sample, and (3)

(2) that a form is available in which the following options are available to them may be

Sec. 3. 2

chosen with respect to the testing: (i) to decline to have the tests, or (ii) to elect to have
the tests but and to require that allow all blood samples and records of test results to be
destroyed within retained by the Department of Health for 24 months of after the testing.
If the parents of an infant object in writing to testing for heritable and congenital disorders
or elect to require that allow blood samples and test results to be destroyed retained,
the objection or election shall be recorded on a form that is signed by a parent or legal
guardian and made part of the infant's medical record. A written objection exempts an
infant from the requirements of this section and section 144.128.

Sec. 4. Minnesota Statutes 2010, section 144.128, is amended to read:

144.128 COMMISSIONER'S DUTIES; STORED BLOOD AND TISSUE SAMPLES.

The commissioner shall:

3.1

3.2

3.3

3.4

3.5

3.6

3.7

38

3.9

3.10

3.11

3.12

3.13

3.16

3.17

3.18

3.19

3.20

3.21

3.22

3.23

3.24

3.25

3.26

3.27

3.28

3.29

3.30

- (1) notify the physicians of newborns tested of the results of the tests performed;
- 3.14 (2) make referrals for the necessary treatment of diagnosed cases of heritable and congenital disorders when treatment is indicated;
 - (3) maintain a registry of the cases of heritable and congenital disorders detected by the screening program for the purpose of follow-up services;
 - (4) prepare a separate form for use by parents or by adults who were tested as minors to direct that blood samples and test results be destroyed;
 - (5) comply with a destruction request within 45 days after receiving it;
 - (6) notify individuals who request destruction of samples and test results that the samples and test results have been destroyed; and
 - (7) adopt rules to carry out sections 144.125 to 144.128.
 - (3) destroy blood or tissue samples obtained from test results immediately after completion of the test results, unless the parent of the newborn tested elects under section 144.125, subdivision 3, to retain the results, in which case the test results may be retained for up to 24 months; and
 - (4) destroy all blood or tissue samples and material and records related to stored samples that were collected and stored by the commissioner before August 1, 2011.
 - Sec. 5. Minnesota Statutes 2010, section 144.291, subdivision 2, is amended to read:
- Subd. 2. **Definitions.** For the purposes of sections 144.291 to 144.298, the following terms have the meanings given.
- 3.33 (a) "Group purchaser" has the meaning given in section 62J.03, subdivision 6.

Sec. 5. 3

- (b) "Health information exchange" means a legal arrangement between health care providers and group purchasers to enable and oversee the business and legal issues involved in the electronic exchange of health records between the entities for the delivery of patient care.
- (c) "Health record" means any information, whether oral or recorded in any form or medium, that relates to the past, present, or future physical or mental health or condition of a patient; the provision of health care to a patient; or the past, present, or future payment for the provision of health care to a patient.
- (d) "Identifying information" means the patient's name, address, date of birth, gender, parent's or guardian's name regardless of the age of the patient, and other nonclinical data which can be used to uniquely identify a patient.
- (e) "Individually identifiable form" means a form in which the patient is or can be identified as the subject of the health records.
- (f) "Medical emergency" means medically necessary care which is immediately needed to preserve life, prevent serious impairment to bodily functions, organs, or parts, or prevent placing the physical or mental health of the patient in serious jeopardy.
- (g) "Patient" means a natural person who has received health care services from a provider for treatment or examination of a medical, psychiatric, or mental condition, the surviving spouse and parents of a deceased patient, or a person the patient appoints in writing as a representative, including a health care agent acting according to chapter 145C, unless the authority of the agent has been limited by the principal in the principal's health care directive. Except for minors who have received health care services under sections section 144.341 to 144.347; 144.342; or 144.3433, in the case of a minor, patient includes a parent or guardian, or a person acting as a parent or guardian in the absence of a parent or guardian. A parent or guardian is entitled to full access to a minor child's health records except as otherwise explicitly provided in law.
 - (h) "Provider" means:

4.1

4.2

4.3

4.4

4.5

4.6

4.7

4.8

4.9

4.10

4.11

4.12

4.13

4.14

4.15

4.16

4.17

4.18

4.19

4.20

4.21

4.22

4.23

4.24

4.25

4.26

4.27

4.28

4.29

4.30

4.31

4.32

4.33

- (1) any person who furnishes health care services and is regulated to furnish the services under chapter 147, 147A, 147B, 147C, 147D, 148, 148B, 148C, 148D, 150A, 151, 153, or 153A;
 - (2) a home care provider licensed under section 144A.46;
 - (3) a health care facility licensed under this chapter or chapter 144A;
- (4) a physician assistant registered under chapter 147A; and
- 4.34 (5) an unlicensed mental health practitioner regulated under sections 148B.60 to 4.35 148B.71.

Sec. 5. 4

	(i) "Record locator service" means an electronic index of patient identifying
	information that directs providers in a health information exchange to the location of
	patient health records held by providers and group purchasers.
	(j) "Related health care entity" means an affiliate, as defined in section 144.6521,
	subdivision 3, paragraph (b), of the provider releasing the health records.
	Sec. 6. [144.3433] CONSENT OF MINOR TO CERTAIN MEDICAL
	PROCEDURES.
	Subdivision 1. Definitions. (a) For purposes of this section, the following terms
	have the meanings given.
	(b) "Abortion" means the use of any means to terminate the pregnancy of a woman
1	known to be pregnant with knowledge that the termination with those means will, with
1	reasonable likelihood, cause the death of the fetus.
	(c) "Fetus" means any individual human organism from fertilization until birth.
	(d) "Incest" means conduct prohibited under section 609.365.
	(e) "Physical abuse" has the meaning given in section 626.556.
	(f) "Sexual abuse" has the meaning given in section 626.556.
	Subd. 2. Minor's consent invalid; exception for sexual abuse, incest, and
]	physical abuse. (a) A minor may not give effective consent for medical, mental, or
<u>(</u>	other health services to determine the presence of or to treat pregnancy and associated
<u>C</u>	conditions, including contraception, abortion, and venereal disease, or to treat alcohol
3	and other drug abuse.
	(b) Notwithstanding paragraph (a), a minor may give effective consent and the
(consent of no other person is required, if the minor declares that the minor is a victim of
	physical abuse, sexual abuse, or incest perpetrated by the minor's parent or legal guardian
	and a court under subdivision 4 determines that the abuse or incest occurred and that
	having the services performed is in the best interests of the minor. If this occurs, the
	minor's parents or legal guardian must not have access to the minor's health records
1	without express authorization from the minor. Notice of a minor's declaration that the
	minor is a victim of physical abuse, sexual abuse, or incest shall be made to the proper
-	authorities as provided in section 626.556, subdivision 3.
	Subd. 3. Exception. Subdivision 2 does not apply if the attending physician certifies
	in the minor's medical record that the services are necessary to prevent the minor's death
	and there is insufficient time to obtain consent.
	Subd. 4. Judicial determination. (a) This subdivision applies if a minor declares

that the minor may give consent to a service under subdivision 2, paragraph (b).

5 Sec. 6.

5.34

5.35

6.1	(b) A judge, upon petition or motion and after an appropriate hearing, may authorize
6.2	a health care provider to provide a service if the judge determines that:
6.3	(1) the minor is a victim of physical abuse, sexual abuse, or incest perpetrated by
6.4	the minor's parent or legal guardian; and
6.5	(2) it would be in the minor's best interests to receive the service.
6.6	(c) A minor may participate in proceedings in the court on the minor's own behalf,
6.7	and the court may appoint a guardian ad litem for the minor. The court shall advise the
6.8	minor that the minor has a right to court appointed counsel and shall, upon request,
6.9	appoint counsel.
6.10	(d) Proceedings in the court under this section are confidential and must be given
6.11	precedence over other pending matters so that the court may reach a decision promptly
6.12	and without delay so as to serve the best interests of the minor. A judge who conducts
6.13	proceedings under this section shall make specific written factual findings and conclusions
6.14	supporting the decision and shall order a record of the evidence to be maintained,
6.15	including the judge's own findings and conclusions.
6.16	(e) An expedited confidential appeal must be available to a minor for whom the
6.17	court denies an order under this section. An order authorizing a service is not subject to
6.18	appeal. No filing fee may be required of a minor at the trial or the appellate level. Access
6.19	to the trial court for the purposes of a petition or motion, and access to the appellate
6.20	courts for purposes of making an appeal from a denial of a request, must be available 24
6.21	hours a day, seven days a week.
6.22	Subd. 5. Costs associated with judicial determination; calculation by court,
6.23	reimbursement by commissioner of management and budget. A court making the
6.24	determinations required in subdivision 4 shall calculate the amount of court resources
6.25	dedicated to doing so, including the use of any guardian ad litem and court appointed
6.26	counsel, and forward this calculation to the state court administrator. The state court
6.27	administrator shall determine the monetary value of the resources used and submit this
6.28	determination to the commissioner of management and budget. Within 30 days of
6.29	receiving the state court administrator's determination, the commissioner shall reimburse
6.30	the administrator for the expenses.
6.31	Subd. 6. Penalty. Performance of a service in violation of this section is
6.32	a misdemeanor and is grounds for a civil action by a parent wrongfully denied the
6.33	opportunity to give effective consent on behalf of the minor. A person is not liable under
6.34	this section if the person establishes by written evidence that the person relied upon
6.35	evidence sufficient to convince a careful and prudent person that the representations of the
6.36	minor regarding information necessary to comply with this section are bona fide and true.

Sec. 6. 6

Subd. 7. Severability. If any provision, word, phrase or clause of this section or its
application to any person or circumstance is held invalid, this invalidity does not affect
the provisions, words, phrases, clauses, or application of this section that can be given
effect without the invalid provision, word, phrase, clause, or application, and to this end
the provisions, words, phrases, and clauses of this section are declared to be severable.

Sec. 7. [144.349] MINORS IN OUT-OF-HOME PLACEMENT.

- (a) The executive director, program manager, or a designee of a licensed residential facility providing outreach, community support, and short-term shelter for unaccompanied homeless, runaway, or abandoned youth may give effective consent after reasonable efforts have been made to contact the parent or legal guardian of the minor for medical, mental, and other health services, except for family planning services, for a minor child while the minor child is receiving services from the licensed residential facility, and the consent of no other person is required. If a minor receives medical, mental, or other health services under this section, the minor's parents must have access to the minor's health records.
- (b) For purposes of this section, "residential facility" means a facility or program licensed by the commissioner of human services under chapter 245A to serve children in out-of-home placement that has a specific contract with the facility's host county to provide services to youth identified under paragraph (a).

Sec. 8. [144.3491] ORGANIZATIONS RECEIVING TITLE X FUNDS.

Nothing in section 144.3433 requires an organization that receives federal funds under Title X of the Public Health Service Act to refrain from performing any service that is required to be provided as a condition of receiving Title X funds, as specified by the provisions of Title X or the Title X program guidelines for project grants for family planning services published by the United States Department of Health and Human Services.

7.26 Sec. 9. **REPEALER.**

7.1

7.2

7.3

7.4

7.5

7.6

7.7

7.8

7.9

7.10

7.11

7.12

7.13

7.14

7.15

7.16

7.17

7.18

7.19

7.20

7.21

7.22

7.23

7.24

7.25

7.27

Minnesota Statutes 2010, sections 144.343; and 144.3441, are repealed.

Sec. 9. 7

APPENDIX

Repealed Minnesota Statutes: S1017-1

144.343 PREGNANCY, VENEREAL DISEASE, ALCOHOL OR DRUG ABUSE, ABORTION.

Subdivision 1. **Minor's consent valid.** 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.

- Subd. 2. **Notification concerning abortion.** Notwithstanding the provisions of section 13.02, subdivision 8, no abortion operation shall be performed upon an unemancipated minor or upon a woman for whom a guardian has been appointed pursuant to sections 524.5-101 to 524.5-502 because of a finding of incapacity, until at least 48 hours after written notice of the pending operation has been delivered in the manner specified in subdivisions 2 to 4.
- (a) The notice shall be addressed to the parent at the usual place of abode of the parent and delivered personally to the parent by the physician or an agent.
- (b) In lieu of the delivery required by clause (a), notice shall be made by certified mail addressed to the parent at the usual place of abode of the parent with return receipt requested and restricted delivery to the addressee which means postal employee can only deliver the mail to the authorized addressee. Time of delivery shall be deemed to occur at 12 o'clock noon on the next day on which regular mail delivery takes place, subsequent to mailing.
- Subd. 3. **Parent, abortion; definitions.** For purposes of this section, "parent" means both parents of the pregnant woman if they are both living, one parent of the pregnant woman if only one is living or if the second one cannot be located through reasonably diligent effort, or the guardian or conservator if the pregnant woman has one.

For purposes of this section, "abortion" means the use of any means to terminate the pregnancy of a woman known to be pregnant with knowledge that the termination with those means will, with reasonable likelihood, cause the death of the fetus and "fetus" means any individual human organism from fertilization until birth.

- Subd. 4. Limitations. No notice shall be required under this section if:
- (a) The attending physician certifies in the pregnant woman's medical record that the abortion is necessary to prevent the woman's death and there is insufficient time to provide the required notice; or
- (b) The abortion is authorized in writing by the person or persons who are entitled to notice: or
- (c) The pregnant minor woman declares that she is a victim of sexual abuse, neglect, or physical abuse as defined in section 626.556. Notice of that declaration shall be made to the proper authorities as provided in section 626.556, subdivision 3.
- Subd. 5. **Penalty.** Performance of an abortion in violation of this section shall be a misdemeanor and shall be grounds for a civil action by a person wrongfully denied notification. A person shall not be held liable under this section if the person establishes by written evidence that the person relied upon evidence sufficient to convince a careful and prudent person that the representations of the pregnant woman regarding information necessary to comply with this section are bona fide and true, or if the person has attempted with reasonable diligence to deliver notice, but has been unable to do so.
- Subd. 6. **Substitute notification provisions.** If subdivision 2 of this law is ever temporarily or permanently restrained or enjoined by judicial order, subdivision 2 shall be enforced as though the following paragraph were incorporated as paragraph (c) of that subdivision; provided, however, that if such temporary or permanent restraining order or injunction is ever stayed or dissolved, or otherwise ceases to have effect, subdivision 2 shall have full force and effect, without being modified by the addition of the following substitute paragraph which shall have no force or effect until or unless an injunction or restraining order is again in effect.
- (c)(i) If such a pregnant woman elects not to allow the notification of one or both of her parents or guardian or conservator, any judge of a court of competent jurisdiction shall, upon petition, or motion, and after an appropriate hearing, authorize a physician to perform the abortion if said judge determines that the pregnant woman is mature and capable of giving informed consent to the proposed abortion. If said judge determines that the pregnant woman is not mature, or if the pregnant woman does not claim to be mature, the judge shall determine whether the performance of an abortion upon her without notification of her parents, guardian, or conservator would be in her best interests and shall authorize a physician to perform the abortion without such notification if said judge concludes that the pregnant woman's best interests would be served thereby.

APPENDIX

Repealed Minnesota Statutes: S1017-1

- (ii) Such a pregnant woman may participate in proceedings in the court on her own behalf, and the court may appoint a guardian ad litem for her. The court shall, however, advise her that she has a right to court appointed counsel, and shall, upon her request, provide her with such counsel.
- (iii) Proceedings in the court under this section shall be confidential and shall be given such precedence over other pending matters so that the court may reach a decision promptly and without delay so as to serve the best interests of the pregnant woman. A judge of the court who conducts proceedings under this section shall make in writing specific factual findings and legal conclusions supporting the decision and shall order a record of the evidence to be maintained including the judge's own findings and conclusions.
- (iv) An expedited confidential appeal shall be available to any such pregnant woman for whom the court denies an order authorizing an abortion without notification. An order authorizing an abortion without notification shall not be subject to appeal. No filing fees shall be required of any such pregnant woman at either the trial or the appellate level. Access to the trial court for the purposes of such a petition or motion, and access to the appellate courts for purposes of making an appeal from denial of the same, shall be afforded such a pregnant woman 24 hours a day, seven days a week.
- Subd. 7. **Severability.** If any provision, word, phrase or clause of this section or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions, words, phrases, clauses or application of this section which can be given effect without the invalid provision, word, phrase, clause, or application, and to this end the provisions, words, phrases, and clauses of this section are declared to be severable.

144.3441 HEPATITIS B VACCINATION.

A minor may give effective consent for a hepatitis B vaccination. The consent of no other person is required.