Bill Summary Comparison of

Health and Human Services

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| Senate File 1458, 2nd Engrossment | Senate File 1458, 1st Unofficial Engrossment |
| Article 7: Health Department | Article 6: Public Health; Health Care Delivery  |

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| Article 7: Health Department |  | Article 6: Public Health; Health Care Delivery |
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| **Section 1 (13.3806, subd. 4)** makes a conforming change to the vital statistics provision in chapter 13 to reference Minnesota Statutes, section 144.215, subdivision 4a. | Senate only provision |  |
| **Section 2 (15.445)** creates a new licensing structure for food and beverage services establishments regulated by the Department of Health. | Senate only provision |  |
| **Section 3 (16A.724, subd. 2)** strikes the transfer from the health care access fund to the medical education and research costs fund that currently occurs if resources in the health care access fund exceed expenditures. | Senate only provision |  |
| **Section 4 (62J.498)** updates definitions and specifies that portions of the application for certification classified as public data shall be made available to the public for at least ten days while an application is under consideration and upon the request of the commissioner.  At the request of the commissioner, the applicant must participate in a public hearing by presenting an overview of the application and responding to questions from the public. | Senate only provision |  |
| **Section 5 (62J.4981)** modifies the certificate of authority requirements for health data intermediaries and health information organizations. | Senate only provision |  |
| **Section 6 (62J.4982, subd. 4)** strikes obsolete language. | Senate only provision |  |
| **Section 7 (62J.4982, subd. 5)** modifies the fee structure for health information exchange service providers. | Senate only provision |  |
| **Section 8 (62J.692, subd. 4)** strikes the $1,000,000 from the health care access fund for grants to family medicine residency programs. | Senate only provision |  |
| **Section 9 (62U.04, subd. 11)** permits the Commissioner of Health to compile public use files of summary data or tables from the all-payer claims data submitted under section 62U.04 (encounter data and pricing data) that (1) are available to the public by March 1, 2016, at no or at a minimal cost and available by web-based electronic data download by June 30, 2019; (2) do not identify individual patients, providers, or payers; (3) are updated by the commissioner at least annually with the most current data available; (4) contain clear and conspicuous explanations of the characteristics of the data; and (5) not lead to the collection of additional data elements beyond what is authorized as of June 30, 2015.  This section also requires the commissioner to consult with the all-payer claims database work group when creating these public use summary files. | Senate only provision |  |
|  | House only provision | Section 4. License required. Amends § 103I.205, subd. 4. Allows a licensed plumber who is repairing submersible pumps or water pipes associated with a well system to do the work without a well contractor license if the location of the repair has no licensed or registered well contractor within 50 miles and the plumber complies will all of the requirements of the chapter and plumbing code. Current law only requires no licensed or registered well contractor be within 25 miles of the work location in order for a plumber to do the above mentioned work without a well contractor license. |
| **Sections 10 to 13 (144.1501)** expand the health professional education loan forgiveness program to include advanced dental therapists, dental therapists, mental health professionals, and public health nurses. | Senate only provision |  |
|  | House only provision | Section 5. Primary care residency expansion grant program. Adds § 144.1506.  Subd. 1. Defines terms. Subd. 2. Expansion grant program. (a) Requires the commissioner of health to award primary care residency expansion grants to eligible programs to plan and implement new residency slots. Caps grant amount for certain activities.(b) Lists what the grant funds may be used for, including, but not limited to, planning related to establishing an accredited primary care residency program, recruitment, and training site improvements. Subd. 3. Applications for expansion grants. States requirements for the grant applications for eligible applicants. Subd. 4. Consideration of expansion grant applications. Requires the commissioner to review each application and requires specific awards for certain practices. Subd. 5. Program oversight. Allows the commissioner to require grantees to submit information during the grant period for evaluation of the program. |
| **Section 14 (144.1911)** establishes the international medical graduates assistance program. | Senate only provision |  |
| **Subd. 1** establishes the international medical graduate assistance program. |  |  |
|  **Subd. 2** defines the following terms:  board; commissioner; immigrant international medical graduate; international medical graduate; Minnesota immigrant international medical graduate; rural community; and underserved community. |  |  |
| **Subd. 3** requires the Commissioner of Health to administer the program.  In administering the program, the commissioner shall (1) provide overall coordination for the planning, development, and implementation of a system for integrating qualified immigrant international medical graduates into the Minnesota health care delivery system; (2) develop and maintain a voluntary roster of immigrant  international medical graduates interested in entering the Minnesota health work force; (3) work with graduate clinical medical training programs to address barriers faced by immigrant international medical graduates in securing residency positions in Minnesota; (4) develop a standardized assessment of the clinical readiness of eligible immigrant international medical graduates to serve in a residency program; (5) explore and facilitate more streamlined pathways for immigrant international medical graduates to serve in nonphysician professions; and (6) study changes necessary in health professional licensure and regulation to ensure full utilization of immigrant international medical graduates in the Minnesota health care delivery system and report recommendations to the legislature by January 15, 2017. |  |  |
|  **Subd. 4** requires the commissioner to award grants to eligible nonprofit organizations to provide career guidance and support services to immigrant international medical graduates seeking to enter Minnesota’s work force. |  |  |
| **Subd. 5** requires the commissioner to award grants to support clinical preparation for Minnesota international medical graduates needing additional clinical preparation or experience to qualify for residency. |  |  |
|  **Subd. 6** requires the commissioner to award grants to support primary care residency positions designated for Minnesota immigrant physicians who are willing to serve in rural or underserved areas of the state.  The commissioner shall also establish a revolving international medical graduate residency account and require a participating resident to enter into an agreement to provide primary care for at least five years in a rural or underserved area after graduating from the residency program and to make payments to the revolving account. |  |  |
| **Subd. 7** specifies that a hospital may establish residency programs for foreign trained physicians to become candidates for licensure to practice medicine. |  |  |
| **Subd. 8** specifies that this section does not alter the authority of the Board of Medical Practice to regulate the practice or the licensing of the practice of medicine. |  |  |
| **Subd. 9** requires the commissioner to administer the program in consultation with a number of stakeholders. |  |  |
| **Subd. 10** requires the commissioner to submit an annual report to the legislature on integration of international medical graduates into the Minnesota health care delivery system beginning January 15, 2016. |  |  |
| **Section 15 (144.215, subd. 4a)** classifies parent information used to register a birth as private data on individuals, but permits that that information may be disclosed to a school or local, state, tribal, or federal government entity as necessary for the entity to perform its duties. | Senate only provision |  |
| **Section 16 (144.225, subd. 4)** makes a conforming change to the vital records disclosure statute to ensure that the parent information restricted under section 144.215, subdivision 4a, is still available for medical research. | Senate only provision |  |
| **Section 17 (144.291, subd. 2)** adds a definition and references to a patient information service within the Health Records Act. | Senate only provision |  |
|  | House only provision | Section 6. Exceptions to consent requirement. Amends §144.293, subd. 5. Permits a health care provider to release a deceased patient’s health care records to another provider for the purposes of diagnosing or treating the deceased patient’s surviving adult child.Effective date. This section is effective the day following final enactment. |
| **Section 18 (144.293, subd. 8)** adds a definition and references to a patient information service within the Health Records Act. | Senate only provision |  |
| **Section 19 (144.298, subd. 2)** adds a definition and references to a patient information service within the Health Records Act. | Senate only provision |  |
| **Section 20 (144.298, subd. 3)** adds a definition and references to a patient information service within the Health Records Act. | Senate only provision |  |
| **Section 21 (144.3831, subd. 1)** increases the public water services annual connection fee from $6.36 to $8.28 for every service connection effective January 1, 2016. | Senate only provision |  |
| **Section 22 (144.3875)** requires the commissioner to implement a statewide initiative to increase awareness among communities of color and recent immigrants on the importance of early preventive dental intervention for infants and toddlers before and after primary teeth appear.  Requires the commissioner to develop educational materials and information for expectant and new parents within targeted communities on the importance of early dental care to prevent early cavities and to develop a distribution plan for these materials. | Senate only provision |  |
| **Section 23 (144.4961)** establishes the Minnesota Radon Licensing Act. | Senate only provision |  |
| **Subd. 1** permits this section to be cited as the Minnesota Radon Licensing Act. |  |  |
| **Subd. 2** defines terms. |  |  |
| **Subd. 3** authorizes the Commissioner of Health to adopt rules relating to licensure and enforcement of laws and rules relating to indoor radon in dwellings and other buildings, with the exception of newly constructed homes. |  |  |
| **Subd. 4** requires all radon mitigation systems installed in Minnesota on or after October 1, 2017, to have a radon mitigation system tag provided by the commissioner.  The tag must be attached by a radon mitigation professional and must be in a visible location. |  |  |
| **Subd. 5** requires that every person, firm, or corporation that sells or performs a service for compensation to detect the presence of radon in the indoor atmosphere, performs laboratory analysis, or performs a service to mitigate radon in the indoor atmosphere be licensed on an annual basis.  Specifies that this does not apply to retail stores that only sell or distribute radon sampling and are not engaged in the manufacture of radon sampling devices. |  |  |
| **Subd. 6** specifies that radon systems installed in newly constructed homes prior to the issuance of a certificate of occupancy are exempt from this section. |  |  |
| **Subd. 7** requires that applications for licensure, system tags, and other reporting requirements be submitted on forms prescribed by the commissioner. |  |  |
| **Subd. 8** establishes radon license fees. |  |  |
| **Subd. 9** states that the commissioner shall enforce this section under Minnesota Statutes, sections 144.989 to 144.993. |  |  |
| **Section 24 (144.566)** **Subd.  1** provides definitions of act of violence; commissioner; health care workers; hospital; incidence response; interfere; preparedness; and retaliate. | Senate only provision |  |
| **Subd. 2** requires hospitals to design, implement, and review annually preparedness and incident response action plans designed to prevent violence against health care workers; specifies elements of required staff training; requires hospitals to share information with local law enforcement; and permits the commissioner to impose a fine of $250 on hospitals that fail to comply with the requir**e**ments of this subdivision. | Senate only provision |  |
|  | See S.F. 679 – Finance | Section 7. Requirements for certain notices and discharge planning. Adds § 144.586.Subd. 1. Observation stay notice. (a) Requires a hospital to provide oral and written notice to every patient placed in observation status about the placement not later than 24 hours after the placement. Requires the notice to include, among other things, a recommendation that the patient contact certain persons.(b) Requires the hospital to document the date of the notice in the patient’s record. Subd. 2. Postacute care discharge planning. Requires a hospital to comply with federal hospital requirements for discharge planning and lists federal requirements. Federal requirements include, but are not limited to, conducting a discharge planning evaluation and a list of Medicare eligible home care agencies or skilled nursing facilities. Requires the hospital to document in the patient’s record that the list was presented to the patient. |
|  | House only provision | Section 8. Captioning Required. Adds § 144.611. Requires hospitals that provide a television in a waiting room for use by the general public to have a closed captioning feature activated at all times. Failure to do so is a violation of section 363A.11 (Human Rights Act – Public Accommodations), but it is not a violation if a member of the public deactivates the feature. |
| **Section 25 (144.9501)** makes changes to the definitions for lead sampling technician and renovation, and adds definitions for “certified renovation firm,” and “lead renovator.” | Senate only provision |  |
| **Section 26 (144.9501)** makes changes to the definitions for lead sampling technician and renovation, and adds definitions for “certified renovation firm,” and “lead renovator.” | Senate only provision |  |
| **Section 27 (144.9501)** makes changes to the definitions for lead sampling technician and renovation, and adds definitions for “certified renovation firm,” and “lead renovator.” | Senate only provision |  |
| **Section 28 (144.9501)** makes changes to the definitions for lead sampling technician and renovation, and adds definitions for “certified renovation firm,” and “lead renovator.” | Senate only provision |  |
| **Section 29 (144.9501)** makes changes to the definitions for lead sampling technician and renovation, and adds definitions for “certified renovation firm,” and “lead renovator.” | Senate only provision |  |
| **Section 30 (144.9505)** modifies the credentialing requirements for lead firms and professionals.  Requires renovation firms to be licensed by the commissioner.  Requires a person that employs an individual to perform regulated lead work outside the person’s property to obtain certification as a certified lead firm or a certified renovation firm. Clarifies that an individual who performs lead hazard reduction, lead hazard screens, lead inspections, lead risk assessment, lead project designer services, lead sampling technician services, swab team services, and activities performed to comply with lead orders must be employed by a certified lead firm.  Specifies that the fees are annual fees.  Specifies that a person who employs individuals to perform renovation activities outside the person’s property must obtain certification as a renovation firm.  Requires a person who provides training to lead workers, supervisors, inspectors, assessors, project designers, technicians, and lead renovators to obtain a permit from the commissioner. | Senate only provision |  |
| **Section 31 (144.9508)** specifies that the commissioner’s authority to adopt rules consistent with the Toxic Substance Control Act do not expire. | Senate only provision |  |
| **Section 32 (144.999)** establishes the parameters in which epinephrine auto-injectors may be obtained and used by authorized entities.**Subd. 1** defines terms: administer; authorized entity; commissioner; epinephrine auto-injector; provider.**Subd.** **2** permits the commissioner to identify additional categories of entities or organizations to be authorized entities.**Subd. 3** permits an authorized entity to obtain and possess epinephrine auto-injectors to provide or administer to individuals if an owner, manager, employee, or agent of the authorized entity believes in good faith that the individual is experiencing anaphylaxis, regardless of whether the individual has a prescription for an epinephrine auto-injector.  Permits an authorized entity to obtain epinephrine auto-injectors from pharmacy wholesalers if the authorized entity presents the pharmacy or manufacturer with a valid certificate of training.  Requires an authorized entity to store the epinephrine auto-injectors in a location readily accessible in an emergency and in accordance with the manufacturer’s instructions and any additional requirements established by the commissioner.**Subd. 4** permits any owner, manager, employee, or agent of an authorized entity who has completed the training program to either provide an epinephrine auto-injector to an individual, or the individual’s parent, legal guardian or caretaker, or administer an epinephrine auto-injector to the individual  if the employee or agent believes in good faith the individual is experiencing anaphylaxis, regardless of whether the individual has a prescription for an epinephrine auto-injector or has previously been diagnosed with an allergy.  Specifies that an authorized entity is not required to maintain a stock of epinephrine auto-injectors.**Subd. 5** requires an individual to successfully complete every two years a anaphylaxis training program before the individual can provide or administer an epinephrine auto-injector as permitted under subdivision 4.  Requires the individual or entity conducting the training to issue a certificate to each person who completes the training program.  Specifies that the certificate is valid for two years.**Subd. 6** specifies that an act or omission taken by an authorized entity that obtains, an employee or agent who provides or uses, a pharmacy or manufacturer that dispenses, or an individual or entity that conducts trainings for epinephrine auto- injectors pursuant to this section, is considered “emergency care, advice, or assistance" under the Good Samaritan law. | Similar, minor differences.Subd. 1, definition of “authorized entity” Senate refers to administering an epinephrine auto-injector “without a prescription” and House refers to “pursuant to this section.”Subd. 4, minor difference. Senate refers to “owners, managers, employees, or agents” House refers to “employees or agents.” (Staff recommends Senate language for consistency.) | Section 9. Life-saving allergy medication. Adds §144.999.Subd. 1. Definitions. Defines terms, including “authorized entity.” Authorized entity includes entities that fall in the categories of recreation camps, colleges and universities, preschools and daycares, and any other entity or organization approved by the commissioner of health. Subd. 2. Commissioner duties. Allows the commissioner to identify additional categories of entities or organizations where individuals may come in contact with allergens capable of causing anaphylaxis.Subd. 3. Obtaining and storing epinephrine auto-injectors. Allows authorized entities to obtain, possess, and use epinephrine auto-injectors. Requires the auto-injectors to be stored in a specific manner and obtained from a pharmacy or manufacturer after an authorized person of the entity shows certification of having completed training. Allows administration of epinephrine if, in good faith, it is believed the individual is experiencing anaphylaxis, even if that individual does not have a prescription.Subd. 4. Use of epinephrine auto-injectors. (a) Allows an employee or agent of an authorized entity who has received the required training under subdivision 5 to use epinephrine auto-injectors to: (1) provide an auto-injector to an individual or parent, guardian, or caregiver of an individual, if the employee or agent believes, in good faith, the individual is experiencing anaphylaxis; or (2) administer an auto-injector to an individual the employee or agent believes, in good faith, is experiencing anaphylaxis. An employee or agent can provide or administer the auto-injector under this section regardless of if the person has a prescription or has a previous diagnosis of an allergy.(b) States that this section does not require any authorized entity to maintain a stock of epinephrine auto-injectors.Subd. 5. Training. (a) Requires an employee or agent of an authorized entity to complete a training program every two years that is either nationally recognized or has been approved by the commissioner. The training must include how to recognize signs and symptoms of allergic reactions, standards and procedures for storage and administration of auto-injectors, and emergency follow-up procedures.(b) Requires the training entity to issue a certificate to a person who successfully completes the training.Subd. 6. Good Samaritan protections. States that an authorized entity that possesses and makes available auto-injectors and its employees, a pharmacy, or a manufacturer that dispenses auto-injectors to an authorized entity, or a training entity, is considered “emergency care, advice, or assistance” under section 604A.01 (Good Samaritan Law). |
| **Section 33 (144A.70, subd. 6)** expands the list of temporary employees placed by supplemental nursing services agencies to include any licensed health professional. | Senate only provision |  |
| **Section 34 (144A.70, subd. 7)** requires annual unannounced inspections of supplemental nursing services agencies to ensure compliance with the sections of statute regulating supplemental nursing services agencies. | Senate only provision |  |
| **Section 35 (144A.71, subd. 1)** requires supplemental nursing agencies to register annually with DHS and requires DHS to deposit registration fees in the special revenue fund. | Senate only provision |  |
| **Subd. 2** requires registration applications to include a policy for making a supplemental nursing services agency’s records immediately available at all times to DHS and increases an annual registration fee from $891 to $2,035.  If the agency fails to provide all the required parts of the registration application, DHS must refuse to issue the registration, subject to an appeals process. | Senate only provision |  |
| **Section 36 (144A.72, subd. 1)**  adds a requirement that supplemental nursing services agencies retain for five years all records pertaining to their registration, including those records related to an agency’s insurance and bonding and its employees’ education, training, and licensing. Agencies must make these documents immediately available to DHS. Subdivision 1 also adds a requirement that in order to retain their registration, agencies provide services to a health care facility during the year prior to the date of their registration renewal. | Senate only provision |  |
| **Subd. 2** removes the requirement that an agency must engage in a pattern of failure to comply with the provision of the section before it is subject to revocation or nonrenewal of its registration; a single instance of failure to comply is sufficient. | Senate only provision |  |
|  **Subd. 4** requires a hearing involving an administrative law judge prior to the revocation or rejection of an agency’s registration or nonrenewal of registration. | Senate only provision |  |
| **Section 37 (144A.73**) requires the Office of Health Facility Complaints to investigate complaints against supplemental nursing services agencies. | Senate only provision |  |
|  | See SF 542 – Floor | Section 10. Residential hospice facility. Amends § 144A.75, subdivision 13. Modifies the definition of residential hospice facility to also include a facility that:1. directly provides 24-hour residential and support services for hospital patients;
2. houses no more than 21 hospice patients;
3. meets federal hospice certification regulations; and

(4) is located on St. Anthony Avenue in St. Paul, Minnesota, and was licensed as a 40-bed non-Medicare certified nursing home as of January 1, 2015. |
| **Section 38 (144D.01)** adds the definition of “direct-care staff” to the housing with services chapter. | Senate only provision |  |
| **Section 39 (144D.066, sub. 1)** requires DHS to enforce dementia care training among the staff of housing with services establishments, including direct-care staff, supervisors of direct-care staff, maintenance staff, housekeeping staff, food service staff, and housing managers. | Senate only provision |  |
| **Subd. 2** permits DHS to impose fines for failure to comply with required dementia care training, but the fines are subject to an appeals process; requires that employees be permitted to complete the training as part of their duties; does not allow payment of a fine to substitute for completion of the required training; permits the revocation or nonrenewal of registration for continued noncompliance with the requirement to receive the required training; and requires DHS to make public a list of all housing with services establishments that have complied with the training requirements. | Senate only provision |  |
| **Subd. 3** requires DHS, in lieu of imposing fines between January 1, 2016, and December 31, 2016, to offer technical assistance to help providers come into compliance with the dementia care training requirements. | Senate only provision |  |
| **Section 40 (144E.50)** transfers administration of the emergency medical services fund from the Emergency Medical Services Regulatory Board to the Commissioner of Health. The money from the fund will no longer be evenly distributed by the board to the eight designated regional emergency medical services boards, but evenly distributed by the commissioner to eight successful grant applicants, one per region. The eight regions are defined.  Each grantee will oversee its regional emergency medical services programs and determine how the funds granted it are utilized within the purpose of the grant, except that no funds can be used to directly subsidize any ambulance service. Because the funds will no longer be distributed to the regional boards, the regional board audit requirements are eliminated. | Senate only provision |  |
| **Section 41 (144F.01, subdivision 5)** eliminates reference to the regional emergency medical services boards in connection to regional emergency medical services programs that may be funded with revenue raised by levies in emergency medical services special taxing districts. | Senate only provision |  |
|  | House only provision | Section 14. Forms. Amends § 145.4131, subdivision 1. Adds to the list of required information on form provided to the commissioner of health by an abortion provider. Addition includes whether the abortion resulted in a born alive infant, medical actions taken to preserve the life of the born alive infant, whether the born alive infant survived, and the status, if known, of the born alive infant if the infant did survive. |
|  | House only provision | Section 15. Licensure of certain facilities that perform abortions. Adds § 145.417. Subd. 1. License required for facilities that perform ten or more abortions per month. (a) Requires facilities where ten or more abortions are performed per month to be licensed by the commissioner of health and subject to licensure requirements under Minnesota Rules, chapter 4675 (outpatient service centers). Exempts hospitals and outpatient surgical centers from having to obtain a separate license.(b) Allows certain parties to seek an injunction against the continued operation of the facility.(c) States that sanctions under different sections of law are allowed in addition to this subdivision. Subd. 2. Inspections; no notice required. Requires the commissioner to perform routine and comprehensive inspections and investigations of facilities described in subdivision 1. Allows the inspection to be without notice and requires the facility to be open at all reasonable times for inspection. Subd. 3. Licensure fee. Requires facilities to pay an annual license fee of $3,712 to be collected by the commissioner of health according to section 144.122 (general licensing fees and deposits statute). Subd. 4. Suspension, revocation, and refusal to renew. Allows the commissioner to refuse to grant or renew licenses, and allows suspension and revocation of licenses for the following grounds:(1) violating Minnesota Rules, chapter 4675 (outpatient service centers);(2) permitting, aiding, or abetting an illegal act in the facility;(3) conduct or practices detrimental to the welfare of the patient;(4) obtaining or attempting to obtain a license by fraud or misrepresentation; or(5) a pattern of conduct involving one or more physicians in the facility who have a financial or economic interest in the facility and have not provided notice and disclosure of that interest. Subd. 5. Hearing. Requires a hearing be provided to a facility prior to any suspension, revocation, or refusal to renew a license. Puts the burden of proof of a violation on the commissioner and allows a new license application to be filed if the conditions upon the revocation, suspension, or refusal are corrected. Granting of the new license is conditional upon inspection for compliance with this section and Minnesota Rules, chapter 4657. Subd. 6. Severability. Allows for severability of any one of more provisions of this subdivision if any part is found to be unconstitutional. |
|  | House only provision | Section 16. Abortion; live births. Amends § 145.423 by making conforming changes and adding subdivisions 4 to 8.  Subd. 1. Recognition; medical care. Makes conforming changes to “born alive infant.” The law as written requires all reasonable measures be taken to preserve the life and health of a child born alive as a result of an abortion.  Subd. 2. Physician required. Makes conforming changes to “born alive infant.” The law as written requires a physician, other than the physician performing the abortion, to be immediately accessible when an abortion is being performed after the twentieth week of pregnancy in order to take appropriate measures to preserve the life and health of a born alive infant. Subd. 3. Death. Makes conforming changes to “born alive infant.” The law as written requires certain procedures for disposal of a body of a born alive child who has died. Subd. 4. Definition of born alive infant. (a) States that any infant human who is born alive at any stage of development must be included in the determination of any Minnesota law or ruling with the words “person,” “human being,” “child,” and “individual.”(b) States that “born alive” means, regardless of how the human was extracted or whether the umbilical cord has been cut, any human who (1) breathes, (2) has a beating heart, (3) has pulsation of the umbilical cord, or (4) has definite movement of voluntary muscles.(c) Prohibits anything in this section from being construed to affirm, deny, expand, or contract any legal status or legal right to a human prior to being born alive. Subd. 5. Civil and disciplinary actions. (a) Creates a cause of action against the abortion provider by the person upon whom an abortion was performed, or the parent or guardian of the mother if the mother is a minor, for death of or injury to a born alive infant if the death or injury was caused by simple negligence, gross negligence, wantonness, willfulness, intentional conduct, or another violation of the legal standard of care.(b) Allows suspension or revocation of a medical personnel’s professional license if that person does not take all reasonable measures to preserve the life and health of a born alive infant as required by subdivision 1. Requires an automatic suspension of a person’s medical license for one year if the person performed an abortion and had judgment rendered against them under paragraph (a) and states reinstatement requirements.(c) Prohibits this section from being construed to create a cause of action against the mother of a born alive infant, civilly or criminally, for the actions of medical personnel in violation of this section for which she did not give her consent. Subd. 6. Protection of privacy in court proceedings. Requires a court to rule if the anonymity of any female upon whom an abortion was performed or attempted should be preserved from the public if the female does not consent to disclosure. Provides requirements for the court if the court determines anonymity should be preserved. Requires any person who is not a public official to use a pseudonym if bringing an action under subdivision 5 if there is no written consent from the female upon whom the abortion was performed or attempted.  Subd. 7. Status of born alive infant. States that a born alive infant will be an abandoned ward of the state and the parents will have no parental rights unless the abortion was performed to save the life of the woman or fetus or unless one or both parents agree within 30 days of birth to accept the parental rights and responsibilities for the child.  Subd. 8. Severability. Allows for severability of any one or more provisions of this section if any part is found to be unconstitutional. Subd. 9. Short title. States this act may be cited as the “Born Alive Infants Protection Act.” |
|  | Identical to SF462, passed senate floor on 4/30/15 | Section 17. Prenatal Trisomy Diagnosis Awareness Act. Adds § 145.471. Subd. 1. Short title. State this section shall be known as the “Prenatal Trisomy Diagnosis Awareness Act.” Subd. 2. Definitions. Defines terms. Subd. 3. Health care practitioner duty. Requires a health care practitioner who orders tests for a pregnant woman to screen for trisomy 13, 18, or 21, to provide information as required in subdivision 4 if the test reveals a positive result for any of the conditions. Subd. 4. Commissioner duties. Requires the commissioner of health to make certain information available to health care practitioners, including up-to-date and evidence-based information about the trisomy conditions, which includes, but is not limited to, expected outcomes and treatment options. Requires the commissioner to post the information on the department website and ensure, through the department’s existing procedures, the information is culturally and linguistically appropriate. Allows local or national organizations that provide education or services related to trisomy conditions to request the commissioner include the organization’s information on the website.Effective date. States this section is effective August 1, 2015. |
|  | House only provision | Section 18. Reports. Amends § 145.928, subdivision 13. Requires the commissioner of health to submit an annual report to the legislature on grants made to decrease racial and ethnic disparities in infant mortality rates. States specifications for the report and requires the first report be issued by January 15, 2016. |
| **Section 42 (145.928, subd. 15)**requires the commissioner when considering grant applications for health disparities grants to give equal weight to a promising strategy as given to a research or evidence-based strategy. | Senate only provision |  |
|  | House only provision | Section 19. Smile Healthy Minnesota 2016 Grant Program. Adds § 145.9299. Requires the commissioner of health to establish the Smile Healthy Minnesota 2016 grant program to provide access to dental care for at-risk children, adolescents, adults, and seniors in rural areas of Minnesota. States that the grants are available to nonprofit agencies that provide mobile dental care through portable dental equipment. Lists eligibility for the grant, requires grantees to report outcomes to the commissioner by December 31, 2018, and prohibits billing for preventative screenings until the comprehensive oral health services are completed. |
| **Section 43 (145A.131, subd. 1)** provides an increase in the local public health grant for community health boards that are all or a portion is located outside of the counties of Anoka, Chisago, Carver, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, and Wright equal to ten percent of the grant award to the community health board.  The amount distributed shall be adjusted each year based on available funding and the number of eligible community health boards. | Senate only provision |  |
| **Section 44 (149A.20, subd. 5)** specifies that if a passing score is not attained on the state examination, the individual must wait two weeks before retaking the examination. | Senate only provision |  |
| **Section 45 (149A.20, subd. 6**) requires that an internship shall at a minimum be 2,080 hours completed within a three-year period, and that the commissioner may waive up to 520 hours upon the satisfactory completion of a clinical or practicum in mortuary science through a program approved by the commissioner.  Requires an intern to complete 25 case reports in the areas of embalming arrangements and services.  Requires case reports be completed by the intern and filed with the commissioner before completion of the internship. | Senate only provision |  |
| **Section 46 (149A.20, subd. 11)** requires 18 continuing education hours for license renewal to practice mortuary science.  Specifies the areas that these hours must cover. | Senate only provision |  |
| **Section 47 (149A.65)** increases mortuary science fees. | Senate only provision |  |
| **Section 48 (149A.92, subd. 1)**  eliminates a grandfather clause for minimum standards for preparation and embalming rooms that had not been used for the preparation or embalming of a dead human body in the 12 months prior to July 1, 1997. | Senate only provision |  |
| **Section 49 (149A.97, subd. 7)** requires funeral providers reporting preneed trust accounts to complete an independent audit by an independent third-party auditing firm every other year, and report the findings to the commissioner by March 31 of that calendar year.  This is in addition to the annual report that is required to be submitted. | Senate only provision |  |
|  | House only provision | Section 20. Health care facilities. Amends § 152.34. Includes facilities owned, controlled, managed, or under common control with hospitals licensed under chapter 144 with other facilities that may adopt reasonable restrictions on the use of medical cannabis by a patient within the facility. |
|  | See S.F.1757 – floor | Section 21. Lodging establishment. Amends § 157.15, subdivision 8. Adds a second definition to be included as a lodging establishment. The definition includes a building, structure, or enclosure located within ten miles distance or 15 minutes travel time from a hospital or medical center and is used or held out to be a place where exclusively patients, their families, and caregivers can sleep while the patient is receiving treatment for periods of one week or more. Specifically excludes places providing health or home care services.Effective date. States this section is effective the day following final enactment. |
| **Section 50 (157.16)** modifies the food and beverage services establishment fees to coordinate with the licensure structure established under section 15.445. | Senate only provision |  |
| **Section 51** **(169.686, subdivision 3)** changes the recipient of a portion of the funds collected as fines for violations of the state’s seat belt laws from the regional emergency medical services boards to the commissioner of health for the grants specified in section 144E.50. | Senate only provision |  |
| **Section 52 (Working Group on Violence Against Asian Women and Children)** requires the commissioner of health, in collaboration with the commissioners of human services and public safety and the Council on Asian-Pacific Minnesotans, to create a working group to address violence against Asian women and children and report back to the legislature with recommendations by February 15, 2017. | Senate only provision |  |
|  | House only provision | Section 25. Prohibition on use of funds. Subd. 1. Use of funds. Prohibits funding for state-sponsored health programs from being used for funding abortions except to the extent necessary for continued participation in a federal program. State-sponsored health programs are defined as those administered by the commissioner of human services. Subd. 2. Severability. Allows for severability of any one or more provisions of this subdivision if any part is found to be unconstitutional. |
| **Section 53 (Revisor’s Instruction)**  is an instruction to the revisor to move Minnesota Statutes, section 144E.50 “Emergency Medical Services Fund,”  from chapter 144E “Emergency Medical Services Regulatory Board” to chapter 144 “Department of Health.” | Senate only provision |  |
| **Section 54 (Repealer)** repeals section 144E.52 (Funding for emergency medical services regions). | Senate only provision |  |