

# MDH Policy Initiatives Summary

## Trauma triage and transportation revisions (HF1293/SF1217\*)

This new law will reduce death and disability by better ensuring that severely injured patients are promptly transported to and treated at hospitals most appropriate to care for the severity of their injuries.

The new law, specific to ground scene responses, makes the following changes to the state trauma system:

- Allows metro area major trauma patients to be transported to a level I trauma hospital versus a closer level II trauma hospital if those resources are best for the patient. This gives emergency medical services (EMS) flexibility to identify the most appropriate hospital to meet patient needs.
- The new law also allows rural major trauma patients to be initially transported to the closest trauma hospital rather than a more distant higher designated facility. This will expedite stabilization and transfer of these patients to definitive care (level I or II trauma hospitals).
- Finally, it clarifies directives for trauma patients with compromised airways by stipulating a time parameter of 30 minutes, and direction for what to do if a designated hospital is not available, assuring that this urgent condition is quickly addressed.

In addition to the specifics outlined above, the new law also provides for regular updates on trauma patient transports to each regional trauma advisory committee.

## Mass dispensing, health volunteers and quarantine (HF1554/SF1462\*)

This new law makes a number of updates to the state's emergency preparedness laws to help ensure that Minnesota is ready to respond in the event of an emergency.

Specifically, the new law makes the following changes:

- **Isolation and quarantine (I/Q)** - The new law removes the sunset on peace officers authority to use force when a person flees or by a commissioner's temporary hold directive. It also directs the Supreme Court to develop compensation procedures for language interpreters and medical experts who assist appointed defense counsel. Finally, it removes a statutory inconsistency so that persons who wish to challenge recommended I/Q have the opportunity to have the trial court appoint defense counsel to be paid by the state or local health agency seeking the order.
- **Mass dispensing** - The new law expands the commissioner's authority to designate individuals permitted to administer medications where a local board of health requests the commissioner's assistance and removes the existing sunset. In addition, the new language adds and defines alternative methods of mass dispensing and provides liability protections for closed point of dispensing sites.
- **Minnesota Responds Medical Reserve Corps (MRC)** - The new law clarifies the commissioner's authority to request MRC health volunteers. It also clarifies the commissioner's authority to provide MRC volunteers liability and workers' compensation protection. The new law also clarifies that a MRC volunteer's rights and benefits are not affected by any vacation leave, pay, or other compensation provided by the volunteer's employer during volunteer service requested by the commissioner. These provisions will support the work of volunteers to the Minnesota Mobile Medical Unit (MMU) which was recently acquired by MDH. The MMU can serve as a replacement for, or supplement to, local medical care after a disaster.
- **Commissioner prescribing and possession of prescription drugs** - The new law clarifies the prescribing authority of the commissioner for mass dispensing and gives the commissioner the authority to modify requirements for drug



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labeling or medical screening during emergencies. It also brings up to date the list of drugs that may be purchased and stored by MDH for mass dispensing purposes.

### Health program updates and repealers (HF1745\*/SF1445)

This new law allows for more effective administration of regulations that the Department of Health is authorized to administer. Included in this new law are provisions initiated by MDH and others that were added as amendments by the House and Senate.

The MDH initiatives in this legislation update a number of health programs in the following ways:

- Repeals duplicate and unnecessary mortuary science rules already found in Minnesota statute.
- Amends the occupational regulations for speech language pathologists (SLP) and audiologists to improve the effectiveness and efficiency of regulatory activity. Changes include modifying a service description in the scope of practice to make the language consistent with the national definition and substituting audits to replace required licensee submission of documents verifying attendance at continuing education. For audiologists only, the new law combines the current biennial base license fee of \$200 and the biennial surcharge fee of \$235 into one total biennial license fee of \$435. This change is a combination of the existing fees only and has no fiscal impact.
- Facilitates the transition of the current case mix system from the current federal assessment instrument (MDS 2.0) to the new federal assessment instrument (MDS 3.0) to be implemented October 1, 2010. The new law provides permissive language allowing MDH to use the most recent version available. MDH will work with the Department of Human Services to establish procedures in transitioning rates under the current RUGS to the RUGS under MDS 3.0.
- Develops fair and equitable fee schedules for Food Beverage Lodging (FBL) licensing requirements. The new law deletes the specific expiration date for food beverage and lodging establishments, changing it to an annual license that may be issued at any time during the year. This will allow local agencies with delegation

agreements the flexibility to determine the annual due date for food, beverage and lodging activities. In addition, mobile food units are permitted to have a license sticker rather than a paper license to post. This will help inform consumers and local units of government of license status.

- Reduces regulatory restrictiveness for occupational therapy practitioners (OTPs) for using physical agent modalities (PAMs, which involve the use of heat, cold, ultrasound and/or electrotherapy in treatments) under the supervision of an approved practitioner. The new law also updates the definition of “licensed health care professional” by adding physician assistants and advanced practice nurses to the types of practitioners with whom OTPs must coordinate their services. A final set of changes address a number of regulatory inconsistencies. First, the new law clarifies requirements for first-time applicants for a license and licenses seeking to renew licensed status after a lapse of years. A second change requires first-time OT license applicants who waited some years after completing their education and national test to take continuing education, to complete a refresher course, retake the exam before applying and/or apply for a limited license and work under supervision. The third change requires persons to retake the PAMs coursework if they wait more than two years before applying for commissioner of health approval to use PAMs in their practice after initially completing the PAMs training.

The law also includes a number of additional provisions that were added as amendments by the House and Senate, including:

- Two provisions addressing needed changes to a 2008 law authorizing pharmacies to administer flu vaccines to individuals over 10 years of age and all other vaccines to individuals over 18 years of age. The change provides MDH the flexibility to enroll pharmacies in the Minnesota Vaccines for Children (MnVFC) program, as required by federal law, based on the program’s infrastructure capacity. It also fixes an error in the 2008 law that mistakenly stated that pharmacies were able to administer vaccines to children over 10 years of age, the updated language states that pharmacies may administer vaccines to children age 10 and older.

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- An additional provision relating to the pediatric vaccine administration program, which states that pharmacies and pharmacists providing immunizations to children under private insurance or fee-for-service arrangements prior to June 1, 2009 that are not enrolled in the pediatric vaccine administration program must stop providing these services to this group after December 31, 2009.
- A health-related board provision requiring the board to advise a complainant of the right to appeal a board decision before a specified date.
- A technical provision instructing the revisor of statutes to transfer the Center for Health Care Purchasing Improvement language to the correct statute governing health care cost containment (62J). The Center for Health Care Purchasing Improvement was transferred to MDH when the Department of Employee Relations was abolished.
- Amendments to various sections of the current Social Work Practice Act.