

MINNESOTA STATUTES 1977 SUPPLEMENT

144.01 DEPARTMENT OF HEALTH

CHAPTER 144. DEPARTMENT OF HEALTH

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144.01 [Repealed, 1977 c 305 s 46]

144.011 Department of health.

Subdivision 1. **Commissioner.** The department of health shall be under the control and supervision of the commissioner of health who shall be appointed by the governor under the provisions of section 15.06. The state board of health is abolished and all powers and duties of the board are transferred to the commissioner of health. The commissioner shall be selected without regard to political affiliation but with regard to ability and experience in matters of public health.

Subd. 2. **State health advisory council.** The state health advisory council is hereby created to consist of 15 members appointed by the governor. Nine members of the council shall be broadly representative of the licensed health professions and six members shall be public members as defined by section 214.02. The council and its members shall be governed by the provisions of section 15.059. The governor shall designate a chairman of the council and such other officers as he deems necessary. The council shall advise the commissioner of health on any matter relating to the functions of the department.

[1977 c 305 s 39]

144.02 [Repealed, 1977 c 305 s 46]

144.03 [Repealed, 1977 c 305 s 46]

144.04 [Repealed, 1977 c 305 s 46]

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 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 com-

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municable 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;

(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;

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

(16) The establishment, operation and maintenance of all clinical laboratories not owned, or functioning as a component of a licensed hospital. These laboratories shall not include laboratories owned or operated by five or less licensed practitioners of the healing arts, unless otherwise provided by federal law or regulation, and in which these practitioners perform tests or procedures solely in connection with the treatment of their patients. Rules promulgated under the authority of this clause, which shall not take effect until federal legislation relating to the regulation and improvement of clinical laboratories has been enacted, may relate at least to minimum requirements for external and internal quality control, equipment, facility environment, personnel, administration and records. These rules may include the establishment of a fee schedule for clinical laboratory inspections. The provisions of this clause shall expire 30 days after the conclusion of any fiscal year in which the federal government pays for less than 45 percent of the cost of regulating clinical laboratories.

[For text of subds 2 and 3, see M.S.1976]

[1977 c 66 s 10; 1977 c 406 s 1]

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144.151 Definitions.

[For text of subds 1 to 7, see M.S.1976]

Subd. 8. "State registrar" means the state registrar of vital statistics.

Subd. 9. "Consent to disclosure" means an affidavit filed with the state registrar which sets forth the following information:

- (a) The current name and address of the affiant;
- (b) Any previous name by which the affiant was known;
- (c) The original and adopted names, if known, of the adopted child whose original birth certificate is to be disclosed;
- (d) The place and date of birth of the adopted child;
- (e) The biological relationship of the affiant to the adopted child; and
- (f) The affiant's consent to disclosure of the original unaltered birth certificate of the adopted child.

[1977 c 181 s 1]

144.175 Access to records.

[For text of subd 1, see M.S.1976]

Subd. 2. **Procedure in case of illegitimacy.** Except as provided in this section and sections 144.176 and 144.1761, 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.

[For text of subds 4 and 5, see M.S.1976]

[1977 c 181 s 2]

144.1761 Access to adoption records.

Subdivision 1. **Request.** An adopted person who is 21 years of age or over may request the state registrar to disclose the information on the adopted person's original birth certificate. The state registrar shall, within five days of receipt of the request, notify the commissioner of public welfare in writing of the request by the adopted person.

Subd. 2. **Search.** Within six months after receiving notice of the request of the adopted person, the commissioner of public welfare shall make complete and reasonable efforts to notify each parent identified on the original birth certificate of the adopted person. The commissioner may charge a reasonable fee to the adopted person for the cost of making a search pursuant to this subdivision. Every licensed

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child placing agency in the state shall cooperate with the commissioner of public welfare in his efforts to notify an identified parent. All communications under this subdivision are confidential pursuant to section 15.162, subdivision 2a.

For purposes of this subdivision, "notify" means a personal and confidential contact with the genetic parents named on the original birth certificate of the adopted person; said personal and confidential contact shall not be by mail and shall be by an employee or agent of the licensed child placing agency which processed the pertinent adoption, or some other licensed child placing agency designated by the commissioner of public welfare; said personal and confidential contact shall be evidenced by filing with the state registrar an affidavit of notification executed by the person who notified each parent and certifying that each parent was given the following information:

- (a) The nature of the information requested by the adopted person;
- (b) The date of the request of the adopted person;
- (c) The right of the parent to file, within 120 days of receipt of the notice, an affidavit with the state registrar stating that the information on the original birth certificate should be disclosed;
- (d) The right of the parent to file a consent to disclosure with the state registrar at any time; and
- (e) The effect of a failure of the parent to file either a consent to disclosure or an affidavit stating that the information on the original birth certificate should not be disclosed.

Subd. 3. Failure to notify parent. If the commissioner of public welfare certifies to the state registrar that he has been unable to notify a parent identified on the original birth certificate within six months, and if neither identified parent has at any time filed an unrevoked affidavit with the state registrar stating that the information on the original birth certificate shall be disclosed, the information may be disclosed as follows:

(a) If the person was adopted prior to August 1, 1977, he may petition the appropriate court for disclosure of his original birth certificate pursuant to section 259.31, and the court shall grant the petition if, after consideration of the interests of all known persons involved, the court determines that disclosure of the information would be of greater benefit than nondisclosure.

(b) If the person was adopted on or after August 1, 1977, the state registrar shall release the requested information to the adopted person.

If either parent identified on the birth certificate has at any time filed with the state registrar an unrevoked affidavit stating that the information on the original birth certificate should not be disclosed, the state registrar shall not disclose the information to the adopted person until the affidavit is revoked by the filing of a consent to disclosure by that parent.

Subd. 4. Release of information after notice. If, within six months, the commissioner of public welfare certifies to the state registrar that he has notified each parent identified on the original birth certificate pursuant to subdivision 2, the state registrar shall disclose the information requested by the adopted person 121 days after the date of the latest notice to either parent. This disclosure will occur if, at any time during the 121 days both of the parents identified on the original birth certificate have filed an affidavit with the state registrar stating that the information shall be disclosed and the affidavit has not been revoked by the subsequent filing by a parent of an affidavit that the information shall not be disclosed.

Subd. 5. Death of parent. Notwithstanding the provisions of subdivisions 3 and 4, if a parent named on the original birth certificate of an adopted person has died, and at any time prior to his death the parent has filed an unrevoked affidavit with the state registrar stating that the information on the original birth certificate shall not be released, the adopted person may petition the court of original jurisdiction of the adoption proceeding for disclosure of his original birth certificate pursuant to section 259.31. The court shall grant the petition if, after consideration of the interests of all known persons involved, the court determines that disclosure of the information would be of greater benefit than nondisclosure.

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144.335 Access to health records.

Subdivision 1. **Definitions.** For the purposes of this section, the following terms have the meanings given them:

(a) "Patient" means a natural person who has received health care services from a provider for treatment of a medical, psychiatric or mental condition, or a person he designates in writing as his representative. Except for minors who have received health care services pursuant to sections 144.341 to 144.347, 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.

(b) "Provider" means (1) any person who furnishes health care services and is licensed to furnish the services pursuant to chapters 147, 148, 150A, 151 or 153; and (2) a health care facility licensed pursuant to chapters 144 or 144A.

Subd. 2. **Patient access.** Upon request a provider shall supply to a patient complete and current information possessed by that provider concerning any diagnosis, treatment and prognosis of the patient in terms and language the patient can reasonably be expected to understand.

Upon a patient's written request, a provider at a reasonable cost to the patient shall furnish to the patient: (a) copies of the patient's health record, including but not limited to laboratory reports, x-rays, prescriptions, and other technical information used in assessing the patient's health condition; (b) the pertinent portion of the record relating to a specific condition; or (c) a summary of the record.

If a provider, as defined in subdivision 1, clause (b) (1), reasonably determines that the information is detrimental to the physical or mental health of the patient, or is likely to cause the patient to harm himself or another, he may withhold the information from the patient. The information may be supplied to an appropriate third party or to another provider, as defined in subdivision 1, clause (b) (1). The provider or third party may release the information to the patient.

Subd. 3. **Provider transfers and loans.** A patient's health record, including but not limited to, laboratory reports, x-rays, prescriptions, and other technical information used in assessing the patient's condition, or the pertinent portion of the record relating to a specific condition, or a summary of the record, shall be furnished to another provider upon the written request of the patient. The written request shall specify the name of the provider to whom the health record is to be furnished. The provider who furnishes the health record or summary may retain a copy of the materials furnished. The patient shall be responsible for the reasonable costs of furnishing the information.

Subd. 4. **Additional patient rights.** The rights set forth in this section are in addition to the rights set forth in sections 144.651 and 144.652 and any other provision of law relating to the access of a patient to his health records.

[1977 c 380 s 1]

144.381 Citation.

Sections 144.381 to 144.387 may be cited as the "Safe Drinking Water Act of 1977".

[1977 c 66 s 1]

144.382 Definitions.

Subdivision 1. For the purposes of sections 144.381 to 144.387, the following terms have the meanings given.

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

Subd. 3. "Federal regulations" means rules promulgated by the federal environmental protection agency, or its successor agencies.

Subd. 4. "Public water supply" means a system providing piped water for human consumption, and either containing a minimum of 15 service connections or 15 living units, or serving an average of 25 persons daily for 60 days of the year. "Public water supply" includes a collection, treatment, storage, and distribution fa-

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cility under control of an operator and used primarily in connection with the system, and a collection or pretreatment storage facility used primarily in connection with the system but not under control of an operator.

Subd. 5. "Supplier" means a person who owns, manages or operates a public water supply.

[1977 c 66 s 2]

144.383 Authority of board.

In order to insure safe drinking water in all public water supplies, the board has the following powers:

(a) To approve the site, design, and construction and alteration of public water supply;

(b) To enter the premises of a public water supply, or part thereof, to inspect the facilities and records kept pursuant to rules promulgated by the board, to conduct sanitary surveys and investigate the standard of operation and service delivered by public water supplies;

(c) To contract with local boards of health, created pursuant to section 145.913, for routine surveys, inspections, and testing of public water supply quality;

(d) To develop an emergency plan to protect the public when a decline in water quality or quantity creates a serious health risk, and to issue emergency orders if a health risk is imminent;

(e) To promulgate rules, pursuant to chapter 15 but no less stringent than federal regulation, which may include the granting of variances and exemptions.

[1977 c 66 s 3]

144.384 Notice of violation.

Upon discovery of a violation of a maximum contaminant level or treatment technique, the board shall promptly notify the supplier of the violation, state the rule violated, and state a date by which the violation must be corrected or by which a request for variance or exemption must be submitted.

[1977 c 66 s 4]

144.385 Public notice.

If a public water system has violated a rule of the board, has a variance or exemption granted, or fails to comply with the terms of the variance or exemption, the supplier shall provide public notice of the fact pursuant to the rules of the board.

[1977 c 66 s 5]

144.386 Penalties.

Subdivision 1. A person who violates a rule of the board, fails to comply with the terms of a variance or exemption, or fails to request a variance or exemption by the date specified in the notice from the board, may be fined up to \$1,000 for each day the offense continues, in a civil action brought by the board in district court. All fines shall be deposited in the general fund of the state treasury.

Subd. 2. A person who intentionally or repeatedly violates a rule of the board, or fails to comply with an emergency order of the board, is guilty of a gross misdemeanor, and may be fined not more than \$5,000, imprisoned not more than one year, or both.

Subd. 3. A supplier who fails to comply with the provisions of section 144.385, or disseminates false or misleading information relating to the notice required in section 144.385, is subject to the penalties described in subdivision 2.

Subd. 4. In addition to other remedies, the board may institute an action to enjoin further violations of sections 144.381 to 144.385.

[1977 c 66 s 6]

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144.387 Costs.

If the state prevails in any civil action under section 144.386, the court may award reasonable costs and expenses to the state.

[1977 c 66 s 7]

144.388 Expiration.

The provisions of sections 144.381 to 144.387 shall expire 30 days after the conclusion of any fiscal year in which the federal government pays for less than 40 percent of the cost of administering sections 144.381 to 144.387.

[1977 c 66 s 8]

144.50 Hospitals, licenses; definitions.

Subdivision 1. 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.

Subd. 2. 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, in which any accommodation is maintained, furnished, or offered for: the hospitalization of the sick or injured; elective outpatient surgery for preexamined, prediagnosed low risk patients; emergency medical services offered 24 hours a day, seven days a week, in an ambulatory or outpatient setting in a facility not a part of a licensed hospital; or the institutional care of human beings. Nothing in sections 144.50 to 144.56 shall apply to a clinic, a physician's office or to hotels or other similar places that furnish only board and room, or either, to their guests.

Subd. 3. "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.

Subd. 4. The term "hospital" includes the term "sanatorium" unless the context clearly indicates otherwise.

Subd. 5. 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.

[1977 c 218 s 1]

144.652 Policy statement to patient or resident; violation.

[For text of subd 1, see M.S.1976]

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 or 144A.10. The issuance of a correction order shall not preclude private action by or on behalf of a resident to enforce his rights.

[1977 c 326 s 1]

144.801 Definitions.

Subdivision 1. For the purposes of sections 144.801 to 144.808, the terms defined in this section have the meaning given them.

Subd. 2. "Land ambulance" means any vehicle designed or intended for and actually used in providing land transportation of wounded, injured, sick, invalid, or incapacitated persons, or expectant mothers.

Subd. 3. "Air ambulance" means any vehicle which is designed or intended for and actually used in providing air transportation of wounded, injured, sick, invalid, or incapacitated persons, or expectant mothers.

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Subd. 4. "Emergency ambulance service" means transportation and treatment which is rendered or offered to be rendered preliminary to or during transportation for wounded, injured, sick, invalid, or incapacitated persons, or expectant mothers, provided by any operator.

Subd. 5. "Nonemergency ambulance service" means transportation to or from a health care facility for examination, diagnosis, treatment, therapy, or consultation for wounded, injured, sick, invalid, or incapacitated persons, or expectant mothers, provided by any operator. This service is transportation which is regularly provided, or offered to be provided, but which does not regularly necessitate treatment of the person while being transported. Nonemergency ambulance service does not include the provision of transportation services to persons for whom the need for oxygen, resuscitation or aspiration is not reasonably foreseeable during transportation.

Subd. 6. "License" means authority granted by the state board of health for the operation of a land emergency ambulance service, land nonemergency ambulance service, air emergency ambulance service, or air nonemergency ambulance service in the state of Minnesota.

Subd. 7. "Operator" means a person, firm, partnership, corporation, service club, volunteer fire department, volunteer ambulance service, political subdivision or other organization which provides land emergency ambulance service, land nonemergency ambulance service, air emergency ambulance service, or air nonemergency ambulance service.

Subd. 8. "Base of operation" means the political subdivision in which the physical plant housing ambulances, related equipment and personnel is located.

Subd. 9. "Newly established ambulance service" means an emergency ambulance service or nonemergency ambulance service which does not possess a current license to provide the specific type of ambulance service as set forth in subdivision 6 and intended to be offered from a base of operation.

[1977 c 37 s 1]

144.802 Licensing.

Subdivision 1. No operator shall operate a land emergency ambulance service, land nonemergency ambulance service, air emergency ambulance service or air nonemergency ambulance service within this state unless it possesses a valid license to do so issued by the state board of health. The license shall specify the location of the base of operations and the type or types of ambulance service for which the operator is licensed. The operator shall obtain a new license if it wishes to establish a new base of operation or provide a new type or types of service. Licenses shall not be transferable. If ownership of a service is transferred, a new license shall be issued upon the approval of the state board of health and a finding of conformance with all the requirements of sections 144.801 to 144.806 and 144.808. A public hearing shall not be required when there is a transfer of ownership. The cost of licenses 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.

Subd. 2. The state board of health shall not issue a license for the operation of a newly established ambulance service, a new type or types of ambulance service or a new base of operation for an existing 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 pursuant to the provisions of subdivision 3, that the public convenience and necessity require the proposed ambulance service.

Subd. 3. Upon receiving an application for a license to operate an ambulance service, a notice of the filing of the application shall be published in the state register and once in the form prescribed by the board of health, at the expense of the applicant, in a newspaper published in the municipality in which the proposed ambulance service is to be provided, or, if there is none in the municipality or if the service is to be provided in more than one municipality, in a newspaper published

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at the county seat of the county in which the ambulance service is to be provided. The board may grant or deny the license 30 days after notice of the filing has been fully published. If the board receives a written objection to the application from any person within 20 days of the notice having been fully published, the license shall be granted or denied only after a contested case hearing has been conducted on the application. The board may elect to hold a contested case hearing if no objections to the application are received. If a timely objection is not received, the board may grant or deny the requested license based upon the information contained in the license application. If licensure is denied without hearing, the applicant, within 30 days after receiving notice of denial, may request and shall be granted a contested case hearing upon the application, at which hearing all issues will be heard de novo.

[1977 c 37 s 2; 1977 c 346 s 8]

144.803 Licensing; suspension and revocation.

The state board of health may, after hearing upon reasonable notice, suspend or revoke, or refuse to renew the license of an operator upon finding that the licensee has violated sections 144.801 to 144.806 or 144.808. Proceedings by the state board of health pursuant to this section and review thereof shall be subject to the provisions of chapter 15.

[1977 c 37 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 other first aid or emergency care certificate authorized by rules adopted by the state board of health pursuant to chapter 15.

Subd. 2. Every ambulance offering emergency service shall be equipped with a stretcher and after August 1, 1979, a two-way radio communications system which is in accordance with the state board of health statewide radio communications plan and carry the minimal equipment recommended by the American College of Surgeons or the equivalent as determined by standards adopted by the state board of health pursuant to chapter 15.

Subd. 3. All land 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 an 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. Air ambulances shall be staffed by a pilot and an attendant. Whenever a land emergency 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 and enroute to a health care facility. Drivers and attendants are authorized to use only such equipment for which they are qualified by training. An ambulance service may substitute a physician, osteopath or registered nurse for the attendant in an ambulance.

All ambulances offering nonemergency service shall be equipped with oxygen and resuscitation and aspiration equipment. After July 1, 1978 the oxygen, resuscitation and aspiration equipment must meet standards as specified by rules adopted by the state board of health pursuant to chapter 15. No ambulance offering only nonemergency 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 public safety concerning automotive equipment and safety requirements.

[1977 c 37 s 4]

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144.805 Class C driver's license.

Any person driving an ambulance shall have a valid class C Minnesota driver's license.

[1977 c 37 s 5]

144.808 Inspections.

The state board of health may inspect ambulance services as frequently as deemed necessary. These inspections shall be for the purpose of determining that the ambulance and equipment is clean and in proper working order and if the operator is in compliance with sections 144.801 to 144.804 and any rules that the state board of health adopts related to sections 144.801 to 144.804.

[1977 c 37 s 6]

144.809 Renewal of emergency medical technician's certificate, fee.

No fee set by the state board of health for biennial renewal of an emergency medical technician's certificate by a member of a volunteer ambulance service or volunteer fire department shall exceed \$2.

[1977 c 37 s 7]

144.8091 Reimbursement to nonprofit ambulance services.

Subdivision 1. Any political subdivision, or nonprofit hospital or nonprofit corporation operating a licensed ambulance service shall be reimbursed by the state board of health for the necessary expense of the initial training of a volunteer ambulance attendant upon successful completion by the attendant of an emergency care course which has been approved by the state board of health, pursuant to section 144.804. Reimbursable expense may include tuition, transportation, food, lodging, hourly payment for time spent in the training course, and other necessary expenditures, except that in no instance shall a volunteer ambulance attendant be reimbursed more than \$210.

Subd. 2. For purposes of this section, "volunteer ambulance attendant" means a person who provides emergency medical services for a licensed ambulance service without the expectation of remuneration and who does not depend in any way upon the provision of these services for the person's livelihood. An individual may be considered a volunteer ambulance attendant even though that individual receives an hourly stipend for each hour of actual service provision, except for hours on standby alert, even though this hourly stipend is regarded as taxable income for purposes of state or federal law, provided that this hourly stipend does not exceed \$500 in the year in which the individual received his training.

Subd. 3. Reimbursements authorized by subdivision 1 shall only be paid for volunteer ambulance attendants commencing and completing training after July 1, 1977.

[1977 c 427 s 1]

144.952 Subdivision 1. [Repealed, 1977 c 347 s 23]

Subd. 3. [Repealed, 1977 c 347 s 23]

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Sec.		Sec.	
144A.04	Qualifications for license.	144A.25	Repealed.
144A.05	License renewal.	144A.251	Mandatory proceedings.
144A.10	Inspection; board of health; fines.	144A.61	Nursing assistant training.
144A.19	Board of examiners for administrators; creation, membership.	144A.611	Reimbursable expenses payable to nursing assistants.
144A.21	Administrator licenses.		

144A.04 Qualifications for license.

[For text of subs 1 and 2, see M.S.1976]