

CHAPTER 145

PUBLIC HEALTH PROVISIONS

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145.415 LIVE FETUS AFTER ABORTION, TREATMENT.

[For text of subds 1 and 2, see M S 1998]

Subd 3 **Status.** (1) Unless the abortion is performed to save the life of the woman or child, or, (2) unless one or both of the parents of the unborn child agrees within 30 days of the birth to accept the parental rights and responsibilities for the child if it survives the abortion, whenever an abortion of a potentially viable fetus results in a live birth, the child shall be an abandoned ward of the state and the parents shall have no parental rights or obligations as if the parental rights had been terminated pursuant to section 260C 301. The child shall be provided for pursuant to chapter 256J.

History: 1999 c 139 art 4 s 2, 1999 c 159 s 26

145.46 [Repealed, 1999 c 245 art 2 s 45]**145.475 GRANT PROGRAM FOR JUVENILE ASSESSMENT CENTERS.**

Subdivision 1 **Program described.** The commissioner of health shall administer a pilot project grant program to award grants to no more than three judicial districts to develop and implement plans to create juvenile assessment centers. A juvenile assessment center is a 24-hour centralized receiving, processing, and intervention facility for children who are accused of committing delinquent acts or status offenses or who are alleged to have been victims of abuse or neglect.

Subd 2 **Working groups authorized; plans required.** The chief judge of a judicial district or the judge's designee may convene a working group consisting of individuals experienced in providing services to children. A working group shall consist of, but is not limited to, representatives from substance abuse programs, domestic abuse programs, child protection agencies, mental health providers, mental health collaboratives, law enforcement agencies, schools, health service providers, and higher education institutions. The working group shall cooperatively develop a plan to create a juvenile assessment center in the judicial district. Juvenile assessment centers must provide initial screening for children, including intake and needs assessments, substance abuse screening, physical and mental health screening, fetal alcohol syndrome and fetal alcohol exposure screening, and diagnostic educational testing, as appropriate. The entities involved in the assessment center shall make the resources for the provision of these assessments available at the same level to which they are available to the general public. The plan must include, but is not limited to, recommended screening tools to assess children to determine their needs and assets, protocols to determine how children should enter the center, what will happen at the center, and what will happen after the child leaves the center, methods to share information in a manner consistent with existing law, and information on how the center will collaborate with a higher educational institution that has expertise in the research, programming, and evaluation of children's services. The plan may also address the provision of services to children.

Subd 3 **Cooperation with working groups.** The commissioner may provide technical assistance to the working groups and judicial districts. If the working groups identify any necessary changes in data privacy laws that would facilitate the operation of the assessment centers, the commissioner may recommend these changes to the legislature.

Subd 4 **Awarding of grants.** By January 1, 1998, the commissioner shall award grants under this section to judicial districts to develop plans to create juvenile assessment centers. Each district awarded a planning grant shall submit its plan to the commissioner. The com-

missioner shall review the plans and award grants to districts whose plans have been approved to develop an assessment center

Subd 5 Report. By January 15, 1999, the commissioner shall report to the legislature on the planning and implementation grants awarded under this section

History: 1997 c 203 art 2 s 30

145.61 DEFINITIONS.

[For text of subs 1 to 4c, see M S 1998]

Subd 5 Review organization. "Review organization" means a nonprofit organization acting according to clause (k), a committee as defined under section 144E 32, subdivision 2, or a committee whose membership is limited to professionals, administrative staff, and consumer directors, except where otherwise provided for by state or federal law, and which is established by one or more of the following: a hospital, a clinic, a nursing home, an ambulance service or first responder service regulated under chapter 144E, one or more state or local associations of professionals, an organization of professionals from a particular area or medical institution, a health maintenance organization as defined in chapter 62D, a community integrated service network as defined in chapter 62N, a nonprofit health service plan corporation as defined in chapter 62C, a preferred provider organization, a professional standards review organization established pursuant to United States Code, title 42, section 1320c-1 et seq, a medical review agent established to meet the requirements of section 256B 04, subdivision 15, or 256D 03, subdivision 7, paragraph (b), the department of human services, a health provider cooperative operating under sections 62R 17 to 62R 26, or a corporation organized under chapter 317A that owns, operates, or is established by one or more of the above referenced entities, 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 or by the entity or organization that established the review organization,

(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 or in the entity or organization that established the review organization,

(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, community integrated service networks, health service plans, preferred provider organizations, and insurance companies,

(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, membership in a state or local association of professionals, or participating status in a nonprofit health service plan corporation, health maintenance organization, community integrated service network, preferred provider organization, or insurance company, or whether a professional's staff privileges, membership, or participation status should be limited, suspended or revoked,

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

(1) health insurance carriers, nonprofit health service plan corporations, health maintenance organizations, community integrated service networks, self-insurers and their insureds, subscribers, enrollees, or other covered persons,

(2) professional licensing boards and health providers licensed by them,

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

(4) professionals and health insurance carriers, nonprofit health service plan corporations, health maintenance organizations, community integrated service networks, or self-in-

surers concerning a charge or fee for health care services provided to an insured, subscriber, enrollee, or other covered person,

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

(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,

(k) acting as a medical review agent under section 256B 04, subdivision 15, or 256D 03, subdivision 7, paragraph (b),

(l) providing recommendations on the medical necessity of a health service, or the relevant prevailing community standard for a health service,

(m) providing quality assurance as required by United States Code, title 42, sections 1396r(b)(1)(b) and 1395i-3(b)(1)(b) of the Social Security Act,

(n) providing information to group purchasers of health care services when that information was originally generated within the review organization for a purpose specified by this subdivision, or

(o) providing information to other, affiliated or nonaffiliated review organizations, when that information was originally generated within the review organization for a purpose specified by this subdivision, and as long as that information will further the purposes of a review organization as specified by this subdivision

History: 1999 c 51 s 2, 1999 c 84 s 2

145.924 AIDS PREVENTION GRANTS.

(a) The commissioner may award grants to boards of health as defined in section 145A 02, subdivision 2, state agencies, state councils, or nonprofit corporations to provide evaluation and counseling services to populations at risk for acquiring human immunodeficiency virus infection, including, but not limited to, minorities, adolescents, intravenous drug users, and homosexual men

(b) The commissioner may award grants to agencies experienced in providing services to communities of color, for the design of innovative outreach and education programs for targeted groups within the community who may be at risk of acquiring the human immunodeficiency virus infection, including intravenous drug users and their partners, adolescents, gay and bisexual individuals and women. Grants shall be awarded on a request for proposal basis and shall include funds for administrative costs. Priority for grants shall be given to agencies or organizations that have experience in providing service to the particular community which the grantee proposes to serve, that have policymakers representative of the targeted population, that have experience in dealing with issues relating to HIV/AIDS, and that have the capacity to deal effectively with persons of differing sexual orientations. For purposes of this paragraph, the "communities of color" are the American-Indian community, the Hispanic community, the African-American community, and the Asian-Pacific community

(c) All state grants awarded under this section for programs targeted to adolescents shall include the promotion of abstinence from sexual activity and drug use

History: 1999 c 245 art 2 s 31

145.9255 MN ENABL, MINNESOTA EDUCATION NOW AND BABIES LATER; HEALTH.

Subdivision 1 **Establishment.** The commissioner of health, in consultation with a representative from Minnesota planning, the commissioner of human services, and the commissioner of children, families, and learning, shall develop and implement the Minnesota education now and babies later (MN ENABL) program, targeted to adolescents ages 12 to 14, with the goal of reducing the incidence of adolescent pregnancy in the state and promoting abstinence until marriage. The program must provide a multifaceted, primary prevention, community health promotion approach to educating and supporting adolescents in the decision to postpone sexual involvement modeled after the ENABL program in California. The com-

missioner of health shall consult with the chief of the health education section of the California department of health services for general guidance in developing and implementing the program

[For text of subds 2 and 3, see M S 1998]

Subd 4 Program components. The program must include the following four major components

(a) A community organization component in which the community-based local contractors shall include

(1) use of a postponing sexual involvement education curriculum targeted to boys and girls ages 12 to 14 in schools and/or community settings,

(2) planning and implementing community organization strategies to convey and reinforce the MN ENABL message of postponing sexual involvement, including activities promoting awareness and involvement of parents and other primary caregivers/significant adults, schools, and community, and

(3) development of local media linkages

(b) A statewide, comprehensive media and public relations campaign to promote changes in sexual attitudes and behaviors, and reinforce the message of postponing adolescent sexual involvement and promoting abstinence from sexual activity until marriage. Nothing in this paragraph shall be construed to prevent the commissioner from targeting populations that historically have had a high incidence of adolescent pregnancy with culturally appropriate messages on abstinence from sexual activity

The commissioner of health, in consultation with the commissioner of children, families, and learning, shall develop and implement the media and public relations campaign. In developing the campaign, the commissioner of health shall coordinate and consult with representatives from ethnic and local communities to maximize effectiveness of the social marketing approach to health promotion among the culturally diverse population of the state. The commissioner may continue to use any campaign materials or media messages developed or produced prior to July 1, 1999

The local community-based contractors shall collaborate and coordinate efforts with other community organizations and interested persons to provide school and community-wide promotional activities that support and reinforce the message of the MN ENABL curriculum

(c) An evaluation component which evaluates the process and the impact of the program

The "process evaluation" must provide information to the state on the breadth and scope of the program. The evaluation must identify program areas that might need modification and identify local MN ENABL contractor strategies and procedures which are particularly effective. Contractors must keep complete records on the demographics of clients served, number of direct education sessions delivered and other appropriate statistics, and must document exactly how the program was implemented. The commissioner may select contractor sites for more in-depth case studies

The "impact evaluation" must provide information to the state on the impact of the different components of the MN ENABL program and an assessment of the impact of the program on adolescents' related sexual knowledge, attitudes, and risk-taking behavior

The commissioner shall compare the MN ENABL evaluation information and data with similar evaluation data from other states pursuing a similar adolescent pregnancy prevention program modeled after ENABL and use the information to improve MN ENABL and build on aspects of the program that have demonstrated a delay in adolescent sexual involvement

(d) A training component requiring the commissioner of health, in consultation with the commissioner of children, families, and learning, to provide comprehensive uniform training to the local MN ENABL community-based local contractors and the direct education program staff

The local community-based contractors may use adolescent leaders slightly older than the adolescents in the program to impart the message to postpone sexual involvement provided

(1) the contractor follows a protocol for adult mentors/leaders and older adolescent leaders established by the commissioner of health,

(2) the older adolescent leader is accompanied by an adult leader, and

(3) the contractor uses the curriculum as directed and required by the commissioner of the department of health to implement this part of the program. The commissioner of health shall provide technical assistance to community-based local contractors.

History: 1999 c 245 art 2 s 32,33

145.93 MINNESOTA POISON INFORMATION CENTERS; ESTABLISHMENT.

[For text of subd 1, see M S 1998]

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 entities, whether profit or nonprofit, 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.

[For text of subds 4 and 6, see M S 1998]

History: 1999 c 159 s 27