CHAPTER 4615
DEPARTMENT OF HEALTH
MATERNAL AND INFANT HEALTH

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METABOLIC DEFECT TESTING, TREATMENT, AND REGISTRY

4615.0750 PURPOSE AND SCOPE.

The purpose and scope of parts 4615.0750 to 4615.0760 is to describe the responsibilities of the Minnesota Department of Health to assure that persons diagnosed as having hemoglobinopathy, phenylketonuria, galactosemia, hypothyroidism, and/or congenital adrenal hyperplasia will: (1) have access to approved laboratory treatment control tests when available; (2) have necessary

financial assistance for treatment of diagnosed cases when indicated; and (3) be included in a registry of cases for the purpose of coordinating follow-up services.

Statutory Authority: *MS s 144.125; 144.128*

History: *10 SR 2290; 17 SR 1758*
Published Electronically: *October 11, 2007*

4615.0755 DEFINITIONS.

Subpart 1. **Scope.** For the purpose of parts 4615.0750 to 4615.0760, the following terms have the meanings given them.

Subp. 2. **Department.** "Department" means the Minnesota Department of Health.

Subp. 3. **Follow-up services.** "Follow-up services" means assisting the patient in accessing appropriate treatment and other services.

Subp. 4. [Repealed, 17 SR 1758]

Subp. 5. **Patient.** "Patient" means the person who has been diagnosed with hemoglobinopathy, phenylketonuria, galactosemia, hypothyroidism, and/or congenital adrenal hyperplasia or the person's parents or legal guardian.

Subp. 6. **Physician.** "Physician" means the medical doctor licensed under Minnesota Statutes, chapter 147, who is supervising the ongoing treatment of the patient. The patient may identify more than one such physician.

Subp. 7. [Repealed, 17 SR 1758]

Subp. 8. **Registry.** "Registry" means a permanent record maintained by the department on each patient diagnosed by a physician and reported to the department as having hemoglobinopathy, phenylketonuria, galactosemia, hypothyroidism, and/or congenital adrenal hyperplasia.

Subp. 9. **Treatment control test.** "Treatment control test" means a laboratory test to monitor medical treatment in diagnosed patients to assist in the medical management of the patient's metabolic disease.

Subp. 10. **Treatment control test specimen.** "Treatment control test specimen" means a specimen of blood or other body fluid collected from a patient.

Subp. 11. **Treatment control test specimen kit.** "Treatment control test specimen kit" means a kit containing suitable containers and other materials provided by the department and used to collect and transport a treatment control test specimen.

Statutory Authority: *MS s 144.125; 144.128*

History: *10 SR 2290; 17 SR 1758*
Published Electronically: *August 7, 2013*

4615.0760 RESPONSIBILITIES OF DEPARTMENT OF HEALTH.

Subpart 1. **Treatment control test specimen kits.** The department shall develop and make available treatment control test specimen kits to physicians and patients as medically indicated to effectively monitor treatment, and provide the treatment control test specimen kit and the laboratory evaluation of the treatment control test specimen at no cost to the patient.

Subp. 2. **Reporting of test results.** The department shall report the laboratory results of the treatment control tests to the physician or patient submitting the treatment control test specimen. If the treatment control test specimen is submitted directly by the patient, the patient shall identify a physician who shall receive a copy of the laboratory results.

Subp. 3. **Assistance in obtaining treatment.** The department shall make arrangements for the medically indicated treatment of the metabolic defect in diagnosed cases of hemoglobinopathy, phenylketonuria, galactosemia, hypothyroidism, and/or congenital adrenal hyperplasia when the patient is uninsured or is unable to pay the cost of treatment because of a lack of available income. The arrangements include referral to appropriate agencies which have financial resources to pay for medically indicated treatment such as private health insurance companies, medical assistance, MinnesotaCare, and Services for Children with Disabilities.

Subp. 4. **Registry of cases.** The department shall maintain a registry of all diagnosed cases of hemoglobinopathy, phenylketonuria, galactosemia, hypothyroidism, and congenital adrenal hyperplasia reported to the department. The registry shall be updated not more often than annually by direct contact with the patient to determine their address and their need for medical treatment services, educational materials, and counseling related to their metabolic disease. The registry shall include the following minimum data on each patient:

A. name of patient;

B. gender;

C. date of birth;

D. place of birth;

E. parents' names;

F. current address of patient;

G. diagnosis;

H. name and address of physician; and

I. other data the commissioner deems necessary for follow-up services.

Subp. 5. **Classification of data.** The department shall treat all data in the registry as private pursuant to Minnesota Statutes, section 13.3805, the Minnesota Government Data Practices Act.

Statutory Authority: *MS s 144.125; 144.128*

History: *10 SR 2290; 17 SR 1758; L 1995 c 234 art 8 s 56; L 1999 c 227 s 22; L 2005 c 56 s 2*

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REPORTING OF MATERNAL DEATHS

4615.0800 PROCEDURES FOR REPORTING OF MATERNAL DEATHS.

Any death associated with pregnancy, including abortion and extrauterine pregnancy, or the puerperium for a period of three months postpartum, whether or not it is the actual cause of death, shall be reported by mail within three days after death to the Minnesota Department of Health, Section of Maternal and Child Health, by the attending physician and by the hospital where the death occurred.

Statutory Authority: *MS s 144.05; 144.12*
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Subp. 5. [Repealed, 25 SR 805]

Subp. 6. [Repealed, 25 SR 805]

Subp. 7. [Repealed, 25 SR 805]

Subp. 8. [Repealed by amendment, L 1977 c 305 s 39]

Subp. 9. [Repealed, 25 SR 805]

Subp. 10. [Repealed, 25 SR 805]

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TERMINATION OF PREGNANCY

4615.3400 DEFINITIONS.

Subpart 1. **Scope.** The applicable definitions to these rules printed herein from MHD 342 (7 MCAR Section 1.342) are as follows.

Subp. 2. **Abortion.** The term "abortion" is not used in these regulations, since it also applies to spontaneous early terminations of pregnancy. These rules do not apply to spontaneous abortions.

Subp. 3. **Ambulatory facility.** "Ambulatory facility" shall mean any institution, place or building, or part thereof, including hospital outpatient services, devoted primarily to, as determined by the department, the maintenance and operation of facilities for the performance of procedures

designed to terminate a pregnancy on an outpatient basis irrespective of whether the entire structure is devoted primarily to this purpose.

Subp. 4. **Termination of pregnancy.** "Termination of pregnancy," "pregnancy termination," or "termination procedure," shall mean administering to a woman any medicine, drug, substance, or thing whatever, or the employment upon her of any instrument or other means whatever, with intent to induce or procure miscarriage of such a woman.

Statutory Authority: *MS s 145.413*
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4615.3500 INTERNAL RECORDS OF THE AMBULATORY FACILITY.

The pregnancy termination facility shall keep a signed consent form of each patient undergoing a pregnancy termination procedure.

Statutory Authority: *MS s 145.413*
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4615.3600 REPORTS TO THE COMMISSIONER OF HEALTH.

Subpart 1. **Statistical reports.** Each ambulatory facility shall submit a written compilation of statistical data quarterly to the commissioner of health on such forms and in such manner as the commissioner may prescribe.

Subp. 2. **Reporting terminations.** An ambulatory facility shall report all pregnancy terminations performed by its staff as follows:

A. By the tenth of each month all pregnancy terminations performed in the ambulatory facility during the preceding month shall be reported on forms prescribed by the commissioner which shall include but not be limited to the following items:

(1) patient's city, county and state of residency;

(2) census tract for city of Minneapolis and city of Saint Paul;

(3) patient or chart number;

(4) age;

(5) race;

(6) marital status;

(7) number of living children;

(8) facility name;

(9) facility address;

(10) number of previous induced pregnancy terminations patient;

(11) estimate of gestational age;

(12) date of pregnancy termination; and

(13) type of termination procedure.

B. All surgery-related or anesthesia-related complications which result in morbidity or death of a patient shall be reported in writing to the commissioner within 15 days from the notification to the ambulatory facility of the morbidity or death of the patient.

C. The commissioner shall ensure and maintain confidentiality of all individual pregnancy termination records.

Statutory Authority: *MS s 145.413*
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