

CHAPTER 145

PROVISIONS RELATING TO PUBLIC HEALTH

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145.131 FINDINGS AND PURPOSE.

The legislature finds that Alzheimer's and other dementia diseases occur in recipients of medical assistance. The costs the state pays in terms of human suffering, lost productivity, and medical assistance expenditures are enormous. The legislature also finds that research for the identification, cause, cure, and prevention of Alzheimer's and other dementia diseases requires autopsies and pathological studies of suspected victims. Expenses for autopsies and pathological studies are not provided for recipients of medical assistance.

History: *1Sp1985 c 9 art 2 s 14*

145.132 AUTHORIZED REMOVAL OF BRAIN.

If the attending physician of a recipient of medical assistance is of the opinion that the deceased recipient was a victim of Alzheimer's disease, the physician or a designated pathologist may remove the brain of the decedent. Before the physician removes the brain, the physician shall obtain the permission of the decedent's next of kin, the authorization of the county coroner or medical examiner, and the authorization of the appropriate department of the St. Paul Ramsey medical center. The extracted brain shall be immediately transported to the St. Paul Ramsey medical center in a manner prescribed by the St. Paul Ramsey medical center.

History: *1Sp1985 c 9 art 2 s 15*

145.61 DEFINITIONS.

[For text of subs 1 to 4a, see M.S.1984]

Subd. 5. "Review organization" means a committee whose membership is limited to professionals and administrative staff, except where otherwise provided for by state or federal law, and which is established by a hospital, by a clinic, by one or more state or local associations of professionals, by an organization of professionals from a particular area or medical institution, by a health maintenance organization as defined in chapter 62D, by a nonprofit health service plan corporation as defined in chapter 62C or by a professional standards review organization established pursuant to United States Code, title 42, section 1320c-1 et seq. to gather and review information relating to the care and treatment of patients for the purposes of:

(a) evaluating and improving the quality of health care rendered in the area or medical institution;

(b) reducing morbidity or mortality;

(c) obtaining and disseminating statistics and information relative to the treatment and prevention of diseases, illness and injuries;

(d) developing and publishing guidelines showing the norms of health care in the area or medical institution;

(e) developing and publishing guidelines designed to keep within reasonable bounds the cost of health care;

(f) reviewing the quality or cost of health care services provided to enrollees of health maintenance organizations;

(g) acting as a professional standards review organization pursuant to United States Code, title 42, section 1320c-1 et seq.;

(h) determining whether a professional shall be granted staff privileges in a medical institution or whether a professional's staff privileges should be limited, suspended or revoked; or

(i) reviewing, ruling on, or advising on controversies, disputes or questions between:

(1) health insurance carriers or health maintenance organizations and their insureds or enrollees;

(2) professional licensing boards acting under their powers including disciplinary, license revocation or suspension procedures and health providers licensed by them when the matter is referred to a review committee by the professional licensing board;

(3) professionals and their patients concerning diagnosis, treatment or care, or the charges or fees therefor;

(4) professionals and health insurance carriers or health maintenance organizations concerning a charge or fee for health care services provided to an insured or enrollee;

(5) professionals or their patients and the federal, state, or local government, or agencies thereof; or

(j) providing underwriting assistance in connection with professional liability insurance coverage applied for or obtained by dentists, or providing assistance to underwriters in evaluating claims against dentists.

History: 1985 c 184 s 1

145.63 LIMITATION ON LIABILITY FOR MEMBERS OF REVIEW ORGANIZATIONS.

No person who is a member or employee of, who acts in an advisory capacity to or who furnishes counsel or services to, a review organization shall be liable for damages or other relief in any action brought by a person or persons whose activities have been or are being scrutinized or reviewed by a review organization, by reason of the performance by him of any duty, function or activity of such review organization, unless the performance of such duty, function or activity was motivated by malice toward the person affected thereby. No person shall be liable for damages or other relief in any action by reason of the performance of him of any duty, function, or activity as a member of a review committee or by reason of any recommendation or action of the review committee when the person acts in the reasonable belief that his action or recommendation is warranted by facts known to him or the review organization after reasonable efforts to ascertain the facts upon which the review organization's action or recommendation is made, except that any corporation designated as a review organization under the Code of Federal Regulations, title 42, section 466 (1983) shall be subject to actions for damages or other relief by reason of any failure of a person, whose care or treatment is required to be scrutinized or reviewed by the review organization, to receive medical care or treatment as a result

of a determination by the review organization that medical care was unnecessary or inappropriate.

History: 1985 c 184 s 2

145.882 MATERNAL AND CHILD HEALTH BLOCK GRANT DISTRIBUTION.

Subdivision 1. Continuation of 1983 projects. (a) Notwithstanding subdivisions 2 and 3, 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 December 31, 1987. Beginning January 1, 1988, recipients of maternal and child health special project grants awarded in state fiscal year 1983 must receive:

(1) for calendar year 1988, no less than 80 percent of the amount awarded in state fiscal year 1983; and

(2) for calendar year 1989, no less than 70 percent of the amount awarded in state fiscal year 1983.

(b) The amount of grants awarded under this subdivision must be deducted from the allocation under subdivisions 3 and 4 for the community health services area within which the grantee is located. In order to receive money under this subdivision, recipients must continue to comply with sections 145.881 and 145.882 to 145.888. These recipients are also eligible to apply for grants under subdivisions 2, 3, and 4. Any decrease in the amount of federal funding to the state for the maternal and child health block grant must be apportioned to reflect a proportional decrease for each recipient. Any increase in the amount of federal funding to the state must be distributed under subdivisions 3 and 4 of this section.

(c) 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.

Subd. 2. Allocation to the commissioner of health. Beginning January 1, 1986, up to one-third of the total maternal and child health block grant money may be retained by the commissioner of health for administrative and technical assistance services, projects of regional or statewide significance, direct services to children with handicaps, and other activities of the commissioner.

Subd. 3. Allocation to community health services areas. The maternal and child health block grant money remaining after distributions made under subdivisions 1 and 2 must be allocated according to the formula in subdivision 4 to community health services areas for distribution by local boards of health to qualified programs that provide essential services within the community health services area.

Subd. 4. Distribution formula. The amount available for each community health services area is determined according to the following formula:

(a) Each community health services area is allocated an amount based on the following three variables:

(1) the proportion of resident mothers within the city, county, or counties who are under 20 years of age or over 35 years of age, as determined by averaging the data available for the three most current years;

(2) the proportion of resident infants within the city, county, or counties whose weight at birth is less than 2,500 grams, as determined by averaging the data available for the three most current years; and

(3) the proportion of resident children within the city, county, or counties under the age of 19 who are on general assistance or medical assistance and the proportion of resident women within the city, county, or counties aged 19 to 49 who are on general assistance or medical assistance, as determined by using the data available for the most current year.

(b) Each variable is expressed as a city or county score consisting of the city or county frequency of each variable divided by the statewide frequency of the variable.

(c) A total score for each city or county jurisdiction is computed by totaling the scores of the three factors and dividing the total by three.

(d) Each community health services area is allocated an amount equal to the total score obtained above for the city, county, or counties in its area multiplied by the amount of money available for special projects of local significance.

Subd. 5. Nonparticipants in the community health services subsidy program. A city or county that is not participating in the community health services subsidy program must be allocated money under subdivisions 3 and 4, and for this limited purpose the city or county is a "community health services area." For these areas, the commissioner shall convene a meeting of public and private nonprofit agencies in the city or county that have expressed an intent to submit an application for funding, in order to attempt to develop a single coordinated grant application for the city or county. Applications, whether consolidated into a single application or submitted as individual applications, must be submitted according to section 145.885. Grants for qualified programs providing essential services in these areas are awarded and distributed by the commissioner.

Subd. 6. Reallocation. If no approvable applications are received for a community health services area, the commissioner must reallocate the money available for that area to other community health service areas for which approvable applications have been received.

Subd. 7. Use of block grant money. (a) Maternal and child health block grant money allocated to a local board of health or community health services area under this section must be used for qualified programs for high risk and low income individuals. Block grant money must be used for programs that:

(1) specifically address the highest risk populations, particularly low income and minority groups with a high rate of infant mortality and children with low birth weight, by providing services calculated to produce measurable decreases in infant mortality rates, instances of children with low birth weight, and medical complications associated with pregnancy and childbirth;

(2) specifically target pregnant women whose age, medical condition, or maternal history substantially increases the likelihood of complications associated with pregnancy and childbirth or the birth of a child with an illness, disability, or special medical needs;

(3) specifically address the health needs of young children who have or are likely to have a chronic disease or disability or special medical needs; or

(4) provide family planning and preventive medical care for specifically identified target populations, such as minority and low income teenagers, in a manner calculated to decrease the occurrence of inappropriate pregnancy and minimize the risk of complications associated with pregnancy and childbirth.

(b) Maternal and child health block grant money may be used for purposes other than the purposes listed in this subdivision only if the local board of health or community health services area can demonstrate that existing programs fully address the needs of the highest risk target populations described in this subdivision.

Subd. 8. **Report.** 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 money, including the amounts to be expended for indirect costs, direct services, and local grants. The report shall also identify the statewide needs of low income and high risk populations and the department of health's plans and local board plans for meeting their needs. The legislature must receive the report no later than January of each year.

History: 1Sp1985 c 14 art 19 s 18

145.883 DEFINITIONS.

[For text of subsds 1 to 7, see M.S.1984]

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 money for qualified programs approved through the federal award period.

Subd. 9. **Community health services area.** "Community health services area" means a city, county, or multicounty area that is organized as a local board of health under section 145.913 and for which a state subsidy is received under sections 145.911 to 145.922.

History: 1Sp1985 c 14 art 19 s 19,20

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 under sections 145.881 to 145.888 for qualified programs of maternal and child health care services. The commissioner shall promulgate rules for the administration of grants. 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. *[Repealed, 1Sp1985 c 14 art 19 s 38]*

History: 1Sp1985 c 14 art 19 s 21

145.885 APPLICATION FOR A GRANT.

Subdivision 1. **Requirements for all applications.** 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:

- (1) a complete description of the program and the manner in which the applicant intends to conduct the program;
- (2) a description of the manner in which the program responds to needs and priorities for services identified by the maternal and child health task force under section 145.881, subdivision 2, and rules adopted by the commissioner; differences must be explained in detail;

(3) a budget and justification for the amount of grant funds requested;

(4) 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;

(5) 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

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

Subd. 2. **Additional requirements for local boards.** Applications by local boards under section 145.882, subdivision 3, must also contain a summary of the process used to develop the local program, including evidence that the local board notified local public and private providers of the availability of funding through the local board for maternal and child health services; a list of all public and private agency requests for grants submitted to the local board indicating which requests were included in the grant application; and an explanation of how priorities were established for selecting the requests to be included in the grant application. The local board shall include, with the grant application, a written statement of the criteria to be applied to public and private agency requests for funding.

History: 1Sp1985 c 14 art 19 s 22

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 the advisory task force. The commissioner shall award grants under section 145.885 and this section only after receiving the comments and recommendation of the advisory task force on completed grant applications.

History: 1Sp1985 c 14 art 19 s 23

145.912 DEFINITIONS.

[For text of subds 1 to 14, see M.S.1984]

Subd. 15. "Population" means the total number of residents of the state or of any city or county as established by the last federal census, by a special census taken by the United States Bureau of the Census, by the state demographer pursuant to section 116K.04, subdivision 4, or an estimate of city population prepared by the metropolitan council, whichever is the most recent as to the stated date of count or estimate.

Subd. 16. [Repealed, 1Sp1985 c 9 art 2 s 104]

Subd. 17. [Repealed, 1Sp1985 c 9 art 2 s 104]

Subd. 18. [Repealed, 1Sp1985 c 9 art 2 s 104]

[For text of subds 19 and 20, see M.S.1984]

History: 1Sp1985 c 9 art 2 s 16

145.917 ELIGIBILITY; WITHDRAWAL.

[For text of subd 1, see M.S.1984]

Subd. 2. **Eligibility of cities.** A city having a city health department organized under the provisions of this chapter and located in a county having a population of

300,000 or more persons, or two or more contiguous cities combined under the provisions of section 471.59, having an aggregate population of 65,000 or more persons and located in a county having a population of 300,000 or more persons, shall be eligible for the community health services subsidy under the provisions of sections 145.911 to 145.922 if:

(a) there is a board of health organized under the provisions of section 145.913, subdivision 2;

(b) there is substantial compliance with the requirements established by the state commissioner of health under the provisions of section 145.918;

(c) there are local matching funds provided to support the community health services as provided in section 145.921;

(d) the plan developed under the provisions of section 145.92 shall be consistent with the plan developed by the county and shall be approved by both the city council and the county board.

Subd. 3. Eligibility of cities. A city located within three or more counties and any contiguous political subdivision or subdivisions shall have the authority to combine, for the purposes of sections 145.911 to 145.922, under the provisions of section 471.59, and shall be eligible for a proportional share of the subsidy provided in section 145.921 for the counties under the following conditions:

(a) there shall be an aggregate population of 40,000 or more persons;

(b) there is a board of health organized under the provisions of section 145.913;

(c) there is substantial compliance with the requirements established by the state commissioner of health under the provisions of section 145.918;

(d) there are local matching funds provided to support the community health services as provided in section 145.921;

(e) the plan developed under the provisions of section 145.92 shall be approved by the city council and the governing bodies of each of the political subdivisions and by the state commissioner of health.

Subd. 4. Withdrawal. Any participating county or city may by resolution of its governing body indicate its intention to withdraw from the subsidy program established by sections 145.911 to 145.921.

(a) Notification shall be given to the state commissioner of health and to each county or city in any multicounty or multicounty combination, at least one year before the beginning of the fiscal year in which it takes effect.

(b) When two or more counties or cities have combined for the purposes of sections 145.911 to 145.921, the withdrawal provision shall not be applicable during the first two years following the adoption of the initial agreement to combine.

(c) The withdrawal of a county or city from a group of two or more counties or cities combined for the purposes of sections 145.911 to 145.921 shall not affect the eligibility for the community health services subsidy of the remaining counties or cities for at least one year following the withdrawal.

(d) The amount of any additional annual payment for calendar year 1985 made pursuant to Laws 1976, section 11, subdivision 4, shall be subtracted from the subsidy for a county that, due to withdrawal from a multicounty combination, ceases to meet the terms and conditions under which that additional annual payment was made.

History: 1Sp1985 c 9 art 2 s 17-19

145.921 COMMUNITY HEALTH SERVICES SUBSIDY.

Subdivision 1. **Subsidy formula.** The commissioner of health shall distribute a subsidy for the operations of boards of health organized and operating under sections 145.911 to 145.92.

(a) Each city or county eligible for a subsidy under section 145.917 shall receive no less for any calendar year than the total community health services subsidy that was allocated for that city or county by the commissioner of health under this section for calendar year 1985.

(b) Additional money appropriated for the operations of local boards of health organized and operating under sections 145.911 to 145.92 shall be distributed in proportion to population.

Subd. 2. **Local match.** Each board of health that receives a subsidy shall provide local matching money equal to that subsidy during the year for which the subsidy is made, subject to the following provisions:

(a) the local matching funds may include local tax levies, gifts, fees for services and revenues from contracts;

(b) when the amount of local matching funds for a board of health is less than the amount specified, the subsidy provided for that board of health under this section shall be reduced proportionally;

(c) when a board of health fails to expend the full amount of the subsidy to which it would be entitled in any one year under the provisions of sections 145.911 to 145.922, the state commissioner of health may retain the surplus, subject to disbursement to the board of health in the following calendar year if the board of health can demonstrate a need for and ability to expend the surplus for the purposes provided in section 145.918; and

(d) a city organized under the provisions of sections 145.911 to 145.922 that levies a tax for provision of community health services shall be exempted from any county levy for the same services to the extent of the levy imposed by the city.

Subd. 3. **Payment.** When a board of health meets the requirements prescribed in section 145.917, the state commissioner of health shall pay the amount of subsidy to the board of health or its designee according to applicable rules and regulations from the money appropriated for the purpose and according to the following:

(a) the commissioner of health shall make payments for community health services to each board of health or its designee in 12 installments a year;

(b) the commissioner shall ensure that the pertinent payment of the allotment for each month is made on the first working day after the end of each month of the calendar year, except for the last month of the calendar year;

(c) the commissioner shall ensure that each board of health or its designee 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; and

(d) the commissioner shall make payment to a human services board organized and operating under section 145.913, subdivision 1, paragraph (a), or to its designee, as prescribed in section 402.02, subdivision 4.

History: *1Sp1985 c 9 art 2 s 20*

145.922 SPECIAL GRANTS.

Subdivision 1. **Planning grants.** The state commissioner of health may provide grants not to exceed \$25,000 to any county for the purpose of planning to participate

under sections 145.911 to 145.921. The commissioner of health shall specify the terms and conditions of grants.

Subd. 2. Migrant health grants. The state commissioner of health may make special grants to cities, counties, groups of cities or counties, or nonprofit corporations to establish, operate or subsidize clinic facilities and services, including mobile clinics, to furnish health services for migrant agricultural workers and their families in areas of the state in which significant numbers of migrant workers are located. Applicants shall submit for approval a plan and budget for the use of the funds in the form and detail specified by the state commissioner of health. They shall maintain records, including records of expenditures to be audited, as the state commissioner of health specifies.

Subd. 3. Indian health grants. The state commissioner of health may make special grants to local boards of health to establish, operate, or subsidize clinic facilities and services to furnish health services for American Indians who have no established county of residence. The community health services plan submitted by the local board of health must contain a proposal for the delivery of the services and documentation of input by affected segments of the community to the plan in order to qualify for a grant under this subdivision.

History: *1Sp1985 c 9 art 2 s 21*

145.923 NONSMOKING AND HEALTH GRANTS.

The commissioner of health may award special grants to local boards of health to conduct communitywide pilot programs for the promotion of nonsmoking or to local boards of health or nonprofit corporations to conduct statewide programs for the promotion of nonsmoking.

History: *1Sp1985 c 14 art 19 s 24*

145.93 MINNESOTA POISON INFORMATION CENTERS; ESTABLISHMENT.

Subdivision 1. Purpose. The legislature finds that the needs of citizens of the state for information relating to the prompt identification and appropriate home management or referral of cases of human poisoning are best served by establishment of a single integrated poison control system, consisting of one or more regional poison information centers organized to provide statewide information and education services to the public and to health professionals.

[For text of subd 2, see M.S.1984]

Subd. 3. Grant award; designation; payments under grant. Each odd-numbered year the commissioner shall solicit applications for the poison information centers by giving reasonable public notice of the availability of money appropriated or otherwise available. The commissioner shall select from among the nonprofit corporations or units of government the applicants that best fulfill the criteria specified in subdivision 4. The grant shall be paid to the grantees quarterly beginning on July 1.

Subd. 4. Selection criteria. In selecting grantees under this section, the commissioner of health shall determine that the following criteria are met:

(a) whether the applicant can demonstrate the ability to provide appropriate and adequate telephone poison information services to the general public and to health professionals 24 hours a day at no direct cost to users and in a manner that

appropriately utilizes "911" emergency telephone services developed pursuant to chapter 403;

(b) whether the applicant can demonstrate the ability to provide adequate medical direction as well as the toxicological and related professional and technical resources needed for poison information services;

(c) whether the applicant can demonstrate the ability to provide appropriate public education and professional education services;

(d) whether the applicant can demonstrate the ability to provide poison information services in a financially sound and cost effective manner; and

(e) whether the applicant can demonstrate the ability to cooperate with interested health professionals throughout the state to provide poison information in a coordinated fashion.

Subd. 5. [Repealed, 1985 c 223 s 5]

Subd. 6. **Reports; monitoring; termination.** The grantees selected shall report quarterly to the commissioner of health, on a form provided by the commissioner, information about fiscal performance and status. Grantees shall also report annually information about programmatic status and performance. All relevant records and the performance of the grantee shall be monitored by the commissioner for purposes of assuring that the grantee continues to fulfill the criteria specified in subdivision 4. Should the commissioner at any time find that a grantee is not continuing to fulfill the criteria specified in subdivision 4, the commissioner may terminate the grant upon 30 days notice.

History: 1985 c 223 s 1-4