

2009 Legislative Summary

A number of bills of interest to the Minnesota Department of Health (MDH) were passed and signed into law in the 2009 legislative session. Below is a summary of key policy items.

Primary seat belt (HF108*/SF42)

This new law modifies regulation of seat belts. It requires seat belt use in every seat by every person on every occasion, with standard exemptions for postal workers, news carriers, and a few other job-related exceptions. The new law makes failure to wear a seat belt a “primary offense,” which means that law enforcement can stop a vehicle solely for suspected violation of the seat belt requirement.

Equal access to acupuncture (HF286/SF245*)

This law requires health insurance coverage to provide access to licensed acupuncture practitioners in a similar manner required by existing law for certain other non-physician health care providers. The law provides for direct access, meaning a health plan company cannot require that enrollees obtain a referral for these services. In addition, the law states that this provision will apply to all health plan companies and it amends the health maintenance organization law to specifically require equal and direct access to acupuncture services.

Bisphenol-A in children’s products (HF326/SF247*)

This law bans the sale of certain products designed for children that contain bisphenol-A (BPA). “Children’s products” are defined in the law as bottles and cups to be filled with liquid, pacifiers and teething rings, designed to be used by children under 3 years of age. The new law applies to manufacturers and wholesalers by January 1, 2010 and to retailers by January 1, 2011. Funding is provided to the department for duties related to harmful chemicals and products.

EMS technical changes (HF842/SF675*)

This new law allows rural ambulance services, whose service areas include territory within a metro area, to seek an ambulance staffing variance from the EMSRB. Currently, a rural ambulance service may only seek a staffing variance if the entire service area lies outside a metropolitan county or major city.

Volunteer health practitioners (HF521/SF457*)

This law authorizes that volunteer health practitioners who are deployed while an emergency declaration is in effect may practice in the state, within the scope of their practice. This law also includes a definition of a “volunteer health practitioner” and clarifies that a volunteer health practitioner is entitled to certain liability protections, unless the license is suspended, revoked, or subject to an agency order limiting or restricting the practitioner’s practice.

Radiation therapy moratorium (HF177/SF162*)

This law extends the moratorium on radiation therapy facility construction until August 1, 2014, in the following counties: Hennepin, Ramsey, Dakota, Washington, Anoka, Carver, Scott, St. Louis, Sherburne, Benton, Stearns, Chisago, Isanti, and Wright.

WIC coupons for organic foods (HF285/SF213*)

This law permits the use of Women’s Infants and Children’s program (WIC) vouchers to purchase cost-neutral organic WIC allowable foods. The law also requires the commissioner of health, in accordance with federal requirements, to regularly evaluate the WIC allowable food list and add to the list any organic WIC allowable foods determined to be cost-neutral.



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Rural health cooperatives

(HF120/SF203*)

This law establishes a process for state oversight and approval of health provider cooperatives' contracts with health plans and other third-party payers. The law establishes a system of review and supervision of health care cooperative negotiations to preserve competition and ensure that these arrangements are not in violation of antitrust law. The set of criteria MDH is required to use to review and approve these contracts is outlined in the law.

Hospital construction moratorium exception (HF665/SF615*)

This law establishes a new exception to the hospital construction moratorium, to allow the construction of a specialty psychiatric hospital in western Hennepin County. The law states that the new facility must not have more than 20 beds and must exclusively serve patients under the age of 21.

Youth violence prevention

(HF1328*/1235)

This new law seeks to address youth violence as a public health problem and sets requirements for violence prevention programs for at-risk youth. In coordination with the departments of Public Safety, Human Services, and Education, MDH is required to identify and provide technical assistance to five such prevention programs. In addition, MDH is required to monitor the progress and effectiveness of these programs. The law also requires MDH to apply for private, state, or federal funding and states that the requirement to support the five programs is only effective if funding is available to do so.

Health care agents

(HF1448/SF1887*)

The law expands access and notification to a health care agent under certain circumstances. Specifically, it adds "health care agent" as a type of individual who can receive records in a variety of settings as defined in existing statutes, as well as have access to a person in quarantine or isolation.

Technology standards for health information technology

(HF384*/SF704)

This law requires a study to identify and make recommendations regarding greater use of Electronic Data Interchange for specified health care administrative activities. The commissioner of health is to consult on the study with the Minnesota Administrative Uniformity Committee (AUC) and the commissioner of human services.

The study must include recommendations regarding:

- a single standardized system for specified health care administrative transactions, and identification of a range of technologies for the purpose
- the relationship of the technologies of interest to e-prescribing requirements of MN Statutes § 62J.497
- achieving consistency with national standards
- prioritizing the implementation of specific technologies in relation to efforts to meet other already existing state and federal requirements.

The law also requires an analysis of the readiness of provider and group purchasers to implement appropriate technologies and to comply with technology requirements already in law.

Omnibus Cultural and Outdoor Resources (HF1231*/SF1651)

This law provides appropriations from sales tax revenues deposited in four dedicated funds – the Outdoor Heritage Fund, the Clean Water Fund, the Parks and Trails Fund and the Arts and Cultural Heritage Fund.

The law includes \$3.75 million for acceleration of two programs to strengthen MDH drinking water programs that evaluate and protect drinking water. The resources expand MDH capacity to identify and research drinking water contaminants of emerging concern and analyze the risks from exposures, and accelerate the development and implementation of wellhead protection plans for public water supplies.

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County mandate reduction

(HF1276*/SF986)

This law provides a number of provisions intended to create efficiencies for counties. This law predominantly affects Minnesota Department of Human Services and counties' activities.

In the new law, MDH must accept the audit responsibilities of an independent auditor of a health plan, including standards and audit practices, when the audit procedures are comparable to or more stringent than the commissioner's audit procedures.

The law also makes changes related to the care of nursing home residents with incontinency and/or residents who need repositioning. Under the new law, nursing homes are required to use the comprehensive assessment plan of care as tools for determining the appropriate time intervals for serving residents. This change will help better serve patients, as previous law required nursing homes to do these activities at two hour intervals regardless of the residents' unique needs and plans of care.

In addition, this law removes nurse supervision of Class B home care workers, who do not do any delegated nursing services. Current law requires Class B workers to receive nurse supervision every 180 days.

Omnibus health policy bill

(HF1760*/SF1526)

This law contains various provisions related to health care policy. Specifically the law:

- Prohibits a health carrier from refusing to offer an individual health plan to a Minnesota resident solely because the individual had a previous cesarean delivery.
- Updates Minnesota's definition of "standard reference compendia" for off-label drugs. This updated definition matches Medicare's definition and ensures that all insured consumers will be treated the same regardless of their insurance coverage.
- Adds county-based purchasing arrangements to the definition of "health plan companies." As such, county-based purchasing arrangements will be required to participate in all of the health care reform activities passed in the 2008 Legislative session.

- Adds members to the Health Care Reform Review Council. The commissioners of health and human services update this council quarterly on health reform activities.
- Changes physician assistants from a registered occupation to a licensed occupation. This clarification also modifies the number of physician assistants that may be supervised by a physician (from 2 to 5).
- Adds the chancellor of Minnesota State Colleges and Universities and the president of the University of Minnesota to the list of individuals the commissioner of health will collaborate with in coordinating and implementing the state's suicide prevention plan.
- Makes technical modifications regarding the regulation of chiropractors and licensed psychologists under their respective statutes.
- Amends the definition of "doula services" to clarify services and adds a private certifying organization from which a doula can obtain certification.
- Modifies the Safe Patient Handling Act to include clinical settings under the Occupational Safety and Health Act. These provisions are enforced by the Minnesota Department of Labor and Industry.
- States that 911 services may include a referral to mental health crisis teams, where available.
- Provides clarifying language regarding the records retention schedule for data collected under the Minnesota Vulnerable Adults Act. These provisions also reference federal requirements for data collection.
- Requires reporting facilities to consider staffing levels as a potential contributing factor for any adverse health event. In addition, MDH is required to consult with a variety of stakeholders to develop questions related to staffing that can be incorporated into the adverse health events reporting system. The questions will allow for additional clarity for reporting facilities regarding expectations for staffing level analysis as part of the root cause analysis process.
- Requires the Minnesota Board on Aging to convene an Alzheimer's disease working group. A designee of the commissioner of health is required to participate in the working group. The group must make recommendations and submit a report to the Legislature in January 2011.

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Child passenger restraints in motor vehicles (HF267/SF99*)

This law expands required use of a child passenger restraint system. Under the new law, children under the age of eight and under 4 feet 9 inches must be in a child passenger restraint system while in a motor vehicle. Violation of the law is a petty misdemeanor, with the driver fined up to \$50. The fine will be waived if within 14 days the driver proves that he or she purchased a system for use.

Sex offender program modifications (HF1639/SF1436*)

The law makes program changes to the Minnesota Sex Offender Program which is administered by the Minnesota Department of Human Services (DHS). The law adds definitions of “civilly committed sex offender” and “community preparation services” and adds community preparation services to the type of facility settings and services provided by the Minnesota Sex Offender Program (MSOP).

Pharmacy practice (HF53/SF29*)

This law adds pharmacists to the list of professions that physicians may allow to prescribe drugs via a written protocol. The most common application of the law will be to allow pharmacists to adjust dosages of anticoagulant medications prescribed to heart failure patients within a pre-set range based on lab results. This provision was a recommendation from the Workforce Shortage Work Group.

Health information technology (HF1322/SF1890*)

This law modifies provisions related to health information technology requirements in an effort to align state requirements to meet requirements of the federal HITECH Act. The law also allows Minnesota to access American Recovery and Reinvestment Act (ARRA) funds, to advance the adoption and meaningful use of health information technology. In addition, the law maximizes Minnesota’s current investments in the Minnesota e-Health Initiative.

Federal stimulus oversight (HF2251*/SF1938)

This law provides funding to Minnesota Management and Budget for operating expenditures

for compliance with federal American Recovery and Reinvestment Act (ARRA) reporting requirements. The law also appropriates funds to the state auditor to conduct special investigations and oversight activities to ensure financial control and transparency requirements of the ARRA funding.

Financial records disclosure (HF818*/SF758)

This new law makes a number of statutory changes regarding investigations and crimes for maltreatment or financial exploitation of vulnerable adults.

Technical corrections to HHS omnibus budget bill (HF1988*/SF1924)

This law makes technical corrections to the Health and Human Services omnibus budget bill, and amends statute to align with the budget as enacted in Chapter 79. All the changes impacting MDH are technical and were recommended by MDH to align Chapter 79 with the budget tracking documents.

Omnibus Higher Education (HF869/SF2083*)

This law contains a number of provisions of interest to Higher Education in Minnesota, two of which are of interest to MDH:

- The first expressly states that appropriations included for the University of Minnesota Board of Regents must not be used to either support human cloning or to pay for any expenses incidental to human cloning.
- The second creates two new midlevel dental providers - a dental therapist and an advanced dental therapist. The law also includes an appropriation to MDH for the purpose of developing an evaluation process that focuses on assessing the impact of dental therapists and advanced dental therapists in terms of patient safety, cost-effectiveness and access to dental services.