Bill Summary Comparison of

Health and Human Services

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| Senate File: 800-3 | House File: UES0800-2 |
| Article 10: Department of Health | Article 3: Health Department and Public Health |

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| Article 10: Department of Health |  | Article 3: Health Department and Public Health |
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| **Sections 1 to 18** make minor changes to chapter 103I to align the codes for wells and borings and other minor changes. | Senate only |  |
| **Section 1 (103I.101, subd. 2)** changes registration to license when referring to monitoring well contractors. | Senate only |  |
| **Section 2 (103I.101, subd. 5)** changes registration to license or certification. | Senate only |  |
| Section 3 (103I.111, subd. 6) adds borings when referring to unsealed wells. | Senate only |  |
| **Section 4 (103I.111, subd. 7)** removes reference to registration. | Senate only |  |
| **Section 5 (103I.111, subd. 8)** changes “shaft’ to “boring”. | Senate only |  |
| **Section 6 (103I.205)** adds borings to the well construction section.  It also changes registration to license. | Senate only |  |
| Section 7 (103I.301) adds borings to the section heading and removes a reference to registered. | Senate only |  |
| **Section 8 (103I.501)** removes a reference to register. | Senate only |  |
| **Section 9 (103I.505)** changes registration to certification. | Senate only |  |
| **Section 10 (103I.515)** changes registration to certification. | Senate only |  |
| **Section 11 (103I.535, subd. 3)** clarifies that the examination referred to in this section is a certification examination. | Senate only |  |
| **Section 12 (103I.535, subd. 3b)** requires a representative to file an application and a renewal application to renew the certification by the date stated in the certification. | Senate only |  |
| **Section 13 (103I.535, subd. 6)** changes shaft to boring. | Senate only |  |
| **Section 14 (103I.541)** changes registration to certification and removes references to registration.  Clarifies that a representative must file an application and a renewal application to renew the certification and must include information that the certified representative has met continuing education requirements.  Also clarifies that if a person employs a certified representative, submits the required bond and pays the required license fee for a monitoring well contractor license the commissioner shall issue a monitoring well contractor license. | Senate only |  |
| **Section 15 (103I.545, subd. 1)** removes reference to registration. | Senate only |  |
| **Section 16 (103I.545, subd. 2)** removes reference to registration. | Senate only |  |
| **Section 17 (103I.711, subd. 1)** changes shaft to borings. | Senate only |  |
| **Section 18 (103I.715, subd. 2)** changes shafts to borings. | Senate only |  |
| **Section 19 (144.05, subd. 6)** removes the requirement that the Commissioner of Health provide the legislature with copies of certain agreements. | Senate only |  |
| **Section 20 [144.059 Palliative Care Advisory Council]** establishes a Palliative Care Advisory Council.**Subd. 1 [Membership]** specifies that a Palliative Care Advisory Council has 18 public members.**Subd. 2 [Public members]** requires the commissioner of health to appoint 18 public members and specifies experience or qualities required of those members.**Subd. 3 [Term]** sets the membership term at three years and permits reappointment. Members serve until a successor is appointed.**Subd. 4 [Administration]** requires the commissioner of health or a designee to provide meeting space and administrative services.**Subd. 5 [Chairs]** requires the council to elect a chair and vice chair biennially.**Subd. 6 [Meeting]** requires the council to meet at least twice each year.**Subd. 7 [No compensation]** specifies that public members serve without compensation.**Subd. 8 [Duties]** requires the council to consult with and advise the commissioner of health on palliative care initiatives.  Requires an annual report to the legislature.**Subd. 9 [Open meetings]** makes the council subject to the Open Meetings law.**Subd. 10 [Sunset]** sunsets the council on January 1, 2025. | House subd. 1 is House only, establishing the Palliative Care Advisory Council.Senate subds. 1 and 2 and House subd. 2 address council membership. * Senate language establishes a council of 18 public members; House language establishes a council of 18 public members and 4 members of the legislature and includes a paragraph on appointing members of the legislature.
* Senate includes a reference to section 15.0597 to govern the appointment of public members.
* Senate and House lists of public members are same, except Senate clause (10) specifies appointment of two members from any of the categories listed in clauses (1) to (9) and House does not have a comparable clause.
* Technical differences; staff recommend House.

Senate subd. 3/House subd. 3 are identical.Senate subd. 4/House subd. 4 are identical.House subd. 5 can be compared with Senate section 80 and addresses initial appointments and the first meeting of the Palliative Care Advisory Council. Similar, except:* Senate language is uncoded and House language is coded.
* Senate requires initial appointments by October 1, 2017; House requires initial appointments by July 1, 2017.
* Senate requires the first meeting by November 15, 2017; House requires the first meeting by September 15, 2017.

Senate subd. 5/House subd. 6 are identical.Senate subd. 6/House subd. 7 are similar, except House language requires the chair to fix a time and place for regular meetings and the Senate does not.Senate subd. 7/House subd. 8 address compensation. House language allows reimbursement to public members for expenses and the Senate does not.Senate subd. 8/House subd. 9 address council duties and are similar, except:* Senate requires draft legislation to accompany recommendations for legislative action and House does not.
* Technical difference; staff recommend Senate.

Senate subd. 9 is Senate only.Senate subd. 10 is Senate only.House section is effective the day following final enactment; Senate section is effective July 1, 2017. | Sec. 1. Palliative Care Advisory Council. Adds § 144.059. Establishes a 22-member Palliative Care Advisory Council to advise the commissioner of health on improving the quality and delivery of patient-centered, family-focused palliative care. Specifies the council’s membership, and requires at least six members to reside outside counties in and surrounding the Twin Cities metro area. Establishes requirements for meetings and terms, and provides that public members of the council shall not receive compensation except for expenses. Directs the council to consult with and advise the commissioner on palliative care initiatives in the state, and requires the council to submit an annual report on the availability of palliative care, barriers, and recommendations for legislative action. Requires the report to also be published on MDH’s Web site. Makes the section effective the day following final enactment. |
|  | House only | Sec. 2. Authorization to use certain handheld dental x-ray equipment. Adds § 144.1215. Allows the use of handheld dental x-ray equipment that meet the requirements of this section. Subd. 1. Definition; handheld dental x-ray equipment. Defines handheld dental x-ray equipment. Subd. 2. Use authorized. Allows a facility to use handheld dental x-ray equipment if the equipment has been approved for human use by the FDA and is being used consistent with that approval and uses a backscatter shield that meets the listed requirements. Prohibits use of the equipment if its backscatter shield is broken or not permanently affixed to the system. Prohibits limiting the use of handheld equipment to situations when it is impractical to transfer a patient to a stationary system. Allows the system’s tube housing and position-indicating device to be handheld during exposure. Requires the equipment to be securely stored when not in use and establishes calibration requirements. Subd. 3. Exemptions from certain shielding requirements. Exempts handheld equipment from the following requirements in Minnesota Rules: shielding requirements and requirements for the location of the x-ray console or use of a protective barrier. Subd. 4. Compliance with rules. Requires handheld dental x-ray equipment to otherwise comply with Minnesota Rules, chapter 4732, which governs sources of ionizing radiation. |
| **Section 21 (144.122)** specifies that the fees collected under this section are nonrefundable even if the fee was received before July 1, 2017, for licenses or registrations being issued effective July 1, 2017, or later. | Senate only |  |
| **Section 22 (144.1501, subd. 2)** expands eligibility  for the current health professional education loan forgiveness program to include nurses who agree to work in a housing with services establishment or for a home health care provider. | Same except for one technical difference; staff recommend Senate. | Sec. 3. Creation of account. Amends § 144.1501, subd. 2. Expands the category of nurses eligible for loan forgiveness through the health professional education loan forgiveness program to include nurses who agree to practice in a housing with services establishment or practice with a home care provider. |
|  | House only | Sec. 4. Senior care workforce innovation grant program. Adds § 144.1504. Establishes a senior care workforce innovation grant program. Subd. 1. Establishment. Establishes a grant program to fund new pilot programs or expand existing programs that increase the pool of caregivers providing senior care services. Subd. 2. Competitive grants. Directs the commissioner to make competitive grants, to expand the senior care services workforce. Subd. 3. Eligibility. Specifies that applicants eligible for a grant under this section must (1) recruit and train individuals to work primarily with people 65 years of age and older and (2) provide services in a home and community-based setting, in an adult day care setting, through home care, or in a nursing home. Subd. 4. Application. Requires applicants to apply for grants on forms and according to timelines established by the commissioner. Requires applicants to propose a project to expand the number of workers in the senior care services field, and specifies what proposals must include. Subd. 5. Commissioner’s duties; requests for proposals; grantee selections. Requires the commissioner to annually publish a request for proposals (RFP) for the grant program. Requires the commissioner to give priority to proposals that target employment of individuals who have multiple employment barriers, have been unemployed long-term, or are veterans. Directs the commissioner to determine maximum grant awards and to make grant selections. Subd. 6. Grant funding. Specifies that grant awards do not lapse until the grant agreement expires. Subd. 7. Reporting requirements. Establishes reporting requirements for grant recipients and the commissioner of health. Authorizes the commissioner to collect information from grant recipients as necessary to evaluate the grant program. |
| **Section 23 (144.1505)** creates a primary care professions clinical training expansion grant program for advanced practice registered nurses, physician assistants, and mental health professionals.**Subdivision 1** defines the following terms:  eligible mental health professional program; eligible physician assistant program; eligible advanced practice registered nurse program; and project.**Subd**i**vision 2** requires the Commissioner of Health to award health professional training site grants to eligible physician assistant, advanced practice registered nurse, and mental health professional programs to plan and implement expanded clinical training.  Specifies that a planning grant may not exceed $75,000, and a training grant may not exceed $150,000 for the first year, $100,000 for the second year and $50,000 for the third year per program.  Specifies what the funds may be used for.**Subdivision 3** requires grant applicants to apply to the Commissioner of Health.  Specifies what must be contained in the grant application.**Subdivision 4** requires the commissioner to review each application to determine whether or not the application is complete and the program and the project are eligible for a grant that describes the scoring process to be used by the commissioner when evaluating the applications.**Subdivision 5** requires the commissioner to determine the amount of the grant to be given to each eligible program.  Specifies that the appropriations made to the program do not cancel and are available until expended.  Authorizes the commissioner to require and collect from the programs receiving grants any information necessary to evaluate the programs. | Names of grant program differ; House includes “mental health professions” in the name of the grant program and Senate does not.Throughout the section, House includes pharmacy and dental therapy programs in the grant program and Senate does not.Subd. 1: Similar, except for differences related to the House inclusion of pharmacy and dental therapy programs. Also:* One technical difference in definition of eligible mental health professional program; staff recommend Senate.
* Technical difference in placement of definition of mental health professional and in text of definition; staff recommend House on placement and Senate on text.

Subd. 2: Same except for House inclusion of dental therapists, advanced dental therapists, and pharmacists.Subd. 3: Same except for House inclusion of dental therapy and pharmacy programs.Subd. 4: Identical.Subd. 5: Identical. | Sec. 5. Primary care and mental health professions clinical training expansion grant program. Adds § 144.1505. Establishes a program administered by the commissioner of health to provide grants to physician assistant (PA), advanced practice registered nurse (APRN), pharmacy, dental therapy, and mental health professional training programs, to expand clinical training for these professions. Subd. 1. Definitions. Defines terms: eligible advanced practice registered nurse program; eligible dental therapy program; eligible mental health professional program; eligible physician assistant program; eligible pharmacy program; mental health professional; and project. Subd. 2. Program. Directs the commissioner of health to award grants to eligible programs training advanced practice registered nurses, physician assistants, pharmacists, dental therapists, advanced dental therapists, or mental health professionals, to plan and implement expanded clinical training for these professions. Establishes limits for planning and training grants and lists purposes for which grant funds may be used. Subd. 3. Applications. Directs eligible PA, APRN, pharmacy, dental therapy, and mental health professional programs seeking a grant to apply to the commissioner and lists required content for applications. Subd. 4. Consideration of applications. Directs the commissioner to review and score applications and specifies factors the commissioner must use to score applications. Subd. 5. Program oversight. Directs the commissioner to determine grant amounts for eligible programs based on their application scores. Specifies that appropriations do not cancel and are available until expended and allows the commissioner to collect from programs information necessary for evaluation. |
|  | House only | Sec. 6. Physician residency expansion grant program. Amends § 144.1506. Renames the primary care residency expansion grant program as the physician residency expansion grant program. Expands the types of residency training programs eligible to receive grants under this section, to include obstetrics and gynecology programs and programs that train medical residents in other physician specialties if the program incorporates rural training components. |
|  | House only | Sec. 7. Statewide tobacco quitline services. Adds § 144.397. Directs the commissioner of health to administer or contract for administration of a statewide tobacco quitline service to help Minnesotans quit using tobacco products. Also requires statewide awareness activities to notify the public about the service. Lists services to be provided, and requires services to be evidence-based best practices and to be coordinated with other tobacco prevention and cessation services. |
| **Section 24 (144.551, subdivision 1)** creates an exception to the hospital moratorium for 21 new beds in an existing pediatric psychiatric hospital in Hennepin County. | Identical | Sec. 8. Restricted construction or modification. Amends § 144.551, subd. 1. Current law prohibits the construction of a new hospital and any hospital construction that increases hospital bed capacity or increases or redistributes hospital beds in the state. This section establishes an exception, to allow PrairieCare’s inpatient psychiatric hospital for children and adolescents in Brooklyn Park to add 21 new beds to that facility. This section is effective the day following final enactment. |
|  | House only | Sec. 9. Minnesota biomedicine and bioethics innovation grants. Adds § 144.88. Establishes a Minnesota biomedicine and bioethics innovation grant program to be used to fund biomedical and bioethical research and related clinical translation and commercialization activities in the state. Lists criteria for the commissioner of health, in consultation with interested parties, to consider in awarding grants. Specifies parties with whom the commissioner must consult when awarding grants. |
|  | House only | Sec. 10. Remedies available. Amends § 144.99, subd. 1. Allows the Minnesota Department of Health to enforce section 144.1215 (authorizing the use of handheld dental x-ray equipment) using the tools of the Health Enforcement Consolidation Act (HECA; sections 144.99 to 144.993; these sections include provisions on correction orders, administrative penalty orders, injunctive relief, cease and desist orders, actions related to licenses, contested case hearings, and penalty amounts). |
| **Section 25 (144A.472, subd.7)** specifies that the fees collected under this section are nonrefundable even if the fee was received before July 1, 2017, for licenses or registrations being issued effective July 1, 2017, or later. | Senate only |  |
| **Section 26 (144A.474, subdivision 11)**requires the commissioner to use the revenue from collected fines imposed on home care providers, when the revenue is appropriated by the legislature, for special projects recommended by the licensed home care provider advisory council. | Identical | Sec. 11. Fines. Amends § 144A.474, subd. 11. Requires the revenue from fines collected from home care providers to be used by the commissioner of health for special projects to improve home care in Minnesota, as recommended by the home care provider advisory council. (Current law permits, but does not require, the revenue to be used for these special projects.) |
| **Section 27** **(144A.4799, subdivision 3)** modifies the duties of the Licensed Home Care Provider Advisory Council by requiring it to make annual recommendations directly to the legislature concerning the appropriation of revenue from collected fines imposed on home care providers. | Identical | Sec. 12. Duties. Amends § 144A.4799, subd. 3. Directs the home care provider advisory council to annually review the balance in the account that holds fines collected from home care providers, and to make recommendations to the legislature regarding uses of those funds for special projects to improve home care. |
| **Section 28 (144A.70, subd. 4a)** defines “nurse” for the purposes of supplemental nursing services agencies. | Identical | Sec. 13. Nurse. Adds subd. 4a to § 144A.70. Defines “nurse” for purposes of statutes regulating supplemental nursing services agencies, to mean an LPN or an RN. |
| **Section 29 (144A.70, subd. 6)** clarifies that the supplemental nursing services does not include all licensed health professionals, but only those explicitly mentioned in statute. | Identical | Sec. 14. Supplemental nursing services agency. Amends § 144A.70, subd. 6. Amends the definition of supplemental nursing services agency, by removing “other licensed health professionals” from the list of health professionals an agency may provide for temporary employment in a health care facility. With this language removed, a supplemental nursing services agency that is regulated by the commissioner of health is an agency that provides nurses, nursing assistants, nurse aides, and orderlies for temporary employment in health care facilities. |
| **Section 30 (144D.06)** exempts housing with service establishments from the requirement to obtain a lodging license. | Senate only |  |
| **Section 31 (144D.071)** prohibits a housing with services establishment from requiring a resident to move out of the resident’s living unit because the resident begins receiving services under the elderly waiver. | Senate only |  |
| **Sections 32 to 50** create a new chapter of law establishing the licensing requirements for prescribed pediatric extended care centers. |  |  |
| **Section 32 [144H.01]** defines terms for a new chapter of law, Chapter 144H.  Defined terms include “basic services,” “commissioner,” “licensee,” “medically complex or technologically dependent child,” “owner,” “prescribed pediatric extended care center,” and “supportive services or contracted services.” | Same except:* In subd. 5, House specifies that the child must be under 21 years of age and Senate does not.
* In subd. 7, Senate specifies that the facility operates on a for-profit or nonprofit basis and House does not.
 | Sec. 15. Definitions. Adds § 144H.01. Defines terms for a new chapter licensing prescribed pediatric extended care centers: basic services, commissioner, licensee, medically complex or technologically dependent child, owner, prescribed pediatric extended care center, and supportive services or contracted services. |
| **Section 33 [144H.02]** establishes a licensing requirement for the ownership and operation of a prescribed pediatric extended care center, specifies the conditions under which multiple licenses are required, and prohibits prescribed pediatric extended care centers from being located on the same grounds as a child care center. | Identical | Sec. 16. Licensure required. Adds § 144H.02. Prohibits a person from owning or operating a prescribed pediatric extended care center, or PPEC center, unless the center is licensed by the commissioner of health under this chapter. |
| **Section 34 [144H.03]** exempts federal facilities and facilities licensed under Chapter 144 or 144A from prescribed pediatric extended care center licensing requirements. | Identical | Sec. 17. Exemptions. Adds § 144H.03. Exempts facilities operated by a federal agency and facilities licensed under chapters 144 (hospitals and supervised living facilities) and 144A (nursing homes, boarding care homes, and hospices) from the licensing requirements of this chapter. |
| **Section 35 [144H.04]** described the licensing and license renewal process and specifies that licenses are nontransferable. | Same except:* Senate requires licenses to be issued beginning February 1, 2019, and House requires licenses to be issued beginning January 1, 2018.
* Senate refers to rules adopted under chapter 144H and House refers to rules that apply to PPEC centers.
 | Sec. 18. License application and renewal. Adds § 144H.04. Establishes a procedure and requirements for seeking licensure and for license renewal. Specifies that PPEC center licenses are not transferrable. |
| **Section 36 [144H.05]** requires licensing fees in the amount of $11,000, renewal fees in the amount of $4,720, and late application or renewal fees of $25. | These sections address fees. Differences are:* Senate initial application fee is $11,000 and House initial application fee is $3,820.
* Senate renewal fee is $4,720 and House renewal fee is $1,800.
* House establishes a change of ownership fee of $4,200 and Senate does not.

Senate and House subd. 4, addressing nonrefundable fees and depositing fees in the state government special revenue fund, are identical but House subd. 4 could not be printed in the side by side because of a numbering error. | Sec. 19. Fees. Adds § 144H.05. Specifies fees for initial license applications, license renewal, late submission of a renewal application, and change of ownership. Provides that fees are not refundable. |
| **Section 37 [144H.06]** directs the commission of health to adopt rules for the implementation of this new chapter. | Senate only |  |
|  | House only | Sec. 20. Application of rules for hospice services and residential hospice facilities. Adds § 144H.06. Provides that rules for hospice services and residential hospice facilities, administered by the commissioner of health, also apply to PPEC centers, except that the rules listed in clauses (1) to (11) do not apply. |
| **Section 38 [144H.07]** specifies the services that may be provided in a prescribed pediatric extended care center as well as limitations on those services.  Services may only be provided children with medically complex needs or who are technologically dependent and for no more than 14 hours within a 24 hour period.  The facility may operate 24 hours a day, seven days a week. | Similar, except Senate language allows PPEC centers to provide services up to 24 hours a day, seven days a week, and House language allows PPEC centers to provide services up to 14 hours a day, six days a week. | Sec. 21. Services; limitations. Adds § 144H.07. Requires PPEC centers to provide basic services to medically complex and technologically dependent children, based on a protocol of care established for each child. Allows a PPEC center to provide care up to 24 hours a day and up to seven days a week. Prohibits a child from attending a PPEC center more than 14 hours in a 24-hour period. Prohibits a PPEC center from providing other services besides services to medically complex or technologically dependent children. Specifies that the maximum capacity for a PPEC center is 45 children. |
| **Section 39 [144H.08]**specifies the duties of the owner and requires the owner to designate an administrator, whose duties are also specified. | Identical | Sec. 22. Administration and management. Adds § 144H.08. Provides that the owner of a PPEC center has the full legal authority and responsibility for operation of the center, and requires the owner to designate an administrator who is responsible for overall management of the center. Lists duties for center administrators. |
| **Section 40 [144H.09]** requires prescribed pediatric extended care centers to have policies and procedures governing admission, transfer, and discharge, and requires parents or guardians to give consent upon admission to the center. | House subd. 2 is House-only language requiring notice of discharge. Sections are otherwise identical. | Sec. 23. Admission, transfer, and discharge policies; consent form. Adds § 144H.09. Requires a PPEC center to have written policies for admitting, transferring, and discharging children, and requires a parent or guardian to sign a consent form before admitting a child to a PPEC center. Also requires notice of discharge to a parent or guardian at least ten days before a child’s discharge. |
| **Section 41 [144H.10]** requires the center to have a board-certified pediatrician as a medical director. | Identical | Sec. 24. Medical director. Adds § 144H.10. Requires a PPEC center to have a medical director who is a physician licensed in Minnesota and certified by the American Board of Pediatrics. |
| **Section 42 [144H.11]** requires a center to have a nursing director who is a registered nurse and specifies the requirements for other licensed and unlicensed direct care personnel employed by the center. | Identical | Sec. 25 Nursing services. Adds § 144H.11. Requires a PPEC center to have a nursing director who is a registered nurse licensed in Minnesota and who has specified expertise. Also establishes requirements that registered nurses, licensed practical nurses, and other direct care personnel (including nursing assistants and individuals trained in the fields of education, social services, or child care) must meet in order to be employed by a PPEC center. |
| **Section 43 [144H.12]** specifies that one staff person to three children is the minimal staffing requirements for a center. | Identical | Sec. 26. Total staffing for nursing services and direct care personnel. Adds § 144H.12. Requires a minimum of one staff person providing direct care for every three children at a PPEC center.  |
| **Section 44 [144H.13]** requires a medical record and individual nursing protocol for each child. | Identical | Sec. 27. Medical record; protocol of care. Adds § 144H.13. Requires a medical record and individualized nursing protocol of care to be developed, maintained, and appropriately signed for each child admitted to a PPEC center. |
| **Section 45 [144H.14]** requires a center to implement a quality assurance program. | Identical | Sec. 28. Quality assurance program. Adds § 144H.14. Requires PPEC centers to have a quality assurance program. |
| **Section 46 [144H.15]** requires the commissioner of health to inspect a center before issuing or renewing a license. | Same except Senate language refers to rules adopted under chapter 144H and House language refers to rules that apply to PPEC centers. | Sec. 29. Inspections. Adds § 144H.15. Allows the commissioner of health to inspect PPEC centers and center records at reasonable times to ensure compliance with this chapter and rules that apply to PPEC centers, and before issuing or renewing a license. |
| **Section 47 [144H.16]** requires centers to comply with the maltreatment of minors act and statutory crib safety requirements. | Identical | Sec. 30. Compliance with other laws. Adds § 144H.16. Requires PPEC centers to:* develop procedures for reporting suspected child maltreatment; and
* comply with crib safety requirements in section 245A.146, to the extent they are applicable.
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| **Section 48 [144H.17]**specifies conditions under which the commissioner may deny, suspend, revoke, or refuse to renew a license and provides for a hearing and review of any adverse licensing decision. | Similar except:* Senate language refers to rules adopted under chapter 144H and House language refers to rules that apply to PPEC centers.
* In clause (2), Senate language refers to an act that materially affects health or safety, and House language refers to an act that detrimentally affects health or safety.
 | Sec. 31. Denial, suspension, revocation, refusal to renew a license. Adds § 144H.17. Specifies grounds for denying, suspending, revoking, and refusing to renew a PPEC center license, and provides for a contested case hearing before suspending, revoking, or refusing to renew a license..HHH.  |
| **Section 49 [144H.18]**permits the commission to impose corrective action plans and fines for a center’s failure to meet the licensing requirements. | Similar except:* In subds. 1 and 2, Senate language refers to rules adopted under chapter 144H and House language refers to rules that apply to PPEC centers.
* In subd. 2, Senate authorizes the commissioner to establish individual and aggregate fine amounts in rule and House does not specify that these amounts must be established in rule.
* House subd. 3 on fines for violations of other statutes is House-only.
 | Sec. 32. Fines; corrective action plans. Adds § 144H.18. Subd. 1. Corrective action plans. Authorizes the commissioner to require a PPEC center to submit a corrective action plan to remedy violations found by the commissioner. Subd. 2. Fines. Authorizes the commissioner to issue a fine to a PPEC center, employee, or contractor, and lists factors for the commissioner to consider in determining fine amounts. Subd. 3. Fines for violations of other statutes. Directs the commissioner to impose a fine of $250 for violating the Maltreatment of Minors Act or crib safety requirements.  |
| **Section 50 [144H.19]** requires a center to give clients 30-days’ notice before closing. | Identical | Sec. 33. Closing a PPEC center. Adds § 144H.19. If a PPEC center voluntarily closes, requires a PPEC center to provide notice to the parents and guardians of children attending the center at least 30 days before the center closes.  |
|  | House only | Sec. 34. Physical environment. Adds § 144H.20. Requires PPEC centers to conform with the physical environment requirements in this section, and otherwise with requirements that apply to day care facilities in Minnesota Rules, chapter 9502. Establishes specific requirements for center entrances, treatment rooms, isolation procedures, outdoor and indoor spaces, and application of the building code. |
|  | House only | Sec. 35. Forms. Amends § 145.4131, subd. 1. Requires a physician or facility performing an abortion to include in abortion data reports submitted to the commissioner of health, the facility code for the patient and the facility code for the physician, if the abortion was performed via telemedicine. This section is effective January 1, 2018. |
| **Section 51 (145.4716, subd. 2)** requires the commissioner to manage the money deposited in the safe harbor for youth account in this section instead of the Commissioner of Public Safety. | Identical | Sec. 36. Duties of director. Amends § 145.4716, subd. 2. Authorizes the commissioner of health to manage funds that were used or intended to be used to commit a crime related to prostitution or sex trafficking, were subject to forfeiture under state law, and were deposited in the safe harbor for youth account. The commissioner may use these funds for distribution to crime victims services organizations that serve sexually exploited youth.  |
| **Section 52 (145.9263)** requires the commissioner to award grants to nonprofit organizations for the purpose of expanding prescriber education, public awareness,  and outreach on the opioid epidemic and overdose prevention programs. | Senate only |  |
| **Section 53 (145.986, subd. 1a)** requires the commissioner to award at least two of the state health improvement program (SHIP) grants to grant recipients to confront the opioid addiction and overdose epidemic. | Senate only |  |
| **Sections 54 to 62** make a number of minor changes to the body art technicians and establishment licensure chapter. |  |  |
| **Section 54 (146B.02, subd. 2)** makes a minor change to specify that if the information submitted in the application is complete and complies with the license requirements the commissioner shall issue a provisional license. | Senate only |  |
| Section 55 (146B.02, subd. 5) requires an owner who has purchased a body art establishment licensed under the previous owner to submit an application to license the establishment within two weeks of the date of sale.  Permits the new owner to continue to operate for 60 days after the sale while waiting for the new license.  This section also requires an owner of an establishment who is relocating the establishment to submit an application for the new location. | Senate only |  |
| **Section 56 (146B.02, subd. 7a)** requires that a supervising technician be licensed as a body artist for at least two years before the technician may supervise a temporary technician.  Permits the commissioner to refuse to approve as a supervisor a technician who has been disciplined in Minnesota or in another jurisdiction. | Senate only |  |
| **Section 57 (146B.02, subd. 8)** makes minor changes to the temporary event permit section.  Specifies that no individual may be issued a temporary event permit more than four times within the same calendar year and no individual who has been disciplined for a serious violation within three years preceding the intended start date of a temporary event may be issued a permit for a temporary event. | Senate only |  |
| **Section 58 (146B.02, subd. 10)** authorizes the commissioner to deny a body art establishment license to an applicant who has been disciplined for a serious violation. | Senate only |  |
| **Section 59 (146B.03, subd. 6)** authorizes a technician who was previously licensed in Minnesota whose license has lapsed for less than six years to apply to renew.  Specifies that a technician previously licensed in Minnesota whose license has lapsed for less than ten years and who was licensed in another jurisdiction during that time may apply to renew but must submit proof of licensure in good standing during the time of lapse.  Specifies that a technician previously licensed in Minnesota whose license has lapsed for more than six years and who has not continuously been licensed in another jurisdiction must reapply for licensure. | Senate only |  |
| Section 60 (146B.03, subd. 7) specifies that a temporary may only be renewed twice. | Senate only |  |
| **Section 61 (146B.07, subd. 4)** requires each body artist to maintain a copy of the informed consent for three years. | Senate only |  |
| **Section 62 (146B.10, subd. 1)** requires the commissioner to prorate the first renewal fee for the establishment license based on the number of months from issuance of the provisional license to the first renewal. | Senate only |  |
| Section 63 (148.5194, subd. 7) technical change separating the licensure fee for initial applicants from the renewal licensure fee for audiologists. | Senate only |  |
|  | House only | Sec. 37. Revocation, nonrenewal, or denial of consent to transfer a medical cannabis manufacturer registration. Adds subd. 1a to § 152.25. If the commissioner of health intends to revoke, not renew, or deny consent to transfer a medical cannabis manufacturer registration, requires the commissioner to notify a manufacturer in writing and give the manufacturer a chance to request a contested case hearing. Allows the commissioner to proceed without a hearing if the manufacturer does not request a hearing. Specifies a registration is revoked on the date specified in the commissioner’s notice of revocation. |
|  | House only | Sec. 38. Temporary suspension proceedings. Adds subd. 1b to § 152.25. Establishes a process for the commissioner to temporarily suspend a medical cannabis manufacturer’s registration. |
|  | House only | Sec. 39. Notice to patients. Adds subd. 1c to § 152.25. If a manufacturer’s registration is revoked, not renewed, or temporarily suspended, requires the commissioner to provide written notice to patients and their designated caregivers, parents, or legal guardians about the proceeding and alternative registered manufacturers. Requires this notice to be provided at least two business days before the revocation, nonrenewal, or suspension. |
|  | House only | Sec. 40. Intentional diversion outside the state; penalties. Adds subd. 1a to § 152.33. Requires the commissioner to levy a fine of $1,000,000 against a manufacturer and immediately initiate proceedings to revoke a manufacturer’s registration if an officer, director, or controlling person of the manufacturer: (1) pleads or is found guilty of intentionally transferring medical cannabis to a person other than allowed by law; and (2) in transferring medical cannabis to a person other than allowed by law, transported or directed the transport of medical cannabis outside the state. |
| **Section 64 (157.16, subd. 1)** specifies that the fees collected under chapter 157 must be deposited in the state government special revenue fund. | Senate only |  |
|  | House only | Sec. 41. Prescribed pediatric extended care centers. Adds § 256B.7651. Directs the commissioner of human services to set payment rates for PPEC centers at 85 percent of the rate for one hour of complex home care nursing services. |
| **Section 65 (327.15, subd. 3)** specifies that fees collected from manufactured home parks and recreational camping areas must be deposited in the state government special revenue fund. | Senate only |  |
| **Section 66 (448.58)** prohibits a municipality from constructing an athletic field or playground containing crumb rubber until July 1, 2020. | Senate only |  |
| **Section 67 (609.5315, subd. 5c)** specifies that a portion of the money forfeited from prostitution crimes must be forwarded to the Commissioner of Health instead of the public safety for the safe harbor of youth account. | Identical | Sec. 42. Disposition of money; prostitution. Amends § 609.5315, subd. 5c. Transfers authority to distribute the forfeited funds used or intended to be used to commit a prostitution or sex trafficking crime, from the commissioner of public safety to the commissioner of health. |
| **Sections 68-71** add conforming cross-references to Chapter 144H in the maltreatment of minors act. | In Senate section 68 and House section 43, paragraph (p), clause (4) (definition of threatened injury), Senate strikes a reference to section 260C.201, subd. 11, paragraph (d), clause (1), and House does not. Other sections are identical. | Secs. 43 to 46. Amends § 626.556, subds. 2, 3, 3c, 10d. Adds references to PPEC centers in section 626.556, the Maltreatment of Minors Act, to make PPEC centers subject to the reporting requirements and standards in that section. |
| **Section 72** extends the Legislative Health Care Workforce Commission and requires the commission to provide a preliminary report to the legislature by December 31, 2018, and a final report by December 31, 2020. | Senate only |  |
| **Section 73** changes the expiration date for the Legislative Health Care Workforce Commission to January 1, 2021. | Senate only |  |
| **Section 74 (Somali Autism Grant)** modifies a rider adopted in 2015 to require the commissioner of health to award a grant to Dakota County to partner with a community-based organization with expertise in serving Somali children with autism to address barriers to accessing health care and other resources. | Senate only |  |
|  | House only | Sec. 47. Brain health pilot programs. Directs the commissioner to award grants to up to five pilot programs to improve brain health in youth sports, using a request for proposal process. Requires working group members to be included in scoring proposals unless the member has a financial interest in the proposal. Requires at least one program to be funded in each area of the state. Requires programs to be funded for one year, and requires the commissioner to report to the health care policy and finance committees in the legislature on the progress and outcomes of the programs. |
|  | House only | Sec. 49. Direction to commissioner of human services; federal waiver amendments. Directs the commissioner of human services to seek necessary waiver amendments to add services at PPEC centers to home and community-based waivers. |
|  | House only | Sec. 50. Early dental disease prevention pilot program. Paragraph (a) directs the commissioner of health to develop and implement a pilot program to increase awareness and encourage early preventive dental disease interventions for infants and toddlers. Under this program, the commissioner shall award grants to five communities of color or recent immigrant communities to participate in the program.Paragraph (b) requires the commissioner to distribute educational materials to expectant and new parents in designated communities of color and recent immigrant communities on the importance of early dental care.Paragraph (c) requires the commissioner to work with and assist communities of color and recent immigrant communities in performing certain work under this program.Paragraph (d) directs the commissioner to develop measurable outcomes for the program and evaluate the program’s performance within each community.Paragraph (e) requires the commissioner to provide a report on the program, by March 15, 2019, to the chairs and ranking minority members of the legislative committees with jurisdiction over health care. |
|  | House only | Sec. 51. Recommendations for safety and quality improvement practice for long-term care services and supports. Directs the commissioner of health to consult with interested stakeholders to explore and make recommendations on how to apply safety and quality improvement practices to long-term care services and supports. Lists interested stakeholders who must be consulted and what the recommendations must include. Requires the recommendations and any necessary implementing legislation to be submitted to the legislature by July 15, 2018. |
| **Section 75 (Study and Report on Home Care Nursing Workforce Shortage)** establishes a working group to be convened and staffed by the house of representatives and senate and to study and report on the shortage of nurses to provide regular home care services, and make recommendations to address the shortage. | Same except for a technical difference; staff recommend House. | Sec. 53. Study and report on home care nursing workforce shortage. Requires house and senate chairs and ranking minority members of the listed health and human services committees to convene a working group to study and report on the shortage of RNs and LPNs available to provide low-complexity regular home care services to clients. Specifies working group membership, who will convene the first meeting, and who will provide support, meeting space, technical assistance, and recommendations to the working group. Lists working group duties, and requires the working group to submit a report and draft legislation by January 15, 2018. |
| **Section 76** **(Accountable Community for Health Opioid Abuse Prevention Pilot Projects)** requires the Commissioner of Health to establish up to 12 opioid abuse prevention pilot projects to provide innovative and collaborative solutions to confront opioid abuse.  Requires the commissioner to contract with an accountable community for health that operates an opioid abuse prevention project to assist the commissioner in administering the pilot project and to provide technical assistance to the entities selected to operate a pilot project. | These sections direct the commissioner of health to establish opioid abuse prevention pilot projects. Differences in paragraph (a) are as follows:* Senate specifies the commissioner must establish up to 12 pilot projects, and House does not specify the number of projects.
* House requires pilot projects to be established in geographic areas of the state and Senate does not.
* House requires the pilot projects to use controlled substance care teams and community-wide coordination of abuse prevention initiatives to reduce opioid abuse and specifies entities eligible to receive a grant, and Senate requires the use of innovative and collaborative solutions to confront opioid abuse.

House lists required elements of the pilot projects in paragraph (b), and Senate lists them in paragraph (a). The remainder of the sections are the same except for an internal cross-reference and punctuation. | Article 7, sec. 5. Opioid abuse prevention. (a) Requires the commissioner of health to establish opioid abuse prevention pilot projects in geographic areas throughout the state, to reduce opioid abuse through the use of controlled substance care teams and community-wide coordination of abuse-prevention initiatives. Allows the commissioner to award grants to health care providers, health plan companies, local units of government, or other entities.(b) Provides that each pilot project must:(1) be designed to reduce emergency room use and health care provider visits resulting from opioid use or abuse, and reduce rates of opioid addiction;(2) establish multidisciplinary controlled substance care teams;(3) deliver health care services and care coordination, through controlled substance care teams, to reduce the inappropriate use of opioids and rates of opioid addiction;(4) address unmet social service needs that create barriers to managing pain and obtaining optimal health outcomes;(5) provide prescriber and dispenser education and assistance to reduce the inappropriate prescribing and dispensing of opioids;(6) promote best practices for opioid disposal and reducing illegal access to opioids; and(7) engage partners outside of the health care system, to address root causes of opioid abuse and addiction at the community level.(c) Requires the commissioner to contract with an accountable community for health that operates an opioid abuse prevention project and can document reductions in opioid use through the use of controlled substance care teams, to assist the commissioner in administering this section and to provide technical assistance to the commissioner and entities selected to operate a pilot project.(d) Requires the accountable community for health under contract to evaluate the extent to which pilot projects were successful in reducing the inappropriate use of opioids. Specifies requirements for the evaluation and requires results to be reported to the chair and ranking minority members of specified legislative committees by December 15, 2019. |
| **Section 77** **(Comprehensive Plan to End HIV/AIDS)** requires the Commissioner of Health to develop a strategic statewide comprehensive plan that establishes a set of priorities and actions to address the state’s HIV epidemic. | Same, except a Senate-only paragraph (d) allows the commissioner of health to implement this section using existing efforts in order to reduce the resources required to implement this section. House adds similar language to paragraph (a) but requires the commissioner to develop the plan using existing resources available for this purpose. | Sec. 48. Comprehensive plan to end HIV/AIDS. Directs the commissioner of health to work with the commissioner of human services and stakeholders to develop a statewide, comprehensive plan of priorities and actions to address HIV/AIDS in Minnesota. Allows the commissioner to develop the plan as part of existing department activities. Requires the plan to:* determine the levels of testing, care, and services necessary to eliminate HIV, and specifies initial outcomes that must be met;
* provide recommendations for how to use existing funds to make the greatest impact and ensure a coordinated statewide effort;
* provide recommendations for new and enhanced interventions, and additional resources needed for these interventions; and
* be developed using existing resources

Directs the commissioner to submit the comprehensive plan and recommendations to the chairs and ranking minority members of the legislative committees with jurisdiction over HHS policy and finance, by February 1, 2018. |
| **Section 78** (**Safe Harbor For All; Statewide Sex Trafficking Victims Strategic Plan)** requires the Commissioner of Health to develop a strategic plan to address the needs of sex trafficking victims statewide. | Similar, except:* Senate requires the commissioner to develop the plan to address the needs of sex trafficking victims statewide, and to seek input from the listed groups. House requires the commissioner to issue an RFP to select an organization to develop the plan, and requires the selected organization to seek input from the listed groups.
* Senate requires the report to the legislative committees to include policy considerations regarding decriminalization of certain acts of prostitution. House requires the strategic plan to include recommendations regarding expanding the safe harbor law to adult victims of sex trafficking.
 | Sec. 52. Safe harbor for all; statewide sex trafficking victims strategic plan. Directs the commissioner of health to consult with the commissioners of public safety and human services and develop a statewide strategic plan, by October 1, 2018, to address the needs of sex trafficking victims. Directs the commissioner of health to seek recommendations and input from a range of organizations and individuals. Requires the strategic plan to include recommendations regarding the expansion of the safe harbor law to adult victims. Requires the commissioner to report, by January 15, 2019, to the chairs and ranking minority members of the relevant legislative committees on the plan and recommendations for legislation and funding. |
| **Section 79 (Direction to the Commissioner of Health)** requires the commissioner of health to work with stakeholders to evaluate whether existing department of health licensing requirements adequately protect person’s with Alzheimer’s disease or related dementias. | Senate only |  |
| **Section 80 (Palliative Care Advisory Council Initial Appointments and First Meeting)** sets a deadline for first appointments and for convening the first meeting of the council. Requires the commissioner of health to act as chair until the council elects a chair. | This section can be compared with House section 1, subd. 5 and addresses initial appointments and the first meeting of the Palliative Care Advisory Council. Similar, except:* Senate language is uncoded and House language is coded.
* Senate requires initial appointments by October 1, 2017; House requires initial appointments by July 1, 2017.
* Senate requires first meeting by November 15, 2017; House requires first meeting by September 15, 2017.
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| **Section 81 (County-Based Purchasing Plans)** requires the commissioner of health to explore ways to allow county-based purchasing plans to sell health insurance coverage in the individual group health insurance markets. | Senate only |  |
|  | House only | Sec. 54. Youth sports concussion working group. Directs the commissioner of health to establish a working group to assess the causes and incidence of brain injuries in youth sports and best practices for preventing, evaluating, identifying, and treating brain injuries in youth sports. Subd. 1. Working group established; duties and membership. Directs the commissioner of health to establish a youth sports concussion working group of up to 30 members. Directs the group to be formed through nominations of individuals with specified experience, and specifies what the working group must study and evaluate. Requires the working group to be geographically and professionally diverse, and provides that working group members shall not be compensated. Subd. 2. Working group goals defined. Lists specific tasks for the working group, including gathering data on topics related to youth sports-related concussions; reviewing youth sports rules and concussion education policies; identifying pilot projects related to concussions in youth sports; and identifying barriers to obtaining better brain health outcomes. Subd. 3. Voluntary participation; no new reporting requirements created. Specifies that participation in the working group is voluntary and the study shall create no new reporting requirements. Subd. 4. Report. Requires the working group to submit an interim report and a final report to the legislative committees with jurisdiction over health and education, proposing a Minnesota model for reducing brain injury in youth sports. Specifies recommendations the report must include. Subd. 5. Sunset. Sunsets the working group the day after submitting the final report required in subdivision 4, or January 15, 2020, whichever is earlier. |
| **Section 82** repeals the subdivision relating to the past reports of the Legislative Health Care Workforce Commission. | Different. Senate repeals uncoded language requiring the Legislative Health Care Workforce Commission to provide reports to the legislature in 2014 and 2016. House repeals the Minnesota Radon Licensing Act. | Sec. 55. Repealer. Repeals § 144.4961, the Minnesota Radon Licensing Act, effective the day following final enactment. |