

**PRESS RELEASE**

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**CCHC Closed Meeting Provision Attached  
to Anti-Terrorism Bill**

*St. Paul, Minnesota*— Closed meetings on security and emergency response procedures should not include discussions and decisions about medical procedures that impact the physical bodies of citizens, says Citizens' Council on Health Care (CCHC). The Civil Law Committee agreed. The amendment proposed by CCHC, and approved by the bill's author, was attached to the Minnesota House anti-terrorism bill (HF 2746).

“We wanted to secure the right of citizens to be a part of any discussion about mandatory treatment, vaccination, surveillance and quarantine,” says Twila Brase, president of CCHC.

Brase notes that these mandates are part of the proposed Minnesota Health Powers Act, authored by Rep. Tom Huntley (D-Duluth). The Minnesota Act was written following the federal proposal published in October by the Centers for Disease Control and Prevention, the federal Model Emergency State Health Powers Act. The Act places public health officials in control of personal property, medical services, and persons if the Governor declares a public health emergency. Control of persons includes mandatory medical treatment, medical testing, specimen collection, vaccinations, and placement in quarantine or isolation.

In addition, both state and federal versions of the Act would implement ongoing health surveillance systems requiring health care practitioners, health care facilities, and pharmacists to report patients and symptoms to the state health department any time a person was suspected of harboring an illness or condition considered a threat to the public's health.

The CCHC amendment prohibits state officials from closing meetings to the public when such activities are to be discussed.

THE AMENDMENT: The words proposed by CCHC were: “unrelated to medical treatment, vaccination, medical testing, health surveillance, isolation, and quarantine of individuals.”

Once amended, the sentence in the bill read as follows:

“Meetings may be closed to receive security briefings and reports and to discuss issues related to security systems, emergency response procedures unrelated to medical treatment, vaccination, medical testing, health surveillance, isolation, and quarantine of individuals and security deficiencies in public services, infrastructure and facilities, if disclosure of the information discussed would pose a clear danger to public safety”