Bill Summary Comparison of

Senate File 3656/House File 3138

|  |  |
| --- | --- |
| Senate File: 3656-2 | House File 3138-3 |
| Article 23: Health Department | Article 1: Department of Health and Public Health |

Prepared by:

Senate Counsel, Research and Fiscal Analysis and House Research

May 7, 2018

This publication can be made available in alternative format upon request.

Please call 651-296-6753 (voice); or the Minnesota State Relay Service at 1-800-627-3529 (TTY) for assistance.

| Article 23: Health Department |  | Article 1: Department of Health and Public Health |
| --- | --- | --- |
|  | House only | Section 1. Health maintenance organization. Amends § 62D.02, subd. 4. Amends the definition of health maintenance organization for chapter 62D, which governs health maintenance organizations, to provide that an HMO that is a corporation must be a nonprofit corporation organized under chapter 317A. (Under current law, an HMO may be a foreign or domestic, nonprofit or for-profit corporation.) Makes this section effective contingent on certification by the legislative auditor that enactment of this section would not result in reduced competition or fewer health plan options in the individual, small group, and Medicare markets, but no earlier than January 1, 2019. |
|  | House only | Section 2. Certificate of authority required. Amends § 62D.03, subd. 1. In a subdivision requiring an entity to obtain a certificate of authority to operate as a health maintenance organization, provides that a corporation must be nonprofit in order to apply for a certificate of authority. Makes this section effective contingent on certification by the legislative auditor that enactment of this section would not result in reduced competition or fewer health plan options in the individual, small group, and Medicare markets, but no earlier than January 1, 2019. |
|  | House only | Section 3. Authority granted. Amends § 62D.05, subd. 1. In a subdivision authorizing an entity with a certificate of authority to operate as a health maintenance organization, authorizes only nonprofit corporations (rather than nonprofit and for-profit corporations) to operate as an HMO. Makes this section effective contingent on certification by the legislative auditor that enactment of this section would not result in reduced competition or fewer health plan options in the individual, small group, and Medicare markets, but no earlier than January 1, 2019. |
|  | House only | Section 4. Governing body composition; enrollee advisory body. Amends § 62D.06, subd. 1. In a subdivision specifying the composition of the governing body of an HMO that is a corporation, requires an HMO to be a nonprofit corporation. Makes this section effective contingent on certification by the legislative auditor that enactment of this section would not result in reduced competition or fewer health plan options in the individual, small group, and Medicare markets, but no earlier than January 1, 2019. |
| **Section 1 (62D.115, subdivision 4) Paragraph (a)** requires a health maintenance organization upon written request of an enrollee or an individual who made a quality of care complaint to provide a record of the resolution of the complaint to the Commissioner of Health.  The record provided to the commissioner is limited to information on the resolution of the complaint, the conclusion of the investigation, and any corrective action plan.  **Paragraph (b)** specifies that information that does not identify individuals is accessible to the enrollee or individual who made the complaint.  Also specifies that if the records are subject to peer protection confidentiality, they are not subject to discovery or subpoena, may not be included or referenced in a court file, introduced into evidence, or used to obtain an affidavit of expert review. | Senate only |  |

| Article 23: Health Department |  | Article 1: Department of Health and Public Health |
| --- | --- | --- |
|  | House only | Section 5. Net earnings. Adds subd. 8a to § 62D.12. Requires all net earnings of a nonprofit health maintenance organization to be devoted to nonprofit purposes in providing comprehensive health care, and prohibits an HMO from paying its net earnings to any person as a dividend or rebate. Directs the commissioner of health to revoke an HMO’s certificate of authority for violations of this subdivision. (Language similar to this subdivision was formerly found in section 62D.12, subdivision 9; that subdivision was repealed in 2017.) Makes this section effective contingent on certification by the legislative auditor that enactment of this section would not result in reduced competition or fewer health plan options in the individual, small group, and Medicare markets, and effective the day following certification by the legislative auditor. |
|  | House only | Section 6. Unreasonable expenses. Amends § 62D.19. In a section prohibiting an HMO from paying expenses that are unreasonably high in relation to the value of the good or service provided, provides that the commissioner must examine whether an expense was unreasonable in part to safeguard the underlying nonprofit status of the HMO. (Identical language was formerly found in this section but was stricken in 2017.) Makes this section effective contingent on certification by the legislative auditor that enactment of this section would not result in reduced competition or fewer health plan options in the individual, small group, and Medicare markets, but no earlier than January 1, 2019. |

| Article 23: Health Department |  | Article 1: Department of Health and Public Health |
| --- | --- | --- |
|  | House only | Section 7. Health maintenance organization. Amends § 62E.02, subd. 3. Amends the definition of health maintenance organization for chapter 62E, which governs the Minnesota Comprehensive Health Association and the Minnesota premium security plan, to provide that an HMO is a nonprofit corporation. Makes this section effective contingent on certification by the legislative auditor that enactment of this section would not result in reduced competition or fewer health plan options in the individual, small group, and Medicare markets, but no earlier than January 1, 2019. |
| **Section 2 (103I.005, subdivision 2)** modifies the definition of "boring" to include temporary borings. | Identical | Section 8. Boring. Amends § 103I.005, subd. 2. Amends the definition of boring in chapter 103I (which covers wells, borings, and underground uses), to specify it includes temporary borings. |
| **Section 3 (1031.005, subdivision 8a)** specifies that an environmental well does not include an exploratory boring. | Identical | Section 9. Environmental well. Amends 103I.005, subd. 8a. In the definition of environmental well, clarifies that an exploratory boring is not an environmental well. |
| **Section 4 (103I.005, subdivision 17a)** adds a definition of a temporary boring. | Identical | Section 10. Temporary boring. Amends § 103I.005, subd. 17a. Defines temporary boring for chapter 103I. This term will be used instead of temporary environmental well. |
| Section 5 (103I.205, subdivision 1) changes environmental well to a temporary boring and states that notification is not required before construction of a temporary boring. | Identical | Section 11. Notification required. Amends § 103I.205, subd. 1. Provides that a person is not required to notify the commissioner before constructing a temporary boring (instead of temporary environmental well as in current law). |
| **Section 6 (103I.205, subdivision 4)** specifies who needs a well contractor’s license to drill, construct, repair, or seal a well or boring.Removes the license exemption for a licensed plumber who is repairing submersible pumps or water pipes associated with a well water system if the repair location is within an area where there is no licensed well contractor within 50 miles, and the licensed plumber complies with all relevant selections of plumbing code. | Identical | Section 12. License required. Amends § 103I.205, subd. 4. Allows a person who is a professional engineer, hydrologist or hydrogeologist, professional geoscientist, or geologist, or who meets qualifications in rule, to construct, repair, and seal a temporary boring. Removes language authorizing a licensed plumber who does not have a well or boring contractor’s license under chapter 103I to repair submersible pumps or water pipes connected to well water systems if the repair location is in an area with no licensed well contractors within 50 miles, provided the plumber complies with the plumbing code. |
| **Section 7 (103I.205, subdivision 9)** extends the period of time for reporting verification information to the commissioner from 30 days to 60 days following completion or sealing of a well or boring. | Identical | Section 13. Report of work. Amends § 103I.205, subd. 9. Modifies the deadline for submitting a report to the commissioner of health related to well or boring construction or sealing to within 60 days, rather than 30 days, of completing the work. |
| **Section 8 (103I.208, subdivision 1)** extends the well sealing fee of $75 to each boring, except that a single $75 fee for all temporary borings recorded on the sealing notification for a single property sealed within 72 hours of start of construction and exempts temporary environmental borings less than 25 feet in depth from the notification and fee requirements of this chapter.  Also specifies that there is no fee required for construction of a temporary boring. | Identical | Section 14. Well notification fee. Amends § 103I.208, subd. 1. Makes an existing $75 fee apply to the sealing of borings, and exempts temporary borings less than 25 feet in depth from the notification and fee requirements in chapter 103I. Changes a term used, from temporary environmental well to temporary boring. |
| **Section 9 (103I.235, subdivision 3)** states that section 103I.235 (disclosure of location of wells at property sale) does not apply to temporary borings or unsuccessful wells that have been sealed by a licensed contractor in compliance with chapter 103I. | Identical | Section 15. Temporary boring and unsuccessful well exemption. Amends § 103I.235, subd. 3. Exempts temporary borings that were sealed by a licensed contractor (rather than temporary environmental wells as in current law), from requirements to disclose to a buyer the location of wells on the property. |

| Article 23: Health Department |  | Article 1: Department of Health and Public Health |
| --- | --- | --- |
| **Section 10 (103I.301, subdivision 6)** states that a person may not seal a boring until a notification of the proposed sealing is filed as prescribed by the commissioner and exempts from the notification requirements of chapter 103I temporary borings that are less than 25 feet in depth. | Identical | Section 16. Notification required. Amends § 103I.301, subd. 6. Prohibits a person from sealing a boring until a notification is filed with the commissioner, except that temporary borings less than 25 feet in depth are exempt from this notification requirement. |
| **Section 11 (103I.601, subdivision 4)** requires an explorer to submit to the Commissioner of Health ten days before beginning exploratory boring notification of the proposed boring map and a fee of $275, and submit to the Commissioners of Health and Natural Resources a county road map on a single sheet of paper that is 8 ½ by 11 inches in size showing the location of each proposed exploratory boring. (Current law requires a fee of $275 for each exploratory boring). | Paragraph (a) is identical.  Paragraph (b) contains a technical difference; staff recommend Senate. | Section 17. Notification and map of borings. Amends § 103I.601, subd. 4. Provides that one site fee of $275 must be submitted for all exploratory borings marked on the proposed boring map submitted to the commissioner of health, not $275 per exploratory boring. Also requires maps of proposed borings to be submitted on an 8-1/2 x 11-inch sheet of paper. |
|  | House only | **Section 18. Advisory council on rare diseases.** Adds § 137.68. Requests the establishment of an advisory council on rare diseases at the University of Minnesota.  **Subd. 1. Establishment.** Requests that the Board of Regents establish a Chloe Barnes Advisory Council on Rare Diseases at the University of Minnesota. Defines rare disease as any disease (1) that affects less than 200,000 people in the U.S., or (2) that affects more than 200,000 people in the U.S. and for which the cost of developing and making available a drug for that disease would not be recovered from the U.S. sales of that drug.  **Subd. 2. Membership.** Lists suggested advisory council membership.  **Subd. 3. Meetings.** Requests the first meeting of the advisory council to occur by September 1, 2018, and requires it to meet at the call of the chair or the request of a majority of the council members.  **Subd. 4. Duties.** Lists permitted duties for the advisory council.  Subd. 5. Conflicts of interest. Makes advisory council members subject to the Board of Regents policy on conflicts of interest.  Subd. 6. Annual report. Requires the advisory council to annually report to certain legislative committees on the council’s activities and other issues on which it chooses to report. |
|  | House only | **Section 19. Background studies required.** Amends § 144.057, subd. 1. Requires the commissioner of health to contract for background studies to be conducted on individuals providing services at a prescribed pediatric extended care center who have direct contact with children served at the center. Also strikes residential care homes licensed under chapter 144B from the list of facilities whose employees are subject to background studies; chapter 144B was repealed in 1997. |

| Article 23: Health Department |  | Article 1: Department of Health and Public Health |
| --- | --- | --- |
|  | House only | Section 20. The Vivian Act. Adds § 144.064. Requires the commissioner of health to provide information about and engage in outreach activities regarding congenital human herpesvirus cytomegalovirus (congenital CMV).  Subd. 1. Short title. Provides that this section shall be known as the Vivian Act.  Subd. 2. Definitions. Defines terms for this section: commissioner, health care practitioner, CMV, and congenital CMV.  Subd. 3. Commissioner duties. Requires the commissioner to make available to medical professionals who provide prenatal or postnatal care, women who may become pregnant, expectant parents, and parents of infants, information about congenital human herpesvirus cytomegalovirus (congenital CMV). Lists what the information provided must include. Requires the commissioner to ensure the information provided is culturally and linguistically appropriate for recipients. Also requires the commissioner to establish an outreach program to provide education to women and parents about CMV, and to raise awareness of CMV to health care providers who care for expectant mothers or infants. |
| **Section 12 (144.121, subdivision 1a)** includes security screening systems that are used in correctional and detention facilities for security screenings of humans who are in custody of the facility in the list of facilities that use ionizing radiation-producing equipment and are required to be regulated by the Commissioner of Health, including the payment of a base fee of $100 and an additional fee of $100 to the commissioner. | Identical | Section 21. Fees for ionizing radiation-producing equipment. Amends § 144.121, subd. 1a. Adds security screening systems to the types of ionizing radiation-producing equipment that must be registered with the commissioner of health, and establishes registration fees for these systems. Defines security screening system as radiation-producing equipment designed and used for security screening of humans in custody at a correctional or detention facility, and used to image and identify contraband items concealed within or on those persons. Defines correctional or detention facility as a facility licensed by the commissioner of corrections under section 241.021 and operated by the state or a political subdivision. |
| **Section 13 (144.121, subdivision 9)** exempts the operators of a security screening system from having to meet the examination requirement and the facility from having to meet the inspection requirement and permits a variance in accordance with rules.   This exemption expires when permanent rules are published in the State Register by the Commissioner of Health regarding the security screening systems. | Identical | Section 22. Exemption from examination requirements; operators of security screening systems. Adds subd. 9 to § 144.121. Exempts an employee of a correctional or detention facility who operates a security screening system, and the correctional or detention facility, from the examination requirements that otherwise apply to persons who operate x-ray equipment and the inspection requirements that otherwise apply to facilities. Until the commissioner adopts rules governing security screening systems, these employees and facilities must meet the requirements to obtain a variance from the commissioner from the rules governing general use of ionizing radiation, shielding requirements, dose levels, and radiation safety. |
|  | House only | **Section 23. Advisory council on PANDAS and PANS.** Adds § 144.131. Establishes an advisory council on PANDAS and PANS at the Department of Health.  **Subd. 1. Advisory council established.** Directs the commissioner of health to establish the advisory council to advise the commissioner on research, diagnosis, treatment, and education regarding PANDAS and PANS.  **Subd. 2. Membership.** Lists council membership for the 16-member council.  **Subd. 3. Terms.**  Provides that the term for council members is three years, requires council members to serve until their successors are appointed, and allows council members to be reappointed.  **Subd. 4. Administration.** Directs the commissioner of health to provide meeting space and administrative services for the advisory council.  **Subd. 5. Compensation and expenses.** Prohibits compensation but permits reimbursement for expenses for public members of the advisory council.  **Subd. 6. Chair; meetings.** Provides for election of an advisory council chair and directs the chair to schedule advisory council meetings. Requires the advisory council to meet at least four times a year, or at the request of a majority of its members.  **Subd. 7. Duties.** Lists duties for the advisory council.  **Subd. 8. Expiration.** Makes the advisory council expire October 1, 2024. |
|  | House only | **Section 24. Definitions.** Amends § 144.1501, subd. 1. Adds a definition of alcohol and drug counselor to the section governing the health professional education loan forgiveness program. |
|  | House only | **Section 25. Creation of account.** Amends § 144.1501, subd. 2. Authorizes the commissioner of health to provide loan forgiveness for alcohol and drug counselors who agree to practice in designated rural areas. |

| Article 23: Health Department |  | Article 1: Department of Health and Public Health |
| --- | --- | --- |
|  | House only | **Section 26. Eligibility.** Amends § 144.1501, subd. 3. Includes persons enrolled in a training or education program to become an alcohol or drug counselor, in the list of persons eligible to participate in the health professional education loan forgiveness program. |
|  | House only | **Section 27. Expansion grant program.** Amends § 144.1506, subd. 2. Under current law a primary care residency program is eligible for a training grant for a residency slot for a three-year period. If a residency program has a longer duration than three years, this allows training grants to be awarded for the duration of the residency, but prohibits training grants from exceeding an average of $100,000 per residency slot per year. |
| **Section 14 (144.397)** requires the Commissioner of Health to administer statewide tobacco cessation services to assist individuals who are seeking advice or services to help them quit using tobacco products.  The commissioner is required to establish statewide public awareness activities to inform the public of the availability of the services and encourage the public to use the services. | Identical | Section 28. Statewide tobacco cessation services. Directs the commissioner of health to administer or contract for the administration of statewide tobacco cessation services to help Minnesotans quit using tobacco products. Also requires the commissioner to conduct statewide public awareness activities to inform the public about the services and encourage their use. Specifies services that may be provided, requires them to be evidence-based best practices, and requires coordination of services. |
|  | House only | Section 29. Trauma Advisory Council established. Amends § 144.608, subd. 1. Updates cross-references, based on amendments made in section 144.1501, subdivision 1. |
|  | House only | Section 30. Medication administration. Amends § 144A.43, subd. 11. Modifies the definition of medication administration in statutes governing home care providers. |

| Article 23: Health Department |  | Article 1: Department of Health and Public Health |
| --- | --- | --- |
|  | House only | Section 31. Medication reconciliation. Adds subd. 12a to § 144A.43. For statutes governing home care providers, defines medication reconciliation as the process of identifying the most accurate list of all medications a client is taking by comparing the client record to an external list of medications. |
|  | House only | Section 32. Service agreement. Amends § 144A.43, subd. 27. Changes a term used in home care provider statutes, from service plan to service agreement. This term is changed throughout the home care provider statutes. |
|  | House only | Section 33. Standby assistance. Amends § 144A.43, subd. 30. Modifies the definition of standby assistance in statutes governing home care providers. |
|  | House only | Section 34. Change in ownership. Amends § 144A.472, subd. 5. Amendments to paragraph (a) clarify what constitutes a change of ownership for a home care provider business. New paragraphs (b) and (c) provide that when a change in ownership occurs, employees of the business under the old owner who continue employment with the business under the new owner are not required to undergo new training, except on policies of the new owner that differ from those of the old owner. |
|  | House only | Section 35. Fees; application, change of ownership, and renewal. Amends § 144A.472, subd. 7. Adds a penalty of $1,000 for a home care provider with a temporary license that fails to notify the commissioner of health within five days after it begins providing services to clients. |
|  | House only; see also House 3138-3, article 6, section 18. | **Section 36. Issuance of temporary license and license renewal.**  Amends § 144A.473.  **Subd. 1. Temporary license and renewal of license.** Exempts temporary licenses from the requirement that home care provider licenses are valid for up to a year from the date of issuance, because temporary licenses can be extended in certain circumstances.  **Subd. 2. Temporary license.** Adds a reference that temporary licenses can be extended according to subdivision 3. Requires the commissioner to survey temporary licensees with 90 calendar days after the provider begins providing services. Also changes terminology from license year to license period.  **Subd. 3. Temporary licensee survey.** Modifies steps the commissioner may take if a temporary licensee is not in substantial compliance with a survey: in addition to not issuing a license as provided in current law, the commissioner may terminate the temporary license, or extend the temporary license and apply conditions. Establishes a deadline by which the commissioner must receive a reconsideration request and supporting documentation from a temporary licensee. Lists the circumstances under which a temporary licensee whose license is denied may continue operating. |
|  | House only; see also House 3138-3, article 6, section 19. | **Section 37. Types of home care surveys.** Amends § 144A.474, subd. 2. In a subdivision governing home care provider surveys, defines change in ownership survey, and requires such surveys to be completed within six months after the commissioner issues a new license due to a change in ownership. |
|  | House only | **Section 38. Conditions.** Amends § 144A.475, subd. 1. Permits the commissioner to refuse to grant a license as a result of a change in ownership, if a home care provider, owner, or managerial official engages in certain conduct. |
|  | House only | **Section 39. Terms to suspension or conditional license.** Amends § 144A.475, subd. 2. Provides that a home care provider operating under a suspended or conditional license according to this subdivision may continue to operate while home care clients are being transferred to other providers. |
|  | House only | **Section 40. Plan required.** Amends § 144A.475, subd. 5. Provides that a home care provider whose license is being suspended or revoked according to this subdivision may continue to operate while home care clients are being transferred to other providers. |
|  | House only | **Section 41. Prior criminal convictions; owner and managerial officials.** Amends § 144A.476, subd. 1. Requires the commissioner to conduct a background study on owners and managerial officials of a home care provider before issuing a license due to a change in ownership. |
|  | House only | **Section 42. Employee records.** Amends § 144A.479, subd. 7. Makes a technical change. |
|  | House only | **Section 43-44.** Amends § 144A.4791, subds. 1 and 3. Clarifies that a home care provider client must receive certain notices and statements before the date that services are first provided to clients, rather than before the initiation of services to clients. |
|  | House only | **Section 45. Initiation of services.** Amends § 144A.4791, subd. 6. Clarifies that if a client receives services before the client receives a review or assessment, a licensed health professional or registered nurse must complete a temporary plan and orient staff to deliver services. |

| Article 23: Health Department |  | Article 1: Department of Health and Public Health |
| --- | --- | --- |
|  | House only | **Section 46-47.** Amends § 144A.4791, subds. 7 and 8. Requires an initial review, initial assessment, and client monitoring and reassessment to be completed within specified periods after the dates that home care services are first provided, rather than after the initiation of home care services. |
|  | House only | **Section 48. Service agreement, implementation, and revisions to service agreement.** Amends § 144A.4791, subd. 9. Changes a term used from service plan to service agreement, and requires a service agreement to be finalized within 14 days after the date home care services are first provided, rather than after the initiation of home care services. Modifies what the service agreement must include regarding staffing and supervision. |
|  | House only | **Section 49. Medication management services; comprehensive home care license.** Amends § 144A.4792, subd. 1. Requires a comprehensive home care provider to have policies to ensure security and accountability for management, control, and disposition of controlled substances, if the provider manages, stores, and secures controlled substances. |
|  | House only | **Section 50. Provision of medication management services.** Amends § 144A.4792, subd. 2. Requires an assessment conducted before a home care provider provides medication management services, to include providing instructions to the client or a representative on interventions to manage medications and prevent medication diversion. |
|  | House only | **Section 51. Individualized medication management plan.** Amends § 144A.4792, subd. 5. Requires medication reconciliation to occur as part of medication management. |
|  | House only | **Section 52. Medication management for clients who will be away from home.**  Amends § 144A.4792, subd. 10. Modifies requirements for medication management for clients who will be away from home:   * for unplanned time away, limits the amount of medication a client may receive to the amount needed for seven calendar days (rather than 120 hours [five calendar days] as in current law); and * requires written procedures that apply during unplanned time away when a registered nurse is not available, to specify how unlicensed staff must document unused medications that are returned to the provider. |
|  | House only | **Section 53. Treatment and therapy orders.** Amends § 144A.4793, subd. 6. Requires treatment and therapy orders to be renewed at least every 12 months, and requires these orders to include information on the duration of the treatment or therapy. |
|  | House only | **Section 54. Content.** Amends § 144A.4796, subd. 2. Makes a technical change to a subdivision governing what must be covered in home care provider employee orientation. |
|  | House only | **Section 55. Supervision of staff providing delegated nursing or therapy home care tasks.** Amends § 144A.4797, subd. 3. Clarifies when supervision must take place for staff performing delegated tasks. |
|  | House only | **Section 56. Disease prevention and infection control.** Amends § 144A.4798. Consolidates and updates disease prevention and infection control requirements for home care providers. |
|  | House only | **Section 57. Membership.** Amends § 144A.4799, subd. 1. Allows persons who have received home care services within the past five years to be members of the home care and assisted living program advisory council. |
|  | House only | **Section 58. Duties.** Amends § 144A.4799, subd. 3. Clarifies the topics on which the home care and assisted living program advisory council may provide advice to the commissioner. |
|  | House only | **Section 59. Integrated licensing established.** Strikes an obsolete paragraph. |
|  | House only | **Section 60. Rules authorizing patient-assisted medication administration.** Adds subd. 9 to § 144E.16. Directs the EMS Regulatory Board to adopt rules to authorize emergency medical technicians, advanced emergency medical technicians, and paramedics to assist a patient, in emergency situations, with administering a prescription medication that is carried by a patient, intended to treat adrenal insufficiency, or another rare but previously diagnosed condition that requires emergency treatment, intended to treat a specific life-threatening condition, and administered via routes of delivery within the person’s scope of training. Personnel may only assist under the authority of guidelines approved by the ambulance service medical director or under direct medical control. |
|  | House only | **Section 61. Rules establishing standards for communication with patients regarding need for emergency services.** Adds subd. 10 to § 144E.16. Directs the EMS Regulatory Board to adopt rules regarding communication guidelines for ambulance services to use in communicating with patients in the service area about developing emergency medical services care plans. |
|  | House only | **Section 62. Medically complex or technologically dependent child.**  Amends § 144H.01, subd. 5. Amends the definition of medically complex or technologically dependent child for purposes of prescribed pediatric extended care (PPEC) centers, to provide that it means a child under 21 years of age who meets the listed criteria (the listed criteria are the hospital level of care criteria that are used to determine eligibility for the community alternative care (CAC) waiver program). |
|  | House only | **Section 63. Licenses.** Amends § 144H.04, subd. 1. For calendar years 2019 and 2020, limits number of PPEC center licenses issued by the commissioner of health to two. Provides that the PPEC centers licensed for 2019-2020 must meet the requirements for the phase-in of PPEC center licensure. Allows the commissioner to limit licensure of PPEC centers to areas of the state with a demonstrated home care worker shortage. |
|  | House only | **Section 64. Application of rules for hospice services and residential hospice facilities.** Amends § 144H.06. Amends a section specifying provisions in Minnesota Rules, chapter 4664 that do not apply to PPEC centers, to require an applicant for initial PPEC center licensure or license renewal to submit documentation of compliance with background study requirements for persons involved in the management, control, or operation of the PPEC center. |
|  | House only | **Section 65. Administration and management.** Amends § 144H.08. Requires an owner of a PPEC center to have at least two years of experience in the past five years operating a business that provides care to medically complex or technologically dependent children, or managing the care of medically complex or technologically dependent children. Requires an administrator of a PPEC center to have at least two years of experience in the past five years caring for or managing the care of medically complex or technologically dependent children. |
|  | House only | **Section 66. Community-based programs.** Amends § 145.56, subd. 2. As part of the commissioner of health’s existing suicide prevention program, directs the commissioner to distribute a grant to a nonprofit organization to provide crisis telephone counseling services statewide to people in suicidal crisis or emotional distress. |
|  | House only | **Section 67. Goal; establishment.** Amends § 145.928, subd. 1. Makes access to and utilization of high-quality prenatal care a priority area in the eliminating health disparities program administered by the commissioner of health. |
|  | House only | **Section 68. Community grant program; immunization rates, prenatal care access and utilization, and infant mortality rates.** Amends § 145.928, subd. 7. Allows the commissioner of health to award grants through the eliminating health disparities grant program, for projects to decrease racial and ethnic disparities in access to and utilization of high-quality prenatal care. |
|  | House only | **Section 69. Supervisors.** Adds subd. 7a to § 146B.03. Authorizes a body piercing technician who has been licensed for at least one year in Minnesota or a jurisdiction with reciprocity, to supervise a temporary body piercing technician. (Under current law, a body piercing technician must have been licensed for at least two years in order to supervise a temporary technician.) Also allows a body piercing technician to supervise up to four temporary technicians, rather than two temporary technicians as in current law, without providing the commissioner with a supervisory plan. The supervision requirements for tattoo technicians are existing law and are being moved from section 146B.02, subd. 7a, which is being repealed in this article. |
|  | House only | **Section 70. Exemptions.** Amends § 147A.08. Updates cross-references, based on amendments made in section 144.1501, subdivision 1. |
|  | House only | **Section 71. Speech-language pathology assistant.** Amends § 148.512, subd. 17a. Amends the definition of speech-language pathology assistant. |
|  | House only | **Section 72. Unlicensed practice prohibited.** Amends § 148.513, subd. 1. Prohibits a person from practicing as a speech-language pathology assistant unless the person is licensed. Strikes a reference to a subdivision specifying a speech-language pathology assistant’s duties; similar language is found in new sections 148.5185 and 148.5186. |
|  | House only | **Section 73. Protected titles and restrictions on use; speech-language pathologists and audiologists.** Amend § 148.513, subd. 2. In a subdivision listing protected titles, removes language specifying protected titles for speech-language pathology assistants (protected titles for this occupation are moved to a new subdivision 2b). Also makes technical changes. |
|  | House only | **Section 74. Protected titles and restrictions on use; speech-language pathology assistants.** Adds subd. 2b to § 148.513. Lists protected titles for licensed speech-language pathology assistants. Prohibits speech-language pathology assistants from representing to the public that they are licensed speech-language pathologists. |
|  | House only | **Section 75. Protected titles and restrictions on use; speech-language pathology assistants.** Adds subd. 2b to § 148.513. Lists protected titles for licensed speech-language pathology assistants. Prohibits speech-language pathology assistants from representing to the public that they are licensed speech-language pathologists. |
|  | House only | **Section 76. Licensure by equivalency.** Amends § 148.516. Clarifies that an existing section on licensure by equivalency applies only to licensure of speech-language pathologists and audiologists. |
|  | House only | **Section 77. Restricted licensure; speech-language pathology assistants.** Adds § 148.5185. Establishes restricted licensure for speech-language pathology assistants with certain qualifications.  **Subd. 1. Qualifications for a restricted license.** To be eligible for a restricted license as a speech-language pathology assistant, requires a person to satisfy the requirements in subdivision 2, 3, or 4.  **Subd. 2. Person practicing as a speech-language pathology assistant before January 1, 2019.** Allows a person practicing as a speech-language pathology assistant before January 1, 2019, who does not meet the qualification requirements for a license under section 148.5186, to apply for a restricted license. Lists information an applicant must submit to the commissioner. Lists coursework and supervised field experience that a person with a restricted license must complete, in order to be eligible for full licensure.  **Subd. 3. Person with a bachelor’s degree in communication sciences or disorders and practicing as a speech-language pathology assistant before January 1, 2019.** Allows a person with a bachelor’s degree in communication sciences or disorders and who is practicing as a speech-language pathology assistant before January 1, 2019, but who does not meet the qualification requirements for a license under section 148.5186, to apply for a restricted license. Lists information an applicant must submit to the commissioner. Lists coursework and supervised field experience that a person with a restricted license must complete, in order to be eligible for full licensure.  **Subd. 4. Person with an associate degree from a program that does not meet requirements in section 148.5186.** Allows a person with an associate degree from a program that does not meet the requirements in section 148.5186, to apply for a restricted license. Lists information an applicant must submit to the commissioner. Requires a speech-language pathology assistant with a restricted license under this subdivision to complete any missing coursework or supervised field experience, as determined by the commissioner, in order to be eligible for full licensure.  **Subd. 5. Additional requirements; restricted license.** Allows a restricted license to be renewed biennially until January 1, 2025. Requires a speech-language pathology assistant with a restricted license and working as a speech-language pathology assistant before January 1, 2019, to only practice with the employer with whom the assistant was employed when the assistant applied for a restricted license.  **Subd. 6. Continuing education.** Requires a speech-language pathology assistant to comply with continuing education requirements for speech-language pathology assistants, in order to renew a restricted license.  **Subd. 7. Scope of practice.** Provides that scope of practice for speech-language pathology assistants with restricted licenses is governed by a subdivision that specifies duties that may and may not be performed by speech-language pathology assistants. |
|  | House only | **Section 78. Licensure, speech-language pathology assistants.** Adds § 148.5186. Establishes licensure for speech-language pathology assistants with certain qualifications.  **Subd. 1. Requirements for licensure.** Provides that to be eligible for licensure as a speech-language pathology assistant, an applicant must submit evidence of completing:   * an associate degree from an accredited speech-language pathology assistant program, which includes at least 100 hours of supervised field experience; or * a bachelor’s degree in communication sciences or disorders and a speech-language pathology assistant certificate program that includes specified coursework and at least 100 hours of supervised field experience.   **Subd. 2. Licensure by equivalency.** Requires an applicant who applies for licensure by equivalency as a speech-language pathology assistant to provide the commissioner with evidence of satisfying the requirement for licensure in subdivision 1.  **Subd. 3. Scope of practice.** Provides that scope of practice for speech-language pathology assistants licensed under this section is governed by a subdivision that specifies duties that may and may not be performed by speech-language pathology assistants. |
|  | House only | **Section 79. Applications for licensure; speech-language pathologists and audiologists.** Amends § 148.519, subd. 1. Clarifies that an existing subdivision on licensing procedures applies to applicants for licensure as a speech-language pathologist or audiologist. |
|  | House only | **Section 80. Applications for licensure; speech-language pathology assistants.** Adds subd. 1a to § 148.519. Lists information an applicant for licensure as a speech-language pathology assistant must submit to the commissioner. |
|  | House only | **Section 81. Delegation requirements.** Amends § 148.5192, subd. 1. Provides that a speech-language pathologist can only delegate duties to a speech-language pathology assistant who is licensed under section 148.5185 or 148.5186. |
|  | House only | **Section 82. Number of contact hours required.** Amends § 148.5193, subd. 1. Clarifies that an existing subdivision on continuing education requirements applies to licensed speech-language pathologists or audiologists. |
|  | House only | **Section 83. Continuing education; speech-language pathology assistants.** Adds subd. 1a to § 148.5193. Requires applicants renewing speech-language pathology assistant licenses to satisfy requirements for continuing education established by the commissioner. |
|  | House only | **Section 84. Speech-language pathology assistant initial licensure and renewal fees.** Adds subd. 3b to § 148.5194. Sets the fee for initial licensure for speech-language pathology assistants at $130 and the fee for licensure renewal at $120. |
|  | House only | **Section 85. Penalty fees.** Amends § 148.5194, subd. 8. Establishes penalty fees for a speech-language pathology assistant who uses a protected title or practices speech-language pathology assisting without a current license after a license has expired or who is not licensed. Also establishes a penalty fee for a speech-language pathology assistant who fails to submit a continuing education report by the due date. |
|  | House only | **Section 86. Grounds for disciplinary action by commissioner.** Amends § 148.5195, subd. 3. Makes the following grounds for disciplinary action by the commissioner:   * performing services of a speech-language pathology assistant in an incompetent or negligent manner; or * violating a law which directly relates to the practice of speech-language pathology assisting, or an essential element of which is dishonesty. |
|  | House only | **Section 87. Membership.** Amends § 148.5196, subd. 1. Expands the Speech-Language Pathologist and Audiologist Advisory Council from 12 to 13 persons, and adds a licensed speech-language pathology assistant to its membership. |

| Article 23: Health Department |  | Article 1: Department of Health and Public Health |
| --- | --- | --- |
|  | House only | **Section 88. Duties.** Amends § 148.5196, subd. 3. Adds to the duties of the Speech-Language Pathologist and Audiologist Advisory Council, to include advising the commissioner on speech-language pathology assistant licensure standards, and distributing information about speech-language pathology assistant licensure standards. |
|  | House only | **Section 89. Certified doula.** Amends § 148.995, subd. 2. Adds the organization Welcome Baby Care to the list of organizations that can certify an individual to perform doula services; persons certified by one of these organizations may be listed on a registry of certified doulas maintained by the commissioner of health. |
|  | House only | **Section 90. Continuing education.** Amends § 149A.40, subd. 11. Amends continuing education requirements to renew a license to practice mortuary science, to require continuing education on cremations. Makes this requirement effective January 1, 2019, and applicable to mortuary science licenses renewed on or after that date. |
|  | House only | **Section 91. Unlicensed personnel.** Amends § 149A.95, subd. 3. Establishes qualifications that unlicensed personnel must meet, in order to perform cremations at a licensed crematory: completion of a certified crematory operator course approved by the commissioner; obtaining crematory operator certification; public posting of the certification at the licensed crematory where cremations are performed; and maintenance of crematory operator certification. Makes this section effective January 1, 2019, and applicable to unlicensed personnel performing cremations on or after that date. |
| **Section 15**requires a report on the evaluation results for the opioid abuse prevention pilot projects receiving funds in FY 2019 to be submitted to the legislature by December 15, 2021. | Senate only |  |
| **Section 16**requires the Commissioner of Health to conduct a low-value health services study that analyzes: (1) the alignment of health care delivery with specific best practices guidelines; and (2) health care services and procedures for the purposes of identifying, measuring and potentially eliminating those services and procedures with low-value and little benefit to patients. | Senate only |  |
| **Section 17**requires the Commissioner of Health to provide grants to ambulance services to connect community paramedic teams with patients who have been discharged from a hospital or emergency room following an opioid overdose episode; develop personalized care plans for those patients, and provide follow up services. | Subd. 1 is identical.  Subd. 2 is similar, except:   * in para. (b), clause (1), Senate provides that the community paramedic team must provide services to patients released from a hospital or emergency department and House only requires services to patients released from a hospital; * technical differences in para. (b), clause (2); staff recommends Senate. Also, Senate uses term medication compliance and House uses term medication reconciliation; * in para. (b), clause (3), House allows paramedics to provide medication management and Senate does not; * para. (c) is Senate only.   Subd. 3 is similar, except:   * technical differences; staff recommends Senate; * Senate requires the commissioner to submit a summary of the information received from ambulance services to legislative committees; House requires the ambulance services to submit information directly to the legislative committees. | **Art. 4, Section 11. Opioid overdose reduction pilot program.** Requires the commissioner of health to allocate grants to ambulance services for opioid overdose reduction activities performed by community paramedic teams.  **Subd. 1. Establishment.** Directs the commissioner of health to provide grants to ambulance services, for activities by community paramedic teams to reduce opioid overdoses in the state. Community paramedics connect with patients discharged from hospitals or emergency departments after an opioid overdose episode, develop personalized care plans, and provide follow-up.  **Subd. 2. Priority areas; services.** Directs ambulance services to target services funded under this section to portions of the service area with high levels of opioid use, high death rates from opioid overdoses, and urgent needs for interventions. Lists services to be provided by community paramedic teams.  **Subd. 3. Evaluation.** Requires an ambulance service receiving a grant to evaluate the project’s success in reducing the number of opioid overdoses and deaths among patients who received services, and in reducing the inappropriate use of opioids by patients who received services. Directs the commissioner of health to develop evaluation measures and reporting timelines, and requires ambulance services to report the information required by the commissioner to the commissioner and the legislative committees with jurisdiction over health and human services, by December 1, 2019. |
| **Section 18** requires the Commissioner of Health, in consultation with the Commissioners of Human Services and Education, to submit a plan to the legislature to reconstitute the Autism Spectrum Disorder Task Force, including a proposed membership that takes into account all points of view. | Senate only |  |
|  | House only | Section 92. Phase-in of licensure of prescribed pediatric extended care centers. Provides that for calendar years 2019 and 2020, the commissioner shall issue not more than two PPEC center licenses. Directs the commissioner to develop quality measures for PPEC centers, in consultation with the PPEC centers licensed for 2019-2020. |

| Article 23: Health Department |  | Article 1: Department of Health and Public Health |
| --- | --- | --- |
|  | House only | **Section 93. Older adult social isolation working group.** Directs the commissioner of health to convene an older adult social isolation working group.  **Subd. 1. Establishment; members.** Specifies membership in the older adult social isolation working group, and limits its size to no more than 35 members.  **Subd. 2. Duties; recommendations.** Directs the working group to assess the current and future impact of social isolation on persons over age 55, and requires the group to make recommendations to the governor and the members of the health and human services committees in the legislature on the listed issues.  **Subd. 3. Meetings.** Requires the working group to hold at least four public meetings between August 10, 2018, and December 10, 2018, and to use technology to reach interested persons throughout the state.  **Subd. 4. Report.** Directs the commissioner of health to submit a report and the working group’s recommendations to the governor and the members of the health and human services committees in the legislature no later than January 14, 2019.  **Subd. 5. Sunset.** Sunsets the working group upon delivery of the required report. |
|  | House only | Section 94. Rulemaking; well and boring records. Directs the commissioner of health to amend rules to modify the deadline for submitting a report to the commissioner related to well or boring construction or sealing to within 60 days, rather than 30 days, of completing the work. Authorizes use of the good cause exemption. |

| Article 23: Health Department |  | Article 1: Department of Health and Public Health |
| --- | --- | --- |
|  | House only | Section 95. Rulemaking; security screening systems. Authorizes the commissioner of health to adopt rules governing security screening systems operated at correctional or detention facilities, by December 31, 2020. Provides that if rules are not adopted by that time, the rulemaking authority is repealed; and provides that this rulemaking authority does not constitute continuing authority to amend or repeal these rules. |
|  | House only | Section 96. Advisory council on PANDAS and PANS; initial appointments and first meeting. Requires initial appointments to be made by October 1, 2018, and requires the commissioner of health to convene the first meeting of the advisory council by November 1, 2018. Establishes staggered terms for the first set of appointees to the advisory council. |
|  | House only | Section 97. Variance to requirements for sanitary dumping station. Requires the commissioner of health to provide a variance to the requirement in Minnesota Rules, part 4630.0900 that a resort must provide a sanitary dumping station, for a resort in Hubbard County that is located on an island and for which it is impractical to build a sanitary dumping station on the resort property. |
|  | House only | Section 98. Transition; health maintenance organizations. Beginning January 1, 2019, provides that the commissioner of health shall issue new certificates of authority only for HMOs that are nonprofit corporations or local governmental units. Provides that a certificate of authority for a for-profit HMO expires 30 days after the last date on which health maintenance contracts issued by that HMO expire, and prohibits a for-profit HMO from offering health maintenance contracts after September 30, 2018. Makes this section effective contingent on certification by the legislative auditor that enactment of this section would not result in reduced competition or fewer health plan options in the individual, small group, and Medicare markets, but no earlier than July 1, 2018. |
|  | House only | Section 99. Analysis and certification by the legislative auditor. Directs the legislative auditor to analyze how enactment of laws prohibiting HMOs from being for-profit corporations, would affect competition and health plan options available in the individual, small group, and Medicare markets, and requires the legislative auditor to certify that enactment of these laws either would result in reduced competition or fewer health plan options, or would not result in reduced competition or fewer health plan options. |
|  | House only | Section 100. Revisor’s instructions. Directs the revisor of statutes to modify terms in specified statutes. |
|  | House only | **Section 101. Repealer.** Paragraph (a) repeals obsolete provisions regarding tuberculosis prevention and control and the transition to a new licensing structure for home care providers.  Paragraph (b) repeals requirements for body artists to supervise temporary artists; these requirements are being modified in part and moved to another statutory section. |