



## League of Women Voters of Minnesota Records

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JUL 27 1981

Claudia S Foster  
221 Driftwood Lane  
Rock Hill, S. C.  
29730

July 22, 1981

Fellow League Member:

The League of Women Voters of South Carolina is interested in becoming active in the area of health care. We are now beginning by collecting background information and literature from other groups.

We would appreciate any information you can share with us about what you have done or are proposing in the health care area. If you have any publications for sale could you tell us how to order them?

Sincerely yours,

Claudia S. Foster  
Health Care  
League of Women Voters  
of South Carolina

cc: Judith C. Thompson  
President, LWVSC  
Karen Bluestone  
Health Consultant, LWVUS



League of Women Voters Education Fund 1730 M Street, NW, Washington, DC 20036

Mail to NHB  
cc NHB  
Don Pugliese  
(202) 659-2685

July 7, 1981

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Barbara Dols  
League of Women Voters of Minnesota  
555 Wabasha  
Suite 212  
St. Paul, MN 55102

Dear Ms. Dols:

We are writing to request your help as a League involved in health care in preparing resource material for state and local Leagues that have expressed an interest in such information.

Although no outside financing has been secured to finance the national health care study, the national staff have been developing a bibliography/resource list that will assist state and local Leagues in their individual efforts should they wish to pursue their own studies or begin gearing up. This listing will include abstracts of up-to-date literature available covering the variety of perspectives within the health care arena and the myriad subject areas of interest to League members. It will also list how and where to find certain information and data through one's regional and local health care systems.

Over the last few months it has become apparent that League members working on health in their communities have identified specific readings and resources that have assisted them in their undertakings. To help assure that the bibliography/resource list is current, thorough and appropriate for the state and local League network, the national staff would like your suggestions on relevant materials (books, articles, contacts) that should be included in any comprehensive bibliography of the health care system.

Please note that this bibliography/resource list will in no way signal that the national study is being initiated. The national board continues to affirm that outside monies must be secured to finance the study.

Please send your suggestions to Karen Bluestone at the LWVEF no later than August 7 to ensure inclusion in the bibliography/resource list publication.

Thank you for your assistance.

Sincerely,

*Nancy Neuman*

Nancy Neuman  
Coordinator  
Social Policy

MINNESOTA COUNCIL ON HEALTH

Certificate of Achievement

*For Significant Contributions in Advancing  
The Cause of Good Health for the People of  
Minnesota*

*Awarded to:*

*League of Women Voters of Minnesota*

ON THIS *Twenty-first* DAY OF *August*, 1981 .



*Wheelock Whitney*

WHELOCK WHITNEY, *President*

AUG 6 1981

League of Women Voters of Michigan  
202 Mill Street  
Lansing, Michigan 48933  
(517) 484-5383

August 4, 1981

*Prepared*

TO: Presidents  
FROM: Ginny Schwartz, State Program Vice President, (313) 851-5594

RE: HEALTH CARE STUDY and STATE HEALTH CARE EXCHANGE

The latest word from National LWV is that no funding is in sight for the Health Care Study. Since the National Health Care Study does not appear to be getting off the ground, the Michigan state board has suggested an exchange of information among the local LWVs who wish to begin or who have already done a health study at the state or local level.

We have a great deal of information which we would be glad to make available to interested LWVs. However, it would be prohibitively expensive to copy and send all of the material in the regular mailing. Therefore, if you are interested in the Health Care Study, send to the state office the name and address of your Health Care Chair\* (or anyone whom you would like to receive the information), and we will mail directly to that person. Also, please note briefly your LWV's activities in the health care area. We will share the information with all the local LWVs in a health care exchange, so that we can help one another.

Meanwhile, to arouse your interest, National suggests the following reading: Who Shall Live by Victor Fuchs (1974, Basic Books, Inc.) and Health and the War on Poverty by Karen Davis and Cathy Schoen (1978, Brookings Institution). Enclosed you will find photocopies of two recent newspaper articles discussing the Reagan administration approach to health care costs. Note that the new Health Care Financing Administrator, Dr. Carolyn Davis, is the former Dean of the University of Michigan's School of Nursing.

National LWV also suggests that we contact our regional Health Systems Agency to obtain copies of the data they have gathered and the health plan for your area. HSAs were set up by the Federal Planning Act, 93-641. Their funding ends in October 1982, so many or all may go out of business at that time. National LWV would like us to have copies of as much of the data as possible, for fear that much of it might be lost if the agencies are closed. You should also ask to be included on the mailing list so that you can keep up with current activities as well. Attached is a map of the Health Service Areas and the names and addresses of the agencies.

By setting up this health care exchange and doing our own research, we can learn a great deal about the Michigan system and about the impact of federal programs on our state. Then we will be in a good position to give direction at the 1982 National Convention as to whether we need a national study of the subject.

Call if you have any questions, and send the name of your health care contact if you wish to be involved.

\*Check the Local League portfolio listing of Social Policy directors for those Leagues which have already designated local chairs.

Sept. 2, 1981

call from L W V New Brighton - Health Care Ctr.,  
requested info about L W V S study - was  
told these will probably be more this yr.  
suggested they consider Wellness Inventory, a tour,  
ideas in Outlook for work for their Jan. date,  
recommended she come to fall workshop

Sept. 4, 1981

call from Flora Shinkle, L W V H. Cloud,  
they are already doing Wellness Inventory and  
have encountered some typographical errors  
and are unsure of the scoring <sup>procedure</sup>  
suggested she come to fall workshop where  
Suzanne Mayer from Inn Council on Health  
will provide orientation

Flora said they were presenting to their units in  
mid Sept. so needed info now,  
suggested she contact Suzanne Mayer directly  
about these technical aspects and that  
I would be available to talk or meet  
with them if there were League related  
questions

I. General Resources

A. State

1. University and colleges
2. State Health Planning and Development Agency
3. Certificate of need legislation
4. Welfare Department
5. Health Department and district offices
6. Medical associations and allied fields
7. Hospital associations

B. Regional

1. Health Systems Agency
2. Physicians Standards Review Organization

C. Local

1. Health Department, Community Health Services Agency
2. Welfare Department
3. Libraries
4. United Way Agency

### III. Minnesota Agencies

#### A. State

1. University of Minnesota, various departments in the medical field - Minneapolis, MN 55455
2. Center for Health Services Research, Humphrey Institute of Public Affairs, University of Minnesota, Minneapolis, MN 55455
3. Minnesota Department of Public Welfare, 658 Cedar, Centennial Office Building, St. Paul, MN 55155
4. State Health Planning and Development Agency, 101 Capitol Square Building, 550 Cedar Street, St. Paul, MN 55101
5. Pollution Control Agency of Minnesota, 717 Delaware S.E., Minneapolis, MN 55440
6. Agricultural Extension Services, University of Minnesota, 240 Coffey Hall, University of Minnesota, St. Paul, MN 55108

#### B. Private

1. Minnesota Society for Crippled Children and Adults, 3915 Golden Valley Road, Minneapolis, MN 55422
2. Minnesota Society for the Prevention of Blindness, 101 East 5th Street, Suite 900, St. Paul, MN 55101
3. Minnesota State Pharmaceutical Association, 2388 University Avenue, St. Paul, MN 55114
4. Arthritis Foundation, Minnesota Chapter, 122 West Franklin Avenue, Minneapolis, MN 55404
5. Cerebral Palsy, United, of Minnesota, 360 Hoover Street Northeast, Minneapolis, MN 55413
6. Planned Parenthood of Minnesota, 1562 University Avenue, Midway Shopping Center, St. Paul, MN 55104
7. Minnesota Foundation for Sickle Cell Anemia, 919 Fremont Avenue North, Minneapolis, MN 55411
8. Blue Cross and Blue Shield of Minnesota, 3535 Blue Cross Road, St. Paul, MN 55122
9. Minnesota Systems Research, Inc. (Health research), 2412 University Avenue Southeast, Minneapolis, MN 55414
10. Minnesota Diabetes Association, 6490 Excelsior Boulevard, Minneapolis, MN 55426
11. Minnesota Lung Association, 1829 Portland Avenue, Minneapolis, MN 55404

(over)

12. Minnesota Red Cross, State Capitol Building, St. Paul, MN 55155
13. Minnesota Medical Association, 101 East 5th Street, Suite 900,  
St. Paul, MN 55101
14. Hennepin County Medical Association, 2221 University Avenue Southeast,  
Minneapolis, MN 55414
15. Foundation for Health Care Evaluation, 2221 University Avenue Southeast,  
Minneapolis, MN 55414 - PSRO - pre-hospital admission review for  
employee groups

#### IV. Publications

##### A. Periodicals

1. WASHINGTON REPORT ON MEDICINE AND HEALTH, McGraw-Hill publication, 457 National Press Building, Washington, D.C. 20045
2. HEALTH EDUCATION, Association for the Advancement of Health Education, an association of the American Alliance for Health, Physical Education, Recreation, and Dance, 1201 16th Street N.W., Washington, D.C. 20036

##### B. Minnesota

1. Citizens League, 84 South 6th Street, Minneapolis, MN 55402 (independent, non-profit, educational corporation to solve problems of our metro area) "More Care About the Cost in Hospitals," 1977, 83 pp., recommendations on hospital usage.
2. Interstudy, 5715 Christmas Lake Road, Excelsior, MN 55331 (non-profit, health and policy research) - unpublished information on pilot project between federal government and 4 HMOs to see if HMO is more cost effective to government for medicare patients' coverage, 1981.
3. Metropolitan Health Board, 300 Metro Square Building, St. Paul, MN 55101
  - a. "Long-Range Hospital Plan for the Twin Cities Metropolitan Area," August, 1979, 45 pp., planning process, goals and timetables for reducing excess hospital capacity.
  - b. "A Report on Phase III of the Long-Range Hospital Plan for the Twin Cities Metropolitan Area," October, 1980, 83 pp., specific goals and guidelines and current assessment on utilization of specialized services, including pediatric, perinatal, cardiac, megavoltage radiation, and computed tomography scanning.
  - c. "The Health Care System in Transition - Problems and Progress in the Twin Cities Metropolitan Area" - March 1981, 54 pp., planning perspective on health cost and service trends.
4. Minneapolis Tribune, 425 Portland Avenue, Minneapolis, MN 55488
  - a. "Coercing Hospitals to Consider Closing," June 7, 1981, p. 14A - editorial
  - b. "Blue Cross Plan Aims to Cut Some Patients Using Inpatient Care" - Lewis Cope, June 20, 1981, p. 1A
  - c. "Program Seeks to Cut Health Care Cost," Lewis Cope, May 27, 1981, p. 1A, pre-hospital admission review.
  - d. "HMOs Popularity Clear; Effects are Less Certain," Lewis Cope, January 11, 1981, p. 1A
  - e. "Four Local HMOs will Offer Plan for Medicare Recipients," Lewis Cope, January 11, 1981, p. 1A

(over)

5. Minnesota Coalition on Health Care Costs, 2221 University Avenue Southeast, Minneapolis, MN 55414, "New Directions for Health Care," 1979, 46 pp., report and recommendations of the Minnesota Medical Association Commission on Health Care Costs.
6. Minnesota Council on Health, 1645 Hennepin Avenue, Minneapolis, MN 55403, (private, non-profit promoter of health and wellness), "Wellness Inventory," 21 indices for computing a rough estimate of community health.
7. Minnesota Department of Health, 717 Delaware Street S.E., Minneapolis, MN 55440, "Minnesota Community Health Services Act of 1976," also statistics, contacts, legislation, program description.

27  
FALL WORKSHOPS 1981

Name: Gudrun Harding

Address: 1703-3 Ave. N.W., Austin, Mn. 55912

Phone: 437 4933

League: Austin LWV

Does your League have a local health study or project?

Subject: Was scheduled for May in our Handbook.

Will your League be conducting the Wellness Inventory? Depends on Board decision

Name of person responsible, if not yourself:

Working with another League? Which one?

Will you be assisting with your regional Focus? Depends on Board decision  
Your League also?

Comments:

FALL WORKSHOPS 1981

Name: Dorothy Lucas

Address: 2101 10<sup>th</sup> St SW Austin 55912

Phone: 507-437-2446

League: Austin

Does your League have a local health study or project? Yes  
Subject: Health Care Service

Will your League be conducting the Wellness Inventory? Don't Know

Name of person responsible, if not yourself:

Working with another League? Which one?

Will you be assisting with your regional Focus? Don't Know

Your League also?

Comments:

FALL WORKSHOPS 1981

Name: Jan Walsh

Address: 533 Loomis Ct. Northfield

Phone: 507-645-5370

League: Northfield

Does your League have a local health study or project? No

Subject:

Will your League be conducting the Wellness Inventory? No

Name of person responsible, if not yourself:

Working with another League? Which one?

Will you be assisting with your regional Focus? ?

Your League also?

Comments: I realize that this is a metro workshop, but there are people here from non-metro areas. I think that it should have included the non-metro areas.

FALL WORKSHOPS 1981

Name: *Gertrude D Nelson*

Address: *710 - 9th Ave. S W Austin*

Phone: *507-433-8193*

League: *Austin*

Does your League have a local health study or project?

Subject: *Local health Care services* *yes*

Will your League be conducting the Wellness Inventory?

Name of person responsible, if not yourself:

Working with another League? Which one?

*Dont know yet*

Will you be assisting with your regional Focus?

Your League also?

*Dont know yet -*

Comments:

FALL WORKSHOPS 1981

Name: Amy Burgett

Address: 225 Eighth Ave S., Sauk Rapids, Mn. 56379

Phone: 253 - 6222

League: St Cloud Area

Does your League have a local health study or project? Yes

Subject: Wellness Inventory - Health Status

Will your League be conducting the Wellness Inventory? Yes

Name of person responsible, if not yourself: Flora Shinkle

Working with another League? No Which one?

Will you be assisting with your regional Focus? Yes.

Your League also? Yes.

Comments:

FALL WORKSHOPS 1981

Name: Linda Wooten

Address: 305 E. Lyon St. Marshall, Mn

Phone: 507-532-3302

League: Marshall

Does your League have a local health study or project?

Subject: Mn Council on Health Inventory

Will your League be conducting the Wellness Inventory? yes

Name of person responsible, if not yourself: Bobbie Mazick or myself

Working with another League? Which one? no

Will you be assisting with your regional Focus? no sure - have to see how  
Your League also? the rest of our members feel about it.

Comments:

FALL WORKSHOPS 1981

Name: *Eileen F. Luegel*

Address: *915 Hassan Hutchinsonson*

Phone: *(612) 879-8157*

League: *Hutchinson L W V*

Does your League have a local health study or project?

Subject: *wellness inventory*

Will your League be conducting the Wellness Inventory? *yes*

Name of person responsible, if not yourself: *Becky Felling*

Working with another League? Which one?

*no*

Will you be assisting with your regional Focus? *?*

Your League also?

Comments:

FALL WORKSHOPS 1981

Name: Georgia Pelton

Address: 1412 Vista Lane  
Willmar, Mn. 56201

Phone: 1-612-235-6360

League: Willmar League

Does your League have a local health study or project?

Subject: ?

Will your League be conducting the Wellness Inventory? ?

Name of person responsible, if not yourself:

Working with another League? Which one?

Will you be assisting with your regional Focus? ?

Your Leaguealso?

Comments:

FALL WORKSHOPS 1981

Name: *Sunny Liu*

Address: *Route 1, Maui*

Phone: *(612) 589-2701*

League: *Stevens County*

Does your League have a local health study or project?

Subject:

Will your League be conducting the Wellness Inventory?

Name of person responsible, if not yourself:

Working with another League? Which one?

Will you be assisting with your regional Focus?

Your League also?

Comments: *We are looking for someone  
to begin working on this project.*

FALL WORKSHOPS 1981

Name: *Marree Seitz*

Address: *4333 Oceida, Duluth*

Phone: *218-525-3984*

League: *Duluth*

Does your League have a local health study or project?

Subject: *not currently*

Will your League be conducting the Wellness Inventory?

Name of person responsible, if not yourself:

Working with another League? Which one?

*yes*

*Pat Hellman*

*1414 Vermilion*

*55812*

*218-724-3562*

Will you be assisting with your regional Focus?

Your League also?

*perhaps*

*perhaps*

Comments:

FALL WORKSHOPS 1981

Name: Sherry Arndt

Address: 727 2nd Ave NE  
Grand Rapids, Mn 55744

Phone: 218. 326. 1332

League: Grand Rapids Area LWV

Does your League have a local health study or project?

No

Subject:

Will your League be conducting the Wellness Inventory?

Yes

Name of person responsible, if not yourself:

Dorothy Olds

Working with another League? Which one? no

Will you be assisting with your regional Focus?

Yes

Your League also?

Yes

Comments:

FALL WORKSHOPS 1981

Name: *Edith BERG*

Address: *2590 Ridgeway Apt 306*  
*Red Pine Estates Bemidji MN 56601*

Phone: *757-7753*

League: *Bemidji*

Does your League have a local health study or project? *yes*

Subject:

Will your League be conducting the Wellness Inventory? *?*

Name of person responsible, if not yourself:

Working with another League? Which one?

Will you be assisting with your regional Focus?

Your League also?

Comments: *will find out*

FALL WORKSHOPS 1981

Name: *Elaine Melby*

Address: *1938 East 25<sup>th</sup> St.  
Hibbing, Mn. 55746*

Phone: *218-263-7892*

League: *Hibbing*

Does your League have a local health study or project?

Subject: *Our calendar is not yet complete -*

Will your League be conducting the Wellness Inventory?

*Pres  
Dorothy  
Grammer* ←

Name of person responsible, if not yourself: *Possibly*

Working with another League? Which one?

Will you be assisting with your regional Focus? *Yes*

Your League also?

*I'm quite certain the  
Hibbing League will  
assist -*

Comments:

FALL WORKSHOPS 1981

Name: *JoAnn Converse*

Address: *RR #2 Box 3886*  
*Cass Lake, Minn 56633*

Phone: *335-8548*

League: *Cass Lake*

Does your League have a local health study or project?

Subject: *General Community Health*

Will your League be conducting the Wellness Inventory? *yes*

Name of person responsible, if not yourself: *Beulah Hendricks*

Working with another League? Which one?

Will you be assisting with your regional Focus? *yes*

Your League also?

Comments:

FALL WORKSHOPS 1981

Name: *Pat Litchy*

Address:

Phone:

League: *Rochester*

Does your League have a local health study or project?

Subject: *yes*

Will your League be conducting the Wellness Inventory?

Name of person responsible, if not yourself:

Working with another League? Which one?

*yes - after everything else is open*

Will you be assisting with your regional Focus?

Your League also? *if other Leagues are willing to co-operate.*

Comments:

INEZ M. SAUBY  
2089 Mississippi Circle  
New Brighton, Minnesota 55112



John Hanson  
President Continental Congress  
USA 20c

Ann Pugliese  
5016 - 18th ave So  
Mpls, Mn 55417

DAMAGED IN HANDLING  
IN THE POSTAL SERVICE

FALL WORKSHOPS 1981

Name: Inez Saubey

Address: 2089 Miss Circle

Phone: 636-0792

League: New Brighton

Does your League have a local health study or project?

Subject:

we will be working with Ramsey co. adhoc

Will your League be conducting the Wellness Inventory?

NO

Name of person responsible, if not yourself:

Working with another League? Which one?

Will you be assisting with your regional Focus? NO

Your League also? NO

Comments:



## MINNESOTA MEDICAL ASSOCIATION

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Office of Executive Vice-President:

Area 612 Phone 378-1875

September 30, 1981

Mrs. Virginia Burnett  
P. O. Box 534  
721 So. Franklin  
New Ulm, Minnesota 56073

Dear Mrs. Burnett:

Thank you very much for calling to inform us that you have been appointed to the recently formed Health Care Committee of the Minnesota League of Women Voters. We commend your initiative and appreciate your solicitation for information.

You noted that the Committee will focus on health care costs. Responding to this issue, as you recall, the MMA sponsored the Commission on Health Care Costs and I am enclosing a copy of the Commission's 1979 Report titled, "New Directions for Health Care" and the MMA House of Delegates' action on the Report. The Minnesota Coalition on Health Care Costs was formed subsequent to the Report to implement the Commission's strategies for improving the cost-effectiveness of health services. I have asked James B. Kenney, Ph.D., the Coalition's Executive Director, to send you pertinent background information (see enclosed letter).

Thanks again, Mrs. Burnett, and please extend our best wishes to your husband and our gratitude to both of you in your excellent service as legislative contacts for Representative Terry Dempsey and Senator Dennis Frederickson.

Sincerely,

Charles W. Wiger, Director  
Department of Legislative Affairs

CWW:kar

Enclosure

cc: James H. Sova  
Kathleen A. Meyerle



## LEAGUE OF WOMEN VOTERS OF MINNESOTA

555 WABASHA • ST. PAUL, MINNESOTA 55102 • TELEPHONE (612) 224-5445

To: Local Leagues  
From: Ann Pugliese, LWVMN Health Care Chair  
Re: Wellness Inventory Responsibilities  
Date: September, 1981  
Fall Workshops

I. Minnesota Council on Health  
Suzanne Mayer, Administrator  
1645 Hennepin Avenue, Suite 201  
Minneapolis, MN 55403  
612-332-0389

- A. Provide materials and instructions
- B. Technical direction, answer questions about Inventory
- C. Compile data from local input and send final report to local Leagues
- D. Reimburse mileage expenses (if MCH obtains expected funding)

II. LWVMN  
Ann Pugliese, Health Care Chair  
5016 18th Avenue South  
Minneapolis, MN 55417  
612-729-3029

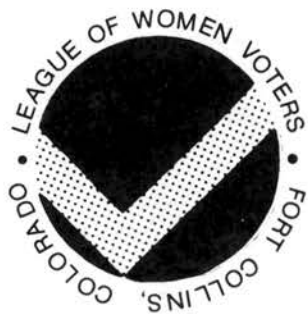
- A. Recruit local Leagues
- B. Provide workshops for orientation
- C. Serve as coordinator between MCH and local Leagues
- D. Non-technical direction, answer questions about League role.

III. Local Leagues

- A. Recruit volunteers
- B. Collect data
- C. Keep records of mileage for possible reimbursement from MCH
- D. Send report to MCH by your deadline
- E. Consider further study and action
- F. Send a personal evaluation of the project to LWVMN

### Possible additions to the Inventory

1. 24-hour pharmacy service
2. Staffing and hours of hospital emergency room
3. Location of accidental deaths
4. Distance from farthest location in the county to nearest hospital
5. Free immunization clinics
6. Pre-school screening clinics
7. Pre-natal classes
8. School health classes
9. Services not available for low income persons (on sliding scale or free)



8/25/81 SEP 8 1981

Joyce Weber  
1905 Crestmore Pl.  
Fort Collins, Colo.  
80521

L. W. V. Minnesota  
555 Wabaska  
Suite 212  
St. Paul, Minn. 55102

Dear Minnesota L. W. V.,

I am presently health care chairman of our local league. Since this is a new committee, we are attempting to determine our goals and directions. The National L. W. V. informed me that you have had an active health care committee. We would appreciate any study suggestions or resources that you feel might be helpful.

Thank you for your assistance.

Sincerely,  
Joyce Weber

To Nedeen from Ann Pugliese

Oct. 8 - Pres. of <sup>LWV</sup> Brooklyn Center called to get details about nail health study - they weren't at the workshop. I told her the chances were slim of any materials coming this yr. and LWV MN has no study. Suggested she contact Bart Stols who is coordinating the Wellness Inventory for the Hennepin County Leagues. They might decide to participate in that project.

Oct. 11 - Heard from Betty Bayless and another person that LWV Moorhead was very unhappy about not being able to attend the workshops due to distance. My committee and Harriette B. decided we could offer them the options of joining the Focus planning with St. Cloud, holding their own area meeting outside of our Focus program, or allowing them to have a Health Focus if Rochester or Duluth decide not to participate. Wrote to their president with these ideas and background for our Focus decisions.

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Nov. 1 answered request from LWV Rock County for Wellness Inventory materials

Oct. 31 call from LWV Edina for direction of local study. Suggested she contact Bart Stols about H & LWV program + agenda and possibly supplement that. Could look into Community Health Services program in Edina (if any, or if not why not?). Have sources of Bart Stols, Henn. Co. Health Services and Minn. Dept of Health.

Action Request - 10-20-81

from Mr. Jean Smelter, director of the Community University Health Care Center (376-1463)

in the past Maternal & child care funding has been in targeted federal funds. These are now becoming block grants to the state. An Interagency Task Force has been appointed to determine how to distribute these funds for this fiscal year (already begun) and to recommend formula for the future.

Testimony will be taken in two days 10-22 at 1:00 p.m.

It is possible for the city to lose up to 80% of their funding for their maternal & child care programs. This would close the center. There are generally preventive programs for high-risk children & mothers, at least 50% run only Caseload at the center.

She feels the Task Force is stacked against the city and that their past funding will be spread outstate. Also, she says they have been given very short notice of the hearing and the Task Force makeup. She would like League action in monitoring.

Spoke with Earl Lohm who is familiar with the problem. He feels it is not an unusual situation for little notice of meetings. Also, do outstate even need those funds. Would we be acting against our outstate mbrs?

Any Action would have to go thru the LCVMA Action Committee. Possible positions would be: Urban Policy - general revenue sharing should be more targeted to distressed cities. Principle - adequate notice, open meetings.

due to late notice, question of supporting city vs outstate position of outstate need, plus if adequate notice & not having mbr to share the hearing, no action was taken.

MCH COMMUNITY WELLNESS INVENTORY

CONTACT SHEET

DATE \_\_\_\_\_

COMMUNITY \_\_\_\_\_

LWV CONTACT PERSON:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

Is your League interested in compiling an Inventory for your community at this time?

YES \_\_\_\_\_

NO \_\_\_\_\_

We would like more information \_\_\_\_\_

If "yes," please indicate an approximate deadline that would be most feasible for you.

November 30, 1981 \_\_\_\_\_

December 31, 1981 \_\_\_\_\_

January 31, 1982 \_\_\_\_\_

February 28, 1982 \_\_\_\_\_

Other \_\_\_\_\_

Return to Ann Pugliese  
5016 18th Avenue South  
Minneapolis, MN 55417

by October 31, 1981



## Moving Ahead on Many Fronts

Suzanne G. Mayer, Administrator

The months since the last issue of the *Gazette* have been busy ones for the Council. In addition to the State Fair booth, our biggest project of the summer, we've been moving along with several other health promotion efforts. October finds us enthusiastically involved not only in workplace and community wellness but working towards MCH's future organizational well-being as well.

### MCH Quarterly Briefing

The workplace health promotion survey project is now in full swing in outstate Minnesota. A final summary of the data—information on health promotion activities/attitudes among Minnesota's larger employers—will be available in January. We'd like to thank the MCH volunteers who are assisting with this important multi-agency effort.

Two other workplace wellness projects are continuing—the grant proposal for worksite health fair package development and the cost/benefit workshop for business and industry. The former has been completed and submitted to several prospective funding sources. The planning group for the latter has changed direction somewhat, but continues to pursue possible ways to introduce employers to the pressing twin issues of health promotion and health care costs.

Our efforts to expand the community wellness inventory have been furthered

during the past several months. Proposals were submitted to several foundations to obtain funding for a multi-community inventory project. While we await the foundation funding decisions, we've been working to promote the inventory through a variety of channels. One of these is the League of Women Voters of Minnesota. Several of the Leagues around the state have been including the inventory as part of their study of health care issues. The Council is most appreciative of LWV willingness to become involved with wellness assessment at the community level. It is through joint efforts such as this that health promotion can be furthered most effectively.

One of the most effective ways of furthering the Council's level of organizational wellness is through volunteer involvement in Council activities. We've been tremendously pleased with the continuing interest and efforts of the dozens of MCH members who have contributed time in the past several months, especially for the State Fair booth. We can't thank these individuals enough for their commitment to MCH and wellness.

We also are very appreciative of those members who have made monetary contributions to MCH in the past several months. Every contribution, however small, helps us work towards our goal of promoting healthier lifestyles for all Minnesotans.

## Scan

**FIT OR FAT?** A new way to health and fitness through nutrition and aerobic exercise, by Covert Bailey.

Are you a dieter? You may eat less than skinny folks who don't. Bailey explains why that happens and how to attain a more efficient metabolism rate that will burn more of the calories you take in.

No gimmicks—just gentle and sustained aerobic exercise done to fit personal pulse rate along with the right kinds of food to build muscle. The muscle, Bailey says, provides the fat-burning enzymes needed to do the job. He adds that the tape measure is a better fat measure than the bathroom scale because the muscles of the slimmer fit folks weigh more than fat.

107 pages Houghton Mifflin Company \$3.95

★ ★ ★

## Health Care Costs Jump

Hospital and medical costs in Minnesota rose sharply in the past 12 months—much faster than the rate of inflation—according to a study conducted by Blue Cross/Blue Shield of Minnesota.

Hospital charges increased 19 percent statewide and 22 percent in the Twin Cities. Doctors' charges for a representative sample of procedures rose more than 14 percent in the same 12-month period ending June 30.

Over the same 12 months, the overall consumer price index rose only 9.6 percent.

# the wellness Gazette

for Council Members and Opinion Leaders in Minnesota

Fall 1981

The Minnesota Council on Health

Vol. 4 No. 4

## State Fair Numbers Add Up to Success

Anyway you count it, the 1981 State Fair booth was a giant success for the Minnesota Council on Health.

- More than 1,600 people signed up as MCH members.
- More than 9,000 people took advantage of the free blood pressure screening.
- A total of 2,500 "lifestyle profiles" and another 2,500 health education booklets were distributed.
- More than 250 people volunteered to staff the booth and blood pressure screening tables.

"It was clearly our most successful State Fair effort to date," said MCH Administrator Suzanne Mayer, "and provided strong evidence of a heightened interest in wellness by the public."

Mayer paid tribute to the volunteers who put in long hours at the Grandstand Building booth, including 94 men and women who served as blood pressure screeners, 94 MCH members who staffed the booth, and

### More Pictures on Page 2

another 65 members who were referred to other health organizations for volunteer work.

Possibly the happiest visitor to the MCH booth was Erik Bjarnar, a University of Minnesota student who won the bicycle raffle. The 12-speed Mariushi Roadace bicycle was provided at a nominal cost by Cycle Goods, 2735 Hennepin Ave. S., Minneapolis.

Equipment for the blood pressure screening—once again the most popular feature at the booth—was provided by the Minnesota affiliate of the American Heart Association. The Heart Association also contributed literature, as did Blue Cross/Blue Shield of Minnesota, Occidental Life and the U.S. Department of Agriculture.

Another booth feature that attracted public attention were two continuously-shown videotapes, "The Wellness Revolution," and "Health and Lifestyle."



Fair Visitors Line Up for Blood Pressure Screening



The Minnesota Council on Health  
201 Fawkes Building  
1645 Hennepin Avenue  
Minneapolis, Minnesota 55403  
Phone (612) 332-0389

Address Correction Requested

Ann Pugliese  
5016 18th Ave. S.  
Mpls, MN 55417

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Permit No. 1342



Lou Salet of MCH Staff (right) Answers Fairgoer's Question



Flip-Card Display Was Popular With Visitors to Fair Booth

### Certificates of Achievement

To the *Vinland National Center* (Loretto, MN)

**For:** Promoting wellness for people with physical handicaps and other disabilities.

To the *Lake County Health Department* (Two Harbors, MN)

**For:** Providing health risk appraisal and other health promotion programs to county residents.

To the *League of Women Voters of Minnesota* (St. Paul, MN)

**For:** Placing health promotion as a priority in League projects.

To *Naeve Hospital Association* (Albert Lea, MN)

**For:** Actively promoting employee and community wellness efforts.

To *Minnesota Council, American Youth Hostels, Inc.*

**For:** Providing inexpensive, healthful opportunities for travel and outdoor recreation.

### Settling for Less

Feeling the pressure of stress? One of the reasons may be a desire for perfection.

If it's a choice between not getting a job done at all or settling for something less than perfect, settle for the latter. Always striving to be the best is a sure route to stress.

### wellness Gazette

Published quarterly  
201 Fawkes Building  
1645 Hennepin Avenue  
Minneapolis, Minnesota 55403  
Phone (612) 332-0389  
Editor: Joan Young

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Wheelock Whitney

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### Who Pays for Poor Health?

Wheelock Whitney, MCH President

An interesting report on health care expenditures crossed my desk the other day. Some of the information in it raised my eyebrows, and I think it will do the same to you. Here are some examples:

- Medical costs in 1979 averaged \$889 for every man, woman and child in Minnesota.
- Of that amount, \$261—almost 30 percent—were out-of-pocket costs paid by consumers. Health insurance paid about 26 percent, and government paid 42 percent.
- Money spent on health care in Minnesota rose an average of 12.1 percent a year from 1976 to 1979, reaching a

**Memo from Wheelock**

total of \$3.6 billion.

Of course, the figures are even higher today. Medical costs are still rising faster than the rate of inflation, as they did throughout the 1970s.

Those figures reminded me of the goals of the Minnesota Council on Health—to help people develop wellness lifestyles that will prevent illness, rather than spend dollars to cure illness.

If more people in Minnesota would learn the benefits of healthier lifestyles, we'd soon see a change in the depressing statistics on illness. Proper diet, regular exercise and improved personal relationships have a measurable impact on health. Learning to cope with stress may be the single most im-

portant step forward in preventing illness. Human suffering would be reduced, and so would the ever-rising costs of treating needless illness.

Think about it; those health care dollars, even when they come from government or insurance companies, originated with you and me.

★ ★ ★

Elsewhere on this page of the *Gazette* you'll find an appeal to members for funds. That ties in directly with the health care cost figures I've just recited.

The Council has developed programs to encourage wellness in communities and in the workplace, programs that require funds to become operational. We're seeking grants from public agencies and private foundations to put them into effect.

But we also need the help of the members of the Minnesota Council on Health, now more than 11,000 strong. If you're able to make a tax-deductible contribution, large or small, it will help make our goal of better health for Minnesotans a reality.

## Wolf! (honest)

### The Minnesota Council on Health needs funds.

Worthwhile programs—HealthFairs, the Community Wellness Inventory, achievement awards, educational publications, even this newsletter—are threatened by fund shortages.

Our annual budget has been met by the generous contributions of a few members. We are also seeking foundation support for special new projects that will carry the message of health to all Minnesotans.

**But the continued operation of the Council—and its vital work—depends on contributors like you.**

And remember, the Council is a non-profit organization. Your contributions are fully tax-deductible.

Please do your share. Mail your check with this form to:

Minnesota Council on Health  
1645 Hennepin Ave.  
Suite 201  
Minneapolis, MN 55403

I believe in wellness and the work of the Minnesota Council on Health. Count me in as an *active* member. Enclosed is my tax-deductible contribution of:

\_\_\_\_\_ \$10 \_\_\_\_\_ \$20 \_\_\_\_\_ \$50 Other \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Make checks payable to the Minnesota Council on Health



# memorandum

November 1981

This is not going on DPM

TO: State, Local and ILO Presidents  
FROM: Nancy Neuman, Social Policy Coordinator  
RE: Health Care - An Update

As reported in the League of Women Voters' Prospectus 1981-82, no outside funding to date has been secured to undertake the national health care study. However, after much time and effort and redesigning of the proposal, there are hopeful indications from a major foundation that they are interested in funding the entire two-year program. Although we are working closely with the foundation staff and feel optimistic about our funding potential, the foundation's board will have the final say as to if, how much and when the League will receive support. If we assume for the moment that money is forthcoming, the earliest we can begin the program is February of 1982. The initial materials based on national research will be going out to state and local Leagues in the seventh or eighth month of the project. Therefore, it will not be until early fall before Leagues have national materials to assist them in their local efforts.

In spite of the difficulties we have encountered in obtaining funds for a national study, many state and local Leagues have developed health committees, scheduled health units on their program agendas, developed consensus questions and conducted research and analysis of state and local health care problems. The Prospectus mentions four Leagues which have been in the forefront of tackling the health care concerns of consumers. Also included in Prospectus is a bibliography/resource list that will provide state and local Leagues with background information regarding the health care sector.

For those state and local Leagues interested in gearing their local studies along the lines of the national focus, the following excerpt from the national funding proposal will provide further guidance.

The goal of this project is to educate League membership and the public-at-large about the financing mechanisms and reimbursement systems used within the health care system, their effect on the delivery of health services, and the recommended options for improving the system.

OBJECTIVE 1: Conduct an in-depth, citizen-oriented analysis of financing and reimbursement mechanisms, public and private, and options for change. The areas of concentration will include: a) who is paying, how much, and what for; b) the major federal financing programs, Medicaid and Medicare, and the implications for the future; c) the role of the private third-party payor; and d) the proposed health competition models calling for major changes in the financing and delivery of health care.

(over)

OBJECTIVE 2: Produce and disseminate a variety of resource materials geared toward educating consumers on relevant issues and develop strategies for educational outreach. This material includes a "Facts and Issues" and "Community Guide" publications.

OBJECTIVE 3: Undertake extensive community education outreach on the facts, issues and options for health care financing and reimbursement mechanisms through the network of 1,400 state and local Leagues of Women Voters. This includes a limited number of pass-through grants awarded to Leagues for further development of outreach capabilities.

# # # # #



League of Women Voters Education Fund 1730 M Street, NW, Washington, DC 20036

*Minnesota Pugliese*  
(202) 659-2685

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January 20, 1982

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Dorothy Lucas  
2101 10th Street SW  
Austin, Minnesota 55912

Dear Ms. Lucas:

As health consultant to the League of Women Voters Education Fund, I wanted to respond directly to your concerns and frustrations regarding the health care item. For over a year, I have been seeking outside funding for a two-year national program in health care. Although no monies have been secured as yet, a major foundation has shown tremendous interest in the program and will be making a final decision in the next three months.

We have sent out the proposal to over 50 foundations and private corporations for funding review. Unfortunately fund raising for such a project is extremely difficult at this time. Just to name a few of the barriers; increased competition for fewer dollars, no government money, foundations looking toward funding demonstration programs to compensate for federal cuts in social programs, and the list goes on. It has been a frustrating year.

I did want to assure you that the national board and the staff are very committed to securing the necessary outside funding to undertake this project. We are hopeful that the positive response we have received will translate into real dollars in the very near future.

I have enclosed for your interest LWV Prospectus No. 3, which includes a health bibliography/resources list.

Thank you for sharing your concerns with us. If I can be of any help, please don't hesitate to call.

Sincerely,

Karen Bluestone  
Consultant  
Health Care

Enclosure

cc: Harriette H. Burkhalter,  
President, LWVMN

# Foundation for Health Care Evaluation

February 2, 1982

Ms. Ann Pugliese  
5016 - 18th Avenue South  
Minneapolis, MN 55417

Dear Ms. Pugliese:

Considerable publicity has been generated lately on whether competition would create new and better options in the health care system. The Citizens League has made recommendations to the community on this and Senator Dave Durenberger plans to introduce legislation soon that would provide stimulus for increased competition. Hospital representatives and many others also have spoken to the issue.

But as far as we know the various segments of society who would be affected by such changes—especially the consumer—have not met each other and had an opportunity for dialogue.

As consumers who serve in an advisory capacity to the Foundation for Health Care Evaluation, we would like to learn more about this subject. And we believe that learning from each other can benefit all of us, so we are sponsoring an educational forum on this topic to be held here on the evening of February 16. The enclosed flyer briefly describes the forum and provides details.

You are cordially invited to attend or send an alternate to represent you at this open exchange of ideas and information. You also are invited to bring literature about your organization or about this topic to share with others present. We expect 30 to 50 people, including representatives from many health organizations, civic clubs, senior citizen groups, industry and labor as well as our elected officials at the state and national level. Some will present statements of their involvement with or opinion on the issue, and then we will encourage responses and questions from other participants.

Please return the enclosed card to let us know if you would like to attend and also let us know if you would like to contribute a five-minute prepared talk or written materials. If you should have any questions about this forum, please write to me at the Foundation address or call our Foundation staff assistant, Marlyce Helm, at 379-5454.

We look forward to seeing you on February 16.

Sincerely,



Mary Lou Christensen  
Chair, Consumer Liaison Committee

MLC/lb

\_\_\_\_\_ moves to amend H. F. 1799, the Subcommittee Report, as follows:

Pages 2 and 3, delete subdivision 2 and insert:

"Subd. 2. [HEALTH PROVIDER REPORTS.] For each health profession regulated by the health-related licensing boards as defined in section 214.01, subdivision 2, or by the commissioner of health pursuant to section 214.13, the commissioner of health shall periodically establish a list of procedures and services which are representative of the diagnoses and conditions for which citizens of the state seek treatment. The establishment of this list shall not be subject to the provisions of section 15.0412 to 15.0417. For each of these procedures and services, every regulated health care provider shall post in a public area the established prices or provide a notice of the availability of the established prices of the procedures or services."

Page 3, line 22, delete "including" and insert "such as"

Page 3, line 26, delete "and" and insert "or"

Page 3, after line 30, insert "If the information described in subdivision 1 is submitted to the commissioner after having been adjusted to reflect the factors specified in (a) to (e) of this subdivision, the hospital or entity furnishing this adjusted information shall simultaneously furnish both the methodology by which the adjustments have been made and the information described in subdivision 1 in its form prior to the adjustments."

Page 4, line 4, after the period insert "Prior to dissemination of any hospital-specific information, the commissioner shall give the hospital opportunity for review and comment."

Page 4, line 33, after "effective" insert "for a specified provider group"

Page 14, line 35, after "efforts" insert "by that provider group"

*passed*  
(amended)

HOUSE SUBCOMMITTEE REPORT

Subcommittee Action Taken February 16 1982

To: SWANSON, Chairman

Committee on Health and Welfare

WELCH Chairman, of the

Subcommittee on Health Care

to which was referred H.F. No. 1799,

A bill for an act

relating to health; providing for evaluation of certain changes in certificate of need review; requiring monitoring; amending the thresholds of review; providing for additional waivers; requiring reports; amending Minnesota Statutes 1980, Sections 145.833, Subdivision 5; and 145.835, Subdivisions 3 and 4; repealing Minnesota Statutes 1980, Sections 145.832 to 145.845, as amended; and Minnesota Statutes 1981 Supplement, Section 62D.22, Subdivision 6.

Reports the same back with the recommendation that the bill be amended as follows:

SEE ATTACHED DELETE EVERYTHING AMENDMENT--

And when so amended that the bill be recommended to pass to full committee.

Dick Welch  
Subcommittee Chairman

1 \_\_\_\_\_ moves to amend H. F. 1799 as follows:

2 Delete everything after the enacting clause and insert:

3 "Section 1. [PURPOSE.]

4 The legislature finds that Minnesota has had certificate of  
5 need review since 1971 and that there is a need to evaluate the  
6 requirements of this law, the effect of the law on the current  
7 health care delivery system, and the effect of repeal of the law  
8 on the cost and quality of health care in Minnesota. The  
9 legislature further finds that the public may benefit from  
10 certain changes in the health care system but that supporting  
11 documentation, data, and information are lacking. It is the  
12 intent of the legislature that the Minnesota certificate of need  
13 act not be repealed prior to full consideration of the effects  
14 of such an action on the issue of cost for health care  
15 services. Alternative cost containment measures should be in  
16 place and documentation available that those measures will  
17 benefit the public interest and encourage the benefits of a  
18 price-competitive health care system for the citizens of  
19 Minnnsota.

20 Sec. 2. [144.704] [COLLECTION, ANALYSIS AND DISSEMINATION  
21 OF DIAGNOSTIC AND PRICE INFORMATION.]

22 Subdivision 1. [HOSPITAL REPORTS.] The commissioner of  
23 health may periodically establish a list of illnesses, injuries  
24 and medical conditions which is representative of the diagnoses

1 for which the citizens of the state are hospitalized. The  
2 establishment of this list shall not be subject to the  
3 provisions of sections 15.0412 to 15.0417. The commissioner may  
4 add to or delete from this list. For each of these illnesses,  
5 injuries and medical conditions, every hospital shall, within 90  
6 days of the close of its fiscal year, report to the commissioner  
7 the following information for that fiscal year:

8 (a) the number of patients discharged;

9 (b) the shortest and longest lengths of patient stay in the  
10 hospital, the mean length of stay, and the respective lengths of  
11 stay at the 25th, 50th and 75th percentiles of the total range  
12 of lengths of stay;

13 (c) the lowest and highest prices for hospital services,  
14 the mean price, and the respective prices at the 25th, 50th and  
15 75th percentiles of the total range of prices;

16 (d) a separation of the mean price into mean component  
17 prices for routine room and board, special care unit room and  
18 board, nursery services, delivery room use, operating room use,  
19 anesthesia services, pharmacy services, laboratory services,  
20 radiology services, supplies and other services; and

21 (e) any additional information influencing prices that is  
22 specified in rules promulgated by the commissioner pursuant to  
23 this section.

24 Subd. 2. [HEALTH PROVIDER REPORTS.] The commissioner of  
25 health shall periodically establish a list of illnesses,  
26 injuries and medical conditions which are representative of  
27 diagnoses and conditions for which citizens of the state seek  
28 treatment from persons regulated by the health-related licensing  
29 boards as defined in section 214.01, subdivision 2 or by the  
30 commissioner pursuant to section 214.13. The establishment of  
31 this list shall not be subject to the provisions of section  
32 15.0412 to 15.0417. For each of these illnesses, injuries and  
33 medical conditions, every regulated health care provider shall  
34 report the following information for that fiscal year:

35 (a) the number of patients treated;

36 (b) the number of office visits required to complete

1 treatment for the average patient;

2 (c) the lowest and highest prices and the mean price;

3 (d) a separation of the mean price into the mean component

4 prices for a routine office visit, prescription drugs,

5 laboratory and radiology services, supplies and other treatment

6 prices; and

7 (e) any additional information influencing prices that is

8 specified in rules promulgated by the commissioner.

9 Subd. 3. [SOURCE OF INFORMATION.] The information

10 described in subdivisions 1 and 2 may be directly compiled and

11 submitted to the commissioner by the hospital or regulated

12 health care provider, or in the interests of efficiency and at

13 the hospital's or provider's option, the information may be

14 submitted through any entity which collects or compiles all or

15 portions of the information for several hospitals or providers.

16 When information is furnished through such an entity, the

17 commissioner shall pay the entity a reasonable fee for the costs

18 of organizing and providing the information in the form called

19 for by this section. In both cases, the information shall be

20 provided in such a manner as to adequately differentiate among

21 patient characteristics which may influence the consumption of

22 resources during treatment, including:

23 (a) the presence of secondary diagnoses;

24 (b) medical complications;

25 (c) the need for surgery;

26 (d) the age of patients; and

27 (e) any additional patient characteristics which affect the

28 consumption of resources during treatment and which are

29 specified in rules promulgated by the commissioner pursuant to

30 this section.

31 Subd. 4. [SAMPLES.] The commissioner may, in the interests

32 of efficiency, permit a hospital to submit the information

33 described in subdivisions 1 and 2 in the form of statistically

34 valid samples of the patients discharged from the hospital

35 during the fiscal year.

36 Subd. 5. [FOSTERING PRICE COMPETITION.] The commissioner

1 shall analyze the information provided under this section and  
2 shall disseminate the information and analyses so as to foster  
3 the development of price competition among hospitals and  
4 regulated health care providers.

5 Subd. 6. [RULES.] The commissioner may promulgate such  
6 rules pursuant to chapter 15 as are necessary to implement the  
7 provisions of this section.

8 Sec. 3. Minnesota Statutes 1980, Section 145.833,  
9 Subdivision 5, is amended to read:

10 Subd. 5. "Construction or modification" means:

11 (a) Any erection, building, alteration, reconstruction,  
12 modernization, improvement, extension, lease or other  
13 acquisition, or any purchase, lease or other acquisition of  
14 diagnostic or therapeutic equipment, by or on behalf of a health  
15 care facility which:

16 (1) Requires, or would require if purchased, a total  
17 capital expenditure, under generally accepted accounting  
18 principles, in excess of ~~\$150,000~~ \$600,000, and which, under  
19 generally accepted accounting principles, is not properly  
20 chargeable as an expense of operation and maintenance; or

21 (2) Changes the bed capacity of a health care facility in a  
22 manner which increases the total number of beds, or distributes  
23 beds among various categories, or relocates beds from one  
24 physical facility or site to another, by more than ten beds or  
25 more than ten percent of the licensed bed capacity, whichever is  
26 less, over a two year period;

27 (b) Any expansion or extension of the scope or type of  
28 existing health services rendered by a health care facility if  
29 expansions or extensions of the scope or type of existing health  
30 services requires a capital expenditure in excess of \$50,000  
31 during any continuous 12 month period for that service;

32 (c) The establishment of a new health care facility or any  
33 predevelopment activity by or on behalf of a health care  
34 facility which may result in a proposal reviewable according to  
35 sections 145.832 to 145.845;

36 (d)(c) Any establishment of a new institutional health  
---

1 service, excluding home health services, by a health care  
2 facility which is to be offered in or through a health care  
3 facility and which was not offered on a regular basis in or  
4 through that facility within the 12 month period prior to the  
5 time when that service is intended to be offered; and

6 ~~(e)~~(d) The purchase, lease or other acquisition of  
7 ~~---~~  
8 diagnostic or therapeutic equipment by a licensed medical  
9 doctor, a group of licensed medical doctors, or a professional  
10 corporation of licensed medical doctors organized pursuant to  
11 chapter 319A, which requires, or would require if purchased, a  
12 capital expenditure in excess of ~~\$150,000~~ \$400,000 for any one  
13 item of equipment and is determined by the state commissioner of  
14 health to be designed to circumvent the provisions of sections  
15 145.832 to 145.845; and

16 ~~-----~~  
17 (e) The purchase, lease or other acquisition of diagnostic  
18 or therapeutic equipment by, or on behalf of, a health care  
19 facility which requires, or would require if purchased, a total  
20 capital expenditure in excess of \$400,000 for any one item of  
21 equipment.  
22 ~~-----~~

23 Sec. 4. Minnesota Statutes 1980, Section 145.835,  
24 Subdivision 3, is amended to read:

25 Subd. 3. [PHYSICIANS; NOTICE OF ACQUISITION OF EQUIPMENT.]  
26 A licensed medical doctor, a group of licensed medical doctors,  
27 or a professional corporation of licensed medical doctors  
28 organized pursuant to chapter 319A, proposing to purchase, lease  
29 or otherwise acquire one or more items of diagnostic or  
30 therapeutic equipment which require a capital expenditure in  
31 excess of ~~\$150,000~~ \$400,000 shall, prior to purchasing or  
32 acquiring the equipment, notify the health systems agency and  
33 the commissioner of health of the proposed acquisition or  
34 purchase.

35 The commissioner of health shall within 60 days of receipt  
36 of the notice determine whether or not the proposed acquisition  
37 or purchase is designed to circumvent the provisions of sections  
38 145.832 to 145.845. A hearing shall be held if requested by the  
39 applicant or the health systems agency. The commissioner of

1 health shall notify the applicant and the health systems agency  
2 in writing of its determination. If the commissioner of health  
3 determines that the proposed acquisition or purchase is not  
4 designed to circumvent the provisions of sections 145.832 to  
5 145.845, no certificate of need shall be required of the  
6 applicant. If the commissioner of health determines that the  
7 proposed acquisition or purchase is designed to circumvent the  
8 provisions of sections 145.832 to 145.845, the applicant must  
9 obtain a certificate of need.

10 Sec. 5. Minnesota Statutes 1980, Section 145.835,  
11 Subdivision 4, is amended to read:

12 Subd. 4. [WAIVERS.] A proposed construction or  
13 modification may be granted a waiver from the requirements of  
14 section 145.834 by the commissioner of health if, based on the  
15 recommendation of the health systems agency, the commissioner  
16 determines that:

17 (a) The proposed capital expenditure is less than three  
18 percent of the annual operating budget of the facility applying  
19 for a waiver; and the expenditure is required solely to meet  
20 mandatory federal or state requirements of law; or

21 (b) The construction or modification is not related to  
22 direct patient care services, such as parking lots, sprinkler  
23 systems, heating or air conditioning equipment, fire doors, food  
24 service equipment, building maintenance, or other constructions  
25 or modifications of a like nature;

26 (c) The construction or modification is exclusively for  
27 ambulatory care services; or  
-----

28 (d) The construction or modification is for an experimental  
29 or demonstration project.  
-----

30 The commissioner of health, after consultation with the  
31 state planning agency and the health systems agencies, may by  
32 rule provide for the granting of waivers under other situations  
33 the commissioner of health deems appropriate and not  
34 inconsistent with sections 145.832 to 145.845 and 42 U.S.C.,  
35 Section 300k, et seq.

36 Proposed criteria for waivers (c) and (d) of this section  
-----

1 shall be published in the state register by June 1, 1982 and the  
2 public shall be given an opportunity to review and comment on  
3 the proposed criteria prior to implementation. The criteria are  
4 not subject to the requirements of sections 15.0412 to 15.0417.  
5 The criteria shall be published in the state register and  
6 implemented by August 15, 1982.

7 The request for a waiver shall be submitted by the  
8 applicant to the health systems agency at the same time the  
9 applicant submits a notice of intent to the health systems  
10 agency pursuant to subdivision 1. Within 30 days of the  
11 request, the health systems agency shall submit its  
12 recommendation on the issue of the waiver to the commissioner of  
13 health, but the recommendation shall not be binding on the  
14 commissioner of health. The commissioner of health shall notify  
15 the applicant and the health systems agency of the decision to  
16 grant or deny the waiver within 30 days of receipt of the  
17 recommendation from the health systems agency.

18 Sec. 6. [MONITORING THE EFFECTS; TRANSITIONAL PERIOD.]

19 Subdivision 1. [DEVELOPMENT OF PERFORMANCE INDICATORS.]

20 The commissioner of health shall consult with the commissioner  
21 of energy, planning and development and the commissioner of  
22 public welfare and other interested persons to define industry  
23 economic performance indicators to be used to monitor the effect  
24 of the amendments to the certificate of need act on the costs of  
25 health care.

26 Subd. 2. [PUBLIC REVIEW AND COMMENT.] By August 15, 1982,  
27 the commissioner of health shall publish in the state register  
28 proposed industry economic performance indicators to be used to  
29 monitor the effect of sections 3 to 5 on the health care  
30 system. These indicators shall not be subject to the  
31 requirements of sections 15.0412 to 15.0417 but the public shall  
32 be given the opportunity to review and comment on the indicators  
33 prior to their implementation. Final industry economic  
34 performance indicators shall be published in the state register  
35 and implemented by October 15, 1982.

36 Subd. 3. [MONITOR; REPORT.] The commissioner shall monitor

1 the economic performance of the industry and shall provide the  
2 legislature with a report concerning the preliminary effects,  
3 especially the financial impact, on the health care system  
4 created by sections 3 to 5.

5 Subd. 4. [FACILITY REPORTS.] All health care facilities  
6 which commence construction or modification projects not now  
7 reviewable pursuant to sections 3 to 5, but which would have  
8 been reviewed prior to implementation of this section, shall  
9 submit to the commissioner of health at the time of project  
10 commencement the following information:

11 (a) an estimate of capital expenditures associated with the  
12 construction or modification; and

13 (b) an estimate of expenses and revenues projected to be  
14 associated with the construction or modification for a period of  
15 five years after initial operation of the project involved.

16 Sec. 7. Minnesota Statutes 1981 Supplement, Section  
17 250.05, Subdivision 4, is amended to read:

18 Subd. 4. The Gillette hospital board, acting through its  
19 board of directors, may contract with the governing body and the  
20 owners of the Ramsey county hospital and of any other hospital  
21 or institution, for the joint maintenance and operation of the  
22 Gillette children's hospital in conjunction with existing or  
23 contemplated facilities at the Ramsey county hospital. Contracts  
24 may include agreements for the joint employment and utilization  
25 of personnel, the joint purchase of supplies and equipment, and  
26 joint construction, acquisition, or leasing of space for  
27 offices, outpatient facilities, operating rooms, and other  
28 medical facilities for use in training in the care and treatment  
29 of crippled and handicapped children, the operation of a brace  
30 shop, and the conduct of patient education programs. No  
31 contract shall however, provide for the expenditure of funds for  
32 additional patient bed capacity. The Gillette hospital board  
33 shall be subject to the certificate of need act provided in  
34 sections 145-832 to 145-845. In any case wherein a certificate  
35 of need is required, the Gillette hospital board shall, at the  
36 time of application, notify the house committee on

1 appropriations and the senate finance committee, whose opinion  
2 shall be advisory only.

3 Sec. 8. Minnesota Statutes 1981 Supplement, Section  
4 447.45, Subdivision 1, is amended to read:

5 Subdivision 1. Any county, city, or hospital district,  
6 except cities of the first class and counties in which are  
7 located any cities of the first class, is authorized, in  
8 addition to and not in substitution for any other power granted  
9 to it by law, to issue revenue bonds by resolution or  
10 resolutions of its governing body to finance the acquisition and  
11 betterment of hospital, nursing home and related medical  
12 facilities, or any of them, including but without limitation the  
13 payment of interest during construction and for a reasonable  
14 period thereafter and the establishment of reserves for bond  
15 payment and for working capital, and, in connection with the  
16 acquisition of any existing hospital or nursing home facilities,  
17 to retire outstanding indebtedness incurred to finance the  
18 construction of the existing facilities. The authority granted  
19 by this section shall not apply to any facility to which  
20 sections 145-832 to 145-845 apply, unless a certificate of need  
21 has been issued.

22 Sec. 9. Minnesota Statutes 1981 Supplement, Section  
23 474.03, is amended to read:

24 474.03 [POWERS.]

25 Any municipality or redevelopment agency, in addition to  
26 the powers prescribed elsewhere by the laws of this state, shall  
27 have the power to:

28 (1) Acquire, construct, and hold any lands, buildings,  
29 easements, water and air rights, improvements to lands and  
30 buildings, and capital equipment to be located permanently or  
31 used exclusively on a designated site and solid waste disposal  
32 and pollution control equipment, and alternative energy  
33 equipment and inventory, regardless of where located, which are  
34 deemed necessary in connection with a project to be situated  
35 within the state, whether wholly or partially within or without  
36 the municipality or redevelopment agency, and construct,

1 reconstruct, improve, better, and extend such project;

2       (2) Issue revenue bonds, in anticipation of the collection  
3 of revenues of such project, to finance, in whole or in part,  
4 the cost of the acquisition, construction, reconstruction,  
5 improvement, betterment, or extension thereof and, in the case  
6 of an alternative energy project, in addition to the other  
7 powers granted by this chapter, to finance the acquisition and  
8 leasing or sale of equipment and products to others;

9       (3) Issue revenue bonds to pay, purchase or discharge all  
10 or any part of the outstanding indebtedness of a contracting  
11 party engaged primarily in the operation of one or more  
12 nonprofit hospitals or nursing homes, theretofore incurred in  
13 the acquisition or betterment of its existing hospital or  
14 nursing home facilities, including, to the extent deemed  
15 necessary by the governing body of the municipality or  
16 redevelopment agency, any unpaid interest on such indebtedness  
17 accrued or to accrue to the date on which such indebtedness is  
18 finally paid; and any premium the governing body of the  
19 municipality or redevelopment agency determines to be necessary  
20 to be paid to pay, purchase or defease such outstanding  
21 indebtedness; if revenue bonds are issued for this purpose, the  
22 refinancing and the existing properties of the contracting party  
23 shall be deemed to constitute a project under section 474.02,  
24 subdivision 1c. Industrial revenue bonds shall only be  
25 available under this provision if the commissioner of securities  
26 and real estate has been shown that a reduction in debt service  
27 charges to patients and third party payors will occur. All  
28 reductions in debt service charges pursuant to this program  
29 shall be passed on to patients and third party payors. These  
30 industrial revenue bonds may not be used for any purpose not  
31 consistent with the provisions of sections 145-832 to 145-845 or  
32 chapter 256B;

33       Nothing in this subdivision is intended to prohibit the use  
34 of revenue bond proceeds to pay outstanding indebtedness of a  
35 contracting party to the extent now permitted by law;

36       (4) Enter into a revenue agreement with any person, firm,

1 or public or private corporation or federal or state  
2 governmental subdivision or agency in such manner that payments  
3 required thereby to be made by the contracting party shall be  
4 fixed, and revised from time to time as necessary, so as to  
5 produce income and revenue sufficient to provide for the prompt  
6 payment of principal of and interest on all bonds issued  
7 hereunder when due, and the revenue agreement shall also provide  
8 that the contracting party shall be required to pay all expenses  
9 of the operation and maintenance of the project including, but  
10 without limitation, adequate insurance thereon and insurance  
11 against all liability for injury to persons or property arising  
12 from the operation thereof, and all taxes and special  
13 assessments levied upon or with respect to the project and  
14 payable during the term of the revenue agreement, during which  
15 term a tax shall be imposed and collected pursuant to the  
16 provisions of section 272.01, subdivision 2, for the privilege  
17 of using and possessing the project, in the same amount and to  
18 the same extent as though the contracting party were the owner  
19 of all real and personal property comprising the project;

20 (5) Pledge and assign to the holders of such bonds or a  
21 trustee therefor all or any part of the revenues of one or more  
22 projects and define and segregate such revenues or provide for  
23 the payment thereof to a trustee, whether or not such trustee is  
24 in possession of the project under a mortgage or otherwise;

25 (6) Mortgage or otherwise encumber such projects in favor  
26 of the municipality or redevelopment agency, the holders of such  
27 bonds, or a trustee therefor, provided that in creating any such  
28 mortgages or encumbrances a municipality or redevelopment agency  
29 shall not have the power to obligate itself except with respect  
30 to the project;

31 (7) Make all contracts, execute all instruments, and do all  
32 things necessary or convenient in the exercise of the powers  
33 herein granted, or in the performance of its covenants or  
34 duties, or in order to secure the payment of its bonds;  
35 including, but without limitation, a contract entered into prior  
36 to the construction of the project authorizing the contracting

1 party, subject to such terms and conditions as the municipality  
2 or redevelopment agency shall find necessary or desirable and  
3 proper, to provide for the construction, acquisition, and  
4 installation of the buildings, improvements, and equipment to be  
5 included in the project by any means available to the  
6 contracting party and in the manner determined by the  
7 contracting party and without advertisement for bids as may be  
8 required for the construction or acquisition of other municipal  
9 facilities;

10 (8) Enter into and perform such contracts and agreements  
11 with other municipalities, political subdivisions, and state  
12 agencies, authorities, and institutions as the respective  
13 governing bodies of the same may deem proper and feasible for or  
14 concerning the planning, construction, lease, purchase,  
15 mortgaging or other acquisition, and the financing of a project,  
16 and the maintenance thereof, including an agreement whereby one  
17 municipality issues its revenue bonds in behalf of one or more  
18 other municipalities pursuant to revenue agreements with the  
19 same or different contracting parties, which contracts and  
20 agreements may establish a board, commission, or such other body  
21 as may be deemed proper for the supervision and general  
22 management of the facilities of the project; provided, no  
23 municipality or redevelopment agency shall enter into or perform  
24 any contract or agreement with any school district under which  
25 the municipality or redevelopment agency issues its revenue  
26 bonds or otherwise provides for the construction of school  
27 facilities and the school leases or otherwise acquires these  
28 facilities;

29 (9) Accept from any authorized agency of the federal  
30 government loans or grants for the planning, construction,  
31 acquisition, leasing, purchase, or other provision of any  
32 project, and enter into agreements with such agency respecting  
33 such loans or grants;

34 (10) Sell and convey all properties acquired in connection  
35 with such projects, including without limitation the sale and  
36 conveyance thereof subject to such mortgage as herein provided,

1 and the sale and conveyance thereof under an option granted to  
2 the lessee of the project, for such price, and at such time as  
3 the governing body of the municipality or redevelopment agency  
4 may determine, provided, however, that no sale or conveyance of  
5 such properties shall ever be made in such manner as to impair  
6 the rights or interests of the holder, or holders, of any bonds  
7 issued under the authority of this chapter;

8 (11) Issue revenue bonds to refund, in whole or in part,  
9 bonds previously issued by such municipality or redevelopment  
10 agency under authority of this chapter;

11 (12) If so provided in the revenue agreement, terminate the  
12 agreement and re-enter or repossess the project upon the default  
13 of the contracting party, and operate, lease, or sell the  
14 project in such manner as may be authorized or required by the  
15 provisions of the revenue agreement or of the resolution or  
16 indenture securing the bonds issued for the project; any revenue  
17 agreement which includes provision for a conveyance of real  
18 estate to the contracting party may be terminated in accordance  
19 with the revenue agreement, notwithstanding that such revenue  
20 agreement may constitute an equitable mortgage provided that no  
21 municipality or redevelopment agency shall have power otherwise  
22 to operate any project referred to in this chapter as a business  
23 or in any manner whatsoever, and nothing herein authorizes any  
24 municipality or redevelopment agency to expend any funds on any  
25 project herein described, other than the revenues of such  
26 projects, or the proceeds of revenue bonds and notes issued  
27 hereunder, or other funds granted to the municipality or  
28 redevelopment agency for the purposes herein contemplated,  
29 except as may be otherwise permitted by law and except to  
30 enforce any right or remedy under any revenue agreement or  
31 related agreement for the benefit of the bondholders or for the  
32 protection of any security given in connection with a revenue  
33 agreement, provided that the public cost of redevelopment of  
34 land paid by a city or its redevelopment agency shall not be  
35 deemed part of the cost of any project situated on such land;

36 (13) Invest or deposit, or authorize a trustee to invest or

1 deposit, any money on hand in funds or accounts established in  
2 connection with a project or payment of bonds issued therefor,  
3 to the extent they are not presently needed for the purposes for  
4 which such funds or accounts were created, in accordance with  
5 section 471.56, as amended; and

6 (14) Waive or require the furnishing of a contractors  
7 payment and performance bond of the kind described in section  
8 574.26 and if such bond shall be required, then the provisions  
9 of chapter 514 relating to liens for labor and materials, shall  
10 not be applicable in respect of any work done or labor or  
11 materials supplied for the project, and if such bond be waived  
12 then the said provisions of chapter 514 shall apply in respect  
13 of work done or labor or materials supplied for the project.

14 Sec. 10. [REGIONAL HEALTH PLANNING REPORT.]

15 The commissioner of energy, planning and development shall  
16 -----  
17 address the discontinuance of health systems agencies due to the  
18 -----  
19 elimination of federal funds and prepare recommendations to the  
20 -----  
21 legislature by January 2, 1983 concerning alternative  
22 -----  
23 organizational arrangements and funding sources which could  
24 -----  
25 maintain statewide or statewide and regional participation in a  
26 -----  
27 state health planning system.  
28 -----

22 Sec. 11. [REPEALER.]

23 Minnesota Statutes 1980, Sections 145.832; 145.833;  
24 -----  
25 145.835, as amended by Laws 1981, Chapter 356, Section 172;  
26 -----  
27 145.836, as amended by Laws 1981, Chapter 356, Section 173;  
28 -----  
29 145.837, as amended by Laws 1981, Chapter 356, Section 174;  
30 -----  
31 145.838, as amended by Laws 1981, First Special Session, Chapter  
32 -----  
33 4, Article I, Section 80; 145.839; 145.84; 145.841; 145.842;  
34 -----  
35 145.843; 145.844; Minnesota Statutes 1981 Supplement, Sections  
36 -----  
62D.22, Subdivision 6; 145.834; and 145.845, are repealed.  
-----

31 Sec. 12. [EFFECTIVE DATE.]

32 Sections 1, 3 to 6 and 10 are effective the day following  
33 -----  
34 enactment. Section 2 shall become effective 60 days after the  
35 -----  
36 commissioner of health certifies to the health and welfare  
37 -----  
38 committees of the house and senate that the voluntary efforts to  
39 -----  
40 promote price competition and to implement the reporting  
41 -----

1 requirements of section 2 have not made satisfactory progress.  
-----  
2 This certification shall take the form of a written report  
-----  
3 delivered to the chairmen of the house and senate committees by  
-----  
4 January 2, 1983. Notice of the date of the delivery shall be  
-----  
5 published in the state register. Sections 7 to 9 and 11 are  
-----  
6 effective March 15, 1984."  
-----

7 Amend the title as follows:

8 Page 1, line 3, after the semicolon insert "Requiring  
9 certain price information to be reported and disseminated;"

10 Page 1, line 7, delete "and"

11 Page 1, line 8, after the semi-colon insert "Minnesota  
12 Statutes 1981 Supplement, Sections 250.05, Subdivision 4;  
13 447.45, Subdivision 1; and 474.03; Proposing new law coded in  
14 Minnesota Statutes, Chapter 144;"

Introduced by Swanson, Welch

H.F. No. 1799

February 1st, 1982  
Ref to Com on Health & Welfare

Companion S.F. No. \_\_\_\_\_  
Ref. to S. Com. on \_\_\_\_\_

Reproduced by PHILLIPS LEGISLATIVE SERVICE, INC.

1 A bill for an act

2 relating to health; providing for evaluation of  
3 certain changes in certificate of need review;  
4 requiring monitoring; amending the thresholds of  
5 review; providing for additional waivers; requiring  
6 reports; amending Minnesota Statutes 1980, Sections  
7 145.833, Subdivision 5; and 145.835, Subdivisions 3  
8 and 4; repealing Minnesota Statutes 1980, Sections  
9 145.832 to 145.845, as amended; and Minnesota Statutes  
10 1981 Supplement, Section 62D.22, Subdivision 6.

11

12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

13 Section 1. [PURPOSE.]

14 The legislature finds that Minnesota has had certificate of  
15 need review since 1971 and that there is a need to evaluate the  
16 requirements of this law, the effect of the law on the current  
17 health care delivery system, and the effect of repeal or  
18 amendment to the law on the cost and quality of health care in  
19 Minnesota. The legislature further finds that the public may  
20 benefit from certain changes in the health care system but that  
21 supporting documentation, data, and information are lacking. It  
22 is the intent of the legislature that the Minnesota certificate  
23 of need act not be repealed prior to full consideration of the  
24 effects of such an action on the issues of cost and quality for  
25 health care services. Alternative cost containment measures  
26 should be in place and documentation available that those  
27 measures will benefit the public interest and encourage the  
28 benefits of a price-competitive health care system for the

1 citizens of Minnnsota.  
-----

2 Sec. 2. Minnesota Statutes 1980, Section 145.833,

3 Subdivision 5, is amended to read:

4 Subd. 5. "Construction or modification" means:

5 (a) Any erection, building, alteration, reconstruction,  
6 modernization, improvement, extension, lease or other  
7 acquisition, or any purchase, lease or other acquisition of  
8 diagnostic or therapeutic equipment, by or on behalf of a health  
9 care facility which:

10 (1) Requires, or would require if purchased, a total  
11 capital expenditure in excess of ~~\$150,000~~ \$600,000, and which,  
12 -----  
13 under generally accepted accounting principles, is not properly  
14 chargeable as an expense of operation and maintenance; or

15 (2) Changes the bed capacity of a health care facility in a  
16 manner which increases the total number of beds, or distributes  
17 beds among various categories, or relocates beds from one  
18 physical facility or site to another, by more than ten beds or  
19 more than ten percent of the licensed bed capacity, whichever is  
20 less, over a two year period;

21 (b) Any expansion or extension of the scope or type of  
22 existing health services rendered by a health care facility if  
23 expansions or extensions of the scope or type of existing health  
24 services requires a capital expenditure in excess of \$50,000  
25 during any continuous 12 month period for that service;

26 (c) The establishment of a new health care facility or any  
27 predevelopment activity by or on behalf of a health care  
28 facility which may result in a proposal reviewable according to  
29 sections 145.832 to 145.845;

30 (d) Any establishment of a new institutional health  
31 service, excluding home health services, by a health care  
32 facility which is to be offered in or through a health care  
33 facility and which was not offered on a regular basis in or  
34 through that facility within the 12 month period prior to the  
35 time when that service is intended to be offered; and

36 (e) (d) The purchase, lease or other acquisition of  
-----  
diagnostic or therapeutic equipment by a licensed medical

1 doctor, a group of licensed medical doctors, or a professional  
2 corporation of licensed medical doctors organized pursuant to  
3 chapter 319A, which requires, or would require if purchased, a  
4 capital expenditure in excess of ~~\$150,000~~ \$400,000 for any one  
5 item of equipment and is determined by the state commissioner of  
6 health to be designed to circumvent the provisions of sections  
7 145.832 to 145.845.

8 Sec. 3. Minnesota Statutes 1980, Section 145.835,  
9 Subdivision 3, is amended to read:

10 Subd. 3. [PHYSICIANS; NOTICE OF ACQUISITION OF EQUIPMENT.]  
11 A licensed medical doctor, a group of licensed medical doctors,  
12 or a professional corporation of licensed medical doctors  
13 organized pursuant to chapter 319A, proposing to purchase, lease  
14 or otherwise acquire one or more items of diagnostic or  
15 therapeutic equipment which require a capital expenditure in  
16 excess of ~~\$150,000~~ \$400,000 shall, prior to purchasing or  
17 acquiring the equipment, notify the health systems agency and  
18 the commissioner of health of the proposed acquisition or  
19 purchase.

20 The commissioner of health shall within 60 days of receipt  
21 of the notice determine whether or not the proposed acquisition  
22 or purchase is designed to circumvent the provisions of sections  
23 145.832 to 145.845. A hearing shall be held if requested by the  
24 applicant or the health systems agency. The commissioner of  
25 health shall notify the applicant and the health systems agency  
26 in writing of its determination. If the commissioner of health  
27 determines that the proposed acquisition or purchase is not  
28 designed to circumvent the provisions of sections 145.832 to  
29 145.845, no certificate of need shall be required of the  
30 applicant. If the commissioner of health determines that the  
31 proposed acquisition or purchase is designed to circumvent the  
32 provisions of sections 145.832 to 145.845, the applicant must  
33 obtain a certificate of need.

34 Sec. 4. Minnesota Statutes 1980, Section 145.835,  
35 Subdivision 4, is amended to read:

36 Subd. 4. [WAIVERS.] A proposed construction or

1 modification may be granted a waiver from the requirements of  
2 section 145.834 by the commissioner of health if, based on the  
3 recommendation of the health systems agency, the commissioner  
4 determines that:

5 (a) The proposed capital expenditure is less than three  
6 percent of the annual operating budget of the facility applying  
7 for a waiver; and the expenditure is required solely to meet  
8 mandatory federal or state requirements of law; or

9 (b) The construction or modification is not related to  
10 direct patient care services, such as parking lots, sprinkler  
11 systems, heating or air conditioning equipment, fire doors, food  
12 service equipment, building maintenance, or other constructions  
13 or modifications of a like nature; or

14 (c) The institution-based or licensed free standing  
15 ambulatory care program is exclusively for ambulatory care  
16 services.

17 The commissioner of health, after consultation with the  
18 state planning agency and the health systems agencies, may by  
19 rule provide for the granting of waivers under other situations  
20 the commissioner of health deems appropriate and not  
21 inconsistent with sections 145.832 to 145.845 and 42 U.S.C.,  
22 Section 300k, et seq.

23 The request for a waiver shall be submitted by the  
24 applicant to the health systems agency at the same time the  
25 applicant submits a notice of intent to the health systems  
26 agency pursuant to subdivision 1. Within 30 days of the  
27 request, the health systems agency shall submit its  
28 recommendation on the issue of the waiver to the commissioner of  
29 health, but the recommendation shall not be binding on the  
30 commissioner of health. The commissioner of health shall notify  
31 the applicant and the health systems agency of the decision to  
32 grant or deny the waiver within 30 days of receipt of the  
33 recommendation from the health systems agency.

34 Sec. 5. [MONITORING THE EFFECTS; TRANSITIONAL PERIOD.]

35 Subdivision 1. [DATA DEFINED.] Prior to any repeal or  
36 amendments to the Minnesota certificate of need act, the

1 commissioner of health shall consult with the commissioner of  
 2 energy, planning and development and other interested persons to  
 3 define the market performance indicators and financial variables  
 4 to be used to monitor the effect of these amendments on costs  
 5 and quality to the public and to the health care system.  
 6 Comparison data shall include data from at least the previous  
 7 five-year period.

8 Subd. 2. [REVIEW AND COMMENT.] By August 15, 1982, the  
 9 commissioner of health shall publish in the state register the  
 10 market performance indicators and financial variables that will  
 11 be used to monitor the effect of amendments in the certificate  
 12 of need act on the health care system and the criteria for  
 13 waiving certain programs or services from review pursuant to  
 14 sections 2, 3, and 4. These indicators, variables, and criteria  
 15 shall not be subject to the requirements of the administrative  
 16 procedures act but the public shall be given the opportunity to  
 17 review and comment to the commissioner prior to implementation.

18 Subd. 3. [REPORT.] The commissioner shall prepare a report  
 19 to the legislature by December 15, 1983, concerning the  
 20 preliminary effects, especially the fiscal impact, created by  
 21 amendments in certificate of need review to the health care  
 22 system.

23 Sec. 6. [REGIONAL HEALTH PLANNING.]

24 The commissioner of energy, planning and development shall  
 25 prepare recommendations to the legislature by January 1, 1983,  
 26 concerning reorganization and funding of the regional health  
 27 systems agencies. The recommendations shall address local match  
 28 requirements, merger or consolidation, maintaining sub-area  
 29 councils, and maintaining current interstate planning.

30 Sec. 7. [REPEALER.]

31 Minnesota Statutes 1980, Sections 145.832; 145.833;  
 32 145.835, as amended by Laws 1981, Chapter 356, Section 172;  
 33 145.836, as amended by Laws 1981, Chapter 356, Section 173;  
 34 145.837, as amended by Laws 1981, Chapter 356, Section 174;  
 35 145.838, as amended by Laws 1981, First Special Session, Chapter  
 36 4, Article I, Section 80; 145.839; 145.84; 145.841; 145.842;

1 145.843; 145.844; Minnesota Statutes 1981 Supplement, Sections  
-----  
2 62D.22, Subdivision 6; 145.834; and 145.845, are repealed.  
-----

3 Sec. 8. [EFFECTIVE DATE.]

4 Sections 1, 5, and 6 are effective the day following final  
-----  
5 enactment. Section 7 is effective August 1, 1984.  
-----

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

APR 1 1982

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory? *Yes*
2. Has it been completed and sent to the Minnesota Council on Health?
3. If no --
  - a. Will it be completed?
  - b. When?
  - c. Comments
4. If yes --
  - a. Did you have any problems?
  - b. Has data summary been returned by the Council?
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  
Why?
  - e. Did you have all information needed from LWVMN?  
Did you have all information needed from the Council?
  - f. Would you recommend this project for other local Leagues?

THANK YOU

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

MAR 23 1982

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory? *No - not enough time*
2. Has it been completed and sent to the Minnesota Council on Health?
3. If no --
  - a. Will it be completed?
  - b. When?
  - c. Comments

4. If yes --
  - a. Did you have any problems?
  - b. Has data summary been returned by the Council?
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other

- d. Rate this project --

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Why?

- e. Did you have all information needed from LWVMN?

Did you have all information needed from the Council?

- f. Would you recommend this project for other local Leagues?

THANK YOU

MAR 29 1982

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

*Maktonnadi*

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory? *No*
2. Has it been completed and sent to the Minnesota Council on Health?
3. If no --
  - a. Will it be completed?
  - b. When?
  - c. Comments
4. If yes --
  - a. Did you have any problems?
  - b. Has data summary been returned by the Council?
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  
Why?
  - e. Did you have all information needed from LWVMN?  
Did you have all information needed from the Council?
  - f. Would you recommend this project for other local Leagues?

THANK YOU

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

*St. Cloud Area*

APR 2 1982

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory? *Yes*
2. Has it been completed and sent to the Minnesota Council on Health? *Yes*
3. If no --
  - a. Will it be completed?
  - b. When?
  - c. Comments
4. If yes --
  - a. Did you have any problems? *No Took a while to find some info*
  - b. Has data summary been returned by the Council? *No*
  - c. How will you use the data?
    1. unit presentation *Did this in Sept. 1981, o*
    2. study and action
    3. publicize in the community - *Radio program Sept '81, Radio program in March '82, Newspaper article April 1982 - feature*
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_\_ Good X Fair \_\_\_\_\_ Poor \_\_\_\_\_  
Why? *feel that the indicators used could have been more comprehensive.*
  - e. Did you have all information needed from LWVMN? *Yes*  
Did you have all information needed from the Council? *Yes.*
  - f. Would you recommend this project for other local Leagues? *Yes good opportunity to examine Health Status of community and Wellness Resources*

THANK YOU

*the some statistics (current) were hard to come by. We had to use 1979 data, as the last year for which the complete statistics were available.*

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory? *NO*
2. Has it been completed and sent to the Minnesota Council on Health?
3. If no --
  - a. Will it be completed? *NO*
  - b. When?
  - c. Comments
4. If yes --
  - a. Did you have any problems?
  - b. Has data summary been returned by the Council?
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  
Why?
  - e. Did you have all information needed from LWVMN?  
Did you have all information needed from the Council?
  - f. Would you recommend this project for other local Leagues?

THANK YOU

*Quatonna League*

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

*St. Paul*  
*K. Cairns*  
*645-5502 (h)*

PLEASE RETURN TO LWVMN BY APRIL 30

APR 8 1982

1. Did your League agree to do the Wellness Inventory?

*No*

2. Has it been completed and sent to the Minnesota Council on Health?

3. If no --

a. Will it be completed? *No*

b. When?

c. Comments

*Our Committee felt that this was a duplication of existing information that was available in our community.*

4. If yes --

a. Did you have any problems?

b. Has data summary been returned by the Council?

c. How will you use the data?

1. unit presentation

2. study and action

3. publicize in the community

4. other

d. Rate this project --

Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

Why?

e. Did you have all information needed from LWVMN?

Did you have all information needed from the Council?

f. Would you recommend this project for other local Leagues?

THANK YOU

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

*St. Croix Valley*

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory? *NO*
2. Has it been completed and sent to the Minnesota Council on Health?
3. If no --
  - a. Will it be completed? *NO*
  - b. When?
  - c. Comments
4. If yes --
  - a. Did you have any problems?
  - b. Has data summary been returned by the Council?
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  
Why?
  - e. Did you have all information needed from LWVMN?  
Did you have all information needed from the Council?
  - f. Would you recommend this project for other local Leagues?

THANK YOU

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

ARDEN HILLS / SHOREVIEW

APR 9 1982

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory? *No*
2. Has it been completed and sent to the Minnesota Council on Health?
3. If no --
  - a. Will it be completed?
  - b. When?
  - c. Comments
4. If yes --
  - a. Did you have any problems?
  - b. Has data summary been returned by the Council?
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  
Why?
  - e. Did you have all information needed from LWVMN?  
Did you have all information needed from the Council?
  - f. Would you recommend this project for other local Leagues?

THANK YOU

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

*Richfield*

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory? *No -*
2. Has it been completed and sent to the Minnesota Council on Health?
3. If no -- *We do not have this on our agenda at the present time.*
  - a. Will it be completed?
  - b. When?
  - c. Comments
4. If yes --
  - a. Did you have any problems?
  - b. Has data summary been returned by the Council?
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  
Why?
  - e. Did you have all information needed from LWVMN?  
Did you have all information needed from the Council?
  - f. Would you recommend this project for other local Leagues?

THANK YOU

*Richfield L.W.V.  
Betty Carr, Pres.*

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

*Washington*  
APR 27 1982

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory?  
*NO*
2. Has it been completed and sent to the Minnesota Council on Health?
3. If no --
  - a. Will it be completed? *NO*
  - b. When?
  - c. Comments
4. If yes --
  - a. Did you have any problems?
  - b. Has data summary been returned by the Council?
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  
Why?
  - e. Did you have all information needed from LWVMN?  
Did you have all information needed from the Council?
  - f. Would you recommend this project for other local Leagues?

THANK YOU

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

APR 15 1982

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory? *no - not done in metro area*
2. Has it been completed and sent to the Minnesota Council on Health?
3. If no --
  - a. Will it be completed?
  - b. When?
  - c. Comments
4. If yes --
  - a. Did you have any problems?
  - b. Has data summary been returned by the Council?
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  
Why?
  - e. Did you have all information needed from LWVMN?  
Did you have all information needed from the Council?
  - f. Would you recommend this project for other local Leagues?

THANK YOU

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

APR 30 1982

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory?
2. Has it been completed and sent to the Minnesota Council on Health?
3. If no --
  - a. Will it be completed?
  - b. When?
  - c. Comments
4. If yes --
  - a. Did you have any problems?
  - b. Has data summary been returned by the Council?
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  
Why?
  - e. Did you have all information needed from LWVMN?  
Did you have all information needed from the Council?
  - f. Would you recommend this project for other local Leagues?

*no, we did "our own thing" using HCLWV material plus some extra mpls. material. Only a small percentage of units participated. We got a much more in depth look at the community than the Wellness Inventory would have produced for our community.*

*B. Dols,  
Mpls. L.W.V.*

THANK YOU

*Dorothy*

APR 30 1982

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

PLEASE RETURN TO LWVMN BY APRIL 30

*Grand Reports*

1. Did your League agree to do the Wellness Inventory? *yes*
2. Has it been completed and sent to the Minnesota Council on Health? *no*
3. If no --
  - a. Will it be completed?
  - b. When? *by June 30th.*
  - c. Comments
4. If yes --
  - a. Did you have any problems?
  - b. Has data summary been returned by the Council?
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  
Why?
  - e. Did you have all information needed from LWVMN?  
Did you have all information needed from the Council?
  - f. Would you recommend this project for other local Leagues?

THANK YOU

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

APR 29 1982

*LWV of Cass Lake*

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory? *No - we didn't have the "woman power" to do it this*
2. Has it been completed and sent to the Minnesota Council on Health? *past year - but would like to consider doing it some time soon.*
3. If no --
  - a. Will it be completed?
  - b. When?
  - c. Comments
4. If yes --
  - a. Did you have any problems?
  - b. Has data summary been returned by the Council?
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  
Why?
  - e. Did you have all information needed from LWVMN?  
Did you have all information needed from the Council?
  - f. Would you recommend this project for other local Leagues?

THANK YOU

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

APR 29 1982

*Marshall*

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory?

*yes & work was started on it.*

2. Has it been completed and sent to the Minnesota Council on Health?

*no*

3. If no --

a. Will it be completed? *no*

b. When?

c. Comments -

*had concerns about paying for computer info & interest in doing the inventory decreased greatly.*

4. If yes --

a. Did you have any problems?

b. Has data summary been returned by the Council?

c. How will you use the data?

1. unit presentation

2. study and action

3. publicize in the community

4. other

d. Rate this project --

Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

Why?

e. Did you have all information needed from LWVMN?

Did you have all information needed from the Council?

f. Would you recommend this project for other local Leagues?

THANK YOU

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

*New Ulm*  
APR 16 1982

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory? *Yes*
2. Has it been completed and sent to the Minnesota Council on Health?
3. If no --
  - a. Will it be completed?
  - b. When?
  - c. Comments
4. If yes --
  - a. Did you have any problems? *no.*
  - b. Has data summary been returned by the Council? *no*
  - c. How will you use the data?
    1. unit presentation *possibly*
    2. study and action
    3. publicize in the community *possibly*
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_ Good X Fair \_\_\_\_ Poor \_\_\_\_  
Why?
  - e. Did you have all information needed from LWVMN? *yes.*  
Did you have all information needed from the Council?
  - f. Would you recommend this project for other local Leagues? *I don't know.*  
*It was a good review for me & I'll be interested*

THANK YOU

*To find how we compare*

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

*Shakespeare*  
APR 16 1982

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory? *yes*
2. Has it been completed and sent to the Minnesota Council on Health? *yes*
3. If no --
  - a. Will it be completed?
  - b. When?
  - c. Comments
4. If yes --
  - a. Did you have any problems? *yes*
  - b. Has data summary been returned by the Council? *No*
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_ Good X Fair \_\_\_\_ Poor \_\_\_\_  
Why? *interesting stats*
  - e. Did you have all information needed from LWVMN? *yes*  
Did you have all information needed from the Council? *yes*
  - f. Would you recommend this project for other local Leagues? *yes*

THANK YOU

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

APR 14 1982  
Mankato Area League of Women Voters  
P.O. BOX 1261  
MANKATO, MN 56001

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory? *no*
2. Has it been completed and sent to the Minnesota Council on Health? *no*
3. If no -- *no member interest/ time available*
  - a. Will it be completed?
  - b. When?
  - c. Comments
4. If yes --
  - a. Did you have any problems?
  - b. Has data summary been returned by the Council?
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  
Why?
  - e. Did you have all information needed from LWVMN?  
Did you have all information needed from the Council?
  - f. Would you recommend this project for other local Leagues?

THANK YOU

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

MAY 6 1982

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory? *No*
2. Has it been completed and sent to the Minnesota Council on Health? *No*
3. If no --
  - a. Will it be completed?
  - b. When?
  - c. Comments *We did our own survey which was different from the Wellness Inventory - it was more of an overview.*
4. If yes --
  - a. Did you have any problems?
  - b. Has data summary been returned by the Council?
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_  
Why?
  - e. Did you have all information needed from LWVMN?  
Did you have all information needed from the Council?
  - f. Would you recommend this project for other local Leagues?

THANK YOU

*Judy Smith  
Edina LWW*

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

MAY 20 1982

*Buffalo-Monticello  
Area League*

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory? *no*
2. Has it been completed and sent to the Minnesota Council on Health?
3. If no --
  - a. Will it be completed? *not this year*
  - b. When?
  - c. Comments
4. If yes --
  - a. Did you have any problems?
  - b. Has data summary been returned by the Council?
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  
Why?
  - e. Did you have all information needed from LWVMN?  
Did you have all information needed from the Council?
  - f. Would you recommend this project for other local Leagues?

THANK YOU

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

MAY 14 1982 PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory? *No*
2. Has it been completed and sent to the Minnesota Council on Health?
3. If no --
  - a. Will it be completed?
  - b. When?
  - c. Comments
4. If yes --
  - a. Did you have any problems?
  - b. Has data summary been returned by the Council?
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  
Why?
  - e. Did you have all information needed from LWVMN?  
Did you have all information needed from the Council?
  - f. Would you recommend this project for other local Leagues?

THANK YOU

*Eveline Deephaven LWV*

TO: Local League Presidents of Health Care Chairs  
FROM: Ann Pugliese, LWVMN Health Care Chair  
RE: Wellness Inventory Evaluation

WBL/n.o.  
MAY 11 1982

PLEASE RETURN TO LWVMN BY APRIL 30

1. Did your League agree to do the Wellness Inventory? *No*
2. Has it been completed and sent to the Minnesota Council on Health?
3. If no --
  - a. Will it be completed?
  - b. When?
  - c. Comments
4. If yes --
  - a. Did you have any problems?
  - b. Has data summary been returned by the Council?
  - c. How will you use the data?
    1. unit presentation
    2. study and action
    3. publicize in the community
    4. other
  - d. Rate this project --  
Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  
Why?
  - e. Did you have all information needed from LWVMN?  
Did you have all information needed from the Council?
  - f. Would you recommend this project for other local Leagues?

THANK YOU