Minnesota
Introduction and Table of Contents
April 8, 2011

To the Reader:

The *Compendium of State HIV Testing Laws* describes key state HIV testing laws and policies. Each state's HIV testing laws are unique and many have undergone revision or supplementation since the release of the CDC's 2006 HIV testing recommendations. The *Compendium* is designed to help clinicians understand HIV testing laws and to implement sound HIV testing policies. It should not, however, be used as an official legal document.

The NCCC provides clinical consultation for healthcare providers as part of the HRSA AIDS Education and Training Centers program. Clinicians with questions about HIV testing are encouraged to call the ***National HIV Telephone Consultation Service (Warmline)*** at ***(800) 933-3413.*** The Warmline also provides advice on HIV management, including antiretroviral treatment. Other NCCC consultation services include: the National Clinicians' Post-Exposure Prophylaxis Hotline (**PEPline**) at ***(888) 448-4911*** for advice on managing occupational exposures to HIV and hepatitis; and the National Perinatal Consultation and Referral Service (**Perinatal HIV Hotline**) at ***(888) 448-8765*** for consultation on preventing mother-to-child transmission of HIV.

We update the Compendium periodically, but it is beyond the scope of the project to perform updates and verification concurrent with all changes. We encourage readers to send updates (with citations when possible) and comments to Sarah Neff at neffs@nccc.ucsf.edu.

Thank you,

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Director of Research and Evaluation

&

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The Warmline, PEPline, and Perinatal Hotline are part of the National HIV/AIDS Clinicians' Consultation Center (NCCC) based at San Francisco General Hospital/ UCSF. The NCCC is a component of the **AIDS Education and Training Centers (AETC) Program** funded by the Ryan White CARE Act of the **Health Resources and Services Administration (HRSA)** HIV/AIDS Bureau in partnership with the **Centers for Disease Control and Prevention (CDC)**.

Definitions Commonly Used Nationally

- **Anonymous Testing** – Patient's name is not recorded with test results.
- **Confidential** – Patient's name is recorded with test results.
- **HIV Prevention Counseling** – Refers to an interactive process of assessing risk, recognizing specific behaviors that increase the risk for acquiring or transmitting HIV and developing a plan to take specific steps to reduce risks.[1]
    - **Pre-test counseling** can include: (1) discussing HIV, risk factors and prevention methods; (2) explaining the meaning of positive and negative test results and their implications; (3) assessing the patient's personal and social supports; (4) determining the patient's readiness to cope with test results; (5) discussing disclosure of test results to others; and (6) advising the patient if reporting positive test results to health authorities is required.
    - **Post-test counseling** can include: (1) informing the patient of the results and meaning of the test results; (2) providing education about avoiding risks of sexual and injection drug exposures; and, for patients who test positive, (3) assessing the impact of test results for the patient and family; (3) explaining treatment options; (4) discussing partner counseling and disclosure of test results to others; and (5) initiating a support and treatment plan.
- **General Consent** – Consent for HIV screening is included in the general medical consent.
- **HIV** – Human Immunodeficiency Virus.
- **Informed Consent** – A process of communication between patient and provider through which an informed patient can choose whether to undergo HIV testing or decline to do so. Elements of informed consent typically include providing oral or written information regarding HIV, the risks and benefits of testing, the implications of HIV test results, how test results will be communicated, and the opportunity to ask questions.[1]
- **Name-based reporting** – Cases are reported by patient name (required in all states except (HI and VT).
- **Opt-in** – Patients typically are provided pre-HIV test counseling and must consent specifically to an HIV-antibody test, either orally or in writing.[2]
- **Opt-out** – Performing HIV screening after notifying the patient that: the test will be performed; and the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing.[1]
- **Routine Testing** – HIV screening that is performed routinely during health-care encounters.
- **Rapid Testing** – Testing with any of the six FDA-approved rapid HIV tests that produce results in 30 minutes or less.[3]
- **Specific Consent** – Consent for the HIV screening is separate from the general medical consent.

Helpful Resources

CDC Recommendations and Guidelines: http://www.cdc.gov/hiv/topics/testing/guideline.htm

Emergency Department Implementation Guide: http://edhivtestguide.org/

Prenatal HIV Testing Website: http://www.cdc.gov/hiv/topics/perinatal/1test2lives/

For questions or comments about the compendium, contact NCCC: neffs@nccc.ucsf.edu

Clinicians with questions about HIV testing can call the Warmline at 800-933-3413.

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1 Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR Recomm Rep. 2006 Sep 22;55(RR-14):1-17; quiz CE1-4. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm
2 http://www.cdc.gov/mmwr/PDF/wk/mm5145.pdf
3 http://www.cdc.gov/hiv/topics/testing/resources/factsheets/rt-lab.htm

Minnesota

A Quick Reference Guide for Clinicians to Minnesota HIV Testing Laws

April 8, 2011

This Quick Reference Guide for clinicians is a summary of relevant Minnesota state HIV testing laws. Note that if a section in this Quick Reference Guide reads "no specific provisions were found," provisions actually might exist for this topic within the state's statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Minnesota HIV testing laws, please refer to the section of the Compendium that follows this Quick Reference Guide.

Informed Consent

- No specific provisions regarding consent were found.

Counseling

- No specific provisions regarding consent were found.

Provisos of Testing

- **Anonymous**
  - No specific provisions regarding anonymous testing were found.
- **Rapid**
  - No specific provisions regarding rapid testing were found.
- **Routine**
  - Routine testing is through the opt-out process.

Disclosure

- No specific provisions regarding the notification of partners or contacts were found.

Minor/Adolescent Testing

- Minors may consent to venereal disease testing and treatment, HIV not explicitly included.

Minnesota
Perinatal Quick Reference Guide:
A Guide to Minnesota Perinatal HIV Testing Laws for Clinicians
April 8, 2011

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Minnesota perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads "no specific provisions were found," provisions actually might exist for this topic within the state's statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Minnesota HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium (*www.nccc.ucsf.edu), "Testing of pregnant women and/or newborns."

Prenatal

- **Initial visit**
  - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
  - No specific provisions regarding third trimester prenatal testing were found.

Labor & Delivery

- No specific provisions regarding labor & delivery testing were found.

Neonatal

- No specific provisions regarding neonatal testing were found.

Other

- N/A

Minnesota
State Policies Relating to HIV Testing, 2011

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	Policy Category	Type	Section Code(s)
RESTRICTIONS/ MANDATES	Restrictions on use of HIV test	HIV tests prohibited for insurance purposes	MAS § 72A.20 MAS § 62.14
	Mandatory testing within the criminal justice system	Potential transmission to victims at request and/or consent of victim	MAS § 611A.19
	Mandatory testing outside of the criminal justice system	Occupational exposure – health facilities must develop protocol for emergency medical services	MAS § 144.7414
PRE-TESTING	Mandatory offering of HIV/AIDS information and/or testing	Mandatory referral from midwife to health care provider for HIV testing	MAS § 147D.05
		Mandatory provision of HIV education for clients of chemical dependency treatment programs	MAS § 245A.19
		Health care providers must provide information to patients	MAR 4605.7800
		Written information included with hypodermic syringes and needles	MAS § 325F.785
	Informed consent	Informed consent must be obtained for EMS exposure - opt-out testing of source	MAS § 144.7407
		Exceptions to consent	MAS § 144.7407
	Counseling requirements	Counseling for EMS workers	MAS § 144.7414
	Anonymous testing	No related laws found	

POST-TESTING	Disclosure/confidentiality	Medical records confidential – HIV test results	MAS § 144.651
	Reporting	Name-based reporting within 30 days of diagnosis	MAR 4605.7090
OTHER	Testing of pregnant women and/or newborns	Traditional midwives to recommend HIV testing	MAS § 147D.05
		Mandatory coverage of assessment, education, counseling, and testing by Medical Assistance for Needy Persons services	MAS § 256B.0625
	Testing of minors/adolescents	Minors may consent to diagnosis and treatment for venereal disease	MAS § 144.343
	Rapid HIV testing	No related laws found	
	Training and education of health care providers	Training of staff in chemical dependency treatment programs	MAS § 245A.19

Recommended Resources

Minnesota Statutes, Session Laws, and Rules
http://www.leg.state.mn.us/leg/statutes.asp

Minnesota Administrative Rules
http://www.revisor.leg.state.mn.us/arule/

Minnesota Department of Health
http://www.health.state.mn.us/

Minnesota Department of Health – HIV/AIDS Division
http://www.health.state.mn.us/divs/idepc/diseases/hiv/

Chapters 59A – 79A: Insurance

MN Insurance Code §	Code Language
§ 62Q.14	**Restrictions on enrollee services** No health plan company may restrict the choice of an enrollee as to where the enrollee receives services related to: (1) the voluntary planning of the conception and bearing of children, provided that this clause does not refer to abortion services; (2) the diagnosis of infertility; (3) the testing and treatment of a sexually transmitted disease; and (4) the testing for AIDS or other HIV-related conditions.
§ 72A.20	**Methods, acts, and practices which are defined as unfair or deceptive** Subd. 29. HIV tests; crime victims and emergency medical service personnel. No insurer regulated under chapter 61A, 62B, or 62S, or providing health, medical, hospitalization, long-term care insurance, or accident and sickness insurance regulated under chapter 62A, or nonprofit health service plan corporation regulated under chapter 62C, health maintenance organization regulated under chapter 62D, or fraternal benefit society regulated under chapter 64B, may: (1) use the results of a test to determine the presence of the human immunodeficiency virus (HIV) antibody performed on an offender under section 611A.19 or performed on a crime victim who was exposed to or had contact with an offender's bodily fluids during commission of a crime that was reported to law enforcement officials, in order to make an underwriting decision, cancel, fail to renew, or take any other action with respect to a policy, plan, certificate, or contract; (2) use the results of a test to determine the presence of a bloodborne pathogen performed on an individual according to sections 144.7401 to 144.7415, 241.33 to 241.342, or 246.71 to 246.722 in order to make an underwriting decision, cancel, fail to renew, or take any other action with respect to a policy, plan, certificate, or contract; or (3) ask an applicant for coverage or a person already covered whether the person has: (i) had a test performed for the reason set forth in clause (1) or (2); or (ii) been the victim of an assault or any other crime which involves bodily contact with the offender. This subdivision does not affect tests conducted for purposes other than those described in clause (1) or (2), including any test to determine the presence of a bloodborne pathogen if such test was performed at the insurer's direction as part of the insurer's normal underwriting requirements. Subd. 29a. HIV tests; vaccine research. (a) No insurer regulated under

MN Insurance Code §	Code Language
	chapter 61A or 62B, or providing health, medical, hospitalization, or accident and sickness insurance regulated under chapter 62A, or nonprofit health services corporation regulated under chapter 62C, health maintenance organization regulated under chapter 62D, or fraternal benefit society regulated under chapter 64B, may make an underwriting decision, cancel, fail to renew, or take any other action with respect to a policy, plan, certificate, or contract based solely on the fact of a person's participation in a human immunodeficiency virus (HIV) vaccine clinical trial. (b) If a test to determine the presence of the HIV antibody is performed at the insurer's direction, as part of the insurer's normal underwriting requirements or on any other basis, and an applicant or covered person is a participant or former participant in a vaccine clinical trial and tests positive for the HIV antibody in the insurer-directed test**,** the person shall disclose the person's status as a participant or former participant in a vaccine clinical trial and provide the insurance company with certification from the trial sponsor of the person's participation or former participation in the vaccine trial. Upon that notification, an insurer shall stay any adverse decision or refrain from making an underwriting decision to cancel, fail to renew, or take any other action based solely on the positive test result until the insurer obtains a confidential certificate from the sponsor of the trial verifying the person's HIV status. If the confidential certificate indicates that the person's HIV antibodies are a result of exposure to the vaccine, that the person does not have the HIV virus, and that the person did not test positive for the HIV virus in any test administered by the trial sponsor prior to entering the vaccine clinical trial, the insurer shall ignore the presence of the HIV antibody in the insurer-directed test**.** (c) This subdivision does not affect any tests to determine the presence of the HIV antibody, except as provided under paragraph (b). (d) This subdivision does not apply to persons who are confirmed as having the HIV virus. (e) For purposes of this subdivision, "vaccine clinical trial" means a clinical trial conducted by a sponsor under an investigational new drug application as provided by Code of Federal Regulations, title 21, section 312. "Sponsor" means the hospital, clinic, or health care professional that is conducting the vaccine clinical trial.

Chapters 144 – 159: Health

MN Health Code §	Code Language
§ 144.054	**SUBPOENA POWER.** Subd. 2. HIV; HBV. The commissioner may subpoena privileged medical information of patients who may have been exposed by a licensed dental hygienist, dentist, physician, nurse, podiatrist, a registered dental assistant, or a physician's assistant who is infected with the human immunodeficiency virus (HIV) or hepatitis B virus (HBV) when the commissioner has determined that it may be necessary to notify those patients that they may have been exposed to HIV or HBV.
§ 144.343	**Pregnancy, venereal disease, alcohol or drug abuse, abortion** Subdivision 1. Minor's consent valid. Any minor may give effective consent for medical, mental and other health services to determine the presence of or to treat pregnancy and conditions associated therewith, venereal disease, alcohol and other drug abuse, and the consent of no other person is required.
§ 144.651	**Patients and residents of health care facilities; bill of rights** Subd. 16. Confidentiality of records. Patients and residents shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Residents shall be notified when personal records are requested by any individual outside the facility and may select someone to accompany them when the records or information are the subject of a personal interview. Copies of records and written information from the records shall be made available in accordance with this subdivision and section 144.335. This right does not apply to complaint investigations and inspections by the Department of Health, where required by third party payment contracts, or where otherwise provided by law.
§ 144.7401	**BLOODBORNE PATHOGENS; EMERGENCY MEDICAL SERVICES PERSON** **DEFINITIONS.** Subd. 2. Bloodborne pathogens. "Bloodborne pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
144.7403	**INFORMATION REQUIRED TO BE GIVEN TO INDIVIDUALS.** Subdivision 1. Information to source individual. (a) Before seeking any consent required by the procedures under sections 144.7401 to 144.7415, a facility shall inform the source individual that the source

MN Health Code §	Code Language
	individual's bloodborne pathogen test results, without the individual's name, address, or other uniquely identifying information, shall be reported to the emergency medical services person if requested, and that test results collected under sections 144.7401 to 144.7415 are for medical purposes as set forth in section 144.7409 and may not be used as evidence in any criminal proceedings or civil proceedings, except for procedures under sections 144.4171 to 144.4186. (b) The facility shall inform the source individual of the insurance protections in section 72A.20, subdivision 29. (c) The facility shall inform the source individual that the individual may refuse to provide a blood sample and that the source individual's refusal may result in a request for a court order to require the source individual to provide a blood sample. (d) The facility shall inform the source individual that the facility will advise the emergency medical services person of the confidentiality requirements and penalties before disclosing any test information. Subd. 2. Information to EMS person. (a) Before disclosing any information about the source individual, the facility shall inform the emergency medical services person of the confidentiality requirements of section 144.7411 and that the person may be subject to penalties for unauthorized release of information about the source individual under section 144.7412. (b) The facility shall inform the emergency medical services person of the insurance protections in section 72A.20, subdivision 29.
144.7404	**DISCLOSURE OF POSITIVE BLOODBORNE PATHOGEN TEST RESULTS.** If the conditions of sections 144.7402 and 144.7403 are met, the facility shall ask the source individual and the emergency medical services person if they have ever had a positive test for a bloodborne pathogen. The facility must attempt to get existing test results under this section before taking any steps to obtain a blood sample or to test for bloodborne pathogens. The facility shall disclose the source individual's bloodborne pathogen test results to the emergency medical services person without the source individual's name, address, or other uniquely identifying information.
144.7405	**CONSENT PROCEDURES GENERALLY.** (a) For purposes of sections 144.7401 to 144.7415, whenever the facility is required to seek consent, the facility shall follow its usual procedure for obtaining consent from an individual or an individual's representative consistent with other law applicable to consent.

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	(b) Consent from a source individual's representative for bloodborne pathogen testing of an existing blood sample obtained from the source individual is not required if the facility has made reasonable efforts to obtain the representative's consent and consent cannot be obtained within 24 hours of a significant exposure. (c) If testing of the source individual's blood occurs without consent because the source individual is unable to provide consent or has left the facility and cannot be located, and the source individual's representative cannot be located, the facility shall provide the information required in section 144.7403 to the source individual or representative whenever it is possible to do so. (d) If a source individual dies before an opportunity to consent to blood collection or testing under sections 144.7401 to 144.7415, the facility does not need consent of the deceased person's representative for purposes of sections 144.7401 to 144.7415.
144.7406	**TESTING OF AVAILABLE BLOOD.** Subdivision 1. Procedures with consent. If the source individual is or was under the care or custody of the facility and a sample of the source individual's blood is available with the consent of the source individual, the facility shall test that blood for bloodborne pathogens with the consent of the source individual, provided the conditions in sections 144.7402 and 144.7403 are met. Subd. 2. Procedures without consent. If the source individual has provided a blood sample with consent but does not consent to bloodborne pathogen testing, the facility shall test for bloodborne pathogens if the emergency medical services person or emergency medical services agency requests the test, provided all of the following criteria are met: (1) the emergency medical services person or emergency medical services agency has documented exposure to blood or body fluids during performance of that person's occupation or while acting as a Good Samaritan under section 604A.01 or executing a citizen's arrest under section 629.30; (2) the facility has determined that a significant exposure has occurred and a licensed physician for the emergency medical services person has documented in the emergency medical services person's medical record that bloodborne pathogen test results are needed for beginning, modifying, continuing, or discontinuing medical treatment for the emergency medical services person under section 144.7414, subdivision 2; (3) the emergency medical services person provides a blood sample for testing for bloodborne pathogens as soon as feasible;

MN Health Code §	Code Language
	(4) the facility asks the source individual to consent to a test for bloodborne pathogens and the source individual does not consent; (5) the facility has provided the source individual with all of the information required by section 144.7403; and (6) the facility has informed the emergency medical services person of the confidentiality requirements of section 144.7411 and the penalties for unauthorized release of source information under section 144.7412. Subd. 3. Follow-up. The facility shall inform the source individual and the emergency medical services person of their own test results. The facility shall inform the emergency medical services person of the source individual's test results without the source individual's name, address, or other uniquely identifying information.
§ 144.7407	**Blood sample collection for testing** Subdivision 1. Procedures with consent. (a) If a blood sample is not otherwise available, the facility shall obtain consent from the source individual before collecting a blood sample for testing for bloodborne pathogens. The consent process shall include informing the source individual that the individual may refuse to provide a blood sample and that the source individual's refusal may result in a request for a court order under subdivision 2 to require the source individual to provide a blood sample. (b) If the source individual consents to provide a blood sample, the facility shall collect a blood sample and test the sample for bloodborne pathogens. (c) The facility shall inform the emergency medical services person about the source individual's test results without the individual's name, address, or other uniquely identifying information. The facility shall inform the source individual of the test results. (d) If the source individual refuses to provide a blood sample for testing, the facility shall inform the emergency medical services person of the source individual's refusal. Subd. 2. Procedures without consent. (a) An emergency medical services agency, or, if there is no agency, an emergency medical services person, may bring a petition for a court order to require a source individual to provide a blood sample for testing for bloodborne pathogens. The petition shall be filed in the district court in the county where the source individual resides or is hospitalized. The petitioner shall serve the petition on the source individual at least three days before a hearing on the petition. The petition shall include one or more affidavits attesting that: (1) the facility followed the procedures in sections 144.7401 to

MN Health Code §	Code Language
	144.7415 and attempted to obtain bloodborne pathogen test results according to those sections; (2) it has been determined under section 144.7414, subdivision 2, that a significant exposure has occurred to the emergency medical services person; and (3) a physician with specialty training in infectious diseases, including HIV, has documented that the emergency medical services person has provided a blood sample and consented to testing for bloodborne pathogens and bloodborne pathogen test results are needed for beginning, continuing, modifying, or discontinuing medical treatment for the emergency medical services person. (b) Facilities shall cooperate with petitioners in providing any necessary affidavits to the extent that facility staff can attest under oath to the facts in the affidavits. (c) The court may order the source individual to provide a blood sample for bloodborne pathogen testing if: (1) there is probable cause to believe the emergency medical services person has experienced a significant exposure to the source individual; (2) the court imposes appropriate safeguards against unauthorized disclosure that must specify the persons who have access to the test results and the purposes for which the test results may be used; (3) a licensed physician for the emergency medical services person needs the test results for beginning, continuing, modifying, or discontinuing medical treatment for the emergency medical services person; and (4) the court finds a compelling need for the test results. In assessing compelling need, the court shall weigh the need for the court-ordered blood collection and test results against the interests of the source individual, including, but not limited to, privacy, health, safety, or economic interests. The court shall also consider whether the involuntary blood collection and testing would serve the public interest. (d) The court shall conduct the proceeding in camera unless the petitioner or the source individual requests a hearing in open court and the court determines that a public hearing is necessary to the public interest and the proper administration of justice. (e) The source individual has the right to counsel in any proceeding brought under this subdivision.
144.7408	**NO DISCRIMINATION.** A facility shall not base decisions about admission to a facility or the provision of care or treatment on any requirement that the source individual consent to bloodborne pathogen testing under sections 144.7401 to 144.7415.
144.7409	**USE OF TEST RESULTS.**

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	Bloodborne pathogen test results of a source individual obtained under sections 144.7401 to 144.7415 are for diagnostic purposes and to determine the need for treatment or medical care specific to a bloodborne pathogen-related illness of an emergency medical services person. The test results may not be used as evidence in any criminal proceedings or civil proceedings, except for procedures under sections 144.4171 to 144.4186.
144.7411	**TEST INFORMATION CONFIDENTIALITY.** Subdivision 1. Private data. Information concerning test results obtained under sections 144.7401 to 144.7415 is information protected from disclosure without consent under section 144.335 with respect to private facilities and private data as defined in section 13.02, subdivision 12 , with respect to public facilities. Subd. 2. Consent to release information. No facility, individual, or employer shall disclose to an emergency medical services person the name, address, or other uniquely identifying information about a source individual without a written release signed by the source individual or the source individual's legally authorized representative. The facility shall not record the name, address, or other uniquely identifying information about the source individual's test results in the emergency medical services person's medical records.
§ 144.7414	**Protocols for exposure to bloodborne pathogens** Subdivision 1. EMS agency requirements. The emergency medical services agency shall have procedures for an emergency medical services person to notify a facility that the person may have experienced a significant exposure from a source individual. The emergency medical services agency shall also have a protocol to locate the source individual if the facility has not received the source individual and the emergency medical services agency knows the source individual's identity. Subd. 2. Facility protocol requirements. Every facility shall adopt and follow a postexposure protocol for emergency medical services persons who have experienced a significant exposure. The postexposure protocol must adhere to the most current recommendations of the United States Public Health Service and include, at a minimum, the following: (1) a process for emergency medical services persons to report an exposure in a timely fashion; (2) a process for an infectious disease specialist, or a licensed physician who is knowledgeable about the most current recommendations of the United States Public Health Service in consultation with an infectious disease specialist, (i) to determine whether a significant exposure to one or more bloodborne pathogens has occurred and (ii) to provide, under the

MN Health Code §	Code Language
	direction of a licensed physician, a recommendation or recommendations for follow-up treatment appropriate to the particular bloodborne pathogen or pathogens for which a significant exposure has been determined; (3) if there has been a significant exposure, a process to determine whether the source individual has a bloodborne pathogen through disclosure of test results, or through blood collection and testing as required by sections 144.7401 to 144.7415; (4) a process for providing appropriate counseling prior to and following testing for a bloodborne pathogen regarding the likelihood of bloodborne pathogen transmission and follow-up recommendations according to the most current recommendations of the United States Public Health Service, recommendations for testing, and treatment to the emergency medical services person; (5) a process for providing appropriate counseling under clause (4) to the emergency medical services person and the source individual; and (6) compliance with applicable state and federal laws relating to data practices, confidentiality, informed consent, and the patient bill of rights.
§ 147D.05	**Traditional Midwives** **Professional conduct** Subdivision 1. Practice standards. (a) A licensed traditional midwife shall provide an initial and ongoing screening to ensure that each client receives safe and appropriate care. A licensed traditional midwife shall only accept and provide care to those women who are expected to have a normal pregnancy, labor, and delivery. As part of the initial screening to determine whether any contraindications are present, the licensed traditional midwife must take a detailed health history that includes the woman's social, medical, surgical, menstrual, gynecological, contraceptive, obstetrical, family, nutritional, and drug/chemical use histories. If a licensed traditional midwife determines at any time during the course of the pregnancy that a woman's condition may preclude attendance by a traditional midwife, the licensed traditional midwife must refer the client to a licensed health care provider. As part of the initial and ongoing screening, a licensed traditional midwife must recommend that the client receive the following services, if indicated, from an appropriate health care provider: (1) initial laboratory pregnancy screening, including blood group and type, antibody screen, Indirect Coombs, rubella titer, CBC with differential and syphilis serology; (2) gonorrhea and chlamydia cultures; (3) screening for sickle cell; (4) screening for hepatitis B and human immunodeficiency virus (HIV); (5) maternal serum alpha-fetoprotein test and ultrasound; (6) Rh antibody and glucose screening at 28 weeks gestation; (7) mandated newborn screening; (8) Rh screening of the infant for maternal RhoGAM treatment; and (9) screening for premature labor.

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	(b) A client must make arrangements to have the results of any of the tests described in paragraph (a) sent to the licensed traditional midwife providing services to the client. The licensed traditional midwife must include these results in the client's record. Subd. 2. Written plan. A licensed traditional midwife must prepare a written plan with each client to ensure continuity of care throughout pregnancy, labor, and delivery. The written plan must incorporate the conditions under which the medical consultation plan, including the transfer of care or transport of the client, may be implemented. Subd. 3. Health regulations. A licensed traditional midwife must comply with all applicable state and municipal requirements regarding public health. Subd. 4. Client records. A licensed traditional midwife must maintain a client record on each client, including: (1) a copy of the informed consent form described in section 147D.07; (2) evidence of an initial client screening described in this section; (3) a copy of the written plan described in subdivision 2; (4) a record of prenatal and postpartum care provided to the client at each visit; and (5) a detailed record of the labor and delivery process. Subd. 5. Data. All records maintained on each client by a licensed traditional midwife are subject to section 144.335.

Chapters 214 – 215: Examining and Licensing Board

MN Board Code §	Code Language
§ 214.19	**Reporting obligations** Subdivision 1. Permission to report. A person with actual knowledge that a regulated person has been diagnosed as infected with HIV, HBV, or HCV may file a report with the commissioner. Subd. 2. Self-reporting. A regulated person who is diagnosed as infected with HIV, HBV, or HCV shall report that information to the commissioner promptly, and as soon as medically necessary for disease control purposes but no more than 30 days after learning of the diagnosis or 30 days after becoming licensed or registered by the state. Subd. 3. Mandatory reporting. A person or institution required to report HIV, HBV, or HCV status to the commissioner under Minnesota Rules, parts 4605.7030, subparts 1 to 4 and 6, and 4605.7040, shall, at the same time, notify the commissioner if the person or institution knows that the reported person is a regulated person. Subd. 4. Infection control reporting. A regulated person shall, within ten days, report to the appropriate board personal knowledge of a serious failure or a pattern of failure by another regulated person to comply with accepted and prevailing infection control procedures related to the prevention of HIV, HBV, and HCV transmission. In lieu of reporting to the board, the regulated person may make the report to a designated official of the hospital, nursing home, clinic, or other institution or agency where the failure to comply with accepted and prevailing infection control procedures occurred. The designated official shall report to the appropriate board within 30 days of receiving a report under this subdivision. The report shall include specific information about the response by the institution or agency to the report. A regulated person shall not be discharged or discriminated against for filing a complaint in good faith under this subdivision. Subd. 5. Immunity. A person is immune from civil liability or criminal prosecution for submitting a report in good faith to the commissioner or to a board under this section.
§ 214.25	**DATA PRIVACY** Subd. 2. Commissioner of health data. (b) Notwithstanding section 13.05, subdivision 9, data addressed in this subdivision shall not be disclosed except as provided in this subdivision or section 13.04; except that the commissioner may disclose to the boards under section 214.23. (c) The commissioner may disclose data addressed under this subdivision as necessary: to identify, establish, implement, and enforce a monitoring

	plan; to investigate a regulated person; to alert persons who may be threatened by illness as evidenced by epidemiologic data; to control or prevent the spread of HIV, HBV, or HCV disease; or to diminish an imminent threat to the public health.

Chapters 241 – 244: Corrections

MN Corrections Code §	Code Language
§ 241.33	**BLOODBORNE PATHOGENS; CORRECTIONS EMPLOYEE EXPOSURE** **DEFINITIONS** Subd. 2. Bloodborne pathogens. "Bloodborne pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
§ 241.331	**CONDITIONS FOR APPLICABILITY OF PROCEDURES.** Subdivision 1. Request for procedures. A corrections employee may request that the procedures of sections 241.33 to 241.342 be followed when the corrections employee may have experienced a significant exposure to an inmate. Subd. 2. Conditions. The correctional facility shall follow the procedures in sections 241.33 to 241.342 when all of the following conditions are met: (1) a licensed physician determines that a significant exposure has occurred following the protocol under section 241.341; (2) the licensed physician for the corrections employee needs the inmate's bloodborne pathogens test results to begin, continue, modify, or discontinue treatment in accordance with the most current guidelines of the United States Public Health Service, because of possible exposure to a bloodborne pathogen; and (3) the corrections employee consents to providing a blood sample for testing for a bloodborne pathogen.
§ 241.332	**INFORMATION REQUIRED TO BE GIVEN TO INDIVIDUALS.** Subdivision 1. Information to inmate. (a) Before seeking any consent required by the procedures under sections 241.33 to 241.342, a correctional facility shall inform the inmate that the inmate's bloodborne pathogen test results, without the inmate's name or other uniquely identifying information, shall be reported to the corrections employee if requested and that test results collected under sections 241.33 to 241.342 are for medical purposes as set forth in section 241.338 and may not be used as evidence in any criminal proceedings or civil proceedings, except for procedures under sections 144.4171 to 144.4186. (b) The correctional facility shall inform the inmate of the insurance protections in section 72A.20, subdivision 29.

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	(c) The correctional facility shall inform the inmate that the inmate may refuse to provide a blood sample and that the inmate's refusal may result in a request for a court order to require the inmate to provide a blood sample. (d) The correctional facility shall inform the inmate that the correctional facility will advise the corrections employee of the confidentiality requirements and penalties before the employee's health care provider discloses any test results. Subd. 2. Information to corrections employee. (a) Before disclosing any information about the inmate, the correctional facility shall inform the corrections employee of the confidentiality requirements of section 241.339 and that the person may be subject to penalties for unauthorized release of test results about the inmate under section 241.34. (b) The correctional facility shall inform the corrections employee of the insurance protections in section 72A.20, subdivision 29.
§ 241.333	**DISCLOSURE OF POSITIVE BLOODBORNE PATHOGEN TEST RESULTS.** If the conditions of sections 241.331 and 241.332 are met, the correctional facility shall ask the inmate if the inmate has ever had a positive test for a bloodborne pathogen. The correctional facility must attempt to get existing test results under this section before taking any steps to obtain a blood sample or to test for bloodborne pathogens. The correctional facility shall disclose the inmate's bloodborne pathogen test results to the corrections employee without the inmate's name or other uniquely identifying information.
§ 241.334	**CONSENT PROCEDURES GENERALLY.** (a) For purposes of sections 241.33 to 241.342, whenever the correctional facility is required to seek consent, the correctional facility shall obtain consent from an inmate or an inmate's representative consistent with other law applicable to consent. (b) Consent is not required if the correctional facility has made reasonable efforts to obtain the representative's consent and consent cannot be obtained within 24 hours of a significant exposure. (c) If testing of available blood occurs without consent because the inmate is unconscious or unable to provide consent, and a representative cannot be located, the correctional facility shall provide the information required in section 241.332 to the inmate or representative whenever it is possible to do so.

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	(d) If an inmate dies before an opportunity to consent to blood collection or testing under sections 241.33 to 241.342, the correctional facility does not need consent of the inmate's representative for purposes of sections 241.33 to 241.342.
§ 241.335	**TESTING OF AVAILABLE BLOOD.** Subdivision 1. Procedures with consent. If a sample of the inmate's blood is available, the correctional facility shall ensure that blood is tested for bloodborne pathogens with the consent of the inmate, provided the conditions in sections 241.331 and 241.332 are met. Subd. 2. Procedures without consent. If the inmate has provided a blood sample, but does not consent to bloodborne pathogens testing, the correctional facility shall ensure that the blood is tested for bloodborne pathogens if the corrections employee requests the test, provided all of the following criteria are met: (1) the corrections employee and correctional facility have documented exposure to blood or body fluids during performance of the employee's work duties; (2) a licensed physician has determined that a significant exposure has occurred under section 241.341 and has documented that bloodborne pathogen test results are needed for beginning, modifying, continuing, or discontinuing medical treatment for the corrections employee as recommended by the most current guidelines of the United States Public Health Service; (3) the corrections employee provides a blood sample for testing for bloodborne pathogens as soon as feasible; (4) the correctional facility asks the inmate to consent to a test for bloodborne pathogens and the inmate does not consent; (5) the correctional facility has provided the inmate and the corrections employee with all of the information required by section 241.332; and (6) the correctional facility has informed the corrections employee of the confidentiality requirements of section 241.339 and the penalties for unauthorized release of inmate information under section 241.34. Subd. 3. Follow-up. The correctional facility shall inform the inmate whose blood was tested of the results. The correctional facility shall inform the corrections employee's health care provider of the inmate's test results without the inmate's name or other uniquely identifying information.
§ 241.336	**BLOOD SAMPLE COLLECTION FOR TESTING.**

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	Subdivision 1. Procedures with consent. (a) If a blood sample is not otherwise available, the correctional facility shall obtain consent from the inmate before collecting a blood sample for testing for bloodborne pathogens. The consent process shall include informing the inmate that the inmate may refuse to provide a blood sample and that the inmate's refusal may result in a request for a court order under subdivision 2 to require the inmate to provide a blood sample. (b) If the inmate consents to provide a blood sample, the correctional facility shall collect a blood sample and ensure that the sample is tested for bloodborne pathogens. (c) The correctional facility shall inform the corrections employee's health care provider about the inmate's test results without the inmate's name or other uniquely identifying information. The correctional facility shall inform the inmate of the test results. (d) If the inmate refuses to provide a blood sample for testing, the correctional facility shall inform the corrections employee of the inmate's refusal. Subd. 2. Procedures without consent. (a) A correctional facility or a corrections employee may bring a petition for a court order to require an inmate to provide a blood sample for testing for bloodborne pathogens. The petition shall be filed in the district court in the county where the inmate is confined. The correctional facility shall serve the petition on the inmate three days before a hearing on the petition. The petition shall include one or more affidavits attesting that: (1) the correctional facility followed the procedures in sections 241.33 to 241.342 and attempted to obtain bloodborne pathogen test results according to those sections; (2) a licensed physician knowledgeable about the most current recommendations of the United States Public Health Service has determined that a significant exposure has occurred to the corrections employee under section 241.341; and (3) a physician has documented that the corrections employee has provided a blood sample and consented to testing for bloodborne pathogens and bloodborne pathogen test results are needed for beginning, continuing, modifying, or discontinuing medical treatment for the corrections employee under section 241.341. (b) Facilities shall cooperate with petitioners in providing any necessary affidavits to the extent that facility staff can attest under oath to the facts in the affidavits. (c) The court may order the inmate to provide a blood sample for bloodborne pathogen testing if:

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	(1) there is probable cause to believe the corrections employee has experienced a significant exposure to the inmate; (2) the court imposes appropriate safeguards against unauthorized disclosure that must specify the persons who have access to the test results and the purposes for which the test results may be used; (3) a licensed physician for the corrections employee needs the test results for beginning, continuing, modifying, or discontinuing medical treatment for the corrections employee; and (4) the court finds a compelling need for the test results. In assessing compelling need, the court shall weigh the need for the court-ordered blood collection and test results against the interests of the inmate, including, but not limited to, privacy, health, safety, or economic interests. The court shall also consider whether involuntary blood collection and testing would serve the public interests. (d) The court shall conduct the proceeding in camera unless the petitioner or the inmate requests a hearing in open court and the court determines that a public hearing is necessary to the public interest and the proper administration of justice. (e) The inmate may arrange for counsel in any proceeding brought under this subdivision. Subd. 3. Procedures without consent; expedited process. (a) As used in this subdivision, "qualified physician" means a person who: (1) is a licensed physician employed by or under contract with the correctional facility to provide services to employees and inmates; and (2) is an infectious disease specialist or consults with an infectious disease specialist or a hospital infectious disease officer. (b) An inmate in a correctional facility is subject to the release of medical information related to bloodborne pathogen infections or the collection and testing of a blood sample if a significant exposure occurs as determined by procedures in section 241.331, subdivision 2, clause (1). In the absence of affirmative consent and cooperation in the release of medical information or collection of a blood sample, the head of a correctional facility, having reported to and consulted with the state epidemiologist, may order an inmate to provide release of medical information related to bloodborne pathogen infections or a blood sample for testing for bloodborne pathogens if: (1) the correctional facility followed the procedures in sections 241.33 to 241.336, subdivision 1 , and 241.337 to 241.342 and attempted to obtain bloodborne pathogen test results according to those sections;

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	(2) a qualified physician has determined that a significant exposure has occurred to the corrections employee under section 241.341; (3) a qualified physician has documented that the corrections employee has received vaccinations for preventing bloodborne pathogens, provided a blood sample, and consented to testing for bloodborne pathogens, and that bloodborne pathogen test results are needed for beginning, continuing, modifying, or discontinuing medical treatment for the corrections employee under section 241.341; (4) the head of the correctional facility has received affidavits from qualified physicians, treating the corrections worker and the inmate, attesting that a significant exposure has occurred to the corrections employee under section 241.341; (5) the correctional facility imposes appropriate safeguards against unauthorized disclosure and use of medical information or samples consistent with those established in sections 241.331 to 241.34; (6) a qualified physician for the corrections employee needs the test results for beginning, continuing, modifying, or discontinuing medical treatment for the corrections employee; and (7) the head of the correctional facility finds a compelling need for the medical information or test results. In assessing whether a compelling need exists under clause (7), the head of the correctional facility shall weigh the officer's need for the exchange of medical information or blood collection and test results against the interests of the inmate, including, but not limited to, privacy, health, safety, or economic interests. The head of the correctional facility shall also consider whether release of medical information or involuntary blood collection and testing would serve or harm public health interests. (c) Each state and local correctional facility shall adopt a plan for implementing by July 1, 2006, policies and procedures for: (1) the education and treatment of corrections employees and inmates that are consistent with those established by the Department of Corrections; (3) ensuring that corrections employees and inmates are routinely offered and are provided with voluntary postexposure prophylactic treatments for bloodborne pathogen infections in accordance with the most current guidelines of the United States Public Health Service; and (4) ensuring voluntary access to treatment for bloodborne pathogen infections in accordance with the most current guidelines of the United States Public Health Service for corrections workers or inmates who are

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	determined to have a bloodborne pathogen infection through procedures established in sections 241.331 to 241.34. (d) The commissioner of corrections and the director of each local correctional facility shall provide written notice to each inmate through the inmate handbook, or a comparable document, of the provisions of this subdivision.
§ 241.337	**NO DISCRIMINATION.** A correctional facility shall not withhold care or treatment on the requirement that the inmate consent to bloodborne pathogen testing under sections 241.33 to 241.342
§ 241.338	**USE OF TEST RESULTS.** Bloodborne pathogen test results of an inmate obtained under sections 241.33 to 241.342 are for diagnostic purposes and to determine the need for treatment or medical care specific to a bloodborne pathogen-related illness. The test results may not be used as evidence in any criminal proceedings or civil proceedings, except for procedures under sections 144.4171 to 144.4186.
§ 241.339	**TEST INFORMATION CONFIDENTIALITY.** Test results obtained under sections 241.33 to 241.342 are private data as defined in sections 13.02, subdivision 12, and 13.85, subdivision 2, but shall be released as provided by sections 241.33 to 241.342.

Chapters 245 – 267: Public Welfare and Related Activities

MN Pub Wel Code §	Code Language
§ 245A.02	**HUMAN SERVICES LICENSING - DEFINITIONS.** Subd. 7a. HIV minimum standards. "HIV minimum standards" means those items approved by the department and contained in the HIV-1 Guidelines for chemical dependency treatment and care programs in Minnesota including HIV education to clients, completion of HIV training by all new and existing staff, provision for referral to individual HIV counseling and services for all clients, and the implementation of written policies and procedures for working with HIV-infected clients.
§ 245A.19	**HIV TRAINING IN CHEMICAL DEPENDENCY TREATMENT PROGRAM.** (a) Applicants and license holders for chemical dependency residential and nonresidential programs must demonstrate compliance with HIV minimum standards prior to their application being complete. The HIV minimum standards contained in the HIV-1 Guidelines for chemical dependency treatment and care programs in Minnesota are not subject to rulemaking. (b) Ninety days after April 29, 1992, the applicant or license holder shall orient all chemical dependency treatment staff and clients to the HIV minimum standards. Thereafter, orientation shall be provided to all staff and clients, within 72 hours of employment or admission to the program. In-service training shall be provided to all staff on at least an annual basis and the license holder shall maintain records of training and attendance. (c) The license holder shall maintain a list of referral sources for the purpose of making necessary referrals of clients to HIV-related services. The list of referral services shall be updated at least annually. (d) Written policies and procedures, consistent with HIV minimum standards, shall be developed and followed by the license holder. All policies and procedures concerning HIV minimum standards shall be approved by the commissioner. The commissioner shall provide training on HIV minimum standards to applicants. (e) The commissioner may permit variances from the requirements in this section. License holders seeking variances must follow the procedures in section 245A.04, subdivision 9.
§ 246.71	**BLOODBORNE PATHOGENS; SECURE TREATMENT FACILITY EMPLOYEES** **DEFINITIONS.** Subd. 2. Bloodborne pathogens. "Bloodborne pathogens" means

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	pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
§ 246.712	**INFORMATION REQUIRED TO BE GIVEN TO INDIVIDUALS.** Subdivision 1. Information to patient. (a) Before seeking any consent required by the procedures under sections 246.71 to 246.722, a secure treatment facility shall inform the patient that the patient's bloodborne pathogen test results, without the patient's name or other uniquely identifying information, shall be reported to the employee if requested and that test results collected under sections 246.71 to 246.722 are for medical purposes as set forth in section 246.718 and may not be used as evidence in any criminal proceedings or civil proceedings, except for procedures under sections 144.4171 to 144.4186. (b) The secure treatment facility shall inform the patient of the insurance protections in section 72A.20, subdivision 29. (c) The secure treatment facility shall inform the patient that the patient may refuse to provide a blood sample and that the patient's refusal may result in a request for a court order to require the patient to provide a blood sample. (d) The secure treatment facility shall inform the patient that the secure treatment facility will advise the employee of a secure treatment facility of the confidentiality requirements and penalties before the employee's health care provider discloses any test results. Subd. 2. Information to secure treatment facility employee. (a) Before disclosing any information about the patient, the secure treatment facility shall inform the employee of a secure treatment facility of the confidentiality requirements of section 246.719 and that the person may be subject to penalties for unauthorized release of test results about the patient under section 246.72. (b) The secure treatment facility shall inform the employee of the insurance protections in section 72A.20, subdivision 29.
§ 246.713	**DISCLOSURE OF POSITIVE BLOODBORNE PATHOGEN TEST RESULTS.** If the conditions of sections 246.711 and 246.712 are met, the secure treatment facility shall ask the patient if the patient has ever had a positive test for a bloodborne pathogen. The secure treatment facility must attempt to get existing test results under this section before taking any steps to obtain a blood sample or to test for bloodborne pathogens. The secure treatment facility shall disclose the patient's bloodborne pathogen test results to the employee without the patient's name or

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	other uniquely identifying information.
§ 246.714	**CONSENT PROCEDURES GENERALLY.** (a) For purposes of sections 246.71 to 246.722, whenever the secure treatment facility is required to seek consent, the secure treatment facility shall obtain consent from a patient or a patient's representative consistent with other law applicable to consent. (b) Consent is not required if the secure treatment facility has made reasonable efforts to obtain the representative's consent and consent cannot be obtained within 24 hours of a significant exposure. (c) If testing of available blood occurs without consent because the patient is unconscious or unable to provide consent, and a representative cannot be located, the secure treatment facility shall provide the information required in section 246.712 to the patient or representative whenever it is possible to do so. (d) If a patient dies before an opportunity to consent to blood collection or testing under sections 246.71 to 246.722, the secure treatment facility does not need consent of the patient's representative for purposes of sections 246.71 to 246.722.
§ 246.715	**TESTING OF AVAILABLE BLOOD.** Subdivision 1. Procedures with consent. If a sample of the patient's blood is available, the secure treatment facility shall ensure that blood is tested for bloodborne pathogens with the consent of the patient, provided the conditions in sections 246.711 and 246.712 are met. Subd. 2. Procedures without consent. If the patient has provided a blood sample, but does not consent to bloodborne pathogens testing, the secure treatment facility shall ensure that the blood is tested for bloodborne pathogens if the employee requests the test, provided all of the following criteria are met: (1) the employee and secure treatment facility have documented exposure to blood or body fluids during performance of the employee's work duties; (2) a licensed physician has determined that a significant exposure has occurred under section 246.711 and has documented that bloodborne pathogen test results are needed for beginning, modifying, continuing, or discontinuing medical treatment for the employee as recommended by the most current guidelines of the United States Public Health Service; (3) the employee provides a blood sample for testing for bloodborne pathogens as soon as feasible;

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	(4) the secure treatment facility asks the patient to consent to a test for bloodborne pathogens and the patient does not consent; (5) the secure treatment facility has provided the patient and the employee with all of the information required by section 246.712; and (6) the secure treatment facility has informed the employee of the confidentiality requirements of section 246.719 and the penalties for unauthorized release of patient information under section 246.72. Subd. 3. Follow-up. The secure treatment facility shall inform the patient whose blood was tested of the results. The secure treatment facility shall inform the employee's health care provider of the patient's test results without the patient's name or other uniquely identifying information.
§ 246.716	**BLOOD SAMPLE COLLECTION FOR TESTING.** Subdivision 1. Procedures with consent. (a) If a blood sample is not otherwise available, the secure treatment facility shall obtain consent from the patient before collecting a blood sample for testing for bloodborne pathogens. The consent process shall include informing the patient that the patient may refuse to provide a blood sample and that the patient's refusal may result in a request for a court order under subdivision 2 to require the patient to provide a blood sample. (b) If the patient consents to provide a blood sample, the secure treatment facility shall collect a blood sample and ensure that the sample is tested for bloodborne pathogens. (c) The secure treatment facility shall inform the employee's health care provider about the patient's test results without the patient's name or other uniquely identifying information. The secure treatment facility shall inform the patient of the test results. (d) If the patient refuses to provide a blood sample for testing, the secure treatment facility shall inform the employee of the patient's refusal. Subd. 2. Procedures without consent. (a) A secure treatment facility or an employee of a secure treatment facility may bring a petition for a court order to require a patient to provide a blood sample for testing for bloodborne pathogens. The petition shall be filed in the district court in the county where the patient is receiving treatment from the secure treatment facility. The secure treatment facility shall serve the petition on the patient three days before a hearing on the petition. The petition shall include one or more affidavits attesting that: (1) the secure treatment facility followed the procedures in sections 246.71 to 246.722 and attempted to obtain bloodborne pathogen test

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	results according to those sections; (2) a licensed physician knowledgeable about the most current recommendations of the United States Public Health Service has determined that a significant exposure has occurred to the employee of a secure treatment facility under section 246.721; and (3) a physician has documented that the employee has provided a blood sample and consented to testing for bloodborne pathogens and bloodborne pathogen test results are needed for beginning, continuing, modifying, or discontinuing medical treatment for the employee under section 246.721. (b) Facilities shall cooperate with petitioners in providing any necessary affidavits to the extent that facility staff can attest under oath to the facts in the affidavits. (c) The court may order the patient to provide a blood sample for bloodborne pathogen testing if: (1) there is probable cause to believe the employee of a secure treatment facility has experienced a significant exposure to the patient; (2) the court imposes appropriate safeguards against unauthorized disclosure that must specify the persons who have access to the test results and the purposes for which the test results may be used; (3) a licensed physician for the employee of a secure treatment facility needs the test results for beginning, continuing, modifying, or discontinuing medical treatment for the employee; and (4) the court finds a compelling need for the test results. In assessing compelling need, the court shall weigh the need for the court-ordered blood collection and test results against the interests of the patient, including, but not limited to, privacy, health, safety, or economic interests. The court shall also consider whether involuntary blood collection and testing would serve the public interests. (d) The court shall conduct the proceeding in camera unless the petitioner or the patient requests a hearing in open court and the court determines that a public hearing is necessary to the public interest and the proper administration of justice. (e) The patient may arrange for counsel in any proceeding brought under this subdivision.
§ 246.717	**NO DISCRIMINATION.** A secure treatment facility shall not withhold care or treatment on the requirement that the patient consent to bloodborne pathogen testing

MN Pub Wel Code §	Code Language
	under sections 246.71 to 246.722.
§ 246.718	**USE OF TEST RESULTS.** Bloodborne pathogen test results of a patient obtained under sections 246.71 to 246.722 are for diagnostic purposes and to determine the need for treatment or medical care specific to a bloodborne pathogen-related illness. The test results may not be used as evidence in any criminal proceedings or civil proceedings, except for procedures under sections 144.4171 to 144.4186.
§ 246.719	**TEST INFORMATION CONFIDENTIALITY.** Test results obtained under sections 246.71 to 246.722 are private data as defined in sections 13.02, subdivision 12, and 13.85, subdivision 2, but shall be released as provided by sections 246.71 to 246.722.
§ 256B.0625	**Medical Assistance for Needy Persons** COVERED SERVICES Subd. 14. Diagnostic, screening, and preventive services. (a) Medical assistance covers diagnostic, screening, and preventive services. (b) "Preventive services" include services related to pregnancy, including: (1) services for those conditions which may complicate a pregnancy and which may be available to a pregnant woman determined to be at risk of poor pregnancy outcome; (2) prenatal HIV risk assessment, education, counseling, and testing; and

Chapters 324 – 338: Trade Regulations, Consumer Protection

MN Trade Reg. Code §	Code Language
§ 325F.785	**Sales of HIV home collection kits and hypodermic syringes and needles** Subdivision 1. Information to purchasers. A seller may provide each purchaser of an HIV home collection kit or hypodermic syringes and needles as authorized in section 151.40, at the time of purchase, with written information about the telephone numbers for public HIV counseling and testing sites, the state's HIV hotline, disposal of used syringes, and general HIV prevention and care. Subd. 2. Assistance for sellers. The commissioner of health shall provide technical assistance and materials to pharmacies and to sellers related to compliance with this section and section 151.40. The commissioner, in consultation with organizations specializing in HIV prevention, shall provide printed materials, including the written information described under subdivision 1, at no charge to pharmacies that sell hypodermic needles or syringes under section 151.40, and sellers of HIV home collection kits under this section. A pharmacy or seller may request and the commissioner may authorize use of other methods for providing written information to purchasers. The commissioner may use funds appropriated under section 145.924, to provide technical assistance and materials.

Chapters 609 – 624: Crimes, Criminals

MN Crimes Code §	Code Language
§ 611A.19	**Testing of sex offender for human immunodeficiency virus** Subdivision 1. Testing on request of victim. (a) Upon the request or with the consent of the victim, the prosecutor shall make a motion in camera and the sentencing court shall issue an order requiring an adult convicted of or a juvenile adjudicated delinquent for violating section 609.342 (criminal sexual conduct in the first degree), 609.343 (criminal sexual conduct in the second degree), 609.344 (criminal sexual conduct in the third degree), 609.345 (criminal sexual conduct in the fourth degree), or any other violent crime, as defined in section 609.1095, to submit to testing to determine the presence of human immunodeficiency virus (HIV) antibody if: (1) the crime involved sexual penetration, however slight, as defined in section 609.341, subdivision 12; or (2) evidence exists that the broken skin or mucous membrane of the victim was exposed to or had contact with the offender's semen or blood during the commission of the crime in a manner which has been demonstrated epidemiologically to transmit the human immunodeficiency virus (HIV). (b) When the court orders an offender to submit to testing under paragraph (a), the court shall order that the test be performed by an appropriate health professional who is trained to provide the counseling described in section 144.7414, and that no reference to the test, the motion requesting the test, the test order, or the test results may appear in the criminal record or be maintained in any record of the court or court services, except in the medical record maintained by the Department of Corrections. Subd. 2. Disclosure of test results. The date and results of a test performed under subdivision 1 are private data as defined in section 13.02, subdivision 12, when maintained by a person subject to chapter 13, or may be released only with the subject's consent, if maintained by a person not subject to chapter 13. The results are available, on request, to the victim or, if the victim is a minor, to the victim's parent or guardian and positive test results shall be reported to the commissioner of health. Any test results given to a victim or victim's parent or guardian shall be provided by a health professional who is trained to provide the counseling described in section 144.7414. Data regarding administration and results of the test are not accessible to any other person for any purpose and shall not be maintained in any record of the court or court services or any other record. After the test results are given to the victim or the victim's parent or guardian, data on the test must be removed from any medical data or health records maintained under section 13.384 or 144.335 and destroyed, except for those medical records maintained by the Department of Corrections.

Minnesota Administrative Rules
Chapters 4600 – 4688: Department of Health

MAR	Code Language
4605.7030	**COMMUNICABLE DISEASES - PERSONS REQUIRED TO REPORT DISEASE** Subpart 1. Physicians. When attending a case, suspected case, carrier, or death from any of the diseases in part 4605.7040 or a pregnancy under part 4605.7044, a physician shall report to the commissioner according to part 4605.7040 or 4605.7044, unless previously reported, the information specified in part 4605.7090. Subp. 2. Health care facilities. Hospitals, nursing homes, medical clinics, or other health care facilities shall designate that all individual physicians report as specified in subpart 1; or the health care facility shall designate an infection control practitioner or other person as responsible to report to the commissioner, according to part 4605.7040 or 4605.7044, knowledge of a case, suspected case, carrier, or death from any of the diseases and syndromes in part 4605.7040 or a pregnancy under part 4605.7044, and the information specified in part 4605.7090. Subp. 3. Medical laboratories. A. All medical laboratories shall provide to the commissioner, within one working day of completion, the results of microbiologic cultures, examinations, immunologic assays for the presence of antigens and antibodies, and any other laboratory tests, which are indicative of the presence of any of the diseases in part 4605.7040 and the information specified in part 4605.7090 as is known. B. All medical laboratories shall forward to the Minnesota Department of Health, Public Health Laboratory all clinical materials specified in this chapter upon a positive laboratory finding for the disease or condition, or upon request of the commissioner in relation to a case or suspected case reported under this chapter. C. If a medical laboratory forwards clinical materials out of state for testing, the originating medical laboratory retains the duty to comply with this subpart, either by: (1) reporting the results and submitting the clinical materials to the commissioner; or (2) ensuring that the results are reported and materials submitted to the commissioner. Subp. 4. Comprehensive reports. Any institution, facility, or clinic, staffed by physicians and having medical laboratories which are required to report, as in subparts 1, 2, and 3, may, upon written notification to the commissioner, designate a single person or group of persons to report cases, suspected cases, carriers, deaths, or results of medical laboratory cultures, examinations, and assays for any of the diseases listed in part 4605.7040 or a pregnancy under part 4605.7044 to the commissioner.
4605.7040	**DISEASE AND REPORTS; CLINICAL MATERIALS SUBMISSIONS.**

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	Cases, suspected cases, carriers, and deaths due to the following diseases and infectious agents shall be reported. When submission of clinical materials is required under this part, submissions shall be made to the Minnesota Department of Health, Public Health Laboratory. B. Diseases reportable within one working day: (25) human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS). Submit clinical materials;
4605.7044	**CHRONIC INFECTIONS; PERINATALLY TRANSMISSIBLE** Pregnancy in a person chronically infected with hepatitis B, Human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS), or other reportable perinatally transmissible diseases shall be reported to the commissioner within one working day of knowledge of the pregnancy.
4605.7090	**DISEASE REPORT INFORMATION** Reports that are required under this chapter shall contain as much of the following information as is known: A. disease (whether a case, suspected case, carrier, or death); B. date of first symptoms; C. primary signs and symptoms; D. patient: (1) name; (2) birthdate; (3) gender; (4) ethnic and racial origin; (5) residence address, city, county, and zip code; (6) telephone number; and (7) place of work, school, or child care; E. date of report; F. physician name, address, and telephone number; G. name of hospital (if any); H. name of person reporting (if not physician); I. diagnostic laboratory findings and dates of tests; J. name and locating information of contacts (if any); K. vaccination history for the disease reported; L. pregnancy status and expected date of delivery, if the infection can be transmitted during pregnancy or delivery; and M. other information pertinent to the case.
4605.7700	**SEXUALLY TRANSMITTED DISEASE; SPECIAL REPORTS.** The following special reports shall be given by physicians to the commissioner: B. Notwithstanding any previous report, physicians who treat persons infected with chlamydial infection, syphilis, gonorrhea, or chancroid shall ensure that contacts are treated or provide the names and addresses of

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	contacts who may also be infected to the commissioner. If known, persons named as contacts to a person with human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS), shall be reported to the commissioner.
4605.7800	**HEALTH EDUCATION.** Health care providers working with patients having chlamydial infection, syphilis, gonorrhea, chancroid, or human immunodeficiency virus infection (HIV), including acquired immunodeficiency syndrome (AIDS), shall tell the patients how to prevent the spread of the infection and inform them of the importance of complying with treatment instructions and of the need to have all relevant contacts promptly tested and treated for the infection.