

HOUSE RESEARCH

Bill Summary

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Article 1: Human Services

- 1 - 3 Appropriations.** *See spreadsheet.*
- 4 Funding.** Provides that funds appropriated for purposes of the Runaway and Homeless Youth Act may be used for programs described in the act as well as technical assistance and capacity building. Also provides that a maximum of 5 percent of any funds appropriated may be used for program administration and that a maximum of 8 percent may be used for monitoring and evaluation of funded programs.
- 5 RFP for monitoring and evaluation.** The commissioner of human services is directed to issue an RFP for a firm to monitor and evaluate programs receiving funding under the Runaway and Homeless Youth Act.

Article 2: Department of Health

- 1 - 9 Appropriations.** *See spreadsheet.*
- 10 Birth defects registry system.** Amends § 13.3806 by adding subd. 21. Classifies data collected by the birth defects registry system as private.
- 11 Window fall prevention device code.** Amends §16B.61 by adding subd. 3b. Requires the commissioner of labor and industry to adopt rules relating to window fall prevention devices. Specifies requirements for those rules and requires the commissioner to report to the legislature by February 15, 2008.
- 12 Fees for variances.** Amends § 103I.101, subd. 6. Changes the variance fee from \$175 to

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\$215. Becomes effective July 1, 2008.

13 Well notification fee. Amends § 103L.208, subd. 1. Increases the well notification fees to be paid by property owners. Provides July 1, 2008, as the effective date.

- (1) From \$175 to \$215 for a new water supply well
- (2) From \$35 to \$50 for well sealing for each well
- (3) From \$175 to \$215 for construction of a dewatering well for each well, and from \$875 to \$1075 for projects comprising five or more dewatering wells

14 Permit fee. Amends § 103L.208, subd. 2. Increases permit fees paid by property owners. Provides July 1, 2008, as the effective date.

- (1) From \$150 to \$175 for a water supply well that is not in use under a maintenance permit
- (2) From \$175 to \$215 for construction of a monitoring well
- (3) From \$150 to \$175 for a monitoring well that is unsealed under a maintenance permit
- (4) From \$175 to \$215 for the construction fee for monitoring wells used as a leak detection device and from \$150 to \$175 for an annual fee for a maintenance permit for unsealed monitoring wells
- (5) From \$175 to \$215 for groundwater thermal exchange devices
- (6) From \$175 to \$ 215 for vertical heat exchangers
- (7) From \$150 to \$175 for dewatering well and from \$750 to \$875 for projects involving five or more wells
- (8) From \$175 to \$215 for an elevator boring

15 Disclosure of wells to buyer. Amends § 103L.235, subd. 1. Increases the fee for a completed well disclosure certificate by \$5 and the amount the county recorder or registrar of titles must transfer to the commissioner of health for each well disclosure certificate.

16 Fees for diagnostic laboratory services; exceptions. Amends § 144.123.

Subd. 1. Who must pay. Prohibits a fee for any biological material submitted to or requested by the Department of Health to gather information for disease prevention or control.

Subd. 2. Fee amounts. Requires the commissioner of health to charge handling fees for certain specimens for diagnostic purposes and provides for an increase in these fees.

17 Tests of infants for heritable and congenital disorders. Amends § 144.125.

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Subd. 1. Duty to perform testing. Increases the fee the commissioner must charge for the costs of conducting testing for congenital disorders in infants from \$61 to \$81.

Subd. 2. Determination of tests to be administered. Requires the commissioner to consider the adequacy of analytical methods, rather than laboratory methods, as is currently in statute, when determining whether a certain test must be administered.

Subd. 3. Objection of parents to test. (No change to current statute.)

- 18 **Establishment.** Amends § 144.2215, subd. 1. Requires the commissioner to offer parents, whose child has been diagnosed with a birth defect, and who have given informed consent under section 144.2216, subdivision 4, a visit by a public health nurse. Requires the commissioner to obtain informed consent for such a visit. Provides that the public health nurse will interview parents about possible exposures to toxic substances and other related information.
- 19 **Water level standard for atrazine.** Adds § 144.355. (a) Requires the Department of Health, with the Pollution Control Agency, to set a maximum contaminant level for atrazine in drinking water that is at least as stringent as the federal standard. Requires the department, with the Pollution Control Agency, to develop enforcement procedures.
- (b) Requires the department to set the health risk limit for atrazine in drinking water and the maximum contaminant level for public water systems.
- 20 **Reports of blood lead analysis required.** Amends §144.9502, subd. 3. Lowers the reporting requirement threshold for blood lead levels from 15 micrograms to 10 micrograms.
- 21 **Lead risk assessment.** Amends § 144.9504, subd. 2. Lowers the blood lead levels that trigger certain assessments and timeframes in the following ways:
- within 48 hours for children and pregnant women with 45 (currently 60) micrograms of lead per deciliter of whole blood
 - within five working days for children and pregnant women with 15 (currently 45) micrograms of lead per deciliter of whole blood
 - within ten working days for children with ten (currently 15) micrograms of lead per deciliter of whole blood
 - requires the assessing agency to identify known addresses for children or pregnant women with ten (currently 15) micrograms of lead per deciliter of whole blood and notify the property owners and others
- 22 **Medical assistance.** Amends § 144.9507 by adding subd. 6. Prohibits medical assistance reimbursement for lead risk assessment from replacing or decreasing existing state and local funding for lead-related activities.
- 23 **Lead abatement program.** Amends § 144.9512. Requires the commissioner of health to make grants to the nonprofit that is currently operating the CLEARCorps lead hazard reduction project to provide swab team services. (Current law provides for an application process for grantees.) Removes obsolete grant application language and updates references to the nonprofit. Adds to the list of services that may be performed by the nonprofit,

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including the following:

- Blood lead screening of children and pregnant women
- Case management services
- Certain mandated risk assessments

Removes a provision that allows the commissioner to establish a component of the grant program for removal and replacement of deteriorated paint in residential properties.

Removes provisions stating that it is not necessary for swab teams to do environmental testing and requires the commissioner to establish a program to do this type of testing.

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Early hearing detection and intervention act. Adds § 144.966.

Subd. 1. Definitions. Provides definitions of key terms in this section.

Subd. 2. Newborn hearing screening advisory committee. (a) Requires the commissioner of health to create a newborn hearing screening advisory committee. States that the duties of the advisory committee include the following:

- Develop protocols for screening and early intervention services for children
- Design protocols to track children from birth to age three who are at risk for delayed onset of permanent hearing loss
- Design a technical assistance program for screening facilities
- Design implementation and evaluation of follow-up systems
- Evaluate program outcomes to increase effectiveness and ensure culturally appropriate services.

(b) Sets out the requirements for committee membership, including that there must be one representative from the listed groups and no less than two members who are deaf or hard-of-hearing.

Subd. 3. Newborn and infant hearing screening programs. Requires hospitals to establish universal newborn hearing and infant screening (UNHS) programs. States the requirements of UNHS programs, including the following:

- Provide parents with information regarding costs, risks and benefits of screening and comply with parental consent
- Develop policies and procedures for screening based on recommendations from the Department of Health
- Provide training and monitoring of persons responsible for performing the

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hearing tests

- Test newborns before discharge or, for newborns expected to remain in the hospital for a prolonged period, prior to three months of age, or when medically feasible
- Inform the parents or parent, the primary care physician and the Department of Health of the results of the hearing screening in accordance with recommendations of the Department of Health
- Collect performance data specified by the Department of Health

Subd. 4. Notification and information. (a) Requires notification to parents, the primary care physician, and the Department of Health to occur prior to discharge or no later than 10 days following testing.

(b) States that persons attending a birth outside a hospital must provide parents with information as to where to have their infant screened.

(c) Requires a professional conducting the diagnostic procedure to confirm the hearing loss to report the results to the parents, primary care provider, and Department of Health, according to Department of Health recommendations.

Subd. 5. Oversight responsibility. States that the Department of Health is responsible for oversight of UNHS programs, including reviewing performance data collected by the hospitals.

Subd. 6. Civil and criminal immunity and penalties. (a) States that physicians and hospitals may not be held civilly or criminally liable for failure to conduct a hearing screening test.

(b) States that health professionals and hospitals may not be held civilly or criminally liable for any acts in compliance with this section, including providing information required by this section.

Subd. 7. Laboratory service fees. Requires the commissioner of health to charge laboratory service fees so that the total collected will approximate the costs of implementing and maintaining a system to follow up infants, provide technical assistance, a tracking system, data management, and evaluation.

25 **Arsenic health risk standard.** Adds § 144.966.

Subd. 1. Arsenic health risk standard established. Requires that the commissioner of health, with the commissioners of agriculture and the Pollution Control Agency, determine a health risk standard for human exposure to arsenic. Requires that the health risk standard is included in information that is available to the public.

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Subd. 2. Information. Requires the commissioner to establish a central information source with accurate information on arsenic contamination that is available to the public.

Subd. 3. Testing for arsenic. (a) Requires the commissioner to ensure access to medical testing of arsenic exposure for persons without insurance that live within one mile of the CMC Heartland Lite Yard Superfund site.

(b) Requires the commissioner to ensure soil testing for households within one mile of the CMC Heartland Lite Yard Superfund site. States that this testing will be provided through an agreement with the E.P.A and at no cost to the residents.

Subd. 4. Evaluation. Requires the commissioner to evaluate the cumulative health impact of environmental toxins in communities impacted by arsenic contamination from the Superfund site. States that evaluation of the burdens on communities experiencing health disparities will have first priority.

26 **Definitions.** Adds § 144.995. Defines important terms used in these sections, including "biomonitoring," "biospecimen," "environmental health tracking," and "designated chemicals."

27 **Environmental health tracking; biomonitoring.** Adds §144.996.

Subd. 1. Environmental health tracking. Requires the Department of Health's Health Promotion and Chronic Disease Division to develop an environmental health tracking system.

- Provides aspects of developing the system, including, but not limited to, the following:
 - coordinate activities among state agencies
- provide health tracking data to the public and researchers
- develop data sharing agreements to protect privacy
- describe a strategic plan for future program development
- organize and analyze data
 - submit a biennial report to the legislature
- Provides purposes for gathering and analyzing the data, including, but not limited to the following:
 - characterizing patterns of prevalence of certain chronic diseases
- characterizing patterns of occurrence of environmental hazards and exposures
 - presenting descriptive information relevant to policy formation

Subd. 2. Biomonitoring. Requires the department's environmental lab to conduct biomonitoring on communities to assess exposures to hazardous chemicals and on pregnant women and children. Requires the commissioner to share or communicate its results with the public, the Health Promotion and Chronic Disease Division, and

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the advisory panel. Requires the environmental lab to report to the legislature biennially.

Subd. 3. Health data. Classifies data collected for the biomonitoring program as health data under section 13.3805.

28 Biomonitoring pilot program. Adds § 144.997.

Subd. 1. Pilot program. Requires the department's commissioner to establish a biomonitoring pilot program. Provides requirements for the biospecimens collected in that program, including studying exposures to specified chemicals.

Subd. 2. Base program. Provides for continued collection and assessment after the conclusion of the pilot program. Requires that the program assess the usefulness of continuing to monitor persons from the first phase and identify other exposed groups to monitor.

Subd. 3. Participation. States that participation is voluntary and describes written consent requirements. Specifies information that must be given to the participants and services that they will receive, including consultations, health care referrals, and follow-up counseling.

Subd. 4. Program guidelines. Provides that the commissioner shall develop aspects of the program, in consultation with the advisory panel, including, but not limited to, the following:

- protocols and program guidelines
- guidelines for providing privacy, informed consent, follow-up consultations, and for communicating findings to participants and the public
- education and outreach that are culturally appropriate
- training programs for providers, educators, and other program administrators

Permits the commissioner to enter into contractual agreements in order to perform the activities listed in this subdivision.

29 Environmental health tracking and biomonitoring advisory panel. Adds § 144.998.

Subd. 1. Creation. Requires the commissioner to establish an advisory panel and sets out guidelines for the panel.

Subd. 2. Members. Specifies the persons, organizations, and agencies that will be represented on the panel.

Subd. 3. Duties. Requires the advisory panel to make recommendations to the commissioner and to the legislature. Specifies the types of information that the panel

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will report, including, but not limited to, the following:

- priorities for health tracking and biomonitoring
- specific diseases, exposures and chemicals to study under the environmental health tracking system or biomonitoring program
- communities and areas on which the programs should focus
- other aspects of design and implementation

Subd. 4. Liability. Protects members of the panel from certain civil and criminal liabilities.

30 Basic life support. Amends § 144E.101, subd. 6. Modifies the application of a variance that may be granted by the board to end when the ambulance service renews its license. (Currently, only a temporary variance may be granted, which continues up to one year from the date of issuance.)

31 Interhospital; interfacility transfer. Amends § 144E.127. Adds a provision for interfacility transfers.

Subd. 1. Interhospital transfers. Gives a title to this paragraph of current law.

Subd. 2. Interfacility transfers. Provides that licensees with a primary service area located outside certain metropolitan counties and cities may substitute one EMT with a registered first responder, so long as there is one of the following individuals in the patient compartment and that individual is trained in ambulance equipment and protocols:

- EMT or EMT-paramedic;
- Physician;
- Registered nurse; or
- Physician's assistant

32 Repayment for volunteer training. Amends § 144E.35, subd. 1.

- Allows a licensed ambulance service to receive certain reimbursement from the board. (Currently the political subdivision or nonprofit hospital or corporation that operates the ambulance service receives the reimbursement.)
- Raises the maximum reimbursement for a volunteer ambulance attendant from \$450 to \$600 for a basic course and from \$225 to \$275 for a continuing education course.

33 Family home visiting programs. Amends § 145A.17. Adds to the goals of the current family home visiting programs.

Subd. 1. Establishment; goals.

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- Requires the commissioner to promote collaboration among the teams of professionals that perform visits from the fields of public health nursing, social work and early childhood education.
- Requires that preference be given to the lowest-income families and families that fall under certain criteria. Adds homelessness, risk of long-term welfare dependence, and other factors that may be determined by the commissioner.

Subd. 2. (Repealed under current law)

Subd. 3. Requirements for programs; process. (a) Requires an entity that receives funding to provide the commissioner with a written plan that describes its approach. States certain requirements that all entities must meet to receive funding.

(b) Lists certain multidisciplinary partners that may be included in the visiting program. States that the visiting programs must meet certain requirements, most of which are already in statute, except connecting families with other community resources is an added requirement. States that visiting programs must offer group meetings at least once per month, when possible, for families with additional needs.

Subd. 4. Training. Requires the commissioner to provide training for home visitors and lists seven requirements of that training, including the following:

- building effective relationships with families
- effective methods of parent education and home visit conduct
- early childhood development to age five
- diverse cultural practices
- recruiting, supervising and retaining staff
- increasing services to the underserved
- child welfare and protective services

Subd. 5. Technical assistance. (No change to current law)

Subd. 6. Outcome and performance measures. Adds to the areas in which the commissioner must determine ways to measure outcomes, including:

- rates of children accessing quality early care and education services;
- program retention rate;
- number of home visits performed versus the number planned; and
- participant satisfaction.

Subd. 7. Evaluation. Allows the commissioner to use 5 percent of the funds for this program to conduct required evaluations under the provisions of this program.

Subd. 8. Report. (No change to current law)

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Subd. 9. No supplanting of existing funds. (No change to current law)

Subd. 10. Submitting plans. Sets out the requirements for the plans that must be submitted to the commissioner by programs that receive funding. Requires the commissioner to provide forms for these plans and states certain information that must be included on the forms.

34 **Program for the assessment of veterinary education equivalence; PAVE certificate.** Adds a definition for "PAVE," a certificate indicating the holder has demonstrated knowledge and skill equivalent to a graduate of an accredited/approved college of veterinary medicine.

35 **Fees.** Inserts a new section of law allowing the board to charge certain fees.

Subd. 1. Verification of licensure. Allows the board to charge a licensee \$25 to verify their licensure status for other veterinary licensing boards.

Subd. 2. Continuing education review. Allows the board to charge a sponsor \$50 to review and approve individual continuing education materials. Exempts materials meeting the board's preapproval criteria as contained in Minnesota Rules.

36 **License application.** Adds PAVE certificates to the list of acceptable items applicants must submit with their application for a license to practice veterinary medicine in Minnesota.

37 **Required with application.** Allows the applicant to submit verification of PAVE certification as part of the license application.

38 **Board to issue license.** Allows the Board to issue a license to practice to a qualified applicant who has passed the required examination and furnished a PAVE certificate.

39 **Required with application.** Allows a nonresident doctor of veterinary medicine seeking to practice in Minnesota to submit a PAVE certificate as part of the application process.

40 **Temporary permit.** Allows the board to issue a temporary permit to practice veterinary medicine in Minnesota to a person who has submitted an approved application and PAVE certification.

41 **Authorized activities.** States that state veterinary laws do not prohibit a graduate of a foreign college of veterinary medicine to work under University of Minnesota veterinarian faculty in order to obtain a PAVE certificate.

42 **Titles.** Allows persons with PAVE certification to present themselves as veterinarians, animal doctors, animal surgeons, etc.

43 **Faculty licensure.** Allows persons certified by the European Board of Veterinary Specialization not to have a standard veterinarian license as long as they obtain a special license and fill a "hard-to-fill" faculty position at the University of Minnesota's Veterinary Medical Center. Requires certain foreign-trained faculty at the University of Minnesota operating with a temporary license to be under the direct supervision of a licensed, active veterinarian with a clean record for the last five years. Allows the holder of a temporary faculty license enrolled in the PhD program to apply for up to two additional consecutive two-year license extensions.

44 **Service.** Allows the board to send cease and desist orders by United States mail, rather than certified mail.

45 **Dispensing.** Adds dispensing human drugs for extra-label use to the definition of "dispensing."

46 **Prescription.** Adds dispensing human drugs for extra-label use and dispensing over-the-

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counter drugs for extra-label use to the definition of "prescription."

47 Prescription. Allows a veterinarian or her/his authorized employee to dispense human drugs for extra-label use or over-the-counter drugs for extra-label use by a client without a separate written prescription provided there is proper documentation in the medical record and the veterinarian monitors the use of prescribed drugs by the client. Requires prescriptions or other veterinary authorizations to include the expiration date and number of authorized refills.

48 Label of dispensed veterinary drugs. Adds employees to the list of persons who must provide certain information on the prescription's label and adds human drugs prescribed for extra-label uses to this list of prescription drugs requiring a label.

49 Extra-label use. Changes the description of a person working for a veterinarian from "person working under the control" of a veterinarian to "an employee." Allows veterinarians to prescribe extra label uses for all drugs, not just veterinary drugs, for food-producing animals, subject to certain restrictions. Adds an additional restriction that the veterinarian must meet certain provisions of federal law regulating the extra-label use of medications in or on animals.

50 Minnesota veterans home employees; excluded from commissary privileges. Amends § 198.075. Provides an exception to the longstanding prohibition stating that Minnesota's veterans homes may provide no commissary privileges to any employee. The bill would authorize the homes to make an exception for an employee who works a second shift that is consecutive with a regularly scheduled shift. In that situation, the veterans homes would be allowed to provide to that employee one free meal at the home on the day of the extra shift.

51 Diagnostic, screening and preventive services. Amends § 256B.0625, subd. 14. Adds environmental investigations to determine the source of lead exposure to the types of services covered by medical assistance. Limits reimbursement to a health professional's time and activity during the on-site investigation.

52 Lead risk assessments. Amends § 256B.0625 by adding subd. 49. States that medical assistance will cover certain lead risk assessments as of October 1, 2007, or six months after federal approval, whichever is later. Provides for medical assistance coverage for a one-time on-site investigation of a recipient's home for recipients under 21 years and with certain blood lead levels.

(b) States the activities for which the lead risk assessor's time is covered by medical assistance, including the following:

- gathering samples and data, including meter readings
- interviewing family members
- providing a report with the results

States certain lead risk assessment activities that are not covered by medical assistance.

(c) Specifies the methodology of medical assistance coverage for lead risk assessment.

53 Bisphenol-A in products for children. Adds § 325.172.

Subd. 1. Bisphenol-A and phthalates committee. Requires the commissioner of health to create a committee to study scientific literature and make recommendations on the health impact of bisphenol-A and phthalates on children. States that the

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commissioner must report back to the legislature by January 15, 2008. Provides a list of members of the committee, including, but not limited to, the following:

- a representative of the Department of Health
- a representative of environmental health sciences
- a member of a children's product manufacturer's association
- a representative of environmental health consumer advocates

Subd. 2. Definitions. Defines "toy" and "child care article" for the purposes of this section.

54 Products containing polybrominated diphenyl ether. Contains definitions, including "commercial decabromodiphenyl ether" and "polybrominated diphenyl ethers or PBDEs."

55 Products banned and exemptions.

Subd. 1. Penta and octabromodiphenyl ethers. Beginning January 1, 2008, prohibits a person from manufacturing, processing, or distributing in commerce a product containing more than 1/10 of one percent of penta bromo diphenyl ether or octa bromo diphenyl ether by mass.

Subd. 2. Exemptions. Exempts certain products containing PBDE's: transportation vehicle parts, military and space program equipment, carpet cushion with recycled foam, medical devices, and used products sold or distributed.

56 State review. Requires the commissioners of health and the Pollution Control Agency (PCA) to review uses of commercial decabromodiphenyl ether.

57 Penalties. Requires a PCA exemption application fee to enforce this section. Sets a civil penalty of up to \$1,000 for first offense violations, and up to \$5,000 for repeat violations of this act.

58 Community and family health improvement. Amends Laws 2005, 1st spec. sess. ch. 4, art. 9, § 3, subd. 2. Eliminates the reduction in family planning grants.

59 Funding for environmental justice mapping. Requires the commissioner of health, with the commissioner of the Pollution Control Agency, to apply for federal funding to renew and expand the state's environmental justice mapping. Requires the commissioner of health to work with the Pollution Control Agency and the Department of Agriculture to create an environmental public health tracking system. States that the commissioner shall report to the legislature as to additional funding sources. Provides an immediate effective date for this section.

60 Legislative findings and purpose. States that hearing loss occurs more frequently than any other health condition for which infant screening is required. States the importance of early detection and intervention.

61 Information sharing. Requests that the commissioner of health, the Minnesota Pollution Control Agency, the commissioner of agriculture, and the University of Minnesota develop a memorandum of understanding with regard to their intent to share information related to environmental hazards.

62 Commissioner of health report; routine radiation emissions. Requires the commissioner to report to the legislature regarding the routine radiation emissions from the Monticello nuclear plant.

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63 **Fragrance-free schools pilot project.**

Subd. 1. Purpose. Directs the health commissioner to develop a fragrance-free schools pilot project.

Subd. 2. Education. Directs the health commissioner, in collaboration with the education commissioner and the Minneapolis Board of Education to establish a working group to recommend an education campaign in the Minneapolis public schools to inform students and parents about the harmful effects of using fragrant products in schools.

Makes this section effective immediately.

64 **Lindane committee.** Requires the commissioner to create a committee to review scientific literature and make recommendations to the legislature on the health impact of lindane on children. States that the committee must include at least one environmental health research scientist and at least one parent consumer advocate. Requires the commissioner to report back to the legislature by January 15, 2008.

65 **Medical assistance coverage for arsenic testing.** Requires the commissioner of human services to ensure medical assistance coverage for arsenic testing.

66 **Blood lead testing study.** Requires the commissioner to evaluate blood lead testing methods and report to the legislature by February 15, 2008.

67 **Window safety education.** Requires the commissioner to conduct a window safety educational campaign and to create a window safety program. Requires the commissioner to report to the legislature by March 1, 2011, and to submit yearly progress reports. States information that must be included in the final report.

68 **Revisor's instruction.** Updates statutory references.

69 **Repealer.** Repeals Laws 2004, chapter 288, article 6, section 27, which relates to a transfer of funds for prevention of fetal alcohol spectrum disorder.

Article 3: Housing

1 - 3 **Appropriations.** *See spreadsheet.*

4 **Family rental housing.** Expands the authority of the housing finance agency under its family rental housing assistance program to include the authority to make grants for operating costs of public housing.

5 **Contribution requirement.** Challenge grant proposals currently must include a financial or in-kind contribution from either a local government or a nonprofit. This section amends that requirement to provide that nonstate funds may come from any source, but that preference among comparable proposals will be given to those proposals that include a financial or in-kind contributions from either a local government or a nonprofit.

6 **Additional preferences required.** Adds disabled veterans and persons with disabilities to list of those required to be given preference for rental units operated by a housing and redevelopment authority. Changes outdated reference to families to which aid to dependent children is payable.

7 **Mortgage foreclosure reduction.** Requires the commissioner of the Minnesota Housing Finance Agency to consult with the commissioner of commerce, the attorney general, the Minnesota Mortgage Bankers Association, Legal Services of Minnesota and the Minnesota

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Sheriffs Association to determine if statutory amendments could help to reduce mortgage foreclosures in the state.