

1.1 moves to amend the first committee engrossment to H.F. No. 3512
1.2 as follows:

1.3 Delete everything after the enacting clause and insert:

1.4 "Section 1. [144.1223] ENCLOSED SPORTS ARENAS.

1.5 Subdivision 1. Indoor air quality; responsibility. The commissioner of health
1.6 shall be responsible for the adoption of rules and enforcement of applicable laws and rules
1.7 relating to indoor air quality in the operation and maintenance of enclosed sports arenas.

1.8 Subd. 2. Indoor ice arenas; license required. (a) After January 1, 2011, an indoor
1.9 ice arena may not operate without a valid license issued by the commissioner. An indoor
1.10 ice arena license must be renewed annually. An application for a new or renewed indoor
1.11 ice arena license must be accompanied by a fee as follows:

1.12 (1) \$200 for an indoor ice arena that does not use either ice resurfacing or ice edging
1.13 equipment that is exclusively powered by electricity;

1.14 (2) \$100 for an indoor ice arena that uses ice edging equipment that is exclusively
1.15 powered by electricity;

1.16 (3) \$50 for an indoor ice arena that uses ice resurfacing equipment that is exclusively
1.17 powered by electricity; and

1.18 (4) \$25 for an indoor ice arena that uses both ice resurfacing and ice edging
1.19 equipment that are exclusively powered by electricity.

1.20 (b) An application for a license under this section shall be made on a form developed
1.21 by the commissioner that includes, at a minimum, the following information:

1.22 (1) for each piece of ice resurfacing and ice edging equipment operated at the facility:

1.23 (i) brand, model number and year of manufacture;

1.24 (ii) energy source; and

1.25 (iii) for nonelectric equipment, brand, model number, and age of any three-way
1.26 catalytic converter or equivalent device attached to the equipment;

2.1 (2) the type, brand, model number, and year of manufacture of the indoor ice arena's
2.2 air quality monitoring device and its location in the arena;

2.3 (3) the name of the trained operator designated under subdivision 3; and

2.4 (4) documentation from a qualified technician establishing that the arena's
2.5 nonelectric ice resurfacing and ice edging equipment, and any attached catalytic converters
2.6 or equivalent devices, were properly tuned and tested for carbon monoxide, nitrogen
2.7 dioxide, and hydrocarbon emissions, as applicable, during the previous year and were
2.8 found to meet the manufacturer's specifications for those emissions.

2.9 (c) The commissioner may revoke a license issued under this subdivision for
2.10 violations of subdivisions 2 to 4.

2.11 (d) An indoor ice arena regulatory account is established in the special revenue
2.12 fund. The commissioner of health shall deposit all revenues from licenses issued under
2.13 this subdivision in the indoor ice arena regulatory account. All money in the account is
2.14 annually appropriated from the indoor ice arena regulatory account to the commissioner of
2.15 health for the purpose of administering the statutes and rules governing indoor ice arenas.

2.16 (e) For the purposes of sections 1 to 4, "indoor ice arena" means any building with a
2.17 roof and a majority of the sides closed which contains an ice rink.

2.18 **Subd. 3. Indoor ice arenas; operator training and certificate.** (a) After March
2.19 1, 2011, no indoor ice arena may operate without a trained indoor ice arena operator,
2.20 designated by the owner or operator of the indoor ice arena, who holds a valid indoor ice
2.21 arena certificate issued by the commissioner of health. A trained indoor ice arena operator
2.22 must be present whenever the indoor ice arena is open for use and is responsible for direct
2.23 operation of the indoor ice arena, for compliance with subdivision 4, and for meeting and
2.24 maintaining indoor air quality standards.

2.25 (b) The commissioner of health shall issue an indoor ice arena operator certificate
2.26 to a person who has completed a course of training approved by the commissioner that
2.27 includes instruction on the following topics:

2.28 (1) proper maintenance of ice resurfacing and ice edging equipment to minimize
2.29 potential emissions of carbon monoxide and nitrogen dioxide;

2.30 (2) proper maintenance and operation of ventilation equipment to comply with state
2.31 limits on levels of carbon monoxide and nitrogen dioxide in indoor ice arenas;

2.32 (3) proper calibration, accuracy testing, maintenance, and operation of equipment to
2.33 measure the levels of carbon monoxide and nitrogen dioxide in indoor ice arenas;

2.34 (4) Minnesota Rules pertaining to air quality in indoor ice arenas; and

2.35 (5) recognition of the signs of exposure to elevated levels of carbon monoxide.

3.1 The commissioner of health shall consult with the Minnesota Ice Arena Managers'
3.2 Association, the League of Minnesota Cities, and school districts to continually revise and
3.3 update the content of ice arena operator training.

3.4 (c) To maintain the validity of an ice arena operator certificate, an ice arena operator
3.5 must attend a course of training approved by the commissioner every three years.

3.6 Subd. 4. **Indoor ice arenas; required equipment.** (a) After March 1, 2011, no
3.7 indoor ice arena may operate in this state unless all nonelectric ice resurfacing equipment
3.8 operated in the indoor ice arena is equipped with a properly tuned three-way catalytic
3.9 converter or an equivalent device that reduces emissions of carbon monoxide, nitrogen
3.10 oxides, and hydrocarbons.

3.11 (b) After March 1, 2011, an indoor ice arena may allow public entry by skaters
3.12 or spectators after a device powered by an internal combustion engine, other than ice
3.13 resurfacing equipment, has been operated in the indoor ice arena, only after a test of indoor
3.14 air quality determines that all applicable indoor air quality standards have been met.

3.15 (c) After January 1, 2015, an indoor ice arena operating in this state must:

3.16 (1) use ice resurfacing and ice edging equipment that is exclusively powered by
3.17 electricity; or

3.18 (2) contain an operational and properly calibrated electronic indoor air monitoring
3.19 device that continuously monitors and records the concentration of carbon monoxide and
3.20 nitrogen dioxide in the air inside the ice arena. An indoor ice arena may contract with
3.21 a qualified entity to properly calibrate and maintain the operation and accuracy of an
3.22 electronic indoor air monitoring and recording device.

3.23 (d) By December 1, 2014, an indoor ice arena operator must notify the commissioner
3.24 of health in writing whether the indoor ice arena has elected to comply with clause (1) or
3.25 clause (2) of paragraph (c).

3.26 (e) The Department of Health may grant an exemption from the requirements of
3.27 this subdivision to an indoor ice arena that demonstrates to the department's satisfaction
3.28 that the capacity of its air handling system is sufficient in relation to the airspace within
3.29 the arena to make the risk of failing to meet applicable air quality standards insignificant.
3.30 The Department of Health may set conditions, including air quality testing protocols, on
3.31 exemptions granted under this subdivision.

3.32 **EFFECTIVE DATE.** This section is effective the day following final enactment.

3.33 Sec. 2. Minnesota Statutes 2008, section 240A.09, is amended to read:

3.34 **240A.09 PLAN DEVELOPMENT; CRITERIA.**

4.1 The Minnesota Amateur Sports Commission shall develop a plan to promote the
4.2 development of proposals for new statewide public ice facilities including proposals for
4.3 ice centers and matching grants based on the criteria in this section.

4.4 (a) For ice center proposals, the commission will give priority to proposals that
4.5 come from more than one local government unit. Institutions of higher education are not
4.6 eligible to receive a grant.

4.7 (b) In the metropolitan area as defined in section 473.121, subdivision 2, the
4.8 commission is encouraged to give priority to the following proposals:

4.9 (1) proposals for construction of two or more ice sheets in a single new facility;

4.10 (2) proposals for construction of an additional sheet of ice at an existing ice center;

4.11 (3) proposals for construction of a new, single sheet of ice as part of a sports complex
4.12 with multiple sports facilities; and

4.13 (4) proposals for construction of a new, single sheet of ice that will be expanded to a
4.14 two-sheet facility in the future.

4.15 (c) The commission shall administer a site selection process for the ice centers. The
4.16 commission shall invite proposals from cities or counties or consortia of cities. A proposal
4.17 for an ice center must include matching contributions including in-kind contributions of
4.18 land, access roadways and access roadway improvements, and necessary utility services,
4.19 landscaping, and parking.

4.20 (d) Proposals for ice centers and matching grants must provide for meeting the
4.21 demand for ice time for female groups by offering up to 50 percent of prime ice time, as
4.22 needed, to female groups. For purposes of this section, prime ice time means the hours
4.23 of 4:00 p.m. to 10:00 p.m. Monday to Friday and 9:00 a.m. to 8:00 p.m. on Saturdays
4.24 and Sundays.

4.25 (e) The location for all proposed facilities must be in areas of maximum
4.26 demonstrated interest and must maximize accessibility to an arterial highway.

4.27 (f) To the extent possible, all proposed facilities must be dispersed equitably, must
4.28 be located to maximize potential for full utilization and profitable operation, and must
4.29 accommodate noncompetitive family and community skating for all ages.

4.30 (g) The commission may also use the money to upgrade current facilities, purchase
4.31 girls' ice time, or conduct amateur women's hockey and other ice sport tournaments.

4.32 (h) To the extent possible, 50 percent of all grants must be awarded to communities
4.33 in greater Minnesota.

4.34 (i) To the extent possible, technical assistance shall be provided to Minnesota
4.35 communities by the commission on ice arena planning, design, and operation, including
4.36 the marketing of ice time.

5.1 (j) A grant for new facilities may not exceed \$250,000.

5.2 (k) The commission may make grants for rehabilitation and renovation. A
5.3 rehabilitation or renovation grant may not exceed \$100,000. Priority must be given to
5.4 grant applications for indoor air quality improvements, including zero emission ice
5.5 resurfacing equipment, upgrading ventilation systems, and purchasing and installing
5.6 electronic indoor air monitoring and recording devices that are connected to and set to
5.7 activate the facility's air handling system when the concentration of carbon monoxide or
5.8 nitrogen dioxide in the indoor ice arena reaches levels determined by the Department
5.9 of Health to be detrimental to public health. After January 1, 2013, no grant may be
5.10 made under this paragraph unless the application includes capital expenditures for indoor
5.11 air quality improvements that will enable the facility to comply with the requirements
5.12 of section 144.1223, subdivision 4, and any associated rules, or the applicant provides
5.13 documentation from the commissioner of health that the facility is in compliance with
5.14 those requirements at the time of application and will continue to be in compliance after
5.15 the rehabilitation or renovation is completed. The provisions of this paragraph also apply
5.16 to grants made to upgrade current facilities under paragraph (g).

5.17 (l) Grant money may be used for ice centers designed for sports other than hockey.

5.18 (m) Grant money may be used to upgrade existing facilities to comply with the
5.19 bleacher safety requirements of section 326B.112.

5.20 **EFFECTIVE DATE.** This section is effective the day following final enactment.

5.21 Sec. 3. **PILOT PROJECT.**

5.22 By July 1, 2012, the commissioner of health must, in consultation with indoor ice
5.23 arena operators, vendors of indoor air quality monitors, and the Minnesota Ice Arena
5.24 Managers Association, begin to identify and evaluate electronic indoor air monitoring
5.25 devices to determine those that meet the requirements of this section and are approved
5.26 for use in Minnesota. For each approved monitor, the department must recommend a
5.27 calibration schedule and must specify where the monitor must be located in an indoor
5.28 ice arena in order to be effective. By September 1, 2013, the commissioner shall
5.29 submit a report to the chairs and ranking minority members of the senate and house
5.30 of representatives committees with primary jurisdiction over public health policy and
5.31 financing containing information on the evaluation results, a list of approved electronic
5.32 indoor air monitoring devices, and operational recommendations.

5.33 Sec. 4. **INDOOR ICE ARENAS; RULEMAKING.**

6.1 The Department of Health must incorporate the following items into its current
6.2 rulemaking governing air quality in indoor ice arenas:

6.3 (1) standards limiting the concentration of carbon monoxide and nitrogen dioxide
6.4 must address both acute and chronic exposure, must include a one-hour and eight-hour
6.5 limit, and must be reviewed every five years;

6.6 (2) recorded monitoring data from electronic indoor air monitoring devices must be
6.7 available to the Department of Health upon request;

6.8 (3) requirements for the placement of placards in indoor ice arenas that state that
6.9 acute and chronic exposure to elevated levels of carbon monoxide and nitrogen dioxide
6.10 that may be present in indoor ice arenas is hazardous to human health;

6.11 (4) requirements for indoor ice arenas that elect to be governed under section
6.12 144.1223, subdivision 4, paragraph (c), clause (2), to take specified corrective measures to
6.13 protect public health in response to successively higher concentration levels of carbon
6.14 monoxide and nitrogen dioxide, as determined by the Department of Health, including
6.15 operating ventilation equipment at increased levels or more frequently, evacuating the
6.16 arena, and establishing conditions for re-occupancy of the arena; and

6.17 (5) a requirement that by August 1, 2011, and each year thereafter, the Department
6.18 of Health must submit a report to the chairs and ranking minority members of the senate
6.19 and house of representatives committees with primary jurisdiction over public health that
6.20 contains the following information with respect to indoor air quality in ice arenas for
6.21 each of the preceding three calendar years:

6.22 (i) a list of on-site inspections of ice arenas made by the department, including the
6.23 date of each inspection;

6.24 (ii) the list of violations of indoor air quality standards, reporting requirements, or
6.25 other requirements of Minnesota Rules, chapter 4620, by ice arenas;

6.26 (iii) a list of enforcement actions taken against violators listed in item (ii), or any
6.27 other actions taken to return violators to compliance;

6.28 (iv) the number of certificates of approval the commissioner of health refused to issue
6.29 due to insufficient documentation of maintenance of acceptable air quality conditions;

6.30 (v) the number of certificates of approval suspended, revoked, or reinstated by the
6.31 commissioner due to violations of air quality rules; and

6.32 (vi) the number of variances to air quality rules granted to ice arenas by the
6.33 commissioner of health.

6.34 The department must also post the information in items (i) to (vi) on its Web site.

6.35 **EFFECTIVE DATE.** This section is effective the day following final enactment.

7.1 Sec. 5. **REVISOR'S INSTRUCTION.**

7.2 The revisor of statutes shall strike "ENCLOSED SPORTS ARENAS" from the
7.3 headnote to Minnesota Statutes, 2008, section 144.1222.

7.4 Sec. 6. **REPEALER.**

7.5 Minnesota Statutes 2008, section 144.1222, subdivision 3, is repealed."

7.6 Amend the title accordingly