Bill Summary Comparison of Health and Human Services

Senate Language UEH1233-1

Article 12

Health Department

House Language H1233-1

Article 12: Health Department

Prepared by:
Senate Counsel, Research and Fiscal Analysis and House Research

April 30, 2013

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Section	**Article 12: Health Department**		**Article 12: Health Department**
		House-only provision.	**Section 1. Transfers.** Amends § 16A.724, subd. 2. Transfers $1,000,000 each year from the health care access fund to the medical education and research costs (MERC) fund.
		House-only provision.	**Section 2. Coverage for autism spectrum disorders.** Adds § 62A.3094. **Subd. 1. Definitions.** Defines the term "autism spectrum disorders" to include autism and related conditions. Defines the term "health plan" to include all private sector health coverage, both individual and group, that the state can regulate. Defines "medically necessary care" for purposes of this section. Defines "mental health professional" in the same manner as it is defined in the Children's Mental Health Act. **Subd. 2. Optional coverage required.** Requires health plans to provide benefits related to autism spectrum disorders required under the Affordable Care Act and state statute as of December 31, 2012, and offer an option for supplemental autism coverage for children under 18 years. Lists services and therapies that must be included in a supplemental plan. Requires the supplemental plan to include a treatment plan recommended by the enrollee's treating physician or mental health professional. Prohibits health plans from refusing to renew, issue, or otherwise terminating an enrollee's insurance coverage due to the enrollee having an autism spectrum disorder. Prohibits health plans from requiring an updated treatment plan more often than every six months, unless the health plan and treating provider agree to a more frequent schedule for updates. Requires independent progress evaluation and

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			permits the health plan to cap the supplemental coverage but not less than $50,000 per year per individual. **Subd. 3. No effect on other law.** Provides that nothing in this section limits mental health coverage required under Minnesota Statutes, section 62Q.47. **Subd. 4. State health care programs.** Provides that the coverage requirements in this section do not affect the benefits available under medical assistance, and MinnesotaCare. **Effective date:** Makes the law effective January 1, 2014, and applies to coverage issued, sold, renewed, or continued on or after that date. Provides that this section expires December 31, 2015.
		House-only provision.	**Section 2. Guaranteed renewal.** Amends § 62A.65, subd. 2. Lists the conditions under which a health carrier may elect to discontinue health plan coverage of in individual in the individual market.
		House-only provision.	**Section 3. Net worth limit.** Adds § 62D.0425. Limits health maintenance organizations (HMOs) to a net worth of no more than 25 percent of the sum of all expenses incurred during the most recent calendar year, unless certain exceptions apply. Requires the commissioner of health, with the commissioners of commerce and human services, to determine the proportion of the HMO's reserves that are attributable to gains in the state public health care programs. Requires HMOs to place excess capital reserves in special restricted accounts and requires that these funds be spent down as specified.
1	**(62J.692, subd. 1)** expands the definition of clinical medical education program to include dental therapists, advanced dental therapists, psychologists, clinical social workers, community paramedics, and community health workers.	Senate-only provision.	

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2	**(62J.692, subd. 2)** expands the definition of clinical medical education program to include dental therapists, advanced dental therapists, psychologists, clinical social workers, community paramedics, and community health workers	Senate-only provision.	
3	**(62J.692, subd. 4)** modifies the distribution formula by eliminating the supplemental public program volume factor, limiting eligibility to training sites with more than 0.1 FTEs, and raising the minimum grants from $1000 to $5000. This section also limits the use of the funds to expenses related to the clinical training program costs.	Senate modifies the existing distribution formula by eliminating the supplemental public program volume factor, limiting the eligibility of training sites and raising the minimum grant to $5,000. House does not change the existing distribution formula, and adds a $1 million grant for family medicine residency programs located outside of the seven-county metropolitan area.	**Section 4. Distribution of funds.** Amends § 62J.692, subd. 4. Requires that $1,000,000 each year of available MERC funding be distributed each year for grants to family medicine residency programs located outside of the seven-county metro area. Specifies certain eligibility requirements.
4	**(62J.692, subd. 5)** requires the training sites to include in the grant verification report a training site expenditure report.	Senate-only provision.	
5	**(62J.692, subd. 7a)** specifies that $1,000,000 of the funds from the tobacco tax, plus any federal financial participation on these funds, shall be distributed by the commissioner for primary care development grants to teaching institutions and clinical training sites to increase the availability of primary care providers.	Senate-only provision.	
6	**(62J.692, subd. 9)** removes a reference to the advisory committee.	Senate-only provision.	
7	**(62J.692, subd. 11)** specifies that if federal approval is not granted for this new distribution formula, that the supplemental public program volume factor will continue to be used.	Senate-only provision.	
8	**(62Q.19)** extends essential community provider designation to children's hospitals and affiliated specialty clinics.	Technical differences. Staff recommends a combination. (Effective date needed of January 1, 2014).	**Section 5. Designation.** Amends § 62Q.19, subd. 1. Adds certain hospitals and affiliated specialty clinics whose inpatients are mostly under age 21 to a list of essential community providers.
9	**(103I.005)** adds a definition of bored geothermal health exchanger.	Identical.	**Section 6. Bored geothermal heat exchanger.** Amends § 103I.005, by adding subd. 1a. Adds a definition of "bored geothermal heat exchanger."

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10	**(103I.521)** clarifies that the fees from chapter 103I (wells and borings) are to be deposited in the state government special revenue fund.	Identical.	**Section 7. Fees.** Amends § 103I.521. Directs fees collected by the commissioner under Minnesota Statutes, chapter 103I (wells, borings, and underground uses), to be credited to the state government special revenue fund.
11	**(144.123, subd. 1)** authorizes the commissioner to enter into a contractual agreement to recover costs incurred for analysis for diagnostic purposes and that funds generated under this agreement must be deposited into a special account and are appropriated to the commissioner for purposes of providing the services in the contracts.	Technical differences. (Staff recommends Senate).	**Section 9. Who must pay.** Amends § 144.123, subd. 1. Modifies the provision for collecting a fee for diagnostic laboratory services by permitted the commissioner to contract for the costs of analysis rather than charge a flat handling fee. Specifies that funds collected under contracts pursuant to this section must be deposited into a special account and appropriated to the commissioner. (Minn. Stat. § 144.123, subd. 2 is repealed in this article.)
12	**(144.125, subd. 1)** increases the fees to support the newborn screening program from $106 to $135. An additional $15 is added to this fee to offset the cost of the support services provided under section 144.966 (early hearing detection and intervention program) and requires the fee revenue to be deposited in the general fund.	House increases the newborn screening fee by $10 more than Senate. Senate $135+$15=$150 House $145+$15=$160	**Section 10. Duty to perform testing.** Amends § 144.125, subd. 1. Increases the fee for the newborn screening programs, including early hearing detection, by $44. Specifies that $15 of the total fee amount must be deposited into the general fund for the support services required under the early hearing detection and intervention program and the remaining fee amount must be credited to the state government special revenue fund.
13	**(144.1251)** requires newborn screening for critical congenital heart disease. **Subdivision 1** requires hospitals and birthing centers that provide maternity and newborn care services to provide screening for congenital heart disease to all newborns before discharge using pulse oximetry screening. The screening is required to occur before discharge and 24 hours after birth, or if discharge occurs before 24 hours, as close as possible to discharge. Results of the screening must be reported to the Department of Health.	Technical differences. (Staff recommends Senate).	**Section 11. Newborn screening for critical congenital heart disease (CCHD).** Adds § 144.1251. **Subd. 1. Required testing and reporting.** Requires hospitals, birthing centers, and facilities that provide maternity and newborn care to screen newborns for congenital heart disease using pulse oximetry screening. Indicates that this screening should be done before the infant is discharged from the nursery but after 24 hours of age. Requires that results must be reported to the state Department of Health. Specifies that for premature infants and others admitted for intensive care, the screen should be performed

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	Subdivision 2 requires the Department of Health to: (1) communicate the screening protocol and requirements, and provide educational materials; (2) provide training; (3) establish mechanisms for data collection, reporting, follow-up diagnostic results, and the establishment of a CCHD registry; (4) coordinate the implementation of universal standardized screening; and (5) act as a resource for providers, and develop and implement policies for early medical and developmental intervention services and long-term follow-up services.		when medically appropriate. **Subd. 2. Implementation.** Provides a list of responsibilities for the Department of Health related to this screening program, including the following: ‣ communicate screening protocol and requirements; ‣ make information and forms available to persons with a duty to perform testing and reporting, health care providers, parents of newborns, and the public; ‣ provide training to ensure compliance and implementation of this screening; ‣ establish data collection and reporting system; ‣ coordinate implementation of universal standardized screening; ‣ provide assistance to providers as this screening program is implemented and develop and implement early medical and developmental intervention services for children with CCHD and their families; and ‣ comply with sections 144.125 to 144.128, the current sections of statute governing the Department of Health's newborn screening program.
14	**(144.212)** adds the following definitions: authorized representative; certification item; correction; court of competent jurisdiction; disclosure; legal representative; local issuance office; record; and verification.	Senate-only provision.	
15	**(144.213)** changes the name of the office of the state registrar to the office of vital records. Specifies that local issuance offices that fail to comply with statutes or rules or to properly	Senate-only provision.	

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	train employees may have their issuance privileges and access to the vital records system revoked. Specifies that the state registrar is authorized to prepare typewritten, photographic, electronic or other reproductions of original records and fillies to preserve vital records. Requires the state registrar to establish, designate, and eliminate offices; direct the activities of all persons engaged in the activities pertaining to the operation of vital statistics; develop and conduct training programs to promote uniformity of policy and procedure; and prescribe, furnish and distribute all required forms and prescribe other means for transmission of data that will accomplish the purpose of complete, accurate and timely reporting and registration.		
16	**(144.2131)** specifies the duties for the state registrar to provide security of the vital records system.	Senate-only provision.	
17	**(144.215, subd. 3)** removes reference to a declaration of parentage.	Senate-only provision.	
18	**(144.215, subd. 4)** changes the reference to vital records.	Senate-only provision.	
19	**(144.216, subd. 1)** changes the reference to vital records.	Senate-only provision.	
20	**(144.217, subd. 2)** specifies that a person may petition the appropriate court in the county in which the birth allegedly occurred if a delayed record of birth is rejected.	Senate-only provision.	
21	**(144.218, subd. 5)** removes reference to a declaration of parentage.	Senate-only provision.	
22	**(144.2181)** specifies the process to amend or correct a vital record.	Senate-only provision.	
23	**(144.225, subd. 1)** removes reference to local registrar.	Senate-only provision.	

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24	**(144.225, subd. 4)** makes a technical change.	Senate-only provision.	
25	**(144.225, subd. 7)** changes reference from local registrar to local issuance officer.	Senate-only provision.	
26	**(144.225, subd. 8)** changes reference from local registrant to local issuance office.	Senate-only provision.	
27	**(144.226)** specifies that a fee may be charged for the administrative review and processing of a request for a certified record. Requires the fees to be payable at the time of application. Specifies that the fee is for reviewing and processing a request. Makes other minor technical changes.	Senate-only provision.	
28	**(144.492)** defines the following terms: commissioner, joint commission, and stroke.	Senate includes a definition of "joint commission."	**Section 12. Definitions.** Adds § 144.492. Defines terms for purposes of this act: "commissioner" as commissioner of health; and "stroke" as the sudden death of brain cells in a localized area due to inadequate blood flow.
29	**(144.493)** establishes the criteria for "comprehensive stroke centers," "primary stroke centers," and "acute stroke ready hospitals."	Identical.	**Section 13. Criteria.** Adds § 144.493. Sets out criteria for hospitals based on different levels of stroke care capability: comprehensive stroke center; primary stroke center; and acute stroke ready hospital.
30	**(144.494)** restricts the use of "stroke center" in a hospital's name without Minnesota Department of Health's (MDH) designation, and establishes the process for MDH-designation for hospitals meeting the specified criteria.	Technical differences. (Staff recommends House).	**Section 14. Designating stroke hospitals.** Adds § 144.494. Provides that no hospital can use the term "stroke center" or "stroke hospital" in its name unless it has been designated as such. Permits a hospital that meets certain criteria to apply for designation as a stroke center or stroke hospital. Provides such designation would apply for a three-year period.
31	**(144.554)** authorizes the commissioner to collect a fee for the review and approval of architectural, mechanical, and electrical plans and specifications submitted before	Identical.	**Section 15. Health facilities construction plan submittal and fees.** Adds § 144.554. Requires the commissioner to collect a fee for review of the construction plan submitted for

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	construction begins a project relative to new buildings, additions or remodeling or alterations of existing buildings for hospitals, nursing homes, boarding care homes, residential hospices, supervised living facilities, freestanding outpatient surgical centers, end stage renal disease facilities. Sets fees.		approval from hospitals, nursing homes, boarding care homes, residential hospices, supervised living facilities, freestanding outpatient surgical centers, and end-stage renal disease facilities. Provides a fee schedule based on total estimated cost of the project.
32	**(144.966, subd. 2)** extends the newborn hearing screening advisory committee until June 30, 2019.	Identical.	**Section 16. Newborn Hearing Screening Advisory Committee.** Amends § 144.966, subd. 2. Extends expiration of the committee by six years.
33	**(144.966, subd. 3a)** modifies the family support and assistance services provided to families with children who are deaf or have a hearing loss, including individualized deaf or hard-of-hearing mentors and specifies that participation in these services is voluntary..	House includes a preference that the information is provided by a program that is part of a national organization. Senate specifies that instruction in American Sign language is an available option. Senate also specifies that family participation in these support services is voluntary.	**Section 17. Support services to families.** Amends § 144.966, subd. 3a. Modifies the family support services requirement by requiring that families be given hearing loss specific parent-to-parent assistance and individualized deaf or hard of hearing mentors.
34	**(144.98, subd. 3)** reduces a number of the accreditation fees for environmental laboratories.	Identical.	**Section 18. Annual fees.** Amends § 144.98, subd. 3. Reduces fees for environmental lab accreditation. Provides an immediate effective date.
35	**(144.98, subd. 5)** specifies that the fees are deposited in the state government special revenue fund.	Identical.	**Section 19. State government special revenue fund.** Amends § 144.98, subd. 5. Specifies that the fees collected under this program must be credited to the state government special revenue fund. Provides an immediate effective date.
36	**(144.98, subd. 10)** requires the commissioner to establish a selection committee to recommend approval of qualified laboratory assessors and assessment bodies.	Identical.	**Section 20. Establishing a selection committee.** Amends § 144.98 by adding subd. 10. Requires the commissioner to establish a selection committee to recommend approval of qualified lab assessors and assessment bodies. Provides required membership and structure of the committee.
37	**(144.98, subd. 11)** requires the selection committee to determine assessor and assessment body application requirements, the frequency of application submittal, and the	Identical.	**Section 21. Activities of the selection committee.** Amends § 144.98 by adding subd. 11. Sets out duties of the selection committee established under subd. 10, including that the

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	application review schedule.		committee will determine assessor and assessment body application requirements and consider submitted applications.
38	**(144.98, subd. 12)** specifies the requirements that an assessor must meet to be approved by the commissioner.	Identical.	**Section 22. Commissioner approval of assessors and scheduling of assessments.** Amends § 144.98 by adding 12. Provides criteria for assessors to meet in order to be approved by the commissioner.
39	**(144.98, subd. 13)** requires a laboratory that is accredited or seeking accreditation that requires an assessment by the commissioner must select an assessor, group of assessors, or an assessment body for the published list of approved assessors or assessment bodies.	Identical.	**Section 23. Laboratory requirements for assessor selection and scheduling assessments.** Amends § 144.98 by adding subd. 13. Requires accredited labs or those seeking accreditation that need an assessment by the commissioner to select from a list of approved assessors. Limits the number of times a lab can select the same assessor to not more than twice in succession. Provides other requirements for labs relative to selecting an assessor. Specifies that the fees collected under this section are deposited in a special account and appropriated to the commissioner for assessment activities.
40	**(144.99, subd. 4)** authorizes the commissioner to issue to a certified lead firm or person performing regulated lead work an administrative penalty order imposing a penalty of a t least $5000 per violation per day, not to exceed $10,000 for each violation.	Identical.	**Section 24. Administrative penalty orders.** Amends § 144.99, subd. 4. Provides the commissioner authority to issue certain specified administrative penalty orders for violations of the Lead Poisoning Prevention Act, Minnesota Statutes, sections 144.9501 to 144.9512. Specifies that revenue collected from these penalties must be credited to the state government special revenue fund.
		House only, see S.F. No. 887 (passed Senate floor 4/18/13). (Technical difference, otherwise identical).	**Section 25. Complaints.** Amends § 144A.53, subd. 2. Requires investigators with the Office of Health Facilities Complaints to interview family members of vulnerable adults and requires that complainants be given a copy of the public report upon completion of the investigation.
		House-only provision.	**Section 26. Licensure of certain facilities that perform abortions.** Adds § 145.417. Establishes a requirement that certain facilities that perform abortions be licensed by the

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			state department of health (MDH). **Subd. 1. Licensure required for facilities that perform ten or more abortions per month.** Requires certain health care facilities that perform ten or more abortions each month, including nonsurgical abortions, to be licensed by MDH and makes them subject to the rules in Minnesota Rules, chapter 4675, which apply to outpatient surgical centers. Establishes a misdemeanor for facilities that operate without a license. **Subd. 2. Inspections; no notice required.** Requires MDH to inspect and investigate facilities licensed under this section more than twice a year. Requires facilities licensed under this section, and facilities that are applicants for licensure, to be open to inspections authorized in writing by MDH at all reasonable times. Provides that no notice must be given prior to inspection. **Subd. 3. Licensure fee.** Provides that a license fee may be charged. **Subd. 4. Suspension, revocation, and refusal to renew.** Sets out grounds upon which the commissioner of health may refuse to grant a license or may revoke a license. **Subd. 5. Hearing.** Provides a process that must be followed prior to any suspension, revocation, or refusal to grant a license. **Subd. 6. Severability.** Provides a severability clause for all parts of this section.
		House-only provision.	**Section 27. Safe harbor for sexually exploited youth.** Adds § 145.4716. Directs the commissioner of health to establish a director of child sex trafficking prevention. Outlines the duties of the director, including providing training,

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			maintaining information, applying for federal funding, managing grants, providing oversight, conducting evaluations, and developing policies.
		House-only provision.	**Section 28. Regional navigator grants.** Adds § 145.4717. Directs the commissioner of health, through the director of child sex trafficking prevention, to provide grants for regional navigators serving six regions of the state to coordinate resources and services for sexually exploited youth. Provides that each regional navigator must develop and annually submit a work plan to the director outlining a needs and resource assessment, grant goals and outcomes, and grant activities.
		House-only provision.	**Section 29. Program evaluation.** Adds § 145.4718. Requires the director to conduct or contract for a comprehensive evaluation of the statewide program for sexually exploited youth. The first evaluation must be completed by June 30, 2015, and submitted to MDH by September 1, 2015, and then be conducted every two years thereafter.
41	**(145.906)** requires the commissioner to review the materials and information related to postpartum depression to determine their effectiveness in a way that reduces racial health disparities as reported in postpartum information reported in surveys of maternal attitudes and experiences. The commissioner shall make necessary changes and ensure that women of color receive the information.	Senate-only provision.	
42	**(145.907)** defines maternal depression.	Senate-only provision.	
43	**(145.986)** makes modifications to the state health improvement program (SHIP). **Subdivision 1a** requires grantee to address the health	Subd. 1 – House adds "preventable health costs" to the purpose in clause (1). Senate does not include "preventable health costs."	**Section 30. Statewide health improvement program.** Amends § 145.986. **Subd. 1. Purpose.** Adds a purpose statement for

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	disparities and inequities that exist within the grantee's community. Also, authorizes the commissioner to award funding for evidence-based strategies targeted at reducing other risk factors that are associated with chronic disease and may impact public health. The commissioner is required to develop criteria and procedures to allocate funding. **Subdivision 3** requires the commissioner to award contracts to appropriate entities to assist in training and provide technical assistance to grantees. Specifies the areas of technical assistance and training that can be covered under these contracts. **Subdivision 4** changes the biennial evaluation that is required to be conducted by the commissioner to one evaluation. It also requires grantees to collect, monitor, and submit to the commissioner baseline and annual data and provide information to improve the quality and impact of community health improvement strategies. It also authorizes the commissioner to award contracts to appropriate entities to assist in designing and implementing evaluation systems. **Subdivision 5** requires the commissioner, as part of the biennial report submitted to the legislature, to include the grantee's progress toward achieving the measurable outcomes and to provide information on grants in which a corrective action plan has been required in terms of the type of plan action, and the progress made toward meeting the outcomes. Also, strikes obsolete language.	Subd. 1a. – House requires MDH to begin awarding grants in 2013, and removes requirement that they be competitive. Senate includes paragraph (h) that authorizes the commissioner to award funding for evidence-based strategies targeted at reducing other risk factors associated to chronic disease, other than tobacco use, poor diet, and lack of physical activity. Subd. 2 – Identical. No change. Subd. 3 – Senate requires the commissioner to award contracts to appropriate entities to assist in training and technical assistance to grantees. Specifies administrative activities that may be provided under these contracts. House permits MDH to contract for certain administrative responsibilities, and requires contracts be within limits of the administrative budget. Subd. 4 – Paragraph (b) is identical. Senate adds paragraphs (c) and (d) requiring the commissioner to award contracts to assist in designing and implementing evaluation systems. Subd. 5 – Identical, except House adds that commissioner must prepare reports within existing resources. (Technical correction needed to House language if House language is adopted in subdivision 4). Subd. 6 – Identical. No change.	the statewide health improvement program (SHIP). **Subd. 1a. Grants to local communities.** Requires grantees to address health disparities and inequities in their community. Removes obsolete language. **Subd. 2. Outcomes.** Makes no changes. **Subd. 3. Technical assistance and oversight.** Permits the commissioner to contract for administration technical assistance and oversight. **Subd. 4. Evaluation.** Requires grantees to collect, monitor, and submit certain data to the commissioner. **Subd. 5. Report.** Requires certain reporting related to each grantee's progress toward measurable outcomes, and reports on any corrective action plans required by the commissioner. Removes obsolete language. Requires reporting on contracts entered under this section. **Subd. 6. Supplantation of existing funds.** Makes no changes.

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44	**(145A.17, subd. 1)** expands the targeted families in the family home visiting programs to include families with a serious mental health disorder, including maternal depression.	Senate-only provision.	
45 to 92	Sections 45 to 92 establish licensing requirements for alkaline hydrolysis facilities in chapter 149A.	Identical, except that the House position mistakenly does not include the definition of "holding facility" (Senate section 57).	**Sections 31 to 77. Alkaline hydrolysis.** Amends §§ 149A.02 to 149A.96. Modifies mortuary science provisions. Includes alkaline hydrolysis as a means of final disposition of dead human bodies and requires the commissioner of health to enforce all laws and adopt rules related to licensing and operation of alkaline hydrolysis facilities. Provides that fees collected by the commissioner shall be credited to the state government special revenue fund.
93	**(257.75, subd. 7)** changes the office of the state registrar to the office of vital records.	Senate-only provision.	
94	**(260C.635, subd. 1)** changes the office of the state registrar to the office of vital records.	Senate-only provision.	
95	**(517.001)** specifies the definition of local registrar in chapter 517 (marriage).	Senate-only provision.	
		House-only provision. (See S.F. No. 321 – passed Senate floor - 4/18/13). Differences: S.F. No. 321 reduces the number of representatives of the Minnesota Prematurity Coalition from 15 to 7. Changes "promoting adherence to standards" to "ensuring adherence to standards;" and removes the duty of the task force to review potential improvements in health status related to health care homes.	**Section 78. Minnesota Task Force on Prematurity.** Amends Laws 2011, first special session. Modifies the duties of the task force by removing certain items that the task force was required to consider. Extends the deadline for submission of the final report and expiration of the task force from January 2013 to January 2015. Makes technical changes.
96	Requires the Commissioner of Health to review the statutory requirements for preparation and embalming rooms and develop legislation that provides appropriate safety and health	Technical differences (commas). (Staff recommends Senate).	**Section 79. Funeral establishments; branch locations.** Requires the commissioner to review requirements relative to preparation and embalming rooms and propose legislation for

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	protection for funeral home locations that are branch locations where deceased bodies are present.		changes to branch establishments.
		House-only provision.	**Section 80. Staffing Plan Disclosure Act.** **Subd. 1. Definitions.** Defines terms used in this section, including the following: core staffing plan; non-managerial core staff; inpatient care unit; staffing hours per patient day; and patient acuity tool. **Subd. 2. Hospital staffing report.** Provides that the chief nursing executive or designee of every hospital licensed under section 144.50 will develop a core staffing plan for each care unit. **Subd. 3. Standard electronic reporting developed.** (a) Requires hospitals to submit core staffing plan to the Minnesota Hospital Association (MHA) by January 1, 2014, and requires MHA to post each hospital's core staffing plan on its Minnesota Hospital Quality Report website by April 1, 2014. (b) Requires that on a quarterly basis, the MHA include each hospital's actual direct patient care hours per patient per unit. Requires that beginning July 1, 2014, and quarterly thereafter, hospitals must submit direct patient care reports to MHA.
		House-only provision.	**Section 81. Study; nurse staffing levels and patient outcomes.** Requires MDH to convene a working group to study a correlation between nurse staffing levels and patient outcomes. A report is due to the legislature by January 15, 2015.
		House-only provision.	**Section 82. Level-I trauma centers.** Requires the commissioner to study the costs of maintaining 24-hour readiness at designated level-I trauma centers and make recommendations as to a payment modifier for such costs in

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			state public programs.
		House-only provision.	**Section 83. Health equity report.** Requires the commissioner to consult with certain stakeholders and submit a report by February 1, 2014, on a plan to advance health equity in Minnesota.
		House-only provision.	**Section 84. Eliminating health disparities grants; organizations with limited fiscal capacity.** Permits the commissioner of health to provide working capital advanced to grantees for certain grants awarded under the general fund.
		House-only provision.	**Section 85. Assessment of quality metrics for measuring the screening, diagnosis, and treatment of young children with autism spectrum disorders.** Requires the commissioner to assess the feasibility of adding quality measures under Minnesota Statutes, section 62U.02, for screening, diagnosing, and treating children.
97	Instructs the revisor to substitute the term "vertical heat exchanger" to "bored geothermal heat exchanger."	Identical.	**Section 86. Revisor's instruction.** Instructs the revisor to replace the term "vertical heat exchanger" with "bored geothermal heat exchanger."
98	**Paragraph (a),** repeals 62J.693 (medical research);103I.005, subd.20 (vertical heat exchanger); 149A.025 (alkaline hydrolysis); 149A.20, subd.8 (fees); 149A.30, subd.2 (fees); 149A.40,subd.8 (renewal fees); 149A.45, subd.6 (fees); 149A.50, subd.6 (initial licensure and inspection fees); 149A.51, subd.7 (period of licensure); 149A.52, subd.5a (initial licensure and inspection fees);149A.53, subd.9 (renewal and inspection fees); and 485.14 (vital statistics, records received for preservation). **Paragraph (b)** repeals 144.123, subd.2 (fees for diagnostic laboratory services) effective July 1, 2014.	Identical. (Except that House position removed all vital records provisions, so repeal of section 485.14 should not be in House language).	**Section 87. Repealer.** (a) Repeals Minnesota Statutes, § 103I.005, subd. 20. (Definition of "vertical heat exchanger.) Repeals Minnesota Statutes, §§ 149A.025 (alkaline hydrolysis regulation); 149A.20, subd. 8 (mortuary science fee); 149A.30, subd. 2 (mortuary science fee); 149A.40, subd. 8 (mortuary science fee); 149A.45, subd. 6 (mortuary science fee); 149A.50, subd. 6 (mortuary science fee); 149A.51, subd. 7 (mortuary science fee); 149A.52, subd. 5a (mortuary science fee); and 149A.53, subd. 9 (mortuary science fee) Repeals Minnesota Statutes, § 485.14 (Receipt of vital statistics records by district court for preservation of records).

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			(b) Effective July 1, 2014, repeals Minnesota Statutes, § 144.123, subd. 2 (fees for diagnostic lab services).