



Legislative  
Session  
Resource  
Book

**2012**

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## *Summary Narrative of 2012 Legislative Session*

### **2012 Legislative Session: “A Box of Crayons”**

It would be a simple, even obvious, choice if one were asked to select a crayon color to represent the 2012 legislative session.

That answer of course would be purple. If you only watched the television news coverage of the legislature, there seemed to be only one issue our elected officials were concerned about in this “short-session.”

But, of course, there were other crayons used, too.

Typically the second half, or the even-numbered years, of the two-year biennium is about making minor tweaks to the state’s biannual budget. And normally the two-year budget is set in the longer odd-numbered year of our state’s two-year cycle. (But nothing has been normal with the Minnesota Legislature—remember it took a shutdown and a special session last summer to set our current tax and spending levels.) Additionally, the short session is usually about the bonding bill. This is the public works borrowing legislation that funds major construction projects with statewide importance.

So while purple would be the first color selected by most to describe the session, a couple of others should also be selected, too—green and red. Green for its welcome appearance and red for its complete absence from the box of crayons.

The color green signifies the surprising revenue surplus revealed in the November budget forecast. All bets and planning estimates foresaw another shortfall. Thus, when this “green” was still around in the March forecast, citizens, legislators and state agencies, including MDH, were able to breathe a sigh of relief. There would be no red (ink) in the 2012 box of crayons.

No red allowed for MDH to pull out our favorite color—MDH blue. And while blue may not have been used as much as purple, the effects on public health will still be vibrant.

This document provides a formal summary of the 2012 session and its effects on the Minnesota Department of Health.



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## MDH Policy Initiatives Summary

### **Maternal and Child Health Task Force Extension (HF2294\*/SF2093)**

This law recodifies into statute MDH's Maternal and Child Health Task Force, which expired on June 30, 2011. The task force will continue to operate with the same statutory requirements of MS 145.881 as before expiration until June 30, 2015.

The task force will continue to provide valuable guidance and advice on public health issues impacting the maternal and child health populations; assist in meeting federal requirements related to public input for the Maternal and Child Health Block Grant; and support the five year maternal and child health needs assessment process.

The task force extension was introduced as MDH initiative HF1373/SF1135, and was amended onto the HHS Finance Omnibus bill.

### **Newborn Screening & Genetic Information Modifications (HF2967\*/SF2558)**

**Newborn Screening Program.** This law defines newborn screening operations, establishes a standard retention schedule for positive and negative specimens and test results, and allows for the use of newborn screening specimens for program operations during the retention period.

MDH is required to provide newborn screening information to expectant parents and/or the parents of newborns through healthcare providers on the purpose of the program and the options parents have to choose or reject screening.

Parents may authorize MDH to store and utilize blood specimens and test results beyond the standard retention period. To obtain this authorization MDH must provide parents with a detailed consent form with information regarding how the sample may be stored and used, how privacy is protected, the benefits and risks of storing the specimen and test results, and must include a Tennessee Warning.

The Commissioner must notify the public and the legislature when specimens and test results retained prior to November 16, 2011 have been destroyed.

### **Genetic Information Public Health Exemption.**

The law delays application of the genetic information requirements under MS 13.386 to MDH programs for one year. The Commissioner is required to submit proposed legislation by January 15, 2013 to authorize collection and use of genetic information for existing activities where express authorization is not provided by law.

2012 MDH Policy Initiatives Chart

2012 MDH Policy Bills							
HF	Author	SF	Author	Title	House status	Senate status	Chapter number & date signed
HF1373	Gottwalt	SF1135	Newman	MCH Advisory Task Force extension	<p><b>2011</b>                      4/13 Passed HHS Reform (Amended to 4 years);                      5/6 Passed Government Ops;                      5/9 2nd Reading                      -----  <b>2012</b>                      4/20 Added to HHS Omnibus Finance Bill Conf. Committee Report (HF2294)                      4/24 <b>Passed</b> (128-2)</p>	<p><b>2011</b>                      4/27 Passed HHS (amended to 4 years);                      4/28 2nd Reading;                      5/4 <b>Passed</b> Consent Calendar (59-1)                      -----  <b>2012</b>                      4/20 Added to HHS Omnibus Finance Bill Conf. Committee Report (HF2294)                      4/25 <b>Passed</b> (64-0)</p>	Ch. 247; Signed 4/28/12
HF2697	Holberg	SF2463	Hann	Newborn Screening: Program Operations Fixes	<p>3/5 Referred to HHS Reform                      ---                      5/3 Amended onto SF1212 and <b>Passed</b> (127-0)                      ---                      5/7 House Concurred with Senate amendments to HF2967;  <b>Passed</b> (131-0)</p>	<p>3/14 Referred to HHS                      3/23 Heard in HHS                      ---                      5/7 Senate did not concur with House amendments to SF1212                      ---                      5/7 Amended onto HF 2967; <b>Passed</b> (63-0)</p>	Ch. 292; Signed 5/10/12



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## 2012 Legislative Summary

### Health and Human Services Omnibus Finance Bill (HF2294\*/SF2093)

#### Article 1 – Health Care

**HMO/CBP Reporting Requirement Merger.** The departments of Health, Human Services (DHS) and Commerce are required to merge reporting requirements around health maintenance organizations (HMOs) and county-based purchasers’ provider networks. This was recommended reform in the joint MDH/DHS/Commerce report “Regulatory Simplification and Reduction of Provider Reporting and Data Submission Requirements.”

**Repealer.** This provision repeals three MDH reports recommended for elimination in the joint MDH/DHS/Commerce report “Regulatory Simplification and Reduction of Provider Reporting and Data Submission Requirements.” They are Summary of complaints and grievances (MN Rules 4685.2000); Medical necessity denials and appeals (MS 62M.09, subdivision 9); and Salary reports (MS 62Q.64).

#### Article 2 – Department of Health

**Community-based Health Care Coverage Program.** A joint project between MDH, DHS and the Lt. Governor’s office to update requirements

with the Duluth, Alexandria and Portico project. The law change removes DHS’ role and changes reporting from quarterly to annual.

**Naturally Treated Swimming Pools Exemption.** This new law creates an exemption from requirements of public swimming pools for “naturally treated swimming pools,” defined as artificial pools which use a chemical free filtration system for maintaining water quality. The pools are still subject to MDH authority in the event of a public health outbreak. Webber Lake in Minneapolis will be the first naturally treated swimming pool in the country. (Provision also passed in HF2627\*/SF2208.)

**Advanced Diagnostic Imaging Accreditation.** This new law requires providers of advanced diagnostic imaging to seek accreditation and report their accreditation status to MDH. MDH already collects similar information from advanced diagnostic imaging providers and will add onto existing reporting. (Provision also passed in HF2276\*/SF1811)

**Patient Payment for Medical Records.** This law changes how a patient pays for requested medical records from per page to a flat fee.

**Unauthorized Access of Health Records.** This provision changes current law to make a person

liable to a patient for the intentional, unauthorized access to a patient's health records.

**Radiation Facility Moratorium.** This law creates an exception to the current radiation facility construction moratorium to allow for the relocation of a radiation therapy machine from a hospital in Maplewood to a hospital in Woodbury.

Additionally, after August 1, 2014, a facility may only be constructed if the entity constructing the radiation therapy facility is controlled by or under common control with a licensed hospital and the new facility is located at least seven miles from an existing radiation therapy facility.

**WIC Postpartum Depression Education and Information.** This law requires postpartum depression education and information is available at WIC sites.

**HHS Regulatory Responsibilities.** This provision requires MDH and DHS to update and link website information between the two departments.

Additionally, Minnesota Management and Budget (MMB) is required to facilitate a report on how MDH and DHS administer health and human services regulations. The report is an expanded evaluation recommended in the joint MDH/DHS report "Evaluation of Health and Human Services Regulatory Responsibilities." The report is due August 1, 2013.

**Unauthorized Access of Health Records.** This provision requires a study and report on unauthorized access to patient health records and recommendations to safeguards to patient privacy. The report is due February 15, 2013.

**Sexual Violence.** MDH is required to routinely report to the public and legislature, within available

federal appropriations, CDC statistics on sexual violence prevalence.

**Home Health Care Inspection/Oversight Reporting.** MDH is required to produce a report on ways to improve the inspection and regulatory system surrounding home health care. The report is due February 1, 2013.

**Health and Commerce Regulatory Responsibilities.** This provision requires a report on recommendations to maximize administrative efficiency in the regulation of HMOs, county-based purchasers, and other insurance carriers jointly regulated by MDH and the department of Commerce. The report is due February 15, 2013.

**Radiation Therapy Facilities Capacity.** MDH is tasked with studying the current treatment capacity of existing radiation facilities, the present need for radiation therapy services, and the projected need for radiation therapy services in the future. The report is due March 15, 2013. (Provision also passed in HF383/SF248\*)

**Gillette MERC Distribution.** \$300,000 of the FY 2013 MERC appropriation is set aside for Gillette Children's Specialty Hospital because of underpayment in FY 2011 due to a reporting mistake by Gillette.

#### *Article 4 – Continuing Care*

**Electronic Health Record Loan Program Eligibility Expansion.** This law change adds nursing homes and elderly waiver facilities that participate in medical assistance to the list of facilities to which the program must prioritize assistance.

**Nursing Home Moratorium Exemption.** This provision allows the commissioner to approve moratorium exception projects to improve nursing facilities throughout the state. The state share of medical assistance costs of the projects may not exceed \$1 million.

**Long-term Care Services and Support Study.** This provision broadens the membership of the group which contributes to the biennial report regarding long-term care services needs around the state. The next report is due August 15, 2013.

**Critical Access Nursing Facilities.** This new law sets the process required for DHS, in consultation with MDH, to designate certain nursing facilities as critical access nursing facilities.

**Ombudsman for Long-term Care Workgroup.** The provision requires the Ombudsman of Long-term Care to convene a workgroup which includes MDH to study discriminatory treatment in assisted living settings.

**Repealer.** This provision repeals Minnesota Rules, part 4640.0800. This removes a duplicative state rule for hospitals, who will continue to follow the Medicare standard.

#### *Article 6 - Appropriations*

**Autism Study.** \$200,000 is appropriated to MDH to partner with the University of Minnesota to conduct a qualitative study on aspects of Autism Spectrum Disorders in the Somali community.

**HHS Regulatory Responsibilities.** \$36,000 is appropriated for MDH and DHS to upgrade and link website information between the two departments and \$100,000 is appropriated to MDH for transfer to MMB to facilitate the report outlined in Article 2.

**Nursing Home Moratorium Exemption.** \$8,000 is appropriated to MDH to administer the process for selecting moratorium exception projects to improve nursing facilities outlined in Article 4.

**Unauthorized Access of Health Records.** \$20,000 is appropriated to MDH to conduct the study outlined in Article 2.

**Radiation Therapy Facilities Capacity.** \$137,000 is appropriated to MDH to conduct the study outlined in Article 2. (Provision also passed in HF383/SF248\*)

#### **Health and Human Services Omnibus Policy Bill (HF2627\*/SF2208)**

##### *Article 1 – Health Care*

**E-prescribing Requirements.** This change in law creates an exemption from electronic prescribing (e-prescribing) requirements for any clinic with two or fewer physicians if the clinic is making good faith efforts to comply with requirements for interoperable electronic health records (EHRs). The exemption expires January 1, 2015.

**Electronic Claims and Eligibility Transactions.** This change in law clarifies requirements for the exchange of standard acknowledgments (receipts of routine business transactions) between health care providers, payers, and clearinghouses. In particular it clarifies requirements for acknowledgments related to prescription drug transactions.

##### *Article 4 – Department of Health*

**Naturally Treated Swimming Pools Exemption.** This new law creates an exemption from requirements of public swimming pools for “naturally treated swimming pools,” defined as

artificial pools which use a chemical free filtration system for maintaining water quality. The pools are still subject to MDH authority in the event of a public health outbreak. Webber Lake in Minneapolis will be the first naturally treated swimming pool in the country. (Provision also passed in HF2294\*/SF2093.)

### **Hospital Community Benefit Requirements Repeal & Provider Peer Grouping Modifications (HF2237/SF1809\*)**

#### **Hospital Community Benefit Requirements**

**Repeal.** Section 1 of the law repeals a portion of legislation adopted in 2011 (1<sup>st</sup> Sp. Sess., Ch. 9, Article 10, Sec. 4) requiring the Commissioner of Health, in consultation with nonprofit hospitals and health plans, to develop an implementation plan to incorporate evidence-based strategies from the statewide health improvement program (SHIP) into hospital community benefit plans and health maintenance organization collaboration plans. Also repealed is the requirement for the Commissioner to convene an advisory board to determine priority needs for health improvement investments that would review and approve hospital community benefit plans and health maintenance organization collaboration plans (MS 144.699 and MS 62Q.075). Lastly, the law eliminates the requirement for MMB to include forecast estimates from the savings to state health programs resulting from MDH's Statewide Health Improvement Program.

**Provider Peer Grouping Modifications.** Section 2 of the law changes the Department's calculation of health care provider cost and quality and the provider peer grouping (PPG) program under MS 62U.04. The Commissioner is required to convene an advisory group to consider and make recommendations on various issues related to PPG methodology. Another workgroup will make

recommendations related to the data shared with providers in order to verify PPG results. The law change provides longer timelines for providers to review confidential PPG results prior to public release (from 90 to 120 days), and increase from 30 to 60 days the timeline for filing an appeal. Lastly, the requirement that health plans and DHS use PPG results to design products has been made permissive. MDH is required to conduct the new work within existing appropriations.

### **Sunset Advisory Commission Bill (HF2555\*/SF2304)**

**OCAP Sunset Extension.** MDH's Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP) was reviewed by the Sunset Advisory Commission because it is defined as a health-related licensing board under MS 214.01. The new law continues operations for all health-related licensing boards, including OCAP. The boards will have their next sunset review in 2018 as part of the Sunset Advisory Commission's Group 4.

**Department of Health Review.** The new law requires the Sunset Advisory Commission during its review of MDH in 2013 and 2014 to include an analysis of the extent to which health occupations should be licensed by the department of health and the extent to which health occupations should be licensed by health-related licensing boards.

#### **Medical Practice Act Study.**

The Commissioner of Health must convene a 15 member working group to evaluate the Minnesota Medical Practice Act to ensure the Act effectively protects citizens of the state and allows for transparency. The report of the working group and draft legislation modifying the practice act are due by January 1, 2013. The Board of Medical Practice

will transfer \$112,000 to MDH for costs to convene and support the workgroup.

**Background Checks Report.** This provision requires the health-related licensing boards and the Commissioner of Health to jointly study and make recommendations for establishing uniform background check requirements for applicants and regulated individuals. The report and draft legislation are due by January 15, 2013.

**Disciplinary Action Reporting Obligations.** This provision requires the health-related licensing boards and the Commissioner of Health to jointly study and make recommendations for consistent reporting requirements for institutions, professional societies, other licensed professionals, courts, insurers, or other entities to report conduct that constitutes grounds for disciplinary action. The report and draft legislation are due by January 15, 2013.

**Fee Compliance Report.** This provision requires the Commissioner of Health to report the degree to which fees imposed on occupational therapy practitioners, speech-language pathologists, audiologists, and hearing instrument dispensers comply with MS 144.122 and the degree to which fees imposed by OCAP comply with MS 214.055 and 214.06. MDH already complies with these requirements in its handling of fees for its programs. The report is due by January 15, 2013.

**Use of Fees.** The law restricts the use of fees. The Commissioner of Health is required to use fees collected from occupational therapy practitioners, speech-language pathologists, and audiologists only for the purposes of administering licensing, and to use fees collected from hearing instrument dispensers only for the purposes of administering

certification. MDH already meets these requirements.

**Fees to Recover Expenditures.** The law requires the Commissioner of Health to propose or adjust fees for OCAP according to MS 16A.1283 and 16A.1285. MDH does not collect fees for OCAP and complies with Ch. 16A with all the department's fee programs.

**Web Site Disciplinary Information.** This law requires MDH to post on its web site information about practitioner convictions, malpractice judgments and any disciplinary corrective action. MDH already provides information on its websites about practitioner disciplinary actions and will add the information about criminal convictions and malpractice judgments.

**Primary Business Address Information.** This law requires MDH to require applicants to provide the individual's primary business address at the time of initial application and all subsequent renewals. MDH already requires this information on both initial and renewal applications.

### **Health Professional Loan Forgiveness Program Modification Regarding Designated Rural Areas (HF2587/SF2360\*)**

This law corrects an unintended consequence of a law change from 2011. The 2011 Special Session Health and Human Services Omnibus bill narrowed the definition of a rural area for certain occupations eligible for the health professional education loan forgiveness program. The change inadvertently excluded several applicants who had been conditionally accepted into the program and who had secured jobs in areas that became ineligible due to the new definition.

This bill amends the effective date of the definition change so it no longer applies to those conditionally accepted applicants. This allows MDH to complete its commitment to those health professionals who sought employment in good faith under the previous rural definition.

**Advisory Inspections (Environment and Natural Resources Omnibus Bill – HF2164\*/SF1830)**

This new law (Sec. 1) creates a voluntary advisory inspection process. If a regulated party is subject to an inspection that could result in a fine or penalty, the regulated party may voluntarily request once per year an advisory inspection. The advisory inspection allows for discovery of violations and correction of violations without penalty. The advisory inspection ends and a regular inspection begins if serious violations are discovered.

MDH may collect a fee for conducting an advisory inspection, but MDH must report certain information to the legislature before hiring additional staff. Agencies are allowed to forego advisory inspections requests if staff resources are limited.

Exemptions to advisory inspections that apply specifically to programs within MDH: 1) inspections of hospitals, nursing homes, outpatient surgical centers, supervised living facilities, board and lodging with special services, home care, housing with services and assisted living settings, hospice and supplemental nursing services agencies; and 2) examinations of health maintenance organizations (HMOs) or county-based purchasers (CBPs).

**Bonding Bill (HF1752\*/SF1463)**

\$706,000 is provided to the Department of Administration to design and install an emergency power system for the shared Agriculture and Health Lab Building.

**Positive Alternatives Grant Eligibility (HF2676\*/2330)**

This law changes the time regarding eligibility to apply for Positive Alternative grant program. For an organization to be eligible its alternatives to abortion program needs to have been in existence from one year as of 2011. This change is retroactive to February 1, 2012.

**College Immunization Records Modification (Higher Education Omnibus Bill – HF2065/SF1573\*)**

This change in law (Sec. 2) updates the definition of student and their immunization requirements prior to enrolling in the postsecondary institution.

**Radiation Therapy Facility Construction Moratorium Extension (HF383/SF248\*)**

MDH is tasked with studying the current treatment capacity of existing radiation facilities, the present need for radiation therapy services, and the projected need for radiation therapy services in the future. \$137,000 is appropriated to MDH to conduct the study. The report is due March 15, 2013. (Provision also passed in HF2294\*/SF2093)

## **Advanced Diagnostic Imaging Accreditation Requirement (HF2276\*/SF1811)**

This new law requires providers of advanced diagnostic imaging to seek accreditation and report their accreditation status to MDH. MDH already collects similar information from advanced diagnostic imaging providers and will add onto existing reporting. (Provision also passed in HF2294\*/SF2093)

## **State Agency Rulemaking Regulation (HF2169/SF1922\*)**

This law adds new rulemaking requirements to MS Ch. 14, the Administrative Procedure Act (“APA”):

- By January 15 of each year, agencies are required to submit 1) their current rulemaking docket and 2) official rulemaking records for any newly adopted rules to the legislature;
- When adopting rules, agencies must send the Legislative Coordinating Commission and the pertinent legislative committees the notice of intent to adopt rules and a copy of the statement of need and reasonableness, (“SONAR”);
- Agencies must include an eighth factor regulatory-analysis to the SONAR: “an assessment of the cumulative effect of the rule with other federal and state regulations.”

## **Electronic Prescribing Of Controlled Substances Authorization (HF2532\*/SF2128)**

This law updates MS 152.11 to be consistent with requirements now established in federal law allowing for the electronic prescribing for controlled substances.

2012 Legislative Reports

**2012 Legislative Session – Inventory of MDH Studies & Reports**

Name of Study	Citation	Purpose of Requirement	Agencies Involved	Composition of Workgroup	Date Due & Recipient
<b>Report of Rulemaking Docket &amp; Rulemaking Record</b>	Ch. 238, SF1922 Sec. 1(a)	Required to Submit: (1) Current rulemaking docket maintained under 14.366; and (2) Official rulemaking records required under 14.365 for any rule adopted during preceding calendar year.	MDH <i>(Agencies conducting rulemaking required to report separately.)</i>	Not specified or required.	<u>January 15 annually</u> - Report to chairs and ranking minority members of the legislative committees with jurisdiction over HHS
<b>SONAR Reporting</b>	Ch. 238, SF1922 Sec. 1(b)	Add Legislative Coordinating Commission to entities receiving statement of need and reasonableness (SONAR) when intending to adopt rules.	MDH <i>(Agencies conducting rulemaking required to report separately.)</i>	Not specified or required.	As required.
<b>Reporting Requirements HMOs/CBPs Merger</b>	Ch. 247, HF 2294 (HHS Finance Omnibus) Art. 1, Sec. 27, subd. 2	Merge reporting requirements for HMOs and county-based purchasing plans related to MDH oversight work of network adequacy – goal is to simplify reporting processes.	MDH in consultation with DHS and Commerce.	Work with HMOs and county-based purchasing plans.	N/A
<b>Evaluation of Health and Human Services Regulatory Responsibilities</b>	Ch. 247, HF 2294 (HHS Finance Omnibus) Art. 2, Sec. 9	<p>Extention of study required in First Special Session 2011 (Ch. 9, Art. 2, Sec. 26) to evaluate licensing responsibilities of MDH and DHS.</p> <p>The new legislation requires MDH and DHS to update, revise, and link contents of websites related to licensing of supervised living facilities, nursing facilities, intermediate care facilities for the developmentally disabled, and board/ lodging establishments.</p> <p>MMB with MDH and DHS must recommend options for optimal administration of health and human services regulations.</p>	<p>MDH and DHS on web issues.</p> <p>MMB in consultation with MDH and DHS on optimal administration of regulations.</p>	Not specified or required.	<u>August 1, 2013</u> - Report to the chairs and ranking minority members of HHS committees.

Name of Study	Citation	Purpose of Requirement	Agencies Involved	Composition of Workgroup	Date Due & Recipient
<b>Health Record Access Study</b>	Ch. 247, HF 2294 (HHS Finance Omnibus) Art. 2, Sec. 10	Study audit procedures in place to monitor use of access to a patient's health record, feasibility of informing patients of unauthorized access, and feasibility of providing patients with provider's audit log.	MDH	In consultation with MN e-Health Advisory Committee.	<u>February 15, 2013</u> - Report to the legislature.
<b>Reporting Prevalence of Sexual Violence</b>	Ch. 247, HF 2294 (HHS Finance Omnibus) Art.2, Sec. 11	Report data on prevalence and incidence of sexual violence in Minnesota.	MDH	Not specified or required.	Report to legislature and public to the extent funding is available for this purpose.
<b>Licensed Home Care Providers</b>	Ch. 247, HF 2294 (HHS Finance Omnibus) Art. 2, Sec. 12	Recommendations on development of a comprehensive home care plan to increase inspection and oversight of licensed home care providers.	MDH	Not specified or required.	<u>February 1, 2013</u> - Report to the Legislature.
<b>Evaluation of Health and Commerce Regulatory Responsibilities</b>	Ch. 247, HF 2294 (HHS Finance Omnibus) Art. 2, Sec. 13	Recommendations to maximize administrative efficiency in the regulation of HMOs, county-based purchasers, insurance carriers, and maintain quality outcomes, price and regulatory stability	MDH in consultation with Commerce.	Not specified or required.	<u>February 15, 2013</u> - Report to the legislature.
<b>Study of Radiation Therapy Facilities Capacity</b>	Ch. 247, HF 2294 (HHS Finance Omnibus) Art. 2, Sec. 14	Current capacity and future need for radiation therapy services	MDH, may contract for study. Shall conduct to the extent of available appropriations.	Not specified or required.	<u>March 15, 2013</u> - Report to chairs and ranking minority members of the HHS committees of legislature.

Name of Study	Citation	Purpose of Requirement	Agencies Involved	Composition of Workgroup	Date Due & Recipient
<b>Critical Access Nursing Facilities</b>  <i>(New responsibility. Involves submission of proposals by nursing facilities.)</i>	Ch. 247, HF 2294 (HHS Finance Omnibus) Art. 4, Sec. 32	Designation of certain nursing facilities as critical access nursing facilities. Granted on a competitive basis, within funds available.  <i>Amends 256B.441 adding Subd. 63. Critical access to nursing facilities</i>	DHS in consultation with MDH.	Not specified or required.	Ongoing after enactment if funding available.
<b>Direction to Ombudsman for Long-term Care</b>	Ch. 247, HF 2294 (HHS Finance Omnibus) Art. 4, Sec. 48	Research the existence of differential treatment based on source of payment in assisted living settings. Recommendations for development of policies and procedures to prevent and remedy any treatment.	Long-term Care Ombudsman	Stakeholder group including but not limited to consumers, health care and housing providers, advocates for seniors and younger persons with disabilities or mental health challenges, county representatives, DHS and MDH.	<u>January 31, 2013</u> - Report to the Legislature.
<b>Autism Housing with Supports Study</b>	Ch. 247, HF 2294 (HHS Finance Omnibus) Art. 4, Sec. 50	Determine one or more models of housing with supports that involves coordination or integration across systems for children with autistic disorders, research on efforts to address housing and support needs and include a campus model. Result will be an implementation plan.	DHS in consultation with MDE, MDH, and DEED.	Not specified or required.	<u>January 15, 2013</u> - Report to the chairs and ranking minority members of the legislative committees with jurisdiction over HHS.
<b>Autism Study</b>	Ch. 247, HF 2294 (HHS Finance Omnibus) Art. 6, Sec. 3	Conduct a qualitative study based on cultural and resource-based aspects of Autism Spectrum Disorders (ASD) that are unique to the Somali community. To include a recommendation on establishment of a population-based public health surveillance system for ASD.	MDH, in partnership with U of M.	Not specified or required.	<u>February 15, 2014</u> - Report to the legislature.

Name of Study	Citation	Purpose of Requirement	Agencies Involved	Composition of Workgroup	Date Due & Recipient
<b>Report on Advisory Inspection Demand and Revenue</b>	Ch. 272, HF2164 (Environment and Natural Resources Omnibus) Sec. 1 (f)	Prior to hiring additional staff for advisory inspections must report: (1) The demand for advisory inspections and why additional staff complement needed; and (2) That revenue generated by advisory inspections will cover expenses of additional staff.	MDH <i>(Agencies conducting advisory inspections required to report separately.)</i>	Not specified or required.	<u>As required</u> - Report to chairs and ranking minority members of the legislative budget committees with jurisdiction over HHS.
<b>Medical Practice Act; Study</b>	Ch. 278, HF2555 (Sunset Advisory Commission) Art. 2, Sec. 33	Evaluate the Medical Practice Act to ensure it effectively protects the safety and well-being of Minnesotans and allows for transparency. Working group must write a report and draft legislation for consideration.	MDH	<u>15 members:</u> (2) Board of Medical Practice, (2) Physicians (MMA), (2) Medical Educators, 1 UMN, 1 Mayo (MDH), (2) MN Senators, (2) MN House, Commissioner of Health, (2) Consumers (MDH), and (2) Experts (MDH). <b>* Majority must have no current or past affiliation with the Board of Medical Practice.</b>	<u>January 1, 2013</u> - Report and legislation for consideration by the legislature.
<b>Report on Background Checks</b>	Ch. 278, HF2555 (Sunset Advisory Commission) Art. 2, Sec. 26	Study and make recommendations for establishing uniform criminal history background check requirements for applicants and regulated individuals. Must include procedures for conducting checks, payment of costs, circumstances for federal checks and standards for disqualification because of check.	Health Licensing Boards and MDH jointly.	Not specified or required.	<u>January 15, 2013</u> - Report and draft legislation to chairs and ranking minority members of the legislative committees with jurisdiction over HHS.
<b>Disciplinary Action Reporting Obligations</b>	Ch. 278, HF2555 (Sunset Advisory Commission) Art. 2, Sec. 27	To develop consistent reporting requirements for institutions, professional societies, other licensed professionals, courts, insurers, or other entities to self-report conduct that constitutes grounds for disciplinary action. Shall also include penalties for failure to report.	Health Licensing Boards and MDH jointly.	Not specified or required.	<u>January 15, 2013</u> - Report and draft legislation to Sunset Commission and chairs and ranking minority members of the legislative committees. with jurisdiction over HHS.

Name of Study	Citation	Purpose of Requirement	Agencies Involved	Composition of Workgroup	Date Due & Recipient
<b>Health Related Licensing Fee Compliance</b>	Ch. 278, HF2555 (Sunset Advisory Commission) Art. 2, Sec. 31	Requires a report on the degree to which fees imposed comply with MS 144.122.	MDH <i>(Each health-related licensing board is also required to complete a report separately.)</i>	Not specified or required.	<u>January 15, 2013</u> - Report to chairs and ranking minority members of the legislative committees with jurisdiction over HHS.
<b>Newborn Screening Destruction Notification</b>	Ch. 292, HF2967 Art. 4, Sec. 22	Notification to the public and the legislature when blood samples and test results retained prior to November 16, 2011 have been destroyed.	MDH	Not specified or required.	<u>Upon destruction of blood samples and test results</u> - The public through a general announcement and a letter of notification to chairs and ranking minority members of the legislative committees with jurisdiction over HHS.
<b>Genetic Information Authorization</b>	Ch. 292, HF2967 Art. 4, Sec. 23	Publish draft legislation to authorize the MDH to collect, store, use, and disseminate genetic information for existing MDH activities where the Commissioner determines express authorization is not already provided in law.	MDH	Not specified or required.	<u>January 15, 2013</u> - Draft legislation to chairs and ranking minority members of the legislative committees with jurisdiction over HHS. and data privacy.