Bill Summary Comparison of Health and Human Services

House File 2128-4
Article 3: Health Department

Senate File UEH2128-1
Article 2: Health Department

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Section	Article 3: Health Department		Article 2: Health Department
1	**Implementation.** Amends § 62J.495, subd. 1. Eliminates language requiring the commissioner of health to provide an update to the legislature on the development of uniform standards for interoperable electronic health records systems, as part of an annual report to the legislature.	**Page R1: Identical**	**Section 1 (62J.495, subd. 1)** removes obsolete language regarding the development of uniform standards.
2	**E-Health Advisory Committee.** Amends § 62J.495, subd. 2. Eliminates a requirement for the commissioner of health to issue an annual report outlining progress in implementing a statewide health information infrastructure and providing recommendations on health information technology. Also extends the subdivision to June 30, 2031 (under current law this subdivision, which establishes the e-Health Advisory Committee, expires June 30, 2021). This section is effective the day following final enactment.	**Page R1: Same except for subdivision expiration date and effective date. House extends subdivision (which establishes the e-Health Advisory Committee) until June 30, 2031 and makes section effective the day following final enactment; Senate keeps the current expiration date for the e-Health Advisory Committee and does not specify an effective date (default effective date is July 1, 2021).**	**Section 2 (62J.495, subd. 2)** eliminates an annual report on the progress in implementing a statewide health information infrastructure.
3	**Interoperable electronic health record requirements.** Amends § 62J.495, subd. 3. Strikes a requirement that a health data intermediary to which an electronic health record system must be connected, must be state-certified. (State certification of health data intermediaries is being eliminated in another section.)	**Page R2: Identical**	**Section 3 (62J.495, subd. 3)** eliminates the state certified requirement for a health data intermediary.
4	**Coordination with national HIT activities.** Amends § 62J.495, subd. 4. Eliminates a reference to a specific federal HIT strategic plan with which the statewide interoperable health information infrastructure plan must be consistent and instead requires the plan to be consistent with updated federal plans. Eliminates duties of the commissioner to help develop and support health information technology regional extension centers, to provide supplemental information on best practices gathered	**Page R2: Identical**	**Section 4 (62J.495, subd. 4)** removes language referring to developing health information technology regional extension centers and gathering best practices by regional centers. Also modifies language to refer to being consistent with updated federal plans and removes references to specific federal legislation.

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	by regional centers, and to monitor and respond to development of quality measures. Also strikes a reference to a report to the legislature being eliminated in another subdivision.		
5	**Definitions.** Amends § 62J.497, subd. 1. In a subdivision defining terms for the electronic prescription drug program, deletes a definition of backward compatible. Amends the definition of NCPFP Formulary and Benefits Standard by removing a reference to the 2005 implementation guide version and instead referring to the most recent version of the standard or to the most recent version adopted by CMS for e-prescribing under Medicare Part D. Also amends the definition of NCPDP SCRIPT Standard by removing a reference to the 2005 implementation guide version.	**Page R4: House only**	
6	**Standards for electronic prescribing.** Amends § 62J.497, subd. 3. In a subdivision providing standards for electronic prescribing, strikes a list of specific transactions that must be conducted using the NCPDP SCRIPT Standard.	**Page R6: House only**	
7	**Health information exchange.** Amends § 62J.498. Eliminates certain definitions and establishes an additional duty for the commissioner of health regarding health information exchange oversight. **Subd. 1. Definitions.** Eliminates the following definitions for sections governing health information exchanges, certificates of authority to provide HIE services, and enforcement authority: HITECH Act, meaningful use, meaningful use transaction, and state-certified health data intermediary. Also removes references to health information exchange service providers being state-certified.	**Page R7: Identical**	**Section 5 (62J.498)** removes reference to federal legislation and the definition of a state certified health data intermediary. Authorizes the commissioner to require information be provided as needed from health information exchange services providers.

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	Subd. 2. Health information exchange oversight. In a subdivision establishing duties of the commissioner regarding HIE oversight, adds a duty of requiring health information exchange service providers to provide information to meet statutory requirements.		
8	**Certificate of authority to provide health information exchange services.** Amends § 62J.4981. Eliminates a requirement that health data intermediaries must be certified by the commissioner, and makes conforming changes. **Subd. 1. Authority to require organizations to apply.** Eliminates a requirement for health data intermediaries to apply to the commissioner for certificates of authority. **Subd. 2. Certificate of authority for health data intermediaries.** Strikes a subdivision requiring health data intermediaries to be certified by the commissioner in order to operate and establishing criteria to obtain a certificate of authority. **Subd. 3. Certificate of authority for health information organizations.** Strikes references to state-certified health data intermediaries to conform with elimination of a requirement for health data intermediaries to be certified. **Subd. 4. Application for certificate of authority for health information organizations.** Modifies terms used, eliminates unnecessary language, and modifies cross-references to conform with the elimination of a requirement for health data intermediaries to be certified. **Subd. 5. Reciprocal agreements between health information organizations.** Strikes language requiring reciprocal agreements between health information organizations and health data	**Page R10: Same except for cross-reference difference in subdivision 4; staff recommend the House language on the cross-reference difference.**	**Section 6 (62J.4981)** removes references to health data intermediaries and changes references to health information exchange organizations.

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	intermediaries to meet the requirements in this subdivision. Strikes a reference to state-certified health data intermediary to conform with elimination of a requirement for health data intermediaries to be certified. Also strikes references to meaningful use and meaningful use transaction.		
9	**Enforcement authority; compliance.** Amends § 62J.4982. In a section governing enforcement and compliance for health information organizations, eliminates a requirement that health data intermediaries must be certified by the commissioner, eliminates the commissioner's authority to impose penalties on health data intermediaries, eliminates application and annual certificate fees for health data intermediaries, and modifies terms used to conform with elimination of the requirement for health data intermediaries to be certified by the commissioner.	**Page R15: Identical**	**Section 7 (62J.4982)** changes references from health information exchange service provider to health information exchange service organization.
10	**Support for state health care purchasing and performance measurement.** Amends § 62J.63, subd. 1. Eliminates language requiring the commissioner of health to establish and administer a Center for Health Care Purchasing Improvement and retains certain functions of the center and assigns them to the commissioner of health.	**Page R19: House only**	
11	**Duties; scope.** Amends § 62J.63, subd. 2. Eliminates language authorizing the commissioner to appoint staff for the Center for Health Care Purchasing Improvement. Also eliminates the following duties: initiating projects to develop plan designs for state health care purchasing; conducting policy audits of state programs; consulting with the Health Economics Unit regarding reports and assessments of the health care marketplace; consulting with the	**Page R19: House only**	

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	Department of Commerce regarding regulatory issues and legislative initiatives; working with DHS and CMS to address federal requirements for health care purchasing and conformity issues; assisting MCHA in purchasing strategies; and convening agency medical directors for advice and collaboration. Allows the commissioner to evaluate current administrative simplification strategies.		
12	**Medical practices; current standard charges.** Adds § 62J.826. Requires medical practices to make available to the public a list of current standard charges for all items and services provided by the medical practice. **Subd. 1. Definitions.** Defines terms for this section: chargemaster, diagnostic laboratory testing, diagnostic radiology service, hospital, medical practice, and outpatient surgical center. **Subd. 2. Requirement; current standard charges.** Requires the following medical practices to make available to the public a list of current standard charges for all items and services provided by the medical practice: hospitals, outpatient surgical centers, and other medical practices that have revenue of more than $50,000,000 per year and that derive a majority of their revenue from one or more of the listed services. **Subd. 3. Required file format and data attributes.** Paragraph (a) lists and defines the data attributes that a medical practice must post, and requires them to be posted in the listed order. Paragraph (b) requires these data attributes to be posted in the form of a comma separated values file and establishes other formatting requirements. Paragraph (c) requires the data attributes listed in paragraph (a) to be posted on a cost of care web page for the medical practice that	**Page R20: House only**	

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	members of the public can access and which is searchable using an Internet search engine. Also requires the consumer-friendly list of standard charges for a limited set of shoppable services required under federal rules to be presented on the same page. Paragraph (d) specifies the convention for naming the file, as required under federal rules. This section is effective January 1, 2022.		
		Page R23: Senate only	**Section 8 (62J.84, subd. 6)** permits the commissioner to reference drug price data from other sources to meet the reporting requirements under the prescription drug price transparency act.
13	**Encounter data.** Amends § 62U.04, subd. 4. Requires health plan companies and third-party administrators to submit encounter data to the all-payer claims database on a monthly basis, rather than every six months as in current law. Notwithstanding the data classification as private data on individuals or nonpublic data, allows provider data held by the all-payer claims database to be released or published as authorized in subdivision 11, which specifies authorized uses of data in the database.	**Page R24: House only**	
14	**Pricing data.** Amends § 62U.04, subd. 5. Notwithstanding the data classification of pricing data as nonpublic, allows pricing data held by the all-payer claims database to be released or published for the purposes specified in subdivision 11, which specifies authorized uses of data in the database.	**Page R25: House only**	

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15	**Restricted uses of the all-payer claims data.** Amends § 62U.04, subd. 11. Modifies data from the all-payer claims database that is available for use and that may be published, to: (1) allow public use files compiled by the commissioner to identify the rendering or billing hospital, clinic, or medical practice; and (2) allow the commissioner to publish the results of authorized uses under this subdivision in a way that identifies hospitals, clinics, and medical practices, provided no individual health professionals are identified and the commissioner determines the data is accurate, valid, and suitable for publication.	**Page R25: House only**	
16	**Procedure.** Amends § 103H.201, subd. 1. Modifies a provision authorizing the commissioner of health to adopt health risk limits for substances degrading groundwater. For toxicants that are known or probable carcinogens, requires the commissioner to use a quantitative estimate of a chemical's carcinogenic potency either: (1) published by the federal Environmental Protection Agency; or (2) determined by the commissioner to have undergone thorough scientific review. (Under current law the quantitative estimate must be both published by the EPA and determined by the commissioner to have undergone thorough scientific review.)	**Page R27: House only**	
		Page R27: Senate only	**Section 9 (144.05. subd. 7) paragraph (a)** specifies that for any mandated report that does not include a specific expiration date the expiration dates described in this subdivision apply. **Paragraph (b)** establishes that any report mandate enacted before January 1, 2021, shall expire on January 1, 2023 if the report is required annually and shall expire on January 1, 2024 if the report is required

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			biennially or less frequently. **Paragraph (c)** establishes that any report mandate enacted on or after January 1,2021 expires three years after the date of enactment if the report is required annually and expires five years after the date of enactment if the report is required biennially or less frequently. **Paragraph (d)** requires the commissioner to submit a list to the legislature by February 15 of each year beginning February 15, 2022 of all reports set to expire during the following calendar year.
		Page R28: Senate only	**Section 10 (144.064)** requires the commissioner to make available to practitioners, women who may become pregnant, expectant parents, and parents of infants evidence based information about genital CMV (human herpesvirus cytomegalovirus) The section also requires the commissioner to establish an outreach program to educate women who may become pregnant, expectant parents, and parents or infants about CMV and to raise awareness for CMV among health care providers who provide care to expectant mothers and infants.
17	**Distribution of COVID-19 vaccines.** Adds § 144.066. Directs the commissioner of health to distribute COVID-19 vaccines according to this section. **Subd. 1. Definitions.** Defines the following terms for this section and sections 144.0661 to 144.0663: commissioner, COVID-19 vaccine, department, disproportionately impacted community, local health department, and mobile vaccination vehicle. **Subd. 2. Distribution.** Requires the commissioner to establish and maintain partnerships or agreements with the listed entities to administer COVID-19 vaccines throughout the state. Also allows	**Page R29: House only**	

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	COVID-19 vaccines to be administered via mobile vaccination vehicles. **Subd. 3. Second dose or booster.** States that a registered vaccine provider should be directed by the department during the registration process to assist vaccine recipients with scheduling an appointment for any required second dose or booster. **Subd. 4. Nondiscrimination.** Provides that nothing in section 144.066 to 144.0663 shall be construed to allow or require denial of a benefit or opportunity based on certain characteristics. This section is effective the day following final enactment.		
18	**Equitable COVID-19 vaccine distribution.** Adds § 144.0661. Requires the commissioner of health to establish positions to continue COVID-19 vaccine equity and outreach activities, establishes education and outreach and community assistance programs, and requires establishment of metrics to measure equitable distribution of COVID-19 vaccines. **Subd. 1. COVID-19 vaccination equity and outreach.** Requires the commissioner of health to establish positions to work on COVID-19 vaccine equity and outreach and to address disparities in COVID-19 vaccination rates. Requires this work to be managed by a director who has a leadership role in the department's COVID-19 response. **Subd. 2. Vaccine education and outreach campaign; direct delivery of information.** Requires the commissioner to administer a COVID-19 vaccine education and outreach campaign to directly provide information on the listed topics to members of disproportionately impacted communities. Specifies how the information must be delivered.	**Page R30: House only**	

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	Subd. 3. Vaccine education and outreach campaign; mass media. Requires the commissioner to administer a mass media campaign to provide COVID-19 vaccine education and outreach on the listed topics to members of disproportionately impacted communities. **Subd. 4. Community assistance.** Requires the commissioner to administer a community assistance program to help members of disproportionately impacted communities arrange and prepare to obtain COVID-19 vaccines and to help transportation-limited individuals obtain vaccines. **Subd. 5. Equitable distribution of COVID-19 vaccines.** Requires the commissioner to establish a set of metrics to measure the equitable distribution of COVID-19 vaccines, and to set and update goals for vaccine distribution that are focused on equity. **Subd. 6. Expiration of programs.** Provides that the vaccine education and outreach programs and the community assistance program shall operate until a sufficient percentage of individuals in each county or census tract have received the full series of COVID-19 vaccines to protect individuals from COVID-19. This section is effective the day following final enactment.		
19	**Mobile vaccination program.** Adds § 144.0662. Requires the commissioner to administer a mobile vaccination program using mobile vaccination vehicles. **Subd. 1. Administration.** Directs the commissioner to administer a mobile vaccination program in which mobile vaccination vehicles are deployed to communities around the state to vaccinate individuals. Requires mobile vaccination	**Page R31: House only**	

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	vehicles to be deployed to communities to improve access to vaccines. **Subd. 2. Eligibility.** Provides that all individuals in a community to which a mobile vaccination vehicle is deployed are eligible to receive COVID-19 vaccines from the vehicle. **Subd. 3. Staffing.** Requires mobile vaccination vehicles to be staffed according to CDC guidelines and allows them to be staffed with additional personnel based on local needs. **Subd. 4. Second doses.** Requires staff of a mobile vaccination vehicle to assist vaccine recipients receiving a first dose to schedule a second dose or booster, and requires the commissioner, to the extent possible, to deploy mobile vaccination vehicles in a way that allows vaccine recipients to receive second doses or boosters from the mobile vaccination vehicle. **Subd. 5. Expiration.** Directs the commissioner to administer the mobile vaccination vehicle program until a sufficient percentage of individuals in each county or census tract have received the full series of COVID-19 vaccines to protect individuals from the spread of COVID-19. This section is effective the day following final enactment.		
20	**COVID-19 vaccination plan and data; reports.** Adds § 144.0663. Requires the commissioner of health to publish metrics for equitable COVID-19 vaccine distribution and implementation protocols for equitable COVID-19 vaccine distribution. Also requires weekly publication of data on COVID-19 vaccines and quarterly reports on funding for certain COVID-19 activities.	**Page R32: House only**	

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	Subd. 1. COVID-19 vaccination plan; implementation protocols. Requires the commissioner to publish the equity metrics and goals for equitable COVID-19 vaccine distribution and implementation protocols to address disparities in COVID-19 vaccination rates in certain communities. **Subd. 2. Data on COVID-19 vaccines.** Requires the commissioner, on a weekly basis, to publish the specified data related to COVID-19 vaccines. **Subd. 3. Quarterly reports.** On at least a quarterly basis while funds are available, requires the commissioner to report to certain members of the legislature on funds distributed to local health departments for COVID-19 activities and funds expended to implement sections 144.066 to 144.0663. This section is effective the day following final enactment.		
21	**Resident reimbursement case mix classifications.** Amends § 144.0724, subd. 1. Modifies a term used in a subdivision requiring the commissioner of health to establish case mix classifications for residents of nursing homes and boarding care homes.	**Page R32: House only**	
22	**Definitions.** Amends § 144.0724, subd. 2. In a subdivision defining terms for a section on case mix classifications, makes a technical change to the definition of minimum data set and modifies the definition of activities of daily living.	**Page R33: House only**	
23	**Resident reimbursement case mix classifications beginning January 1, 2012.** Amends § 144.0724, subd. 3a. In a subdivision establishing requirements for case mix classifications, modifies a term used	**Page R33: House only**	

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	and removes a reference to the Case Mix Classification Manual for Nursing Facilities.		
24	**Short stays.** Amends § 144.0724, subd. 5. Provides that a facility is not required to submit an admission assessment for a resident admitted to and discharged from the facility on the same day. Provides that when an admission assessment is not submitted, the case mix classification will be the rate with a case mix index of 1.0.	**Page R34: House only**	
25	**Notice of resident reimbursement case mix classification.** Amends § 144.0724, subd. 7. In a subdivision governing notice from the commissioner of health to a nursing facility regarding case mix classifications established for residents, makes technical changes and changes in terminology and requires the notice of modified assessment to be provided to the facility within 3 business days after distribution of the classification notice to the resident.	**Page R34: House only**	
26	**Request for reconsideration of resident classifications.** Amends § 144.0724, subd. 8. In a subdivision governing requests for reconsideration of resident classifications, allows reconsideration of any items changed during the audit process, reorganizes the subdivision for requests initiated by the resident or a representative and for requests submitted by the facility, and makes technical changes. For requests initiated by the resident or a representative, eliminates language specifying what must accompany the reconsideration request, reorganizes language specifying what the facility must submit, and specifies the consequence when a facility fails to provide the required information. For requests initiated by the facility, requires the	**Page R35: House only**	

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	facility to provide the resident or a representative with notice of the request, requires the request to be submitted within a certain timeframe, and permits rather than requires the commissioner to deny the reconsideration request if the facility fails to provide the required information. Establishes requirements for transmitting the reconsideration classification notice to the nursing facility and to the resident or representative.		
27	**Audit authority.** Amends § 144.0724, subd. 9. In a subdivision requiring the commissioner to ensure the accuracy of resident assessments through audits, reviews of records, and interviews, strikes language requiring the commissioner to make the results of the audit available to the facility, requires distribution of the audit classification notice to the facility and the resident or representative within certain timeframes if the audit results in a case mix classification change, and specifies what the notice must include.	**Page R37: House only**	
28	**Appeal of nursing facility level of care determination.** Amends § 144.0724, subd. 12. Strikes language allowing certain residents to request continued services pending appeal of a nursing facility level of care determination. Also strikes language limiting the effect of a paragraph requiring notice to residents of a change in eligibility for long-term care services due to a nursing facility level of care determination.	**Page R39: House only**	
29	**Initial and annual fee.** Amends § 144.1205, subd. 2. A new paragraph (a) requires an entity obtaining a license for radioactive material or source or	**Page R39: Identical**	**Sections 11-15 (144.1205)** make changes to the fee structure for radioactive material and special nuclear material licenses.

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	special nuclear material, to pay an initial fee upon issuance of the initial license. Paragraph (b) consolidates fee categories, establishes additional fee categories for facilities with multiple locations, modifies the names of fee categories, and modifies annual fee amounts for licensure for radioactive material or source or special nuclear material.		
30	**Initial and renewal application fee.** Amends § 144.1205, subd. 4. Specifies that the application fees due under this subdivision are for initial applications for licensure and to renew applications for licensure. Consolidates fee categories, deletes certain fee categories, and modifies application fees for licensure for radioactive material or source or special nuclear material.	**Page R44: Identical**	
31	**Reciprocity fee.** Amends § 144.1205, subd. 8. Changes the application fee for reciprocal recognition of a radioactive materials license issued by another state or the federal Nuclear Regulatory Commission, from $1,200 to $2,400.	**Page R46: Identical**	
32	**Fees for license amendments.** Amends § 144.1205, subd. 9. Changes the fee to amend a license for radioactive material, from $300 to $600.	**Page R47: Same change in fee amount, one technical difference; staff recommend the House language for the technical difference.**	
33	**Fees for general license registrations.** Adds subd. 10 to § 144.1205. Establishes an annual registration fee of $450 for the registration of generally licensed devices (devices that contain radioactive material and that are designed to detect, measure, or control thickness, density, level, interface	**Page R47: Identical**	

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	location, radiation, leakage, or chemical composition, or designed to produce light or an ionizing atmosphere).		
34	**Duty to perform testing.** Amends § 144.125, subd. 1. Increases the per-specimen fee for testing under the newborn screening program from $135 to $177. (The newborn screening program tests newborns soon after birth for rare disorders of metabolism, hormones, the immune system, blood, breathing, digestion, hearing, or the heart.)	**Page R47: Identical**	**Section 16 (144.125, subd. 1)** increases the newborn screening fee from $135 to $177 per specimen.
		Page R47: Senate only	**Section 17 (145.125, subd. 2)** requires the newborn screening to include a test for congenital human herpesvirus cytomegalovirus (CMV).
35	**Dignity in pregnancy and childbirth.** Adds § 144.1461. Requires hospitals that provide obstetric care and birth centers to provide continuing education on anti-racism training and implicit bias. **Subd. 1. Citation.** Provides that this section may be cited as the Dignity in Pregnancy and Childbirth Act. **Subd. 2. Continuing education requirement.** Paragraph (a) requires hospitals with obstetric care and birth centers to provide continuing education on anti-racism training and implicit bias. Requires the continuing education to be evidence-based and lists criteria that it must include. Paragraph (b) requires hospitals and birth centers to also provide an annual refresher course that reflects current trends on race, culture, identity, and anti-racism principles and institutional implicit bias. Paragraph (c) requires hospitals with obstetric care and birth centers to develop continuing education materials on anti-racism	**Page R48: House subds. 1 and 2 (citation, continuing education requirement) are House only. House subd. 3/Senate language (midwife and doula care) are similar and have the following differences:** ▪ **Senate requires commissioner to perform functions within existing appropriations;** ▪ **House requires commissioner to propose changes to midwife licensure, Senate does not;** ▪ **House requires training on implicit bias and anti-racism and requires training and licensure to be culturally responsive to specific groups, Senate requires training on systemic racism and requires training and licensure to be tailored to specific groups.**	**Section 18 (144.1461)** requires the commissioner to develop and ensure that doula services, training and education are tailored to meet the needs of the groups with the most significant maternal and infant mortality and morbidity disparities.

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	training and implicit bias that must be provided to direct care employees and contractors who routinely care for pregnant or postpartum women. Paragraph (d) requires hospitals with obstetric care and birth centers to coordinate with health-related licensing boards to obtain continuing education credits for the training and materials required by this section. Also requires the commissioner to monitor compliance with this section and requires initial training to be completed by December 31, 2022. Paragraph (e) requires hospitals with obstetric care and birth centers to provide a certificate of training completion upon request, and allows a facility to accept the training certificate from another facility for a provider who works in more than one facility. **Subd. 3. Midwife and doula care.** Requires the commissioner of health, in partnership with patient groups and culturally based community organizations, to develop procedures and services to increase midwife and doula services for groups with disparities in maternal and infant morbidity and mortality; propose changes to midwife licensure to allow midwives to practice to the full scope of their competencies and education; promote racial, ethnic, and language diversity in the midwife and doula workforce; and ensure midwife and doula training and licensure are culturally responsive to the needs of groups with disparities in maternal and infant morbidity and mortality.		
36	**Establishment; membership.** Amends § 144.1481, subd. 1. Adds a dentist to the membership of the Rural Health Advisory Committee.	**Page R49: Identical**	**Section 19 (144.1481, subd.1)** adds a licensed dentist to the rural health advisory committee.

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37	**Definitions.** Amends § 144.1501, subd. 1. Defines alcohol and drug counselor for the health professional education loan forgiveness program.	**Page R50: House only**	
38	**Creation of account.** Amends § 144.1501, subd. 2. Makes alcohol and drug counselors who agree to practice in designated rural areas or underserved urban communities eligible for loan forgiveness under the health professional education loan forgiveness program.	**Page R52: House only**	
39	**Eligibility.** Amends § 144.1501, subd. 3. Adds persons enrolled in a training or education program to become an alcohol and drug counselor to the list of professions eligible for loan forgiveness under the health professional education loan forgiveness program.	**Page R53: House only**	
40	**International medical graduate primary care residency grant program and revolving account.** Amends § 144.1911, subd. 6. Adds general surgery residency programs to the types of primary care residency programs eligible for a grant to support residency positions designated for Minnesota immigrant physicians willing to serve in rural or underserved areas of the state.	**Page R53: House only**	
41	**Homeless youth.** Adds subd. 12 to § 144.212. Adds a definition of homeless youth to definitions that apply to vital records sections.	**Page R54: House only**	
		Page R54: Senate only	**Section 20 (144.216, subd. 3)** requires a hospital that receives a safe place newborn to report the birth to the office of vital records within five days after receiving the newborn and requires the state registrar to register the information in

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			accordance with the rules regarding infants of unknown parentage.
		Page R55: Senate only	**Section 21 (144.216, subd.4)** specifies that the birth record of the safe place newborn is confidential data on individuals and information regarding the birth record and birth certificate issued from the birth record shall only be disclosed to the responsible social service agency or pursuant to court order. This section also specifies that if the newborn was born in a hospital and the child's record of birth was registered the office of vital records shall replace the original birth record registered.
		Page R55: Senate only	**Section 22 (144.218, subd. 6)** states that if a hospital receives a safe place newborn and the child's record of birth was registered, the hospital must report to the Office of Vital Records and identify the child's birth record. The state registrar is required to issues a replacement birth record that is free from any information that identifies a parent. Specifies that the prior vital record is confidential data on individuals and shall not be disclosed except under a court order.
		Page R55: Senate only	**Section 23 (144.223)** removes race of the applicants from the information collected from marriage licenses.
42	**Data about births.** Amends § 144.225, subd. 2. Under current law, data on the birth of a child born to a woman not married to the child's father when the child was conceived or born is classified as confidential data but may be disclosed to certain persons, including to the child if the child is 16 or older. This section (1) allows this data to be disclosed to the child if the child is homeless youth, and does not require the homeless youth to be 16 or older; and (2) allows an entity administering a children's savings program to access these	**Page R56: House only**	

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	birth records to open an account in the program for the child as a beneficiary.		
43	**Certified birth or death record.** Amends § 144.225, subd. 7. Adds a cross-reference to section 144.2255, to exempt homeless youth from paying the required fees to obtain a certified birth record. Also makes the following changes to who may obtain an individual's certified birth or death record: ▪ removes a requirement that an individual requesting a certified record has a tangible interest in the record and defining tangible interest, and instead just lists individuals who may obtain a certified record; ▪ removes from the list of individuals who may obtain a certified record, the party responsible for filing the record; and ▪ provides that for an attorney to obtain a certified record, the attorney must represent the subject of the record or another individual otherwise authorized in clause (1) to obtain a record (under current law any attorney may obtain a certified record).	**Page R57: Same except for House addition in para. (a) of cross-reference to section 144.2255 to exempt homeless youth from paying required fees to obtain certified birth records.**	**Section 24 (144.225, subd. 7)** modifies the list of individuals authorized to request a certified birth or death certificate by removing from the list the party responsible for filing the vital record and clarifying that an attorney must be representing the subject of the vital record or one of the authorized individuals listed.
44	**Certified birth record for homeless youth.** Adds § 144.2255. Establishes procedures and documentation requirements for a homeless youth to obtain a certified birth record. **Subd. 1. Application; certified birth record.** Allows a subject of a birth record who is a homeless youth in this or another state to apply to the state registrar or a local issuance office for a	**Page R58: House only**	

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	certified birth record. Lists what a homeless youth must submit to the state registrar or local issuance office. **Subd. 2. Statement verifying subject is a homeless youth.** If a homeless youth submits a statement from another individual to verify that the youth is a homeless youth, lists information that must be included in the statement, and requires the individual providing the statement to also provide a copy of the individual's employment identification. **Subd. 3. Expiration; reissuance.** If a subject of a birth record obtains a birth record in part using a statement from another individual to verify that the subject is a homeless youth, makes the birth record expire 6 months after issuance. Allows the subject of such a birth record to surrender the expired record to the state registrar or local issuance office and obtain another birth record. Provides that all birth records obtained under this subdivision expire 6 months after issuance. If the subject does not surrender the expired birth record, requires the subject to apply for a certified record according to subdivision 1. **Subd. 4. Fees waived.** Prohibits the state registrar or local issuance office from charging a fee to a homeless youth for issuing a certified birth record or statement of no vital record found under this section. **Subd. 5. Data practices.** Classifies as private data on individuals, a statement from the subject of the birth record that he or she is a homeless youth, and a statement from another individual verifying that the subject of the birth record is a homeless youth. Makes this section effective the day following final enactment for applications for and the issuance of certified birth records on or after January 1, 2022.		

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		Page R59: Senate only	**Section 25 (144.226, subd. 1)** waives the fee for processing a request for a replacement birth record involving a safe place newborn.
45	**Transaction fees.** Adds subd. 7 to § 144.226. Allows the state registrar and agents to charge a convenience fee and a transaction fee for electronic transactions and transactions by the telephone or the Internet for distribution of vital records.	**Page R60: House only**	
46	**Birth record fees waived for homeless youth.** Adds subd. 8 to § 144.226. Amends a section governing fees for the issuance of vital records to exempt a homeless youth from payment of fees to obtain a certified birth record or statement of no record found. This section is effective the day following final enactment for applications for and the issuance of certified birth records on or after January 1, 2022.	**Page R60: House only**	
47	**Routine inspections; presumption.** Amends § 144.55, subd. 4. In a subdivision governing the commissioner of health's authority to inspect hospitals, requires the commissioner to conduct hospital inspections as needed to determine whether a hospital or hospital corporate system continues to satisfy the conditions on which a moratorium exception was granted. This section is effective the day following final enactment.	**Page R61: House only**	
48	**Suspension, revocation, and refusal to renew.** Amends § 144.55, subd. 6. Prohibits the commissioner from renewing licenses for hospital beds issued according to a hospital	**Page R61: House only**	

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	construction moratorium exception if the commissioner finds the hospital or hospital corporate system is not satisfying the conditions included in the exception. This section is effective the day following final enactment for license renewals occurring on or after that date.		
49	**Restricted construction or modification.** Amends § 144.551, subd. 1. Amends an existing exception to the hospital construction moratorium to require hospital beds transferred from a closed hospital to another site or complex in a hospital corporate system to be first used to replace the beds that had been used in the closed hospital for mental health services and substance use disorder services, before transferring remaining beds for any other purpose. Also adds two additional exceptions to the hospital construction moratorium to: ▪ allow Regions Hospital to add 45 licensed beds. This exception is effective contingent on Regions adding the 15 licensed mental health beds authorized in clause (28), designating 5 of the 45 beds in the current exception for inpatient mental health, and agreeing to not use revenue recapture; and ▪ allow the addition of licensed beds to primarily provide mental health services or substance use disorder services. In order to be eligible to add beds, a hospital must have an emergency department, not be a hospital that solely treats adults for mental illness or substance use disorders, and make the beds available to MA and MinnesotaCare enrollees.	**Page R62: House amends clause (8) to require beds transferred after closure of a hospital to be used first to replace beds used at the closed site for mental health services and SUD services before transferring beds for any other purpose; Senate does not amend this clause.** **House and Senate clause (29) are identical. House makes clause (29) effective the day following final enactment contingent on several factors; Senate makes this clause effective July 1, 2021.** **In clause (30), the House requires a hospital to have an emergency department and not be a hospital that solely treats adults for mental illnesses or substance use disorders in order to add beds under this exception; the Senate does not. The House makes this clause effective the day following final enactment; the Senate makes this clause effective July 1, 2021. Technical differences in this clause; staff recommend Senate language for these differences.**	**Section 26 (144.551, subd. 1, paragraph (b), clause 29)** exempts form the hospital moratorium a project to add 45 licensed beds at regions hospital, with no further public interest review required. **Clause 30** allows any hospital without a public interest review to add beds that are to be used primarily for mental health or substance use disorder treatment.

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50	**Monitoring.** Adds subd. 5 to § 144.551. Requires the commissioner to monitor the addition of beds and establishment of new hospitals according to exceptions established under this section. Requires hospitals and hospital corporate systems to annually report to the commissioner on how the hospital or system continues to satisfy the conditions included in the exception. This section is effective the day following final enactment.	**Page R67: House only**	
51	**Facility or campus closings, relocating services, or ceasing to offer certain services; patient relocations.** Amends § 144.555. **Subd. 1. Notice of closing or curtailing operations; facilities other than hospitals.** Provides that the existing law requiring notice to the commissioner of health when a facility voluntarily plans to cease or curtail operations applies to facilities other than hospitals. (Notice requirements for hospitals are moved from this subdivision to the new subdivision 1a.) **Subd. 1a. Notice of closing, curtailing operations, relocating services, or ceasing to offer certain services; hospitals.** Requires the controlling persons of a hospital or hospital campus to notify the commissioner of health at least nine months before the hospital or hospital campus ceases or curtails operations, relocates the provision of health services to another hospital or hospital campus, or ceases to offer maternity and newborn care services, ICU services, inpatient mental health services, or inpatient substance use disorder services. Requires controlling persons of a hospital or campus to comply with the right of first refusal provisions in section 144.556.	**Page R67: House only**	

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	Subd. 1b. Public hearing. Upon receiving notice under subdivision 1a, requires the commissioner to conduct a public hearing on the cessation of operations, curtailment of operations, or relocation or cessation of services. Requires the public hearing to be held in the community where the facility or campus is located at least six months before the scheduled change, and lists what must be addressed at the public hearing. **Subd. 2. Penalty.** Provides that failure to notify the commissioner according to subdivision 1a or to participate in a public hearing according to subdivision 1b may result in the commissioner of health issuing a correction order against the facility. This section is effective the day following final enactment.		
52	**Right of first refusal for hospital or hospital campus.** Adds § 144.556. Provides a local unit of government with a right of first refusal to purchase a hospital or hospital campus before the hospital or campus is sold or conveyed to another party, or is closed. **Subd. 1. Prerequisite before sale, conveyance, or ceasing operations of hospital or hospital campus.** Before the controlling persons of a hospital sell, convey, or offer to sell or convey a hospital or hospital campus or cease operations of the hospital or campus, requires the controlling persons to first make a good faith offer to sell or convey the hospital or campus to a local unit of government where the hospital or campus is located. **Subd. 2. Offer.** Prohibits the offer to sell or convey the hospital or campus from being at a price that exceeds the hospital's or campus's current fair market value, requires the offer to be accepted or declined within 60 days after receipt, and provides	**Page R69: House only**	

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	that if the party to whom the offer is made does not respond within 60 days, the offer is deemed declined. This section is effective the day following final enactment.		
53	**Lead hazard reduction.** Amends § 144.9501, subd. 17. Amends a definition of lead hazard reduction to allow it to take place at any location where lead hazards are identified (current law allows it to take place at a residence, child care facility, school, or playground).	**Page R69: House only**	
54	**Reports of blood lead analysis required.** Amends § 144.9502, subd. 3. Amends a subdivision establishing requirements for medical clinics, laboratories, and facilities to report results of blood lead analyses to the commissioner, to specify that the commissioner may prescribe the manner in which a clinic, laboratory, or facility must report the results.	**Page R69: House only**	
55	**Lead risk assessment.** Amends § 144.9504, subd. 2. Makes the following changes to a subdivision governing lead risk assessments conducted by assessing agencies: ▪ expands the locations where an assessing agency must conduct a lead risk assessment to include child care facilities, playgrounds, schools, and other locations where lead hazards are suspected (under current law assessing agencies must conduct lead risk assessments of residences); ▪ requires a lead risk assessment to be conducted within ten working days if a child has a venous blood lead level of	**Page R70: House only**	

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	ten micrograms of lead per deciliter of blood, rather than 15 micrograms as in current law; ▪ requires a lead risk assessment to be conducted within 20 working days if a child or pregnant female at a location where lead hazards are suspected has a venous blood lead level of five micrograms of lead per deciliter of blood; and ▪ provides that lead risk assessments must be conducted if a child under 18 has one of the listed blood lead levels, rather than if a child age 6 or under has one of the listed blood lead levels. Allows an assessing agency to refer investigations at sites other than residences to the commissioner.		
56	**Lead orders.** Amends § 144.9504, subd. 5. Expands an assessing agency's authority to order lead hazard reduction. If an assessing agency finds a lead hazard at a property originated from another source location, allows the assessing agency to order the responsible person of the source location to: (1) perform lead hazard reduction at the lead risk assessment site; and (2) remediate conditions at the source location that allowed the lead to migrate from the source location.	**Page R72: House only**	
57	**Assisted living facility.** Amends § 144G.08, subd. 7, as further amended. Amends the definition of assisted living facility for the chapter governing assisted living facility licensure to mean an establishment where an operating person or legal entity, either directly or through one of the specified arrangements, provides accommodations and services to one or more adults in the facility. Also strikes	**Page R73: House only**	

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	language that covered settings are not included in the definition of assisted living facility. This section is effective August 1, 2021.		
58	**Appeals process.** Amends § 144G.54, subd. 3. Amends a subdivision governing the appeals process for appeals of assisted living facility contract terminations to specify the procedures used by the Office of Administrative Hearings to conduct hearings under this subdivision.	**Page R74: House only**	
59	**Services for residents with dementia.** Amends § 144G.84. Amends requirements for access to outdoor space for residents of assisted living facilities with dementia care, to require existing housing with services establishments that obtain an assisted living facility license to provide residents with regular access to outdoor space and to require a licensee with new construction or a new licensee to provide regular access to secured outdoor space on the premises of the facility. This section is effective August 1, 2021.	**Page R74: House only**	
		Page R76: Senate only	**Section 27 (145.32, subd.1)** permits a hospital upon request to destroy medical records of a patient who is a minor when the patient reaches the age of majority or seven years whichever occurs last.
		Page R77: Senate only	**Section 28 (145.4161**) establishes licensure for abortion facilities. **Subdivision 1** defines the following terms: abortion facility; accrediting or membership organization; and

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			commissioner. **Subd. 2, paragraph (a)** requires abortion facilities to be licensed by the commissioner of health by July 1, 2022. **Paragraph (b)** specifies that the license is not transferrable or assignable and is subject to suspension or revocation for failure to comply with this section. **Paragraph (c)** requires each facility to be licensed if a single entity maintains more than one facility on different premises. **Paragraph (d)** requires an abortion facility to be accredited or be a member of an accrediting or membership organization or obtain accreditation or membership within six months of the date of the licensure application. If a facility loses accreditation or membership, the facility must notify the commissioner. **Paragraph (e)** states that the commissioner, attorney general, a county attorney, or a woman upon whom an abortion was performed or attempted to be performed at an unlicensed facility may seek an injunction in district court against the unlicensed facility. **Paragraph (f)** states that sanctions provided in this section do not restrict other available sanctions. **Subd. 3** authorizes the commissioner to issue a temporary license for facilities that plan to begin operations on or after July 1, 2022. the temporary

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			license is valid for a period of six months. **Subd. 4 s**pecifies the information that must be included in the application for licensure. **Subd. 5** requires the commissioner of health to inspect the facility before the initial licensure and at least once every two years. The commissioner is not required to provide notice prior to an inspection. **Subd. 6** specifies the grounds under which the commissioner may refuse to grant or renew or suspend or revoke a license. The licensee is entitled to a notice and hearing and a new license may be issued after an inspection of the facility has been conducted. **Subd. 7** specifies the amount of the licensure fees. **Subd. 8** requires a license to be renewed every two years. A temporary license may be renewed for one additional six-month period. **Subd. 9** requires that the health records maintained by the facility comply with the Minnesota Health Records Act. **Subd. 10** provides for severability if any provision is found to be unconstitutional. Section 2 appropriates funds from the state government special revenue fund to the commissioner of health for licensure activities.
60	**Home visiting for pregnant women and families with young children.** Adds §145.87. **Subd. 1. Definitions.** Defines the following terms for this section: evidence-based home visiting program, evidence-	**Page R79: Same except for a technical differences in two places.**	**Section 29 (145.87)** requires the commissioner to award grants to community health boards, nonprofit organizations, and Tribal nations for home visiting programs serving pregnant women and families with young children.

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	informed home visiting program, health equity, and promising practice home visiting program. **Subd. 2. Grants for home visiting programs.** Directs the commissioner of health to award grants to community health boards, nonprofit organizations, and tribal nations to start up or expand voluntary home visiting programs. Grant money must be used to establish evidence-based, evidence-informed, or promising practice home visiting programs that address health equity, use community-driven strategies, and serve families with young children or pregnant women who are high risk or have high needs. **Subd. 3. Grant prioritization.** Directs the commissioner to prioritize grants to programs seeking to expand home visiting services with community or regional partnerships. Requires that at least 75% of the grant money awarded each grant cycle supports evidence-based programs and up to 25% supports evidence-informed or promising practice programs. **Subd. 4. Administrative costs.** Allows the commissioner to use up to 7% of the annual appropriation for training and technical assistance and to administer and evaluate the program, and allows the commissioner to contract for training, capacity-building, technical assistance, and evaluation support. **Subd. 5. Use of state general fund appropriations.** Provides that appropriations dedicated to starting up or expanding evidence-based home visiting programs must be awarded according to this section beginning July 1, 2021. Provides that this section does not govern grant awards of federal funds for home visiting programs or grant awards of state funds dedicated to nurse-family partnership home visiting programs.		

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61	**Food benefits.** Amends § 145.893, subd. 1. Changes a term used, from vouchers to food benefits, in a subdivision authorizing eligible individuals to receive benefits to purchase nutritional supplements under WIC.	**Page R81: House only**	
62	**State commissioner of health; duties, responsibilities.** Amends § 145.894. Allows local health agencies to issue WIC food benefits three times per month, instead of twice per month as permitted under current law. Strikes obsolete language.	**Page R81: House only**	
63	**Food benefits.** Amends § 145.897. In a section governing foods eligible for purchase under WIC, provides that the federal Department of Agriculture, not the commissioner, determines allowable foods; changes a term; and strikes language listing examples of allowable foods.	**Page R82: House only**	
64	**Food benefits for organics.** Amends § 145.899. In a section allowing WIC food benefits to be used to buy cost-neutral organic allowable foods, changes a term used.	**Page R82: House only**	
65	**Access to data.** Amends § 145.901, subd. 2. Amends a subdivision governing access to data for maternal death studies to specify that the commissioner has access to the names of providers, clinics, or other health services where care was received before, during, or related to the pregnancy or death. Also allows the commissioner to access records maintained by medical examiners, coroners, and hospitals and hospital discharge data; allows the commissioner to request from a coroner or medical examiner the names of health	**Page R82: House only**	

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	care providers that provided prenatal, postpartum, or other health services; and allows the commissioner to access DHS data to evaluate welfare systems, and to request and receive law enforcement reports or incident reports.		
66	**Classification of data.** Amends § 145.901, subd. 4. Amends a subdivision classifying data held by the commissioner for purposes of maternal death studies to state that data provided by the commissioner of human services to the commissioner of health under this section retains the same classification as when held by the commissioner of human services.	**Page R83: House only**	
		Page R84: Senate only	**Section 30 (145.902)** includes in the definition a "safe place" for purposes of safe place for newborns the hospital where the newborn was born. Requires a hospital that receives a safe place newborn, and it is known that the child's record of birth was registered because the newborn was born in that hospital to report the birth to the Office of Vital Records within five days after receiving the newborn and to identify the child's birth record. The state registrar is then required to register the information in accordance with the rules regarding infants of unknown parentage.
		Page R85: Senate only	**Section 31 (145A.145)** codifies the current nurse family partnership programs.
67	**Analog.** Amends § 152.01, subd. 23. Amends the definition of analog in the chapter governing drugs and controlled substances, to specify that analog does not include marijuana or nonsynthetic tetrahydrocannabinols.	**Page R86: House only**	

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	This section is effective August 1, 2021, and applicable to crimes committed on or after that date.		
68	**Schedule I.** Amends § 152.02, subd. 2. Removes marijuana and nonsynthetic tetrahydrocannabinols from Schedule I of controlled substances. (Substances in Schedule I are those with no currently accepted medical use, a lack of accepted safety for use under medical supervision, and a high potential for abuse.) This section is effective August 1, 2021, and applicable to crimes committed on or after that date.	**Page R86: House only**	
69	**Schedule II.** Amends § 152.02, subd. 3. Adds marijuana and nonsynthetic tetrahydrocannabinols to Schedule II of controlled substances. (Substances in Schedule II are those with a high potential for abuse, with use potentially leading to severe psychological or physical dependence.) This section is effective August 1, 2021, and applicable to crimes committed on or after that date.	**Page R101: House only**	
70	**Prescription requirements for Schedule II controlled substances.** Amends § 152.11, subd. 1a. Exempts medical cannabis from the requirement that a Schedule II controlled substance must be dispensed according to a prescription (health care practitioners do not prescribe medical cannabis under the medical cannabis program).	**Page R104: House only**	

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71	**Exception.** Adds subd. 5 to § 152.11. Provides that marijuana and tetrahydrocannabinols are not considered Schedule II controlled substances for purposes of a section establishing prescription requirements for controlled substances.	**Page R105: House only**	
72	**Exception.** Adds subd. 6 to § 152.12. Provides that marijuana and tetrahydrocannabinols are not considered Schedule II controlled substances for purposes of a section governing the prescribing, dispensing, administration, and sale of controlled substances.	**Page R105: House only**	
73	**Limits on applicability.** Amends § 152.125, subd. 3. Provides that a section governing the prescription and administration of controlled substances for intractable pain does not apply to medical cannabis.	**Page R105: House only**	
74	**Hemp processor.** Adds subd. 5c to § 152.22. Adds a definition of hemp processor to the medical cannabis statutes.	**Page R105: House only**	
75	**Medical cannabis.** Amends § 152.22, subd. 6. Amends the definition of medical cannabis for the medical cannabis program to allow delivery of medical cannabis via combustion of dried raw cannabis. This section is effective the earlier of (1) March 1, 2022, or (2) a date by which rules on combustion of dried raw cannabis are in effect and independent laboratories are able to perform the required tests of dried raw cannabis.	**Page R106: House only**	

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76	**Registered designated caregiver.** Amends § 152.22, subd. 11. Amends the definition of registered designated caregiver for the medical cannabis program to remove a requirement that a health care practitioner identify a patient as needing assistance in administering or obtaining medical cannabis due to a disability.	**Page R106: House only**	
77	**Tribal medical cannabis program.** Adds subd. 13a to § 152.22. Defines tribal medical cannabis program for the medical cannabis statutes.	**Page R107: House only**	
78	**Limitations.** Amends § 152.23. States that the medical cannabis statutes do not permit, or prevent the imposition of penalties for, combusting medical cannabis in any of the listed locations or where the smoke would be inhaled by a minor child.	**Page R107: House only**	
79	**Tribal medical cannabis programs.** Adds subd. 5 to § 152.25. Requires the commissioner to determine if tribal medical cannabis programs meet or exceed the standards in state law for the state medical cannabis program. If the commissioner determines a tribal medical cannabis program meets or exceeds the standards in state law, requires the commissioner to recognize the tribal program and post on the Department of Health website, the tribal programs that have been recognized.	**Page R108: House only**	
80	**Rulemaking.** Amends § 152.26. Allows the commissioner to adopt or amend rules to implement the addition of dried raw cannabis as an allowable form of medical cannabis, allows the commissioner to adopt rules using the procedure to adopt exempt rules, and	**Page R108: House only**	

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	provides that the two-year limit on the effect of such rules does not apply to these rules. This section is effective the day following final enactment.		
81	**Patient application.** Amends § 152.27, subd. 3. Removes a reference in the medical cannabis statutes to a health care practitioner determining, as part of the patient application, that the patient needs assistance in administering or obtaining medical cannabis due to a disability.	**Page R108: House only**	
82	**Registered designated caregiver.** Amends § 152.27, subd. 4. In the medical cannabis statutes governing registered designated caregivers, removes a requirement that a health care practitioner must certify that a patient is disabled and therefore needs assistance in administering or obtaining medical cannabis in order for the commissioner to register a designated caregiver for the patient. Allows a registered designated caregiver to be caregiver for up to six patients at once (rather than one patient as in current law), and counts patients who live in the same residence as one patient.	**Page R109: House only**	
83	**Patient enrollment.** Amends § 152.27, subd. 6. Under current law a patient enrolled in the registry program whose enrollment is revoked for violating specified patient duties or committing certain prohibited acts is permanently prohibited from enrollment in the medical cannabis program. This section strikes language making this conduct a ground for denying a patient's enrollment, and instead allows a patient to apply for reenrollment 12 months after the patient's enrollment was revoked. Also prohibits the commissioner from denying an application for registration or revoking enrollment	**Page R110: House only**	

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	solely because the patient is also enrolled in a tribal medical cannabis program.		
84	**Health care practitioner duties.** Amends § 152.28, subd. 1. Deletes from the list of health care practitioner duties under the medical cannabis statutes, the duty of determining whether a patient is disabled and needs assistance administering or obtaining medical cannabis due to that disability.	**Page R111: House only**	
85	**Manufacturer; requirements.** Amends § 152.29, subd. 1. Allows a medical cannabis manufacturer to acquire hemp products produced by a hemp processor licensed by the commissioner of agriculture under chapter 18K. (Under current law a manufacturer is authorized to acquire hemp from a hemp grower.) Allows a manufacturer to manufacture or process hemp products into an allowable form of medical cannabis, and makes hemp products subject to the quality control, security, testing, and other requirements that apply to medical cannabis. Requires a manufacturer's operating documents to include procedures for the delivery and transportation of hemp products between hemp processors and manufacturers, and requires a manufacturer to verify that a hemp processor is licensed under chapter 18K before acquiring hemp products from the processor.	**Page R112: House only**	
86	**Manufacturer; distribution.** Amends § 152.29, subd. 3. Modifies requirements for distribution of medical cannabis, to: ▪ allow pharmacist consultations to occur by telephone or other remote means, in addition to by videoconference as permitted under current law (consultations by telephone	**Page R114: House only**	

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	or other remote means are currently permitted by executive order during the peacetime emergency); ▪ eliminate a requirement that the pharmacist consultation occur when the patient is at the distribution facility; ▪ provide that a pharmacist consultation is not required when the manufacturer is distributing medical cannabis according to a patient-specific dosage plan and is not modifying the dosage or product; and ▪ specify that medical cannabis in dried raw cannabis form shall be distributed only patients age 21 or older or their caregivers. Paragraph (e) is effective the earlier of (1) March 1, 2022, or (2) a date by which rules on combustion of dried raw cannabis are in effect and independent laboratories are able to perform the required tests of dried raw cannabis.		
87	**Distribution to recipient in a motor vehicle.** Adds subd. 3b to § 152.29. Allows a manufacturer to distribute medical cannabis to a patient, registered designated caregiver, or other caregiver who is at the distribution facility but remains in a motor vehicle, provided the requirements in the subdivision are met regarding the distribution of medical cannabis and payment. (Dispensing medical cannabis to patients and caregivers who remain in their vehicles is currently permitted by executive order during the peacetime emergency.)	**Page R115: House only**	
88	**Disposal of medical cannabis plant root balls.** Adds subd. 3c to § 152.29. An administrative rule currently requires medical cannabis manufacturers to render plant material waste unusable and unrecognizable by grinding the waste and	**Page R116: House only**	

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	incorporating it with other solid waste. This section exempts manufacturers from being required to grind medical cannabis plant root balls or to incorporate the root balls with other solid waste before transporting them to another location for disposal.		
89	**Data practices.** Amends § 152.31. Allows the commissioner of health to execute data sharing arrangements with the commissioner of agriculture to verify licensing, inspection, and compliance information related to hemp processors (in addition to hemp growers as permitted under current law).	**Page R116: House only**	
90	**Discrimination prohibited.** Amends § 152.32, subd. 3. Specifies that the protections in this subdivision also apply to persons enrolled in a tribal medical cannabis program.	**Page R117: House only**	
		Page R118: Senate only	**Section 32 (157.22)** exempts from chapter 157 fellowship meals prepared at a faith-based organization and made available for curbside pickup and for delivery to members of the organization and the community in which the organization serves provided that a certified food manager or volunteer trained in a food safety course trains the food preparation workers.
91	**Identification card for homeless youth.** Adds subd. 3b to § 171.07. Authorizes a homeless youth to obtain a Minnesota identification card without paying transaction or filing fees. Sets documentation requirements that apply instead of administrative rules requiring proof of identity, Minnesota residency, and lawful presence in the United States.	**Page R120: House only**	

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	This section is effective the day following final enactment for identification card issuances starting January 1, 2022.		
92	**Wrongfully obtaining assistance.** Amends § 256.98, subd. 1. In a subdivision making it a crime to wrongfully obtain certain public assistance, changes a term used related to WIC and makes a technical change.	**Page R121: House only**	
93	**Lead risk assessments.** Amends § 256B.0625, subd. 52. Updates a cross-reference to conform with a paragraph relettering in section 144.9504, subdivision 2.	**Page R121: House only**	
94	**Asbestos-related work.** Amends § 326.71, subd. 4. Amends a definition of asbestos-related work for sections governing asbestos abatement, to remove an exception to the asbestos abatement requirements for work on asbestos-containing floor tiles and sheeting, roofing materials, siding, and ceilings in single family homes and buildings with four or fewer dwelling units.	**Page R122: Same except House retains "asbestos-containing" on line 270.26 and Senate strikes it on line 111.23.**	**Section 33 (326.71, subd. 4)** removes the exception to the definition of asbestos related work of asbestos containing material in single family residences and buildings with no more than four dwelling units.
95	**Licensing fee.** Amends § 326.75, subd. 1. Increases the licensing fee to perform asbestos-related work from $100 to $105.	**Page R123: Identical**	**Section 34 (326.75, subd. 1)** increases the annual license fee for a license to perform asbestos relate work from $100 to $105.
96	**Certification fee.** Amends § 326.75, subd. 2. Increases the fee for certification as an asbestos worker or asbestos site supervisor from $50 to $52.50. Establishes in statute a $105 fee for certification as an asbestos inspector, asbestos management planner, or asbestos project designer (current fees are established in Minnesota Rules, chapter	**Page R123: Same except for one technical difference; staff recommend the Senate language on the technical difference.**	**Section 35 (326.75, subd. 2)** increases the certification fee to be certified as an asbestos worker or asbestos site supervisor from $50 to $52.50 and requires any individual who is required to be certified as an asbestos inspector, management planner or project designer must pay a certification fee of $105.

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	4620, and are $100 per certification), and removes authority for the commissioner to establish these certification fees by rule.		
97	**Permit fee.** Amends § 326.75, subd. 3. Increases the project permit fee that must be paid to the commissioner for asbestos-related work from one percent to two percent of the total costs of the asbestos-related work.	**Page R123: Identical**	**Section 36 (326.75, subd. 3)** increases the project permit fee for asbestos related work from one percent of the total costs of the asbestos related work to two percent of the total costs.
98	**Housing with services establishment registration; conversion to assisted living facility license.** Amends Laws 2020, Seventh Special Session chapter 1, article 6, section 12, subd. 4. Corrects a cross-reference in a subdivision governing conversion of housing with services establishments from registration to assisted living facility licensure. This section is effective retroactively from December 17, 2020.	**Page R123: House only**	
99	**Additional member to COVID-19 vaccine allocation advisory group.** Requires the commissioner of health to appoint an expert on vaccine disinformation to the state COVID-19 Vaccine Allocation Advisory Group no later than an unspecified date. This section is effective the day following final enactment.	**Page R124: House only**	
100	**Review of COVID-19 measures.** Allows the commissioner of health to contract with an independent third-party entity to conduct a review of measures to prevent and control the spread of COVID-19. If this review is performed, requires the commissioner to contract for the review using existing resources. No later than 30 days after completion	**Page R124: House only**	

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	of the review, permits the commissioner to provide a report on the review to certain members of the legislature and the Legislative Commissioner on Data Practices and Personal Data, and allows findings in the review to be used to develop strategies for improving COVID-19 prevention and control.		
101	**Federal Schedule I exemption application for the medical use of cannabis.** By September 1, 2021, requires the commissioner of health to apply to the Drug Enforcement Administration's Office of Diversion Control for an exception to federal controlled substances rules, and request formal acknowledgment that the listing of marijuana, marijuana extract, and tetrahydrocannabinols as controlled substances in federal Schedule I does not apply to the use of medical cannabis under the medical cannabis program.	**Page R125: House only**	
102	**Legislative auditor examination of patient discharges from hospitals to nursing homes.** Requires the Legislative Audit Commission to consider as a topic for evaluation by the legislative auditor, patient discharges from hospitals to nursing homes during the COVID-19 pandemic. If the commission chooses this topic for evaluation, lists issues the legislative auditor must examine; requires the examination to be conducted using existing resources; requires the listed commissioners and entities to cooperate with the examination and provide the legislative auditor with access to necessary data and records; and requires a written report on the evaluation, if conducted, by January 15, 2022.	**Page R125: House only**	

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103	**Mental health cultural community continuing education grant program.** Requires the commissioner of health to develop a grant program to provide the continuing education needed by social workers, marriage and family therapists, psychologists, and professional clinical counselors who are members of communities of color or underrepresented communities and who work for community mental health providers, to become supervisors.	**Page R126: House only**	
104	**Recommendations; expanded access to data from all-payer claims database.** Requires the commissioner of health to develop recommendations to expand access to data in the all-payer claims database to additional outside entities for public health or research purposes, and specifies what the commissioner must address in the recommendations. Requires the recommendations to be submitted by December 15, 2021, to the chairs and ranking minority members of certain legislative committees.	**Page R126: House only**	
105	**Skin lightening products public awareness and education grant program.** Requires the commissioner of health to establish a skin lightening products public awareness and education grant program, specifies organizations eligible for and prioritized for grants, and specifies how grant funds must be used. **Subd. 1. Establishment; purpose.** Requires the commissioner of health to develop a grant program to increase public awareness and education on the dangers of using skin lightening creams and products that contain mercury. **Subd. 2. Grants authorized.** Directs the commissioner to award grants using a request for proposal process to community-based,	**Page R127: House only**	

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	nonprofit organizations that focus on public health outreach to Black, Indigenous, and people of color communities on issues of chemical exposure from skin lightening products. Requires the commissioner to prioritize organizations that have historically served ethnic communities on this issue for the past three years. **Subd. 3. Grant allocation.** Requires grant recipients to use grant funds for public awareness and education activities on the listed topics. Lists information a grant application must include.		
106	**Trauma-informed gun violence reduction; pilot program.** Requires the commissioner of health to establish a gun violence reduction pilot program, requires the commissioner to develop program protocols and guidelines, and requires the commissioner to submit a progress report to certain members of the legislature. **Subd. 1. Pilot program.** Directs the commissioner of health to establish a pilot program to reduce trauma resulting from gun violence and to address the root causes of gun violence, by making the following resources available to health, law enforcement, and advocacy professionals likely to encounter individuals affected by or involved in gun violence: training, skills development, investments in community-based organizations to provide high-quality services to individuals in need, replication and expansion of effective gun violence prevention initiatives, and education campaigns and outreach materials. **Subd. 2. Program guidelines and protocols.** Requires the commissioner, with advice from an advisory panel, to develop protocols and program guidelines for resources and training used by professionals likely to encounter individuals affected by or involved in gun violence. Specifies what the materials must address and what the protocols must include. Allows the	**Page R128: House only**	

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	commissioner to contract with community-based organizations to perform activities required by this section. **Subd. 3. Report.** By November 15, 2021, requires the commissioner to submit a report on the progress of the pilot program to the chairs and ranking minority members of the committees with jurisdiction over health and public safety.		
		Page R129: Senate only	**Section 37 [Direction to modify marriage license applications**] requires local registrars or a county designee to delete from the county's marriage license application space to indicate the applicant's race.
107	**Revisor instruction.** Directs the revisor of statutes to modify the headnote for section 62J.63.	**Page R129: House only**	
108	**Repealer.** Repeals the following: ▪ section 62J.63, subd. 3 (requiring the commissioner of health to annually report to the legislature on the operations and impact of the Center for Health Care Purchasing Improvement; other sections in this article eliminate this center from statutes); ▪ section 144.0721, subd. 1 (an obsolete subdivision on assessing appropriateness and quality of care and services to private paying residents in nursing homes and certified boarding care homes); ▪ section 144.0722 (a section governing resident reimbursement classifications for residents of nursing homes and boarding care homes);	**Page R129: House only**	

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	▪ section 144.0724, subd. 10 (a subdivision specifying the statute under which reconsideration requests for case mix classifications are determined); and ▪ section 144.693 (a section requiring reports from insurers providing health professional liability insurance to the commissioner of health on closed or filed malpractice claims, and requiring annual reports from the commissioner to the legislature on malpractice claims).		