

CHAPTER 145

PUBLIC HEALTH PROVISIONS

145.14	Repealed.	145.881	Maternal and child health advisory task force.
145.15	Repealed.	145.894	State commissioner of health; duties, responsibilities.
145.16	Repealed.	145.90	Fetal, infant, and maternal death studies.
145.162	Repealed.	145.925	Family planning grants.
145.163	Repealed.	145.9256	Repealed.
145.24	Repealed.		
145.406	Repealed.		
145.423	Abortion; live births.		
145.64	Confidentiality of records of review organization.		

145.14 [Repealed, 1997 c 215 s 47]

145.15 [Repealed, 1997 c 215 s 47]

145.16 [Repealed, 1997 c 215 s 47]

145.162 [Repealed, 1997 c 215 s 47]

145.163 [Repealed, 1997 c 215 s 47]

145.24 [Repealed, 1997 c 215 s 47]

145.406 [Repealed; 1997 c 239 art 3 s 25]

145.423 ABORTION; LIVE BIRTHS.

[For text of subs 1 and 2, see M.S.1996]

Subd. 3. Death. If a child described in subdivision 1 dies after birth, the body shall be disposed of in accordance with the provisions of section 145.1621.

History: 1997 c 215 s 4

145.64 CONFIDENTIALITY OF RECORDS OF REVIEW ORGANIZATION.

Subdivision 1. Data and information. All data and information acquired by a review organization, in the exercise of its duties and functions, or by an individual or other entity acting at the direction of a review organization, shall be held in confidence, shall not be disclosed to anyone except to the extent necessary to carry out one or more of the purposes of the review organization, and shall not be subject to subpoena or discovery. No person described in section 145.63 shall disclose what transpired at a meeting of a review organization except to the extent necessary to carry out one or more of the purposes of a review organization. The proceedings and records of a review organization shall not be subject to discovery or introduction into evidence in any civil action against a professional arising out of the matter or matters which are the subject of consideration by the review organization. Information, documents or records otherwise available from original sources shall not be immune from discovery or use in any civil action merely because they were presented during proceedings of a review organization, nor shall any person who testified before a review organization or who is a member of it be prevented from testifying as to matters within the person's knowledge, but a witness cannot be asked about the witness' testimony before a review organization or opinions formed by the witness as a result of its hearings.

The confidentiality protection and protection from discovery or introduction into evidence provided in this subdivision shall also apply to the governing body of the review organization and shall not be waived as a result of referral of a matter from the review organization to the governing body or consideration by the governing body of decisions, recommendations, or documentation of the review organization.

The governing body of a hospital, health maintenance organization, or community integrated service network, that is owned or operated by a governmental entity, may close a meeting to discuss decisions, recommendations, deliberations, or documentation of the re-

view organization. A meeting may not be closed except by a majority vote of the governing body in a public meeting. The closed meeting must be tape recorded and the tape must be retained by the governing body for five years.

[For text of subs 2 and 3, see M.S.1996]

History: 1997 c 225 art 2 s 62

145.881 MATERNAL AND CHILD HEALTH ADVISORY TASK FORCE.

Subdivision 1. **Composition of task force.** The commissioner shall establish and appoint a maternal and child health advisory task force consisting of 15 members who will provide equal representation from:

- (1) professionals with expertise in maternal and child health services;
- (2) representatives of community health boards as defined in section 145A.02, subdivision 5; and
- (3) consumer representatives interested in the health of mothers and children.

No members shall be employees of the state department of health. Section 15.059 governs the maternal and child health advisory task force.

[For text of subd 2, see M.S.1996]

History: 1997 c 192 s 25

145.894 STATE COMMISSIONER OF HEALTH; DUTIES, RESPONSIBILITIES.

The commissioner of health shall:

- (a) develop a comprehensive state plan for the delivery of nutritional supplements to pregnant and lactating women, infants, and children;
- (b) contract with existing local public or private nonprofit organizations for the administration of the nutritional supplement program;
- (c) develop and implement a public education program promoting the provisions of sections 145.891 to 145.897, and provide for the delivery of individual and family nutrition education and counseling at project sites. The education programs must include a campaign to promote breast feeding;
- (d) develop in cooperation with other agencies and vendors a uniform state voucher system for the delivery of nutritional supplements;
- (e) authorize local health agencies to issue vouchers bimonthly to some or all eligible individuals served by the agency, provided the agency demonstrates that the federal minimum requirements for providing nutrition education will continue to be met and that the quality of nutrition education and health services provided by the agency will not be adversely impacted;
- (f) investigate and implement a system to reduce the cost of nutritional supplements and maintain ongoing negotiations with nonparticipating manufacturers and suppliers to maximize cost savings;
- (g) develop, analyze, and evaluate the health aspects of the nutritional supplement program and establish nutritional guidelines for the program;
- (h) apply for, administer, and annually expend at least 99 percent of available federal or private funds;
- (i) aggressively market services to eligible individuals by conducting ongoing outreach activities and by coordinating with and providing marketing materials and technical assistance to local human services and community service agencies and nonprofit service providers;
- (j) determine, on July 1 of each year, the number of pregnant women participating in each special supplemental food program for women, infants, and children (W.I.C.) and, in 1986, 1987, and 1988, at the commissioner's discretion, designate a different food program deliverer if the current deliverer fails to increase the participation of pregnant women in the program by at least ten percent over the previous year's participation rate;

(k) promulgate all rules necessary to carry out the provisions of sections 145.891 to 145.897; and

(l) ensure that any state appropriation to supplement the federal program is spent consistent with federal requirements.

History: 1997 c 7 art 2 s 20

145.90 FETAL, INFANT, AND MATERNAL DEATH STUDIES.

[For text of subd 1, see M.S.1996]

Subd. 2. Access to data. (a) Until July 1, 2000, the commissioner of health has access to medical data as defined in section 13.42, subdivision 1, paragraph (b), medical examiner data as defined in section 13.83, subdivision 1, and health records created, maintained, or stored by providers as defined in section 144.335, subdivision 1, paragraph (b), without the consent of the subject of the data, and without the consent of the parent, spouse, other guardian, or legal representative of the subject of the data, when the subject of the data is:

(1) a fetus that showed no signs of life at the time of delivery, was 20 or more weeks of gestation at the time of delivery, and was not delivered by an induced abortion;

(2) a liveborn infant that died within the first two years of life;

(3) a woman who died during a pregnancy or within 12 months of a fetal death, a live birth, or other termination of a pregnancy; or

(4) the biological mother of a fetus or infant as described in clause (1) or (2).

The commissioner only has access to medical data and health records related to deaths or stillbirths that occur on or after July 1, 1994. With respect to data under clause (4), the commissioner only has access to medical data and health records that contain information that bears upon the pregnancy and the outcome of the pregnancy.

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

(c) The commissioner shall make a good faith reasonable effort to notify the subject of the data, or the parent, spouse, other guardian, or legal representative of the subject of the data, before collecting data on the subject. For purposes of this paragraph, "reasonable effort" includes:

(1) one visit by a public health nurse to the last known address of the data subject, or the parent, spouse, or guardian; and

(2) if the public health nurse is unable to contact the data subject, or the parent, spouse, or guardian, one notice by certified mail to the last known address of the data subject, or the parent, spouse, or guardian.

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

[For text of subds 3 and 4, see M.S.1996]

History: 1997 c 228 s 13

145.925 FAMILY PLANNING GRANTS.

[For text of subds 1 to 8, see M.S.1996]

Subd. 9. Amount of grant; rules. Notwithstanding any rules to the contrary, including rules proposed in the State Register on April 1, 1991, the commissioner, in allocating grant funds for family planning special projects, shall not limit the total amount of funds that can be allocated to an organization. The commissioner shall allocate to an organization receiving grant funds on July 1, 1997, at least the same amount of grant funds for the 1998 to 1999 grant cycle as the organization received for the 1996 to 1997 grant cycle, provided the organization submits an application that meets grant funding criteria. This subdivision does not affect any

procedure established in rule for allocating special project money to the different regions. The commissioner shall revise the rules for family planning special project grants so that they conform to the requirements of this subdivision. In adopting these revisions, the commissioner is not subject to the rulemaking provisions of chapter 14, but is bound by section 14.386, paragraph (a), clauses (1) and (3). Section 14.386, paragraph (b), does not apply to these rules.

History: *1997 c 187 art 5 s 19; 1997 c 203 art 2 s 15*

145.9256 [Repealed, 1997 c 203 art 2 s 37]