



Legislative
Session
Resource
Book

2014

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MDH Policy Initiatives Summary

MDH Unsession Bill (HF 2874/SF745*)

As part of Governor Mark Dayton’s “Unsession Initiative”, this law (2014 Laws Ch. 192) makes technical changes, eliminates or modernizes antiquated, unnecessary, and obsolete provisions.

Article 1 includes technical updates to the Health Care Administrative Simplification Act. MDH worked with a voluntary stakeholder organization, the Minnesota Administrative Uniformity Committee, to suggest updates and eliminate obsolete provisions. The changes will ensure the Act remains current, clear, and fosters efficient exchanges of health care business transactions.

Article 2 combines two reports from MDH and the Department of Human Services (DHS) on cases of adult maltreatment under the Vulnerable Adults Act. This article combines both agencies’ investigative data into one comprehensive biennial report that can be accessed by consumers on both agency Web sites. This will decrease duplication of work and allow for better tracking and trending of maltreatment incidents related to vulnerable adults.

Article 3 updates statutes referring to tuberculosis and **Article 4** makes miscellaneous changes, including the repeal of obsolete task forces and advisory committees and the requirement to have a Web site, among others.

Case Mix Classification Systems Modifications (HF 1179/SF894*)

This law (2014 Laws Ch. 147) updates and clarifies changes to the Case Mix Classification system, which sets nursing home reimbursement rates based

on assessments of residents’ health and level of functioning. Through this assessment process nursing home residents are placed into one of 48 Resource Utilization Groups (RUG). The RUG structure was updated in 2011 to comply with federal law. This law removes language related to the old RUG structure.

Omnibus Supplemental Appropriations Bill (HF 3172*/SF2785)

This law (2014 Laws Ch. 312) provides funding and makes policy changes for most agencies and departments in state government.

Health Care Homes Advisory Committee. This new law creates a single Health Care Homes Advisory Committee in statute to formally advise MDH and DHS on development of Health Care Homes in Minnesota. This will help the agencies to support the delivery of quality patient care, engage consumers and patients of primary care services, and meet the needs of communities.

Health and Human Services Omnibus Policy Bill (HF 2402*/SF 2087)

This law (2014 Laws Ch. 291) establishes a series of policy and technical provisions for the Department of Human Services and contains most of MDH’s initiatives.

Pharmacy Immunization Best Practices.

Increasingly, pharmacists are providing vaccines as a safe, convenient, cost-effective way to vaccinate the public. This section aligns the Minnesota Practice of Pharmacy Act with national

immunization best practice standards by specifying protocols for immunization administration in a pharmacy.

Contested Cases. This law shortens the allowed timelines for contested case proceedings when a licensed home care provider appeals an order of the Commissioner of Health revoking or suspending the home care license. Contested case proceedings can often involve lengthy procedures that can prolong the hearing process for up to two years. Meanwhile, because the hearing process ensures constitutionally protected due process, the licensee retains their license and continues to practice. These provisions shorten the allowed timelines for contested case proceedings and set deadlines for action by both the provider and MDH. The law also adds an expedited hearing process for an emergency temporary suspension.

Funeral Preparation Rooms. This law limits the scope of the requirement that all funeral establishments have a preparation and embalming room to only those funeral establishments where human remains are present for the purpose of preparation and embalming, private viewings, visitations, services, and holding of human remains while awaiting final disposition. This statutory change brings into compliance with a court decision. MDH is creating an ad hoc advisory group and anticipates working with stakeholders to review and revise the entire chapter 149A for 2015.

Local Public Health Act. This MDH initiative simplifies, clarifies and updates chapter 145A, the Local Public Health Act. The Local Public Health Act establishes Minnesota's local public health system; grants public health authorities to local governments; and sets forth the responsibility of the commissioner of health to maintain a statewide local public health system. Revisions to the Local Public Health Act have taken place over the years, but much of the language pre-dated the establishment of Minnesota's current local public

health system in 1976. As a result, this legacy language was very confusing and unclear. This article improves the statute by deleting unnecessary or obsolete language and aligning the statute with current public health practice. The changes were developed in partnership with local governments through the statutorily defined advisory body, the State Community Health Services Advisory Committee.

2014 MDH Policy Initiatives Chart

2014 MDH Policy Bills							
HF	Author	SF	Author	Title	House status	Senate status	Chapter number & date signed
HF 2402	Liebling	SF 2087	Sheran	Pharmacist administration of vaccines protocol specified. Became HHS Omnibus Policy Bill	2/27 - Introduced 3/18 - HHS Policy: Laid over for inclusion in omnibus policy bill --- 3/21 - Passed to the Floor <i>Met 1st Deadline</i>	2/27 - Introduced 3/12 - HHS&H: Laid over for inclusion in omnibus policy bill --- 3/26 - Passed to the Floor 3/27 - Second Reading <i>Met 2nd Deadline</i>	Ch. 291; Signed 5/21
					3/31 - Second Reading 5/5 - Floor: Amended & Passed (86-46) 5/9 - Conf. Committee: Liebling, Loeffler, Halverson, Morgan, Mack 5/16 - Floor: Repassed (95-35)	Rule 45 - HF 2402 5/8 - Floor: Amended & Passed (48-17) 5/9 - Conf. Committee: Sheran, Wiklund, Rosen, Lourey, Hayden 5/15 - Floor: Repassed (52-13)	
HF 2306	Laine	SF 2189	Wiklund	Funeral establishment preparation and embalming room requirement provision added.	2/25 - Introduction 2/28 - HHS Policy: Laid over for inclusion in omnibus policy bill (HF2402)	3/3 - Introduction 3/12 - HHS&H: Laid over for inclusion in omnibus policy bill (SF2087)	See HF 2402

2014 MDH Policy Bills

HF	Author	SF	Author	Title	House status	Senate status	Chapter number & date signed
HF 2523	Ward	SF 2309	Clausen	Local public health system changes made	2/27 - Introduction 2/28 - HHS Policy: Passed to Government Operations 3/25 - Gov. Ops: Passed to Civil Law 3/28 - Civil Law: Passed to Floor 3/31 - Second Reading <i>Met 2nd Deadline</i> <i>Also included in HF 2402</i>	3/4 - Introduction 3/10 - HHS&H: Passed to State & Local Gov. 3/17 - State & Local Gov: Passed to Floor 3/19 - Second Reading <i>Met 1st Deadline</i> <i>Also included in SF 2087</i>	<i>See HF 2402</i>
HF 2977	Franson	SF 2461	Franzen	Home care provider licensing and compliance monitoring changes made.	3/12- Introduction 3/18 - HHS Policy: Passed to Government Operations 3/21 - Gov. Ops: Passed to HHS Finance <i>Met 1st Deadline</i> <i>Also included in HF 2402</i>	3/3 - Introduction 3/12 - HHS&H: Laid over for inclusion in omnibus policy bill (SF2087)	<i>See HF 2402</i>
HF 2874	Liebling	SF 2367	Wiklund	MDH Unsession Bill	3/10- Introduction 3/26 - HHS Policy: Passed to Floor <i>Met 2nd Deadline</i> 3/31 - Second Reading 4/9 - Floor: Amended & Passed (130 - 0)	3/6- Introduction 3/12 - HHS&H: Passed to Floor <i>Met 1st Deadline</i> 3/13 - Second Reading 4/22 - Floor (HF2874): Passed (61-0)	Ch. 192; Signed 5/1

2014 MDH Policy Bills

HF	Author	SF	Author	Title	House status	Senate status	Chapter number & date signed
HF 2760	Huntley	SF 2187	Franzen	Health care homes advisory committee establishment	<p>3/6- Introduction 3/14 - HHS Policy: Amended & passed to Government Operations 3/21 - Gov. Ops: Amended & passed to HHS Finance <i>Met 1st Deadline</i> <i>Also included in HF 3172 (Omnibus Supplemental Budget Bill)</i></p> <p>4/1 - Second Reading 4/3 - Floor: Amended & Passed (70-59) 4/9 - Conf. Committee: Carlson, Huntley, Mahoney, Marquart, Wagenius 5/16 - Floor: Repassed (75-55)</p>	<p>3/3- Introduction 3/14 - HHS&H: Amended & laid over for inclusion in the Omnibus Policy Bill (SF 2087) 3/21 - Gov. Ops: Amended & passed to HHS Finance</p> <p>Rule 45 - HF 3172</p> <p>4/6 - Finance: Amended & Passed to Floor 4/7 - Second Reading 4/8 - Floor: Amended & Passed (37-27) 4/10 - Conf. Committee: Cohen, Tomassoni, Lourey, Wiger, Bonoff 5/16 - Floor: Repassed (37-22)</p>	Ch. 311; Signed 5/29



2014 Legislative Summary

Medical Cannabis Therapeutic Research Act (SF 2470* / HF 2846)

This law (2014 Laws Ch. 311) creates a mechanism by which Minnesotans with qualifying medical conditions will get access to cannabis for therapeutic reasons. In exchange for access to medication, those same patients agree to participate in a patient registry that will allow MDH to do observational studies to ascertain what strains of plants and dosage levels may be useful in treating different diseases.

The law sets up an infrastructure of two registered manufacturers, eight distribution sites (4 per manufacturer), designated caregivers, and a 23-member task force to assess the impact of the law on Minnesotans health. Funding for the program comes from a mixture of patient fees, general fund appropriations, and fees assessed to the manufacturer. There are limits on the types of medication that can be offered (no leaf) and on the methods of ingesting the medication (no smoking). The commissioner of health has the authority to add additional medical conditions and delivery systems which is subject to legislative oversight.

Newborn Screening (HF 2526 / SF 2047*)

This law (2014 Laws Ch. 203) makes changes to the newborn screening program expand the scope of newborn screening education to include childbirth education programs and add a requirement that the department create and promote new educational materials for expectant parents. The law also requires MDH to return to an opt-out model for storage of blood spots and data and an opt-in model

for use of the blood spots and data for research not related to newborn screening. The law also prohibits the sale of bloodspots and data.

In addition to parental rights, the law allows for individuals who were tested as an infant to elect to have their bloodspot and data destroyed, or to allow MDH to use their bloodspot and data in non-newborn screening related research once they turn 18 years of age. The law also allows parents or the adult individual to revoke previous consent for research use of bloodspots or data and adds explicit authority for MDH to use bloodspots and data for follow-up services for children with disorders identified by newborn screening.

All Payer Claims Database Modifications (HF 2656*/SF 2106*)

The All Payer Claims Database (APCD), a database of claims paid by Minnesota health plans and third-party administrators, was established in 2008 as part of Minnesota's bipartisan health reform efforts. At that time, use of the APCD was limited to MDH's Provider Peer Grouping (PPG) program and a legislatively-mandated study of the feasibility of developing a state-specific risk adjustment system.

The law (2014 Laws Ch. 178) suspends the PPG program, creates four new allowable uses of the APCD for MDH (evaluating the Health Care Home program and the MDH/DHS State Innovation Model grant, studying readmission trends, and analyzing variations in cost, quality, utilization and illness burden by geography or population), and directs MDH to establish a workgroup to make recommendations to the legislature on on a range of

issues related to data access, privacy/security, types of projects that could use APCD data, and financial sustainability. A report is due to the Legislature on February 1, 2015.

Farmers' Markets Food Product Sampling (HF 2178 / SF 2060*)

Previous statutory requirements prohibited vendors from demonstrating and sampling their products at farmers' markets. Under this new law (2014 Laws Ch. 163), an agency initiative of the Department of Agriculture, food sampling and other related activities are allowed in a safe manner. MDH was a stakeholder in the process and provided technical assistance on the food safety provisions under MDH's authority.

The law has several provisions including: new licensure exemptions; a definition of a "farmers' market"; as well as regulatory oversight for these activities. The law also contains exemption and safety language for chili and soup cook-off events.

Drug and Alcohol Overdose Prevention – "Steve's Law" (HF 2307/SF 1900*)

This law (2014 Laws Ch. 232) permits certain individuals, including emergency medical responders, peace officers, and staff of community-based health disease prevention or social service programs, to administer opiate antagonists to a person experiencing a drug overdose. The law also provides immunity from prosecution for minor drug and paraphernalia charges to individuals who seek medical assistance for another person who may be experiencing an alcohol or drug overdose or to the individual experiencing an alcohol or drug overdose under certain circumstances. However, it does not preclude prosecution if other independent evidence is available.

Triclosan Ban (HF 2542/SF 2192*)

This law (2014 Laws Ch. 277) bans the retail sale of any cleaning product that contains Triclosan and is used for sanitizing or hand and body cleansing.

This does not apply to products approved by the US FDA. The ban is effective January 1, 2017.

Health and Human Services Omnibus Policy Bill (HF 2402* / SF 2087)

This law (2014 Laws Ch. 291) establishes a series of policy and technical provisions for MDH as well as the Department of Human Services.

Article 1 – Children and Families

Minnesota TANF Expenditures Task Force. This provision creates a task force to analyze past temporary assistance for needy families (TANF) expenditures. The task force will make recommendations on programs currently receiving TANF funds that should be funded through the general fund, allowing a greater portion of TANF funds to go directly to Minnesota families receiving assistance through the Minnesota family investment program (MFIP). MDH is a member of the task force.

Article 2 – Provision of Health Services

Administration of Influenza Immunizations. This law allows qualified licensed dentists to administer influenza vaccinations to patients over 19 years of age. The dentists must have received training in the administration of immunizations and must report the administration of an influenza vaccination to the Minnesota Immunization Information Connection or the patient's primary physician or clinic.

Article 4 – Health-Related Licensing Boards

Complementary and Alternative Health Care Practices by Licensed Registered Health Care Practitioners. These provisions clarify that health care practitioners who are licensed by MDH, or a health-related licensing board (HLB), who engage in complementary or alternative health care while practicing under their license or registration are regulated by the applicable authority. They are not

subject to disciplinary action for utilizing complementary and alternative health care practices or for referring a patient to a complementary and alternative health care practitioner.

Certified Doula. This provision adds Commonsense Childbirth, Inc. to the list of organizations that can provide a certification to an individual to perform doula services.

Health Professionals Service Program Updates. These provisions make changes to the operation of the health professionals services program (HPSP). The changes include: 1) disciplinary investigations, 2) expand the list of reportable violations, and 3) require mandatory employer reporting if a regulated individual has diverted narcotics or other controlled substances.

Article 5 – Board of Pharmacy

Pharmacy Immunization Best Practices. (See *MDH Policy Initiatives Summary*, p. 2)

Article 6 – Health Department and Public Health

Electronic Drug Prior Authorization Standardization and Transmission. This law changes the date that drug prior authorization requests must be accessible and submitted by health care providers, and accepted by group purchasers, electronically through secure electronic transmissions from no later than January 1, 2015, to no later than January 1, 2016.

Notice to Patient of Mammogram Results. Under this law, a facility that conducts breast cancer screening or diagnosis through mammograms must provide a notice to a patient who has been categorized as having dense breasts with the patient’s mammogram results.

Dental Cone Tomography. This law provides an exemption to accreditation and reporting requirements for dental clinics or offices that

perform diagnostic imaging through dental cone beam computerized tomography, effective retroactive to 8/1/2013.

E-cigarettes. The changes in law restrict the sale and use of electronic cigarettes. The use of e-cigarettes, or “vaping” is prohibited in public schools, day care centers or group family day care provider homes, hospitals, health care clinics, doctor’s offices, licensed residential facilities for children, other health care-related facilities, buildings owned or operated by the state, home rule charter or statutory cities, counties, townships, school districts, other political subdivisions, any facilities owned by MNSCU or the UMN, any facility licensed by the Department of Human Services, and any facility that is both licensed by MDH and subject to federal licensing requirements. Political subdivisions or businesses may adopt stronger prohibitions on the use of e-cigarettes.

A tobacco license is required to sell e-cigarettes or nicotine and lobelia delivery products. They cannot be sold in open displays or in vending machines, unless the retail store makes 90% of its revenue from the sale of such products. Child resistant packaging is required for the sale of any liquid that is intended for use in an electronic delivery device, and kiosk sales are prohibited (effective January 1, 2015). The sale of e-cigarettes to minors is prohibited.

Stroke Registry Program. To receive certification as a comprehensive or primary stroke center, hospitals must participate in the Minnesota Stroke Registry Program. A hospital will lose its stroke center designation if it ceases to participate in the Minnesota Stroke Registry Program.

ST elevation myocardial infarction (STEMI). This law requires MDH to assess and annually report to the legislature on the quality of care provided in the state for a statewide system for STEMI response and treatment, utilizing data provided by STEMI receiving centers. MDH is

required to coordinate with national voluntary health organizations involved in STEMI heart attack improvement to encourage the exchange of information among health care providers on ways to improve the quality of care of STEMI patients in Minnesota.

Notice of Rights to Sexual Assault Victim. This law requires a hospital to give a written notice about victim rights and resources to a person seeking medical attention who reports or exhibits evidence of a sexual assault. The notice must inform the victim, at a minimum, of the requirement that the county where the crime occurred must pay for the examination performed for evidence collection, and the victim's rights if the crime is reported to law enforcement, including the right to apply for reparations and obtain an order for protection.

Contested Cases. (See *MDH Policy Initiatives Summary*, p. 3)

Home Care Advisory Council. This law requires the Home Care Advisory Council to consider allowable home care licensing modifications and exemptions for rural licensed nursing homes.

Alzheimer's Training. These provisions specify the dementia care training requirements for housing with services establishment employees, including supervisors of direct-care staff, direct-care staff, and nondirect-care staff, effective January 1, 2016. Each housing with services establishment is also required to have a written and posted emergency disaster plan, provide emergency exit diagrams to all tenants upon lease signing, post emergency exit diagrams on each floor, and have a written policy and procedure regarding missing tenants. MDH must report to legislature by February 15, 2015 on an evaluation of the 2014 training requirements, available dementia education options, existing dementia training mandates under state and federal law, and any enforceability concerns after

consulting with named stakeholder groups and others.

Minority run health care professional associations. MDH is required to award grants to minority run health care professional associations to provide collaborative mental health and health care services to minority residents and to collaborate on recruitment, training, and placement of minorities with health care providers.

Funeral Prep Rooms. (See *MDH Policy Initiatives Summary*, p. 3)

Teen Tanning Ban. Changes to these laws limit the use of tanning equipment to persons age 18 or older.

Automatic External Defibrillation Requirements (AED). This provision requires the registration of AEDs intended to be used or accessed by the public. It also provides for the development of emergency response plans related to the AEDs. The bill does not apply to mobile AEDs or those intended for private use, such as those in public safety agency vehicles or owned or used by hospitals or clinics.

Triclosan Health Risks. This provision directs MDH to develop recommendations on ways to minimize triclosan health risks.

Article 7 – Local Public Health System

Local Public Health Act. (See *MDH Policy Initiatives Summary*, p. 3)

Article 8 – Continuing Care

Autism Spectrum Disorder Statewide Strategic Plan Implementation. This section requires DEED, MDH, and DHS, within existing funding, to implement the autism spectrum disorder statewide strategic plan developed by the Autism Spectrum Disorder Task Force. It also requires the departments to work with stakeholders, prepare

progress reports, and provide two opportunities per year for interested parties to provide input on implementation

Foreign Trained Physicians (HF 1114 / SF 1340*)

This new law (2014 Laws Ch. 228) establishes an advisory task force, appointed by the commissioner of health, to develop strategies to integrate refugee and asylee physicians into the Minnesota health care delivery system. The task force will present recommendations to the commissioner and the legislature by January 15, 2015.

Data Practices Data Breach (HF 183*/SF 211)

This law (2014 Laws Ch. 284) expands the definition of “unauthorized acquisition” to include obtaining, accessing or viewing government data without informed consent or statutory authority and with the intent to use the data for a non-governmental purpose. Upon discovery of a breach of the security of data, a government entity must notify the subject of the data of the breach, that an investigation report will be prepared, and how to obtain access to the report. After final disposition of any disciplinary action, including exhaustion of any collective bargaining appeal rights, the government entity must prepare an investigation report that describes the type of data that were accessed, the number of individuals whose data were accessed, the name of the employee responsible for the unauthorized acquisition (unless the employee was performing duties under the Safe at Home statute), and the disciplinary action that was taken.

Omnibus Supplemental Appropriations Bill (HF 3172*/SF 2785)

This law (2014 Laws Ch. 312) provides funding and makes policy changes for most agencies and departments in state government.

Article 14 - Clean Water Fund

Groundwater Protection. \$300,000 is appropriated from the Clean Water Fund to collaborate with the Board of Water and Soil Resources and local units of government to update wellhead protection areas within groundwater management areas.

Article 20 – Early Education, Community Education, Self-Sufficiency and Lifelong Learning

Family Home Visiting. This section establishes that a home visiting program must incorporate evidence-informed parenting education practices designed to support the healthy growth and development of children and provide information about and assist in making arrangements for an early childhood health and developmental screening. It also recommends that home visiting programs be provided by licensed parenting educators, certified family life educators, or professionals with an equivalent license.

Article 23 – Health Department

Well Contractor License Exemption. This law allows a licensed plumber to repair submersible pumps or water pipes associated with well water systems if there is no licensed or registered well contractor within 25 miles.

Hospital Construction Moratorium Exception. This law allows for a 16-bed psychiatric hospital in Thief River Falls, if MDH finds the project to be in the public interest.

Healthy Homes. This new law allows MDH to make grants to support the implementation of healthy housing programs. Grantees may implement and maintain primary prevention programs to reduce housing-based health threats, provide training, provide technical assistance on the implementation of mitigation measures, promote adoption of evidence-based best practices for mitigation, develop work practices for addressing housing-based health threats, identify hazards in

housing that contribute to adverse health outcomes, ensure screening services are provided to high-risk populations, establish local or regional collaborative groups to ensure that resources are coordinated, and develop model programs for addressing housing-based health threats.

Integrated Licensure. These provisions establish a single integrated licensing system for providers who would otherwise be required to have both an MDH home care license and a DHS license for home and community based services, effective July 1, 2015.

Safe Harbor. This section expands the duties of the director of child sex trafficking prevention to include managing requests for proposals for grants for comprehensive services, including trauma-informed, culturally specific services.

Health Care Grants for the Uninsured. This new law requires MDH to award health care grants to dental providers and community mental health programs that provide free or reduced-cost care to low-income patients with incomes below 200 percent of the federal poverty guidelines, and who do not have health insurance coverage. This law also creates an emergency medical assistance outlier grant program for hospitals to assist in defraying underpayments associated with the emergency medical assistance program.

Legislative Health Care Workforce Commission. This new law creates a Legislative Health Care Workforce Commission to study and make recommendations on how to achieve the goal of strengthening the workforce in health care. MDH, DHS, Commerce, and other state agencies are required to provide assistance and technical support at the request of the commission.

Quality Transparency. MDH is required to develop an implementation plan for stratifying measures based on disability, race, ethnicity, language, and other sociodemographic factors that are correlated with health disparities and impact

performance on quality measures. A report to the legislature, including an estimated budget, timeline and processes to be used for implementation, is required by January 15, 2015. The law also requires MDH to assess the risk adjustment methodology for the potential for unintended consequences for patient populations who experience health disparities, and identify changes that may be needed. A report to the legislature is required by January 15, 2016.

Data on Chronic Pain Therapies. This provision requires MDH to gather data on the provision of chronic pain treatment procedures and submit a report to the legislature by January 15, 2015.

Client Bill of Rights. MDH shall consult with named stakeholders and others to determine how to streamline the requirements related to clients' rights. A report is due to the legislature on February 15, 2015.

Article 24 – Health Care

Health Care Homes Advisory Committee. (See *MDH Policy Initiatives Summary*, p. 2)

Oral Health Delivery and Reimbursement System. DHS, in consultation with MDH, will convene a work group to develop a new delivery and reimbursement system for oral health and dental services provided to enrollees of the state public health care programs. DHS will submit a report by January 15, 2015.

Article 25 – Children, Families, and Northstar Care for Children

Parent Aware Quality Rating and Improvement System Accessibility Report. DHS, in consultation with stakeholders, including MDH, will make recommendations to the legislature on increasing statewide accessibility for child care providers to the Parent Aware quality rating and improvement system and for increasing access to Parent Aware-related programs for families with children. DHS

will submit a report to the legislature by February 15, 2015.

Article 27 – Continuing Care

Moratorium Exception Funding. In SFY2015 MDH may approve moratorium exception projects for which the full annualized state share of medical assistance costs does not exceed \$1 million.

Article 30 – Health and Human Services Appropriations

Health Equity Grants. \$501,000 in FY2015 is appropriated for MDH to make grants to address health equity and health disparities. A portion of the funds must be used to: address health equity issues facing East African communities; conduct a conference focused on mental health in immigrant and refugee communities; and fund women’s reproductive health and dementia outreach projects.

Safe Harbor. \$1,000,000 in FY2015 is appropriated for grants for comprehensive services, including trauma-informed culturally specific services, for youth who are sexually exploited.

Legislative Health Care Workforce Commission. \$75,000 in FY2015 is appropriated for the health care workforce commission. MDH may transfer part of the funds to the Legislative Coordinating Commission to provide per diem and expense reimbursements to commission members.

Spoken Language Health Care Interpreters. \$81,000 in FY2015 is appropriated to develop proposed changes to the laws governing spoken language health care interpreters. MDH will consult with a broad range of stakeholders in developing the proposal and a report is due to the legislature on January 15, 2015.

Health Care Grants for Uninsured Individuals. \$1.7 million is appropriated in FY2015 and \$1.0 million per year is appropriated starting in FY2016

for grants to safety net providers who serve low-income and uninsured individuals. Providers eligible for the grants include dentists, community mental health centers, hospitals serving Emergency Medical Assistance clients and community health centers.

Healthy Housing Grants. \$300,000 in FY2015 is appropriated for healthy homes activities including \$60,000 for lead poisoning prevention and \$240,000 for healthy housing implementation grants.

Lawsuit Settlement. \$975,000 is appropriated for the cost of settling the Newborn Screening lawsuit, Bearder v. State.

Food, Pools and Lodging. \$670,000 in FY2014 is appropriated to cover the cost of regulating food, pool and lodging establishments in the City of Saint Paul. Existing fee revenue covers the cost of the appropriation.

Chronic Pain Therapies. \$75,000 in FY2015 is transferred from the Board of Nursing to gather data and complete the report on Chronic Pain Therapies.

MDH Legislative Reports and Reporting				
Report Topic/Title	Citation	Frequency	Recipient	Notes
New Requirements from 2014				
APCD Workgroup Recommendations	Minnesota Statutes Section 62U.04, Subd. 12 / 2014 Laws Ch. 178, HF2656, Sec. 4	Once February 15, 2015	Chairs and ranking minority members of the HHS, Judiciary, and Civil Law committees	MDH will submit a report on the recommendations of the All-Payer Claims Database Workgroup.
Foreign Trained Physician Task Force Recommendations	2014 Laws Ch. 228, SF1340, Sec. 12	Once January 15, 2015	Legislative Committees with jurisdiction over health care.	MDH will submit a report on the recommendations and findings of the foreign trained physician task force on strategies to integrate refugee and asylee physicians into the MN health care delivery system.
ST elevation myocardial infarction report.	Minnesota Statutes Section 144.497 / 2014 Laws Ch. 291, HF2402, Art. 6, Sec. 11	Quarterly - Summary Data Annually - Progress	Quarterly - Web site Annually - Legislative Committees with jurisdiction over public health	MDH will assess and report on the quality of care provided in MN for ST elevation myocardial infarction (STEMI) response and treatment utilizing data provided by STEMI receiving centers, reporting on progress toward improving the quality of care and patient outcomes for STEMI heart attacks.

MDH Legislative Reports and Reporting

Report Topic/Title	Citation	Frequency	Recipient	Notes
Alzheimer's Care Study	2014 Laws Ch. 291, HF2402, Art. 6, Sec. 35	Once February 15, 2015	Chairs and ranking minority members of the HHS committees	MDH will consult with stakeholders to evaluate whether additional settings or provider types should be required to comply with Alzheimer's training requirements, the cost implications for those groups to comply, dementia education options available, existing dementia training mandates, and the enforceability of such mandates.
Triclosan Recommendations	2014 Laws Ch. 291, HF2402, Art. 6, Sec. 36	Once	Unspecified	MDH will develop recommendations on ways to minimize Triclosan health risks.
Autism Progress Reports (Joint, DHS is lead)	2014 Laws Ch. 291, HF2402, Art. 8, Sec. 20	Biannually	Public	DHS, MDH, DEED, and MDE will prepare progress reports twice a year on the implementation of the autism spectrum disorder statewide strategic plan.
Race, Ethnicity and Language Plan	2014 Laws Ch. 312, HF3172, Art. 23, Sec. 10, paragraph (a)	Once January 15, 2015	Chairs and ranking minority members of HHS Policy & Finance	MDH will report on a plan (estimated budget, timeline & processes) to stratify measures based on disability, race, ethnicity, language & other sociodemographic factors that are correlated with health disparities.

MDH Legislative Reports and Reporting

Report Topic/Title	Citation	Frequency	Recipient	Notes
Risk Adjustment Methodology Assessment	2014 Laws Ch. 312, HF3172, Art. 23, Sec. 10, paragraph (b)	Once January 15, 2016	Chairs and ranking minority members of HHS Policy & Finance	MDH will assess the risk adjustment methodology for the potential for harm/unintended consequences for populations who experience health disparities and identify necessary changes.
Data on Chronic Pain Therapies	2014 Laws Ch. 312, HF3172, Art. 23, Sec. 11	Once January 15, 2015	Chairs and ranking minority members of HHS Policy & Finance	MDH will gather data on the provision of chronic pain treatment procedures.
Client Bill of Rights Report	2014 Laws Ch. 312, HF3172, Art. 23, Sec. 12	Once February 15, 2015	Chairs and ranking minority members of HHS Policy & Finance	MDH will work with stakeholders to determine how to streamline the requirements related to clients' rights in home care.
Spoken Language Health Care Interpreters	2014 Laws Ch. 312, HF3172, Art. 30, Sec. 3	Once January 15, 2015	Legislative Committees with jurisdiction over health and human services.	MDH will work with stakeholders to develop and propose changes to the laws governing spoken language health care interpreters.
Medical Cannabis Compounds and Dosages	2014 Laws Ch. 311, SF2470, Sec. 5, subd. 2	Annually December 1, 2014	Patients with Qualifying Medical Conditions	MDH will review and report on existing medical & scientific literature regarding the range of recommended dosages and the chemical compositions of cannabis that may be medically beneficial for each qualifying condition.
Medical Cannabis Federal Laws & Regulatory Restrictions Update	2014 Laws Ch. 311, SF2470, Sec. 5, subd. 4	Regularly	Task Force on Medical Cannabis Therapeutic Research	MDH will provide updates on changes in federal law or regulatory restrictions regarding the use of medical cannabis.