



Legislative
Session
Resource
Book

2013

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MDH Policy Initiatives Summary

MDH Omnibus Policy Bill (HF 662 / SF 887*)

This law (2013 Laws Ch. 43) establishes a series of policy and technical provisions particular to MDH.

Health Care Complaint Interviews. These new laws require MDH to interview family members when doing investigations into complaints regarding a vulnerable adult against an HMO or against an administrative agency, a health care provider, a home care provider, a residential care home, or a health facility. If the resident is directing their own care, MDH can only contact a family member if the resident directs MDH to do so. This language was not a department initiative but was added by the legislature during the committee process.

Health Professional Loan Forgiveness. This law changes the requirement of loan forgiveness participants to annually provide MDH an affidavit for verification of appropriate practice. Instead, participants will now be required to provide a confirmation of appropriate practice. Confirmations are less burdensome than affidavits without diminishing oversight.

Minnesota Radon Awareness Act. This new law creates a radon material fact disclosure requirement during residential real estate transactions. The seller of residential real estate property is required to provide the buyer with information on any radon testing done on the home, what the results were if tested, and a radon brochure created by MDH on the health effects relating to radon exposure.

Tuberculosis Prevention and Control. These laws update Minnesota's statutorily required standards for tuberculosis (TB) control in MDH regulated health facilities to align with the Centers for Disease Control and Prevention (CDC) standards for industry best practices. Boarding Care Homes, Home Care Providers, Nursing Homes, and Supervised Living Facilities have already been complying with the CDC standards since 2009 per an MDH Information Bulletin. The laws for Hospices and Outpatient Surgical Centers were outdated.

Adverse Events Reporting System. This law updates Minnesota's adverse health events reporting law to reflect definitions adopted by the National Quality Forum in 2011. The changes include the addition of several new reportable events and the deletion or revision of others.

Homeless Shelter Exemption from Uniform Consumer Information Guide. This law exempts Housing with Service establishments providing housing to prevent homelessness from the state's Uniform Consumer Information Guide requirements pertaining to the development of a consumer guide for the purposes of enabling comparison shopping.

Minnesota Poison Control System. This law would align the Poison Control System with standard practice on contracts allowing for a Request for Proposal to be issued every five years, dependent on successful performance and continued funding availability.

Minnesota Responds Medical Reserve Corps: Liability Coverage. This law clarifies liability coverage for volunteers as part of the Minnesota Responds Medical Reserve Corps. Volunteers have liability coverage during emergencies; this law clarifies that volunteers who participate in training and exercises also have liability coverage. The volunteers deployed by the commissioner of health will be covered under the state liability program and county volunteers would be covered through the county liability carrier.

Minnesota Responds Medical Reserve Corps: Criminal Background Studies. This new law establishes permissive language for MDH to conduct background checks on the Mobile Field Medical Team and the Behavioral Health Team that are a part of the Medical Reserve Corps. Conducting background studies on disaster volunteers is recommended by the U.S. Department of Health and Human Services and is in line with these volunteers' expectations for service.

Body Art Regulation. This law provides a few technical changes to the body art statute. First, a clarification in statute is provided regarding the specific types of establishments in the definition of establishment. Second, MDH is permitted to approve temporary event permits which arrive less than 14 days before the event provided MDH staff have sufficient time to complete an inspection. Third, statute is clarified to require aftercare instructions to include instructions to seek medical attention at the sign of obvious infection.

A new provision in law makes it a gross misdemeanor to practice body art without a license. The gross misdemeanor will allow MDH to refer information about unlicensed practice to local law enforcement. Law enforcement will have discretion

to investigate the activity and bring criminal charges as appropriate.

Occupational Therapy Practitioners & Physical Agent Modalities. These laws clarify current statutory requirements that both Occupational Therapists and Occupational Therapy Assistants must seek approval from the Commissioner of Health prior to using physical agent modalities in their practice.

Field Delivered Therapy. This new law allows MDH to practice Field Delivered Therapy. Field Delivered Therapy is the practice of having a trained disease investigator deliver a single-dose of oral antibiotic to individuals and their sexual partners who have been diagnosed with, but not treated for, chlamydia and/or gonorrhea.

Repealer. This provision repeals old and outdated statutes.

Loan Repayment - Federal regulations on the program have changed removing the need for these statutes (Minnesota Statutes 2012, sections 144.1487; 144.1488; 144.1489; 144.1490; and 144.1491).

Body Art – A transition period in the body art statute (Ch. 146B) has expired and is removed. Two sections pertaining to piercing and tattooing of minors that predate the body art statute are removed as these sections were duplicated and strengthened within the body art statute when it was enacted (Minnesota Statutes 2012, sections 146B.03, subdivision 10; 325F.814; and 609.2246).

Genetic Information (HF 695 / SF745*)

This law (2013 Laws Ch. 82) provides express authority for MDH to continue collecting, storing, using, and disseminating biological specimens and

health data for health department program operations, public health practice, and public health oversight activities. MS 13.386 requires express authority for these activities; and this law provides that requirement. The law clarifies that MDH is expressly authorized to conduct its current activities; it does not expand any department activities or authority. In certain circumstances, data collected, used, disseminated and stored by local public health agencies is also authorized.

The department is also required to develop and publish retention schedules for biological specimens. An annual inventory of biological specimens, registries, health data, and databases collected by the Commissioner of Health is required by the law. The retention schedules and inventory are to be posted on the department's Web site and submitted to the legislature.

MDH brought forward this proposal as a result of a legislative directive in Minnesota Laws 2012, Ch. 292, which required the Commissioner to submit proposed legislation by January 15, 2013, to authorize collection and use of genetic information for existing activities where express authorization was not provided by law. The genetic information language was introduced as MDH initiative HF589/SF1017, and was included in the Omnibus Data Practices bill.

Medical Practice Act (HF 1115 / SF825*)

This law (2013 Laws Ch. 44) makes technical changes to the Minnesota Medical Practice Act, MS Chapter 147, the statute which governs the Board of Medical Practice. These changes were the unanimous recommendations from the Minnesota Medical Practice Act Workgroup.

The law designates MS 147.01 to 147.37 as the "Minnesota Medical Practice Act;" clarifies that not

less than one member of the Board of Medical Practice must be a doctor of osteopathy; allows the Board to establish procedures for conducting face-to-face meetings; adds clarifying language about the relationship between the Health Professionals Services Program and the Board of Medical Practice's license enforcement and disciplinary authority and role; and adds clarifying language stating what health professions the Board of Medical Practice oversees.

MDH brought forward this proposal as a result of a legislative directive in Minnesota Laws 2012, Ch. 278, requiring the Commissioner to submit suggested legislation from the Minnesota Medical Practice Act Workgroup.

Health Insurance Market Rules & ACA Conformity (HF 779* / SF 662)

This law (2013 Laws Ch. 84) updates state law to match new requirements under the federal Affordable Care Act. In addition, the bill establishes a uniform set of health plan market rules that apply to individual and small group health plans. MDH and the Minnesota Department of Commerce will enforce the market rules which include:

- Consumer information disclosures; required to ensure transparency of health plan information, while also protecting trade secret information.
- Marketing standards prohibiting discriminatory practices that would discourage sick people from enrolling in coverage.
- Any carrier that offers a bronze or catastrophic plan must also offer a silver and a gold plan
- Accreditation standards requiring a broad assessment of a health carrier to ensure health plans meet a defined level of quality.
- Network adequacy standards ensuring enrollees have access to care within a certain distance of

their home and with the providers they need, including essential community providers.

- Network providers are prohibited from billing an enrollee over the amount allowed under a carrier's contract.
- Carriers are required to do continuous improvement assessments focusing on specific processes.
- Non-discriminatory geographical service area requirements.
- Limited scope pediatric dental requirements.
- Open enrollment periods for the individual market.

2013 MDH Policy Bills

HF	Author	SF	Author	Title	House status	Senate status	Chapter number & date signed
HF 589	Kahn	SF 1017	Marty	Genetic information provisions changed	2/20 - HHS Policy: Amended & Referred to Data Practices 3/1 - Data Practices: Referred to Civil Law 3/6 - Civil Law: Passed to the Floor 3/13 - Second Reading <i>Met 1st Deadline</i>	3/8 - HHS&H: Amended & Referred to Judiciary 3/18 - Judiciary: Passed to the Floor 3/20 - Second Reading <i>Met 2nd Deadline</i>	Ch. 82; Signed 5/23/13
					4/20 - Second Reading (SF745) 4/25 - Floor: Amended & Passed (73-58) 4/29 - Conf. Committee: Simon, Lesch, Scott 5/15 - Floor: Repassed (133-0)	SF745 ; Sec. 3, 11, 14, 16, 36-37; Added to omnibus data practices bill --- 4/18 - Floor: Passed (41-24) 4/25 - Conf. Committee: Dziedzic; Latz; Rosen 5/15 - Floor: Repassed (63-0)	
HF 1206	Isaacson	--	Marty	Body Art: Establish Criminal Penalties & Technical Changes	3/12 - HHS Policy: Referred to Judiciary 3/19 - Judiciary: Referred to Public Safety 3/20 - Joint Rule 2.03 Referred to Rules	3/4 - HHS&H: Amended onto SF887 (also Marty)	(See HF 662 / SF 887)

2013 MDH Policy Bills

HF	Author	SF	Author	Title	House status	Senate status	Chapter number & date signed
HF 1179	Schomacker	SF 894	Wiklund	Case-Mix Updates & Clarifications	3/19 - HHS Policy: Passed to the Floor 3/20 - Second Reading <i>Met 2nd Deadline</i>	3/4 - HHS&H: Passed to the Floor 3/5 - Second Reading <i>Met 1st Deadline</i> 5/16 - Floor: Passed (63-0)	
HF 1115	Allen	SF 825	Wiklund	Medical Practice Act Work Group Recommendations	3/19 - HHS Policy: Amended & Passed to the Floor 3/21 - Second Reading <i>Met 2nd Deadline</i> 5/2 - Floor: Passed (125-0)	3/4 - HHS&H: Amended & Passed to the Floor 3/5 - Second Reading <i>Met 1st Deadline</i> 4/22 - Floor: Passed (58-6)	Ch. 44; Signed 5/7/13
HF 662	Laine	SF 887	Marty	MDH Policy Omnibus	3/6 - HHS Policy: Amended & Referred to Judiciary 3/13 - Recalled & Referred to Civil Law 3/15 - Civil Law: Amended & Referred to Commerce 3/19 - Commerce: Passed to the Floor 3/21 - Second Reading <i>Met 2nd Deadline</i> 5/1 - Floor: Amended & Passed (79-47)	3/4 - HHS&H: Amended & Referred to Judiciary 3/11 - Judiciary: Amended & Referred without Recommendation to Commerce 3/13 - Commerce: Amended & Referred to Judiciary 3/15 - Judiciary: Amended & Passed to the Floor 3/20 - Second Reading <i>Met 1st Deadline</i> 4/18 - Floor: Amended & Passed (45-20) 5/2 - Floor: Concurred with House Amendments. Repassed (45-17)	Ch. 43; Signed 5/7/13

2013 MDH Policy Bills

HF	Author	SF	Author	Title	House status	Senate status	Chapter number & date signed
HF 779	Atkins	SF 662	Lourey	Health Insurance Market Rules & ACA Conformity	<p><i>(Does not contain HF978 Provisions)</i></p> <p>3/6 - Commerce: Amended & Referred to HHS Policy</p> <p>3/13 - HHS Policy: Amended & Referred to HHS Finance</p> <p>3/20 - HHS Finance: Amended & Referred to Ways & Means</p> <p>4/11 - W&M: Passed as Amended to the Floor <i>(Added HF978 Provisions)</i></p> <p>4/15 - Second Reading</p> <p>4/22 - Floor: Passed as Amended (74-60)</p> <p>5/16 - Floor: Concurred with Senate Amendments. Repassed (73-59)</p>	<p><i>(Contains SF761 Provisions)</i></p> <p>3/11 - Commerce: Amended & Referred to HHS&H</p> <p>3/20 - HHS&H: Amended & Referred to St. Gov.</p> <p>3/21 - St. Gov: Amended & Referred to Finance</p> <p>4/30 - HHS Finance: Amended & Referred to Finance</p> <p>5/6 - Finance: Passed as Amended to Floor</p> <p>5/7 - Second Reading</p> <p>5/15 - Floor: Passed as Amended (40-23)</p>	Ch. 84; Signed 5/24/13
HF 978	Huntley	SF 761	Lourey	ACA Conformity	<p>3/19 - Commerce: Referred to HHS Policy</p> <p>3/20 - Joint Rule 2.03 Referred to Rules</p> <p>4/4 - Rules: Passed to Floor</p> <p>4/8 - Second Reading</p>		(See HF 779 / SF 662)
HF 1143	Poppe	SF 1183	Marty	Canine Rabies Vaccination	<i>Did not make deadline</i>	<i>Did not make deadline</i>	



2013 Legislative Summary

Health and Human Services Omnibus Finance Bill (HF1233*/SF1034)

This law (2013 Laws Ch. 108) provides funding and makes policy changes.

Article 1 - Affordable Care Act Implementation; Better Health Care for More Minnesotans

State-Based Risk Adjustment System

Assessment. MDH is required to study the feasibility of the state conducting a state-based risk adjustment system for implementation of the state health insurance exchange and the ability of the All Payer Claims Database to support this work. An interim report with preliminary findings from MDH is due to the Legislature by March 15, 2014. If the preliminary report finds the All Payer Claims Database sufficient to support this work, a final report is due to the Legislature from MDH and the Department of Human Services by October 1, 2015.

Article 7 – Continuing Care

Case Mix Penalties for late or nonsubmission.

This new provision in law allows a provider penalized for late or nonsubmission of case mix assessments to apply for a reduction in the penalty. The Department of Human Services (DHS), in consultation with MDH but at DHS' sole discretion, may limit the penalty to 15 days.

Licensed beds on layaway status. This change in law allows nursing facilities to layaway licensed beds for six months or more and reduces restrictions on removing or replacing a bed on layaway to six months.

Nicollet County facility project. MDH is required to certify one additional bed in an intermediate care facility for persons with developmental disabilities in Nicollet County.

Article 10 – Health Related Licensing Boards

Inclusion of Other Health-Related Occupations to Criminal Background Checks.

MDH is required to conduct criminal background checks on the health occupations MDH regulates similar to the background checks required of the Health Licensing Boards. A plan to conduct the background checks is required by January 1, 2017.

Article 11 – Home Care Providers

Home Care Providers Licensure Reform. These changes in law codify into statute various provisions that were formally contained in Minnesota Rules, as well as restructuring licensure based on the level of services provided. Licensure will simplify from four license types into two levels of licensure – Basic or Comprehensive.

New license fees are set to support staffing levels necessary to inspect each licensed provider once every three years and new providers within the first year of operation; to conduct license application reviews, complaint investigations, and enforcement actions in a timely fashion; and provide related administrative work. A temporary one-year license for new providers is established, during which an onsite inspection survey is conducted by MDH to ensure new providers are in compliance.

An Advisory Council that includes client and provider membership is created to advise MDH on standards and provider practice issues. A transition period from the old licensure structure, including a phase in of new licensing fees and of requirements to the new structure, is established.

Joint Licensing Study and Recommendations.

MDH and the Department of Human Services are required to jointly develop an integrated licensing system for providers of both home care services and home and community-based services.

Recommendations for legislative changes are due to the Legislature by February 15, 2014.

Correction Order Appeal Process Study. MDH is required to study whether to add a correction order appeal process for Home Health Care conducted by an independent reviewer. The study begins July 1, 2015, and is due to the Legislature February 1, 2016.

Repealer. The repealed home health care licensing statutes are outdated as a result of the Home Care Providers Licensure Reform, and the repealed rules were revised and codified into statute.

Article 12 – Health Department

Medical Education and Research Fund (MERC). MERC provides funding for clinical education to hospitals, clinics and other sites. These changes in law provide formula funding changes as follows:

- Reduces the bonus to sites with Medicaid revenue above a certain level from 20% to 10%, then phases out the bonus in FY 2016.
- Limits funds awarded per trainee.
- Raises the minimum grant.
- Adds additional primary care providers as eligible professions for funding (psychologists,

clinical social workers, community paramedics, community health workers, dental therapists and advanced dental therapists).

- Transfers \$1 million per year to establish a grant program to support family medicine residency programs outside of the 7-county metropolitan area.

Essential Community Providers. This change in law extends essential community provider designation to certain hospitals and affiliated specialty clinics that meet certain criteria.

Bored Geothermal Heat Exchangers. This law change expands the definition of wells and borings to include directional or angled borings for the installation of geothermal heat exchangers.

Lab Contracting. This law change allow MDH to enter into contracts to recover costs incurred for analysis for diagnostic purposes rather than charge a set handling fee.

Newborn Screening Fees. The newborn screening base fee is increased from \$106 to \$135 per specimen screened. The add-on fee for Deaf and Hard-of-Hearing services on the Newborn Screening Program is increased from \$5 to \$15.

Newborn Screening for Critical Congenital Heart Defects. This law sets in statute the requirement that hospitals test for Critical Congenital Heart Defects as part of the MDH administered Newborn Screening program.

Vital Records. These statutory changes make technical updates to align statute with the electronic Minnesota Registration & Certification System (MR&C), launched in 2011, and update language and definitions related to fees. Additionally, the

name of the Office of the State Registrar is changed to the Office of Vital Records.

Stroke Centers. This new law establishes a voluntary process for designating stroke centers and stroke hospitals in the state.

Health Facilities Construction Blueprint Review Fees. This law establishes a new fee for the review of construction plans, specifications, and related documents for health care facilities regulated by MDH before construction is begun.

Newborn Hearing Screening Advisory Committee Extension. The Newborn Hearing Screening Advisory Committee is extended until June 30, 2019.

Newborn Hearing Screening Support Services. This law change provides clarification on family support services; provides for individualized deaf or hard-of-hearing mentors; and specifies participation in these services as voluntary.

Environmental Lab Accreditation Program. MDH is authorized by this law change to contract with qualified and approved entities to assess environmental laboratories as part of the Environmental Lab Accreditation Program overseen by MDH. A selection committee is established to choose qualified entities. Fees are reduced proportionally to the change in MDH workload.

Administrative Penalty Orders for Lead Poisoning. This law change provides increased monetary enforcement authority. The U.S. Environmental Protection Agency required this change in order for the state to maintain MDH's Lead Certification Program. Without this authority, MDH would be required to relinquish this program back to the U.S. Environmental Protection Agency.

Safe Harbor for Sexually Exploited Youth. This new law establishes a Director of Child Sex Trafficking Prevention at MDH; provides duties for the director; establishes grants for regional navigators to coordinate resources and services for sexually exploited youth; and requires a program evaluation submitted to the commissioner of health by September 1, 2015, and every two years thereafter.

Postpartum & Maternal Depression. This law requires MDH, in collaboration with the Department of Human Services, to review postpartum depression materials to determine their effectiveness in reducing racial disparities and to make changes to ensure women of color receive the information. A definition of "maternal depression" is also established.

Statewide Health Improvement Program (SHIP). This provision adds a purpose statement into statute for SHIP as well as language changes regarding grants, technical assistance contracts, health equity, and evaluation requirements. For the legislative report due January 15, 2014, information on the evaluation contracts is required.

Family Home Visiting: Mental Health. This change in law expands the targeted families in the home visiting program to include families with a serious mental health disorder, including maternal depression.

Alkaline Hydrolysis Licensure. This new law and law revisions distinguish alkaline hydrolysis facilities from crematories and establishes a licensing fee for alkaline hydrolysis facilities.

Minnesota Task Force on Prematurity. This law change reduces the number of Task Force members from 15 to 11; removes duties of the Task Force

which have been completed; and extends the final report due date and expiration of the task force by two years, to January 2015.

Funeral Branch Locations Study. This provision requires MDH to review statutory requirements for preparation and embalming rooms of funeral establishments and develop legislation that provides appropriate health and safety protection with input from stakeholders.

Health Equity Report. MDH, in consultation with local public health, health care, and community partners, is required by this provision to write a report on a plan for advancing health equity in Minnesota. The report is due to the Legislature by February 1, 2014.

Guaranteed Renewability Study. This provision requires the Department of Commerce, in consultation with MDH, health carriers and consumer advocates, to study guaranteed renewability of health plans in the individual market.

Capital Reserves Limits Study. This provision requires MDH, in consultation with the Minnesota Department of Human Services and the Department of Commerce, to study methodologies for determining appropriate levels for capital reserves of health maintenance organizations (HMOs) and requirements for reducing capital reserves to any recommended maximum levels. MDH shall consult with HMOs, stakeholders, consumers and other states' insurance regulators. MDH shall then report to the Legislature by February 1, 2014.

Repealers. Outdated statutory language tied to provisions within the legislation is repealed.

- Alkaline Hydrolysis (MS 149A.025; 149A.20 subd. 8; 149A.30 subd. 2; 149A.40 subd. 8; 149A.45 subd. 6; 149A.50 subd. 6; 149A.51 subd. 7; 149A.52 subd. 5a; 149A.53 subd. 9)
- Fees For Diagnostic Laboratory Services, Exception (MS 144.123 subd. 2) – Effective July 1, 2014.
- Medical Research (MS 62J.693)
- Vertical Heat Exchanger (MS 103I.005 subd. 20)

Article 14 – Health and Human Services Appropriations

Statewide Health Improvement Program. \$17.5 million appropriated in FY2014 and FY2015 to conduct the Statewide Health Improvement Program (SHIP). No more than 16% of the funds may be used for administration, technical assistance, and state-level evaluation costs. MDH is required to incorporate strategies for improving health outcomes and reducing health care costs in populations over age 60 into SHIP. (Governor's Budget Request was \$20 million per year)

Statewide Cancer Surveillance System. \$350,000 appropriated in FY2014 and FY2015 to develop and implement a new cancer reporting system. This second-generation statewide cancer data collection system will meet changing state and federal requirements, and provide more detailed cancer information at the local level. (Governor's Budget Request)

Minnesota Poison Information Center. \$500,000 appropriated in FY2014 and FY2015 for operation of the Minnesota Poison Information Center.

Support Services for Deaf and Hard-of-Hearing. \$365,000 appropriated in FY2014 and \$349,000 appropriated in FY2015 to provide support services

to families. \$164,000 appropriated in FY2014 and \$156,000 appropriated in FY2015 for home-based education in American Sign Language for families.

Reproductive Health Strategic Plan to Reduce Health Disparities for Somali Women. To the extent funds are available; MDH shall provide a grant to a Somali-based organization located in the metropolitan area to develop a reproductive health strategic plan to eliminate reproductive health disparities for Somali women. A report on the strategic plan from MDH is due to the Legislature by February 15, 2014.

Sexual Violence Prevention. MDH is required to report to the Legislature on department activities to prevent sexual violence, within available appropriations, by January 15, 2015.

Safe Harbor for Sexually Exploited Youth. \$375,000 appropriated in FY2014 and FY2015 for grants to six regional navigators. \$100,000 appropriated in FY2014 and FY2015 for establishing a Director of Child Sex Trafficking Prevention. \$50,000 appropriated in FY2015 for program evaluation.

TANF Appropriations.

- Family Planning – \$1,156,000 appropriated in FY2014 and FY2015.
- Home Visiting and Nutritional Services – \$3,579,000 appropriated in FY2014 and FY2015.
- Infant Mortality – \$2 million appropriated in FY2014 and FY2015 for decreasing racial and ethnic disparities in infant mortality rates.
- Family Home Visiting Grant Program – \$4 million appropriated in FY2014 and FY2015 to community health boards; \$978,000 appropriated in FY2014 and FY2015 to tribal governments.

Criminal Background Checks. \$111,000 appropriated in FY2017 for implementation of the plan outlined in Article 10.

Infectious Disease Laboratory. \$200,000 appropriated in FY2014 and FY2015 to monitor infectious disease trends and investigate infectious disease outbreaks. (Governor’s Budget Request)

Surveillance for Elevated Blood Lead Levels. \$100,000 appropriated in FY2014 and FY2015 to respond to and prevent childhood lead poisoning. (Governor’s Budget Request)

Regional Support for Local Public Health Departments. \$350,000 appropriated in FY2014 and FY2015 for regional staff who provide specialized expertise to local public health departments. (Governor’s Budget Request)

Environment, Natural Resources and Agriculture Finance and Policy Bill (HF976*/SF1170)

This law (2013 Laws Ch. 114) provides funding and makes policy changes.

Budget Provisions

Perfluorochemical (PFC) Biomonitoring in Eastern Metropolitan Communities. \$313,000 appropriated in FY2014 and FY2015 to conduct a third round of PFC biomonitoring in East Metro communities. This testing was recommended by the state Environmental Health Tracking & Biomonitoring Advisory Panel.

Environmental Health Risk Initiative. \$499,000 appropriated in FY2014 and FY2015 to fund activities, such as health impact assessments, biomonitoring, and community engagement that will focus on the link between environmental risks

and public health, particularly community health. In collaboration with the Minnesota Pollution Control Agency, the work in FY14-15 will focus on chronic respiratory burden in high-density urban areas and mercury levels in children and newborns.

(Governor's Budget Request)

Closed Landfill Health Assessments and Private Water Supply Monitoring. \$252,000 appropriated in FY2014 and FY2015 to provide private water supply monitoring and consultative services around closed landfills and areas contaminated by hazardous releases. (Governor's Budget Request)

Toxic Free Kids Act. \$57,000 appropriated in FY2014 and FY2015 to maintain departmental duties around two lists: Chemicals of High Concern and Priority Chemicals. These are lists of chemicals with a known or suspected probability of being harmful to human health. (Governor's Budget Request)

Environmental Quality Board Assistance for Silica Sand Mining Operations. A technical assistance team is created to provide support to local governments on mining, processing, and transporting silica sand. MDH may be chosen as a representative on this technical assistance team to assist with development of local ordinances, zoning, environmental review, permitting, and monitoring. MDH may be transferred a portion of \$500,000 in FY2014 and FY2015 to staff the technical assistance team.

Policy Provisions

Silica Sand Rules. MDH shall adopt an air quality health-based value for silica sand by January 1, 2014.

Waste Water Laboratory Certification. MDH must continue to certify laboratories until adoption of rules by the Minnesota Pollution Control Agency.

Omnibus Legacy Bill (HF1183*/SF1051)

This law (2013 Laws Ch. 137) provides funding to MDH from the Clean Water Fund. Appropriations are available until June 30, 2016.

Contaminants of Emerging Concern. \$1.15 million appropriated in FY2014 and FY2015 to assess, evaluate, and develop health-based guidance for new and potential drinking water contaminants; as well as improve the capacity of MDH's laboratory to analyze unregulated contaminants. (Governor's Budget Request)

County Well Index. \$390,000 appropriated in FY2014 and FY2015 to update and expand the county well index, which is the principal source of well location, construction, and associated geologic information in the state. Funding for the CWI will update the index's technology infrastructure, eliminate a backlog in entering well records, and further expand the index's use. (Governor's Budget Request)

Lake Superior Beach Monitoring and Notification Program. \$105,000 appropriated in FY2014 and FY2015 to monitor and mitigate sources of contamination on Lake Superior beaches. The program monitors water quality and provides public notices regarding contaminated beaches. The information gathered has been used to improve waste treatment systems along the north shore of Lake Superior. (Governor's Budget Request)

Private Well Protection. \$325,000 appropriated in FY2014 and FY2015 to study the occurrence and magnitude of contaminants in private wells.

Education and guidance materials will also be developed to ensure new well construction and placement minimizes potential risk and existing well owners can ensure safe drinking water for their families. This study will use existing private well monitoring networks and targeted well sampling. (Governor's Budget Request)

Source Water Protection. \$1.615 million appropriated in FY2014 and FY2015 for the development and implementation of source water protection plans. Source water protection plans are used by communities that use groundwater for drinking water to reduce the risk that land and water uses may contaminate public drinking water. Source water protection plans are tailored to meet the contamination risks specific to each community by relying on partnerships between state and local government, land owners, and the public water supplier. (Governor's Budget Request)

Well Sealing Assistance. \$250,000 appropriated in FY2014 and FY2015 for well sealing cost share assistance (50 percent cost share). This funding is used to seal old, unused, or abandoned wells in order to protect groundwater resources. (Governor's Budget Request)

Groundwater Virus Monitoring. \$800,000 appropriated in FY2014 and FY2015 for the development and implementation of a groundwater virus monitoring plan. This will include a study to determine the association between virus concentration and community illness. These appropriations are available until June 30, 2017.

Advanced Diagnostic Imaging Accreditation (HF582*/SF493)

This change in law (2013 Laws Ch. 8) excludes hospitals from the accreditation requirement of diagnostic imaging centers to be eligible for

reimbursement from any source if the hospital is already licensed under MS 144.50-144.56.

Department of Human Services Continuing Care Omnibus Policy Bill (HF767*/SF459)

This change in law (2013 Laws Ch. 63) incorporates language from the federal Affordable Care Act pertaining to the relocation of nursing home residents which MDH oversees as part of MDH's regulatory responsibilities for nursing homes. The language adds or clarifies definitions, clarifies responsibilities of various agencies in resident relocation, and identifies that the following groups must be included in a resident relocation planning process: Office of the Ombudsman for Long-Term Care, Office of the Ombudsman for Mental Health and Developmental Disabilities, the resident's managed care organization, and, in the case of a complete facility closure, the Centers for Medicare and Medicaid Services regional office designated representative.

Hospital Staffing Report (HF588*/SF471)

This law (2013 Laws Ch. 51) requires all hospitals to develop and publish core staffing plans and directs MDH to conduct a study about the correlation between nurse staffing levels and patient outcomes. MDH is tasked with convening a workgroup to consult on the study and complete a report to the legislature by January 15, 2015.

\$187,000 in FY2014 and \$65,000 in FY2015 is appropriated to MDH for completion of the study.

Newborn Hearing Screening (HF 695 / SF745*)

This law extends the Newborn Hearing Screening Advisory Committee until June 30, 2019 and requires a legislative report on the Advisory Committee's activities every other year beginning February 15, 2015. Additionally, the law makes a

technical correction to the parental option to decline hearing screening for an infant; provides for an 18-year retention period for hearing screening results; and clarifies that newborn hearing screening activities are not to be considered as blood-spot screening or as “genetic information” under the genetic privacy statute. The newborn hearing screening language was introduced as HF782/SF632, and was included in the Omnibus Data Practices bill.

Omnibus Data Practices Bill (HF695/SF745*)

This new law (2013 Laws Ch. 82) classifies data on individuals collected for notification purposes or as part of a subscription list for an entity’s electronic periodic publications as private data. The law also states the data may only be used for the purpose for which the individual provided the data. The data classified as private includes: telephone number; e-mail address; and Internet user name and other online access information.

Exceptions include: “Tennessee warnings” (MS 13.04, subd. 2); information submitted to the Campaign Finance Board to meet legal requirements; data submitted for purposes of making a public comment; and data in a state agency's rulemaking e-mail list.

This law became effective May 24, 2013 and applies to data collected, maintained, or received before, on, or after that date.

Physical Agent Modalities (HF215*/SF330)

This law (2013 Laws Ch. 98) clarifies that authority to sign an order for occupational therapy practitioners to use physical agent modalities is not limited to physicians. Other licensed health care practitioners can authorize the use of physical agent modalities as long as it is within their scope of practice.

Radiation Therapy Facility Construction Moratorium Extension (HF164*/SF118)

This change in law (2013 Laws Ch. 11) extends the existing moratorium on construction of radiation facilities in Hennepin, Ramsey, Dakota, Washington, Anoka, Carver, Scott, St. Louis, Sherburne, Benton, Stearns, Chisago, Isanti and Wright counties to December 31, 2020.

Additionally, a new radiation therapy facility must be located outside of a 15 mile radius from any existing radiation therapy facility.

MDH Legislative Reports and Reporting

Report Topic/Title	Citation	Frequency	Recipient	Notes
New Requirements from 2013				
Annual Legislative Report on Home Care Licensing	Minnesota Statutes 144A.483 / 2013 Laws Ch. 108, HF1233, Art. 11, Sec. 30	Annual October 15 (Starting 2015)	Legislature	MDH will review the previous state fiscal year of home care licensing and regulatory activities.
Capital Reserve Limits Study	2013 Laws Ch. 108, HF1233, Art. 12, Sec. 104	February 1, 2014 Once	Chairs and ranking minority members of HHS committees	In consultation with DHS and Commerce. Shall consult with HMOs, stakeholders, consumers, and other states' insurance regulators. Study methodologies for determining appropriate levels for capital reserves of HMOs and requirements for reducing capital reserves to any recommended maximum levels. MDH shall make recommendations on the need for a level of capital reserves, and a framework for implementing any recommended levels.
Funeral Establishments; Branch Locations	2013 Laws Ch. 108, HF1233, Art. 12, Sec. 101	Once (No date specified)	None specified	MDH shall review the statutory requirements for preparation and embalming rooms and develop legislation with input from stakeholders. The review shall include consideration of distance between the main location and branch, and other health and safety issues to provide appropriate health and safety protection for funeral home and branch locations.
Health Carriers Quality Assurance and Improvement Recommendations	Minnesota Statutes 62K.12/2013 Laws Ch. 84, Art. 2, Sec. 13	February 15, 2015 Once	Report to the chairs and ranking minority members of HHS and Commerce committees.	Recommendations for specific quality assurance & improvement standards for all MN health carriers. Must not require duplicative data gathering, analysis, or reporting by health carriers.
Health Equity Report	2013 Laws Ch. 108, HF1233, Art. 12, Sec. 102	February 1, 2014 Once	Chairs and ranking minority members of HHS and Finance committees	MDH must report in consultation with local public health, health care, and community partners on a plan for advancing health equity in Minnesota.

Report Topic/Title	Citation	Frequency	Recipient	Notes
Integrated Licensing System for Home Care and Home And Community-Based Services	2013 Laws Ch. 108, HF1233, Art. 11, Sec. 31	February 15, 2014 Once	Legislature	MDH and DHS shall jointly develop an integrated licensing system for providers of both home care services and home and community-based services.
Inventory of Biological and Health Data	Minnesota Statutes 144.193 / 2013 Laws Ch. 82, SF 745, Sec. 12	February 1, 2014 and annually thereafter	MDH Web site, Chairs and ranking minority members of HHS and Data Privacy committees	Inventory of biological specimens, registries, and health data and databases collected or maintained by MDH. MDH shall also provide schedules for storage of health data and biological specimens. Inventories must be listed in reverse chronological order.
Newborn Hearing Screening Advisory Committee Activities	Minnesota Statutes 144.966, Subd. 2 / 2013 Laws Ch. 82, SF 745, Sec. 13	February 15, 2015 and every February 15 in the odd-numbered years after that date	Report to the chairs and ranking minority members of HHS and Data Privacy committees.	
Newborn Screening Program Study	2013 Laws Ch. 82, SF 745, Sec. 39	February 1, 2014 Once	Report to the chairs and ranking minority members of HHS and Data Privacy committees.	Consult with medical research & data privacy experts to review the newborn screening programs in MS, sec. 144.125 and evaluate the scientific & medical validity of a long-term storage & use plan for the test results. The report shall be on comprehensive and sustainable long-term storage and usage of the test results.
Nurse Staffing Levels and Patient Outcomes Report	2013 Laws Ch. 51, HF588, Sec. 2	January 15, 2015, Once	Report to the chairs and ranking minority members of HHS committees.	Convene a work group to consult as MDH studies the correlation between nurse staffing levels and patient outcomes.
Sexual Violence Prevention	2013 Laws Ch. 108, HF1233, Art. 14, Sec. 3	January 15, 2015 Once	Legislature	MDH must report on the department's activities to prevent sexual violence, including activities to promote coordination of existing state programs and services to achieve maximum impact on addressing the root causes of sexual violence.

Report Topic/Title	Citation	Frequency	Recipient	Notes
State-Based Risk Adjustment System Assessment (Initial Study)	2013 Laws Ch. 108, HF1233, Art. 1, Sec. 65	March 15, 2014 Once	Legislature	MDH shall assess the extent to which state collected risk adjustment data are sufficient for developing and operating a state risk adjustment methodology consistent with applicable federal rules.
State-Based Risk Adjustment System Assessment (Second Study)	2013 Laws Ch. 108, HF1233, Art. 1, Sec. 65	October 1, 2015 Once	Legislature	(Conditional on the initial study finding state collected risk adjustment data sufficient to develop and operate a state risk adjustment methodology.) MDH and DHS in consultation with Commerce and the Board of MNsure shall study whether a Minnesota-based risk adjustment can be more cost-effective and perform better than risk adjustment conducted by federal agencies. MDH shall contract with entities with experience in designing and implementing risk adjustment models. Report shall include a recommendation on whether to conduct state-based risk adjustment.
Study of Correction Order Appeals Process	2013 Laws Ch. 108, HF1233, Art. 11, Sec. 30 subd. 2 (MS 144A.483) & Sec. 32	February 1, 2016 Once	Chairs and ranking minority members of HHS and Judiciary committees	MDH, in consultation with the home care providers and representatives, shall study whether to use a correction order appeal process conducted by an independent reviewer. (Begins July 1, 2015.)